

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

**Substantive Hearing
Wednesday, 23 September – Thursday, 24 September 2026**

Virtual Hearing

Name of Registrant:	Chikerendu Samuel Ihuomah
NMC PIN:	2211005E
Part(s) of the register:	Registered Nurse – Sub Part 1 Mental Health Nursing – 27 September 2022
Relevant Location:	Kent
Type of case:	Conviction
Panel members:	Rachel Cook (Chair, Lay member) Roisin Toner (Registrant member) Catherine Beckett (Lay member)
Legal Assessor:	Andrew Reid
Hearings Coordinator:	Monowara Begum
Nursing and Midwifery Council:	Represented by Rowena Wisniewska, Case Presenter
Mr Ihuomah:	Present and not represented at the hearing
Facts proved:	Charges 1(a) and 1(b)
Fitness to practise:	Impaired
Sanction:	Striking-off order
Interim order:	Interim suspension order (18 months)
Final outcome:	FTP impaired - striking off order

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

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

You indicated that you supported the application.

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 when referring to matters relating to [PRIVATE] as and when such issues are raised in order to protect everyone's privacy.

In light of the papers provided by the NMC referring to your potential [PRIVATE], the panel asked you if you required any specific measures to ensure a fair hearing. You told the panel that your [PRIVATE] has been confirmed but you did not require any specific measures. In any event, the panel facilitated frequent breaks.

Details of charge

That you, a registered nurse;

1) On 15 October 2024 were convicted of

- a) Assault/ill-treat/neglect abandon a child/young person to cause unnecessary suffering/injury contrary to section 1 (1) of the children and Young Persons Act 1933
- b) Assault a person thereby occasioning them actual bodily harm, contrary to section 47 of the offences Against the Person Act 1861

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

Background

The charges arose whilst you were employed as a registered nurse by Kent and Medway NHS and Social Care Partnership Trust (the Trust) in the role of Developmental Band 5 Liaison Psychiatry Practitioner. You qualified as a registered nurse on 22 September 2022.

On 3 November 2023, the Trust made a referral to the NMC after they were made aware by the Local Authority Designated Officer (LADO) that you had been charged with actual bodily harm (ABH) and child cruelty in relation to your stepchild (Child A).

On 15 October 2024, you were convicted for the following offences:

- Assault / ill-treat / neglect / abandon a child / young person to cause unnecessary suffering / injury
- Assault a person thereby occasioning them actual bodily harm

You were sentenced on 4 July 2025 to 26 months imprisonment. You were released from prison on 14 May 2026, and your sentence expiry date is 3 September 2027.

Decision and reasons on facts

The charges concern your conviction and, having been provided with a certified copy of the certificate of conviction and by way of your admissions (given orally in the hearing and within your completed Regulatory concerns response form dated 23 December 2025), the panel finds that the facts are found 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 practise safely and effectively without restriction.

The panel first considered whether the route to impairment has been established. It was satisfied, in light of the certified copy of your conviction and the judge's sentencing remarks, that the route to impairment is by reason of your conviction.

Submissions on impairment

Ms Wisniewska 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 of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

Ms Wisniewska invited the panel to find that you are not fit to practise without any restrictions.

Ms Wisniewska referred the panel to the four limbs of the *Grant* test.

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.'*

Ms Wisniewska submitted in relation to limb a) of the *Grant* test, that although your actions, which resulted in your conviction, are not related to your clinical practise, a vulnerable child in your care was placed at risk and did suffer harm, therefore this is indicative of a future risk that patients could be put at an unwarranted risk of harm. She submitted that there has been no proper remediation, therefore the risk to patients remains unmitigated.

Ms Wisniewska submitted that in relation to limb b) of the *Grant* test, taking into account all the circumstances of the case, the serious nature of the conviction and the sentencing remarks of the sentencing judge, such a finding is inescapable.

