

**Nursing and Midwifery Council
Fitness to Practise Committee**

**Substantive Meeting
Thursday, 17 October 2024 – Friday, 18 October 2024**

Virtual Meeting

Name of Registrant:	Cheryl Ann Powell
NMC PIN	75C0943E
Part(s) of the register:	RN1 – Adult nurse – 6 October 2003 RN2 – Adult Nurse – 30 June 1977
Relevant Location:	England
Type of case:	Misconduct
Panel members:	John Vellacott (Chair, lay member) Janet Richards (Registrant member) Jane Dalton (Lay member)
Legal Assessor:	Charlene Bernard
Hearings Coordinator:	Samara Baboolal
Facts proved:	Charges 1(a), 1(b)
Facts not proved:	N/A
Fitness to practise:	Impaired
Sanction:	Conditions of practice order (12 months)
Interim order:	Interim conditions of practice order (18 months)

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that the Notice of Meeting had been sent to Miss Powell's address via Recorded Delivery/First class post on 4 September 2024.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, that the meeting would be heard on or after 9 October 2024, and the fact that this meeting was virtual.

In the light of all of the information available, the panel was satisfied that Miss Powell has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Details of charge

That you a Registered Nurse:

1. *On 20 August 2019 commenced intravenous administration of Tazocin (PIPERACILLIN WITH TAZOBACTAM) to Patient C:*
 - a) *When the Tazocin was no longer prescribed to Patient C.*
 - b) *Without a 2nd checker present at the point of administration.*

AND in light of the above, your fitness to practise is impaired by reason of your misconduct.

Background

Miss Powell worked as a nurse on the stroke unit of the Royal Liverpool and Broadgreen University Hospital NHS Trust (the Trust) from 2006 until her retirement on 31 July 2019. Following her retirement, she joined the staff bank and continued to work for the Trust as a bank nurse.

On 20 August 2019, Miss Powell was working as a bank nurse at the Trust. She wrongly came to believe that Patient C required intravenous ('IV') Tazocin, an antibiotic, and asked the Band 6 Sister on the ward to assist her with making up this medication in the utility room.

The medication having been made up she went to the patient's bedside alone and without a drug chart and commenced the administration of the IV Tazocin. She then returned to the utility room to sign the drug chart and realised that the drug had been discontinued for this patient a few days earlier.

She returned to the patient and stopped the infusion and then reported the incident to the nurse in charge and a doctor.

Decision and reasons on facts

In reaching its decisions on the facts, the panel took into account all the documentary evidence in this case together with the representations made by the NMC.

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the documentary evidence provided by the NMC.

The panel then considered each of the disputed charges and made the following findings. The panel first considered the stem of charge 1, and then went on to consider the two limbs of the charge.

Charge 1

“That you, a registered nurse, on 20 August 2019 commenced intravenous administration of Tazocin (PIPERACILLIN WITH TAZOBACTAM) to Patient C.”

The panel considered the stem of this charge before examining a) and b). The panel took into account the Datix form dated 20 August 2019, which says that Miss Powell was administering Tazocin. The panel also considered that Miss Powell informed the ward manager of the medication error. Miss Powell additionally made local admissions, which is referred to in the statement of Jayne Lesbirel. The panel took into account the copy of the prescription error form and the medications administration profile.

Having taken all of this evidence into account, the panel concluded that, on the balance of probabilities, the stem of charge 1 is proved.

The panel then considered the limbs of the charge.

Charge 1a)

“That you, a registered nurse, on 20 August 2019 commenced intravenous administration of Tazocin (PIPERACILLIN WITH TAZOBACTAM) to Patient C When the Tazocin was no longer prescribed to Patient C.”

This charge is found proved.

In reaching this decision, the panel took into account the copy of prescription error, which shows that Patient C's IV Tazocin was discontinued and therefore not prescribed between 16 August 2019 and 22 August 2019. It also took into account the copy of medication administration profile for 20 August 2019 which shows that IV Tazocin was not prescribed on 20 August 2019.

Charge 1b)

“That you, a registered nurse, on 20 August 2019 commenced intravenous administration of Tazocin (PIPERACILLIN WITH TAZOBACTAM) to Patient C without a 2nd checker present at the point of administration.”

This charge is found proved.

In reaching its decision, the panel took into account the local admission from Miss Powell, in which she acknowledges that she should have had a second checker during the medicine administration and did not. The panel noted that the Trust policy makes it clear that a second checker is required when administering medications intravenously. The panel further took into account Jayne Lesbirel's statement, which says:

‘[Miss Powell] administered the medication by herself when she should have had a second checker.’

