

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

**Substantive Meeting
Thursday 28 – Friday 29 April 2022**

Virtual Hearing

Name of registrant:	Loris King
NMC PIN:	80L0165E
Part(s) of the register:	Registered Nurse – Sub Part 2 Adult Nurse – 1 August 1983
Area of registered address:	Buckinghamshire
Type of case:	Misconduct
Panel members:	Penny Titterington (Chair, Lay member) Dr Sally Underwood (Registrant member) Alison Hayle (Lay member)
Legal Assessor:	Hala Helmi
Panel Secretary:	Teige Gardner
Facts proved:	Charges 1 and 2
Fitness to practise:	Impaired
Sanction:	Striking-off Order
Interim order:	Interim Suspension Order (18 months)

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that Mrs King was not in attendance and that the Notice of Meeting had been sent to Mrs King's registered email address on 15 March 2022.

The panel took into account that the Notice of Meeting provided details of the allegation, the time, dates and nature of the meeting.

The panel noted that the notice set out that Mrs King had been asked if she would like to have a hearing or a meeting, and that she had not responded, and therefore the notice recorded a panel's decision that this case proceed as a meeting.

The panel accepted the advice of the legal assessor.

In the light of all of the information available, the panel was satisfied that Mrs King has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Details of charge

"That you, a registered nurse whilst employed at a Band 6 Sister at Milton Keynes University Hospital NHS Foundation Trust (the 'Trust'):

1. Accepted sick pay from the Trust while working agency shifts through ID

Medical on one or more of the dates set out at Schedule A.

2. Your actions in charge 1 were dishonest in that you worked as an agency nurse through ID Medical when you had represented to the Trust that you were not fit to work as a nurse.

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

Schedule A

- 1) 26 April 2018
- 2) 28 April 2018
- 3) 6 May 2018
- 4) 7 May 2018
- 5) 13 May 2018
- 6) 26 May 2018
- 7) 28 May 2018
- 8) 1 June 2018
- 9) 2 June 2018
- 10) 17 June 2018
- 11) 24 June 2018
- 12) 25 June 2018
- 13) 29 June 2018
- 14) 12 July 2018
- 15) 13 July 2018
- 16) 14 July 2018
- 17) 23 July 2018
- 18) 24 July 2018
- 19) 25 July 2018
- 20) 26 July 2018
- 21) 29 July 2018
- 22) 1 August 2018
- 23) 2 August 2018
- 24) 3 August 2018
- 25) 4 August 2018
- 26) 8 August 2018
- 27) 10 August 2018
- 28) 11 August 2018
- 29) 16 August 2018

- 30) 18 August 2018
- 31) 19 August 2018
- 32) 31 August 2018
- 33) 1 September 2018
- 34) 2 September 2018
- 35) 3 September 2018
- 36) 6 September 2018
- 37) 20 September 2018
- 38) 21 September 2018
- 39) 23 September 2018
- 40) 29 September 2018
- 41) 30 September 2018
- 42) 12 October 2018
- 43) 13 October 2018
- 44) 15 October 2018
- 45) 16 October 2018
- 46) 17 October 2018
- 47) 18 October 2018
- 48) 31 October 2018
- 49) 1 November 2018
- 50) 3 November 2018
- 51) 5 November 2018
- 52) 6 November 2018

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the documentary evidence in this case together with the representations made by the NMC.

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 had regard to the written statements and documentary evidence of the following witnesses on behalf of the NMC:

- Witness 1: Neonatal Lead Nurse at the Trust,
and Mrs King's Line Manager
- Witness 2: Governance Manager at ID
Medical Agency
- Witness 3: Head of Midwifery and Paediatrics
at the Trust

Background

The NMC received a referral about Mrs King's fitness to practise on 7 January 2019, from the Director of Patient Care/Chief Nurse at Milton Keynes University Hospital NHS Foundation Trust ('the Trust'). At the time of the concern raised in the referral, Mrs King was working as a Band 6 Sister at Milton Keynes University Hospital ("the Hospital").

Mrs King was first entered onto the NMC's register in 1980. Mrs King commenced employment at the Trust as a Band 6 Sister on the Neonatal Unit ('NNU') in July 2015. Mrs King's shifts on the NNU were 11.5 hour shifts. [PRIVATE]

On 20 November 2018 the Head of Midwifery at the Hospital for the Trust and the Head of Midwifery and Head of Nursing for Paediatrics at Bedford Hospital ('Bedford') were discussing an incident regarding an agency member of staff who was working at Bedford. It was discovered that this member of staff was Mrs King and that she had been completing agency nurse shifts at Bedford since 26 April 2018 [PRIVATE]

[PRIVATE] Mrs King had completed 52 agency shifts for ID Medical at Bedford and it is alleged her actions were carried out dishonestly. Mrs King was immediately stopped from completing agency shifts at Bedford whilst an investigation was commenced. Mrs King resigned from the Trust and left on 9 March 2019, following an internal

investigation at the Trust led by Witness 1 where Mrs King attended with a Royal College of Nursing (RCN) representative.

