

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

Substantive Hearing

Wednesday 1 – Friday 3 September 2021

Virtual Hearing

Name of registrant: Ms Colline Chikara

NMC PIN: 16A0808E

Part(s) of the register: Registered Nurse
Adult – 13 October 2016

Area of registered address: Staffordshire

Type of case: Misconduct

Panel members: Sophie Lomas (Chair, Lay member)
Dorothy Keates (Registrant member)
Chris Thornton (Lay member)

Legal Assessor: John Donnelly

Panel Secretary: Graeme King

Nursing and Midwifery Council: Represented by Stephen Earnshaw, Case
Presenter

Ms Chikara: In attendance and represented by Laura Herbert,
Crucible Law

Facts proved by admission: 1.1, 1.2, 1.3 and 2

Facts not proved: None

Fitness to practise: **Impaired**

Sanction: **Suspension order (6 months)**

Interim Order: **Interim suspension order (18 months)**

Details of charges, as amended

That you, a Registered Nurse:

1. In the course of an application to register with Thornbury Nursing Services in 2018, submitted one or more of the following documents:
 - 1.1 A document purporting to be a reference from Person A which was not genuine. **(Proved by admission)**
 - 1.2 A document purporting to be a reference from Person B which was not genuine. **(Proved by admission)**
 - 1.3 A document purporting to be a reference from Person C which was not genuine. **(Proved by admission)**
2. Your actions at one or more of 1.1 and/or 1.2 and/or 1.3 above were dishonest in that you knew you were presenting as a reference from someone else a reference which they had not provided. **(Proved by admission)**

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

Decision and reasons on amending the charge

At the outset of the hearing, Mr Earnshaw, on behalf of the Nursing and Midwifery Council (NMC), made an application to add a charge (1.3) and to amend the wording of charge 2. He submitted that the amendments as applied for: better reflect the evidence in this case; had previously been agreed by all parties; and would cause no unfairness or injustice. Mr Earnshaw applied to amend the charge as follows:

Addition of charge 1.3

1.3 A document purporting to be a reference from Person C which was not genuine.

Amendment of charge 2

*2. Your actions at one or more of 1.1 and/or 1.2 **and/or 1.3 above** were dishonest in that you knew you were presenting as a reference from someone else a reference which they had not provided.*

Ms Herbert, on your behalf, agreed that the omission of charge 1.3 and the subsequent wording of charge 2 were likely simple typographical errors and did not oppose Mr Earnshaw's application to amend.

The legal assessor advised the panel that Rule 28 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules), provides that:

'(1) at any stage before making its findings of fact, in accordance with [rule 24(5) or (11)] [...] the Fitness to Practise Committee, may amend:

(a) The charge set out in the notice of hearing; or

(b) The facts set out in the charge, on which the allegation is based, unless, having regard to the merits of the case and the fairness of the proceedings, the required amendment cannot be made without injustice.

(2) before making any amendment under paragraph (1), the Committee shall consider any representations from the parties on this issue.'

The panel considered that the proposed amendments would ensure that the charges better reflect the evidence in this case and it noted that all parties were in agreement that such amendments would be suitable. It therefore determined that charge 1.3 could be added and charge 2 could be amended with no unfairness or injustice caused.

Accordingly, the panel added charge 1.3 and amended the wording of charge 2 as per Mr Earnshaw's application.

Decision and reasons on application under Rule 19

Prior to you giving evidence, Ms Herbert made an application for parts of the hearing to be held in private on the basis that reference would be made to your health. She submitted that it would be appropriate and in your interest that any such parts of the hearing are held in private.

Mr Earnshaw did not oppose the application.

The legal assessor advised the panel that Rule 19 states:

'(1) Subject to paragraphs (2) and (3) below, hearings shall be conducted in public.

(2) [...]

(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.'

The panel accepts that the general rule is that substantive hearings are expected to be held in public unless there is a good reason for them to be held in private. Having heard that there will be reference to your health, the panel determined to hold such parts of the hearing in private. It was satisfied that the need to protect your interests outweighed the public interest in having this hearing held entirely in public.

Background

You were referred to the NMC by Thornberry Nursing Services (the Agency) on 6 November 2018.

It is alleged that in the process of registering with the Agency, you provided false references from Person A, Person B and Person C, all of whom were previous colleagues of yours at Hilltop Nursing Home (the Home). It is alleged that Persons A and B had agreed to provide you with a reference but had never actually done so, and that Person C had never agreed to give you a reference. The referral alleges that the Agency contacted the manager of the Home on 5 October 2018 to verify your application and that the Home advised the Agency that Persons A, B and C denied ever providing you with a reference. On 11 October 2018 you called the Agency and it is alleged that, during this call, you initially denied completing the three references in question but later admitted this on the same call. This call was recorded by the Agency.

