

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

**Substantive Meeting
Wednesday 8 – 10 May 2024**

Virtual Meeting

Name of Registrant: Lynne Frances Chambers

NMC PIN: 76C0022E

Part(s) of the register: Registered Nurse – Sub Part 2
General Nursing – June 1978

Registered Nurse – Sub Part 1
Specialist Practitioner – May 2006

Relevant Location: Oxfordshire

Type of case: Misconduct and Conviction

Panel members: Paul Grant (Chair, lay member)
Vivienne Stimpson (Registrant member)
Clare Taggart (Lay member)

Legal Assessor: Ruth Mann

Hearings Coordinator: Ruth Bass

Misconduct facts proved: Charges 1 and 2

Conviction facts proved: Charges 1a and 1b

Facts not proved: None

Fitness to practise: Impaired

Sanction: **Striking-off order**

Interim order: **Interim suspension order (18 months)**

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that the Notice of Meeting had been sent to Mrs Chambers' registered email address by secure email on 4 March 2024.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegations, the time, date and the fact that this meeting was to be heard virtually.

In light of all of the information available, the panel was satisfied that Mrs Chambers has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Details of charge

'That you, a registered nurse:

1) On one or more occasion during your employment at the Hospital retained codeine belonging to the Hospital [PRIVATE].

2) Your actions at charge 1 were dishonest in that you knew you were not permitted to retain the same.

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

Background

Mrs Chambers first entered onto the Nursing and Midwifery Council (the NMC) register in 1976 as a Registered Nurse. In 2006, Mrs Chambers qualified as a Specialist Practitioner in Adult Nursing.

On 24 April 2017 Mrs Chambers began employment as a recovery nurse at Spire Murrayfield Hospital. She had previously worked in senior nursing positions including managing a critical care unit and as a Matron at the local Trust.

Mrs Chambers was referred to the NMC on 21 February 2022 by the Director of Clinical Services of Spire Healthcare (Spire).

The evidence from Spire's local investigation and from Mrs Chambers' admissions indicate that Mrs Chambers had on one or more occasions retained codeine from Spire stores [PRIVATE].

On the morning of 17 February 2022, during a telephone discussion with Ms 1, the General Theatre Team Leader, Mrs Chambers informed Ms 1 that she [PRIVATE] proceeded to take strips of codeine tablets from the ward's drug cupboard. Mrs Chambers said that when she had felt that the ward staff were becoming suspicious, she realised she needed to stop.

On 29 April 2022 Mrs Chambers handed in her resignation to Spire informing them of her retirement from nursing.

[PRIVATE].

Decision and reasons on misconduct facts

The panel had regard to an email from Mrs Chambers to the NMC dated 16 March 2022 admitting to *'taking some codeine tablets infrequently from the ward supply. I obtained the keys from ward colleagues who trusted me.'* The panel considered this email to be an admission to charge 1, and accordingly found charge 1 proved, by way of Mrs Chambers' admission.

In reaching its decisions on the remaining facts, the panel took into account all the documentary evidence in this case together with the representations made by the NMC and from Mrs Chambers.

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the documentary evidence provided by both the NMC and Mrs Chambers.

The panel then considered charge 2 and made the following finding.

Charge 2

2. Your actions at charge 1 were dishonest in that you knew you were not permitted to retain the same.

This charge is found proved.

In reaching this decision, the panel took into account an email from Mrs Chambers dated 16 March 2022, which states:

[PRIVATE].

This progressed to taking some codeine tablets infrequently from the ward supply. I obtained the keys from ward colleagues who trusted me. I am deeply ashamed of this behaviour and offer my sincere apologies.'

The panel noted that the codeine tablets were under a degree of control within the Hospital and were locked away. It deemed Mrs Chambers' reference to obtaining 'the

keys from ward colleagues who trusted [her]’ as evidence of knowingly deceiving colleagues to gain access to the codeine tablets. The panel found that Mrs Chambers had used her colleagues’ trust in her to gain access to the codeine tablets [PRIVATE]. It found that Mrs Chambers was fully aware that her colleagues had no knowledge that her request for the keys would result in her taking medication [PRIVATE], and that her actions were not in line with practice that would be expected of her.

The panel also had regard to Mrs Chambers’ comment that she had made ‘*some very bad decisions/choices...*’, and the statement of Ms 1 dated 17 February 2022 which states:

‘Lynn stated to me that she knew she would get caught but that that hadn’t been enough to stop her...’

The panel was satisfied from these comments that Mrs Chambers was fully aware that she was not permitted to take the medication [PRIVATE], and that her actions in doing so were dishonest. It was also satisfied that, by the ordinary standards of reasonable people, Mrs Chambers’ actions would be considered dishonest. The panel therefore found charge 2 proved.

