

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

**Substantive Hearing
15-16 July 2021**

Nursing and Midwifery Council
2 Stratford Place, Montfichet Road, London, E20 1EJ

Name of registrant: Ayan Abdi Maow

NMC PIN: 14I3355E

Part(s) of the register: Nursing –sub part 1
RNA: Registered Nurse – Adult – 15 November
2016

Area of registered address: London

Type of case: Conviction

Panel members: Phillip Sayce (Chair, Registrant member)
Marcia Smikle (Registrant member)
Sadia Zouq (Lay member)

Legal Assessor: Martin Goudie QC

Panel Secretary: Roshani Wanigasinghe

Nursing and Midwifery Council: Represented by Michael Bellis, Case Presenter

Miss Maow: Present and represented by Gabriel Adedeji

Facts proved by admission: All

Facts not proved: None

Fitness to practise: Impaired

Sanction: Suspension order (12 months) without review

Interim order: Interim suspension order (18 months)

Details of charge

That you, a registered nurse, on 19 August 2020 were convicted at Thames Magistrates Court of two offences of fraud by abuse of position contrary to section 1 and 4 of the Fraud Act 2006 in that you:

1) Between 01/02/2017 and 22/08/2018 at Royal London Hospital, London committed fraud in that, while occupying a position of trust, namely a nurse, in which you were expected to safeguard, or not act against, the financial interests of the NHS you dishonestly abused that position by obtaining bottles of ethyl chloride from wards of the hospital, intending thereby to make a gain for yourself.

2) Between 01/06/2018 and 22/08/2018 at Royal London Hospital, London committed fraud in that, while occupying a position, namely a nurse, in which you were expected to safeguard, or not to act against, the financial interests of the NHS, you dishonestly abused that position by bulk ordering cans of ethyl chloride from the hospital pharmacy intending thereby to make a gain for yourself.

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

Decisions and reasons on application to postpone under Rule 32 (1)

This is a substantive hearing scheduled for two days. On the first day at the start of the hearing and before any charges were read, it was brought to the panel's attention by Mr Adedeji, on your behalf, that your original counsel who had represented you through the criminal proceedings had taken ill and therefore requested the panel to postpone the hearing until your original counsel is available. He submitted that you have developed a rapport with her and therefore preferred being represented by her as she had a deeper understanding of your case.

He submitted that it was appropriate and fair to postpone this hearing until such time the original counsel returns and re-list this hearing within the next two-three months. He submitted that it was fair as the absence of the counsel is not due to any personal conflict but purely for her ill-health. Mr Adedeji also submitted that you are currently under an interim suspension order and therefore there are no risks to the public in a postponement.

Mr Bellis on behalf of the Nursing and Midwifery Council (NMC) submitted that the NMC resist this application. He submitted that your convictions involve dishonesty and that you were sentenced in September 2020 although your convictions span from 2017 to 2018. Mr Bellis stated that the panel should consider the public interest in the expeditious disposal of this hearing and fairness to you. He submitted that whilst undesirable, you are represented by counsel today, you have attended the hearing and have a Royal College of Nursing (RCN) legal officer present to assist you. He submitted that significant resources have been put in place to hold this hearing physically including acquiring in-person panel dates. He further submitted that as this case is listed for two days, if necessary, Mr Adedeji could be given extra time to seek instructions and have a client conference. Mr Bellis therefore submitted that, it would be appropriate for this case to continue.

The Chair took into account the submissions made by Mr Adedeji and Mr Bellis. He decided not to postpone and continue with the hearing today. In reaching this decision he had regard to the factors set out in Rule 32. The Chair took into account the seriousness of the charges and the amount of time that has passed since the incidents took place.

The Chair was of the view that given the nature of the case and the seriousness of the allegations, particularly as they involved the issue of dishonesty, it would be fair to proceed today. The Chair acknowledged your indication regarding your preference to continue with your original counsel. However, he bore in mind that you are represented today, you are in attendance and there is a legal officer in attendance to assist you. He further had regard to the interest of the public and the expeditious disposal of this case. He bore in mind that given there are two days listed for this hearing, he was content to

accommodate extra time for Mr Adedeji to further discuss matters with you or seek additional instructions if necessary.

In all the circumstances, the Chair determined that it was in the public interest to proceed with this case today.

