

**General Pharmaceutical Council**

**Fitness to Practise Committee**

**Review Hearing**

Remote videolink hearing

**8 August 2024**

<b>Registrant name:</b>	Rebecca Faye Platt
<b>Registration number:</b>	2073233
<b>Part of the register:</b>	Pharmacist
<b>Type of Case:</b>	Misconduct
<b>Committee Members:</b>	Sarah Hamilton (Chair) Sam Stephenson (Registrant member) Wendy Golding (Lay member)
<b>Committee Secretary:</b>	Gemma Staplehurst
<b>Registrant:</b>	Not present and not represented
<b>General Pharmaceutical Council:</b>	Represented by Tope Adeyemi, Case Presenter
<b>Order being reviewed:</b>	Suspension (6 months)
<b>Fitness to practise:</b>	Impaired
<b>Outcome:</b>	Suspension (12 months), with review
<b>Interim measures:</b>	Interim suspension Order

This decision including any finding of impairment and sanction is an appealable decision under *The General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010*. Therefore, this decision will not take effect until 5 September 2024 or, if an appeal is lodged, once that appeal has been concluded. However, the interim suspension set out in the decision takes effect immediately and will lapse when the decision takes effect or once any appeal is concluded.

1. This is a Principal Hearing Review in respect of Ms Rebecca Faye Platt (“the Registrant”), a pharmacist registered with the General Pharmaceutical Council (‘the Council’) with registration number 2073233.
2. At the Principal Hearing which finished on 2 August 2023, a Suspension Order was imposed on the Registrant for a period of six months. A Principal Review Hearing took place on 5 February 2024 when the Registrant’s fitness to practise was still judged to be impaired, and the Committee imposed a Suspension Order for a further six months. The Committee is here today to carry out a further review.
3. The Registrant is not present at this hearing and is not represented. The Council is represented by Ms Adeyemi. The Committee has received and read a bundle of documents submitted by the Council running to 255 pages, and its statement of case and skeleton argument. The Registrant has not provided any documents for this hearing. The Committee heard oral submissions from Ms Adeyemi.

#### **SERVICE AND PROCEEDING IN ABSENCE**

4. The Committee was satisfied that notice of this hearing had been served on 5 July 2024 to the Registrant’s registered email address, pursuant to Rule 16(1) of the General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010 (“the Rules”). The Notice contained the correct time and date for the hearing and advised that it would be held remotely. The Committee therefore found that there has been proper service of the Notice of Hearing.

5. Ms Adeyemi, on behalf of the Council, made an application to proceed in the absence of the Registrant pursuant to Rule 25. A decision to proceed in the absence of a registrant must be taken with the utmost care and caution. The Committee had regard to the criteria set out in *R v Jones [2002]* and the guidance in *GMC v Adeogba [2016]*.
6. The only correspondence received from the Registrant since the last hearing was an email dated 24 June 2024 when she confirmed that she had not worked as a Pharmacist since 30 October 2020. She did not make any reference to attendance at this hearing.
7. The Registrant has not made an application to adjourn today's hearing, and there is nothing before this Committee to suggest that she would attend at a later date if today's hearing were adjourned. She did not attend the original Principal Hearing or the Principal Review Hearing. There has been no meaningful engagement with the Council throughout these proceedings. The Committee is guided by the case of *Adeogba* to consider whether there is a good reason to adjourn the hearing. The Committee could find no such reason.
8. The Committee balanced any unfairness to the Registrant by not being here today with the public interest in cases being dealt with expeditiously. The Committee noted that the current Suspension Order is due to expire on 5 September 2024. The Committee found that the Registrant has voluntarily absented herself from these proceedings, and that it is in the public interest to deal with this case today.

## **DETERMINATION ON CURRENT IMPAIRMENT**

### **BACKGROUND**

9. The background to this case is helpfully set out in the Council's skeleton argument. The Particulars of Allegation (as amended) which were found proved at the Principal Hearing were as follows:

*“You, a registered pharmacist, Between March 2020 and October 2020, as the regular responsible pharmacist (RP) at Well Meddyula Twyn, Buch, Burry Port SA16 0BN (the pharmacy)*

*1. Dispensed controlled drugs (CD’s) to the following patients often without a Prescription:*

