

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

**Substantive Hearing
Monday, 28 September – Friday, 2 October 2026**

Virtual Hearing

Name of Registrant:	Williams Ibi
NMC PIN:	18A0588E
Part(s) of the register:	Registered Nurse – Sub part 1 Adult nursing, level 1 – 12 November 2018
Relevant Location:	Staffordshire
Type of case:	Caution
Panel members:	Peter Fish (Chair, lay member) Anne Giles (Registrant member) Louise Print-Lyons (Lay member)
Legal Assessor:	Angus Macpherson
Hearings Coordinator:	Isabella Payne
Nursing and Midwifery Council:	Represented by Ilana Hirschberg, Case Presenter
Mr Ibi:	Present and represented by James Patterson, instructed by the Royal College of Nursing (RCN)
Facts proved:	1
Fitness to practise:	Impaired
Sanction:	Suspension for 6 months with a review
Interim order:	18 months

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

At the outset of the hearing, Mr Patterson, on your behalf, made a request that this case be held partly in private [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms Hirschberg, on behalf of the Nursing and Midwifery Council (NMC), indicated that she supported the application [PRIVATE].

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.

The panel determined to go into private session [PRIVATE] when such issues are raised, in order to protect your and your family's privacy.

Decision and reasons on application for special measures

Mr Patterson made an application for special measures for you during oral evidence of the witnesses. Mr Patterson invited the panel to permit your camera to be turned off during hearing of witness evidence. He submitted this was requested because there are aspects of the witness evidence that you may find upsetting.

Mr Patterson submitted that if the panel were to accept this application, there would be no unfairness to you, as you can hear and see the evidence, but the witnesses will not be able to see you.

Ms Hirschberg did not oppose the application.

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

The panel was of the view that these special measures would not cause any unfairness to you or the NMC, nor would their use affect its decision when it came to finding the facts, and these special measures would only be put in place in order to prevent you from being visibly upset by the witness evidence.

The panel granted the application for special measures, namely for you to have your camera turned off during witness evidence, in order for the witnesses not to see you.

Details of charge

That you, a registered nurse:

1. On 22 June 2022 you received a conditional caution from Staffordshire Police for fraud by false representation contrary to sections 1 and 2 of the Fraud Act 2006

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

Background

The charge arose whilst you were employed as a Band 5 registered nurse by University Hospitals of North Midlands ("the Trust"). You had reported four periods of sickness and [PRIVATE] absences between April 2020 and February 2021 and received sick pay from the Trust during those periods of absence. However, information came to light to suggest that you had been working elsewhere during those periods of sick leave via Medcas Healthcare Agency (Medcas).

In total, it is recorded that you worked 119 shifts whilst claiming sick pay from the Trust, which equated to the value of £6940 received in sick pay. [PRIVATE].

Following the investigation carried out by the Trust, you were subsequently dismissed.

The matter was reported to the Police and on 22 June 2022 you received a conditional caution from Staffordshire Police for fraud by false representation contrary to sections 1 and 2 of the Fraud Act 2006.

Decision and reasons on facts

At the outset of the hearing, the panel heard from Mr Patterson who informed the panel that you made full admissions to charge 1.

The panel therefore finds charge 1 proved in its entirety, by way of your admissions.

The panel heard live evidence from the following witnesses called on behalf of the NMC:

- Dorinda Palmer: Investigating officer for the internal investigation at the Trust
- Anne Anderson: Director of Nursing and Clinical Governance at Medacs Global Group
- Kathryn Thomas: Band 7 Senior Sister at the Trust
- Zara Rogers: Junior Sister at the Trust

The panel also heard evidence from you under oath.

Before moving onto fitness to practice and impairment, the panel heard and accepted the advice of the legal assessor. It considered the witness and documentary evidence provided by the NMC, including a witness statement from Shelia Bowers and also from you.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider whether by reason of the fact found proved your 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 ability to practise safely and effectively without restriction.

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 must determine whether your fitness to practise is currently impaired as a result of the fact found proved.

Submissions on impairment

Ms Hirschberg moved on to the issue of impairment and addressed the panel on the need 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 cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927.

Ms Hirschberg submitted that the charges found proved were of a serious nature, and the caution which you accepted represents an admission that your behaviour was dishonest, irrespective of whether your motivation was financial or a preference for working at Medacs as opposed to the Trust.

