

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

**Substantive Hearing
23 April 2019**

Nursing and Midwifery Council, 114-116 George Street, Edinburgh, EH2 4LH

Name of registrant:	Hannah Louise Dagg
NMC PIN:	11E0053E
Part(s) of the register:	Registered Nurse RNMH: Mental Health - September 2011
Area of Registered Address:	Scotland
Type of Case:	Conviction
Panel Members:	Kathryn Eastwood (Chair, Registrant member) Susan Field (Registrant member) John Weeden (Lay member)
Legal Assessor:	Gerard Coll
Panel Secretary:	Tara Hoole
Miss Dagg:	Not present or represented
Nursing and Midwifery Council:	Represented by Yusuf Segovia, NMC Case Presenter
Facts proved:	1
Fitness to practise:	Impaired
Sanction:	Striking-off order
Interim Order:	Interim suspension order

Details of charge:

That you, a registered nurse:

1. On 5 July 2018 at Peterhead Sheriff Court were convicted of two offences contrary to section 4(3)(b) of the Misuse of Drugs Act 1971 **Found proved**

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

Decision on Service of Notice of Hearing

The panel was informed at the start of this hearing that Miss Dagg was not in attendance and that written notice of this hearing had been sent to Miss Dagg's registered address by recorded delivery and by first class post on 21 March 2019. Notice of this hearing was delivered to Miss Dagg's registered address on 22 March 2019 and signed for under the printed name DAGG. Further, the panel noted that notice of this hearing was also sent to Miss Dagg's representative at Anderson Strathern LLP on 21 March 2019.

The panel took into account that the notice letter provided details of the allegation, the time, dates and venue of the hearing and, amongst other things, information about Miss Dagg's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

Mr Segovia submitted that the Nursing and Midwifery Council (NMC) had complied with the requirements of Rules 11 and 34 of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004, as amended (the Rules).

The panel accepted the advice of the legal assessor.

In the light of all of the information available, the panel was satisfied that Miss Dagg has been served with notice of this hearing in accordance with the requirements of Rules 11 and 34. It noted that the rules do not require delivery and that it is the responsibility of any registrant to maintain an effective and up-to-date registered address.

Decision on proceeding in the absence of the Registrant

The panel next considered whether it should proceed in the absence of Miss Dagg. The panel had regard to Rule 21 (2) which states:

(2) Where the registrant fails to attend and is not represented at the hearing, the Committee—

- (a) shall require the presenter to adduce evidence that all reasonable efforts have been made, in accordance with these Rules, to serve the notice of hearing on the registrant;
- (b) may, where the Committee is satisfied that the notice of hearing has been duly served, direct that the allegation should be heard and determined notwithstanding the absence of the registrant; or
- (c) may adjourn the hearing and issue directions.

Mr Segovia invited the panel to continue in the absence of Miss Dagg on the basis that she had voluntarily absented herself. Mr Segovia drew the panel's attention to an email from Miss Dagg's representative, dated 15 April 2019, which states:

"Miss Dagg has now indicated that she will not engage any further with the NMC fitness to practice [sic] process. Accordingly neither I nor Ms Dagg will be present on 23rd and 24th April at the hearings in Edinburgh... Ms Dagg understands that the panel is likely to make a decision in her absence".

Mr Segovia also brought the panel's attention to a letter from Miss Dagg, dated 17 April 2019, which states:

"I understand that you require confirmation of my decision to disengage from the fitness to practice [sic] proceedings due to be heard at Edinburgh on 23rd and 24th April. Please treat this letter as such confirmation..."

Mr Segovia submitted that Miss Dagg has clearly indicated that she will not engage any further with the NMC in relation to these proceedings and has no intention to instruct

anyone to attend on her behalf. He submitted that, as such, there was no reason to believe that an adjournment would secure her attendance on some future occasion. Mr Segovia further submitted that there was a public interest in the expeditious hearing of this case.

