

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

**Substantive Meeting
Thursday, 14 March 2024 – Friday, 15 March 2024**

Virtual Meeting

Name of Registrant: Brian Davenport

NMC PIN 01E0478E

Part(s) of the register: RNA, Registered Nurse – Adult
(20 September 2004)

Relevant Location: Cornwall

Type of case: Misconduct and Conviction

Panel members: Shaun Donnellan (Chair, lay member)
Linda Pascall (Registrant member)
Alex Forsyth (Lay member)

Legal Assessor: Robin Hay

Hearings Coordinator: Yewande Oluwalana

Facts proved: Charges 1, 2 and 3

Facts not proved: N/A

Fitness to practise: Impaired

Sanction: **Suspension order (12 months)**

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 that the Notice of Meeting had been sent to Mr Davenport's registered address by recorded delivery and by first class post on 6 February 2024.

The panel had regard to the Royal Mail 'Track and trace' printout which showed the Notice of Hearing was delivered to Mr Davenport's registered address on 7 February 2024. It was signed for against the printed name of 'DAVENPORT'.

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 heard virtually.

In the light of all of the information available, the panel was satisfied that Mr Davenport 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).

Decision and reasons to amend Charge 1

In the charge it was alleged that the incident occurred on 13 June 2022 whereas the Police report described it as being the 11 June 2022, the Memorandum of Conviction recorded the incident date of 11 June 2022. In accordance with Rule 31(2), the panel found that the Memorandum of Conviction is conclusive proof of its content and therefore the true date of the incident is 11 June 2022. In these circumstances the panel was satisfied that no injustice or prejudice to Mr Davenport will arise as the substance of the charges was not affected. It therefore amended Charge 1 follows:

- 1) On ~~13~~ 11 June 2022, intended to attend your night shift whilst under the influence of alcohol.

Details of charge (as amended)

That you, a registered nurse

- 1) On 11 June 2022, intended to attend your night shift whilst under the influence of alcohol. **[FOUND PROVED]**
- 2) You did not cooperate with the NMC Fitness to Practise investigation regarding your [PRIVATE]:
 - a) In that you did not sign and /or return the consent [PRIVATE] forms on one or more occasions **[FOUND PROVED]**
 - b) [PRIVATE]. **[FOUND PROVED]**

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

Conviction

- 3) On 30 June 2022 were convicted at [PRIVATE] Magistrates Court of driving a motor vehicle after consuming so much alcohol that the proportion of it in your breath, namely 95 microgrammes of alcohol in 100 millilitres of breath, exceeded the prescribed limit, contrary to Section 5(1)(a) of the Road Traffic Act 1988 and Schedule 2 of the Road Traffic Offenders Act 1988.

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

Background

Mr Davenport was referred to the Nursing and Midwifery Council (NMC) on 13 June 2022, by the Interim head of Nursing at the [PRIVATE] the Trust. Mr Davenport was employed as a Band 5 nurse at [PRIVATE] the Hospital.

On 13 June 2022, the Trust received a Process for Managing allegations against People in Position of Trust (PIPOT). It was reported by the Police that Mr Davenport had been

arrested following a road collision, where a member of the public, an elderly pedestrian was hit with a car causing them to sustain an injury, which required hospital treatment. It is alleged that Mr Davenport was the driver of the vehicle and was commuting to work at the Trust, where he was scheduled to begin a night shift.

It is alleged a member of the public took the keys from the ignition. The Police attended and Mr Davenport was breath tested for alcohol. The result indicated that he was three times over the alcohol driving limit. On searching his car, the police saw a bottle of clear liquid which smelt strongly of alcohol on the passenger seat of the car. As a result of the failed breath test and the bottle on the seat he was arrested and taken to a local police station where a further breath test was carried out some hours later and he was over twice the alcohol driving limit.

During his police interview, it is alleged that Mr Davenport stated the bottle in the car was his 'work drink' and that he would allegedly drink throughout his shift at the hospital, topping it up with squash.

Mr Davenport was charged with driving with excess alcohol, to which he entered a guilty plea on 30 June 2022. On 28 July 2022 at [PRIVATE] Magistrates' Court. He was sentenced to serve a community order to be complied with by 27 January 2024. This included a requirement to [PRIVATE] complete [PRIVATE] activity for a maximum of 12 days, and to complete 90 hours unpaid work. He was disqualified from holding or obtaining a driving licence for 26 months.

Decision and reasons on facts

In reaching its decision on the facts, the panel took into account all the information before it together with the representations made by the NMC.

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.

The panel had regard to the written statements of the following witnesses on behalf of the NMC:

- Witness 1: Interim Head of Nursing for Specialist Medicine and the ward sister at the Trust.
- Witness 2: Case Manager in the Case Preparation and Presentation team at the NMC.