Ms Hirschberg submitted that the witnesses for the NMC have been consistent and reliable, whereas, you have been unclear and inconsistent in your testimony.

Ms Hirschberg submitted that you had fraudulently claimed absence payments, including occupational and statutory sick pay from the Trust. She further submitted that you had worked significant hours for Medacs without considering the potential impact this could have on your practice.

Ms Hirschberg acknowledged that you had stated that you were feeling unsupported in your professional development from the Trust. However, Ms Hirschberg submitted that the Trust was experiencing significant pressures during the COVID-19 pandemic and that staffing allocations were made according to relevant service requirements rather than staff preference. Ms Hirschberg reminded the panel that you had turned down additional training and used that time to work at Medacs. Ms Hirschberg submitted that in these circumstances, you prioritised your own preference over the needs of the Trust.

[PRIVATE].

Ms Hirschberg submitted that by reason of the charge found proved, you have breached fundamental tenets of the NMC Code: to prioritise people and act in the best interests of people at all times; to promote professionalism and trust and to uphold your position as a registered nurse.

Ms Hirschberg invited the panel to have regard to the NMC guidance DMA-01. She submitted that the nature and the circumstances of the misconduct constitute an ongoing risk to public confidence and to the standards of the profession. Ms Hirschberg therefore invited the panel to find you impaired on both public protection and public interest grounds.

Finally, Ms Hirschberg submitted that the misconduct demonstrated deep-seated attitudinal issues. She referred the panel to the NMC guidance which identifies “serious and sustained dishonesty” as a deep attitudinal issue and one of the serious matters on which a finding of impairment is likely to be made on grounds of failing to

uphold public confidence in the professions and/or declaring and upholding professional standards.

On that basis, Ms Hirschberg invited the panel to find that your fitness to practise is currently impaired.

Mr Patterson submitted that you accept the charge and acknowledge that your behaviour in 2020 and 2021 was dishonest. However, he invited the panel to find that your fitness to practise is not currently impaired.

Mr Patterson submitted that you had acknowledged and accepted the full Police report and had repaid the full amount. He submitted that your reflection demonstrated an understanding of the wider consequences of your misconduct including the impact on the NHS resources, colleagues, patients and trust in the public profession.

Mr Patterson submitted that there was evidence of remediation, including counselling, reflective discussions and training. He also referred the panel to the period you were on monitored practice following your suspension. He stated that following the removal of the monitored practice in 2022 you have worked as a registered nurse without restriction for approximately four years. He submitted that the absence of any further dishonest misconduct was evidence that there was no risk of repetition and there is no ongoing risk to the public.

Mr Patterson submitted that you have not defended your entitlement to the sick pay and you have confronted its wider consequences, repaid what you had obtained [PRIVATE].

Mr Patterson submitted that the evidence shows that record keeping during the period of the misconduct was not good within the Trust. He invited the panel to consider the weight that should be attached to the documentation relied upon by the NMC including the Performance and Development Review (PDR) and return to work forms.

Mr Patterson submitted that a finding of current impairment was not necessary to uphold professional standards or to maintain public confidence in the profession. He invited the panel to take into account your admission, repayment of the money, remediation, and approximately four years of unrestricted practice as a sound basis for a finding of no current impairment.

On this basis, Mr Patterson invited the panel to find that your fitness to practice is not impaired.

The panel accepted the advice of the legal assessor.

Decision and reasons on impairment

The panel considered whether, in consequence of the Conditional Caution which you have admitted, your fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the NMC Guidance on *'Impairment'* (Reference: DMA-1 Last Updated:28/01/2026) in which the following is stated:

'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.'

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and honest. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

In this regard the panel considered the judgment of 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/ 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 finds that patients were put at risk as a result of your conduct which led to the Conditional Caution. Shifts which you were supposed to work but which you did not undertake, because of your calling in sick, had to be filled by either an agency nurse or by another nurse from the Trust detailed to do so. This was during a time of

extreme pressure on the trust because of the COVID-19 pandemic. The panel considered that by choosing to work elsewhere during these periods you put additional pressure on the department for which you worked, which put patients at risk.

By acting fraudulently in claiming sick pay whilst working elsewhere, you breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. This conduct was also dishonest, as you have admitted.