*1.1 Patient A between 3 April 2020 and 5 October 2020*

*1.2 Patient B between 6 April 2020 and 19 October 2020*

*1.3 Patient C between 27 August 2020 and 19 October 2020*

*2. Failed to ensure the safe dispensing of controlled drugs in that you:*

*2.1 Dispensed and self-checked controlled drugs*

*2.2 Instructed and / or allowed dispensers to give controlled drugs to patients without the knowledge or supervision of the Responsible Pharmacist on duty at the time.*

*3. Failed to report these incidents on the company reporting system (DATIX) in a timely fashion despite being requested to do so.*

*By reason of the matters set out above, your fitness to practise is impaired.”*

10. By way of background, the Registrant was employed by Well Pharmacy (“the Pharmacy”) as a Pharmacist Branch Manager at the Burry Port branch. On 7 October 2020, it was brought to the attention of the local Health Board by a local GP that Patient A, who was also under the care of the local drug and alcohol team, claimed to have been receiving medications continuously, but when the GP checked it transpired that

there had been no prescriptions issued since April 2020. When the matter was raised with the Registrant, she completed an incident form confirming that supplies had been made without a prescription. These were buprenorphine 8mg tablets (one daily), pregabalin 300mg capsules (one twice daily) and Transtec 35mcg patches (twice a week). All of these are controlled drugs. The Registrant said that she realised she had been checking medication using an old prescription, thinking new prescriptions were automatically issued, and stored in a basket with other patients' scripts, as she was behind on paperwork. It was said that no harm had been suffered by Patient A.

11. Further matters then came to light involving Patient B being supplied with diazepam 5mg tablets and pregabalin 300mg capsules; and Patient C being supplied Espranor (a brand of buprenorphine) 8mg tablets (one per day), Espranor 2mg tablets (three per day) and Nitrazepam 5mg tablets, all without a valid prescription. The Registrant again completed an incident form stating that no harm had been caused to the patients.
12. In her first interview on 30 October 2020, the Registrant stated that no-one else was involved in the weekly controlled drugs process and that she would dispense on Mondays and check on the day of collection by the patient. The Registrant said that she should only self-check in exceptional circumstances in accordance with the Standard Operating Procedure. Despite this, she made the decision to self-check *"because it was easier"*. She said that she was *"Snowed under and wasn't able to catch up. Got into bad habit of using that file...I assumed I was receiving new Rx [prescriptions] like I do for my other regular patients."* The Registrant confirmed that she would tell colleagues to hand out the medication in her absence as she had bagged it up, stating *"I can't say I was comfortable with the way I was dispensing but felt comfortable I had the Rx."*
13. The Registrant was interviewed again on 20 November 2020, when she was asked about the arrangement for handing out controlled drugs in her absence from the Pharmacy. The Registrant stated that she instructed the dispenser (not the Responsible Pharmacist) to hand them out in her absence. She maintained that these bags were kept in the controlled drugs cabinet without prescriptions attached (therefore the bags would not stand out). The Registrant said that she was very careful at sorting all MDA

(Misuse of Drugs Act) prescriptions in the controlled drugs cabinet (and not the call back area) .

14. The Registrant has advised that her contract with the Pharmacy was terminated in December 2020.
15. During the course of the Council's investigation into these allegations, the Registrant responded on 20 December 2021 requesting an extension for her reply to be submitted. Despite the extension being granted, nothing further was ever received from the Registrant.

#### **PRINCIPAL HEARING**

16. At the Principal Hearing on 31 July to 2 August 2023 the committee found all of the Particulars of Allegation proved and that the proven facts amounted to misconduct. The Committee noted that the following Standards for Pharmacy Professionals (May 2017) had been breached:
  - Standard 1 - Provide person-centred care: By allowing a situation to develop in the Pharmacy whereby patients were supplied Controlled Drugs without a prescription, the Registrant was not making the care of the person her first priority.
  - Standard 2 - Work in partnership with others: By making arrangements for supply of controlled drugs that circumvented the Responsible Pharmacist on duty when she was not working, the Registrant did not demonstrate effective team working.
  - Standard 5 - Use professional judgement: By relying on previous entries on the Patient Medical Record and not using or looking for current valid prescriptions, the Registrant did not have the information she needed to dispense safely and thereby demonstrated poor judgement. Had she exercised professional judgement she would not have relied on out-of-date prescriptions to justify dispensing and supplying controlled drugs to patients, all the more so as time went by.

