

Conduct and Competence Committee
Substantive Hearing
Held at
Nursing and Midwifery Council, 61 Aldywch, London, WC2B 4AE
On
15 July 2016
Resumed: 4 August 2016

Registrant:	Isabel Maria Amaro
NMC PIN:	09E0082C
Part(s) of the register:	Registered Nurse – Sub part 1 Adult Nursing – May 2009
Area of registered address:	England
Type of case:	Conviction
Panel Members:	Katherine Heenan (Chair, lay member) Anne Witherow (Registrant member) Marie Heffernan (Lay member)
Legal Assessor:	Simon Walsh Robin Hay (4 August 2016)
Panel Secretary:	Kim Nyawira
Nursing and Midwifery Council:	Represented by Matthew Kewley on behalf of the NMC
Registrant:	Present and not represented
Facts found proved:	1
Fitness to practise:	Impaired
Sanction:	Striking-off order
Interim Order:	Interim Suspension Order (18 months)

Charge as read:

That you, a registered nurse,

- 1. On 2 November 2015 at the Crown Court in Nottingham were convicted of manslaughter.*

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

Background:

The facts that led to your conviction are as follows:

At the material time, you were working as an agency staff nurse with the University Hospitals of Leicester NHS Trust ("the Trust"). On 18 February 2011, you were working at the Children's Assessment Unit ("CAU"), then located at Ward 9, at the Children's Hospital ("the Hospital") at the Leicester Royal Infirmary ("the Infirmary").

Patient A was a six year old boy with Downs Syndrome and a heart defect that was being successfully managed with treatment. He was admitted to the Hospital at about 10:30 on 18 February 2011. He was presenting symptoms of diarrhoea, vomiting and respiratory issues and had been referred to the CAU by his GP's surgery. Upon arrival, you were assigned to be his nurse. Patient A was in your care for approximately seven and a half hours while he was on the CAU.

During the course of the time Patient A was in your care, you were required to take regular readings of his vital signs. You were required to undertake, and record, hourly observations of Patient A's temperature, respiratory rates, blood pressure, pulse and oxygen saturation levels. However, you failed to do so.

In addition, despite being aware that Patient A had been given fluids intravenously shortly after his arrival on the CAU, you also failed to keep a proper record of his fluid balance.

At some point, Patient A was transferred from the CAU to Ward 28, another ward at the Hospital, where he was to be kept in for overnight observations. During the course of the evening on Ward 28, Patient A's condition deteriorated further, and, at approximately 20:00, he went into arrest and subsequently died.

An investigation into Patient A's death led to the Crown Prosecution Service telling you that you would not be prosecuted. There was then an inquest at which you gave evidence. Following what was said during the inquest, the CPS reviewed its decision not to prosecute and charged you with manslaughter.

In November 2015, you were tried and convicted of manslaughter on the grounds of gross negligence. You were sentenced on 14 December 2015 to 24 months imprisonment suspended for 24 months.

At trial, it was found that your negligence contributed significantly to Patient A's death or its timing. The sentencing judge passed sentence on the basis that your failures led Patient A to die significantly sooner than he would otherwise have done. He recognised that although your role was an important one, in terms of the hierarchy of those in charge of Patient A's care, you were at the junior end.

Decision on the facts:

At the commencement of this hearing, the panel heard you admitted the charge against you. Accordingly, the panel found the conviction proved by way of your admission.

Decision on Impairment:

The panel then went on to consider whether, on the basis of your conviction, your fitness to practise is currently impaired. The NMC defines fitness to practise as a registrant's suitability to remain on the register without restriction.

The panel heard oral evidence from you.

You told the panel that you qualified as a nurse in 1990 in Portugal. You said that nursing was your life and you always wanted to be a nurse because you wanted to help people. You provided the panel with the background to your career.

You told the panel that prior to this incident, you had worked 11 shifts on the CAU. The shift on 18 February 2011 was your twelfth. You explained that there were systemic issues within the CAU including that it was not fully staffed and there was a lack of experience amongst the nursing staff.