In regard to insight, the panel understood your case to be that you were not afforded the same opportunities at the Trust as some of your colleagues, that your personal development was being thwarted, in effect that discrimination was being practised against you. [PRIVATE].

The panel recognised that you have accepted the Police caution and that therefore you have accepted dishonesty. It notes that you have repaid the money in full you obtained fraudulently. In your oral evidence you made reference to the impact on your colleagues and the Trust and expressed regret for your dishonesty.

However, the panel was concerned that there were as many as four periods of absence during which you chose to work for Medacs rather than work at your substantive placement, claiming that you were sick. In these circumstances, it is clear that you were not sufficiently unwell not to work. The panel considered that, regardless of whether your reasons for doing so were financially motivated or connected to how working at the Trust made you feel, your actions were dishonest.

[PRIVATE].

The panel concluded that your reasons for absenting yourself from the Trust on the basis of your being sick were self-serving. You were frustrated with your progress at the Trust and you preferred to work at Medacs. The panel did not accept your case that your dishonest behaviour during these periods should be properly attributed to clouded judgment [PRIVATE]. It noted that from 1 January to 10 February 2021, you worked 2571 hours, which averaged to be 44 hours per week.

In considering whether your fitness to practise is impaired by reason of your conditional caution, the panel first took into account whether you have properly addressed and accepted the reasons why you were dishonest. It finds that you have not done so. Whilst it readily accepts that you were not happy, indeed not prospering in the Trust in the way you had hoped, that is not an acceptable explanation for your protracted dishonest behaviour. In the absence of your achieving a proper understanding of your behaviour, the panel does not accept that you have sufficiently addressed it. It accepts that you regret your behaviour and that you have a degree of recognition of the effects of that behaviour, it finds that you lack insight and honesty with yourself as to why you behaved as you did.

The panel notes that this behaviour in 2020 and early 2021 appears to have been the only time when you have behaved in this way. It recognises that it was a difficult period during the COVID-19 pandemic, and that professionals may respond inappropriately in such circumstances. Further the panel noted that you have sought to discuss your conduct with senior practitioners and that there has been no repetition of it since the period in question. Nevertheless, it has reached the conclusion that it cannot be satisfied that you will not repeat this behaviour. A finding of impairment is therefore required on public safety grounds.

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

The panel determined that a finding of impairment on public interest grounds to protect the reputation of the profession and to declare and uphold standards for members of the profession is also required. This was serious and sustained dishonesty. Public confidence in the profession would be undermined if a panel did not make a finding of impairment in these circumstances.

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

Sanction

The panel has considered this case very carefully and has decided to make a suspension order for a period of six months with a review. The effect of this order is that the NMC register will show that your registration has been suspended for that period of time.

Submissions on sanction

Ms Hirschberg informed the panel that the NMC maintained the position that the panel should make a striking-off order. She submitted that the commission of a fraud offence is fundamentally incompatible with the standards expected of a registered nursing professional.

Ms Hirschberg referred the panel to SAN-1 and, in particular, the aggravating factors identified within that guidance, including a pattern of misconduct sustained over a period of approximately one year, your admitted dishonesty, and your limited insight into the seriousness of your misconduct.

Ms Hirschberg also submitted that you had acknowledged learning about the NMC Code whilst at university and that you subsequently breached the Code. She submitted that this could properly be regarded as deliberate. Ms Hirschberg further submitted that your reflection demonstrated only limited insight into the underlying seriousness of your misconduct and its impact upon public confidence in the profession.

Ms Hirschberg referred the panel to the authorities of *GMC v Chandra* [2018] EWCA Civ 1898 and [2019] EWCA Civ 236 and *Bolton v Law Society* [1994] 1 WLR 512, submitting that these authorities reaffirm the fundamental importance of maintaining public confidence in the profession and upholding proper professional standards, and that the panel should ask itself if the registrant is fit to practise.

Ms Hirschberg submitted that the panel should have regard to your admission of dishonesty, the commission of a serious criminal offence, and the discrepancies identified within your evidence before the panel. She contrasted those discrepancies with the reliability and consistency of the NMC witness evidence.

Ms Hirschberg submitted that dishonesty of this nature is incompatible with the responsibilities of a registered nurse and that a finding of dishonesty gives rise to concerns regarding public confidence and professional standards. She therefore submitted that, in order to maintain public confidence in the nursing profession, uphold proper professional standards and minimise any potential risk to the public, the appropriate sanction was removal from the register.

