Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Monday, 27 July 2026 – Tuesday, 28 July 2026

Virtual Hearing

Name of Registrant:	Levi Whalley
NMC PIN:	19H1975E
Part(s) of the register:	Nurses part of the register Sub part 1 RNA: Adult nurse, level 1 (11 September 2019)
Relevant Location:	Birmingham
Type of case:	Conviction
Panel members:	Peter Fish (Chair, Lay member) Sharon Peat (Registrant member) Barry Greene (Lay member)
Legal Assessor:	Michael Bell
Hearings Coordinator:	Maya Khan
Nursing and Midwifery Council:	Represented by Ruhena Parker, Case Presenter
Miss Whalley:	Present and represented by Danielle McMahon instructed by the Royal College of Nursing (RCN)
Facts proved:	Charge 1a and 1b
Fitness to practise:	Impaired
Sanction:	**Suspension order (12 months)**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on application for hearing to be held in private

At the outset of the hearing, Ms McMahon, on your behalf, made a request that parts of this case be held in private on the basis that there is reference to matters regarding your health and personal life. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms Parker, on behalf of the Nursing and Midwifery Council (NMC), made no objection.

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

Having heard that proper exploration of your case involves references to your health and personal life [PRIVATE] the panel determined to hold parts of the hearing in private so as to protect your privacy.

Details of charge

That you a registered nurse:

1. On 24 February 2025 at Blackburn Magistrates Court was convicted of the following offence:

a. Concerned in the fraudulent evasion of prohibition of the importation of a class B drug.

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

Background

You were referred to the NMC on 13 December 2023 by West Midlands Police. You were arrested at Birmingham Airport in the Green Channel on 9 December 2023 on suspicion of the importation of a controlled drug after your bags were searched by Border Force officers. The Border Force officer found 38 packages weighing 19 kilos containing cannabis. You said that you were returning from a three-day shopping trip to New York

and had travelled via Charles de Gaulle Airport. Your passport and mobile phone were seized.

Your certificate of conviction is certified as a correct record by Blackburn Magistrates Court and is dated 9 May 2025. This certificate confirms that you were convicted on 24 February 2025 for the offence. On 2 April 2025, you were sentenced and received a sentence of 16 months imprisonment, suspended for 18 months, with rehabilitation requirements within the supervision period and a requirement to carry out 80 hours of unpaid work within the next 12 months, supervised by a responsible officer. This suspended sentence period concludes on 1 October 2026.

Decision and reasons on facts

You having admitted the charges, the panel found the facts proved by way of admission.

The panel was further satisfied, having reviewed a copy of the certificate of conviction, the facts are proved in accordance with Rules 31 (2) and (3).

Fitness to practise

Having announced its findings on the facts, the panel then considered whether, on the basis of the facts found proved, your fitness to practise is currently impaired by reason of your conviction. 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.

Your evidence

You told the panel that you have always wanted to be a nurse from a very young age.

You said that you qualified as a nurse in 2019. You said that you have been working in healthcare since the age of 18. You got a job as a healthcare assistant on a medical ward whilst you were undertaking a social science degree. You then went on to complete a nursing degree.

You told the panel about your career history and the various roles you had undertaken. You said that a placement in your final year was in an eye clinic, and you thoroughly enjoyed it and the eye clinic offered you a job when you qualified. After a year, you were promoted to a Band 6 role and undertook management tasks. You became a nurse injector and ran your own clinics. You then worked in an ophthalmology department in the private sector until December 2023 when you were suspended.

You said that you have never had any complaints about your nursing practice. You have always been considered trustworthy.

[PRIVATE]

It was after [PRIVATE] that a friend of yours offered for you to go to New York for the weekend for free and that you and your friend would have to bring back some watches to the UK. You explained that you just wanted escapism after everything you had been through, and you thought it would be good for your wellbeing. You did not think about the consequences, you made a very irrational decision in the moment. You explained that it suddenly hit you an hour before your flight home and after you received the suitcase; you panicked and did not want to go ahead but received messages threatening your home and family. It was then at Birmingham airport you were arrested.

You explained that when you got sentenced, you felt you had lost everything. All the hard work you had done for your nursing career had been thrown away over this very stupid decision. You have so much regret for what you have done.

[PRIVATE]

You had a probation officer who worked alongside [PRIVATE] and you received support to complete your sentencing unpaid hours. Your unpaid 80 hours were completed by working in a charity shop which you enjoyed.