Decision and reasons on conviction facts

The panel was provided with a separate conviction bundle which set out the following charges:

‘That you, a registered nurse:

1. On 9 May 2022 at Liverpool Magistrates’ Court were convicted of:

a) Theft by employee: on 16 February 2022 at Murrayfield Hospital (‘the Hospital), you stole Morphine, of a value unknown belonging to the Hospital;

b) Fraud by false representation – Fraud Act 2006: on 16 February 2022 at the Hospital, you committed fraud in that you dishonestly made a false representation, namely forging your colleagues signatures in the Controlled Drugs Register, intending to make a gain, namely Morphine, for yourself.

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

Background

On the evening of 16 February 2022, while undertaking the routine controlled drugs (CD) reconciliation check, a colleague recovery nurse at Spire Hospital noticed that their name was on the Morphine Sulphate injection 10 mg page as a second checker, despite not having signed for that patient. The first signature was that of Mrs Chambers. This was escalated to the team leader.

On the morning of 17 February 2022, during a telephone discussion about the above with Ms 1, Mrs Chambers is reported to have made an immediate admission that she had taken the morphine and that this was not the first time Mrs Chambers had done so; Mrs Chambers had been taking medication for about five weeks, writing patient details in the CD book and forging checkers' signatures. Mrs Chambers [PRIVATE] proceeded to take strips of codeine tablets from the ward's drug cupboard. Mrs Chambers said that when she had felt that the ward staff were becoming suspicious, she realised she needed to stop.

On 29 April 2022 Mrs Chambers handed her resignation to Spire informing them of her retirement from nursing.

On 9 May 2022 Mrs Chambers was convicted by Liverpool Magistrates' Court of the following offences to which she pleaded guilty:

- Theft of Morphine from Mrs Chambers' employer Spire Murrayfield Hospital on 16 February 2022;

- Fraud by false representation in that at Spire Murrayfield Hospital Mrs Chambers dishonestly made a false representation; namely forging her colleagues' signatures in the CD register, intending to make a gain, namely Morphine, for herself.

On 21 June 2022 Mrs Chambers was sentenced to a community order with 80 hours of unpaid work, ending on 20 June 2023, compensation, and costs.

The charges concern Mrs Chambers' convictions and, having been provided with a copy of the certificate of conviction, the panel found the facts found proved in accordance with Rule 31 (2) and (3) of the Rules which state:

- '31.— (2) Where a registrant has been convicted of a criminal offence—*
- (a) a copy of the certificate of conviction, certified by a competent officer of a Court in the United Kingdom (or, in Scotland, an extract conviction) shall be conclusive proof of the conviction; and*
 - (b) the findings of fact upon which the conviction is based shall be admissible as proof of those facts.*
- (3) The only evidence which may be adduced by the registrant in rebuttal of a conviction certified or extracted in accordance with paragraph (2)(a) is evidence for the purpose of proving that she is not the person referred to in the certificate or extract.'*

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether Mrs Chambers' 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 kindly, safely and professionally.

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 adopted a two-stage process in its consideration in relation the misconduct charges. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, Mrs Chambers' fitness to practise is currently impaired as a result of that misconduct.

With regards to the facts in relation to the conviction the panel must decide whether Mrs Chambers' fitness to practise is impaired by reason of her conviction.

Representations on misconduct and impairment

In coming to its decision, the panel had regard to the NMC's written representations on misconduct. The NMC referred the panel to the case of *Roylance v GMC (No. 2)* [2000] 1 AC 311 (*Roylance*) which defines misconduct as a '*word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.*'

The NMC invited the panel to take the view that the facts found proved amount to misconduct and referred the panel to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015)' (the Code) in making its decision. The NMC identified specific, relevant standards of the Code where it submitted Mrs Chambers' actions amounted to misconduct.

The NMC stated the following:

'...Mrs Chambers' dishonest conduct is aggravated by its connection to her clinical practice and the risk of harm posed to patients as a result. By

removing codeine from the ward's drug cupboard without justification, Mrs Chambers breached the trust placed in her as a nursing professional. Retaining codeine tablets that were intended for patients' use could place the patients at risk of harm as there may be insufficient stock, resulting in patients not receiving the medication they need. Furthermore, there is evidence that Mrs Chambers' actions had escalated from retaining codeine to morphine. [PRIVATE]. Furthermore, the evidence suggests that Mrs Chambers conduct was repeated and that she undermined the trust placed in her by ward colleagues from whom she obtained the keys to the drug cupboard.

It is submitted that dishonestly retaining codeine from the workplace falls far short of what is expected of a registered nurse and is sufficiently serious to constitute misconduct.'

