

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

Friday 19 – Monday 22 February 2021
2 Stratford Place, Montfichet Road, London, E20 1EJ

Tuesday 23 February 2021
Virtual Hearing

Name of registrant: Joanne Maria Buss

NMC PIN: 77Y1631E

Part(s) of the register: Registered Nurse – Sub part 2 – Adult Nursing
(27 June 1979)

Registered Nurse – Sub part 1 – Adult Nursing
(24 March 1999)

Area of registered address: East Sussex

Type of case: Misconduct

Panel members: Janet Leonard (Chair, registrant member)
Linda Tapson (Registrant member)
Peter Wrench (Lay member)

Legal Assessor: Gillian Hawken

Panel Secretary: Catherine Acevedo

Nursing and Midwifery Council: Represented by Katie Mustard, Case Presenter

Ms Buss: Not present and unrepresented

Facts proved by admission: Charges 1, 2, 3, 4 and 5

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 Hearing

The panel was informed at the start of this hearing that Ms Buss was not in attendance and that the Notice of Hearing letter had been sent to Ms Buss' registered email address on 17 December 2020.

The panel took into account that the Notice of Hearing provided details of the allegation, the time, dates and venue of the hearing and, amongst other things, information about Ms Buss' right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

Ms Mustard, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

In the light of all of the information available, the panel was satisfied that Ms Buss has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Ms Buss

The panel next considered whether it should proceed in the absence of Ms Buss. It had regard to Rule 21 and heard the submissions of Ms Mustard who invited the panel to continue in the absence of Ms Buss. She submitted that Ms Buss had voluntarily absented herself.

Ms Mustard referred the panel to the email correspondence between Ms Buss and the NMC. Ms Buss stated in an email on 11 January 2021 that she consented to the hearing going ahead in her absence.

The panel has decided to proceed in the absence of Ms Buss. In reaching this decision, the panel has considered the submissions of Ms Mustard and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones and General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Ms Buss;
- Ms Buss has informed the NMC that she has received the Notice of Hearing and confirmed she is content for the hearing to proceed in her absence;
- There is no reason to suppose that adjourning would secure her attendance at some future date;
- One witness has been warned today to give live evidence if required;
- Not proceeding may inconvenience the witnesses, their employer(s) and, for those involved in clinical practice, the clients who need their professional services;
- The charges relate to events that occurred in 2017;
- Further delay may have an adverse effect on the ability of witnesses to accurately recall events; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Ms Buss in proceeding in her absence. The evidence upon which the NMC relies will have been sent to her registered email address. She will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on her own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage is the consequence of Ms Buss' decisions to absent herself from the hearing, waive her rights to attend, and/or

be represented, and to not provide evidence or make further submissions on her own behalf.

In these circumstances, the panel has decided that it is fair, appropriate and proportionate to proceed in the absence of Ms Buss. The panel will draw no adverse inference from Ms Buss' absence in its findings of fact.

Details of charge

That you, a Registered Nurse, on 25 April 2017 at Brook House Immigration Removal Centre:

- 1. Failed to take steps to safeguard Person A, in that you did not intervene when Person A was inappropriately restrained by detention officers.*
- 2. Made an inappropriate comment in relation to Person A, referring to him as "an arse".*
- 3. Failed to undertake and record observations on Person A following the use of force and restraint on Person A by detention officers.*
- 4. Made an inaccurate entry on Person A's medical records, omitting the use of force and restraint by detention officers on Person A.*
- 5. Your actions in relation to 4 above were dishonest in that you deliberately sought to conceal that force and restraint had been used by detention officers against Person A.*

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

Decision and reasons on facts

At the outset of the hearing, Ms Mustard informed the panel that Ms Buss had made full admissions to charges 1, 2, 3, 4 and 5 in email correspondence to the NMC between 13 and 17 February 2021.

The panel had sight of this correspondence which included Ms Buss' formal responses to the charges as detailed in the "Response to the charges" document dated 16 February 2021 and followed by a further email from Ms Buss on 17 February 2021 in which she stated, *"I understand the panel will use my admissions I've made in this form when they are making the final decision about the charges against me"*. The panel was satisfied that Ms Buss had made unequivocal admissions in relation to each of the charges.

Accordingly, the panel finds charges 1, 2, 3, 4 and 5 proved in their entirety, by way of Ms Buss' admissions.

