Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Wednesday, 22 July 2026

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

Name of Registrant:	Dean William Thomson
NMC PIN:	92Y0059E
Part(s) of the register:	RN1, Registered nurse – Adult – level 1 (3 March 1995) V100: Community practitioner nurse prescriber (21 September 2002) V300: Nurse independent / supplementary prescriber (13 February 2008) SPDN: Specialist practitioner: District nursing (21 September 2002)
Relevant Location:	Southampton
Type of case:	Misconduct
Panel members:	Derek Artis (Chair, Lay member) Gillian Tate (Registrant member) Steven Chandler (Lay member)
Legal Assessor:	Lee Davies
Hearings Coordinator:	Daisy Sims
Consensual Panel Determination:	**Accepted**
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 was informed at the start of this meeting that that the Notice of Meeting had been sent to Mr Thomson's registered email address by secure email on 23 June 2026.

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 time and dates.

In the light of all of the information available, the panel was satisfied that Mr Thomson 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 Advanced Nurse Practitioner:

1. Whilst employed by Homeless Healthcare Service:
    a. On an occasion in 2021, told Patient B to "fuck off".
    b. In respect of Colleague A:
    i. On 19 January 2022, told them to go home and that they were not needed when a clinic was in their name.
    ii. Told them not to come into the clinical room.
    iii. Made them feel unwanted and belittled them.
    c. Between 20 January 2022 and 11 February 2022 in relation of Colleague B:
        i. On 20 January 2022, ignored a request from Colleague B when asked to
        assist in putting boxes of stock away.

ii. On 8 February 2022, refused to assist a practice nurse with using the
ECG machine, despite being asked to do so by colleague B.

iii. On 10 February 2022, deliberately acted in an obstructive manner in that
you, on at least one occasion, moved patients from your allocated list back to the triage list.

d. In respect of Patient C, you told her:

i. “To have a shower because she smelled.”

ii. “That she was childish.”

iii. “That she was pathetic.”

iv. “To grow up.”

e. In relation to Colleague C:

i. On 29 April 2021, spoke to her in a tone that caused her to cry.

ii. Called her “receptionist” rather than surgery manager.

iii. Told them that a receptionist would do a much better job in their role.

iv. Discussed their mental health with them in the presence of a patient.

f. In July 2021 in respect of Colleague D, you told him:

i. “You're not capable of doing this clinic" (or words to this effect).

ii. “Therefore, you need to go back upstairs. I'm coming downstairs because
you clearly can't manage".

g. On 10 and/or 11 February 2022:

i. Failed to document a departure from agreed processes in relation to Patient A.

ii. Failed to accurately record that Patient A was acting in an aggressive
and/or threatening manner during the consultation.

iii. Failed to ensure that Patient A was seen by 2 members of medical staff at
a time.

h. In respect of the incident as set out in Charge 1(g)(i) and (iii)), you claimed that you were unaware that Patient A must be seen by two members of medical staff at a time.

2. Your actions at Charge 1(h) were dishonest.

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

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 Mr Thomson.

The agreement, which was put before the panel, sets out Mr Thomson's full admissions to the facts alleged in the charges, that his actions amounted to misconduct, and that his fitness to practise is currently impaired by reason of that misconduct. It is further stated in the agreement that an appropriate sanction in this case would be a striking off order.

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

That provisional CPD agreement reads as follows:

5. Mr Thomson appears on the register of nurses, midwives and nursing associates maintained by the NMC as a Registered Adult Nurse and has been on the NMC register since 1995.

6. Mr Thomson was referred to the NMC on 15 December 2022 by Angela Anderson, Deputy Chief Nurse at Solent NHS Trust ('the Trust'). At the time of the concerns _raised, Mr Thomson was working as an advanced nurse practitioner at Homeless HealthCare Service ('the Service').

7. Mr Thomson commenced employment in the Service on 18 September 2017.

8. Concerns were raised regarding Mr Thomson's conduct over a period in 2022 (during COVID-pandemic) including, bullying, intimidating, discriminating or harassing behaviour towards colleagues. The referrer mentioned confrontational interactions and obstructive behaviours with colleagues such as refusing assistance or non-communication in requests for help, raising the voice, being argumentative, manipulative, angry and bullying others including a trainee advanced nurse practitioner.

9. Mr Thomson failed to follow a locally agreed process that Patient A is seen "in pairs" with another member of staff on 10 February 2022 and/or 11 February 2022. The plan had allegedly been in place in Patient A's record due to the patient being previously aggressive in a prior consultation on 8 February 2022 with Dr Susan Goddard.

