

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

**Substantive Meeting
Monday, 13 June 2022**

Virtual Meeting

Name of registrant: Catalina Ferchiu

NMC PIN: 07L0003C

Part(s) of the register: Registered Nurse – Sub Part 1
Adult Nursing – Level 1 – December 2007

Relevant Location: Warwickshire County Council

Type of case: Conviction

Panel members: Deborah Jones (Chair, Lay member)
Esther Craddock (Registrant member)
Susan Ellerby (Lay member)

Legal Assessor: Ben Stephenson

Hearings Coordinator: Xenia Menzl

Consensual Panel Determination: Accepted

Facts proved: Charge 1

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 the Notice of Meeting had been sent to Mrs Ferchiu's registered email address on 5 May 2022.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, the date and venue of the meeting.

In the light of all of the information available, the panel was satisfied that Mrs Ferchiu 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,

- 1) On 13 October 2020, in the Crown Court sitting at Warwick, were convicted of Wilful Neglect of a person in your care, contrary to section 20 of the Criminal Justice and Courts Act 2015.

2)

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

Consensual Panel Determination

At the outset of this meeting, the panel was made aware that a provisional agreement of a Consensual Panel Determination (CPD) had been reached with regard to this case between the Nursing and Midwifery Council (NMC) and Mrs Ferchiu.

The agreement, which was put before the panel, sets out Mrs Ferchiu's full admissions to the fact alleged in the charge, and that her fitness to practise is currently impaired by reason of that conviction. It is further stated in the agreement that an appropriate sanction in this case would be a strike-off order.

The panel has considered the provisional CPD agreement reached by the parties.

That provisional CPD agreement reads as follows:

'Mrs Ferchiu ("the registrant") is content for her case to be dealt with by way of a CPD meeting. She understands that the panel can adjourn for more information to be provided, are not bound to make a finding of impairment, and, if they do find impairment, can impose a lesser sanction without adjourning, or can impose the sanction proposed by the parties.

Charge

1. *The registrant admits the following charge:*

That you a registered nurse,

- 1) On 13 October 2020, in the Crown Court sitting at Warwick, were convicted of Wilful Neglect of a person in your care, contrary to section 20 of the Criminal Justice and Courts Act 2015.*

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

Agreed facts

- 2. Mrs Ferchiu appears on the register of nurses, midwives and nursing associates maintained by the NMC as a registered nurse and has been a registered nurse since 2005. At the material time, the registrant was employed as a nurse at Overslade Nursing Home ("the Home").*
- 3. Mrs Ferchiu was charged in the criminal proceedings as per charge 1 above.*
- 4. Mrs Ferchiu pleaded not guilty and was convicted at trial.*
- 5. Mrs Ferchiu was sentenced to 20 months' imprisonment, suspended for 18 months, with a requirement to carry out 240 hours of unpaid work. That suspended sentence will expire on 2 May 2022.*
- 6. Mrs Ferchiu continues to deny the facts behind the offence, but accepts that she was convicted.*
- 7. Mrs Ferchiu has not appealed her conviction.*
- 8. The facts found by the Court followed the opening note by the prosecution, which shows how the case was put at trial and provides a summary of the context of the offence.*
- 9. The facts found by the Court were set out by the Learned Judge in their sentencing remarks. Unfortunately, a transcript of those remarks is unavailable. However, they are set out in the Learned Judge's own note*

10. *Mrs Ferchiu has engaged with the NMC throughout the proceedings. She was previously represented by the Royal College of Nursing for the NMC referral and by Cartwright King Solicitors for the criminal proceedings. She is not currently represented.*
11. *Mrs Ferchiu has maintained she has done nothing wrong and was utilising her professional judgement at the time of the incident. Mrs Ferchiu set out her continued denial of the facts behind the conviction in an email to the NMC on 18 November 2021.*
12. *However, Mrs Ferchiu also still wishes to seek to resolve the NMC matter by way of a Consensual Panel Determination.*
13. *Mrs Ferchiu understands, notwithstanding that she denies the facts behind the offence, the Fitness to Practise Committee is bound to, and will, proceed on the basis of the facts behind conviction, as found by the Court. That requirement was recently reiterated in the case of Achina v GPHC 2021 EWHC 415 (Admin), at paragraphs 83-87.*
14. *In light of her conviction, Mrs Ferchiu was placed on the Children’s Barred List and the Adult’s Barred list on 25 August 2021.*

Facts behind the conviction

15. *Paragraphs 1-14 of the opening note include the following:*

“1. [Resident A] was a resident in the Overslade Care Home. She lived in Room 6..... She had limited ability to communicate but had full mental ability. She had no independent movement and was paralysed down the right hand side of her body.