Mr Patterson invited the panel to impose a six-month suspension order. He referred the panel to Articles 34 and 34A of the Nursing and Midwifery Order 2001. He submitted that, in determining the appropriate sanction, the panel must impose the least restrictive sanction necessary to meet those objectives. Mr Patterson invited the panel to conclude that a six-month suspension would be sufficient and proportionate to address the seriousness of the findings whilst meeting the statutory objectives.

Mr Patterson invited the panel to take into account that you had admitted the charges, had attended the hearings and given evidence, and had practised without restriction for approximately four years without any further concerns or findings of dishonesty.

Mr Patterson submitted that, when considering the interim order determination on 29 June 2022, the panel at that time had considered both the circumstances relating to COVID-19 and the allegations of dishonesty and had concluded that you presented a low risk of repetition.

Mr Patterson submitted that, although you had been aware of the NMC Code, it was following your behaviour that you developed a proper understanding of the Code and the professional standards expected of you. He submitted that you had adhered to those standards since the misconduct.

Mr Patterson submitted that there was evidence of your rehabilitation. You regretted your actions; you had a degree of recognition of the consequences of your actions; you had repaid the relevant sum to the Trust; you had discussed your conduct with senior practitioners; you understood that you had abused the reputation of the profession; you admitted the charge; you had attended the hearing. He reminded the panel that following the lifting of the interim conditions of practice order, you had practised unconditionally for four years. He mentioned that that the interim order panel had regarded there to be a low risk of repetition of your conduct, whilst acknowledging that the findings of this panel were of more importance. He submitted that a suspension order would enable you to achieve proper rehabilitation. He stated that your knowledge and understanding of the Code had become sufficient since the incident.

Mr Patterson invited the panel to consider the impact that a striking-off order would have upon you [PRIVATE]. He acknowledged that personal hardship cannot override the need for public protection. However, he submitted that, where the regulatory objectives can be met by a suspension order, the consequences of a more severe sanction for you and your family are relevant considerations for the panel.

Mr Patterson submitted that a six-month suspension order would be seen by the public to amount to a substantial public response, which would adequately meet the regulatory objectives and would prevent you from practising during that period, allowing you the opportunity to address the concerns identified by the Panel.

He submitted that a six-month suspension order would be sufficient to maintain public confidence and uphold proper professional standards while protecting the public.

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

Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose. 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 decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features and found that:

- there was a pattern of dishonesty over a significant period of time;
- your actions were premeditated;
- you lacked recognition as to the reasons behind your dishonesty; and
- you have limited insight into the implications of your misconduct on your colleagues and patients

The panel also took into account the following mitigating features that included:

- an early admission of your misconduct;
- evidence that you have worked safely and professionally in a similar role in the four years since your interim order was lifted in June 2022;
- relevant training courses;
- your reflective accounts and discussions with colleagues about what happened;
- evidence of keeping up to date with your area of practice.

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.

The panel next considered a caution order and had regard to the NMC Guidance on 'Caution order' (Reference: SAN-2b Last Updated: 28/01/2026) in which the following is stated:

'A caution is only appropriate if the Committee has decided there's no risk to the public or to people using services that requires the professional's practice to be restricted. This means the case is at the lower end of the spectrum of impaired fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.'

The panel considered that your actions were not at the lower end of the spectrum, and it found that there is a risk to patient and public safety. The panel therefore determined that a sanction that does not restrict your practise would not protect the public. The panel also determined 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 your registration would be appropriate. The panel is mindful that any conditions imposed must be relevant, proportionate, workable and measurable. The panel had regard to the NMC Guidance on '*Conditions of practice order*' (Reference: SAN-2c Last Updated: 28/01/2026) and had regard to the following factors:

- *'no evidence of deep-seated personality or attitudinal problems*
- *identifiable areas of the professional's practice in need of assessment and/or retraining*
- *competence cases where there is a realistic likelihood that the concerns about their practice can be resolved*
- *potential and willingness to respond positively to retraining (this should be based on specific evidence provided by the professional)*
- *insight into any health problems, alongside willingness to abide by conditions relating to a medical condition, treatment and supervision*
- *people using services will not be put at risk either directly or indirectly as a result of the conditions*
- *conditions can be created that can be monitored and assessed.'*