Background

Ms Buss was working at Tinsley House, a small Immigration Removal Centre, where detainees are held before being deported, as the Clinical Lead. Ms Buss left to work in police custody work in approximately 2011, although she remained on the bank to do occasional shifts. Ms Buss came back full-time as a senior nurse in July 2015 and became Clinical Lead in Tinsley House in May 2017. In 2017, Tinsley House was shut for refurbishment and all the nurses came to work in Brook House, a larger Immigration Removal Centre close by.

The charges found proved by admission relate to Ms Buss' conduct at Brook House on 25 April 2017. On that date Mr 1 was on duty at Brook House as a Detainee Custody Officer. He had worked at Brook House since January 2015. On 25 April 2017, unbeknownst to his colleagues at the time, including Ms Buss, Mr 1 was also working as an undercover reporter for the BBC and he was covertly filming incidents at Brook House for the BBC

Panorama programme. Mr 1's involvement with the BBC had come about when he reported concerns to the BBC in January 2016 about the treatment of detainees at Brook House by some staff members. After subsequent contact with the BBC he commenced employment with them in March 2017, very shortly before the time of these charges.

The NMC's witnesses' accounts of what happened on 25 April 2017 is supported by video footage covertly filmed by Mr 1 and subsequently used in a broadcast Panorama programme.

On 25 April 2017, Mr 1 was on duty in the segregation unit on E wing monitoring a detainee. Shortly after 19:00, he heard banging from another cell. After handing over observations for the detainee he was responsible for, Mr 1 went to see if he could assist. It transpired that the detainee in that cell, Person A, was trying to strangle himself. A request for further help was made and Ms Buss was one of the members of staff who responded. In a subsequent conversation with Mr 1, Ms Buss inappropriately referred to Person A as an "arse".

Later the same day at around 20:45, Ms Buss witnessed a second incident where Person A tried to swallow a mobile phone battery and then attempted to strangle himself with his own hands. Staff intervened to assist the detainee and called for assistance from other officers. One of the officers was then filmed holding Person A down by the neck, with both his fingers pushing into his throat, choking the detainee and preventing him from breathing. On the Panorama film footage that officer is heard using mocking language towards Person A during and after the restraint.

Following the incident, Ms Buss was recorded having a conversation with Mr 1 in which she read out what she had documented in Person A's medical notes following the incidents. Ms Buss omitted the use of restraint and appeared to go along with an instruction that the use of force on Person A should not be reported.

A BBC Panorama programme '*Britain's Immigration Secrets*' aired on 4 September 2017.

The next day on 5 September 2017, Ms Buss was suspended from her post and the matter was referred to the NMC.

Ms Buss was interviewed as part of an internal investigation, by her employer, on 7 September 2017.

Fitness to practise

Having found the facts proved by way of admission, the panel then moved on to consider whether the facts found proved amount to misconduct and, if so, whether Ms Buss' 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 suitability to remain on the register unrestricted.

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 noted Ms Buss' acknowledgment in an email dated 13 February 2021 to the NMC that, due to what she described as significant family and health issues at the time of the events on 2017, "*my fitness to practise was very likely impaired.*" Ms Buss followed up on 16 February 2021 in her Response to charges form and stated 'Yes' in answer to the question as to whether she admits that fitness to practise is impaired.

The panel adopted a two-stage process in its consideration. 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, Ms Buss' fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (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.*’

Ms Mustard invited the panel to take the view that the facts found proved amount to misconduct. She referred the panel to the terms of ‘The Code: Professional standards of practice and behaviour for nurses and midwives (2015)’ (the Code).

Ms Mustard identified the specific, relevant standards where in the NMC’s view Ms Buss’ actions amounted to misconduct, namely:

“1.1 treat people with kindness, respect and compassion

1.2 make sure you deliver the fundamentals of care effectively

3 Make sure that people’s physical, social and psychological needs are assessed and responded to

3.4 act as an advocate for the vulnerable, challenging poor practice and discriminatory attitudes and behaviour relating to their care

8 Work co-operatively

8.5 work with colleagues to preserve the safety of those receiving care

10 Keep clear and accurate records relevant to your practice

10.1 complete records at the time or as soon as possible after an event, recording if the notes are written some time after the event

10.2 identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need

10.3 complete records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements

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, treating people fairly and without discrimination, bullying or harassment”

Ms Mustard submitted that Ms Buss failed to ensure the safety of Person A by not intervening when Person A was being inappropriately restrained. Ms Buss made an inappropriate comment when she should have been acting as Person A’s advocate and not speaking about him in a derogatory manner. Ms Buss also failed to undertake and record observations and made an inaccurate entry for Person A which was particularly important in this environment because when deported, detainees are handed over to the relevant authorities with a copy of their medical records. Ms Buss’ dishonest conduct is even more significant because it had the effect of exposing Person A to future risk of harm if there had been later medical consequences due to the undocumented use of force.