You provided the panel with a detailed explanation of what happened on 18 February 2011. You told the panel that you accepted that your care on that day was not adequate but said you had “done your best” in the circumstances of a busy day with little support from your colleagues. You went into great detail about why you felt your conduct, whilst falling short, occurred. You explained that you were an agency nurse and felt that concerns you raised about Patient A were ignored because of this. You told the panel that you raised concerns about Patient A’s condition with Nurse 2 on a number of occasions but these were dismissed by her because you were an agency nurse. You explained that the working processes in the Hospital were such that agency nurses were precluded from undertaking a number of nursing duties such as IV drug administration, IV cannulation and countersigning medication without supervision or checking by permanent staff. You also said that you had been told by Nurse 2 that, as you were an agency nurse, you should not escalate any concerns beyond her.

You further told the panel that there were also a number of equipment shortages and issues on that shift. You maintained that you raised these concerns with Nurse 2, despite her denial that you did so. You said that you had been unable to take Patient A’s vital signs as he was “moving around a lot.”

You told the panel that you have had time to reflect on your actions. You said that, in future, even as an agency nurse you would go “above and beyond” to ensure that you raised any concerns you had about a patient. If you faced any difficulties with colleagues ignoring your concerns, you explained that you would escalate the situation regardless. You acknowledged the devastating effect of your actions for Patient A’s family.

You told the panel that you continued to work after this incident, receiving excellent feedback from everywhere you worked, until your registration was suspended on an interim basis in January 2015.

You explained that the death of Patient A also had a devastating effect on you. You explained to the panel that, following your interim suspension from the register, your health deteriorated and you explained the consequences of the legal proceedings that were brought against you and their effect both on your health and personal circumstances.

In his submissions, Mr Kewley invited the panel to consider whether your unrestricted practice currently poses a risk to the public. He submitted that you had not only had a significant period to reflect on your conduct but that you also had the sentencing remarks of a judge pointing out the failings in your practice that led to your conviction. However, he submitted that the evidence from you disclosed a lack of insight into your failings. Whilst he accepted that there appeared to be some acknowledgement on your part of some failings, he submitted that you had yet to take full responsibility for your failings. He reminded the panel that during your oral evidence you sought to place some blame on the GP, the inadequacy of the staffing levels and the lack of working equipment.

However, he submitted that none of these factors were identified as important in the sentencing remarks of Mr Justice Nicol. Mr Kewley submitted that the real issue in this case was that Patient A had sepsis but was misdiagnosed by Doctor 1. He reminded the panel that, in your evidence, you told the panel that you had concerns that Patient A had sepsis. He submitted that, given the immediacy of the risks flowing from sepsis, it was implausible that you still failed to escalate your concerns, despite your significant experience as a nurse and having worked in a number of settings over your lengthy career spanning over 19 years. He submitted that the overall tenor of your evidence raised concerns about the level of your insight and invited the panel to find that, were you to return to unrestricted practice, there was a real risk of repetition.

Mr Kewley also submitted that the public confidence in the profession and in the NMC as its regulator would be severely undermined if a finding of no impairment is made in this case. He reminded the panel that this case related to a whole episode of care which fell significantly short of that expected of a registered nurse that it hit the threshold of gross negligence and criminality requiring a custodial sentence. For all these reasons, Mr Kewley submitted that your fitness to practise is currently impaired.

In your submissions, you said that you had been a nurse since 1990 without any concerns raised about your practice. You referred the panel to the numerous references and performance feedback forms which positively attested to your high standards of practice. You told the panel that there were a number of references, feedback forms and training certificates which you had given to the RCN when they were representing you but were not available. The originals were at home and you had not appreciated the importance of bringing them today as you thought they had already been submitted to the NMC by the RCN.

You said that you accepted that your conduct, on this tragic occasion, fell short of the standards expected. However, you submitted that the panel should consider that you were not the only individual responsible and referred the panel to Dr 1 and Nurse 2.

You submitted that you had reflected on these events about what could have been done and what you would do in the future. However, you submitted that this was a one-off isolated instance in your practice and your practice should not be judged only by your actions on that day. You submitted that you had worked since without restriction until 2015 and received excellent feedback and invited the panel to take this into account. Whilst you had assumed wrongly that the RCN had forwarded your training certificates, you assured the panel that you had undertaken training following the incident and that the issues in your practice had been remedied.

You asked the panel not to take away your nursing career.

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

In reaching its decision, the panel took into account Mr Kewley's submissions on behalf of the NMC and your submissions, as well as all of the information before it including the bundles of references and performance reviews. It also took into account your oral evidence.