The panel therefore concluded that, on the balance of probabilities, this charge is proved.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether Miss Powell's fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise kindly, safely and professionally.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage, and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, Miss Powell's fitness to practise is currently impaired as a result of that misconduct.

Representations on misconduct and impairment

In coming to its decision, the panel had regard to the case of *Roylance v GMC (No. 2)* [2000] 1 AC 311 which defines misconduct as a 'word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.'

The NMC invited the panel to take the view that the facts found proved amount to misconduct.

The NMC identified the specific, relevant standards where Miss Powell's actions amounted to misconduct.

*'9. The comments of Lord Clyde in Roylance v General Medical Council [1999] UKPC 16 may provide some assistance when seeking to define misconduct: [331B-E] Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rule and standards ordinarily required to be followed by a [nurse] practitioner in the particular circumstances'.
10. As may the comments of Jackson J in Calheam v GMC [2007] EWHC 2606 (Admin) and Collins J in Nandi v General Medical Council [2004] EWHC 2317 (Admin), respectively: '[Misconduct] connotes a serious breach which indicates that the doctor's (nurse's) fitness to practise is impaired'. And: 'The adjective "serious"*

must be given its proper weight, and in other contexts there has been reference to conduct which would be regarded as deplorable by fellow practitioner’.

11. Where the acts or omissions of a registered nurse are in question, what would be proper in the circumstances (per Roylance) can be determined by having reference to the Nursing and Midwifery Council’s Code of Conduct.

12. We consider the following provision(s) of the Code have been breached in this case:

8 Work co-operatively.

8.4 work with colleagues to evaluate the quality of your work and that of the team. 8.5 Work with colleagues to preserve the safety of those receiving care.

18 Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations

18.1 prescribe, advise on, or provide medicines or treatment, including repeat prescriptions (only if you are suitably qualified) if you have enough knowledge of that person’s health and are satisfied that the medicines or treatment serve that person’s health needs.

19. Be aware of, and reduce as far as possible, any potential for harm associated with your practice.

19.1 Take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place.

13. We consider the misconduct serious because it involves two clinical medication errors on 20 August 2019.’

The NMC requires the panel to bear in mind its overarching objective to protect the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. The panel has referred to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin)

The NMC invited the panel to find Miss Powell’s fitness to practise impaired:

'14. The NMC's guidance explains that impairment is not defined in legislation but is a matter for the Fitness to Practise Committee to decide. The question that will help decide whether a professional's fitness to practise is impaired is:

"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"

15. If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.

16. Answering this question involves a consideration of both the nature of the concern and the public interest. In addition to the following submissions the panel is invited to consider carefully the NMC's guidance on impairment.

17. When determining whether the Registrant's fitness to practise is impaired, the questions outlined by Dame Janet Smith in the 5th Shipman Report (as endorsed in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin)) are instructive. Those questions were:

- 1. has [the nurse] in the past acted and/or is liable in the future to act as so to put a patient or patients at unwarranted risk of harm; and/or*
- 2. has [the nurse] in the past brought and/or is liable in the future to bring the [nursing] profession into disrepute; and/or*
- 3. has [the nurse] in the past committed a breach of one of the fundamental tenets of the [nursing] profession and/or is liable to do so in the future and/or*
- 4. has [the nurse] in the past acted dishonestly and/or is liable to act dishonestly in the future.*

18. It is the submission of the NMC that [1] can be answered in the affirmative in this case. Ms Powell's failure to administer medication in line with basic principles of good practice resulted in Patient C being administer unprescribed medication. In this case, no harm resulted but the risks which arise from not following basic

principles of good practice when administering medication are obvious. Some medications can have serious, even fatal, consequences if administered when not clinically required.

19. Impairment is a forward thinking exercise which looks at the risk the registrant's practice poses in the future. NMC guidance adopts the approach of Silber J in the case of R (on application of Cohen) v General Medical Council [2008] EWHC 581 (Admin) by asking the questions whether the concern is easily remediable, whether it has in fact been remedied and whether it is highly unlikely to be repeated.

20. We consider the Ms Powell has displayed some insight.

21. On 29 September 2021, the NMC received Ms Powell's submissions at the CE stage of the case via her representative at the time. Ms Powell accepted the allegations but argued that her fitness to practise was not currently impaired.

22. [PRIVATE].

23. We consider the registrant has undertaken relevant training in respect of the issues of concern. The following training is relevant:

- Certificate of test completion –Medicines Management dated **12 January 2020**. 70% pass mark.*
- Certificate of test completion - Medicines calculations (easier questions) dated **11 February 2020**. 100% pass mark.*
- Certificate of test completion - Venipuncture dated **12 January 2020**. 100% pass mark.*

24. We do however note at this stage that Ms Powell had been signed of as competent to administer medication by the Trust in July 2019 and nonetheless made the errors referred to and that the subsequent training should therefore be viewed in that context.