10. Dr Susan Goddard said that Mr Thomson should have had prior knowledge of the plan that the patient is to be seen with a chaperone, having accessed the record ahead of the consultation. There were concerns about Mr Thomson's honesty in relation to this because when questioned he conveyed a misleading impression that he was not aware of the requirement to see the patient in pairs.

11. On 10 February 2022 Mr Thomson displayed poor record keeping by failing to document the departure from agreed process in relation to Patient A and/or failed to accurately record the patient was threatening and aggressive during the consultation (compared against another staff member's incident report).

12. Mr Thomson was verbally abusive to Patient B by telling them to "fuck off".

13. The Trust commissioned an investigation report which commenced on 1 April 2022, undertaken by Cherry Brennan. This was completed in June 2022.

There was no disciplinary hearing as Mr Thomson went on sick leave in August 2022 and resigned in September 2022.

14. Mr Thomson admitted the charges and impairment in an email to the NMC on 28 August 2025, requesting the matter be dealt with by CPD.

Misconduct

15 Mr Thomson admits that the conduct is particularised in the charges above amounts to serious professional misconduct.

16 Although not defined in statute, the comments of Lord Clyde in Roylance v General Medical Council (1999] UKPC 16 provide some assistance when seeking to define misconduct:

> *"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 rule and standards ordinarily required to be followed by a [registered professional] in the particular circumstances".*

17 In addition, the comments of Jackson J in Ca/haem v GMC [2007] EWHC 2606 (Admin) and Collins J in Nandi v General Medical Council [2004] EWHC 2317 (Admin), are instructive namely:

'[Misconduct] connotes a serious breach which indicates that the [registered professional's] fitness to practise is impaired."

And

"The adjective "serious" must be given its proper weight, and in other contexts there has been reference to conduct which would be regarded as deplorable by fellow practitioner."

18 Where the acts or omissions of a registered nurse are in question, what would be proper in the circumstances (per Roylance) can be determined by having reference to the Code.

19 The Parties agree the following provisions of the Code, to which Mr Thomson was subject to as a registered nurse at all relevant times, have been breached in this case:

1 Treat people as individuals and uphold their dignity

1.1 treat people with kindness, respect and compassion

1.2 make sure you deliver the fundamentals of care effectively

1.4 make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay.

2 Listen to people and respond to their preferences and concerns

2.1 work in partnership with people to make sure you deliver care effectively

3 Make sure that people's physical, social and psychological needs are assessed and responded to

3.4 act as an advocate for the vulnerable, challenging poor practice and discriminatory attitudes and behaviour relating to their care

8 Work co-operatively

8.2 maintain effective communication with colleagues

8.5 work with colleagues to preserve the safety of those receiving care

10 Keep clear and accurate records relevant to your practice

10.1 complete records at the time or as soon as possible after an event, recording if the notes are written some time after the event

10.2 identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need

10.3 complete records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements.

17 Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection

17 .1 take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse

20 Uphold the reputation of your professior;1 at all times

20.1 keep to and uphold the standards and values set out in the Code.
20.2 act with honesty and integrity at all time, treating people fairly and without discrimination, bullying and harassment
20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people.
20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress
20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to
20 It is acknowledged that not every breach of the Code will result in a finding of misconduct. However, the Parties' therefore agree that Mr Thomson's acts and omissions fell far below the standards expected of a registered nurse and that his failings amount to misconduct. The parties refer the panel to NMC guidance SAN-2 "Sanctions for particularly serious cases". That guidance indicates that honesty is of central importance to a nurse's practice and that allegations of dishonesty will always be serious.

Impairment
21 Mr Thomson agrees that his fitness to practise is currently impaired by reason of his misconduct.
22 The NMC's guidance.2 explains that impairment is riot defined in legislation but is a matter for the Fitness to Practise ,. Committee to decide. This involves a consideration of both the nature of the concern and the public interest.
23 The parties agree that consideration of the nature of the concern involves looking at the factors set out by Dame Janet Smith in her Fifth Report from Shipman, approved in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) by Cox J;

- *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*

- *Has in the past brought and/or is liable in the future to bring the professions into disrepute; and/or*
- *Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the professions; and/or*
- *Has in the past acted dishonestly and/or is liable to act dishonestly in the future?*

24 The Parties agree that all four questions are engaged in this case ...
25 The Parties agree that Mr Thomson's conduct, particularly in a) telling a patient to "fuck off' b) making colleagues feel unwanted and belittling them c) ignoring requests from colleagues d) refusing to assist a colleague using the ECG machine, e) deliberately acting in an obstructive manner, moving patients from his allocated list back to the triage list, f) telling a patient to shower because she smelled and calling the patient pathetic, g) speaking to a colleague in a tone that caused her to cry and discussing their mental health with them in ··the presence of a patient, h) failing to document a departure from agreed processes in relation to a patient and failing to ensure that patient A was seen by 2 members of medical staff, and i) claiming that he was unaware that Patient A must be seen by two members of medical staff at a time placed patients at unwarranted risk of harm and, if allowed to be repeated, would place other patients at risk of harm.