The panel has exercised its own judgment in determining whether your fitness to practise is currently impaired by reason of your conviction. The panel considered the questions of insight and remorse, and whether the conduct is capable of remedy, whether it has been remedied and whether it is likely to be repeated in the future. It took account of the public interest, that is to say not only the need to protect patients but also the maintenance of public confidence in the profession and its regulation, and the upholding and declaring of proper standards.

The panel has also borne in mind the appropriate guidance outlined by Dame Janet Smith in her Fifth Shipman Report, and quoted by Mrs Justice Cox in the case of *CHRE v NMC and Grant* [2011] EWHC 97, which is as follows:

"Do our findings of fact in respect of the [registrant's] misconduct ... show that his/her fitness to practise is impaired in the sense that s/he:

- 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 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 profession."*

The panel considered that you failed to undertake vital observations or make a proper record of fluid balance for a deteriorating patient and the sentencing judge found that your failures contributed to Patient A dying significantly sooner than he otherwise would have. The panel was therefore satisfied that you had, in the past, acted so as to put patients at unwarranted risk of harm, The panel was also satisfied that your conviction had brought the profession into disrepute and breached fundamental tenets of the profession.

In considering whether you would be liable, in the future, to act so as to place patients at unwarranted risk, to bring the profession into disrepute, and/or to breach one of the fundamental tenets of the profession, the panel had careful regard to the issues of remediation and your insight.

In respect of remediation, the panel considered that you had worked since 1990 as a nurse and, with the exception of the matters before it, no concerns had been raised about your practice. It heard evidence that following the incident on 18 February 2011, you continued working without restriction as a nurse until 2015 when you were suspended from practice on an interim basis by the NMC. The panel had regard to the references and performance feedback forms which all positively attested to your high standard of practice. They were from a variety of professional colleagues from a variety of different settings. Taking these into account, the panel considered that your conduct on 18 February 2011 could properly be described as out of character. The panel also accepted your evidence that you had since undertaken training in the areas identified. Taking all these factors into account, the panel concluded that there was sufficient evidence before it to satisfy it that the failings identified in your practice that underlay your conviction, had been remedied.

In respect of insight, the panel considered that you had shown a good degree of insight. You fully accepted that the conduct which led to your conviction fell far below the standards expected of a registered nurse. The panel did not accept the NMC's submission that your explanation as to the contributions of other members of the clinical team to Patient A's death served to highlight a lack of insight on your part. It took into account that Mr Justice Nicol accepted that "*your role was an important one, but in terms of the hierarchy of those looking after [Patient A], you were at the junior end.*" Mr Justice Nicol also accepted was "*some force in the comment that yours was a responsibility that was shared with others.*" Taking this into account, the panel did not consider that you were attempting to place blame on others in order to deflect it from yourself. It determined that you were simply attempting to provide the panel with a full description of the events on that day, an account which was supported in the sentencing remarks of Mr Justice Nicol.

Further, the panel considered you demonstrated genuine remorse to it, not only for the consequences of your actions on Patient A but also for his family and the impact on them. It was clear throughout your evidence that Patient A's death had had a significant effect on you and the panel accepted your evidence that you had reflected on your failings in respect of his care every day since his death. You were not only able to detail your failings on that day but you were also able to articulate the steps you would take to ensure that there was no repetition of your conduct in similar circumstances. You clearly identified your lack of prioritisation of Patient A even when you identified that he may have sepsis and your acceptance that you did not escalate the matter any further than Nurse 2 and Dr 1 as significant areas for improvement. You repeatedly told the panel that you would always ensure that you escalate any concerns about a deteriorating patient regardless of the environment in which you were working.

Taking all these factors into account, and in all the circumstances of this case, the panel was satisfied that the impact of the legal proceedings against you and these regulatory proceedings have had a significant and salutary effect on you which make it unlikely that you would act in a similar manner in future. The panel determined that the likelihood of repetition in this case was low. It was satisfied you are not liable, in future, to act so as to put a patient or patients at unwarranted risk of harm. The panel therefore concluded that you are not currently impaired on the grounds of public protection.

The panel went on to consider whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment of fitness to practise were not made in the circumstances of this case. The panel noted that this appeared to be an isolated episode in your practice against the backdrop of your otherwise unblemished career. The panel took into account your level of insight and the remorse demonstrated by you into your failings and the impact on Patient A's family. However, the panel also considered that the incidents that gave rise to your conviction were serious and contributed to Patient A dying significantly sooner than he would otherwise have done. You failed to undertake and record vital observations and to keep a proper record of fluid balance for Patient A whilst he was in your care.