2.On the night of 1-2nd February [Mrs Ferchiu] was the senior qualified nurse on duty. She was responsible for looking after [Resident A] and other residents in what is called the “new unit” at the care home. There were others on duty but they were not as qualified as [Mrs Ferchiu].

...

4. On the morning of 2nd February 2018, at about 07.30 [Mrs Ferchiu] finished her shift. She told those who took over that [Resident A] had been sick during the night. She had a large bowel movement and a bruise. When the new carers went to [Resident A’s] room they found her in a poor condition. They saw a large bruise to her shoulder area. Her face was grey; “she looked like death, lifeless, she looked so ill.” An ambulance was called and [Resident A] was taken to hospital. She died on 23rd February 2018. There is no evidence at all as to how [Resident A] came by that bruising.

5. [Mrs Ferchiu] filled in records about her visits to those such as [Resident A] who lived in the home. She provided a witness statement that day and later on was interviewed under caution. She said at 04.00 she visited [Resident A] and saw that she had vomited. She cleaned her up. She also saw a bruise albeit it wasn’t as large as the one seen by nurses at 07.30.

6. She said she was concerned about the physical health of [Resident A]. The vomiting was a worry because of the fear her airways might be obstructed and [Resident A] had no independent movement. She said the bruise troubled her as well. But rather than seek advice from a doctor she did nothing.

7. *She claims that she checked on her thereafter – but on her account that amounted to nothing more than standing by the door to the room she was in and looking across at her.....*

8. *The Prosecution case is that [Mrs Ferchiu] wilfully neglected [Resident A]. (See the Particulars of Offence) That means that [Mrs Ferchiu] neglected to do that which should be done in the treatment of the patient. Her neglect was wilful as she knew that she should have acted and either deliberately decided not to do anything or recklessly breached the duty of care she owed.*

9. *At 04.00 or whenever she actually first saw the vomit and the bruise to [Resident A] she should have sought advice. She should have done something.And her wilful neglect continued thereafter – it is a continuing offence.*

....

14....”

16. *The Learned Judge’s sentencing remarks include the following:*

“For reasons that only you will probably ever know, having discovered in the early hours of 2nd Feb 2018 an unexplained bruise on an elderly Warfarin patient, and seeing that she had vomited, you displayed an entirely cavalier attitude to her care over the next few hours, with no meaningful observations of her condition, so her deterioration went unnoticed. Despite her incapacity after an earlier stroke [Resident A] was a lady whose mental faculties were intact – one can only assume she knew that she was descending deeper and deeper into illness, that no one was helping her and she could not communicate her distress. That must have been a terrifying ordeal for this very poorly lady.

“Shortly after 0730 you went off duty having conducted a handover that conveyed nothing of any value to the day shift and did nothing to prepare them for the condition in which they found her.[Nurse A], a young woman fulfilling on the day shift the role you’d played on the night shift, but with nothing like your years of seniority and experience, took one look at [Resident A] and rang 999. [Resident A] nearly died on the way to hospital, and while you cannot fully be held responsible for her death, in truth she never recovered from the collapse in her health that happened that night while in your care.

A crucial factor is that at the age of 55 you have lost the only career you have ever known after 35 yrs of blameless service. It was a career in which you worked hard to qualify both in Romania and here, and at which you excelled, achieving promotion to positions of considerable responsibility. Another is that this was pure neglect, and act of omission, not of commission of an assault or other act of cruelty. To behave as you did was plainly wholly out of character for you as the character evidence, and indeed the facts of your successful career progression, demonstrate. You were not a neglectful (nor a marginal) nurse whose poor care had slipped under the radar. There have clearly been countless vulnerable patients for whom you have cared impeccably over a long career, impressing them and their loved ones with both your professionalism and your humanity.