26 The Parties agree that Mr Thomson's misconduct, is so serious that it is liable to bring the reputation of the profession into disrepute.

27 The public would be appalled to know that a nurse had 'engaged in such conduct, and such conduct causes serious damage to the reputation of the nursing professions.

28 Nurses and midwives are expected to act with honesty, integrity and trustworthiness at all times. Conduct in contravention of that expectation breaches those fundamental tenets of the profession. Mr Thomson's conduct lacked integrity

and trustworthiness and amounted to a significant breach of fundamental tenets of the profession.

29 The parties note that impairment is a forward-looking exercise.

30 The parties also considered the case of Cohen v General Medical Council [2008] EWHC 581 (Admin) " in which the court set out three matters which it described as being 'highly relevant' to the determination of the question of current impairment;

- *Whether the conduct that led to the charge(s) is easily remediable.*
- *Whether it has been remedied.*
- *Whether it is highly unlikely to be repeated.*

31 The parties agree that the attitudinal failings arising out of Mr Thomson's dishonesty in this case are difficult to remediate. Mr Thomson has not provided evidence of insight and therefore the identified failings have not been remedied. It cannot be said . Mr Thomson is highly unlikely to repeat his misconduct.

Public protection impairment

32 A finding of impairment is necessary on public protection grounds.

33 In light of Mr Thomson's failure to remediate the concerns the Parties agree that a finding of current impairment should be made to protect the public. In the absence of any evidence to suggest the risk to the public has been addressed and reduced, the risk must be said to remain such that a finding of impairment on public protection grounds is required.

Public interest impairment

34 A finding of impairment is necessary on public interest grounds.

35 In ,Council for Healthcare 'Regulatory Excellence v (1) Nursing and Midwifery Council '(2) Grant (20j1) EWHC 927{Admin) at paragraph 74 Cox J commented that:
"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 Consideration of the public interest therefore requires the Fitness to Practise Committee to decide whether a finding of impairment is needed to uphold proper professional standards and conduct and/ or to maintain public confidence in the profession.

37 Mr Thomson's conduct is extremely serious involving dishonesty. The duty on healthcare professionals to act with honesty and integrity is the bedrock of a registered professional's practice. Acting dishonestly is capable of seriously damaging public confidence in the nursing and midwifery professions. As a result, a finding of impairment on public interest grounds is required.

38 The Parties agree that Mr Thomson's fitness to practice is impaired on public protection and public interest grounds.

Sanction
39 With reference to the sanctions guidance, it is agreed that the appropriate and proportionate sanction in this case is that of a striking-off order.

40 The aggravating features of the case are as follows;

- *The impact of Mr Thomson's actions on both patients and colleagues, in that Mr Thomson's actions increased risk posed to both patients and staff members*
- *The repetitive nature of Mr Thomson's actions, over the span of a number of years*
- *The element of dishonesty in respect of the incident with Patient A, as well as the bullying, discriminatory and harassing behaviour is indicative of embedded behaviour/ attitudinal issues which is more difficult to remediate*

41 No mitigating features have been identified. To take no further action would not be appropriate in a case such as this where a public protection issue has been identified.

42. To impose a caution order would· not be because a restriction of practice is required in this case to protect the public from the risk of harm. NMC guidance on caution orders ('SAN-3b')) indicates that a caution order is only appropriate if the case is at the lower end of the spectrum of impaired fitness to practise. The Parties agree that this case involves serious misconduct at the higher end of dishonest conduct.

43 To impose a conditions of practice order would not be appropriate. Albeit public protection concerns have been identified, there are no suitable conditions that can be imposed that would properly address the attitudinal risks present in this case. Furthermore, given the nature and seriousness of the concerns, the Parties agree a conditions of practice order would fail to address the issues relating to public protection or public confidence in the NMC and the profession.

44 To impose a suspension order would not be appropriate. Given the lack of insight demonstrated in this case and risk of repetition of the conduct, a temporary removal from the register would not be sufficient to protect the public. The following factors set out in the checklist in the NMC guidance on Suspension orders at SAN 3-d do not apply in this case:

- *A single instance of misconduct;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*

- *The nurse has insight and does not pose a significant risk of repeating behaviour.*

45 This indicates that a Suspension order is not appropriate because it was not a single incident, the misconduct occurred over a period of time: Furthermore, the Parties are agreed the conduct in this case is fundamentally incompatible with continued registration.