Taking all these factors together, the panel concluded that the need to uphold proper professional standards and public confidence in the profession and the regulatory process would be undermined if a finding of impairment was not made in the particular circumstances of this case.

For all of these reasons, the panel concluded that your fitness to practise is currently impaired by reason of your conviction on public interest grounds alone.

This hearing resumed on 4 August 2016

**Application under Rule 19 Nursing and Midwifery (Fitness to Practise Rules)
Order of Council 2004 to hear matters in private session:**

Prior to you giving your evidence on oath at the sanction stage, Mr Kewley observed that information relating to your health may be disclosed. He submitted that there was no public interest in these matters being disclosed in public session and that the panel should consider hearing them in private under Rule 19(3). It states that:

“Hearings other than those referred to in paragraph 2 [health committee matters] above, may be held, wholly or partly, in private if the Committee is satisfied –

- (a) having given the parties, and any third party from whom the Committee considers it appropriate to hear, an opportunity to make representations; and*
- (b) having obtained the advice of the Legal Assessor,*

that this is justified (and outweighs any prejudice) by the interests of any party or of any third party (including a complainant, witness or patient) or by the public interest.”

You supported this application.

The panel accepted the advice of the legal assessor.

The panel was aware of the provisions of Rule 19(1) that hearings should usually be conducted in public. However, the panel determined that there was no public interest in matters relating to your health being disclosed in public and no prejudice to any party in

their being heard in private. Therefore, the panel concluded that it was appropriate for the issues pertaining to your health to be heard in private.

Determination on sanction:

Having determined that your fitness to practise is currently impaired, the panel considered what sanction, if any, it should impose on your registration.

The panel has decided to impose a striking-off order.

In reaching its decision on sanction, the panel considered the submissions made by Mr Kewley, on behalf of the NMC, and by you, together with the oral and documentary evidence that had been adduced during these proceedings. Although you have given some evidence about the matters which gave rise to your conviction, the panel is mindful that it cannot revisit the factual matters found proved at the criminal trial.

The panel heard further evidence from you. You said that the incidents which led to your conviction, and the events that flowed afterwards in relation to the suspension of your nursing registration, have had a significant and detrimental effect on your health and wellbeing as well as on your financial circumstances. You described, in detail, the effect on your health. You said that you are currently being supported and assisted in relation to your health issues but you implored the panel to restore your nursing registration. You said that you have suffered as a result of your actions. You also said that you think about Patient A every day and that you could not imagine the pain caused to Patient A's family by his death. You explained that you had met with members of the family outside the courtroom and you believed that they wished you no ill-will and that they had "made peace" with you, in as much as they could, given the circumstances.

You acknowledged that you made mistakes on that day but you said that others had made more serious mistakes than you. You said that you felt that you were the Trust's scapegoat for the death of Patient A. You acknowledged that a sanction should be imposed but implored the panel not to strike your name off the register.

The panel also heard character evidence from your friend, Mr 1.

The panel accepted the advice of the legal assessor.

Mr Kewley provided the panel with the Victim Personal Statements from Patient A's parents, that had been provided for the purposes of the criminal trial.

Mr Kewley also referred to the sentencing remarks of Mr Justice Nicol who said: "*Isabel Amaro, you were 42 at the time of [Patient A's] death. You had been a nurse for nearly 20 years. With your conviction, it is inevitable that this career will come to an end.*" Mr Kewley submitted that the panel should place significant weight on his comments for the following reasons:

- a) The judge is an experienced judge of the High Court;
- b) The judge is a holder of public office which must be relevant to the considerations of how the properly informed member of the public would view the case;
- c) The comment was made at the conclusion of a trial during which the judge heard all of the evidence called by the prosecution and defence;
- d) The comment was therefore informed by the judge's assessment of the true seriousness of the case and the extent of your individual failings;
- e) The panel, unlike the judge, has heard only the summary of the evidence set out in the judge's sentencing remarks.

Mr Kewley submitted that the panel should consider all the sanctions available. He referred to the NMC's Indicative Sanctions Guidance ("ISG") and observed that sanction was a matter for the panel's own judgement. He submitted that the panel should consider the following factors:

- a) The level of care provided by you was so bad that it led a High Court judge to describe it as "woeful" and "truly, exceptionally bad";
- b) Your care of Patient A did not simply fall short of the required standard, it fell so far short that it reached the threshold of gross negligence;
- c) Your inaction in Patient A's care was so bad that it reached the threshold of criminality such that it could only be met with a custodial sentence;

d) Your actions led Patient A to die significantly sooner than he otherwise would have done.