With regard to impairment, the NMC requires the panel to bear in mind its overarching objective to protect the public and the wider public interest. This includes the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. The NMC referred to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin) (*Grant*) and invited the panel to find Mrs Chambers' fitness to practise impaired on the grounds of public protection and in the wider public interest. The NMC set out the following written representations:

'It is acknowledged that Mrs Chambers has some insight into her misconduct and convictions. However, it is submitted that this is limited and requires development. Whilst Mrs Chambers has made admissions and expressed remorse, there is no evidence to demonstrate that she has reflected on the impact of her actions on patient safety and on public confidence in the profession as a whole.

In terms of remediation, the NMC submits that there is no evidence that the concerns have been remediated and as a result there is a continuing risk to the public. [PRIVATE] Additionally, there is no evidence that Mrs Chambers has practised in a clinical setting since February 2022 and there is therefore no

evidence of practice without incident since the incidents to which these charges relate.

In light of Mrs Chambers' limited insight and lack of steps taken to remediate the concerns, it is submitted that there is a significant risk of repetition of conduct of a similar nature in the future should Mrs Chambers return to nursing practice.

Therefore the NMC considers that a finding of impairment should be made on the grounds of public protection.

...

The NMC also considers that there is a public interest in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behaviour...'

Mrs Chambers did not provide any written representations with regard to misconduct or impairment.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance, R (on application of Cohen) v General Medical Council* [2008] EWHC 581 (Admin) and *Grant*.

Decision and reasons on misconduct

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

The panel was of the view that Mrs Chambers' actions did fall significantly short of the standards expected of a registered nurse, and that her actions amounted to a breach of the Code. Specifically:

'20 Uphold the reputation of your profession at all times

To achieve this, you must:

20.1 keep to and uphold the standards and values set out in the Code

20.2 act with honesty and integrity at all times...

20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people

20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to'

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that dishonestly retaining codeine belonging to the Hospital [PRIVATE] did fall significantly short of the standards expected of a registered nurse.

Mrs Chambers' actions were a serious departure from the standards expected of a nurse. In the course of her nursing practise, Mrs Chambers repeatedly, dishonestly and premeditatively betrayed the trust placed in her by colleagues to obtain the keys to secure medication, potentially depriving patients of medication. Her actions also had the potential to put colleagues in a position where they may have been blamed for medication being wrongly given to patients and/or their administration being incorrectly recorded. The panel found that these were very serious breaches of the Code and amounted to misconduct.

Decision and reasons on impairment

The panel next went on to decide if, as a result of the misconduct and convictions, Mrs Chambers' fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, which states:

'The question that will help decide whether a professional's fitness to practise is impaired is:

"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"

If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.'

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 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 *Grant* in reaching its decision. In paragraph 74, she said:

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

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/their fitness to practise is impaired in the sense that S/He/They:

- a) *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*

- b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

- c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

- d) *has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel first considered the factors set out in *Grant* and found that limbs a, b, c and d were engaged.

The panel found that patients were put at risk of unwarranted harm as a result of Mrs Chambers' misconduct and convictions. By Mrs Chambers taking medications intended for patients, and forging signatures of colleagues in the controlled drugs register, patients were at risk of medication not being available to them when needed or not being given medication if it was thought to have already been given.

The panel found that Mrs Chambers had breached fundamental tenets of the nursing profession; namely, to '*uphold the reputation of your profession at all times and act with honesty and integrity...*'. By failing to do so, the panel found that Mrs Chambers had brought the reputation of the nursing profession into disrepute. Further the panel found that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

In assessing Mrs Chambers' level of insight, the panel had regard to Mrs Chambers' statement dated 18 March 2022, which states:

'...This is not in anyway in my defence as I have fully admitted to the incidents that I have been involved in.

I am trying to make sense of all of this myself and how a long and unblemished career in nursing has ended like this.

[PRIVATE].

This progressed to taking some codeine tablets infrequently from the ward supply. I obtained the keys from ward colleagues who trusted me. I am deeply ashamed of this behaviour and offer my sincere apologies.

I do not know how this escalated into taking IM Morphine from the theatre/recovery CD cupboard.

I understand how shocking this is and cannot believe that I am now in this position, work place investigations and NMC/FTP.

[PRIVATE] *I did not cause any harm to the patients in my care. I have however caused some of my colleagues a great deal of anxiety and stress with the investigative process and for this I am extremely sorry.*

I understand that I will be removed from the NMC Register and would myself never want to practice as a nurse again.

I am not a bad person or a bad nurse but I have made some very bad decisions/choices which I have to understand, come to terms with and live with...'

The panel was of the view that Mrs Chambers had expressed remorse and shame for her actions, along with some introspective insight into her misconduct, and acknowledgment of stress caused to her colleagues. However, the panel found that Mrs Chambers had not demonstrated any understanding of how her actions had put patients

at risk of harm, risked her colleagues' careers by forging their signatures for controlled drugs, or affected the public's confidence in the nursing profession. The panel found her insight to be limited.