In relation to limb c) of the *Grant* test, Ms Wisniewska submitted that you have breached one of the fundamental tenets of the profession.

In relation to limb d) of the *Grant* test, Ms Wisniewska submitted that there are no dishonesty charges in this case.

Ms Wisniewska submitted that limbs a-c of the *Grant* test are engaged. She submitted that it is a serious conviction and the panel may be justified in finding that you are liable in the future to potentially repeat the same behaviour, given there is no evidence provided of any substantial remediation. She submitted that there has been some reflection in the NMC Regulatory concerns response form but not substantial remediation and therefore there is a risk of repetition going forward.

Ms Wisniewska invited the panel to find you currently impaired by virtue of your conviction.

You told the panel that you have expressed remorse on the Regulatory concerns response form. You stated that you cannot eradicate what has already happened, you understand the wrongdoings and understand that your actions were '*harsh*'.

You told the panel that you understand that your actions and conviction may affect your clinical practice, however, nothing happened in your clinical practice. You stated that you understand the seriousness of the conviction and that this will affect the decision-making process in terms of you being of a high risk and working with children within the NHS. However, your work at the Trust did not involve working with under 18's or any children.

You told the panel that you although you have expressed remorse, and there being *'no formal apology that may change the balance'*, you understand that the seriousness of the conviction will stand out more.

The panel asked what measures you would take to ensure past behaviours are not repeated under stress in the future. You told the panel that it is very much about your awareness of understanding [PRIVATE] in respect of how you deal with stress. You stated that you have identified that when dealing with stress you tend to hold it in and not speak. You got in contact with your probation officer and on 21 September 2026 and were accepted for counselling. You attended a behavioural management programme (Wellness Programme) on 14 May 2026 and completed this.

You told the panel that since being released on 14 May 2026 up until 7 September 2026 you were living at your sister's address. After numerous meetings with your probation officer and the wellbeing officer for emotional stability, you were advised you can return back to your home with your partner (Person A, mother of Child A) where you are currently living now. You told the panel it is just you and your partner at home.

In response to the panel's question in relation to the judge's sentencing remarks dated 4 July 2025, you stated that you do not remember what warnings or interventions the sentencing judge was referring to. You stated that you do remember looking after another child and their father had reported you to the police for ABH. The police investigated this for five months and the investigation resulted in no further action. In relation to *'provisions had been put in place about your contact with [Person A], and the nature of it'* you told the panel that this was referring to Child A and you not having any form of contact.

You stated that you were a paid carer for Child A from 2016 to early 2018 and six months after stopping working with Child A, you started a relationship with Person A. You told the panel that in relation to you having a caring responsibility for Person A, that Person A had been hospitalised due to COVID injection, and during that period you were an unpaid carer for Person A and Child A.

You told the panel that between 2022 and 2023 you were working for your own limited company providing respite care services, and the clients were aged 14 to 70+, and were funded by the local council. You stated that the clients had various needs ranging from ADHD, autism and any sort of additional support needs.

You told the panel that the only time you were working as a registered nurse was for a period of 4 weeks in October 2022 at the Trust.

You told the panel that your sentence expiry date is 3 September 2027.

You told the panel that whilst in prison you completed a victim reflective practice course. You also did peer-mentoring and assisted the teacher in the classroom.

The panel 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 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. 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 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/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) ...'

In reaching its decision, the panel considered the *Grant* test. The panel determined that limbs a-c of the *Grant* test were engaged.

The panel found that Child A was put at risk and was caused physical harm as a result of your actions which led to your conviction. The panel was satisfied that your conduct breached the fundamental tenets of the nursing profession and brought the nursing profession into disrepute.

The panel considered whether Child A was receiving care from you at the relevant time. Although the conduct took place at your home and not in a clinical setting, the panel concluded that Child A was receiving care from you because of the following:

- You had previously been employed to provide care to Child A between 2016 and 2018 and therefore would have had detailed knowledge of Child A's needs.
- You knew Child A's needs and vulnerabilities. The panel took into account the judge's sentencing remarks, which stated:

'you had been told about his needs and his vulnerabilities.