Doing the best I can to place this unique case in the sentencing range for this offence (for which Parliament has enacted a 5 yr maximum sentence) I conclude that 20m[onths] marks the appropriate level. I turn to the question of whether the sentence must be served immediately or may be suspended.... “

17. In an email to the NMC dated 18 November 2021 Mrs Ferchiu stated:

“...Because I do not have a legal representative I want to resolve my case quicker and easier, therefore I was willing to admit the factual allegations against and to obey the rules.

However I admitted the allegations, in my heart I know I did not wilful neglected anyone in my care and I used my clinical judgement relating to health of that lady in my care back in 2018-unfortunately the heart can not be used as witness....

...I expressed just few of my points of view why I would like the case to be consider by CPD.”

Impairment

18. *The parties have considered the principles laid down in CHRE v (1) NMC and (2) Grant [2001] EWHC 927 (Admin).*

19. *In the case of CHRE v NMC & Grant [2011] EWHC 927 (Admin) (“Grant”) Mrs Justice Cox adopted the matters outlined by Dame Janet Smith in the Fifth Shipman report which invites panels to ask:*

Do our findings of fact in relation to the misconduct show that the Registrant’s fitness to practise is impaired in the sense that 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 professions 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 professions; and/or*

d) *Has in the past acted dishonestly and/or is liable to act dishonestly in the future?*

20. *Mrs Ferchiu agrees that her fitness to practise is currently impaired by reason of her conviction and the parties agree that the first, second and third limbs are engaged.*

21. *It is agreed that a finding of impairment on the grounds of public interest and public protection is required.*

Have 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

22. *Mrs Ferchiu agrees that on the basis of and due to the nature of her conviction and in the absence of any evidence of meaningful insight or remorse, there is a risk she could place patients at harm in the future.*

23. *The parties agree that, on the basis of her conviction, Mrs Ferchiu's actions resulted in harm to Resident A, and on the same basis that there is a risk that the Mrs Ferchiu could behave in a similar way in the future.*

Have in the past brought the profession into disrepute

24. *Mrs Ferchiu accepts that her actions as found proved by her conviction, the resulting criminal conviction itself, and her receiving a 20 month custodial sentence, although suspended for 18 months, have each brought the profession into disrepute. Mrs Ferchiu accepts that she must comply with the laws of the country and a fully informed ordinary member of the public would have their*

confidence in the profession seriously harmed if no finding of impairment were to be made.

25. Mrs Ferchiu has been convicted of a criminal offence which determines by its nature that she has culpability for the harm caused. The registrant's conduct, as found proved, took place whilst at her place of work. The registrant did not admit the allegations throughout her police interview and was convicted after a criminal trial. The Registrant has not demonstrated genuine remorse or insight into her conduct. She has provided three references: two from former colleagues, and one from the wife of a patient she cared for previously. Those references attest to the registrant's good character and nursing skills, but do not address the findings which led to the conviction.

26. Mrs. Ferchiu is criminally culpable for the events and that is reflected in her conviction and the passing of a criminal sentence of imprisonment, albeit suspended.

27. It is agreed that a registered nurse being convicted of such a serious criminal offence brings the profession in to disrepute.

Have in the past breached fundamental tenets of the profession

28. Nurses are required to promote professionalism and trust. These are fundamental tenets of the profession. Mrs Ferchiu's criminal conviction for this offence breaches those fundamental tenets of the profession. Such a conviction is in abject discord with the key qualities that the public expect of a registered nurse such as caring for others and acting in the best interests of others.

Insight

29. *Mrs Ferchiu cannot be said to have shown insight into the matter for which they were convicted in that they continue to deny the facts behind the conviction. Mrs Ferchiu has not provided a reflective piece.*

Remorse

30. *The parties agree that the Mrs Ferchiu cannot be said to have demonstrated genuine remorse for her actions as found proved.*

Remediation and Risk of Repetition

31. *Conduct arising from wilful neglect of a patient, which leads to their conviction for a serious criminal offence such as in the registrant's case, is conduct which is difficult to put right as it breaches the trust in a registrant.*

