Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
19, 20, 22, 23 and 26 October 2020

Virtual Hearing

Name of registrant:	Hermina Macinoiu
NMC PIN:	14I0505C
Part(s) of the register:	Registered Nurse – Adult Nursing
Area of registered address:	England
Type of case:	Misconduct
Panel members:	Jane Davis (Chair – Registrant member) Nicola Dale (Lay member) Hartness Samushonga (Registrant member)
Legal Assessor:	Iain Ross
Panel Secretary:	Vicky Green
Nursing and Midwifery Council:	Represented by Alastair Kennedy, Case Presenter
Miss Macinoiu:	Present and not represented
Facts proved:	Charges 1, 3, 4 and 5
No case to answer:	Charge 2 in its entirety
Fitness to practise:	Impaired
Sanction:	Suspension order – 12 months
Interim order:	Interim suspension order – 18 months

Details of charge

That you, a registered nurse, whilst working at Ryland View Nursing Home on 15 August 2018, you:

1. Failed to recognise that Resident A was choking; **[Proved]**

2. Failed to provide an adequate standard of care in that you failed to assess Resident A's:

   2.1. vital signs; **[No case to answer]**

   2.2. appearance. **[No case to answer]**

3. Failed to remove the obstruction from Resident A's mouth and/or airway; **[Proved]**

4. Your actions above resulted in a delay of treatment to Resident A; **[Proved]**

5. Failure to maintain a full and accurate record of events. **[Proved]**

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

Decision and reasons on application to admit Mr 5's witness statement into evidence

The panel heard an application made by Mr Kennedy, on behalf of the Nursing and Midwifery Council (NMC) pursuant to Rule 31 of The Nursing and Midwifery Council (Fitness to Practise) Rules Order of Council 2004 (as amended) (the Rules) to allow the written statement of Mr 5 into evidence and for it to be read into the record. Mr Kennedy submitted that the NMC decided to not call Mr 5 to give evidence at this hearing. Mr 5 was one of three paramedics who attended Ryland View Nursing Home (the Home) on 15 August 2018. Ms 1 and Mr 3 were the two other paramedics that attended the Home on 15 August 2018, both of whom have given oral evidence at this hearing.

Mr Kennedy submitted that the NMC wrote to you on 8 September 2020 to inform you that it did not intend on calling Mr 5 to give evidence and that an application would be made for his witness statement to be accepted into evidence. Mr Kennedy informed the panel that you responded on 15 September 2020 and stated that you did not object to the witness statement of Mr 5 being accepted into evidence.

Mr Kennedy submitted that there was no unfairness or prejudice to you in accepting Mr 5's witness statement into evidence.

You did not oppose this application.

The panel heard and accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. This included that Rule 31 provides that, so far as it is 'fair and relevant', a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings.

The panel was of the view that the witness statement of Mr 5, a paramedic who attended the Home when the charges in question arose was relevant. You had been put on notice that the NMC would make an application for Mr 5's witness statement to be read into the record and you did not object to this application. Having regard to all of the above, the panel determined that there would be no material unfairness to you in allowing this application and accepting the witness statement of Mr 5 into evidence. The panel noted that once it had heard all of the evidence it would then consider what weight to attach to this witness statement.

Decision and reasons on application of no case to answer

Upon the NMC closing its case, the panel of its own volition, invited submissions on whether there is a case to answer in respect of charges 2.1 and 2.2.

Mr Kennedy accepted that there is evidence which demonstrates that you did assess Resident A's vital signs and appearance on 15 August 2018. In view of this, he submitted that it would be difficult to find that there was a failure as set out in charges 2.1 and 2.2.

You supported the application for no case to answer in respect of charges 2.1 and 2.2.

The panel accepted the advice of the legal assessor.

The panel was mindful of the wording of the charges and noted that you are charged with a failure to assess Resident A's vital signs and appearance. The panel noted that there is evidence that you made a judgement about Resident A's condition by taking vital signs and assessing her appearance. The adequacy of these observations is not set out in the charge. Having regard to all of the evidence before it, the panel was of the view that taken at its highest, it would not be able to find charges 2.1 and 2.2 proved. Accordingly, the panel found that there is no case to answer in respect of charges 2.1 and 2.2.

Decision and reasons on facts

In reaching its decisions on the facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Mr Kennedy on behalf of the NMC and those made by you.

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

The panel heard live evidence from the following witnesses called on behalf of the NMC:

- Ms 1 – Specialist paramedic mental health with the Black Country Mental Health triage team, employed by West Midlands Ambulance Service NHS University Foundation Trust (WMAS).

- Ms 2 – Care assistant at the Home.

