

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

**Substantive Meeting
19 May 2022 – 20 May 2022**

Hybrid Meeting held at 2 Stratford Place, Montfichet Road, London, E20 1EJ on Day 1 and held virtually on Day 2

Name of registrant: Virginia Mary Pavey

NMC PIN: 98D0051E

Part(s) of the register: Registered Nurse – Sub Part 1
RNA: Adult Nurse (Level 1) – 23 April 2001

Relevant Location: Worcester

Type of case: Misconduct

Panel members: Michael Murphy (Chair, Registrant member)
Jude Bayly (Registrant member)
Ian Dawes (Lay member)

Legal Assessor: Ian Ashford-Thom

Hearings Coordinator: Megan Winter

Facts proved: All

Facts not proved: None

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 noted that the Notice of Meeting had been sent to Mrs Pavey's registered email address by secure email on 13 April 2022.

The panel considered whether notice of this meeting had been served in accordance with the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 ('the Rules'). It noted that under the recent amendments made to the Rules during the Covid-19 emergency period, a Notice of Hearing/Meeting may be sent to a registrant's registered address by recorded delivery and first-class post, or to a suitable email address on the register.

The panel took into account that the Notice of Meeting provided details of the allegations, the time of the meeting, and the 'on or after date' of the meeting. Mrs Pavey was advised that a meeting would take place on or after 18 May 2022.

The panel accepted the advice of the legal assessor.

In the light of all of the information available, the panel was satisfied that Mrs Pavey has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34.

Details of charge

That you, a Registered Nurse:

- 1) On one or more of the following occasions took a quantity of Pregablin from your employer without authorisation and/or clinical justification;
 - a) 25 October 2020;
 - b) 31 October 2020.

- 2) Your actions at charges 1a and/or 1b were dishonest in that you knew that you were not authorised and/or clinically justified to take Pregabalin from your employer.

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

Background

Mrs Pavey first entered onto the Nursing and Midwifery Council (NMC) register on 1 May 2001. She commenced employment as a nurse at St Richard's Hospice (the Hospice) in September 2006.

On 9 December 2020, the NMC received a referral about Mrs Pavey's fitness to practise from the Hospice. During handover on 25 October 2020, Mrs Pavey had lost her handover note and was checking her pockets when a blister pack of Pregabalin medication was observed to have fallen out of her pocket. The blister pack was checked by Witness 2 against the stock in the cupboard and it was noted that the batch numbers matched.

As it was unusual for nursing staff to carry such medication in their pocket, Witness 2 discussed this with Colleague 4 to see if it could be identified whether the empty blister pack was part of the ward stock or from Mrs Pavey's own personal prescription. After checking patient prescription charts it was confirmed that no patients were prescribed Pregabalin at the time the blister packs fell out of Mrs Pavey's pocket.

On 30 October 2020 and 31 October 2020, two baseline counts of the Pregabalin medication were carried out by Colleagues 5 and 6. The following day a further count was carried out which identified that 24 Pregabalin tablets were unaccounted for.

Upon completion of Mrs Pavey's shift on 31 October 2020, Witness 2 conducted a further count of the Pregabalin tablets in the drugs cupboard and discovered 24 tablets were unaccounted for.

CCTV footage in the controlled drugs room was reviewed. Mrs Pavey was observed at 09:22 on 31 October 2020 to open the drugs cupboard, remove a white medication box, take out the medication from the box, place it in her pocket and then discretely placed the empty box in the bin.

Further CCTV footage from 09:54 on 25 October 2020 was reviewed and Mrs Pavey was observed to be behaving suspiciously. She was in drugs cupboard A when she reached in, removed a white box, held it for a moment, replaced it and then placed her hand in her left pocket before leaving the room.

As a result of the footage, a report was made to West Mercia Police (the Police) by Colleague 4 on 2 November 2020. A further report was made to the Care Quality Commission.