[PRIVATE]...And you told the jury that you felt you were sufficiently well equipped professionally to deal with a child with those conditions and vulnerabilities.'

- You told the panel that you were caring for Child A at the relevant time because Person A was unwell.
- Your professional role at the time was providing respite care services to people with similar needs to Child A.

The panel considered the convictions to be very serious, taking into account the judge's sentencing remarks:

'sustained, systematic abuse that you perpetrated on [Person A] behind the closed doors over a period of at least seven months once your relationship with [Person B] progressed. Over that period of time, you set out to control, humiliate and degrade [Person A] using highly abusive and demeaning language to the 12-year-old child he was at that time. You devised cruel punishments when he failed to adhere to your entirely unrealistic standards. And, finally, in the days before the 26th of January of 2023, you physically assaulted him, causing bruising, which persisted for days.'

The panel was satisfied that the second limb of the *Grant* test was engaged. Your conviction and custodial sentence, although occurring outside of your professional practice, has brought the nursing profession into disrepute.

The panel was also satisfied that the third limb of the *Grant* test was engaged. Your conduct was a breach of one of the fundamental tenet of the nursing profession.

The panel did not consider that the fourth limb of the *Grant* test, namely, dishonesty, was engaged in this case.

The panel then went onto consider the risk of repetition of your behaviour and in doing so made an assessment of your insight, remediation and history.

Regarding insight, the panel considered that your insight remains limited. It noted that you apologised for your behaviour and spoke about the impact the matter has had on you. However, the panel was concerned that you gave limited recognition to the impact of your offending on Child A and Child A's family, and the impact on the nursing profession. The panel was particularly concerned that you did not appear to have a complete understanding of the harm caused to Child A, including the effect on Child A's safety, development, home life and emotional wellbeing.

The panel also considered your handwritten response to the NMC's 'Regulatory concerns response form' dated 23 December 2025. It noted that your response made only limited reference to the impact of your offending on Child A and Child A's family. It also noted that there was limited acknowledgement of the effect of your behaviour on the nursing profession. The panel considered that your response focused more on explaining your behaviour than on recognising the harm caused.

The panel considered the guidance provided in the case of *Cohen v General Medical Council* [2008] EWHC 581 (Admin) and recognised that concerns arising from deep-seated attitudinal behaviours may be capable of remediation, but this could be particularly difficult where the nature of the offending is repeated and is very serious.

In considering whether you have addressed the concerns, the panel took into account the work you said you completed while in prison, including a victim awareness course. The panel also noted that you said stress contributed to your offending, that you had been accepted onto a counselling course, and that you were awaiting talking therapy. However, the panel considered that these steps were limited and at an early stage. It was not persuaded that you had yet developed clear and reliable ways to stop similar behaviour happening again.

The panel considered that the concerns are difficult to address because they relate to behaviour and attitude, rather than a lack of clinical knowledge or skill. The panel was particularly concerned that this behaviour was sustained and continued over a period of seven months and involved a vulnerable child who was in your care. The panel considered that this demonstrated a serious attitudinal issue which had not yet been properly addressed.

The panel also took into account that the offending involved concealment. The sentencing remarks stated: '*There was deliberate concealment in covering up of the offences by stopping [Person A] from attending school, and seeking to deflect social services.*' The

panel considered that this made the concerns more serious because it showed that the behaviour was not a single lapse in judgement, but conduct that was sustained and hidden from others.