46 NMC guidance at SAN-2 "Sanctions for particularly serious cases" indicates that a nurse who has acted dishonestly will always be at risk of removal from the register. The guidance indicates that the forms of dishonesty which are most likely to call into question whether a nurse should be allowed to remain on the register include "direct risk to people receiving care'. Mr Thomson's dishonest conduct of claiming that he was unaware that Patient A must be seen by two members of medical staff at a time put the patient and colleagues at a direct risk of harm'

47 The NMC's guidance on striking-off orders.4 outlines that, before imposing a striking off order, a Fitness to Practise Committee should consider among other matters:

a. Whether the regulatory concerns about the nurse raise fundamental questions about their professionalism;

b. Whether public confidence in the profession can be maintained if the nurse is not removed from the register; and

c. Whether striking-off is the only sanction that would be sufficient to protect patients, members of the public, or maintain professional standards.

48 The Parties are agreed, for the reasons stated above, that Mr Thomson's conduct is so serious that it raises fundamental concerns about his professionalism; public confidence would be affected if Mr Thomson were not

removed from the register; and a striking -off order is the only appropriate and proportionate sanction in the circumstances.

Referrers comments

49 The NMC sought the comments of the Referrer in respect of the proposed sanction bid. The Referrer did not provide a response.

Interim order

50 The Parties are agreed that an interim order is required in this case. The interim order is necessary for the protection of the public and is otherwise in the public interest for the reasons given above. The interim order should take the form of an interim suspension order.

51 The interim order should be for a period of 18 months in the event that Mr Thomson seeks to appeal the panel's decision. This is to cover the 28 day appeal period and the time it would take for an appeal to be heard should one be lodged.

The Parties understand that this provisional agreement cannot bind a panel, and that the final decisions on findings of fact, impairment and sanction are 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, provided that it would be relevant and fair to do so.'

Here ends the provisional CPD agreement between the NMC and Mr Thomson. The provisional CPD agreement was signed by Mr Thomson on 12 March 2026 and the NMC on 20 March 2026.

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 Mr Thomson. 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 professions and the regulatory body, and declare and uphold proper standards of conduct and behaviour.

The panel noted that Mr Thomson admitted the facts of the charges. Accordingly the panel was satisfied that the charges are found proved by way of Mr Thomson admissions as set out in the signed provisional CPD agreement.

Decision and reasons on impairment

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

In respect of misconduct, the panel determined that the verbal abuse to both patients and colleagues together with dishonesty does amount to serious professional misconduct.

In this respect, the panel endorsed paragraphs 15 to 20 of the provisional CPD agreement in respect of misconduct.

The panel then considered whether Mr Thomson's fitness to practise is currently impaired by reason of misconduct.

In coming to its decision, the panel had regard to the NMC Guidance on *'Impairment'* (Reference: DMA-1 Last Updated: 03/03/2025) in which the following is stated:

> *'The question that will help decide whether a professional's fitness to practise is impaired is:*
>
> *"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"*
>
> *If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.'*

The panel determined that Mr Thomson's fitness to practise is currently impaired. Whilst it noted that attitudinal concerns are inherently difficult to remediate, it noted that Mr Thomson has not provided any insight or remediation to this panel. It agreed with the CPD decision that there are both public protection and public interest concerns in this case given the attitudinal concerns.

In this respect the panel endorsed paragraphs 21 to 38 of the provisional CPD agreement.

Decision and reasons on sanction

Having found Mr Thomson'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 impact of Mr Thomson's actions on both patients and colleagues, in that Mr Thomson's actions increased risk posed to both patients and staff members
- The repetitive nature of Mr Thomson's actions, over the span of a number of years
- The element of dishonesty in respect of the incident with Patient A, as well as the bullying, discriminatory and harassing behaviour is indicative of embedded behaviour/ attitudinal issues which is more difficult to remediate

The panel found 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 Mr Thomson'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 Mr Thomson'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 Mr Thomson'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. The misconduct identified in this case was not something that can be addressed through retraining. Furthermore, the panel concluded that the placing of

conditions on Mr Thomson'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;*
- *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, 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 Mr Thomson's actions is fundamentally incompatible with Mr Thomson 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?*

Mr Thomson's actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with him remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Mr Thomson's actions were serious and to allow him 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 Mr Thomson's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct himself, 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 Mr Thomson'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 to adequately protect the public over any appeal period

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

That concludes this determination.