- Standard 6 - Behave in a professional manner: By supplying controlled drugs without a prescription, the Registrant failed to ensure that her actions were in accordance with the law on controlled drugs, failed to apply clinical judgement, and demonstrated a lack of professionalism over an extended period of time.
- Standard 8 - Speak up when things go wrong: Although the Registrant did respond to the GP enquiry and co-operated with the local Health Board, she failed to inform the company that she worked for or to make the reports requested of her in a timely fashion.
- Standard 9 - Demonstrate leadership: By making inappropriate arrangements with her support staff that in effect circumvented the Responsible Pharmacist on days when she was not working, the Registrant delegated tasks inappropriately and did not exercise proper oversight.

17. The committee found that the Registrant's conduct also demonstrated a *"serious failure of clinical judgement"*. It is further noted that the Registrant was *"acting illegally, cutting corners on patient safety procedures and dispensing controlled drugs without assuring herself that there was a current prescription in place and doing so over many weeks."*

18. The committee decided that the Registrant's fitness to practise was impaired by reason of her misconduct. The committee considered Rule 5(2) of the General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010 ("the Rules") which provides:

*"In relation to evidence about the conduct or behaviour of the registrant which might cast doubt on whether the requirements as to fitness to practise are met in relation to the registrant, the Committee must have regard to whether or not that conduct or behaviour—*

*(a) presents an actual or potential risk to patients or to the public;*

*(b) has brought, or might bring, the profession of pharmacy into disrepute;*

*(c) has breached one of the fundamental principles of the profession of pharmacy; or*

*(d) shows that the integrity of the registrant can no longer be relied upon.”*

19. The committee found that Rules 5(2) (a) – (c) were engaged in the circumstances of the case.
20. It is worth quoting from the committee’s original decision, which included the following:

*“The committee is satisfied that the Registrant has demonstrated some insight. However, it cannot be satisfied that in the future she would not cut-corners affecting patient safety if again under pressure. She demonstrated some insight when responding co-operatively and openly with the Local Health Board. In addition, in her interviews with her employers she acknowledged that “I let standards slip”, was aware of the potential harm that the drugs could cause, and acknowledged that other pharmacists would be “shocked” at what she had done. However, the committee has no current information on what further reflection and training she has undertaken, how she has kept up-to-date with pharmacy practice, nor how she would deal with work pressures in the future, nor how she has addressed what she referred to as having “never been that good at writing up things in a timely manner”, which the committee takes to mean an admission that she is not very good at doing basic administration such as filing incoming prescriptions.*

*In these circumstances, the committee is not satisfied that it is highly unlikely she would repeat her misconduct. The committee is satisfied that were she allowed to return to unrestricted practice she currently presents a risk of causing serious harm to patients and her fitness to practise is therefore impaired.*

*The committee is also satisfied that she has brought the profession into disrepute and might do so again given the risk of repetition. Pharmacists are in a position of public trust, trusted as the gate-keepers managing the safe supply of drugs into the community. That role is based on pharmacists being trusted to comply with the law and controlled drugs only being released to patients in accordance with a current*



*prescription. The committee is satisfied that members of the public would be shocked and concerned to know that a pharmacist has acted as the Registrant did. The Registrant's conduct thereby undermines public trust and therefore undermines public confidence in the profession."*

21. The committee then went on to consider what the appropriate and proportionate sanction should be. It identified the aggravating factors were as follows:

- There were three patients concerned who should be regarded as vulnerable;
- The Registrant was regularly and repeatedly dispensing medication and supplying them to these patients without current prescriptions;
- This continued over a period of about six months in relation to two of the patients (a shorter period for the third);
- The drugs involved were controlled drugs and the supply of the drugs put patients at risk of harm;
- There were multiple opportunities and prompts when she had the chance to check her assumption that she had current prescriptions. As demonstrated when matters came to light, checking the position was readily achievable but, on her account, she had prioritised other tasks over the need to check;
- The Registrant was the Branch Manager and therefore in a position of leadership, expected to set an example of good practice;
- She involved other staff in supplying controlled drugs in circumstances that they should not have done so; and
- According to her account, her misconduct would have continued for an indeterminate length of time but for the circumstances that led others to investigate.