He submitted that the panel should consider the aggravating and mitigating factors, which he detailed. He said that in regard to the panel's finding that you had demonstrated remorse, the weight of this should be assessed in the context of the words of Sir Thomas Bingham in the case of *Bolton v Law Society* [1994] EWCA Civ 32:

"Since the professional body is not primarily concerned with matters of punishment, consideration which would normally weight in mitigation of punishment have less effect on the exercise of this kind of jurisdiction."

He submitted that, given this serious conviction, your remorse cannot be allowed to displace the public interest, which is engaged to a significant extent in this case.

Taking all these factors into account, he submitted that it would be wholly inappropriate for the panel to take no further action or impose a caution order. He submitted that your failings could not properly be described as being towards the lower end of the spectrum of impaired fitness to practise and that the level of harm could not have been greater. He observed that the conviction was in a clinical context entirely connected to your nursing practice. As such, taking no further action or imposing a caution order would fail to address the public interest considerations raised by this case.

In regard to a conditions of practice order as a sanction, Mr Kewley referred to the panel's findings on impairment and submitted that, having found there to be no real risk of repetition, there were no identifiable areas in need of assessment and re-training which could be addressed by conditions. He therefore submitted that such an order would be inappropriate in that it would fail to address the seriousness of the conviction and the wider public interest.

In regard to a suspension order, Mr Kewley referred the panel to the case of *CHRE v GDC & Fleischmann* [2005] EWHC 87. He observed that you are currently 8 months into a custodial sentence which had been suspended for 24 months. Your sentence will only be completed upon the expiry of the term on 14 December 2017. As such, he

submitted that there was no basis in law to depart from the principle that you should not be permitted to resume your practice until you have completed your sentence. In relation to a striking off order, Mr Kewley referred the panel to paragraphs 70-71 of the ISG.

In your submissions, you said that you accepted that you had made mistakes. You asked the panel to consider that you have never denied your responsibility in this case, although you highlighted that there were others who shared in that responsibility. You referred to your previous lengthy career spanning some 20 years during which no concerns had been raised about your practice. You said that you were passionate about your nursing career and that you were willing to re-train, finances allowing, to facilitate your return to safe practice. You acknowledged that you have not completed your current custodial sentence and accepted that the panel may find that it is appropriate to suspend you until such time that you have done so.

Finally, you apologised for your conduct and the devastating consequences it has had.

In reaching its decision, the panel took account of the ISG and the need to protect the public as well as the wider public interest. This includes maintaining public confidence in the profession and the regulatory process, and declaring and upholding proper standards of conduct and behaviour. The panel has applied the principle of proportionality, weighing the interests of the public with your interests, and has given due consideration to the mitigating and aggravating factors.

The panel is aware that in determining an appropriate sanction, it should start with the least restrictive sanction. The panel has also borne in mind that the purpose of a sanction is not to be punitive, although it may have that effect.

The following aggravating factors have been identified by the panel:

- Your failings related to basic areas of safe nursing practice and led a young child to die sooner than he otherwise would have done;
- The level of care provided by you fell so far short that it reached the threshold of gross negligence and criminality such that you were given a custodial sentence;

- The significant impact on Patient A's family.

The following mitigating factors have been identified by the panel:

- You have engaged fully with these proceedings and made full admissions to the charge;
- No evidence of previous adverse regulatory findings over your career spanning 20 years;
- You have demonstrated a significant degree of insight and remorse and showed a sincere acknowledgement of the devastating impact of your failings on Patient A and his family;
- You provided a range of professional references and performance feedback forms from a variety of clinical settings, all of which positively attested to your high standard of practice. These related to your practice prior to the incidents which led to your conviction and also following the incidents in 2011 until your nursing registration was suspended on an interim basis in 2015. You also described various courses which you have undertaken since the incident;
- The panel has found that your conduct on 18 February 2011 could properly be described as being out of character;
- Although your role was an important one, in terms of the hierarchy of those having the care of Patient A, Mr Justice Nichol found that you were at the junior end.

The panel had regard to your personal circumstances, but reminded itself that personal mitigation carries less weight in the regulatory context than in a criminal court, because of the public interest considerations that apply.