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised "*with the utmost care and caution*" as referred to in the case of *R. v Jones (Anthony William)*, (No.2) [2002] UKHL 5 and *General Medical Council v Adeogba* [2016] EWCA Civ 162. The panel further noted the case of *R (on the application of Raheem) v Nursing and Midwifery Council* [2010] EWHC 2549 (Admin) and the ruling of Mr Justice Holman that:

"...reference by committees or tribunals such as this, or indeed judges, to exercising the discretion to proceed in the person's absence "with the utmost caution" is much more than mere lip service to a phrase used by Lord Bingham of Cornhill. If it is the law that in this sort of situation a committee or tribunal should exercise its discretion "with the utmost care and caution", it is extremely important that the committee or tribunal in question demonstrates by its language (even though, of course, it need not use those precise words) that it appreciates that the discretion which it is exercising is one that requires to be exercised with that degree of care and caution."

The panel noted the correspondence from Miss Dagg and her representative in relation to their attendance at this hearing.

The panel has decided to proceed in the absence of Miss Dagg. In reaching this decision, the panel has considered the submissions of the case presenter, and the advice of the legal assessor. It has had particular regard to the factors set out in the

decision of *Jones*. It has had regard to the overall interests of justice and fairness to all parties. It noted that:

- no application for an adjournment of the hearing has been made by Miss Dagg;
- there is clear disengagement by Miss Dagg from the NMC process as detailed in her letter of 17 April 2019;
- there is no reason to suppose that adjourning the hearing would secure her attendance at some future date;
- the charges relate to events that occurred in April 2018;
- there is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Miss Dagg in proceeding in her absence. Although the evidence upon which the NMC relies will have been sent to her at her registered address, she has made no detailed response to the allegations. She will not be able to challenge the evidence relied upon by the NMC and will not be able to give evidence on her own behalf. However, in the panel's judgment, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage is the consequence of Miss Dagg's decision to absent herself from the hearing, waive her right to attend and/or be represented and not to provide evidence or make submissions in person.

In these circumstances, the panel has decided that it is fair, appropriate and proportionate to proceed in the absence of Miss Dagg. The panel will draw no adverse inference from Miss Dagg's absence in its findings of fact.

Decision and reasons on application under Rule 19

At the outset of the hearing the legal assessor drew the panel's attention to reference to Miss Dagg's health within the bundles and therefore reminded the panel of its power to hear those parts of the hearing in private, in terms of Rule 19 (3).

Mr Segovia indicated that he did not disagree that any reference to Miss Dagg's health should be heard in private. He told the panel that he had no intention to refer to Miss Dagg's health in his presentation of this case.

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.

Rule 19 states

- 19.—(1) Subject to paragraphs (2) and (3) below, hearings shall be conducted in public.
- (2) Subject to paragraph (2A), a hearing before the Fitness to Practise Committee which relates solely to an allegation concerning the registrant's physical or mental health must be conducted in private.
- (2A) All or part of the hearing referred to in paragraph (2) may be held in public where the Fitness to Practise Committee—
 - (a) having given the parties, and any third party whom the Committee considers it appropriate to hear, an opportunity to make representations; and
 - (b) having obtained the advice of the legal assessor, is satisfied that the public interest or the interests of any third party outweigh the need to protect the privacy or confidentiality of the registrant.
- (3) Hearings other than those referred to in paragraph (2) 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.
- (4) In this rule, “in private” means conducted in the presence of every party and any person representing a party, but otherwise excluding the public.

Having heard that there may be reference to Miss Dagg’s health and having seen Miss Dagg’s letter dated 17 April 2019 which mentions her health, the panel determined to hold such parts of the hearing in private. The panel determined to rule on whether or not to go into private session in connection with Miss Dagg’s health as and when such issues are raised.

Background

The charges arose whilst Miss Dagg was employed as a Registered Mental Health Nurse by NHS Grampian. From February 2018, Miss Dagg worked in the health centre at Her Majesty’s Prison and Young Offenders Institution Grampian (HMP & YOI Grampian). This is a prison establishment housing a variety of different offenders.

On 19 April 2018 Miss Dagg attended for work and, as a result of reactions by a drug detection dog, she was searched and was found to be in possession of cannabis resin and cocaine.

On 5 July 2018 Miss Dagg, at Peterhead Sheriff Court, pleaded guilty to two charges under the Misuse of Drugs Act 1971, Section 4(3)(b) i.e. being concerned in the supplying of a controlled drug to another.

On 31 July 2018 Miss Dagg was sentenced to a total period of nine months and two weeks imprisonment.