It is understood by the NMC that Mrs King has not worked as a registered nurse in the U.K. since the alleged incidents and has returned to Jamaica due to personal circumstances.

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

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

Charge 1

“That you, a registered nurse whilst employed at a Band 6 Sister at Milton Keynes University Hospital NHS Foundation Trust (the ‘Trust’):

1. Accepted sick pay from the Trust while working agency shifts through ID Medical on one or more of the dates set out at Schedule A.”

This charge is found proved.

In reaching this decision, the panel took into account the evidence provided by the NMC, including documentary evidence from the National Health Service (NHS), Bedford and the internal investigation carried out by the Trust. It also had regard to the written evidence from Witnesses 1 and 2, including attached work shift time table, time slips signed by Mrs King for ID Medical Agency [PRIVATE]

The panel noted that some of the NMC evidence refers to a ‘Loris King’ and some to a ‘Loris Douglas’. The panel noted that, on the NMC’s systems, Ms Douglas is recorded

as Mrs King's maiden name, and this name changed in around 2002. Furthermore, the panel noted that Mrs King sent an email to the NMC, dated 18 June 2019, in which she signs off as:

"Loris Douglas (was King)."

In light of this, the panel was satisfied that Mrs King and Ms Douglas are the same person.

Following on from this, the panel then considered the documentary evidence related directly to this charge. [PRIVATE]

[PRIVATE] It noted that, on 26 April 2018, Mrs King worked a shift at Bedford as an agency nurse for ID Medical. This is supported by Witness 2's written statement, in which states:

[PRIVATE]

The panel then took into consideration the payslips Mrs King received from the Trust and the time sheets from Bedford. It noted that Mrs King's (or Ms Douglas') name was on all of these payslips. The panel noted that these payslips date between 26 April 2018 and 6 November 2018. Further, the panel noted that Mrs King herself filled out the timesheets required to be paid at Bedford, and signed them at the bottom.

The panel noted that there were two entries that did not accord with Schedule A. The timesheet records days worked on the 1 and 2 of August 2018. They noted that Mrs King has signed the timesheet and dated it the 3 of August 2018, when this predates the latest date worked recorded on the timesheet. The panel noted that this document has been countersigned on 3 September 2018 which the panel found to be the correct date. The panel found the dates marked 1 and 2 of August 2018 are therefore actually recordings of 1 and 2 September 2018. The panel thus found that the dates on the payslips and the time sheets correlated with all the dates in Schedule A.

The panel then considered the internal investigation transcripts, dated 4 April 2019. It noted that, when questioned about receiving sick pay from the Trust whilst simultaneously working as an agency nurse at Bedford, Mrs King is recorded as admitting to doing this. In the internal investigation report, it states:

“Loris stated that she had worked approximately 20 shifts at another Trust whilst being absent from work due to sickness”

The panel, in light of the above, was satisfied that on the balance of probabilities, Mrs King did work agency shifts at Bedford on the dates outlined in Schedule A whilst simultaneously receiving sick pay from the Trust.

Charge 2)

“That you, a registered nurse whilst employed at a Band 6 Sister at Milton Keynes University Hospital NHS Foundation Trust (the ‘Trust’):

...

2. Your actions in charge 1 were dishonest in that you worked as an agency nurse through ID Medical when you had represented to the Trust that you were not fit to work as a nurse.”

This charge is found proved.

In reaching this decision, the panel took into account the evidence in respect of charge 1.

The panel also took into consideration *Ivey v Genting Casinos* [2017] UKSC 67, which sets out the test for dishonesty. Firstly, the panel is required to take into account the individual’s subjective knowledge or belief as to the facts and secondly whether the individual’s conduct was honest or dishonest by applying the objective standards of ordinary, decent people.

[PRIVATE] The panel was of the view that Mrs King had ample opportunity and time to inform the Trust that she was working as an agency nurse whilst on sick leave, but did not do so, nor did she take the opportunity to discuss a possible lighter workload in the Trust should Mrs King have felt able to begin her return to work. Further, Witness 1, in her written witness statement, said that:

[PRIVATE]

The panel was of the view that Mrs King intentionally attempted to conceal the extent of her ability to work, [PRIVATE] when in fact she was successfully working as an agency nurse at Bedford.