Before making any findings on the facts, the panel accepted the advice of the legal assessor. It considered the information provided by the NMC.

The panel made the following findings.

Charge 1

“That you, a registered nurse

- 1) On 11 June 2022, intended to attend your night shift whilst under the influence of alcohol.’

This charge is found proved.

In reaching this decision, the panel considered the Memorandum of Conviction, Mr Davenport’s duty rota at the Hospital and the Police report.

Mr Davenport’s duty rota confirmed that he was scheduled to work on the 11 June 2022. It had regard to the police report which stated as follows,

‘Police arrived after this, and body worn clearly shows the defendant still in the driver’s seat of the vehicle before being asked to step outside to clarify details. The defendant was concerned about how long the procedure would

take, as he was on his way to work as a night shift nurse. It was requested that he provide a specimen of breath for analysis following an accident; the reading was a failure, reading 119ugs. Whilst waiting for the result, the defendant stated to Police that he had an alcoholic drink of vodka earlier that day.'

The panel determined that Mr Davenport was due to attend a night shift and by his own admission at the time of the incident, he stated that '*he was on his way to work as a night shift nurse*'. The panel was satisfied that it was Mr Davenport's intention to attend his night shift on 11 June 2022 although he was under the influence of alcohol.

Charge 2a) and 2b)

That you, a registered nurse,

- 2) You did not cooperate with the NMC Fitness to Practise investigation [PRIVATE]:
 - a) In that you did not sign and /or return the consent [PRIVATE] forms on one or more occasions
 - b) [PRIVATE]

This charge is found proved.

In reaching this decision, the panel took into account Witness 2's written statements and exhibits which detail correspondence between Mr Davenport and his NMC case officers.

The panel decided to consider Charges 2a and 2b together.

Mr Davenport had been contacted on a number of occasions via email and telephone calls, asking him to provide the consent forms for [PRIVATE] but he did not do so. Mr Davenport was contacted on 10 October 2022 and asked to complete the consent forms and return within 14 days to his case officer. He was again contacted via email on 30 November 2022 and asked to explain if there were [PRIVATE].and to return the documents by 7 December 2022. Mr Davenport was also called on the 30 November 2022

where he agreed to complete and return the consent forms if they were posted to him. The consent forms were sent to Mr Davenport by Royal mail, but they were not returned.

On 10 January 2023, Mr Davenport emailed his case officer,

'I have no desire to enter nursing again, and as I am suspended I see no need to answer any further questions. ... Please do not contact me further.'

On the 25 August 2023, Mr Davenport's case officer contacted him by telephone following the finding of a case to answer. On the same day his case officer again posted [PRIVATE] to Mr Davenport, and this too has not been returned.

[PRIVATE]

The panel therefore find Charges 2a and 2b proved.

Charge 3

3) On 30 June 2022 were convicted at [PRIVATE] Magistrates Court of driving a motor vehicle after consuming so much alcohol that the proportion of it in your breath, namely 95 microgrammes of alcohol in 100 millilitres of breath, exceeded the prescribed limit, contrary to Section 5(1)(a) of the Road Traffic Act 1988 and Schedule 2 of the Road Traffic Offenders Act 1988.

There was before the panel the Memorandum of Conviction dated 28 July 2022 relating to this charge.

The panel therefore finds that the facts are found proved in accordance with Rule 31 (2). This states:

'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.'*

Fitness to practise

Having reached its determination on the facts of this case, the panel next considered, whether the facts found proved amount to misconduct and if so, whether Mr Davenport's 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. First, the panel must determine whether the facts found proved amount to misconduct. Second, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, Mr Davenport's fitness to practise is currently impaired as a result of that misconduct.

Representations on misconduct and impairment

In reaching its decision, the panel had regard to the case of *Roylance v GMC (No. 2)* [2000] 1 AC 311 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 referred to the case of in *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), respectively:

'[Misconduct] connotes a serious breach which indicates that the doctor's (nurse's) fitness to practise is impaired'.

And 'The adjective "serious" must be given its proper weight, and in other contexts there has been reference to conduct which would be regarded as deplorable by fellow practitioner'

The NMC's submission was that the facts found proved amounted to misconduct. It 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 the specific, relevant standards in the Code which it alleged were breached by Mr Davenport as 20, 20.1, 20.2, 20.3 and 20.4.

The NMC submitted,

'Mr Davenport's conduct as detailed in the charges above have fallen far short of what is and would have been expected of a registered professional. His conduct would be seen as deplorable by his fellow practitioners and would damage the trust that the public places in the profession.'

The NMC referred the panel to its overarching objective to protect 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.

The panel has referred to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin) *Nandi v General Medical Council*, and *General Medical Council v Meadow* [2007] QB 462 (Admin).