A 'Zoom' investigation meeting took place on 3 November 2020 and Mrs Pavey was invited to comment on the allegations. Mrs Pavey immediately became very upset and terminated the call. Mrs Pavey was suspended pending an internal investigation.

On 7 December 2020, a disciplinary hearing was held and Mrs Pavey was shown the CCTV footage. During this meeting Mrs Pavey did not deny any of the allegations. She stated *'I need you to know that I did it'* and went on to explain that she took Pregabalin from the ward. Mrs Pavey further explained that she was experiencing health issues at the time she took the medication. The outcome of the disciplinary hearing was that Mrs Pavey was dismissed from the Hospice.

Decision and reasons on facts

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

Midwifery Council (NMC) in writing and the CCTV extracts that related to Mrs Pavey's practice.

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 of the following witnesses on behalf of the NMC:

- Witness 1: St Richard's Hospice, Care Director
- Witness 2: St Richard's Hospice, Ward Sister
- Witness 3: St Richard's Hospice, Staff Nurse
- Colleague 4: Drugs Officer
- Colleague 5: Staff Nurse
- Colleague 6: Staff Nurse

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor.

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

Charge 1a

- 1) On one or more of the following occasions took a quantity of Pregablin from your employer without authorisation and/or clinical justification;
 - a) 25 October 2020;

This charge is found proved

In reaching this decision, the panel took account of Witness 1, Witness 2 and Witness 3's evidence.

The panel had regard to Witness 2's witness statement in which she describes seeing an empty blister pack of Pregabalin fall out of Mrs Pavey's pocket during the handover on 25 October 2020. The panel found Witness 2's account to be cogent and compelling.

The panel had sight of the CCTV footage from 25 October 2020. In the footage, Mrs Pavey enters the room at 09:54 and immediately walks over to the stock cupboard to the right of the medication room. Then, after some time looking through the cupboards with her back to the CCTV camera, she moves to the cupboard marked 'B' under the dispensing table that is directly in front of the door. Mrs Pavey reaches in but does not take anything. Then at 09:55, Mrs Pavey moves to the cupboard marked 'A' which is to the left of the cupboard marked 'B'. Mrs Pavey then reaches into the cupboard and can be seen removing a white box, holding it for a moment and then replacing it, before placing her left hand in her left pocket. Mrs Pavey then exits the medication room.

The panel noted that all witness statements and documentation corroborated the timeline that had been made clear by the CCTV. Therefore, it concluded that on 25 October 2020, Mrs Pavey took a quantity of Pregabalin from her employer without authorisation and/or clinical justification.

Accordingly, the panel found charge 1a proved.

Charge 1b

- 1) On one or more of the following occasions took a quantity of Pregabalin from your employer without authorisation and/or clinical justification;
 - b) 31 October 2020.

This charge is found proved

In reaching this decision, the panel took account of Witness 1, Witness 2 and Witness 3's evidence.

The panel had sight of the CCTV footage from 31 October 2020. In the footage Mrs Pavey enters the medication room at 09:22 with a blue tray and red patient file. Mrs Pavey proceeds to throw away some of the items that were on the tray and then puts the tray on a shelf on the far left from the medication room. At 09:23, Mrs Pavey can be seen walking over to the stock cupboard to the right of the door, she looks through the cupboard for a while before removing a white medication box. Mrs Pavey then turns and walks back over to the bin to the left of the door. As she does so, she removes the medications from the box with her right hand and places them into her right pocket. Mrs Pavey then places the white medication box discretely into the bin and leaves the medication room.

The panel noted the Hospices Management Policy (the Policy) which confirms that nurses have a duty and responsibility to ensure that medication is dispensed according to patient prescriptions, and not take medication for their own personal use which was not prescribed to them. Therefore, Mrs Pavey was not entitled to the drugs she took, they belonged to her employer and were meant for patients.

At the initial 'Zoom' investigation meeting on 3 November 2020 Mrs Pavey was given the opportunity to respond to the allegations. However, she cut the call short and did not make any admissions until the disciplinary hearing on 7 December 2020, after the video evidence was disclosed of her taking the medication.