Ms Mustard submitted that each of the charges found proved by way of admission, individually and cumulatively, amount to misconduct.

Submissions on impairment

Ms Mustard moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Ms Mustard submitted Ms Buss' actions are so serious that a finding of impairment is necessary on the grounds of public protection and is otherwise in the public interest.

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 accepted the breaches of the Code as submitted and outlined by Ms Mustard. The panel was of the view that Ms Buss' actions did fall significantly short of the standards expected of a registered nurse.

The panel was of the view that a nurse would not be expected to use derogatory language about a patient under their care and Ms Buss failed to treat Person A with dignity and respect. Ms Buss' actions were serious in that she failed to ensure Person A's safety by not intervening when Person A was being inappropriately restrained by force. Ms Buss had a duty to intervene and to record correctly what had happened to Person A in the patient notes. Person A could have been seriously injured and, by Ms Buss omitting to record the use of force and restraint by detention officers on Person A, there was no record of this which put him at further risk of harm.

Ms Buss' dishonest conduct was serious and in the panel's view would be considered deplorable that a nurse would both stand by and then be complicit in covering up these incidents. Ms Buss should have been a safeguard and an advocate for detainees in Brook House and she should have spoken up for Person A's wellbeing.

The panel viewed Ms Buss' actions and omissions in charges 1 – 5 as deplorable and shocking and fell seriously short of the conduct and standards expected of a nurse. It was in no doubt that Ms Buss' acts and omissions in this case amounted to misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Ms Buss' fitness to practise is currently 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, open, act with integrity and make patients' wellbeing their first concern. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

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

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

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

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or

determination show that his/her fitness to practise is impaired in the sense that s/he:

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel found that Person A was put at risk and was caused physical and potential emotional harm as a result of Ms Buss' misconduct. Ms Buss' misconduct had breached the fundamental tenets of the nursing profession and brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find the charges, including the charge relating to dishonesty, as extremely serious.

Regarding insight, the panel noted that Ms Buss has made full admissions to the charges. However, these admission were made at a very late stage. The panel considered Ms Buss' reflective statement dated 29 October 2019 which is her most recent statement. The panel was of the view that apart from accepting that she called Person A 'an arse' Ms Buss' insight in this reflection is minimal and does not demonstrate that she has an understanding of how her actions put Person A at risk of harm and caused actual harm. Ms Buss has not demonstrated that she has insight for her actions and how her misconduct impacted negatively on the reputation of the nursing profession. This lack of insight impacted on Ms Buss' ability to be able to demonstrate genuine remorse.

The panel considered Ms Buss' reflective statement where she states, *"On reflection and with hindsight, I realise that I appear to have attended that incident while tired and stressed and therefore appeared not to give it my full attention. However, I can say that even in that state, if there was a genuine emergency, I would have responded appropriately, as I have done countless times before. I can however accept that if there were any failings on this occasion then it may have been due to my state..."* In the Panorama film footage, the panel could clearly hear the officer saying to Person A, during the inappropriate restraint that he was going to "put you to sleep". The panel also, could clearly hear that Person A was struggling to breathe and stated that he could not breathe. The panel was mindful of Ms 2's evidence who stated in her NMC witness statement, *"during the control and restraint (C&R), the nurses' role is to ensure safety of the detainee. If airway is compromised or the detainee becomes unwell in any matter, the nurses have the right to say 'MEDICAL EMERGENCY TAKE HANDS OFF' (sic). Then the officer must take their hands off the detainee. Having seen the Panorama footage, I would have expected Jo to have said that to the officer"*. The panel considered that Ms Buss failed to intervene and has not provided any evidence in her reflective statement that she understands the seriousness of the incident or the seriousness of her misconduct.