Decision and reasons on facts

Upon the charges being read, you advised the panel that you made admissions to all the charges. The panel therefore finds charges 1.1, 1.2, 1.3 and 2 proved.

Mr Earnshaw submitted that there appears to have been an oversight during the preparation of this case. He advised that he had expected there to be four witnesses called by the NMC but was made aware during preliminary discussions on Day 1 of the hearing that you intended to make full admissions to all the charges. Given your full admissions, Mr Earnshaw indicated that he did not now intend to question any witnesses. Ms Herbert also confirmed that she did not intend to question any witnesses.

The panel noted that you had previously indicated your intention to make full admissions to the charges at your case conference and that your admissions on Day 1 of this hearing were not in any way a 'change of heart' or unexpected admissions, rather an oversight during the NMC's case preparation.

Fitness to practise

Having found all charges proved by way of admission, 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, recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it 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.

Submissions on misconduct

You gave evidence under affirmation at this stage and stated that Persons A, B and C had all agreed to give you a reference when you left the Home. You stated that you had difficulty in getting Persons A, B and C to complete the reference forms and provide their NMC pins to the Agency. You stated that you had worked with Persons A, B and C closely and that each of them were familiar with your nursing practice. You stated that, as Persons A, B and C were aware that you required a reference from them, and that you had a good relationship with them, you thought you would be able to complete their references yourself. You stated that you did not take Persons A, B and C through the full reference form, rather that you had asked generic questions about their opinion of your nursing skills. You stated that you know this is unprofessional and are ashamed of having done so. You stated that the Agency were pressurising you into providing references and that you offered to provide references from different people but the Agency insisted on them being from Persons A, B and C. You stated that you have not, and would not ever, repeat your conduct. You stated that you used the appropriate reference process when successfully applying for your current roles with two agencies. You stated that you '*felt stupid*' after the Agency referred you to the NMC and that you contemplated leaving the profession. However, you stated that you are a dedicated nurse and decided to face this challenge. You stated that you accept that the Agency had to refer you to the NMC and you understand why it did so. [PRIVATE]. You confirmed to the panel that you are currently working as a Registered Nurse, have completed all mandatory training and found the NMC revalidation process useful in terms of reminding yourself of the standards expected. You also confirmed to the panel that, through a legal representative, your current employer has been made aware of these regulatory proceedings.

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 Earnshaw reminded the panel that you have admitted all the charges, including one of dishonesty, and that this clearly amounts to misconduct. He submitted that the provision of three lengthy references, with no input from the purported authors, in an attempt to secure employment, is a serious matter.

Mr Earnshaw drew the panel's attention to the specific areas of 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015)' (the Code) which, in his submissions, you have breached.

Ms Herbert agreed that the admitted charges amount to misconduct.

Submissions on impairment

Mr Earnshaw 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 referred the panel to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin) and submitted that you had brought the nursing profession into disrepute through your actions, that you had breached fundamental tenets of the nursing profession, and that you had acted dishonestly. Mr Earnshaw submitted that there does not appear to have been any risk to patient safety as a result of your misconduct.

Mr Earnshaw submitted that the panel will also need to consider whether you have demonstrated any insight into your conduct and decide whether you fully appreciate the extent of your shortcomings.

Mr Earnshaw referred the panel to the case of *Cohen v General Medical Council* [2008] EWHC 581 (Admin) and invited the panel to determine whether your conduct is capable of remediation, whether it has been remedied, and whether your actions are likely to be repeated in future.

In having regard to all the above, Mr Earnshaw invited the panel to find that your fitness to practise is currently impaired by way of your misconduct on public interest grounds.

Ms Herbert submitted that the issue of impairment is a forward looking exercise and should not be based on an assessment of you in 2018. She referred the panel to the case of *Grant* and submitted that you do not present a risk to any member of the public. She drew the panel's attention to a reference dated 2 September 2021 from your current employer, Nurseplus (the Employer), that confirms that no concerns have been raised about your clinical conduct in any client feedback form since you began your employment. She submitted that if any impairment is to be found, it can only be on public interest grounds.

Ms Herbert next referred the panel to the case of *Cohen* and submitted that your misconduct has been remediated and is highly unlikely to be repeated. She accepted that some forms of dishonesty may be irremediable but yours is not such an example. Ms Herbert highlighted that the NMC class the most serious dishonesty as those involving patient care mistakes, an abuse of power, vulnerable victim(s) and premeditated and/or long standing dishonesty. She submitted that none of those factors are present in your case. Ms Herbert submitted that there is no evidence to suggest your performance at the Home had not warranted a reference, therefore there is no suggestion of you trying to conceal anything on the references. Ms Herbert submitted that all the charges relate to the same incident and not a series of events or prolonged dishonesty. She submitted that you accept having completed the references but that your position remains that you had discussed the references with Persons A, B and C and that your actions were not of someone randomly picking colleagues to use on a reference. Ms Herbert submitted that you began with honest intentions of gathering the three references. Further, Person B has

since provided you with a reference for a subsequent role and you had satisfied all the application requirements for the two agencies you are currently registered with.