- Mr 3 – Paramedic employed by WMAS.

- Ms 4 – Unit Manager at the Home.

The panel also heard evidence from you under affirmation.

Background

The charges arose whilst you were undertaking a shift as an agency nurse at the Home. The Home consists of five separate bungalows and in each of the bungalows, there is a registered nurse who is in charge, and two care assistants.

The charges arose during the night shift of 14-15 August 2018 when you were working as an agency nurse. At some time after 1am on 15 August 2018 Ms 2, a care assistant, activated the emergency alarm when she found that Resident A appeared to be choking. You went to Resident A's room and subsequently called an ambulance at 1:31am. You told the 999 call operator that Resident A was having difficulties and irregular breathing and she was not conscious.

At 1:40am the paramedics arrived with Resident A. The information from the 999 call operator was that Resident A was in cardiac arrest. On arrival, the paramedics found Resident A to be actively choking, she was conscious but with a reduced Glasgow Coma Score. Resident A was able to respond to questions using non-verbal communication indicating and confirming that she was choking. The paramedics also observed food particles on Resident A's face and bedding. After treatment from the paramedics, food

causing the obstruction was removed from Resident A's airway.

After the incident Ms 1, the paramedic who first attended the Home, expressed her concerns to you about your failure to identify that Resident A was choking. She found your response concerning in that you did not recognise the magnitude of your failure to identify that Resident A was choking. In the light of this she felt it was not safe to leave you in charge. Ms 4, the on call manager at the Home, was contacted and called in.

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

The panel considered the evidence of the NMC witnesses.

The panel found Ms 1 to be a credible and reliable witness. She had a clear recollection of the events and her oral evidence was consistent with her written statement and other documentary evidence.

The panel was of the view that Ms 2 was a credible and honest witness. She presented in a clear and concise manner and when she was asked questions she was willing to say if she could not remember. The panel noted that her oral evidence was consistent with her written statement.

The panel found Mr 3 to be a credible and reliable witness. In his evidence, Mr 3 voluntarily corrected his witness statement when he realised parts of his statement were not accurate. The panel was of the view that this went to his honesty and integrity as a witness. His evidence was consistent with contemporaneous records made at the time of the incident.

The panel noted that Ms 4 was not present at the time of the incident but that she tried her best to assist the panel. The panel found her to be a credible and reliable witness who provided the panel with information about policies and procedures at the Home.

Having accepted the witness statement of Mr 5 into evidence, the panel considered what weight should be attached to it. The panel noted that the statement was largely corroborative to the accounts provided by Ms 1 and Mr 3 in respect of the charges. It noted that Mr 5 provides a further account about how Resident A was choking.

The panel went on to consider your evidence. It took into account your typed witness statement which you presented at the start of the hearing. In your oral evidence you said that you told the 999 call operator that Resident A was having a heart attack. However, in the transcript of this call, you did not tell the operator that you thought that Resident A was having a heart attack. You also said in evidence that Resident A was able to answer questions that you asked her. In the transcript it shows that you told the operator that she was not conscious. You also said in your statement and oral evidence that you had taken observations before calling the ambulance, yet it was clear from the transcript that you did not take them until during the call.

The panel considered that in your evidence you relied on what you knew should have occurred, rather than what did occur. The panel was of the view that your recollection of the incident was not reliable and it was inconsistent with the evidence given by other professional witnesses. The panel therefore found that your evidence was not credible or reliable.

The panel then considered each of the remaining charges and made the following findings.

Charge 1:

1. Failed to recognise that Resident A was choking;

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Ms 1, Ms 2, Mr 3 and Mr 5. The panel also had regard to your evidence.

The panel noted that Ms 2, in her evidence, stated that she found Resident A choking and that she called you for assistance. Ms 2 said that she told you that Resident A was choking.

Ms 1 told the panel that when she attended the Home it was clear that Resident A was choking. Ms 1 asked Resident A if she was choking and she confirmed that she was by nodding.

Mr 3 and Mr 5 both confirmed that Resident A was visibly choking. Mr 3, in his evidence, told the panel that he removed the obstruction from Resident A's throat.

In your evidence you told the panel that you thought Resident A was having a heart attack and had no reason to suspect that she was choking. You said that you did not check Resident A's airway because she was able to speak to you, and if she was choking then she would not have been able to talk. You said that she was holding her chest, displaying signs of weakness, drowsiness and her oxygen saturation levels were low. You said that you called emergency services because you thought that she was having a heart attack. You said that Resident A only showed indications of choking when the paramedics sat her up.

