

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

**Substantive Hearing  
Wednesday, 26 February 2025- Friday, 28 February 2025**

Virtual Hearing

**Name of Registrant:** **Natalie Teresa Grout**

**NMC PIN** 1110616S

**Part(s) of the register:** Registered Nurse – Adult  
Sub Part 1  
RNA: Adult Nurse, Level 1 (14 November 2014)

**Relevant Location:** Cambridgeshire

**Type of case:** Conviction

**Panel members:** Jonathan Storey (Chair, Lay member)  
Rebecca Aylward (Registrant member)  
Kamaljit Sandhu (Lay member)

**Legal Assessor:** William Hoskins

**Hearings Coordinator:** Shazmeen Uddin

**Nursing and Midwifery Council:** Represented by Leesha Whawell, Case  
Presenter

**Miss Grout:** Present and represented by Jim Ophert,  
(Counsel)

**Facts proved:** Charge 1 proved by way of admission

**Fitness to practise:** Impaired

**Sanction:** **Suspension order (12 months) with a review**

**Interim order:** **Suspension order (18 months)**

## **Details of charge**

That you, a Registered Nurse:

1. On 11 September 2023, at Cambridgeshire Magistrates' Court, were convicted of that on or after 1 October 2019 committed fraud by dishonestly making false representations, namely, banked cheques into your own account from Brownies/Guides' accounts, intending to make a gain, namely money, for yourself contrary to the Fraud Act 2006 sections 1 and 2.

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

## **Decision and reasons on application for hearing to be held in private**

At the outset of the hearing, Mr Olphert made a request that any aspect of this case relating to [PRIVATE] be held in private. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms Whawell indicated that she supported the application.

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

The panel determined that it was appropriate and not contrary to the public interest for evidence in relation to [PRIVATE] to be heard in private. Indeed, it took the view that the public interest favoured such matters being heard in private rather than in public, in order that the panel could be fully appraised of all relevant circumstances.

## **Background**

You informed the NMC of a suspended sentence order that you had received on 11 September 2023, for a term of imprisonment of 26 weeks which was suspended for a period of two years.

The order relates to an offence of false representation contrary to sections 1 and 2 of the Fraud Act 2006, to which you pleaded guilty at the Cambridgeshire Magistrates' Court.

You stated that the fraud took place in 2019 whilst you were volunteering with Brownies/Guides whilst working for your then employer. It was found that you had banked cheques into your bank account from Brownies/Guides' account of around £3,100.54.

You informed the NMC that there is a Compensation Order by which you have been ordered to repay this amount and an additional £154.

In December 2021, you assisted the Police with enquiries on a voluntary basis. You were then charged with an offence by way of written summons through the post which you did not receive so you were not aware of the original charge or court date. You were therefore arrested on 10 September 2023 for failing to turn up to court on the original court date. Your case was heard the next day and you pleaded guilty to the charge.

## **Decision and reasons on facts**

The charge refers to your conviction, and the panel were provided with a copy of the memorandum of conviction and the police case summary (MG5). You admitted the charge. The panel finds that the facts are found proved by way of your admission, which was both unequivocal and entirely consistent with the memorandum of conviction.

The panel heard evidence from you under affirmation.

## **Fitness to practise**

Having announced its findings on the facts, the panel then considered whether, on the basis of the facts found proved, your fitness to practise is currently impaired by reason of your conviction. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's suitability to remain on the register unrestricted.

## **Submissions on impairment**

Ms Whawell addressed the panel on the issue of impairment and reminded the panel to have regard to protecting 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. She included reference to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin). In paragraph 74, Cox J 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, Cox J 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; and/or*
- d) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

Ms Whawell asked that the panel consider all the limbs of this case when determining whether your fitness to practise is currently impaired. Ms Whawell submitted on behalf of the NMC, that limb a is not relevant in this case, however in relation to limb b, the answer is affirmative in that you have, in the past, brought the nursing profession into disrepute as your conduct was dishonest.

In relation to limb c, Ms Whawell submitted that you were subject to the provisions of *The Code Professional standards of practice and behaviour for nurses, midwives and nursing associates* (the Code) and that the NMC considers that sections 20.2 and 20.4 of the Code were breached.