Ms Herbert submitted that your subsequent proper job applications, recent NMC revalidation and relevant training demonstrate that there is no deep seated dishonesty in this case. You fully accept your failings and have shown remorse. Ms Herbert submitted that your role at the Home was your very first in nursing and that you were inexperienced in applying for nursing positions. She submitted that the Home had failed a Care Quality Commission inspection and was facing administration and [PRIVATE]. Ms Herbert reminded the panel that there has never been any concerns raised with your clinical practice, that you have been practising since 2018 without restriction and that there have been no further issues of dishonesty raised.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments including *PSA v GMC and Uppal* [2015] EWHC 1304, *PSA v GMC and Igwilo* [2016] EWHC 524, *PSA v HCPC and Roberts* [2020] EWHC 1906, *Bawa-Garba v GMC* [2018] EWCA 1879, *Meadow v GMC* [2006] EWCA 13909, *Watters v Nursing and Midwifery Council NMC* (QBD 2017), *Roylance, Grant and Cohen*.

Decision and reasons on misconduct

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

The panel was of the view that your actions fell short of the standards expected of a registered nurse and it considered them to amount to a breach of Section 20 of the Code in its entirety.

The panel recognised that breaches of the Code do not automatically result in a finding of misconduct. It went on to consider the charges, by determining whether your actions were sufficiently serious so as to amount to misconduct.

The panel first had regard to the evidence you gave on Day 2 of the hearing. It considered that you generally tried your best to assist the panel but that your answers to some questions were not directly focussed on the questions asked. The panel considered that your limited responses were as a result of your limited insight into the concerns as opposed to any attempt to deceive or mislead the panel.

The panel determined that your actions in all charges amounted to serious misconduct. It considered that providing false references was a significant departure from the standards expected of a registered nurse. While the panel noted that there is some supporting evidence to suggest that you had broached the subject of references with Persons A, B and C, none of them had actually filled in a reference for you.

The panel noted that your actions did not start out as premeditated or sophisticated dishonesty. It considered that your dishonesty kicked in as a result of the inability to secure appropriate references and, while the panel did not consider yours to be sustained dishonesty, it did extend to the filling in of three quite lengthy forms and initially lying to the Agency on a phone call. The panel also considered that the dishonesty was only discovered as a result of the Agency's checks as opposed to any admissions from you. The panel determined that your dishonesty was for financial gain as it involved you trying to gain employment, albeit seemingly in a role that you were qualified for.

The panel noted that it appears that the Home was an extremely challenging environment in which to work and it had regard [PRIVATE]. However, the panel did not find these reasons to justify the provision of three false references.

Decision and reasons on impairment

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

Registered 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 registered nurses with their lives and the lives of their loved ones. 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 *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*

The panel considered limbs b, c and d to be engaged in this case. It noted that there is no evidence or suggestion that patients were put at risk of, or caused any, harm as a result of your actions. It had regard to the reference dated 2 September 2021 from the Employer that stated that there have been no concerns raised with your practice since your employment began in November 2020.

In considering limb b, the panel determined that you had brought the profession into disrepute as a result of your dishonest conduct. It determined that submitting three false references was a serious departure from the conduct expected of a registered nurse and fell well below the standards expected. The panel also considered that your fellow practitioners would find your actions deplorable.

In considering limb c, the panel determined that honesty is a fundamental tenet of the nursing profession and that the admitted charges clearly demonstrate a breach of this tenet.

In considering limb d, the panel had regard to your admission of the dishonesty charge.

In considering whether you have remediated the concerns identified, the panel had regard to the case of *Cohen*.

The panel considered that your particular case of dishonesty is remediable but that you have yet to do so. While the panel noted that your dishonesty appears to be a one-off incident in an otherwise unblemished career, it could not be satisfied that you fully acknowledge the impact of your actions on the nursing profession and in particular on

Persons A, B and C. Further, the panel was not satisfied that you have demonstrated adequate insight into the risks posed by submitting false references. The panel had regard to your reflective piece and your evidence, and it was satisfied that you do now know the correct process for sourcing references.

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 a well-informed member of the public would be troubled if they were aware that a registered nurse had falsely completed three references in an attempt to gain employment. The panel therefore determined that a finding of impairment on public interest grounds is necessary.

The panel was satisfied that you do not currently pose a risk to patient safety, nor had your misconduct ever put patients at direct risk of harm. The panel therefore determined that a finding of impairment on public protection grounds is not necessary.