The remainder of the panel had been present and heard the submissions and legal advice in respect of the Rule 32 (1) application. Following the Chair reaching his decision but prior to informing the parties the Chair and the remainder of the panel discussed the application. On the parties being informed of the decision in respect of Rule 32 (1), the panel indicated that should an application be made under Rule 32 (2), they would reach the same decision as the Chair had reached on the application under Rule 32 (1).

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

At the outset of the hearing, after the charges were read, Mr Adedeji on your behalf made a request that as this case involves matters relating to your health and personal circumstances, the case be held in private on the basis that your right to privacy outweighed the public interest relative to such matters. The application was made pursuant to Rule 19 (3) of the Rules.

Mr Bellis on behalf of the NMC did not oppose the application but submitted only parts of the hearing should be in private.

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.

Having heard that there will be reference to your health and personal circumstances, the panel determined to hold those parts of the hearing relating to your health in private as and when such issues arose.

Background

The NMC received a referral from Barts Health NHS Trust (“the Trust”) regarding concerns about you. You had commenced employment at the Trust on 6 February 2017 as a band 5 staff nurse based on 13E. Prior to this, you were a student Nurse, based at the Trust, qualifying in November 2016.

On 17 August 2018, the Local Counter Fraud Specialist (LCFS) had received an allegation of Fraud by Abuse of Position (S4 Fraud Act 2006) in relation to you, where it was alleged that you had obtained drugs that you were not entitled to receive.

The Trust’s Divisional Nurse is alleged to have stated that you had obtained a number of Ethyl Chloride spray cans from the Medical Distribution Unit (MDU) at the Pathology and Pharmacy Building (P&P), Royal London Hospital (RLH). The LCFS had been informed that there had been an increase in the ordering of Ethyl Chloride by the 4th Floor Recovery Department, RLH and that on 12 August 2018, they had ordered 10 cans of Ethyl Chloride which was supplied to a nurse [you] who collected from the P&P building.

It is alleged that the following day, 4th Floor Recovery Department had ordered 12 more cans, which was again collected from the P&P reception.

On 16 August 2018 it was alleged that you had telephoned the MDU and ordered 12 cans of Ethyl Chloride for 4th Floor Recovery Department. Suspicions had been raised due to the high usage for this area; therefore a member of staff from the MDU had allegedly queried the order with you and informed you that he could not give you any Ethyl Chloride in person as there was a high usage for the area which was being looked into. The MDU

staff member had allegedly recognised you from earlier in the week although you had denied this when challenged.

CCTV was interrogated and it is alleged that you could clearly be seen on the CCTV in the P&P building. You were seen exiting the P&P building and using your staff ID Badge to gain access to the rear doors by Lift Core 7. From this, Security Officers were allegedly able to identify you.

Further checks had allegedly showed that the 4th Floor Recovery Department, have had an increase in usage of Ethyl Chloride, from an average of 20 cans a month to 46 cans in June 2018, 111 cans in July 2018 and 59 cans to the 16 August 2018.

You had been subject to an internal hearing on 5 March 2019 where you were summarily dismissed on the grounds of gross misconduct.

You attended Thames Magistrates Court on 19 August 2020 and pleaded guilty to the two offences detailed in the charges.

Decision and reasons on facts

At the outset of the hearing, the panel heard from Mr Adedeji, who informed the panel that you made full admissions to both charges.

The charges concern your conviction and, having been provided with a copy of the memorandum of conviction, and by way of your admission, the panel finds that the charges are found proved in their entirety in accordance with Rule 31 (2) and (3).

Fitness to practise

Having announced its findings on the facts, the panel then considered whether, on the basis of the facts found proved, your fitness to practise is currently impaired by reason of

your conviction. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's suitability to remain on the register unrestricted.

Submissions on impairment

You told the panel that you chose the nursing profession as you wanted to make a difference in someone else's life. You said that it was a privilege to be a nurse and that you have always only ever wanted to be the best version you could be for your patients.