22. By way of mitigation, the committee noted the following:

- The Registrant had no previous regulatory adverse findings and there was evidence that she practised as a pharmacist for up to ten years before the events that led to these proceedings;

- No harm was actually caused to any patient; and
- When challenged first by the GP, then by the Local Health Board and finally by her employer, she admitted what had happened, proactively checked her records to determine the facts (identifying two of the three patients concerned), recognised the seriousness of what she had done, took complete responsibility, did not try to blame others, demonstrated remorse (she is reported to have been upset during her employer's interview with her), and had started to put into place new systems in the pharmacy to prevent a repeat of what had happened.
- The misconduct took place during the Covid pandemic when the Pharmacy was under pressure

23. The committee also considered that the Registrant's actions were not a *"wilful disregard of the law and her professional obligations but should be seen against the backdrop of working under pressure. There is evidence she was operating without a full complement of staff and had high-volumes of work...The committee concludes in this regard that the background to her misconduct enables the committee to conclude that she did not wantonly disregard the rules and procedures, but nor does the background fully explain or excuse what occurred."*

24. In terms of sanction, the committee concluded that Conditions of Practice were not appropriate because the misconduct was too serious, and conditions would need to include such a high degree of supervision that they would not be workable in the workplace. In addition, the committee could not not be assured that the Registrant would comply with Conditions of Practice, noting her lack of engagement and non-attendance at the Principal Hearing.

25. In these circumstances, the committee decided to impose a Suspension Order for a period of six months. The committee ordered a review towards the end of the period of suspension, and stated that the reviewing committee might be assisted by:

- Evidence of CPD and how the Registrant has maintained her skills as a pharmacist.

- Evidence of what training she may have undertaken to address the issues that arise in this case, including for example concerning the handling of controlled drugs, the treatment of addicts, leadership and assertiveness;
- References from any voluntary or paid work she has undertaken;
- Any testimonials she may wish to submit; and
- A written reflective piece by the Registrant.

### **FIRST PRINCIPAL REVIEW HEARING**

26. At the first review hearing in February 2024 the Registrant did not attend the hearing and had not provided any documentary evidence.

27. In terms of impairment, the committee concluded the following:

*“We accept that there is a persuasive burden on the registrant, at a review, to show that she has remediated. In the absence of anything from Ms Platt, she has failed to discharge that burden. We find that she has not shown any development of insight nor any other actions by way of remediation, such as engagement in CPD or reflection on her misconduct.*

*In these circumstances, the risk of repetition remains, and this gives rise to an ongoing risk of harm to patients and the public, together with an ongoing risk of damage to the reputation of the profession, should Ms Platt be allowed to resume practice without restriction. Her fitness to practise remains currently impaired on both public protection and the wider public interest grounds.*

*The practical matters listed by the Committee which would have helped us today, including undertaking CPD, training to address the issues arising in this case and written reflection, are an indication that Ms Platt’s misconduct is and remains potentially remediable. We would therefore encourage her to take the first and most important step of re-engaging with the Council, so that she can then keep in touch with the Council’s monitoring team as she begins to address the challenge of remediation and can begin to be in a position to show progress.*

*We have reviewed the range of sanctions available to us. The imposition of conditions would be wholly impracticable in the case of a registrant who is simply not in communication with the Council. Contact with the monitoring team would be essential. We do agree with the Council that it would be appropriate and proportionate to extend the current suspension for a further six months to give Ms Platt a further opportunity to engage with the process and to show steps towards remediation.*

*We have given careful thought to whether, at this time, it would be proportionate to replace the suspension with removal of Ms Platt's entry from the register. We conclude that it would be premature to say that a further opportunity to show remediation would be futile. She has only, thus far, had one period of suspension of six months and an extension would give her more time to re-engage. But Ms Platt should appreciate that, at the next review, the Committee will again have a range of powers which does include removal from the register.*

*We repeat that, in principle, the current impairment in this case is remediable and Ms Platt has the opportunity to take steps towards remediation and we encourage her to do so. The list of materials which she might helpfully submit to the next review hearing is unchanged from that provided by the Committee at the Principal Hearing. We would only add that the most immediate priority would be for Ms Platt to get back in touch with the Council and to respond to all communications from the monitoring team."*

28. The committee imposed a Suspension Order for a further six months.

#### **TODAY'S EVIDENCE**

29. For today's hearing the Committee has seen a monitoring record from Mubarka Syed, a Case Administrator at the Council, dated 17 July 2024, outlining the emails which have been sent to the Registrant. The Registrant has confirmed that she has been compliant with her suspension. She has not provided the Council with any documentation.