The panel is of the view that there are no relevant, proportionate, workable or measurable 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 your registration would not adequately address the seriousness of this case and would not protect the public.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance on ‘*Suspension order*’ (Reference: SAN-2d Last Updated: 28/01/2026) in which the following factors on when a suspension order may be appropriate are set out:

- *‘the impairment is very serious but not fundamentally incompatible with continuing to be a registered professional*
- *an outcome less severe than strike-off would still satisfy the over-arching objective.’*

The panel also had regard to the key considerations as set out in the NMC Guidance to weigh up before imposing a suspension. It noted the following list of circumstances that may make a suspension order an appropriate sanction:

- *‘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.’*

As it came to consider whether a period of suspension was appropriate, the panel was mindful of the following factors:

- you made immediate admissions after your deception came to light;

- you are clearly remorseful;
- your dishonesty was committed at a time when you were less than satisfied in your work, and when you felt that you were being denied opportunities to progress in the profession which you had recently joined;
- your dishonesty took place at a time of COVID-19 when conditions in the workplace were challenging;
- there is no suggestion that you were avoiding work. Quite the reverse, you worked very many shifts for Medacs.
- Notwithstanding the panel's determination that there remains a risk of repetition, you have demonstrated in the last four years that you have been able to return to safe practice by working for three nursing agencies and that there has in fact been no repetition of your conduct. You have submitted reassuring testimonials
- The index matters took place some six years ago.

The panel accepted that you have embarked upon a process of remediation, but it has made a finding that you have not come to terms with the reasons for your dishonesty. It has to consider whether a suspension order could be appropriate in these circumstances. The panel recognised that your conduct was at the upper end of seriousness and that a striking off order is available to it. However, you have demonstrated to the agencies which have been engaging your services in the last four years, your ability to perform satisfactorily and honestly, and you have taken steps to address your dishonesty by meeting with the senior practitioners.

The panel has also to take into account what the public perception would be if a striking-off order was not made. In that regard, it is of the view that the informed member of the public would recognise that it would be strange for a panel of the regulator to act to impose a striking-off order so long after the index events and after a significant period of time when the practitioner has been practising without restriction.

The panel was mindful of NMC Guidance as follows:

‘There is also a public interest in the professional being allowed to practise their profession, but only where this is consistent with our over-arching objective of maintaining public safety and promoting public confidence and professional standards.’

The panel has reached the view that it would not be proportionate to make a striking-off order in this case after such a long period and in all the circumstances. It finds that the appropriate and proportionate sanction in this case is a suspension order for six months with a review. In so doing it has taken into account the hardship such an order will inevitably cause you and your family.

At the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- Your written reflection on the panel’s determination that you have not been honest with yourself as to the reasons why you behaved dishonestly;
- Evidence of any reflective discussions you have had with senior practitioners or a registered nurse about the importance of team working and your individual role within a team;
- Your continued engagement with the NMC and attendance at any future meetings and hearings.

Submissions on interim order

Ms Hirschberg invited the panel to consider whether an interim order for 18 months is necessary on grounds of public protection and public interest. She submitted that it was necessary and appropriate to impose an interim order, having regard to the same considerations and findings that had informed the panel’s decision in the respect of the substantive sanction.

Mr Patterson submitted that no interim order was necessary, as you had practised without restriction for four years without further concerns regarding dishonesty or clinical practice. He further submitted that an informed member of the public would not be shocked or concerned by you continuing to practice during this period.

Mr Patterson submitted that the 28-day period before the suspension takes effect would allow you to arrange your personal and financial affairs and invited the panel to consider the suspensions detrimental impact.

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 has decided that there was a risk to the public arising from your practice which required you to be suspended for six months. 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. For the same reasons the panel was satisfied that an interim order suspending you from practice was required in order to protect the public.

The panel also considered that an interim suspension order was required in order to maintain the reputation of the profession, and the NMC as its regulator because of the nature of the misconduct found proved.

This order will cease either 28 days after service if there is no appeal, or at the conclusion of the appeal if one is lodged. As an appeal may take up to 18 months to come to a conclusion, the panel decided on an interim order for 18 months.

The panel therefore imposed an interim suspension order for a period of 18 months in order to protect the public and maintain public confidence over any 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