The panel noted that, during the Trust's internal investigation, Mrs King was asked:

“Are you aware that you are not permitted to undertake work elsewhere whilst on sick leave, as stated in the policy?”

To which, Mrs King responded “yes”. When questioned further about Mrs King's reasoning for doing this, she said “*I wasn't thinking.*”

Mrs King, in her witness statement that she prepared for the Trust's internal investigation, stated that:

[PRIVATE]

[PRIVATE] Mrs King was clearly untruthful when stating that it was impossible to work for the first two months. The panel took this into account when deciding upon Mrs King's state of mind whilst she was working the agency shifts and simultaneously receiving sick pay from the Trust.

[PRIVATE] However, considering the circumstances set out above, the panel found that Mrs King must have understood that she was not able to work elsewhere whilst on sick leave without having to have knowledge about the contents of the policy. The panel was

of the view that Mrs King knew that what she was doing was wrong and she was doing it for financial gain.

The panel then considered how ordinary, decent people would view this behaviour and decided that they would view Mrs King's motivations, as set out above, including her desire to conceal the situation from the Trust, as dishonest.

The panel therefore determined that, in light of the above and on the balance of probabilities, Mrs King's actions in charge 1 were dishonest.

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

The panel, in reaching its decision, has 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, Mrs King's fitness to practise is currently impaired as a result of that misconduct.

Representations on misconduct and impairment

In coming to its decision, the panel had regard to the case of *Roylance v GMC (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' and which must be serious.

The NMC invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' ("the Code") in making its decision.

The NMC identified the specific, relevant standards where Mrs King's actions amounted to misconduct. In its written submissions, the NMC stated that it considered the misconduct in this case to be serious. The NMC submitted that undertaking a clinical role whilst being certified as unfit to work puts patients at an unwarranted risk of harm, however accepted that no actual harm is alleged to have taken place in this case.

The NMC submitted that the associated dishonesty is linked to Mrs King's clinical practice in that by not being candid about her health condition with Bedford, they were not in a position to accurately assess her risk to patients. Furthermore, the NMC submitted that knowingly receiving sick pay from the Trust when Mrs King was working as an agency nurse at Bedford is dishonest and falls below the standards expected of a registered nurse.

The NMC requires the panel to bear in mind its overarching objective to protect 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. The panel has referred to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

The NMC invited the panel to find Mrs King's fitness to practise impaired on the grounds that Mrs King has not provided any evidence of insight or remediation. The NMC submitted that there is no evidence that Mrs King has worked since these incidents occurred, however in the absence of any insight or remediation, there remains a risk of

repetition should Mrs King decide to return to nursing. Therefore a finding of impairment is necessary on the grounds of public protection.

The NMC submitted that there is a public interest in a finding of impairment being made in this case in order to declare and uphold proper standards of conduct and behaviour. The NMC submitted that Mrs King's conduct engages the public interest as the public would be concerned to know a nurse, who had been signed off as clinically unfit to work and was claiming the requisite sick pay, was then working a clinical shift elsewhere.

The panel also had regard to an email, dated 18 June 2019, from Mrs King, which stated that:

"I have gone onto the NMC site to voluntarily removed my name from the Nursing Register. However, at the point I am unable to complete the form."

The panel was of the view that this suggests Mrs King does not want to return to practice as a registered nurse.

The panel accepted the advice of the legal assessor which included reference to *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), and *Grant*.

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 Mrs King's actions did fall significantly short of the standards expected of a registered nurse, and that Mrs King's actions amounted to a breach of the Code. Specifically:

"8.6 share information to identify and reduce risk..."

13.4 take account of your own personal safety as well as the safety of people in your care...

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,

21.3 act with honesty and integrity in any financial dealings you have with everyone you have a professional relationship with....”

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 Mrs King’s actions were serious. It was of the view that, in working as a registered nurse whilst being signed off as unwell, Mrs King put patients at a real risk of significant harm. The panel was of the view that Mrs King dishonestly put her financial interests ahead of her duty as a registered nurse on the 52 shifts she worked at Bedford as an agency nurse.

The panel therefore found that Mrs King’s 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, Mrs King’s 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. 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 Ms 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, Ms 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) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel found that all limbs of *Grant* were engaged in this case.