Decision on the findings on facts and reasons

The charges concern Miss Dagg's conviction under the Misuse of Drugs Act 1971 and, having been provided with a copy of the extract of conviction, the panel finds that the facts are found proved in accordance with Rule 31 (2) and (3) of the Rules which states:

- (2) Where a registrant has been convicted of a criminal offence—
 - (a) a copy of the certificate of conviction, certified by a competent officer of a Court in the United Kingdom (or, in Scotland, an extract conviction) shall be conclusive proof of the conviction; and
 - (b) the findings of fact upon which the conviction is based shall be admissible as proof of those facts.
- (3) The only evidence which may be adduced by the registrant in rebuttal of a conviction certified or extracted in accordance with paragraph (2)(a) is evidence for the purpose of proving that she is not the person referred to in the certificate or extract.

The panel also had view of the NMC Case Management Form dated 3 January 2019 in which Miss Dagg made admissions to the NMC charge.

Charge 1 was therefore found proved.

Submissions and Decision on Impairment

Having announced its finding on the facts, the panel then moved on to consider, whether Miss Dagg'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 suitability to remain on the register unrestricted.

In his submissions Mr Segovia invited the panel to take the view that Miss Dagg's actions amount to a breach of *The Code: Standards of conduct, performance and ethics for nurses and midwives 2015* ("the Code") and directed the panel to specific paragraphs where he stated Miss Dagg had breached these standards.

He then addressed the panel on the need 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. Mr Segovia referred the panel to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin)*.

Mr Segovia submitted that Miss Dagg's actions amounted to a breach of the fundamental tenets of the profession and had brought the profession into disrepute. He told the panel there was no doubt that Miss Dagg was concerned in the supplying of controlled drugs into a prison whilst she was employed as a mental health nurse. He submitted that Miss Dagg had breached the trust of the public, her patients, her colleagues and the wider profession.

Mr Segovia submitted that Miss Dagg had been prepared to take into a prison controlled drugs with no knowledge of what they contained, their strength or their purity. He submitted that Miss Dagg had put the prison population at a potential risk of harm and therefore the panel may find her impaired on the grounds of public protection.

Mr Segovia submitted that, even if there is no future risk or risk of repetition (as Miss Dagg is unlikely to be employed in a prison again), the seriousness of the convictions against Miss Dagg are enough to find current impairment purely on the grounds of public interest. Further, there is the need to uphold proper professional standards and public confidence in the profession.

Miss Dagg, in her undated personal statement provided to the panel, outlines the circumstances which led to her actions. This included details of her working long hours to cover staff shortages, her lack of support at work as well as reference to her health.

Miss Dagg in her letter of 17 April 2019 states “I do feel that I was treated badly by my employer, the NHS, in the run up to me committing the offence”.

Miss Dagg offers further mitigation in terms of the absence of previous convictions, her employment situation, her lack of experience in the role and that she was “lured into the confidence of inmates at the prison”.

The panel noted the various positive testimonials provided on Miss Dagg’s behalf.

The panel has accepted the advice of the legal assessor.

Having heard Mr Segovia’s submissions and read Miss Dagg’s bundle the panel went on to decide if as a result of this conviction Miss Dagg’s fitness to practise is currently impaired.

The panel had regard to the Code and agreed with Mr Segovia’s submissions that Miss Dagg’s actions clearly breached sections 20 and 21 of the Code:

20 Uphold the reputation of your profession at all times

20.4 keep to the laws of the country in which you are practising

21 Uphold your position as a registered nurse, midwife or nursing associate

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 judgement of Mrs Justice Cox in the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin) 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.

Mrs Justice Cox went on to say in Paragraph 76:

I would also add the following observations in this case having heard submissions, principally from Ms McDonald, as to the helpful and comprehensive approach to determining this issue formulated by Dame Janet Smith in her Fifth Report from Shipman, referred to above. At paragraph 25.67 she identified the following as an appropriate test for panels considering impairment of a doctor's fitness to practise, but in my view the test would be equally applicable to other practitioners governed by different regulatory schemes.

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 fitness to practise is impaired in the sense that he/she:

- 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. ...