The panel concluded that Mrs Pavey took a quantity of Pregabalin from her employer without authorisation and/or clinical justification on 31 October 2020 in the circumstances of this case.

Accordingly, the panel found charge 1b proved.

Charge 2

- 2) Your actions at charges 1a and/or 1b were dishonest in that you knew that you were not authorised and/or clinically justified to take Pregabalin from your employer.

This charge is found proved

In reaching this decision, the panel took account of Witness 1, Witness 2 and Witness 3's evidence.

It had regard to the case of *Ivey v Genting Casinos Ltd t/a Crockfords [2017] UKSC 67* in determining whether Mrs Pavey had been dishonest in her actions, as outlined in charges 1a and 1b. In particular, the panel noted in paragraph 74:

“When dishonesty is in question the fact-finding tribunal must first ascertain (subjectively) the actual state of the individual’s knowledge or belief as to the facts. The reasonableness or otherwise of his belief is a matter of evidence (often in practice determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held. When once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be determined by the fact-finder by applying the (objective) standards of ordinary decent people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest.”

The panel considered Witness 1's statement which stated that Mrs Pavey had taken the medication out of the cupboard and that she did not immediately admit to it during the Hospice's initial investigation. The panel considered Witness 1's statement in which they stated that Mrs Pavey only made admissions two months later in December 2020, when she became aware that there was CCTV footage available of the incident.

The panel had identified that Mrs Pavey had clearly, on at least two occasions, accessed the medication room and taken drugs from the medication room without authorisation. It was of the view that her actions were undoubtedly in breach of the Policy within the Hospice. The Policy states:

'Nursing staff undertake an annual medicine management update as part of their mandatory training program where an update on the IV route of administration is provided.'

Nurses receive annual training on medicine management as part of their mandatory training, which Mrs Pavey had completed. The panel was of the view that Mrs Pavey would have been fully aware of the Policy within the Hospice. Whilst there was no training records of Mrs Pavey available to the panel showing she had completed her annual training, the panel had regard to Witness 1's statement which states *'Nurse Pavey had attended this training'*.

The panel was satisfied that Mrs Pavey intended to misappropriate Pregabalin for her own use when she knew full well that this was prohibited. The panel were unable to find any alternative explanations to explain her behaviour. The panel was satisfied that her actions demonstrated that her knowledge and belief at the time must have been that she knew what she was doing was wrong.

The panel was also satisfied that Mrs Pavey's conduct in this regard was dishonest by the objective standards of ordinary decent people.

The panel therefore found clear evidence that Mrs Pavey's actions were dishonest in that she knew she had no authorisation and/or clinical justification for possessing the medication.

The panel therefore finds charge 2 proved.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider whether the facts found proved amount to misconduct and, if so, whether Mrs Pavey'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 Pavey's fitness to practise is currently impaired as a result of that misconduct.

The panel accepted the advice of the legal assessor.

Decision and reasons on misconduct

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council (No 2) [2000] 1 AC 311*, Lord Clyde stated that:

“misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by the medical practitioner in the particular circumstances.”

The panel was also invited to consider that not every breach of the code and not every falling short in the particular circumstances will amount to misconduct. It must be serious or as Elias LJ put it in the case of *R (on the Application of Remedy UK Ltd) v GMC [2010] EWHC 1245 (Admin)* *“sufficiently serious... that it can properly be described as misconduct going to fitness to practise.”*

When determining whether 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”).

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

18 Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations

To achieve this, you must:

18.4 take all steps to keep medicines stored securely

20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

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

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

The panel acknowledged that breaches of the Code do not automatically result in a finding of misconduct. In assessing whether the charges amounted to misconduct, the panel considered them individually and collectively. It took account of all the evidence before it and the circumstances of the case as a whole. However, the panel was of the view that the failings in Mrs Pavey's case are very serious departures from what is expected of a nurse. The panel viewed Mrs Pavey's actions as a deliberate and premeditated course of conduct intended to facilitate direct personal gain. It noted that Mrs Pavey was in a position of responsibility and there was a significant abuse of trust. In the panel's view Mrs Pavey's behaviour was wholly unacceptable.