25. We note the registrant has worked since the issues of concern. The following testimonial is relevant to the risk of repetition in that it suggests the Ms Powell practised well for a period after the incident alleged in the charge, before being suspended:

Dave Hughes – Director of Operations at The Turner Home

- *“CP is employed as Staff Nurse at Turner Home, contracted for one Night each week. Leading the shift team to provide care and support (including prescribed medications administration) to up to 59 men with additional and or complex needs”.*
- *“CP employment dates at Turner Home are May 1979 to date (although is suspended at the moment, pending the outcome of this investigation)”*
- *“There are no recorded incidents or areas of concern”*
- *“There is no documented evidence of good practice or positive feedback”.*

26. However, we consider there is a continuing risk to the public due to Ms Powell having disengaged after the Case Examiners determined she had a case to answer and without providing any further training, reflection or testimonials beyond that which is referred to above.

27. The last communication the NMC received from Ms Powell or her representatives was on 10 November 2022 when her representative informed the NMC that they no longer represented her and that in the final conversation they had with Ms Powell she told them ‘the case is over... I didn’t renew my pin’.

28. In Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) at paragraph 74 Cox J commented that:

“In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.”

29. Consideration of the public interest therefore requires the Fitness to Practise Committee to decide whether a finding of impairment is needed to uphold proper professional standards and conduct and/ or to maintain public confidence in the profession.

30. *In upholding proper professional standards and conduct and maintaining public confidence in the profession, the Fitness to Practise Committee will need to consider whether the concern is easy to put right. For example, it might be possible to address clinical errors with suitable training. A concern which hasn't been put right is likely to require a finding of impairment to uphold professional standards and maintain public confidence.*

31. *However, there are types of concerns that are so serious that, even if the professional addresses the behaviour, a finding of impairment is required either to uphold proper professional standards and conduct or to maintain public confidence in the profession.*

32. *We consider there is a public interest in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behavior. The registrant's conduct engages the public interest because the principles of good medication administration are basic and fundamental aspects of nursing practice.'*

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), and *General Medical Council v Meadow* [2007] QB 462 (Admin).

Decision and reasons on misconduct

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of 'The NMC code of professional conduct: standards for conduct, performance and ethics (2015)' ("the Code") in making its decision.

The panel was of the view that Miss Powell's actions did fall significantly short of the standards expected of a registered nurse, and that Miss Powell's actions amounted to a breach of the Code. Specifically:

'8 *Work co-operatively.*

- 8.4 *Work with colleagues to evaluate the quality of your work and that of the team.*
- 8.5 *Work with colleagues to preserve the safety of those receiving care.*
- 18 *Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations***
- 18.1 *Prescribe, advise on, or provide medicines or treatment, including repeat prescriptions (only if you are suitably qualified) if you have enough knowledge of that person's health and are satisfied that the medicines or treatment serve that person's health needs.*
- 19. *Be aware of, and reduce as far as possible, any potential for harm associated with your practice.***
- 19.1 *Take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place.'*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that the charges are serious in nature and may have resulted in risks to the patient's health. The panel considered that there may have been a reason that the drug was discontinued, although this was not presented in evidence. The panel also took into account that there had been previous instances of drug errors.

The panel concluded that there is a potential for patient harm and a risk of repetition of the behaviour. Despite being provided with training and support following the first instances of drug errors, Miss Powell still made another drug error.

The panel found that Miss Powell's actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Miss Powell's fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, which states:

'The question that will help decide whether a professional's fitness to practise is impaired is:

"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"

If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.'

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. In paragraph 74, she said:

'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/their fitness to practise is impaired in the sense that S/He/They:

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession;*

The panel finds that Patient C was put at risk of harm as a result of Miss Powell's misconduct. Miss Powell's misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. Members of the public informed of the circumstances would be concerned about a nurse who had made a number of medication administration errors.

The panel considered that Miss Powell has previously made multiple medication administration errors which, while no actual harm was caused to patients, there was a risk of harm. It took into account that Miss Powell has provided a reflection but was of the view that this did not sufficiently reduce the risk of harm.

The panel found that the risk of harm has the potential to be remedied. Miss Powell did try to remedy the error as it occurred and did make attempts to minimise risk to the patient once she was aware of the error. Further, Miss Powell had undertaken some training in 2020.