Ms Whawell submitted that whilst not all breaches of the Code require a finding of impairment, where a breach of the Code involves breaching a fundamental tenet of the profession, the panel are asked to conclude that there should be a finding of impairment.

As for limb d, Ms Whawell noted that you have been convicted of, and given a suspended sentence of imprisonment for, defrauding a registered charity. She stated that your actions had breached a fundamental tenet of the nursing profession relating to promoting professionalism and trust. Therefore, your conduct was dishonest and you took advantage of the trust that was placed in you.

Ms Whawell submitted that whilst you were convicted of one offence, it involved multiple instances of dishonesty as you deposited eight cheques in total into your account for your own financial benefit. Ms Whawell stated that you had forged the signature of another volunteer on some of the cheques.

Ms Whawell submitted that your dishonesty was preplanned, particularly in relation to the cheques on which you had forged the signature of another volunteer.

She stated that the offence was a series of repeated instances of dishonesty over a period of months, therefore it cannot be said to have been a single instance of dishonesty put down to poor decision making in the moment. It was a sustained period of dishonesty which was advanced on several occasions.

Ms Whawell submitted that this type of repeated behaviour would indicate a risk of repetition in the future.

Ms Whawell submitted that in terms of context relating to personal factors, you raised in your police interview and with your employer that your motive for committing fraud was that you had experienced financial difficulties. You also stated that at the time of the offence, you had been [PRIVATE] meant that you could not turn to [PRIVATE] for help.

Ms Whawell noted that the offence did not take place in a clinical setting and therefore made no submissions in relation to working environment or culture.

Ms Whawell stated that in terms of learning and insight, the NMC submits that there has been limited evidence that you have undertaken the proper steps to reflect on your

conduct and the impact that it had on others. Ms Whawell noted that during the Trust interview, you confirmed that you are ashamed of your behaviour but focused on the financial struggles that had affected you.

Ms Whawell submitted that in your reflective piece, you express remorse and regret towards your actions and confirm that you understand that you were in a position of trust and that you had broken this trust. She noted that you also reflected on your duty of candour as you did not report the matter sooner than you did. You put this down to being '*young and naïve*' and had a sense of embarrassment which prevented you from doing what's right.

Ms Whawell submitted that when considering the issue of insight, the panel should consider whether you are able to recognise what went wrong, accept your responsibilities and understand how to act differently in the future. While you did admit to your actions and pleaded guilty, your responses demonstrate little insight into the effect your actions had on others, other than stating that you breached your position of trust as a volunteer.

Ms Whawell also submitted that although you did confirm that you signed cheques fraudulently and deposited them into your account, you did not disclose the matter to the Trust during their process.

Ms Whawell noted that although you did mention seeking debt management advice, should a situation of financial difficulty occur again, you did not provide details about this or explain how you would deal with financial difficulties in the future.

Ms Whawell asked the panel to consider whether you have explained or reflected on your understanding of the duty of candour and how this would impact your behaviour, should you be in a similar position again.

Ms Whawell stated that you have not provided a sufficiently insightful response to the charge. She noted that your remorse and regret is evident, however your insight is not

fully developed, especially in understanding how you would act differently in the future if you found yourself in circumstances that are difficult for you.

Ms Whawell invited the panel to consider whether your misconduct is remediable and if it is likely to be repeated.

Ms Whawell noted that the dishonesty and conviction in this case are indicative of deep-seated attitudinal issues and it would be difficult to demonstrate remediation through training or other forms of remediation.

Ms Whawell submitted that there is a continuing risk of repetition of the behaviour which led to your conviction due to the incidents being on eight separate occasions.

Mr Olphert submitted that the purpose of fitness to practise proceedings is not to punish the practitioner for past misdoings but to protect the public against the acts of those who are not fit to practise. He submitted that the fitness to practise proceedings thus look forward and not back.

Mr Olphert submitted that your conduct, although serious, is remediable and that it has, in part, been remediated. He submitted that the chances of the conduct being repeated are low.