The panel noted that you have no previous fitness to practise history. However, it gave this limited weight because you only qualified as a registered nurse in September 2022 and this behaviour is said to have spanned between the period of June 2022 to 23 January 2023. It also noted that there were positive references before the court, but it took account of the sentencing judge's comment: *'But they wrote their references not knowing the of jury's conclusions -because these references predate the jury's conclusions...'*

The panel is of the view that there is a risk of repetition. It could not say that repetition is highly unlikely because the behaviour was serious, took place over a period of seven months, involved harm to a vulnerable child, and involved concealment. The panel was not satisfied that you have shown full insight or that the concerns have been remedied. It was also not satisfied that you have shown that effective steps are in place to prevent similar behaviour in the future.

The panel considered that there would be a risk to people receiving care if you were allowed to practise without restriction at this time. It therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel also considered the wider public interest. It bore in mind that the NMC's role is to protect the health, safety and wellbeing of the public, to maintain public confidence in the nursing profession, and to uphold proper professional standards. Taking into account the conviction and the judge's sentencing remarks, the panel determined that public confidence would be seriously undermined if no finding of impairment were made in a case involving serious harm to a vulnerable child and conduct that was fundamentally inconsistent with the trust placed in nurses. It found that this conduct fell far below what the public would expect from a nurse. It also found that the conduct had the potential to seriously damage public confidence in the nursing profession.

The panel also had regard to the case law *Council for the Regulation of Healthcare Professionals v General Dental Council and Fleischmann* [2005] EWHC 87 (Admin), reflected in the NMC guidance SAN-4 (Last updated: 31 July 2026). It noted that you have been convicted of serious offences and that your sentence expiry date is 3 September 2027. The panel took into account the NMC guidance SAN-4 that *'a professional should not be permitted to practise until they have completed a sentence for a serious offence'* and considered that this supported a finding of impairment on public interest grounds.

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

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike you off the register. The effect of this order is that the NMC register will show that you have been struck-off the register.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had regard to the NMC Guidance on *'The sanctions available'* (Reference: SAN-2 Last Updated: 28/01/2026).

Submissions on sanction

Ms Wisniewska referred the panel to the NMC Guidance on *'The purpose of and approach to sanctions'* (Reference: SAN-1 Last updated 28/01/2026), *'Deciding between suspension and strike off'* (Reference: SAN-3 Last updated 28/01/2026) and *'Sanctions for the highest risk cases'* (Reference: SAN-4 Last updated 28/01/2026).

Ms Wisniewska addressed the panel on the aggravating factors. She submitted that there is a lack of proper insight, reflection and remediation, although it is recognised that you

have taken some steps, the insight is not fully developed. She submitted that the risk of repetition remains at this time and a risk that it is not highly unlikely that the conduct would be repeated. She submitted that another aggravating factor is the abuse of a position of trust. She submitted that a further aggravating factor is the seriousness of the conviction; it was assault, ill-treatment, neglect and abandonment of a vulnerable child.

Ms Wisniewska submitted that the only mitigating factor in your case is that there is no prior regulatory history.

Ms Wisniewska next addressed the panel on sanctions. She submitted that taking no further action would evidently be inappropriate in this case given the gravity of the conviction and the panel's findings.

Ms Wisniewska referred the panel to the *Fleischmann* principle and submitted that the principle is relevant in this case as you remain on license until September 2027 and your sentence has not yet been served. Therefore, the panel is limited in terms of what sanctions it can impose and the only sanctions that are available to it are a suspension order or a striking-off order.

Ms Wisniewska invited the panel to find that a suspension order is not the appropriate sanction in this case as the NMC guidance states that this sanction is appropriate where there is no evidence of harmful deep-seated personality or attitudinal problems, and where there is no significant risk of repetition. She stated that the panel has found evidence of attitudinal problems and a risk of repetition and therefore she submitted that a suspension order is not the appropriate and proportionate sanction in this case.

Ms Wisniewska submitted that given the attitudinal issue and the risk of repetition, the appropriate sanction in this case is one of striking-off order.

Ms Wisniewska submitted that the NMC does recognise that these matters did not occur in a clinical setting, but there is a nexus in terms of risk between the subject matter of the

conviction and your clinical practice, particularly given that it involved a vulnerable child in your care.