## **COUNCIL'S SUBMISSIONS**

30. Ms Adeyemi reminded the Committee that the onus is on the Registrant to satisfy it that her fitness to practise is no longer impaired. In its skeleton argument the Council submitted that the Registrant has failed to provide evidence to demonstrate the steps she has taken to address the concerns the committee had in relation to her failings, specifically her lack of insight into the concerns and the risk of repetition. The Council stated that there is no evidence before this Committee to suggest the risks present at the time of the misconduct have been lowered.
31. The Council referred to the comments made by the Registrant in her interview. When asked why she failed to report all three matters as requested by her employer, her response included *"I wasn't hiding the information I just couldn't face it"*. The Council submitted that it appears that the Registrant continues to behave in an avoidant manner and is unable to proactively address the consequences of her misconduct. This is reflected in her failure to engage with the Council during these fitness to practise proceedings. She has been unable to tackle her previous failings and undertake the necessary remediation in the form of obtaining CPDs and maintaining her skills as a pharmacist, or conducting training which addresses the issues that arise in this case, as per the recommendations of the committee at the Principal Hearing.
32. It is submitted that as a result of the Registrant's apparent failure to address the core issues at the heart of the misconduct, the risk of repetition remains high. The Council also reminded the Committee of the seriousness of the misconduct in this case, and the potential risk to the public and reputation of the profession. It is therefore currently the Council's opinion that the Registrant remains impaired to practise.

## **LEGISLATION AND CASE LAW**

33. The Fitness to Practise Committee's powers in relation to reviewing this suspension are contained in Article 54(3)(a) of the Pharmacy Order which provides:

*(a) where the entry in the Register of the person concerned is suspended, give a direction that –*

- (i) the entry be removed from the Register,*
- (ii) the suspension of the entry be extended for such further period not exceeding 12 months as may be specified in the direction, starting from the time when the period of suspension would otherwise expire,*
- (iii) the entry be suspended indefinitely, if the suspension has already been in force throughout a period of at least two years,*
- (iv) in the case of an indefinite suspension, terminate the suspension, provided that the review takes place in the circumstances provided for in paragraph (4), or*
- (v) on expiry or termination of the period of suspension (including a period of suspension that was expressed to be indefinite), the entry be conditional upon that person complying, during such period, not exceeding 3 years as may be specified in the direction as the Committee thinks fit to impose for the protection of the public or otherwise in the public interest or in the interests of the person concerned”.*

34. In the case of *Abrahaem v GMC [2008] EWHC 183 (Admin)*, Blake J said “*In practical terms there was a persuasive burden on the practitioner at a review to demonstrate that he or she has fully acknowledged why past professional performance was deficient, and through insight, application, education, supervision or other achievement sufficiently addressed the past impairment....*”

35. Finally, the Committee has considered the *Good Decision Making: Fitness to Practise hearings and sanctions guidance (March 2024)* which states that at a review hearing “*The registrant is expected to provide evidence that any past impairment has been addressed.*”

## **DECISION ON IMPAIRMENT**

36. Today the Committee must first decide whether the Registrant's fitness to practise is still impaired, pursuant to Article 54(3) of the Pharmacy Order. Only if there is such a finding does the Committee go on to consider the range of options in terms of sanction.
37. The Committee has considered the case of *Abrahaem* referred to above, and in particular Blake J's comments regarding what the Registrant needs to show to persuade it that she has fully remediated and has addressed the finding of impairment at the previous hearing.
38. It is disappointing that the Registrant has not attended this hearing and there is no documentary evidence put forward by her. At a review hearing the Committee looks at what has changed since the last hearing. In this case there is no change - the Registrant's failure to engage with the Council has continued. So this Committee is very much in the same position as the last committee. The misconduct involved dispensing controlled drugs without a prescription, self-checking prescriptions, allowing dispensers to give out controlled drugs to patients without the knowledge of the Responsible Pharmacist, and failing to report these matters to her employer despite being requested to do so. The Registrant has not provided any evidence of training undertaken in order to remediate this misconduct, or provided written reflections to demonstrate her insight and assure this Committee that there is no longer a risk of repetition. The Committee has no option but to conclude that the Registrant has not discharged her persuasive burden, and that her fitness to practise remains impaired.

## **DECISION ON SANCTION**

39. Having found impairment, the Committee went on to consider the matter of sanction. The Committee's powers are set out in Article 54(2) of the Order. The Committee should consider the available sanctions in ascending order from least restrictive, take no action, to most restrictive, removal from the register, in order to identify the appropriate and proportionate sanction that meets the circumstances of the case.