The panel finds that limbs a, b and c of the "Grant test" are engaged in this case. Miss Dagg admitted, in the police interview on 20 April 2018, that she "was aware that these containers contained controlled drugs, however she stated that she was not told the specific drug type within each container". The panel considered that this was a planned, pre-meditated and deliberate action by Miss Dagg to smuggle drugs into a prison. The panel noted Miss Dagg's admission in the police interview on 20 April 2018 that "she stated that she had done this for a total of three times over the past three weeks". The panel considered that Miss Dagg had breached fundamental tenets of the profession and put the prison population at risk of harm by intending to provide these drugs to the prison population. The panel considered that a nurse would never give a drug of which they did not know the origin. The risk of harm from impurities in the drugs was a further aggravating feature. The panel considered that, by the nature of Miss Dagg's conviction, she has brought the reputation of the profession into disrepute. Miss Dagg broke the law and failed to uphold the reputation of the nursing profession.

Regarding insight, the panel considered that Miss Dagg has shown no insight into the effect of her actions on the reputation of the profession or the potential impact on her patients. Miss Dagg, in her letter of 17 April 2019, states “I own my mistake and I have learnt from it”. However, the panel noted there is no evidence before it of what she has learnt. The panel noted that Miss Dagg seeks to blame others, particularly her employer. Her letter of 17 April 2019 completely ignores the impact of her actions on the reputation of the profession, focusing entirely on the impact this process has had on her. The panel did not accept there was a link between pressure at work and the need to supply drugs. The panel also noted that Miss Dagg had previously worked as a community psychiatric nurse in substance misuse, and was of the view that she should therefore have been particularly cognisant of the risks involved in supplying “street drugs” to prisoners.

In its consideration of whether Miss Dagg has remedied her practice the panel took into account her letter of 17 April 2019 in which she states “I have decided to pursue a career outwith nursing... I have no intention at present to practice as a nurse”. The panel therefore considered, as Miss Dagg is not currently practising as a nurse, that there cannot have been any remediation.

The panel is of the view that there is a risk of repetition based on Miss Dagg’s lack of insight, remorse or remediation. Nurses who work in a prison environment are in a position of trust to help and look after prisoners and, with her actions, Miss Dagg did the opposite. Whilst the panel considered it is unlikely that Miss Dagg will ever be in a position to repeat this behaviour, there remains a significant risk of repetition of this kind of behaviour should Miss Dagg be in a position to work with other vulnerable groups.

The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

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 and 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 noted that Miss Dagg has broken the law, put patients at a risk of harm, breached fundamental tenets of the profession and brought the profession into disrepute. The panel considered that Miss Dagg has shown no insight into the seriousness of her actions and the impact that these have had on anyone other than herself. The panel accepted that a prison/YOI is a difficult environment in which to work, but considered that the public must be able to trust registered nurses in these positions.

The panel determined that, in this case, a finding of impairment on public interest grounds was also required.

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

Submissions and Determination on Sanction:

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Miss Dagg off the register. The effect of this order is that the NMC register will show that Miss Dagg has been struck-off the register.

In reaching this decision, the panel has had regard to all the evidence that has been presented in this case, as well as the submissions by Mr Segovia and the written documentation provided on behalf of Miss Dagg. The panel accepted the advice of the legal assessor. The panel acknowledged the NMC Sanction Bid of a striking-off order, but was not bound by such a bid, and has exercised its independent judgement. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, is intended to protect the patients and public by restricting the practice of a registered nurse. Although not intended to be punitive in its effect, any

sanction may have such unintended consequences. The panel had careful regard to the Sanctions Guidance (SG) published by the NMC. It recognised that the decision on sanction is a matter for the panel, exercising its own independent judgement.

Mr Segovia referred the panel to its findings at the impairment stage and took the panel through the aggravating and mitigating factors in this case. Mr Segovia told the panel, in fairness to Miss Dagg, that she had been subject to an interim suspension order since 16 May 2018. Mr Segovia reminded the panel of the personal mitigation put forward on Miss Dagg's behalf but submitted that this was less important in the panel's consideration than it would have been in criminal proceedings.

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.

Next, in considering whether a caution order would be appropriate in the circumstances, the panel took into account the SG, which 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 Fitness to Practise Committee wishes to mark that the behaviour was unacceptable and must not happen again.*' The panel considered that Miss Dagg's actions were not at the lower end of the spectrum and that a caution order 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 impose a caution order.