32. *The parties agree that it is necessary for Nursing & Midwifery Council to take regulatory action against the registrant as her practice presents a risk of harm to patients. Also because it is necessary to ensure that it meets its objective to promote and maintain public confidence in nurses and midwives, as set out in its statutory framework and guidance.*

33. *On the basis of the conviction, the lack of remorse, remediation and insight so far demonstrated by the registrant supports a finding that she is likely to engage in a repeat of such behaviour which led to her conviction.*

34. *It is agreed that in the circumstances of this case remediation is required and the identified harm to the reputation of the profession should be formally marked by the Nursing & Midwifery Council's intervention through a finding of current impairment, which declares publicly that such conduct is not acceptable.*

35. *The parties have considered the comments made by Mrs Justice Cox in her consideration of the issues in the case of CHRE v (1) NMC and (2) Grant [2001] EWHC 927 (Admin). 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.'

36. *It is agreed that a finding of impaired fitness to practise is required following Mrs Ferchiu's conviction for a criminal offence in such serious circumstances, which resulted in her being made subject to a custodial sentence, albeit suspended, in order to uphold proper standards for the profession and ensure that confidence in the Nursing & Midwifery Council as a regulator is maintained.*

Sanction

37. *It is acknowledged that sanction is a matter for the panel alone. In considering sanction in a proportionate manner, the panel should begin with consideration of the least restrictive sanction first. Sanctions are not intended to be punitive, but may have punitive effects.*

38. *The parties agree that the appropriate sanction in this case is a **striking off order**.*

39. *In determining the appropriate sanction the parties have considered the NMC Guidance on Sanction which reinforces that the purpose of a regulatory sanction*

is not punitive, although it may have that effect, and is to ensure a fair balance between the Nurse's right to practise and achieving the Nursing & Midwifery Council's overarching objective of public protection. Further, the parties have taken into account the NMC's guidance on considering sanctions for serious cases (SAN-2), with reference to cases involving criminal convictions or cautions.

40. The consensual panel determination provisional agreement has the overarching objective of the need to declare and affirm proper professional standards and maintain confidence in the Council as a regulator.

41. The parties identify the following aggravating features in this case are:

- The conviction is directly linked to the registrant's practice*
- The registrant received a custodial sentence (albeit suspended)*
- Direct harm was, on the basis of the conviction, caused to Resident A, a vulnerable patient*
- During these proceedings the registrant has demonstrated no evidence of insight or remorse.*

42. The Parties agree that, in the basis of the conviction, the actions of Mrs Ferchiu caused harm to a patient in her care. It is difficult to establish any mitigating feature in this matter. The parties acknowledged the Judge's sentencing remarks that this was a single incident which appears to be out of character in the registrant's lengthy career. However, her conviction presents serious public safety and public interest concerns. The reputation of the professions is more important than the fortune of any individual member of those professions (SAN-2).

43. The Parties agree that the allegations are too serious to take no further action or to impose a caution order. Such sanctions would not restrict the registrant's

practice, nor would it adequately mark the seriousness of the conduct.

Particularly when one considers that there has been no demonstrable insight in this case.

44. The Parties agree that a conditions of practice order would not be appropriate, in that there are no identifiable areas of retraining required or any workable conditions to meet the concerns in this case. Such an order would also not mark the seriousness of the conduct and would not be sufficient to maintain trust and confidence in the profession.

45. The parties next considered a suspension order. A suspension order would restrict the Registrant's practice and uphold the public interest. However, such an order would not mark the seriousness of the conduct in question and would not be sufficient to uphold trust and confidence in the profession and the regulatory process.

46. Both parties agree that, notwithstanding the registrant continues to deny the facts behind the conviction, the conviction and the facts found by the Court to lie behind it mean that a striking-off order is the only appropriate sanction in this case. A striking off order would uphold trust and confidence in the profession. The Registrant's conduct is fundamentally incompatible with being a registered professional.

47. Having regard to the NMC Sanctions Guidance, the regulatory concerns raise fundamental questions about the Registrant's professionalism. Public confidence in the profession would be undermined by any lesser sanction and a striking off order is the only sanction which will be sufficient to protect patients, members of the public, and maintain professional standards.

48. The imposition of a striking off order adequately reflects the seriousness of the circumstances underlying the conviction where a suspension order would not sufficiently do so.