Mr Olphert submitted that you have taken ownership of your conduct and that you admitted to the conduct at the outset in your police interview and pleaded guilty in the Magistrate's Court.

Mr Olphert suggested that you have been candid with the panel in answering questions asked of you. He also submitted that you were candid enough to admit that you had in the past made errors at work which you had addressed honestly and openly with patients and colleagues. He further submitted that you have been candid enough to express the impact



these situations have on patients' confidence in you, and asked the panel to reflect on this, particularly when considering impairment.

Mr Olphert submitted that at the time of the incident, you had isolated yourself from others. He stated that you repeatedly used the word '*naïve*' in your evidence and suggested that this was an appropriate representation of your reaction to your conduct.

Mr Olphert brought to the panel's attention that since the incident, you have been through hardship but have not repeated these actions.

Mr Olphert also submitted that this is a case where clinical risk is not a live issue and asked the panel to reflect that these offences took place outside of professional practice.

Mr Olphert invited the panel to consider the issue of public confidence from the perspective of a fair-minded observer in possession of all the facts.

Mr Olphert submitted that it is a matter for the panel to determine whether the present circumstances are sufficient in order to make a finding of impairment by reference to a conviction for an offence that took place in 2019.

The panel accepted the advice of the legal assessor which included reference to *Cohen and General Medical Council* [2008] EWHC581 (Admin) and *Grant*.

### **Decision and reasons on impairment**

The panel next went on to decide if as a result of the conviction, your 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 and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. 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.

The panel found that when addressing Dame Janet Smith’s test, limbs b, c and d are engaged. The panel was in no doubt that, by the conduct which led to your conviction, you had in the past brought the nursing profession into disrepute, breached one of the fundamental tenets of the nursing profession and acted dishonestly.

Although it considered that dishonesty is inherently difficult to remediate, the panel was satisfied that, in the circumstances of this case, your wrongdoing was in principle remediable. In reaching this view it took into account the fact that your fraudulent behaviour related to a single, subsequently unrepeated, course of conduct at a time when you were experiencing significant financial and [PRIVATE].

Regarding insight, the panel considered that you did make admissions to the police and in court and have demonstrated clear remorse. It was not, however, satisfied that your actions have yet been fully remediated. The panel noted that your reflections focused on the impact that your actions had on you, your friends and your family. You did not clearly

recognise the impact they would have had on the charity or on public confidence in the profession. The panel also noted that since the incident, you had the opportunity to reach out to the charity and try to make amends but did not do so.

The panel further noted that your written reflective piece demonstrated limited insight into how your actions impacted on the professional integrity and honesty required of a registered nurse to promote professionalism and trust.

The panel heard evidence that you are on a journey with [PRIVATE].

The panel noted that you have explained how you would handle the situation differently in the future, should you be in a similar position. You stated that you are currently struggling financially, but that you are now aware of the support mechanisms available and would not turn back to fraudulent behaviour.

In all the circumstances, the panel concluded that there remains a risk of repetition on the basis that your insight is not yet fully developed.

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

The panel determined that, in this case, a finding of impairment on public interest grounds was required in the light of the seriousness of your conviction.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired.

## **Sanction**

The panel has considered this case very carefully and has decided to make a suspension order for a period of 12 months. The effect of this order is that the NMC register will show that your registration has been suspended.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had careful regard to the Sanctions Guidance (SG) published by the NMC. The panel accepted the advice of the legal assessor.

### **Submissions on sanction**

Ms Whawell informed the panel that in the Notice of Hearing, dated 18 December 2024, the NMC had advised you that it would seek the imposition of a strike off order if it found your fitness to practise currently impaired. She addressed the aggravating features of your case, stating that your actions were premeditated and took place on eight occasions between October 2019 and February 2020. She stated that you carried out this conduct for your own personal financial gain, and that it amounted to a breach of trust relating to your position as a volunteer at the charity, with banking responsibility. Ms Whawell also submitted that your actions were pre planned and required preparation, especially on the occasions where you had forged the signature of another volunteer on some of the fraudulent cheques.