The NMC submitted that the panel should find Mr Davenport's fitness to practise impaired by reason of his conviction and his misconduct on both public interest and public protection grounds.

In its submissions, the NMC state that limbs b and c of the Grant test are engaged. It is mentioned,

'Mr Davenport has clearly brought the profession into disrepute by the very nature of his conviction and the conduct he displayed. Nurses occupy a position of trust and must act with and promote integrity at all times. Professionalism and integrity are fundamental tenets of the profession that have been breached in this case. The public has the right to expect high standards of registered professionals.

The seriousness of Mr Davenport's conduct, and his criminal convictions are such that it calls into question his professionalism namely his duty to promote patient safety as he intended to attend work for a long night shift when he was heavily intoxicated and would have been unfit to work, therefore putting patients who are members of the public and colleagues at risk of harm. This therefore has a negative impact on the reputation of the profession and, accordingly, has brought the profession into disrepute.

The conduct displayed is fundamentally incompatible with being a registered professional because the qualities required of Mr Davenport have been significantly undermined and compromised.

...

We consider that Mr Davenport has not displayed any insight. He has failed to engage with his regulator to explore [PRIVATE].

We take this view because despite the NMC's efforts to try engage Mr Davenport in the NMC proceedings and to [PRIVATE] provide any responses to the charges as they stand and has further failed to provide any insight to his action that led to his conviction and misconduct.

However, we consider there is a continuing risk to the public due to the severity of the concerns. The concerns are more difficult to put right. Our

guidance states that generally, drink-driving offences will only call into question a nurse, midwife or nursing associate's fitness to practise if:

- a) the offence occurred either in the course of their professional duties, driving to or from those duties, or during on-call or standby arrangements*
- b) there are aggravating circumstances connected with the offence, or*
- c) it is a repeat offence.*

The offence took place whilst Mr Davenport was on his way to attend to professional duties, the offence has resulted in a community order that he must comply with by 27 January 2024. He must undergo [PRIVATE], To complete 90 hours unpaid work, pay a victim surcharge of £95.00, pay the Crown Prosecution service £85.00 costs, Mr Davenport was disqualified from holding or obtaining a driving licence for 26 months from 30 June 2022, disqualification to be reduced by 26 weeks if he completes a course approved by the secretary of State by 29 December 2023 and Mr Davenport's driving record was endorsed.

Sometimes we may need to take action against a nurse or midwife not because their conduct presents a risk of harm to patients, but because of our objectives to promote and maintain professional standards and public confidence in nurses and midwives. Our guidance states that where we receive concerns that don't relate to clinical practice, for example criminal offending that occurs in a nurse or midwife's private life, we may need to take action to promote public confidence in nurses in midwives.

A finding of impairment is thus also essential to maintain public confidence in the profession. In light of this and the fact that his actions caused an accident, it is submitted that a finding of impairment is necessary on public interest and public protection grounds.'

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments.

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 determined that Mr Davenport's actions did fall significantly short of the standards expected of a registered nurse, and that his 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

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

20.4 keep to the laws of the country in which you are practising'

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. The panel had regard to NMC guidance's on '*Misconduct (Reference: FTP-2a Last Updated 27/02/2024)*'. When determining the seriousness of the misconduct, the panel determined that Mr Davenport's behaviour of drink driving which resulted in an elderly pedestrian being hurt to be serious misconduct. It also considered that Mr Davenport's intoxication did not happen in a professional capacity but in his private life. The panel was mindful that he indicated he was on his way to work, and this indicated that there may be deep seated attitudinal problems.

The panel found that Mr Davenport's actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

The panel next considered whether as a result of the misconduct and conviction, Mr Davenport's 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 uphold the proper standards expected of a registered nurse. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. In paragraph 74, she said:

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

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

‘Do our findings of fact in respect of the doctor’s misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/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) ...’*

The panel finds that Mr Davenport was potentially liable to put patients at unwarranted risk of harm if he had attended work on 11 June 2022. When Mr Davenport was arrested and breathalysed he was found to be three times over the legal drinking limit. If he had attended work, he would have posed a risk to those patients in his care. Further a member of public was actually harmed by Mr Davenport’s behaviour as he drove a motor vehicle, whilst intoxicated and collided with that person, resulting in injury that required hospital treatment.

Mr Davenport’s misconduct and conviction had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

Mr Davenport has disengaged from the NMC and there is no evidence of any insight or information on how he has addressed the regulatory concerns.

[PRIVATE]. Further, during a telephone call on 30 November 2022 between the NMC and Mr Davenport, [PRIVATE] experience while working during the COVID pandemic. However, [PRIVATE] to support Mr Davenport’s claims.

The panel was not satisfied that Mr Davenport has addressed the regulatory concerns. It therefore determined that there is a risk of repetition of the misconduct and a risk of harm to the public. It therefore determined that a finding of impairment is necessary on the grounds of public protection.