49. A striking off order is an appropriate sanction where there is evidence of harmful attitudinal problems. The registrant's persistent lack of insight and remorse are indicative of attitudinal problems.

Interim order

50. An interim order is required in this case. The interim order is necessary for the protection of the public and otherwise in the public interest for the reasons given above. The interim order should be for a period of 18 months in the event that the registrant seeks to appeal against the panel's decision. The interim order should take the form of an interim suspension order.

The parties understand that this provisional agreement cannot bind a panel, and that the final decision on findings impairment and sanction is a matter for the panel. The parties understand that, in the event that a panel does not agree with this provisional agreement, the admissions to the charges and the agreed statement of facts set out above, may be placed before a differently constituted panel that is determining the allegation, provided that it would be relevant and fair to do so.' [sic]

Here ends the provisional CPD agreement between the NMC and Mrs Ferchiu. The provisional CPD agreement was signed by Mrs Ferchiu on 25 April 2022 and the NMC on 27 April 2022.

Decision and reasons on the CPD

The panel decided to accept the CPD.

The panel heard and accepted the legal assessor's advice. He referred the panel to the 'NMC Sanctions Guidance' (SG) and to the 'NMC's guidance on Consensual Panel Determinations'. He reminded the panel that they could accept, amend or outright reject the provisional CPD agreement reached between the NMC and Mrs Ferchiu. Further, the panel should consider whether the provisional CPD agreement would be in the public interest. This means that the outcome must ensure an appropriate level of public protection, maintain public confidence in the profession and the regulatory body, and declare and uphold proper standards of conduct and behaviour.

The panel noted that Mrs Ferchiu admitted the fact of the charge. Accordingly the panel was satisfied that the charge is found proved by way of Mrs Ferchiu's admission as set out in the signed provisional CPD agreement.

Decision and reasons on impairment

The panel then went on to consider whether Mrs Ferchiu's fitness to practise is currently impaired. Whilst acknowledging the agreement between the NMC and Mrs Ferchiu, the panel has exercised its own independent judgement in reaching its decision on impairment.

The panel endorsed paragraphs paragraph 15 to 17 of the provisional CPD agreement in respect of the conviction.

In respect of the conviction the panel determined that, whilst Mrs Ferchiu continues to deny the facts behind the conviction, she has accepted her conviction and that her practice is impaired due to it. The panel therefore found that there is some insight.

The panel then considered whether Mrs Ferchiu's fitness to practise is currently impaired by reason of her conviction. The panel determined that Mrs Ferchiu's fitness to practise is currently impaired due to the nature of her conviction. In this respect the panel endorsed paragraphs paragraph 18 to 36 of the provisional CPD agreement.

Decision and reasons on sanction

Having found Mrs Ferchiu'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 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:

- The conviction is directly linked to Mrs Ferchiu's practice;
- Mrs Ferchiu received a custodial sentence (albeit suspended);
- Direct harm was, on the basis of the conviction, caused to Resident A, a vulnerable patient; and
- During these proceedings Mrs Ferchiu has demonstrated no evidence of insight or remorse into the facts behind the conviction.

The panel agreed with the CPD agreement 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 Ferchiu'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 Ferchiu'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 Ferchiu'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. Furthermore, the panel concluded that the placing of conditions on Mrs Ferchiu'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:

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

The panel determined that whilst a suspension order would restrict Mrs Ferchiu's practice it would not mark the seriousness of the conduct displayed by Mrs Ferchiu and would not be sufficient to uphold the public interest and the public's confidence in the profession and the NMC as a regulator.

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 Ferchiu's actions is fundamentally incompatible with Mrs Ferchiu 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 Ferchiu'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 the findings in this particular case demonstrate that Mrs Ferchiu's actions were serious and to allow her to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel agreed with the CPD 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 Ferchiu's actions in bringing the profession into disrepute by adversely affecting the public's view of how registered nurses should conduct themselves, the panel has concluded that nothing short of this would be sufficient in this case.

The panel considered that this order was necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

Decision and reasons on interim order

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 Mrs Ferchiu's own interest. The panel heard and accepted the advice of the legal assessor.

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel agreed with the CPD 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 as it would otherwise be incompatible with its earlier findings.

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

That concludes this determination.