Ms Whawell also addressed the mitigating factors of your case. She submitted that you made admissions to the offence during your police interview and that you made a guilty plea at the Magistrates Court. She also submitted that you made a self-referral to the NMC. She further submitted that you have demonstrated remorse, and noted the contextual factors and [PRIVATE] at the time of the offence.

Ms Whawell submitted that the NMC considers that the most appropriate and proportionate sanction for this case would be a strike off order. She stated that by keeping you on the register, it would undermine public confidence in the NMC as the regulator.

She also referred the panel to the general principle set out in the case of *Council for the Regulation of Health Care Professionals v General Dental Council v Fleischmann* [2005] EWHC 87, to the effect that a registered professional should not generally be permitted to return to practice during the currency of a sentence for a serious criminal offence.

Ms Whawell made reference to the SG, namely SAN-3E where three key considerations should be taken into account when the panel consider a striking off order.

- *‘Do the regulatory concerns about the nurse, midwife or nursing associate raise fundamental questions about their professionalism?’*
- *‘Can public confidence in nurses, midwives and nursing associates be maintained if the nurse, midwife or nursing associate is not struck off from the register?’*
- *‘Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?’*

Ms Whawell submitted that the regulatory concerns raise fundamental questions about your professionalism in this case. She submitted that the concerns relate to a conviction for multiple instances of dishonesty. She stated that whilst the actions took place outside of your professional practice, you were in a position of trust as a volunteer with access to funds. She submitted that the NMC acknowledged that you were experiencing financial difficulties, however, your response to the difficulty was to commit a criminal offence. She submitted that despite stating that you intended to repay the monies, there is no evidence that you have attempted to do so prior to being convicted and mandated to do so. Ms Whawell submitted that honesty is of central importance to the nursing profession and therefore the circumstances in this case call into question your professionalism.

Ms Whawell submitted that public confidence cannot be maintained unless you are removed from the register. She submitted that the concerns in this case are attitudinal and that they are serious and difficult to put right. She stated that for a professional to abuse their position of trust, resulting in a criminal conviction for fraud, even if outside their professional practice, would seriously undermine the public's confidence in the profession

if they were to remain on the register. She therefore submitted that public confidence cannot be maintained if you are not removed from the register.

Ms Whawell submitted, regarding the third point of SAN-3E, that you have been convicted of an offence of fraud by false representation which resulted in multiple instances of premeditated dishonesty for your own personal gain and that this offence was committed against a charity for which you were holding a position of trust. Ms Whawell also submitted that you have also shown insufficient insight into your actions in relation to how it impacted the charity and the wider public confidence. She noted that the panel determined that you have limited insight into the impact of your actions on the professional integrity and honesty of a registered nurse to promote professionalism and trust. Ms Whawell asked that the third consideration of SAN-3E be answered in the affirmative.

She stated that the public have the right to expect those on the register to be trustworthy due to the position of trust they hold.

Ms Whawell submitted that a striking off order is the appropriate sanction in this case, as your actions, which resulted in your conviction are fundamentally incompatible with remaining on the register.

Mr Olphert submitted that you have shown insight and understanding of your actions and have attempted to address them. He also noted that you made early admission of the facts. In his submissions, Mr Olphert stated that there is evidence that you have followed the principles of good clinical practice and drew the panel's attention to your personal mitigation.

Mr Olphert drew the panel's attention to the case of *PSA v GDC and Naveed Patel* [2024] EWHC 243 (Admin) in which it was stated that the general principle in *Fleischmann* needed to bend to the overarching requirement to impose a sanction which is just, proportionate and only that which is necessary to maintain public confidence.

Mr Olphert asked the panel to consider whether it would be appropriate for your nursing career to be decided by your lowest moment.

Mr Olphert submitted that from your evidence, it is clear that you recognise your own failings and are willing to do whatever you can to give the NMC and the public confidence that you can be a safe, effective and trustworthy nurse.

Mr Olphert directed the panel's attention to your appraisals, feedback documents, team nomination for both '*Team of the Year*' and '*Quality improvement Champion Awards*' and the 360 feedback forms that have been presented to the panel. He submitted that you have repeatedly been described as a nurse that goes '*above and beyond*'.