The panel then considered what, if any, sanction was appropriate. It first considered taking no action. The panel concluded that taking no action would be wholly inappropriate. It determined that a conviction of this nature demands that a sanction be imposed to mark the serious departure from the professional standards set out in the NMC Code. It also determined that taking no action would be insufficient to satisfy the public interest in upholding proper professional standards and maintaining public trust and confidence in the nursing profession and in the NMC as a regulator.

The panel then considered whether a caution order would be appropriate. It took into account the relevant paragraphs of the ISG. The panel concluded that your failures were not at the lower end of the spectrum of impaired fitness to practise. They were so serious that they contributed to a young boy dying sooner than he otherwise would have done. The panel found that the seriousness of the patient harm in this case was a highly relevant factor. It therefore determined that such an order would be wholly insufficient to address the public interest.

The panel next considered the imposition of a conditions of practice order. It determined that no conditions of practice could be formulated which would address the serious nature of the conviction. It therefore concluded that a conditions of practice order would not be an appropriate or proportionate response and would not satisfy the public interest.

The panel therefore considered whether to impose a suspension order. It recognised the mitigating factors outlined above. Most significantly, the actions that led to your conviction could properly be described as “out of character” and isolated. Further, you continued to work, as a registered nurse, following the incidents that led to your conviction, for some four years before the interim suspension order was imposed in 2015. Moreover, there is no evidence of repetition of similar behaviour to that which led to your conviction.

The panel has considered your mitigation and concluded that it is outweighed by the serious nature of the criminal conviction which led to a custodial sentence, albeit suspended, and the impact of your conviction for manslaughter upon public confidence in, and the reputation of the profession. The conviction related to incidents which occurred in a clinical setting. In this context, the panel bore in mind the judge’s sentencing remarks. He had heard all the evidence called at the criminal trial and was able to assess the seriousness of the case and the extent of your individual failings.

You have been convicted of gross negligence manslaughter. This conviction has led the panel to conclude that a suspension order would be inappropriate and insufficient, as a sanction, to mark its serious nature.

The conviction, and the context of the conduct to which it relates, has led the panel to conclude that a striking-off order is the only appropriate and proportionate sanction sufficient to satisfy the public interest. The panel concluded that, in these particular circumstances, the serious nature of the conviction is fundamentally incompatible with your remaining on the register.

The panel was mindful of your evidence of the significant impact that such an order may have on you in terms of financial, personal and professional hardship. However, taking full account of the important principle of proportionality, the panel determined that the public interest outweighs your interests. The panel concluded that your conviction represented such a fundamental departure from the relevant standards, that public confidence in the nursing profession and in the NMC as its regulator would be undermined were the panel not to impose a striking-off order.

The panel, therefore, directs the Registrar to strike your name from the Register.

You may apply for restoration after five years of the date that this decision takes effect.

Determination on an Interim Order:

The panel has considered all the information before it including the submissions made by Mr Kewley, on behalf of the NMC.

The panel accepted the advice of the legal assessor, who referred the panel to its powers under Article 31 of the Nursing and Midwifery Order 2001 and to the NMC's published guidance to panels considering whether to make an interim order.

Article 31 of the Nursing and Midwifery Order 2001 outlines the criteria for imposing an interim order. The panel may only make an interim order if it is satisfied that it is necessary for the protection of the public; that it is otherwise in the public interest; and/or that it is in the registrant's own interest.

Mr Kewley submitted that an interim order should be made on the ground that it is in the public interest. He submitted that given the panel's determination on impairment and

sanction, an interim suspension order should be imposed for 18 months to cover the 28 day period following notification of this decision, in which an appeal can be made, and thereafter to cover the period until any such appeal is determined.

The panel had regard to the circumstances of the case and the reasons set out in the decision for the striking-off order. The panel considered that an interim order is in the public interest. Not to make an interim order would be incompatible with the panel's earlier findings.

For all the reasons set out in the panel's determination thus far, the panel has decided that an interim conditions of practice order would not be appropriate.

In all the circumstances, the panel determined that it is in the public interest that it should make an interim suspension order. Such an order is both appropriate and proportionate following its decision on sanction to impose a striking-off order.

The panel determined that the order should run for a period of 18 months in order to cover the period for any appeal. If at the end of the appeal period of 28 days, you have not lodged an appeal, the interim order will lapse and be replaced by the substantive order. On the other hand, if you do lodge an appeal, the interim order will continue to run until the conclusion of the appeal.

That concludes this determination.