[PRIVATE]

You have not worked as a nurse for two and a half years and you would like to return to nursing in a medical ward as this would give you the chance to build up your nursing skills and work alongside a team.

In response to Ms Parker's questions about why you have not completed any training online, you said that you made the decision to work on yourself first [PRIVATE] before you could take the step towards increasing nursing knowledge.

You accepted that the conviction was as a result of poor decision making and you can understand how the public would see this. You explained that during your time working as a nurse you always thought of patient care and never had any poor decision-making issues. [PRIVATE]

You explained that you are in a very different stage of life now. You are a mother and you look at the world differently. [PRIVATE]

You explained that you have kept up to date with your knowledge of nursing, you still stay in touch with nurse colleagues, and you have engaged with your community. You understand that your conviction would reduce trust in you as nurse however you are committed to earning that trust again.

Submissions on impairment

Ms Parker addressed the panel on the issue of impairment and reminded the panel to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the case(s) of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin) and *R (on application of Cohen) v General Medical Council* [2008] EWHC 581 (Admin).

Ms Parker submitted that limbs b and c of the Grant 'test' (see below) could be answered in the affirmative.

Ms Parker submitted that you have brought the profession into disrepute as the conviction relates to the fraudulent evasion of prohibition of the importation of a class B drug. She submitted that you had breached the fundamental tenets of the profession, in particular the requirement to uphold the laws of the country.

Ms Parker submitted that this behaviour suggests underlying problems with your attitude and that the conduct does fall seriously short of the standards the public would expect of professionals. She submitted that nurses are expected to have integrity and trustworthiness.

Ms Parker submitted that the panel does not have any evidence of strengthened practice or completed courses or training since you received your conviction. During your oral evidence, you showed how nursing is not your priority as you have been working on your character.

Ms Parker submitted that although there is no ongoing risk to patient safety, she invited the panel to consider that the concerns are so serious, and a finding of impairment is necessary to maintain the public confidence in the profession generally and to declare and uphold the professional standards. She submitted that the public confidence in the profession and the NMC as its regulator would be seriously damaged and undermined. Therefore, she submitted that a finding of impairment is required on the grounds of public interest alone.

Ms McMahon told the panel that you accept that limbs b and c are engaged in relation to your past conduct. [PRIVATE]

Ms McMahon referred the panel to your bundle today which included several character references attesting to your good nursing practice. It included a report from Dr Basa dated 25 March 2025 which stated:

> *'…It is possible that the stress she was experiencing at the time might have influenced her decision making…'*

Ms McMahon informed the panel that you are in a very different place now. [PRIVATE] She referred the panel to the reports from your probation officer dated 26 March 2026 and another undated which confirm that you have been engaging well with probation since April 2025. The reports stated:

> *'Miss Whalley completed her requirement of 80 hours of unpaid work within a short timeframe and to a high standard …* [PRIVATE].*'*

[PRIVATE]

Ms McMahon submitted that there are no concerns whatsoever about your clinical practise. She referred the panel to your reflective statement in which you explained the lessons you have learnt and demonstrated sincere remorse. She submitted that this was an isolated incident in your nursing career due to very difficult circumstances you faced in your personal life. Your reflective statement stated:

> *'Looking back over the past two and a half years, I recognise how much I have changed. I accept full responsibility for my mistake, have demonstrated insight into the circumstances that led to it, and have taken meaningful steps to ensure it could never happen again. My nursing practice itself was never questioned, and throughout my career I consistently demonstrated safe, compassionate and professional care.*
>
> *If given the opportunity to return to nursing, I would never take that privilege for granted. I remain passionate about caring for others and believe I still have much to offer the profession. I hope to demonstrate that I have learned from my mistakes, rebuilt my life, and developed into a more resilient, self-aware and reflective individual. I respectfully ask the Panel to consider not only my past mistake but also the significant work I have undertaken to address the factors that led to it, the insight I have gained, and my commitment to upholding the standards and values expected of a registered nurse.'*

Ms McMahon submitted that you have been honest since this incident. You made admissions at the earliest opportunity, and you have cooperated with the NMC. You have conceded impairment on public interest grounds and demonstrated insight and remorse for your past actions.

In relation to public protection, Ms McMahon submitted that there would be no risk to the public should you be permitted to continue practising unrestricted.

In relation to public interest, Ms McMahon submitted that you have accepted limbs b and c are engaged, you received a conviction, you have demonstrated insight and these were exceptional circumstances which affected your decision making. She therefore submitted that the panel would need to consider whether your fitness to practise remains impaired on the ground of the wider public interest.