Mr Olphert submitted that you are deeply motivated to remain a nurse and to begin to rebuild trust and you ask that you are given a chance to do so.

### **Decision and reasons on sanction**

Having found your 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:

- Your actions involved an abuse of trust in relation to a registered charity.
- Your dishonest actions were for the purposes of financial gain.
- Your conduct was to some extent premeditated in that you forged another volunteer's signature.

- Your fraudulent behaviour was a single course of conduct but was repeated on eight occasions.

The panel also took into account the following mitigating features:

- You made full admissions to the police and pleaded guilty at the first opportunity in Court. However: this was only after you were confronted by the police; you did not voluntarily pay back the sums defrauded; and you have also not yet offered an apology to the charity.
- You made a self-referral to the NMC, albeit in 2023.
- The panel viewed a number of very positive testimonials and performance reviews that have been provided in relation to your clinical practice.
- There has been no repetition of your fraudulent conduct since 2019.
- You have demonstrated genuine remorse and some insight, although your insight is not yet fully developed.
- Your personal circumstances were challenging and [PRIVATE] and financial hardship and you are [PRIVATE].

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 confidence issues identified, an order that does not restrict your 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 your 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 your 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.

The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. The misconduct identified in this case was not something that can be addressed through retraining.

Furthermore, the panel concluded that the placing of conditions on your registration would not adequately address the seriousness of this case.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG refers to a number of factors which may help a panel decide whether a suspension order is appropriate. The panel considered the following to be relevant:

- Although you were convicted of a dishonesty offence, the panel did not consider that there is any evidence of your having enduring harmful deep-seated or attitudinal problems and noted that your fraudulent conduct was confined to a specific challenging period in your life.
- There has been no repetition of this behaviour since the incident.
- You do not pose a significant risk of repetition of that type of behaviour.
- You have demonstrated genuine remorse.

The panel was satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register.

It did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be disproportionate. Whilst the panel acknowledges that a suspension may

have a punitive effect, it would be unduly punitive in your case to impose a striking-off order.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.

The panel noted the hardship such an order will inevitably cause you. However this is outweighed by the public interest in this case.

The panel considered that this order is necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

In making this decision, the panel carefully considered the submissions of Ms Whawell in relation to the sanction that the NMC was seeking in this case. The panel did not consider that a striking off order was necessary to maintain public confidence in the particular circumstances of this case. The panel concluded that a reasonable and fully informed member of the public would consider that a suspension order was sufficient to maintain public confidence and further would allow you to reflect on the impact that your conduct had on the charity and on public confidence in the profession. The panel was of the view that a suspension order would also appropriately mark the seriousness of the conviction you have received.

The panel had previously noted that the conduct is remediable and determined that you should be given the opportunity to show this.

The panel determined that a suspension order for a period of 12 months was proportionate and the least severe sanction it could impose in the circumstances.

At the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- A reflective statement addressing the importance of honesty and trust in the nursing profession.
- A reflective statement setting out your current insight and addressing the impact of your conduct on the charity, the reputation of the nursing profession and public confidence in nurses.
- Evidence of CPD to include relevant training courses e.g. integrity, professionalism, ethics and values (e.g. RCN website).
- Evidence of any steps you have taken to keep your clinical practice up to date.
- Up to date testimonials, including a testimonial from your current employer addressing your trustworthiness and reliability.

This will be confirmed to you in writing.

### **Interim order**

As the suspension 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 your own interests until the suspension sanction takes effect. The panel heard and accepted the advice of the legal assessor.

### **Submissions on interim order**

The panel took account of the submissions made by Ms Whawell. She submitted that an 18 month interim suspension order would be necessary and proportionate in the public interest to cover the statutory appeal period. She submitted that an interim suspension order would also be consistent with the decision made on sanction.

Mr Olphert made no submissions in relation to an interim order.

### **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 an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months due to it being appropriate to cover the appeal period. The panel are of the view that it is necessary as it would not be appropriate for you to continue practising as a nurse during this period due to your criminal conviction.

If no appeal is made, then the interim suspension order will be replaced by the substantive suspension order 28 days after you are sent the decision of this hearing in writing.

That concludes this determination.