The panel was of the view that the breaches of the Code that amount to misconduct are serious because Mrs Pavey's conduct raises concerns about her trustworthiness. Mrs Pavey took medication that she was not entitled to. By removing controlled drugs this presents a risk to the public as it depletes stock and potentially deprives vulnerable patients of medication. It also removed controlled drugs out of a safe and monitored environment, posing risk of consumption by persons for whom they were not intended. The public would rightly so expect a nurse to act with honesty and integrity. Mrs Pavey's actions fell short of what would have been expected of a registered nurse. The panel therefore concluded that Mrs Pavey's actions, as outlined in the charges above, amount to serious misconduct.

Decision and reasons on impairment

The panel next went on to decide if, as a result of her misconduct, Mrs Pavey's 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. To justify that trust, registered nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

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

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

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

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that s/he:

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

- c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d) *has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel considered all of the above limbs to be engaged in this case.

The panel determined that Mrs Pavey exposed patients in her care to a risk of harm as a result of her actions, had acted in a way that would have brought the nursing profession into disrepute, and had breached fundamental tenets of the nursing profession in being dishonest.

In assessing Mrs Pavey's level of insight, the panel had no evidence before it to suggest that she had reflected upon the severity of her conduct. There was nothing before the panel demonstrating any understanding by Mrs Pavey about how her actions had negatively impacted the public's perception of registered nurses, what lessons she had learned, or how she would better uphold the reputation of the nursing profession in future. Because of the lack of engagement, there was nothing to suggest that Mrs Pavey has developed her understanding of what she did wrong. In circumstances where a registrant has not demonstrated insight, there remains a significant risk of repetition of the misconduct. In absence of evidence to the contrary, the panel was clear that Mrs Pavey had a lack of appreciation for the consequences of her actions, which clearly had the potential to adversely impact upon public perception of registered nurses.

In considering whether Mrs Pavey has remediated her nursing practice, the panel had regard to the factors set out in *Cohen*. Whilst the panel was satisfied that Mrs Pavey's conduct could potentially be addressed through retraining, it was of the view that dishonesty is often difficult to remediate, in principle, as it could be suggestive of a deep-seated attitudinal concern. In any event, Mrs Pavey has not provided the panel with any

evidence of remediation, insight and demonstrated extremely limited remorse since these incidents.

Therefore, the panel was satisfied that there was no evidence of remediation, and it considered there to be a high risk of repetition of the misconduct identified.

In light of the above, the panel had no evidence before it to allay its concerns that Mrs Pavey may currently pose a risk to patient safety. It was of the view that patients could have been at risk if they had been deprived of required medication which had been misappropriated by Mrs Pavey. It considered there to be a continuing risk of unwarranted harm to patients in Mrs Pavey's care, should she be permitted to practise as a registered nurse. The panel concluded that Mrs Pavey is not a safe and effective nursing practitioner at the current time. Therefore, the panel 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 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.

In relation to the public interest, the panel was satisfied that Mrs Pavey's actions brought her profession into disrepute. The panel had no doubt that any registered nurse or member of the public would be extremely concerned to learn that a registered nurse had repeatedly removed medication without clinical justification. The panel was of the view that Mrs Pavey's behaviour had breached a fundamental tenet of the profession, namely the requirement for registered nurses to be trustworthy.

The panel determined that a finding of impairment on public interest grounds was also required in view of the seriousness of the case, which involves serious breaches of the Code and breach of a fundamental tenet of the nursing profession. In addition, the panel

concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case.

Having regard to all of the above, the panel was satisfied that Mrs Pavey's fitness to practise as a registered nurse is currently impaired on both public protection and public interest grounds.