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

Decision and reasons on impairment

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

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 28 January 2026, which states:

> *'Being fit to practise is not defined in our legislation but for us it means that a professional on our register can practise as a nurse, midwife or nursing associate safely and effectively without restriction.'*

The panel considered that nurses occupy a position of privilege and trust in society and are expected to be professional at all times. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest, open, and act with integrity. They must ensure 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 *CHRE v NMC and Grant* in reaching its decision. In paragraph 74, she said:

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

In paragraph 76, 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/their fitness to practise is impaired in the sense that S/He/They:*
>
> *a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
> *b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
> *c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
> *d) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel found limb (b) was engaged with regard to the past. Your actions brought the profession into disrepute.

The panel found limb (c) to be engaged with regard to the past. Your actions had breached fundamental tenets of the nursing profession.

Public Protection

The panel took into account that the criminal conviction related to matters outside your clinical practice. The panel further considered that the criminal conviction did not reflect deep seated attitudinal issues that could give rise to concerns about your clinical practice, nor did the NMC suggest that there were public protection concerns. The panel further noted that there had been no concerns relating to your clinical practice or evidence before it in relation to clinical practice and noted the positive reference from a colleague who had worked with you dated 2 July 2026. The panel therefore concluded that a finding of impairment was not necessary on the grounds of public protection.

Public Interest

Turning to public interest, the panel considered how the wider public interest would be impacted by your conviction.

The panel gave consideration to the NMC guidance on Impairment DMA-1:

> *'In some cases the misconduct may be so serious that a finding of impairment will be required to maintain public confidence and uphold professional standards, notwithstanding evidence of substantial insight and remediation…*
>
> *A finding of impairment based on public confidence or maintaining professional standards is more likely to occur in cases where the conduct breaches a fundamental tenet as set out in The Code. The following list gives examples of conduct that would breach the fundamental tenets of the profession (whether or not it occurs in professional practice). It is not an exhaustive list but gives some examples of the types of conduct where a finding of impairment is likely to be required*…[including] *committing a specified criminal offence'*

The panel went on to consider further NMC guidance at FTP-2C-1 which sets out:

> *'Specified offences are offences which are, by definition, particularly serious. The nature of these convictions would raise fundamental questions about a nurse,*

midwife or nursing associate's ability to uphold the standards and values set out in the Code…'

The NMC guidance lists serious offences which include '*serious drug-related offences'.*

The panel considered that the importation of a large quantity of class B drugs is a serious drug-related offence.

The panel considered insight. Having heard all of the evidence, the panel considered that you have demonstrated insight into the triggers which led to your behaviour [PRIVATE]. You have shown remorse and regret for your actions. You have apologised and took responsibility.

You have produced a reflective statement detailing the steps you have undertaken to address your risk factors. [PRIVATE]. Your probation officer stated:

'During the period of supervision, I had no concerns regarding Miss Whalley's behaviour, engagement, or progress. The professional relationship concluded on 01 April 2026, which was our last contact. On the 13/05/2026, Miss Whalley became eligible for early termination of probation supervision due to the good progress she had made whilst subject to the order. Since that time, there have been no matters brought to my attention that would cause concern regarding her conduct. Although probation supervision has ended, it is important to note that the suspended sentence remains in force for the remainder of the operational period, which is due to expire on 01 October 2026. Therefore, whilst active supervision is no longer required, the sentence continues to apply until that date. Based on my experience of supervising Miss Whalley, she demonstrated consistent compliance, positive engagement with rehabilitative services, and a commitment to addressing the factors that contributed to her offending. During the period I supervised her, she presented as motivated to make positive changes and took advantage of opportunities for support and personal development.'

The panel took account of the character references you provided today. However, it noted that some of them were written by family members and most predated the criminal conviction.

[PRIVATE]

Regarding contextual factors, the panel took account of your oral evidence in which you explained that you faced exceptional circumstances. [PRIVATE]. The panel noted that this was a unique set of factors and that these contextual factors have now positively resolved. [PRIVATE]

The panel determined that although you have demonstrated good insight in respect of your personal matters and addressed risk factors in regard to your personal life, it took the view that there was limited insight in relation to how your actions undermined the public's confidence in the nursing profession and the professional standards expected of nurses. It did not consider that you had fully understood and articulated the seriousness of the criminal offence, the impact of someone in your position committing such an offence on the reputation of the nursing profession and public confidence, and the impact of an offence of that kind on society more generally.