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

Sanction

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

Submissions on sanction

You gave evidence under affirmation and [PRIVATE]. You stated that you feel like you betrayed the trust of Persons A, B and C, and acknowledge that they all might feel as if you used them for your own benefit. You stated that you recognise the importance of nurses having the skills and qualifications that they say they do as it would pose a risk to safety if they did not. [PRIVATE].

Mr Earnshaw submitted that the sanction imposed by the panel should be no more than is necessary and it should balance the public interest elements of the case alongside your interests in considering this.

Mr Earnshaw submitted that a striking off order would be the appropriate order in this case given the serious misconduct charges found proved. He invited the panel to consider that the facts of the case remain that you dishonestly submitted three references and that such serious and dishonest misconduct could only be marked with a striking off order.

Ms Herbert submitted that the NMC encourage nurses to put problems right and look to create a learning culture that keeps patients safe. She submitted that the panel should not be looking to impose a punitive sanction. Ms Herbert submitted that you have taken significant steps to putting things right in response to your misconduct and have fully engaged with these proceedings. She submitted that your willingness to provide and give evidence, and thereby open yourself up to scrutiny, demonstrates your determination to put things right. Ms Herbert noted that the panel had not found there to be a pattern of dishonesty, nor had it found there to be any premeditated or sophisticated dishonesty.

Ms Herbert invited the panel to consider that you did not begin with dishonest intentions and urged it to consider the mitigating circumstances involving the environment at the Home and [PRIVATE].

Ms Herbert submitted that there are no clinical concerns about your practice, nor has there been any further dishonesty concerns since the original concerns arose. Ms Herbert

submitted that you have demonstrated three years of safe and honest practice since 2018. She submitted that the public interest concerns in this case would be marked by a caution order that could stay on your record for up to five years.

Ms Herbert submitted that a conditions of practice order that involved you having to complete a personal development plan could also be appropriate. She reiterated that there is no evidence of any clinical concerns therefore no supervision or stricter conditions are necessary.

Ms Herbert submitted that a suspension or striking off order would be disproportionate in response to the allegations. She submitted that you have taken steps to put the misconduct right, have admitted the charges and fully engaged with the process and have shown remorse. Ms Herbert submitted that no patient harm had been caused by your actions and drew the panel's attention to the training certificates provided on your behalf

Decision and reasons on sanction

The panel accepted the advice of the legal assessor which included reference to the case of *Lusinga v NMC* [2017] EWHC 1458.

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 Sanctions Guidance (SG) published by the NMC. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel did not consider there to be any aggravating factors in this case.

As regards mitigating factors, the panel considered the following as relevant:

- you have made full admissions to all charges;
- you have demonstrated remorse for your actions;
- your conduct was not dishonest from the outset; and
- you were a newly qualified nurse working in a challenging environment at the time of the misconduct.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the serious misconduct found. Taking no further action would not address the public interest concerns identified.

The panel then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public interest concerns identified, an order that does not mark the seriousness 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 it would be proportionate to impose a conditions of practice order. The panel noted that the misconduct found does not relate to your practice. The panel could not be satisfied that the misconduct in this case would be addressed by a conditions of practice order. It noted that you have practised as a registered nurse without concern before and since these matters first came to light, and determined that no useful purpose would be served by a conditions of practice order. Further, the panel determined that the placing of conditions on your registration would not address the public interest concerns in this case

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

- 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; and
- The Committee is satisfied that you do not pose a significant risk of repeating the behaviour.

The panel was satisfied that in this case, all of the above points apply and the misconduct was not fundamentally incompatible with you remaining on the register. It also noted that you are a competent nurse and a suspension order is sufficient to mark the seriousness of the misconduct in this case.

The panel went on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be disproportionate. Whilst the panel 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 for six months would be the appropriate and proportionate sanction.

The panel noted the hardship such an order may 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 six months was appropriate in this case to mark the seriousness of the misconduct. The panel considered this would give you an opportunity to develop your insight.

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. A reviewing panel would be assisted by evidence of your further insight into your misconduct, which may include:

- A reflective piece detailing your understanding of the impact that your misconduct has had on your colleagues, the wider profession and the public.

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

Mr Earnshaw invited the panel to impose an interim suspension order on public interest grounds, in accordance with the substantive suspension imposed by the panel. He submitted that the interim suspension order should be imposed for a period of 18 months to cover the 28 days and the possibility of an appeal.

Ms Herbert submitted that an interim order for six months, the length of the substantive order, might be more appropriate but that she was in the panel's hands.

The panel accepted the advice of the legal assessor

Decision and reasons on interim order

The panel was satisfied that having found that your fitness to practise is currently impaired and to be consistent with its findings, an interim order is necessary for the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months to allow you time to make an appeal if you wish to do so.

The panel noted that an interim suspension order is necessary on the grounds of public interest alone and to not impose such an order would cause alarm amongst the public given the findings made in this case.

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.