In considering whether Mrs Chambers had strengthened her practice, the panel noted that it had not been provided with any such evidence. The panel noted that Mrs Chambers' actions had progressed from dishonestly retaining codeine belonging to the Hospital [PRIVATE], to convictions for theft of Morphine and forging colleagues' signatures in the controlled drugs register. It found this evidenced a decline in Mrs Chambers' professionalism and nursing practices. The panel had no information before it to suggest that Mrs Chambers has worked as nurse since her resignation in April 2022, and as such it determined that there was no evidence of Mrs Chambers having strengthened her practice. The panel was of the view that dishonesty is not easily capable of remediation in any event, and with no evidence of remediation having been provided, the panel found that the public protection concerns remained.

The panel was therefore of the view that there is a risk of repetition based on Mrs Chambers' limited insight and lack of evidence of any remediation. It therefore determined that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions. It was of the view that members of the public would be concerned if a nurse who prioritised their own needs to the detriment of patients, and who actively forged colleagues' signatures in this pursuit, were considered fit to practise. The panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore found Mrs Chambers' fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Mrs Chambers' 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 Mrs Chambers off the register. The effect of this order is that the NMC register will show that Mrs Chambers has 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 careful regard to the Sanctions Guidance (SG) published by the NMC. The panel accepted the advice of the legal assessor.

Representations on sanction

The panel noted that in the Notice of Meeting, dated 8 April 2024, the NMC had advised Mrs Chambers that it would seek the imposition of a striking off order if the panel found her fitness to practise currently impaired.

The panel also bore in mind Mrs Chambers' representations that she would '*never want to practice [sic] as a nurse again.*'

Decision and reasons on sanction

Having found Mrs Chambers' fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Evidence of repetition of dishonest conduct, with up to 27 signatures forged;
- Abuse of position of trust;
- Risk of harm to patients;
- Entries in the controlled drug book related to existing patients;
- Dishonesty for personal gain;
- Pre-meditated nature of the dishonesty;
- Lack of insight;
- Use of colleagues' details which could have had adverse consequences for those colleagues.

The panel also took into account the following mitigating features:

- Early admissions;
- Expression of remorse.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the public protection issues identified and the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Mrs Chambers' practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that Mrs Chambers' misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Mrs Chambers' registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the fact that the misconduct and convictions did not relate to Mrs Chambers' clinical competence but rather related to her dishonest conduct in the course of her professional practice. The panel was of the view that there were no practical or workable conditions that could be formulated, which would adequately protect the public, given the nature of the charges in this case. It also noted that Mrs Chambers had made it clear in her written communications with the NMC that she did not wish to return to practise. Furthermore, the panel concluded that the placing of conditions on Mrs Chambers' registration would not adequately address the seriousness of this case.

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

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
- ...'

The panel had regard to the fact this was not a single instance of misconduct, but rather a pattern of dishonest conduct involving the theft of patient medication and forgery of colleagues' signatures, which put patients at risk of harm.

The panel considered that Mrs Chambers' dishonest conduct was indicative of an attitudinal issue which was evidenced by her willingness to disregard important rules for her own benefit, and forge signatures. In terms of whether these were deep-seated attitudinal problems, the panel noted that the incidents occurred during a relatively short period within a lengthy and otherwise unblemished career. The panel was of the view

that, whilst the attitudinal problems were a serious concern, they were not necessarily deep-seated.

Whilst the panel acknowledged Mrs Chambers had demonstrated some remorse, it remained concerned by the limited insight she had shown in failing to recognise the risk of harm to patients, the potential for professional harm to colleagues, and the impact on the public's confidence in the nursing profession. The panel considered the dishonesty in this case to be serious, involving the repeated and premeditative taking of patient medication and forgery of colleagues' signatures for controlled drugs. Mrs Chambers abused her position of trust for her own gain and placed her own needs above the wellbeing of patients in her care. The panel is therefore satisfied that Mrs Chambers' actions are fundamentally incompatible with her remaining on the register, and determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

Finally, in looking at a striking-off order, the panel took note of the following paragraphs of the SG:

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*
- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

Mrs Chambers' actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with her remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Mrs Chambers' actions were very serious and to allow her to continue practising would not adequately 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 matters it identified, in particular the effect of Mrs Chambers' 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 adequately protect the public, 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 Mrs Chambers 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 Mrs Chambers' own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Representations on interim order

The panel took account of the written representations made by the NMC that an interim order is necessary to cover the appeal period during which Mrs Chambers would not be subject to the substantive order. The NMC made written submissions that an interim suspension order would be necessary should a substantive suspension or striking-off order be deemed necessary.

Mrs Chambers did not make any written representations in respect of whether an interim order is necessary.

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, the risk of repetition 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 to ensure that Mrs Chambers is not able to work during the 28-day appeal period, or until any appeal lodged concludes.

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

That concludes this determination.