The panel bore in mind the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel decided that a finding of impairment on the ground of public interest is necessary. It concluded that you receiving a conviction for the specified offence is very serious taking into account that you are a registered nurse expected to uphold the values of integrity and honesty.

In light of the conviction and your limited insight in relation to public confidence in the nursing profession and professional standards, the panel determined that not to make a

finding of impairment would significantly undermine the public's trust and confidence in the nursing profession. It is also necessary to mark the seriousness of the misconduct and to uphold proper standards and conduct for members of the nursing profession.

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

Sanction

The panel has considered this case very carefully and has decided to make a suspension order for a period of 12 months with review.

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.

Submissions on sanction

Ms Parker informed the panel that in the Notice of Hearing, the NMC had advised you that it would seek the imposition of a strike off.

Ms Parker took the panel through the aggravating and mitigating factors. She submitted that the alternative sanctions the panel has the power to consider would not sufficiently protect the public as you to have limited insight regarding the impact of your actions on the public interest and there is no causal link between your personal life and the conviction [PRIVATE].

Ms Parker submitted this offence is a serious drug related offence. According to the Crown Prosecution Service (CPS) guidance and sentencing guidelines from January 2021, the Misuse of Drugs Act offences of importation, production and supply of controlled drugs carry the highest sentences up to a statutory maximum of 14 years for class B, based on the quantity and the role of the offender. This type of offending raises questions about the professional's ability to uphold the standard and values set out in The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates (the

Code). Ms Parker submitted that your actions were not spontaneous or impulsive and raises fundamental questions about your professionalism and the basic tenets of integrity and trust.

Ms Parker submitted, in light of the above, to allow you to continue practising would undermine public confidence in the profession and the NMC as regulator. She asked the panel to consider a striking-off order to mark the importance of maintaining public confidence in the profession.

Ms McMahon invited the panel to consider imposing a short suspension order for a period of three months. She informed the panel that your suspension sentence expires on 1 October 2026.

Ms McMahon submitted that the only aggravating factor in this case is that you have breached the Code. She submitted that this was not repeated behaviour, it was an isolated foolish decision as said by you in your oral evidence.

Ms McMahon reminded the panel of the contextual factors which led to the event and your conviction. She submitted that the panel did not identify deep seated attitudinal issues and found you to have insight and understanding about your triggers and therefore submitted that a striking off order would be inappropriate in these circumstances.

Ms McMahon submitted, taking into account including the early admissions, the remediation, your unblemished record prior and since, a suspension order could be appropriate to protect the public confidence in nurses and professional standards. It would afford you the opportunity to develop further insight and show you are willing to prove yourself and return to nursing.

The panel accepted the advice of the legal assessor.

Decision and reasons on sanction

Having found that your fitness to practise is currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel bore 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:

- There was personal financial gain
- Deliberate breaches of the Code
- Limited insight in relation to the impact of your actions on public confidence in the nursing profession and the professional standards expected of a nurse

The panel took into account the following mitigating features:

- Early admission of the facts
- Effort to prevent the situation occurring again and efforts to put personal challenges right
- Insight into your personal challenges [PRIVATE]
- Your reflective account written by you demonstrating remorse and regret
- [PRIVATE]
- [PRIVATE]

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 interest concerns raised, an order that does not restrict your 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 your conviction was not at the lower end of the spectrum and that a caution order would be inappropriate in

view of the issues identified. The panel reminded itself that it had found that confidence in the nursing profession would be undermined if its regulator did not find charges relating to drugs extremely serious. The panel therefore decided that it would not be in the public interest to impose a caution order as there needs to be public acknowledgment that conduct of this nature is unacceptable.

The panel next considered whether placing a conditions of practice order on your registration would be a sufficient and appropriate response. The panel determined that given that there are no clinical competence concerns, no public protection concerns and that it made no finding of impairment on public protection grounds, conditions of practice would not be appropriate or workable in the circumstances.