Ms Wisniewska submitted that taking a holistic view of the case, the conviction is extremely serious and serious enough to justify removing you from the register.

You told the panel that you understand the seriousness of this matter and the need for protection for the public and the people that you look after. You stated that during your practice you only worked with adults 18 years and over.

You told the panel that any sanction that is put in place can hopefully give you the opportunity to prove yourself, so that the time you've spent studying and practising does not go to waste.

You told the panel that you have put all the necessary things you know in place. You stated that you are not disregarding anything that has happened to Child A psychologically, emotionally and mentally following the events.

You asked the panel to consider a suspension order in order to allow you time to rebuild yourself in terms of retraining to return back to working as a registered nurse.

You told the panel that your conviction is having an impact on your life as you are unable to secure any work of any kind.

The panel accepted the advice of 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:

- abuse of a position of trust
- limited insight
- vulnerability of the person receiving care
- the offending behaviour took place over a period of seven months

The panel also took into account the following mitigating features:

- your apology
- efforts to put things right; the panel accepted that you have taken limited steps to prevent similar conduct in the future

The panel was mindful of its decision in relation to the *Fleischmann* principle and restricted its consideration to a suspension order and a striking-off order.

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 had regard to these and considered that a suspension order was not an appropriate and proportionate sanction in this case because

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.

The panel had regard to the NMC Guidance on '*Deciding between suspension and strike off*' (Reference: SAN-3 Last Updated: 28/01/2026).

The panel determined that your insight is limited and at an early stage of taking steps to prevent similar conduct. It determined that your conduct was the most serious criminal offence that spanned over a period of seven months and related to a vulnerable child who had additional needs. It determined that your conduct was a serious breach of the fundamental tenets of the nursing profession.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

The panel found that your conduct was fundamentally incompatible with continuing to be a registered professional. It determined that a suspension order would not satisfy the overarching objective because of the seriousness of your conduct and the risk to the public.

In considering a striking-off order, the panel had regard to the NMC Guidance on '*Sanctions for the highest risk cases*' (Reference SAN-4 Last Updated: 28/01/2026). The panel had particular regard to the section of that guidance headed '*Abuse or neglect of children or vulnerable people*' which states:

'Safeguarding and protecting people from harm, abuse and neglect is an integral part of the standards and values set out in the Code. Any allegation involving the abuse or neglect of children or vulnerable adults should always be treated seriously.'

If the Committee decides to impose a less severe sanction, they will need to make sure they explain the reasons for their decision clearly and carefully. This will allow others, including the victims of such behaviour, to properly understand the decision.'

Having regard to the above, the panel determined that this case falls within the definition of being a 'highest risk case'.

The panel had regard to the following considerations as set out in the NMC Guidance entitled 'Striking-off order' (Reference: SAN-2e Last Updated; 28/01/2026):

- *Do the charges found proved raise fundamental questions about their professionalism?*
- *Can public confidence in the profession be maintained if the professional is not removed from the Register?*
- *Is there any amount of insight and reflection which could keep people receiving care and members of the public safe, maintain public confidence in the profession, and uphold professional standards?*
- *Is there a realistic prospect that, after suspension, the professional will have gained insight and strengthened their practice such that the risk they pose will have reduced?*

The panel found that your actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with you remaining on the register. The panel was of the view that the findings in this particular case demonstrate that your actions were serious and to allow you to continue practising would not protect the public and 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 determined that the appropriate and proportionate sanction is that of a

striking-off order. Having regard to the effect of your actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct themselves, the panel has concluded that nothing short of this would be sufficient in this case.

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

This will be confirmed to you in writing.

Interim order

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

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

Submissions on interim order

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

You did not make any representations on the imposition of an interim order.

Decision and reasons on interim order

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

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months due to the reasons already identified in the panel's determination for imposing the substantive order and to cover any potential period of appeal.

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

That concludes this determination.