The panel preferred the evidence of Ms 1, Ms 2, Mr 3 and Mr 5. It noted that there was no evidence of a heart attack and only evidence of choking. The panel also noted that during the 999 call you made reference to the fact that Resident A had eaten chocolate. The panel noted the evidence that there were food particles around Resident A. You said in your evidence that you had noticed the food particles. The panel was of the view that there were obvious signs of choking that you, as a nurse, should have been able to recognise.

The panel therefore found that it was more likely than not that you failed to recognise that Resident A was choking. The panel was therefore satisfied that you should have noticed Resident A was choking and failed to do so. Accordingly, the panel found this charge proved.

Charge 3:

3. Failed to remove the obstruction from Resident A's mouth and/or airway;

This charge is found proved.

In reaching this decision, the panel had regard to the evidence of Mr 3 and your evidence in which you accepted that you did not remove the obstruction.

Mr 3 in his evidence stated that he removed the obstruction from Resident A's airway.

In your evidence you told the panel that you thought that Resident A was having a heart attack and that you did not check her mouth or airway. You said that you did not undertake observations to ensure that she was not choking because she had been speaking to you.

The panel noted that Mr 3 removed the obstruction from Resident A's airway and that this was not disputed by you. Accordingly, the panel found this charge proved.

Charge 4:

4. Your actions above resulted in a delay of treatment to Resident A;

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Ms 1, Mr 3 and your evidence.

The panel noted that Resident A received no treatment at all until the arrival of the paramedics at 1:40am. Your failure to carry out an initial assessment, which would have identified that Resident A was choking, resulted in a delay in treatment until the arrival of the paramedics. Accordingly, the panel found this charge proved.

Charge 5:

5. Failure to maintain a full and accurate record of events.

This charge is found proved.

In reaching this decision, the panel took into account Resident A's daily notes and your evidence.

In your evidence you accepted that you failed to make a full and accurate record of the events that occurred on 15 August 2018.

The panel noted Resident A's daily notes and noted that key information was missing. The panel noted that you did not record a timeline of events, observations or any of the interventions carried out by the paramedics. The panel therefore found this charge proved.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether your 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.

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

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

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

During your submissions you told the panel that you intend on referring to matters relating to your health.

In view of this, Mr Kennedy made an application for any parts of the hearing where your health is mentioned to be held in private. The application was made pursuant to Rule 19 of the Rules.

The panel accepted the advice of the legal assessor.

The panel determined that it would go into private session if matters relating to your health arose. It determined that for these parts of the hearing your right to keep information about your health in private outweighed the public interest in the hearing being held in public.

Submissions on misconduct and impairment

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

Mr Kennedy submitted that the facts found proved amount to misconduct. He drew the panel's attention to the 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015)' (the Code) and identified the specific, relevant standards where, in his submission, your actions amounted to misconduct.

Mr Kennedy submitted that your behaviour fell below the standard that would be expected of a nurse. You did not listen to what you were told by Ms 2, you did not carry out the initial 'ABC' airway assessment on Resident A which meant that you did not discover vital information. Mr Kennedy submitted that you made an assumption that Resident A was having a heart attack, despite never having witnessed a similar event. He also submitted that you did not give treatment which may have alleviated the problem and, the paramedics were given incorrect information. Mr Kennedy submitted that your misconduct placed Resident A at risk of harm, it was a serious departure from the standards that the public would expect from a nurse and amounted to misconduct.

Mr Kennedy moved on to the issue of impairment and 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. He drew the panel's attention to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant*

[2011] EWHC 927 (Admin). He submitted that limbs a, b and c are engaged in this case. Mr Kennedy also referred the panel to the case of *Cohen v GMC* [2008] EWHC 581 (Admin).

Mr Kennedy submitted that the misconduct found proved is remediable but that there is no evidence that you have remediated the concerns identified in your practice. Further, Mr Kennedy submitted that you have not demonstrated any insight into your misconduct.

Mr Kennedy submitted that given the lack of evidence of insight, remediation and remorse, there is still a public protection issue to be addressed. He further submitted that a finding of current impairment is also necessary in the wider public interest which includes the need to protect the reputation of the profession and maintain the integrity of the register.

In your submissions you told the panel about a health condition which impacted on your performance on 15 August 2018. You said that you do feel sorry for what happened, you accepted that your diagnosis was wrong and that Resident A was your responsibility.

Since the incident you have not practised as a registered nurse. You said that you have been unable to undertake any further training through the agency that you were employed by as you have not been able to work as a nurse. Soon after the incident in 2018 you returned to live in Romania.

The panel accepted the advice of the legal assessor.