The panel finds that patients were put at a real risk of harm as a result of Mrs King's misconduct. The panel noted that Mrs King's actions did not result in any actual harm, however it was of the view that patients could have been harmed by Mrs King's actions, [PRIVATE]. Mrs King's misconduct had breached the fundamental tenets of the nursing profession, because she had prioritised her own financial needs ahead of her patients and dishonestly made a financial gain from a public organisation. She had therefore brought the reputation of the profession into disrepute.

Regarding insight, the panel considered that Mrs King has not provided any evidence of insight. It noted that, in the internal investigation transcript carried out by the Trust, it was reported that Mrs King was visibly upset by her actions and showed some remorse at the time. Mrs King left the U.K. a few days later. There is no evidence of reflection, remorse or any insight into her misconduct. The panel was of the view that dishonesty is hard to remediate but without active engagement with the NMC it is not possible to assess any level of remediation. In these circumstances, the panel was of the view that there remains, in this case, a high risk of repetition.

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 determined that a finding of impairment on public interest grounds is required because a well-informed member of the public would be very concerned to know a nurse, who had been signed off as clinically unfit to work and was claiming the requisite sick pay, was then working a clinical shift elsewhere. The panel 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 Mrs King's fitness to practise impaired on the grounds of public interest.

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

Sanction

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

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.

Representations on sanction

The panel noted that in the Notice of Meeting, dated 15 March 2022, the NMC had advised Mrs King that it would seek the imposition of a striking off order if it found Mrs King's fitness to practise currently impaired.

Decision and reasons on sanction

Having found Mrs King's 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. 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:

- Personal financial gain from a breach of trust

- Lack of insight into failings
- A pattern of misconduct over a period of time
- Conduct which put patients at risk of suffering harm.

[PRIVATE] Therefore, the panel was of the view that there are no mitigating features in this case.

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 Mrs King's 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 Mrs King's misconduct 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 next considered whether placing conditions of practice on Mrs King's registration would be a sufficient and appropriate response. 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. Conditions of practice requires the nurse to actively engage with the NMC and accept the conditions placed on their practice. Mrs King has not demonstrated that she is willing to do this. There are no conditions of practice that can mitigate against sustained and purposeful dishonesty for personal financial gain. Furthermore, the panel concluded that the placing of conditions on Mrs King's registration would not adequately address the seriousness of this case and would not protect the public.

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 repetition of behaviour since the incident;*
- *A single instance of misconduct but where a lesser sanction is not sufficient*
- *No evidence of harmful deep-seated personality or attitudinal problems*
- *The committee is satisfied that the nurse... has insight and does not pose a significant risk of repeating behaviour*

The panel accepted that there was no evidence of repetition but also noted that there was no evidence of Mrs King working since the charges. The panel felt that this was not a single instance because this was a repeated conduct sustained over a long period of time. The panel found that the sustained nature of the dishonesty that only ended once her actions had come to light suggested deep seated attitudinal issues. The panel found, as seen above, that there was no evidence of insight, and a real risk of repetition.

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

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

Finally, in looking at a striking-off order, the panel took note of the following paragraphs of the SG:

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*

- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

Mrs King's actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with her remaining on the register. The panel was of the view that Mrs King's dishonesty was serious, premeditated, longstanding and systematic and it determined that, in the absence of any insight or remediation, to allow her to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body, and would lead to a real risk to patients.

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

The panel considered that this order is necessary to protect the public and 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 took into account that this sanction will prevent Mrs King from practicing as a nurse but decided that the need to protect the public and uphold the public interest outweighed her interests in this regard.

This will be confirmed to Mrs King in writing.

Interim order

As the conditions of practise order cannot take effect until the end of the 28-day appeal period, the panel has considered whether to impose an interim order. 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 Mrs King's own interest until the striking-off sanction takes effect. The panel accepted the advice of the legal assessor. The panel had regard to the NMC guidance on imposing interim orders.

Submissions on interim order

The panel took account of the NMC's written submissions. The NMC submitted that a corresponding interim order is necessary and that the NMC apply for an interim suspension for a duration of 18 months. The NMC submit that an interim suspension order is necessary to protect the public and is otherwise in the wider public interest. The NMC submitted that 18 months would allow time for an appeal process, if relevant, to conclude.

Decision and reasons on interim order

In reaching its decision, the panel had regard to the facts found proved relating to serious misconduct and the reasons set out in its decision for the substantive order.

The panel concluded that an interim suspension order would be necessary to protect the public and is otherwise in the public interest, 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.

If no appeal is made, then the interim suspension order will be replaced by the striking-off order 28 days after Mrs King is served with the decision of this hearing in writing.

That concludes this determination.