You told the panel that you were very sorry for your past actions. You said you were ashamed of your behaviour. You said that honesty and integrity are core values of the profession and you are embarrassed that you had breached them. You attempted to explain to the panel your mind set and self-justification at the time of the incidents. You said that in hindsight you now realise what you did was irresponsible. **[PRIVATE]**. **[PRIVATE]**. Further, you said that at the time, you were young, naïve and eager to please everyone **[PRIVATE]** and take on more work. You explained that at the start you attempted to escalate **[PRIVATE]** but these were dismissed by the ward manager and senior colleagues. You said that as a newly qualified nurse you lacked confidence **[PRIVATE]**. However, you told the panel that if you were to find yourself in a similar situation again, you would raise concerns and escalate these matters, **[PRIVATE]**. You told the panel that you have experienced losing the "best job in the world" and you would not do anything to jeopardise your position again.

[PRIVATE].

You asked the panel for grace so you could return back to the job you love, be part of team, work in a ward and provide care for patients in need.

Mr Bellis addressed the panel on the issue of impairment and reminded the panel to have regard to protecting the public and the wider public interest. This included the need to

declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. He referred to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin) and *Cohen v GMC* [2008] EWHC 581 (Admin).

Mr Bellis reminded the panel to bear in mind your level of insight, remorse and remediation. He submitted that you have shown a level of insight and have apologised. You have told the panel of the changes you have made **[PRIVATE]** and explained why you did what you did. He submitted that the risk of repetition in the NMC's view is low.

However, Mr Bellis submitted that you have breached fundamental tenets of the profession and acted in a way that undermines the profession. He submitted that this case primarily involves public interest concerns. He referred to parts of the *Code: Professional standards of practice and behaviour for nurses and midwives* (2015) (The Code), where in the NMC's view, you breached- 20, 20.1, 20.2 and 20.4. Mr Bellis submitted that your conviction is serious and relate to dishonesty that occurred over a significant period of time. He submitted that the dishonesty involved you taking medication from the NHS and the value of the medication that you took for yourself was shy of £ 4,500. He submitted that you failed to act with honesty and integrity.

Mr Bellis submitted that given the level of dishonesty, the serious nature of this case and in view of your criminal conviction, your fitness to practise is currently impaired.

Mr Adedeji on your behalf, accepted that your conviction amounts to current impairment on public interest grounds. He however submitted that there are no public protection concerns in this case. He drew the panel's attention to the bundle of documents that you have provided which included a reflective statement. Mr Adedeji submitted that you have demonstrated remorse and insight into your behaviour. He submitted that you have been candid and made full admissions from the outset and fully complied with all investigations.

Mr Adedeji submitted that you have repeatedly told the panel how sorry you were for your actions and that your actions were not financially motivated **[PRIVATE]**. He reminded the panel that you were not at any point seeking to shy away from your wrong doing or excuse your actions. Mr Adedeji submitted that you now clearly understand what you did was wrong and the risk of repetition in this case is very low. He submitted that your actions were borne out of a level of naivety and you have learnt an “extremely salutary lesson”.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments.

Decision and reasons on impairment

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

The panel initially noted that it is not its function to go behind the findings of a criminal court; at this stage of these regulatory proceedings, the panel’s role is to determine whether your fitness to practise as a registered nurse is currently impaired.

The panel accepted the advice of the legal assessor.

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. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients’ and the public’s trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. 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) ..
- b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d) *has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

With regard to the test set out in the case of *Grant*, the panel decided that no patients were put at an unwarranted risk of harm as a result of the incidents and there is no evidence that you are liable to put patients at an unwarranted risk of harm in the future.

The panel therefore decided that a finding of impairment is not necessary on the grounds of public protection.

The panel found that limbs b, c and d of *Grant* were engaged on the basis of what happened in the past. Your dishonest conduct, which led to your conviction, breached fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

The panel found that this case involves serious and criminal dishonesty related to your privileged role as a registered nurse. The panel considered that you misappropriated a large quantity of Ethyl Chloride cans from wards which valued at £ 4,485. The panel accepted that you used this medication for personal use. It reached the view that your conduct resulting in your conviction did depart from the standards required of a registered nurse. Specifically, the panel considered that you breached the following sections of the NMC Code:

“Promote professionalism and trust

You uphold the reputation of your profession at all times. You should display a personal commitment to the standards of practice and behaviour set out in the Code. You should be a model of integrity and leadership for others to aspire to. This should lead to trust and confidence in the professions from patients, people receiving care, other health and care professionals and the public.