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

- *the charges found proved are at the most serious end of the spectrum and call into question the professional's suitability to continue practising, either currently or at all*
- *while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their practice through reflection, the development of their professional skills and / or development of insight and remediation*
- *there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*
- *what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*
- *despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.*

The panel bore in mind that a drug related offence resulting in a conviction is extremely serious. It went on to consider the NMC guidance SAN-3 titled *'Deciding between suspension and strike off'* which stated:

'Determining the proportionate sanction is often difficult when the Committee is deciding between a suspension or a striking-off order. In such cases, the Committee should:

- *consider all of the relevant aggravating and mitigating factors.*
- *consider that, unless the Committee directs otherwise, a suspension order will be reviewed before its expiry and may be extended. However, the Committee cannot direct that the suspension must be extended on review. As such the Committee should consider whether public confidence in the profession would be protected if the professional returned to practice after one year, or ever.*
- *Consider the professional's insight and attitude to addressing the concerns, and whether it is realistically possible that these will change positively during the suspension period. If it is unlikely the professional will try to address the concerns, there may not be appropriate for them to be suspended in the hopes that they will eventually return to practice.*
- *Professionals are under an obligation to cooperate with their regulator. Where professionals have failed to engage with the fitness to practise process, it won't usually be appropriate to use a suspension order as a means of giving them a 'last chance' to engage, reflect or show insight.'*

The panel also took account of NMC guidance SAN-4 which states:

> *"There are some offences we have specified as particularly serious because they raise fundamental questions about the professional's ability to uphold the standards and values set out in the code. If a registrant has been convicted of one of these offences, it is unlikely that any sanction less than strike-off will be appropriate. This is because we do not consider that public confidence could be maintained in the profession if they remained on the register. However, the Committee will still need to consider the facts of the individual case"*

The panel noted that the conviction in question is for a specified offence. The panel considered carefully whether public confidence could be maintained in the profession if you were not struck off. It considered the exceptional circumstances in your personal life prior to the commission of the offence including [PRIVATE]

The panel took account of the positive steps you have taken [PRIVATE] It noted your engagement with the NMC and with the legal authorities and your participation at this hearing. It had evidence before it of your willingness to learn and grow as a person and strengthen your character. You provided a reflection and gave frank appraisal of [PRIVATE] at the time of the offence and how this has improved with support.

The panel noted that your insight into the significance of the offence remained limited but considered this was capable of being addressed. In the specific and unusual circumstances surrounding your offending, the panel concluded that your conviction was not fundamentally incompatible with remaining on the register. It therefore concluded that a striking-off order would be disproportionate and unduly punitive in the circumstances.

The panel took into account the views expressed in the case of *Bolton v The Law Society* [1993] EWCA Civ 32 but determined that the unusual circumstances surrounding your offending required to be fully taken into account when considering what would be the most appropriate and proportionate sanction.

The panel determined that a suspension would be sufficient in marking the seriousness of the misconduct in this case and sufficient to protect the public interest.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.

The panel noted the hardship such an order could cause you. However, this is outweighed by the public interest in this case.

The panel considered that this suspension order is necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the

profession a clear message about the standard of behaviour required of a registered nurse.

In deciding the appropriate length of the suspension order, the panel carefully balanced the public interest against the impact a suspension order would have on you. The panel determined that a suspension order for a period of 12 months was appropriate in this case to mark the seriousness of your conviction and your limited insight at this time into the impact of your actions on the public interest. It noted that you remain suspended by the criminal court until 1 October 2026 and took account of the NMC guidance at SAN-4 and the case of *Council for the regulation of healthcare professionals v GDC and Fleischmann* [2005] EWHC 87. It concluded that the imposition of a 12-month suspension order would mean that you remain unable to practise during the remaining period of your criminal sentence and would satisfy any of the concerns identified in the NMC guidance and case law.

The panel then considered whether a review of the suspension order was required.

The panel bore in mind that it found your fitness to practise impaired only on the grounds of public interest. In these circumstances, in accordance with Article 29 (8A) of the Order, the panel has exercised its discretionary power and determined that a review of the substantive order is necessary in these circumstances.

A future reviewing panel would be assisted by:

- A reflective piece using a recognised model such as Gibbs addressing in particular how your actions have impacted the reputation of the nursing profession and undermined the trust and public confidence in the profession.
- Documentary evidence of any employment including any in a healthcare setting.

This will be confirmed to you in writing.

Interim order

As the suspension order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in your own interests until the suspension sanction takes effect.

Submissions on interim order

The panel took account of the submissions made by Ms Parker. She submitted that an interim suspension order for a period of 18 months is in the public interest. She also submitted that the length of the interim suspension order should cover any potential period of appeal.

Ms McMahon accepted the NMC's position.

The panel accepted the advice of the legal assessor.

Decision and reasons on interim order

The panel was satisfied that an interim order is required on the ground of 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 the only suitable interim order would be a suspension, as to do otherwise would be incompatible with its earlier findings. The interim suspension order will be for a period of 18 months to satisfy the wider public interest until the substantive order takes effect and for any possible appeal period.

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

That concludes this determination.