40. The purpose of the sanction is not to be punitive, although a sanction may in fact have a punitive effect. The purpose of the sanction is to meet the overarching objectives of regulation, namely the protection of the public, the maintenance of public confidence and to promote professional standards. The Committee is therefore entitled to give greater weight to the public interest over the Registrant's interests.
41. The Committee took into account the *Good decision making: Fitness to practise hearings and sanctions guidance*, and the aggravating and mitigating factors identified by the Principal Hearing Committee.
42. The Council submitted that the Registrant has now been suspended from practice for a total of 12 months and has failed to remediate in this time. It is the Council's position that a further period of suspension for 12 months would be appropriate and proportionate. In answer to a question from the Committee as to why the Council is not seeking erasure, Ms Adeyemi said that it would be disproportionate at this stage, as "*there is still hope*" that the Registrant will engage with the Council and provide evidence of remediation.
43. In light of the Committee's assessment regarding the risk of repetition, it considers that taking no action or issuing a warning remain inappropriate sanctions, as they would not address the risk to the public. As far as conditions are concerned, the Registrant's failure to engage with the Council has continued, and there is no evidence before the Committee today which gives it confidence that she would comply with Conditions of Practice. She has failed to take any steps or provide any documentation as suggested by the previous committees.
44. The next sanction is a further period of suspension, up to a maximum of 12 months. In order to decide if suspension is the appropriate sanction at this stage, the Committee also looked at the more serious sanction of removal from the register. The Committee noted the cases of *Annon v The Nursing and Midwifery Council [2017] EWHC 1879 (Admin)* and *Abbas v The Nursing and Midwifery Council [2019] EWHC 971 (Admin)* which highlighted that a persistent failure to demonstrate insight and remediation



could lead to the sanction of removal. The Committee therefore considered whether this point has now been reached, and or whether a further period of suspension should be imposed. The Committee also took into account the Council's guidance regarding erasure, which states that:

*“Removing a registrant’s registration is reserved for the most serious conduct... The committee should consider this sanction when the registrant’s behaviour is fundamentally incompatible with being a registered professional.”*

45. The Committee considered that the Registrant’s failings are capable of being remedied, as they relate to performance based issues. The Registrant has had two previous periods of suspension, but together they only amount to 12 months.

46. The Committee has concluded that erasure would be disproportionate at this stage. The misconduct is not so serious as to be incompatible with remaining on the register, and there remains a possibility that the Registrant will be able to remediate the misconduct, although the longer the Registrant’s non-engagement continues, the less likely this becomes. The Committee has decided that the Registrant should be given a further opportunity to engage with the Council, to prove that she can remediate her failings. The Committee agrees with the Council that the appropriate period of suspension should be 12 months. The Registrant has been out of practice for three and a half years, and it is likely that if she does decide to work towards returning to practice, this is going to take some time. This sanction is sufficient to protect the public, as she will not be able to practise as a pharmacist for the next 12 months.

47. By the end of this period of suspension, the Registrant will have been suspended for two years. She should be mindful that, whilst this Committee cannot bind the next reviewing committee, if she has not engaged with the Council by that stage, there is a real risk that the next committee will decide that any further period of suspension

would serve no purpose. Removal from the register at that stage will be a distinct possibility.

48. The Committee therefore imposes a further suspension for 12 months, with a review towards the end of that period. The list of materials which the Registrant might helpfully submit to the next review hearing is unchanged from that provided by the committee at the Principal Hearing.

### **Interim Measure**

49. The order of suspension that the Committee has imposed does not come into effect immediately. It comes into effect at the conclusion of an appeal period if there is no appeal lodged, or if there is an appeal at the conclusion of the appeal proceedings.
50. On behalf of the Council, Ms Adeyemi applied for an Interim Measure of suspension to cover the appeal period and the period of any subsequent appeal proceedings. The application was based on the findings of the Committee set out above particularly with regard to future risk of harm to the public.
51. The Committee determined to grant the application. It had in mind the 'Good Decision Making Guidance'. It grants the Interim Measure on the basis that it is necessary for the protection of the public and that it is otherwise in the public interest. The Committee relies on its earlier findings, in particular having regard to future risk of harm to the public of a repetition of the misconduct and given the seriousness of what has occurred. The Committee is satisfied that an Interim Measure of Conditions of Practice would not be appropriate or proportionate for the reasons previously given, in particular the lack of current engagement from the Registrant.

52. The Interim Measure will therefore be one of suspension. This takes effect immediately and covers the period during which the Registrant may appeal against the Committee's decisions and the period of any appeal proceedings that may then follow.

53. This ends the determination.