However, the panel is of the view that there is a risk of repetition as there is no information before the panel to suggest that Miss Powell has been practising as a nurse since the incidents, and there is no further evidence of training in medicines management and

administration since February 2020. The panel further noted that Miss Powell is retired. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

Having regard to all of the above, the panel was satisfied that Miss Powell's fitness to practise is currently impaired.

Representations on sanction

The panel noted that in the Notice of Meeting, the NMC had advised Miss Powell that it would seek the imposition of a conditions of practice order if it found her fitness to practise currently impaired.

Decision and reasons on sanction

Having found Miss Powell's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Miss Powell had made previous medication errors before this incident.
- Conduct which put patients at risk of suffering harm.

The panel also took into account the following mitigating features:

- Miss Powell has demonstrated insight and some reflection.
- Miss Powell was on an unfamiliar and busy ward.
- Miss Powell immediately took steps to address the concerns and admitted that she had made an error at the time.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Miss Powell's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that Miss Powell's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Miss Powell's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular, where some or all of the following factors are present:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to retraining;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*

- *Conditions can be created that can be monitored and assessed.*

The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case.

The panel was of the view that it was in the public interest that, with appropriate safeguards, Miss Powell should be able to return to practise as a nurse.

Balancing all of these factors, the panel determined that the appropriate and proportionate sanction is that of a conditions of practice order.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of this case. There is no evidence of any deep seated and harmful attitudinal problems, and while the charges are serious and are compounded by previous instances of medication errors, the risk of repetition and harm can be mitigated by conditions of practice.

Having regard to the matters it has identified, the panel has concluded that a conditions of practice order will mark the importance of maintaining public confidence in the profession and will send to the public and the profession a clear message about the standards of practice required of a registered nurse.

The panel determined that the following conditions are appropriate and proportionate in this case:

'For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.

1. *You must only work for substantive employers. This must not be an agency.*

2. *You must undergo regular biweekly supervision with your line manager regarding your medication management.*
3. *You must ensure that you are directly supervised by a registered nurse anytime you are administering medication until you are signed off as competent.*
4. *You must work with your line manager to create a personal development plan (PDP). Your PDP must address the concerns about your medication management and administration.*
5. *You must keep the NMC informed about anywhere you are working by:*
 - a) *Telling your case officer within seven days of accepting or leaving any employment.*
 - b) *Giving your case officer your employer's contact details.*
6. *You must keep the NMC informed about anywhere you are studying by:*
 - a) *Telling your case officer within seven days of accepting any course of study.*
 - b) *Giving your case officer the name and contact details of the organisation offering that course of study.*
7. *You must immediately give a copy of these conditions to:*
 - a) *Any organisation or person you work for.*
 - b) *Any employers you apply to for work (at the time of application).*
 - c) *Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.*

8. *You must tell your case officer, within seven days of your becoming aware of:*
 - a) *Any clinical incident you are involved in.*
 - b) *Any investigation started against you.*
 - c) *Any disciplinary proceedings taken against you.*

9. *You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:*
 - a) *Any current or future employer.*
 - b) *Any educational establishment.*
 - c) *Any other person(s) involved in your retraining and/or supervision required by these conditions*

The period of this order is for 12 months.

Before the end of the period of the order, a panel will hold a review hearing to see how well Miss Powell has complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

Any future panel reviewing this case would be assisted by:

- Miss Powell's engagement with the NMC at any future review hearings
- Evidence of compliance with these conditions
- PDP provided 14 days prior to the hearing
- Medicines administration competency forms
- Evidence of up-to-date training, including in medicines management
- An indication of Miss Powell's intentions regarding her nursing career

This will be confirmed to Miss Powell in writing.

Interim order

As the conditions of practice order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Miss Powell's own interests until the conditions of practice sanction takes effect.

Representations on interim order

The panel took account of the representations made by the NMC:

'If a finding is made that the registrant's fitness to practise is impaired on a public protection basis is made and a restrictive sanction imposed we consider an interim order in the same terms as the substantive order should be imposed on the basis that it is necessary for the protection of the public and otherwise in the public interest.'

'If a finding is made that the registrant's fitness to practise is impaired on a public interest only basis and that their conduct was fundamentally incompatible with continued registrant we consider an interim order of suspension should be imposed on the basis that it is otherwise in the public interest.'

The panel heard and accepted the advice of the legal assessor.

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel concluded that the only suitable interim order would be that of a conditions of practice order, as to do otherwise would be incompatible with its earlier findings. The

conditions for the interim order will be the same as those detailed in the substantive order for a period of 18 months, to allow for the possibility of an appeal to be made and determined.

If no appeal is made, then the interim conditions of practice order will be replaced by the substantive conditions of practice order 28 days after Miss Powell is sent the decision of this hearing in writing.

That concludes this determination.