The panel next considered whether placing conditions of practice on Miss Dagg'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 noted that there have been no issues raised regarding Miss Dagg's clinical practice. The concerns identified in this case are not something that can be addressed through retraining. The panel is therefore of the view that there are no practical or

workable conditions that could be formulated, given the nature of the convictions in this case. Furthermore the panel concluded that the placing of conditions on Miss Dagg's registration would not adequately address the public interest.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG indicates that a suspension order would be appropriate where (but not limited to):

- a single instance of misconduct but where a lesser sanction is not sufficient
- no evidence of harmful deep-seated personality or attitudinal problems
- no evidence of repetition of behaviour since the incident
- the Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour
- in cases where the only issue relates to the nurse or midwife's health, there is a risk to patient safety if they were allowed to continue to practise even with conditions
- in cases where the only issue relates to the nurse or midwife's lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions

The aggravating factors which the panel took into account, in particular, were that Miss Dagg's actions were planned, pre-meditated and deliberate, she put prisoners at a risk of harm by supplying controlled drugs into a prison environment. By their nature such drugs had no safeguard in respect of their origin or purity. Miss Dagg abused her position of trust and has shown a lack of insight into the impact of her actions on the reputation of the profession. The panel considered that seeking to deflect blame onto her employer, along with Miss Dagg's lack of remorse or insight into the potential harm she may have caused to people in her care, could be indicative of an attitudinal problem. The panel previously determined Miss Dagg still posed a significant risk of repetition of this behaviour.

The panel has taken into account that there have been no previous regulatory concerns. The panel considered there were no further mitigating factors in this case.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

Miss Dagg's conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel noted that such a serious breach of the fundamental tenets of the profession evidenced by Miss Dagg's actions is fundamentally incompatible with her remaining on the register.

Furthermore, in looking at a striking-off order, the panel took note of the following questions from the SG:

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

The panel was of the view that the findings in this particular case demonstrate that Miss Dagg's actions were extremely serious, and that to allow her to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, in particular the effect of Miss Dagg's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, the panel has concluded that nothing short of this would be sufficient in this case.

The panel considered that this order was 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.

Accordingly the panel is satisfied that a striking off order is necessary on the grounds of both public protection and public interest.

The panel was mindful of the potential impact that such an order would have on Miss Dagg but taking full account of the important principle of proportionality, the panel was of the view that the interests of the public outweighed Miss Dagg's own interests.

The panel, therefore, directs the Registrar to strike Miss Dagg's name from the Register. She may not apply for restoration until five years after the date that this decision takes effect.

Determination on Interim Order

The striking off order will not take effect until the end of the appeal period (28 days after the date on which the decision letter is served) or, if an appeal has been lodged, before the appeal has concluded.

The panel considered the submissions made by Mr Segovia that an interim suspension order should be made to cover the 28 day appeal period. He submitted that this was appropriate given the panel's findings.

The panel heard and accepted the advice of the legal assessor and took account of the guidance issued to panels by the NMC when considering interim orders and the appropriate test as set out at Article 31 of The Nursing and Midwifery Order 2001. It

may only make an interim order if it is satisfied that it is necessary for the protection of members of the public, is otherwise in the public interest or is in Miss Dagg's own interests.

The panel considered that an interim order is required for the protection of the public and is otherwise in the public interest. It concluded that to not make such an order would be incompatible with the panel's earlier findings and with the substantive sanction that it has imposed. The panel first considered whether it was appropriate to impose an interim conditions of practice order, but considered that no workable conditions could be formulated as identified at the sanction stage.

Therefore the panel decided to impose an interim suspension order for the same reasons as it imposed the substantive order and, having accepted Mr Segovia's submissions, to do so for a period of 18 months in light of the likely length of time that an appeal would take to be heard if one was lodged.

The panel recognises the impact that an interim suspension order may have on Miss Dagg, however the panel had no information as to the impact of such an order on her. However, it concluded the public interest outweighed hers in this regard.

The effect of this order is that, if no appeal is lodged, the substantive striking off order will come into effect 28 days after notice of the decision has been served on Miss Dagg and the interim suspension order will lapse. If an appeal is lodged then the interim suspension order will continue until the appeal is determined.

The panel's decisions will be sent to Miss Dagg in writing.

That concludes this determination.