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 Pavey off the register. The effect of this order is that the NMC register will show that Mrs Pavey 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.

Decision and reasons on sanction

Having found Mrs Pavey'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 considered the following aggravating factors to be involved in this case:

- Theft from employer on more than one occasion
- Abuse of position of trust
- No insight demonstrated

The panel considered the following mitigating factors to be involved in this case:

- Acceptance of concerns at a local level after she became aware that there was compelling CCTV footage available of the incidents

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 action.

Next, in considering whether a caution order would be appropriate in the circumstances, the panel took into account the SG, which 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 was of the view that Mrs Pavey's behaviour was not at the lower end of the spectrum of fitness to practise and it determined 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 a conditions of practice order on Mrs Pavey's nursing registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the misconduct in this case. The panel was not satisfied that a conditions of practice order was sufficient to address Mrs Pavey's dishonest conduct, having regard to the public protection and public interest elements of this case. As Mrs Pavey has not engaged with the NMC since the referral, the panel had no evidence of insight, remorse or remediation. There is no evidence before it to suggest that

Mrs Pavey appreciates the serious ramifications of her acts and/or omissions. The panel considered there to be an underlying attitudinal issue present in this case, which may prevent Mrs Pavey from reflecting upon the extent of her actions and how they impacted patients, colleagues, the nursing profession and the wider public.

In taking account of the above, the panel determined that placing a conditions of practice order on Mrs Pavey's nursing registration would not be practicable, nor would it adequately address the seriousness of this case, nor would it satisfy the public interest considerations.

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;*
- *In cases where the only issue relates to the nurse or midwife's health, there is a risk to patient safety if they were allowed to continue to practise even with conditions; and*
- *In cases where the only issue relates to the nurse or midwife's lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions.*

The conduct in this case, as highlighted by the facts found proved, was not limited to a single instance, but involved at least incidents of dishonest behaviour. This repeated behaviour, together with Mrs Pavey's lack of any insight or remediation into it, pointed

towards the existence of harmful, deep-seated personality or attitudinal problem. In view of the lack of evidence of insight, or any steps taken by Mrs Pavey to address the impairment of her fitness to practise, including her dishonesty, the panel found that the risk of repetition was high.

In the light of these considerations, the panel concluded that, whilst a suspension order would restrict Mrs Pavey's practice and protect the public for a limited period, such a sanction would not be sufficient, appropriate or proportionate, having regard to the seriousness of the case and the importance of maintaining public confidence in the nursing profession and in the NMC as its regulator.

Finally, the panel considered whether to make 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?*

The panel was satisfied that Mrs Pavey's misconduct involved significant departures from the standards expected of a registered nurse, and that her actions were fundamentally incompatible with her remaining on the register. The nature of the dishonesty in this case, which consisted of a premeditated and systematic course of deception, lay towards the top end of the scale in the level of seriousness.

The panel was also satisfied that public confidence in nurses and the reputation of the profession could not be upheld if Mrs Pavey were not removed from the register.

A striking-off order was, in the panel's judgment, the only sanction which would be sufficient to protect patients and the public and maintain professional standards. The panel was satisfied that such an order is necessary send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

The panel recognised the likely adverse impact, both financial and personal, of such an order on Mrs Pavey. However, the panel was satisfied that the need to protect the public and uphold the public interest outweighed Mrs Pavey's own interests.

Accordingly, the panel concluded that a striking-off order was both appropriate and proportionate in the circumstances of the case.

This decision will be confirmed to Mrs Pavey in writing

Interim order

As the striking-off 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 Mrs Pavey's own interest until the striking-off sanction takes effect.

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

Representations on interim order

The panel took account of the written representations made by the NMC that stated:

'In the event that a sanction resulting in the restriction of the Registrant's practice is imposed, an interim suspension order of 18 months will be necessary to cover the appeal period. Such an order will be in the public interest'.

Decision and reasons on interim order

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

The panel 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 due to the public protection and public interest issues identified.

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

That concludes this determination.