20 Uphold the reputation of your profession at all times

To achieve this, you must:

20.1 keep to and uphold the standards and values set out in the Code

20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment

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

The panel considered your insight to be sufficient. The panel acknowledged that in your written reflective statement and oral evidence you were able to explain what you would do differently if a similar situation were to arise in the future. The panel bore in mind the stressors of the ward i.e. the heavy clinical load and the reduced staffing levels at times, you being a newly qualified nurse, your age and **[PRIVATE]**. The panel further considered that you accepted your wrong doing from the outset and took full responsibility for them and that you have fully engaged with the NMC. The panel found that you accepted and appreciated the gravity of your criminal offences, its impact on colleagues, your past employers and the potential damage to the reputation of the profession. By way of such reflection and understanding, the panel also considered you to have sufficiently remediated. As such, the panel decided that the risk of repetition is low.

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

The panel considered that dishonesty by its very nature can be difficult to remediate, and your dishonesty which resulted in criminal convictions is particularly serious. You abused your position of trust as a nurse with access to medication for your own personal benefit. Furthermore, it occurred over a sustained period of time between 1 February 2017 and 22 August 2018, your actions were premeditated and the panel had no doubt that you knew what you were doing was wrong. The panel considered that you specifically placing bulk orders for Ethyl Chloride cans from the Trust to be used for your own benefit was particularly serious.

Whilst you do not present a risk to the public, and your fitness to practise is not impaired on the grounds of public protection, the panel found that your past conduct and subsequent conviction must be marked by a finding of impairment on public interest

grounds because not to do so would undermine public confidence in the profession and fail to uphold professional standards.

The panel considered that if a member of the public were made aware of all the circumstances of this case, they would expect a finding of impairment on public interest grounds.

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, including your evidence in chief and cross examination, that has been adduced in this case and had careful regard to the Sanctions Guidance (SG) published by the NMC, including the guidance on dishonesty and on conviction.

The panel accepted the advice of the legal assessor which included reference to *Council for the Regulation of Health Care Professionals v (1) General Dental Council and (2) Fleischmann [2005] EWHC 87 (QB)* and the case of *Khan v GPC [2016] UKSC64* amongst others.

Submissions on sanction

In his submissions on sanction, Mr Bellis invited the panel to impose a striking-off order. He submitted that your actions were for personal gain and it was a long standing deception. He submitted that whilst there was no direct harm to patients, you did take the

resources available to the NHS and patients away from them. He referred the panel to the case of *Fleischmann*, and submitted that the general principle in this case that a nurse or midwife should not be permitted to start practising again, until they have completed a sentence for a serious offence applies to this case. He reminded the panel that your current custodial sentence is live and is on-going until 20 September 2022.

Mr Bellis outlined also what the NMC considered to be the aggravating and mitigating features of this case, and submitted that, because of the seriousness of the facts underlying your conviction, the only sanction that would suitably satisfy the public interest would be a striking-off order.

In respect of the case of *Fleischmann*, Mr Adedeji submitted that the general principle that a nurse or midwife should not be permitted to start practising again, until they have completed a sentence for a serious offence should not be applied in your case. Mr Adedeji submitted that there is a distinction to be drawn in the dishonesty in your case. He submitted that your case is an exceptional one where although offences of fraud are serious, in this particular case, the set of circumstances that led to your fraud must be distinguished from general cases of fraud. He submitted that your fraud was not for personal financial gain **[PRIVATE]**.

He invited the panel to take a pragmatic and sympathetic approach to sanction in view of background and all of the personal mitigation which has been presented to the panel. He reminded the panel of the public interest in retaining a skilled nurse on the register and referred the panel to a number of references provided on your behalf.

Mr Adedeji submitted that yours is an unusual and exceptional case and invited the panel to adopt a course short of striking you from the register. He submitted that you are not a risk to the public and a sanction of suspension would be appropriate in your case.

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:

- There was a breach and abuse of a position of trust as you only had access to the Ethyl Chloride because you were a registered nurse.
- Your fraud occurred shortly after starting your position as a nurse at the Trust.
- The dishonesty was opportunistic to start but became premeditated and systematic and took place over a prolonged period of time.
- Deprived the NHS of £4,485.