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

The panel determined that a well-informed member of the public would be concerned to know that a registered nurse on their way to work was involved in a road accident, resulting in harm and was three times over the legal limit for drink driving, if a finding of impairment were not made.

In addition, the panel concluded that public confidence in the profession and the NMC as regulator would be undermined if a finding of impairment were not made in this case and therefore also finds Mr Davenport's fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Mr Davenport's fitness to practice is currently impaired.

Sanction

The panel has decided to make a suspension order for a period of 12 months with a review. The effect of this order is that the NMC register will show that Mr Davenport's registration has been suspended.

In reaching this decision, the panel considered all the information before it. It has had regard to the Sanctions Guidance (SG) published by the NMC. The panel accepted the advice of the legal assessor.

Representations on sanction

In the Notice of Meeting, dated 6 February 2024, the NMC had advised Mr Davenport that it would seek the imposition of a 12 months suspension order with a review if the panel found his fitness to practice currently impaired.

The NMC stated,

*'The guidance on Criminal Convictions We Don't Investigate (FTP – 2c-2) states:- **Drink-driving offences***

Drink-driving offences will only call into question a nurse, midwife or nursing associate's fitness to practise if:

- the offence occurred either in the course of a nurse, midwife or nursing associate's professional duties, driving to or from those duties, or during on-call or standby arrangements*
- there are aggravating circumstances connected with the offence, or*
- it is a repeat offence.*
- In the present case the aggravating features of the offence are set out in the Memorandum of Conviction which include the fact that the Registrant has a previous offence (of the same nature)*

...

The appropriate and proportionate sanction is one of a 12-month suspension order with review. Mr Davenport has brought the profession into disrepute and trust and confidence in the profession is likely to be seriously eroded by the fact that he has committed a serious offence considered.

This sanction is required to maintain confidence in the profession and the NMC as regulator. Mr Davenport's conviction is not incompatible with him remaining on the register.'

Decision and reasons on sanction

Having found Mr Davenport's fitness to practise currently impaired, the panel considered what sanction, if any, it should impose. It 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 regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

Before looking at the aggravating features, the panel noted there was reference to Mr Davenport having a previous offence of the same nature and was directed to the Memorandum of Conviction. However, the panel saw no mention of a previous offence in the bundle provided by the NMC and therefore did not consider this in its findings.

The panel found there to be the following aggravating features:

- Whilst intoxicated, intending to attend a night shift which would potentially put patients at risk of harm
- Harm was caused to a member of the public
- Not cooperated with the NMC as regulator

The panel had regard to Mr Davenport's mentioning of [PRIVATE]. The panel could not find any mitigating features.

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, the public protection and public interest issues identified, an order that does not restrict Mr Davenport's 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 Mr Davenport's misconduct and conviction was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel considered whether placing conditions of practice on Mr Davenport's 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 SG and determined that the charges against Mr Davenport were not in relation to his clinical practice. It considered that Mr Davenport has also disengaged from the NMC.

The panel determined that there were no practical or workable conditions that could be formulated, given the nature of the charges in this case. The misconduct identified in this case was not something that can be addressed through retraining.

Furthermore, the panel concluded that the placing of conditions on Mr Davenport's registration would not adequately address the seriousness of this case, nor would it maintain public confidence in the profession or the NMC as regulator.

The panel therefore considered whether a suspension order would be an appropriate sanction. The SG states that 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 panel was satisfied that Mr Davenport's misconduct and conviction were not fundamentally incompatible with his remaining on the register.

The panel did consider whether a striking-off order would be proportionate but, taking account all the information before it, the panel concluded that this would be disproportionate. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in Mr Davenport's case to impose a striking-off order.

Balancing all these factors the panel has concluded that a suspension order would be the most appropriate and proportionate sanction as it would protect the public and address the wider public interest concerns.

Although this order may cause Mr Davenport hardship, this is outweighed by the public interest.

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

The panel determined that a suspension order for a period of 12 months with a review was appropriate in this case to mark the seriousness of the misconduct and conviction.

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

Any future panel reviewing this case would be assisted by:

- A clear indication from Mr Davenport on whether he will engage with the NMC and what his intentions are for the future,
- [PRIVATE]

This will be confirmed to Mr Davenport in writing.

Interim order

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

Representations on interim order

The panel took account of the representations made by the NMC that,

'If a finding is made that the registrant's fitness to practise is impaired on a public protection basis is made and a restrictive sanction imposed we consider an interim order in the same terms as the substantive order should be imposed on the basis that it is necessary for the protection of the public and otherwise in the public interest.'

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. It considered that to not impose an interim suspension order would be inconsistent with its earlier findings.

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

That concludes this determination.