Decision and reasons on misconduct

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

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

> *'**1.2** make sure you deliver the fundamentals of care effectively*
>
> ***1.4** make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay*
>
> ***6.1** make sure that any information or advice given is evidence-based including information relating to using any health and care products or services*
>
> ***6.2** maintain the knowledge and skills you need for safe and effective practice*
>
> ***7.1** use terms that people in your care, colleagues and the public can understand*
>
> ***8.5** work with colleagues to preserve the safety of those receiving care*
>
> ***10.2** identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need*
>
> ***13.1** accurately identify, observe and assess signs of normal or worsening physical and mental health in the person receiving care*
>
> ***20.1** keep to and uphold the standards and values set out in the Code.'*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that the charges found proved, individually and cumulatively, were a serious departure from what is expected of a registered nurse. The panel considered that taking appropriate observations to establish whether a patient is choking is basic first aid. The panel was of the view that your failure to

recognise that Resident A was choking raised concerns about fundamental nursing skills. The panel was concerned about the shortfalls in your record keeping which is also a basic nursing skill. Incomplete or inaccurate patient records prevents continuity of care and raise patient safety concerns.

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

Decision and reasons on impairment

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

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

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

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

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

‘Do our findings of fact in respect of the doctor’s misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her 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 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 determined that limbs a, b and c are engaged in this case. Resident A was placed at risk of harm when you were unable to recognise that she was choking and therefore you did not provide basic first aid prior to the paramedics arriving. Further, incomplete or inaccurate patient records prevents continuity of care and places patients at risk of harm. Your misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

Regarding insight, the panel considered that in your evidence you did not demonstrate any insight and sought at times, to deflect blame on to your colleague. In your submissions on misconduct and impairment you apologised for your failings and accepted that your diagnosis of Resident A was wrong. The panel was of the view that, at this stage, you have not demonstrated any meaningful insight or remorse into your failings.

The panel was satisfied that the misconduct in this case is capable of remediation. However, as you have not worked as a registered nurse since the incident or undertaken relevant training, the panel determined that you have not remediated the shortfalls in your practice.

The panel is of the view that there is a risk of repetition based on its findings on insight, remorse and remediation. 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; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel also determined that a finding of impairment on public interest grounds is required. A member of the public would be concerned if a finding of impairment was not made in these circumstances.

The panel further concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds your fitness to practise impaired on the grounds of public interest.

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

Mr Kennedy informed the panel that in the Notice of Hearing the NMC had advised you that it would seek the imposition of a suspension order for a period of 12 months with a review. He outlined what the NMC submit are the aggravating and mitigating features of this case.

You submitted that what sanction is imposed is a matter for the panel. You said that you would seek employment in the healthcare sector in Romania in an attempt to remediate your practice.

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:

- Limited insight into your failings and the impact of your actions on Resident A, other patients, the profession and the NMC.
- You have not evidenced any remediation of your practice.
- Your failure to work as part of a team at the time of the incident.
- Your failures were fundamental in nature and placed Resident A at risk of serious harm.

The panel also took into account the following mitigating features:

- The charges relate to an isolated incident.

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict 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. While the panel considered that the misconduct was remediable and relating to your clinical practice, you have failed

to demonstrate sufficient insight into your misconduct. The panel considered that a conditions of practice order may address public protection concerns, however, the panel determined that in view of the seriousness of the charges found proved, the public interest would not be satisfied by a conditions of practice order at this stage.

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 panel then went on to consider whether a suspension order would be an appropriate sanction. The panel had regard to the SG which sets out the circumstances in which a suspension order may be appropriate. It had particular regard to the following relevant factors:

- 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.

In deciding whether a suspension order was appropriate and proportionate, the panel went on to consider a striking-off order. Taking account of all the information before it, and of the mitigation provided, the panel concluded that a striking off order would be disproportionate at this time. Further, while the panel was of the view that the misconduct was serious, it determined that it was not fundamentally incompatible with you remaining on the register.

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.

The panel determined that a suspension order for a period of 12 months was appropriate in this case to mark the seriousness of the misconduct and to allow you sufficient time to gain insight into your failings, remediate and to reflect on your misconduct.

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 may be assisted by the following:

- A written reflective statement which demonstrates insight into the charges found proved and the impact of your misconduct on patients, the profession and the public interest.
- Evidence of any relevant training courses that you have successfully completed.
- Testimonials from employers and/or colleagues in the health care profession.

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 interest until the suspension order 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 Mr Kennedy. He submitted that given the panel's findings an interim order is necessary to protect the public and is otherwise in the public interest to maintain and uphold professional standards.

You made no submissions.

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 decided to impose an interim suspension order for a period of 18 months to protect the public, to satisfy the public interest and to maintain and uphold professional standards.

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.

This will be confirmed to you in writing.

That concludes this determination.