The panel also took into account the following mitigating features:

- Early admissions and remorse.
- Apologies and evidence of remediation.
- You have demonstrated insight.
- Engagement throughout, including with your previous employer and the courts.
- Re-payment of a significant amount of the value of goods that has been deprived of the NHS.
- Specific high demands of the area you were working in at the time.
- Not getting appropriate support from the Trust **[PRIVATE]**.
- The Ethyl Chloride was not taken for financial gain **[PRIVATE]**
- **[PRIVATE]**.

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public interest 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 conduct that led to your conviction was 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 was mindful that any conditions imposed must be proportionate, measurable and workable. However, the panel considered that your dishonest actions are not something that can be addressed by a conditions of practice order. The panel considered that the placing of conditions on your nursing registration would not adequately address the seriousness of this case, nor uphold the wider public interest. Further, the panel was of the view that there are no practical or workable conditions that could be formulated, given that this is a case engaging the public interest only.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:

- *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;*

The panel considered that through your dishonest actions, you deprived the NHS of valuable resources. However, it bore in mind that you did not directly place patients at an unwarranted risk of harm nor did you directly deprive any patient of Ethyl Chloride during the time you fraudulently took them for yourself. The panel noted that you have now repaid a significant amount of the value of the Ethyl Chloride you took and you are continuing to repay the outstanding sum. Having regard to the mitigating factors in this case the panel considered that there was a low risk of you repeating the dishonest conduct. It was of the view that your insight was sufficient and that you had understood what you did was wrong. The panel was encouraged by the references provided on your behalf. Whilst the panel was of the view that your dishonesty was serious, in the particular circumstances of this case and given the work strain at the time, your age, naivety and the explanation for why you did what you did when the behaviour occurred and your insight and significant remorse, the panel considered that the public would be better served by affording an otherwise competent nurse the opportunity to return to unrestricted practice in the future. The panel therefore determined to impose a suspension order.

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

The panel did go on to consider whether a striking-off order would be appropriate and proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be disproportionate. Whilst the panel acknowledged 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 dishonesty. The panel took into account the nature and seriousness of the offending, your engagement throughout the process, your remorse and insight, your attendance at the hearing and evidence at the hearing. Having considered all the relevant circumstances, the panel considered the general guidance in *Fleischmann* that a registrant should not be able to practice when subject to a criminal sentence. When considering that guidance the panel bore in mind its need to apply the principles of proportionality and to weigh the public interest in respect of the offending, the public interest in maintaining a skilled nurse and your interests. The panel determined that a period of 12 months suspension properly reflected the dishonesty in this case, the criminal sentence imposed and the public interest. The guidance in *Fleischmann* was a general principle that was considered by the panel and influenced the length of the sanction imposed but the panel took into account its need to act proportionately. The panel considered that the sanction imposed was significant and would be recognised as such by the public notwithstanding the short period between the end of the sanction and end of the suspended sentence. A strict application of *Fleischmann* in this case would neither be justified or proportionate.

Having found that your fitness to practise is currently impaired, the panel bore in mind that it determined there were no public protection concerns arising from your conduct. In this respect it found your fitness to practise impaired on the grounds of public interest alone.

In accordance with Article 29 (8A) of the Order the panel may exercise its discretionary power and determine that a review of the substantive order is not necessary.

The panel determined that it made the suspension order having found your fitness to practise currently impaired in the public interest. The panel was satisfied that the

suspension order will satisfy the public interest in this case and will maintain public confidence in the profession as well as the NMC as the regulator. Further, the suspension order will declare and uphold proper professional standards. Accordingly, the current suspension order will expire, without review.

This will be confirmed to you in writing.

Interim order

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

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

Submissions on interim order

The panel took account of the submissions made by Mr Bellis. He submitted that given the panel had decided to find impairment on the ground of public interest alone, the NMC is not seeking to apply for an interim order. He submitted however that this was a matter for the panels' own judgement.

Mr Adedeji submitted that he was of the same view as the NMC.

Decision and reasons on interim order

The panel of its own volition, was satisfied that an interim order is necessary in the public interest. The panel had regard to the general guidance in *Fleischmann* and the stage of

the criminal sanction that you are currently subject to and so decided that you should not be able to work as a nurse prior to this NMC sanction coming into force.

The panel concluded that an interim suspension order is appropriate in this case. The panel therefore imposed an interim suspension order for a period of 18 months to allow for the possibility of an appeal to be made and determined.

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

That concludes this determination.