The panel was of the view that the misconduct in this case is difficult but not impossible to remediate. Therefore, the panel carefully considered the evidence before it in determining whether or not Ms Buss has remedied her practice. The panel took into account that Ms Buss has not worked as a nurse since the incidents and has expressed that she does not intend to ever return to nursing in the future. The panel was not satisfied that ceasing to practice was in itself evidence of sufficient insight, nor that Ms Buss has remedied her misconduct.

However, the panel is of the view that if Ms Buss were to find herself in similar circumstances in the future, there is a real risk of repetition based on her limited level of insight and no evidence of remediation of her misconduct. As things stand, there is

nothing to prevent Ms Buss returning to practice as a nurse. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

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

The panel determined that a finding of impairment on public interest grounds is required. The panel concluded that public confidence in the profession would be undermined if a finding of impairment was not made in this case and therefore also finds Ms Buss' fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Ms Buss' 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 Ms Buss off the register. The effect of this order is that the NMC register will show that Ms Buss 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 including the document SAN -2 'considering sanction for serious cases, specifically the section on cases involving dishonesty'. The panel has accepted the advice of the legal assessor.

Submissions on sanction

Ms Mustard informed the panel that in the Notice of Hearing, dated 17 December 2020, the NMC had advised Ms Buss that it would seek the imposition of a striking-off order if it found Ms Buss' fitness to practise currently impaired.

Ms Mustard submitted that a striking-off order would be the appropriate and proportionate order in this case for the protection of the public, to maintain public confidence in the professional and its regulator and to declare and uphold standards.

Decision and reasons on sanction

Having found Ms Buss' 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:

- Ms Buss' breach of the duty of candour and her dishonest conduct.
- Ms Buss' misconduct caused Person A physical harm and placed him at risk of emotional and psychological harm.
- Ms Buss' misconduct was an abuse of her position of trust as a senior nurse.
- Ms Buss was a highly experienced nurse with many years of experience working as a nurse in a custodial environment.
- Ms Buss had received enhanced 'torture expert' training and would have understood the vulnerability of detainees and the potential risk of unwarranted harm to their health and wellbeing.
- Ms Buss' misconduct was particularly serious in that she helped to cover up a serious incident which would not have been exposed had the Panorama programme not aired some months later.

- Ms Buss' lack of insight into her failings.
- Ms Buss' misconduct involved collusion with other members of staff that negatively impacted on Person A when she should have been an advocate for him.

The panel also took into account the following mitigating features:

- Ms Buss has had a lengthy career as a nurse.
- Ms Buss made full admissions to the charges albeit at a very late stage.
- Ms Buss' reference to difficult personal circumstances at the time of the events.

The panel considered that the aggravating features in this case far outweighed the mitigating features. It was of the view that Ms Buss' personal mitigation carried only little weight when balanced against the collusion, dishonesty and what the panel considered to be a total lack of integrity on Ms Buss' part.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would neither protect the public nor be 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 Ms Buss' 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 Ms Buss' misconduct was not at the lower end of the spectrum and that a caution order would be inconsistent and incompatible with its findings in terms 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 Ms Buss' registration would be a sufficient and appropriate response. The panel is of the view that there are no practicable or workable conditions that could be formulated, given the nature of the charges in this case. The misconduct and the attitudinal concerns identified in this case are not matters that could be addressed through retraining. Furthermore, the panel concluded that the placing of conditions on Ms Buss' registration would not adequately address the seriousness of this case; it would neither sufficiently protect the public nor satisfy the public interest.

The panel then went on to consider 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 Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*

The panel was of the view that this is a case which relates to two incidents within a long shift and involved a number of regulatory concerns. Ms Buss has demonstrated attitudinal concerns in that she was not only unwilling to intervene to safeguard Person A during a detention officer's inappropriate restraint by force, she also then helped to cover up the incidents. If Ms Buss were to find herself in a similar situation, the panel was not satisfied that Ms Buss has demonstrated insight into her failings and the impact on Person A and the nursing profession. The panel was of the view that Ms Buss posed a significant risk of repeating the behaviour.

The conduct, as found in the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel was satisfied that this was a serious

breach of the core tenets of the profession and was behaviour fundamentally incompatible with Ms Buss remaining on the register.

In this particular case, the panel 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?*

As noted above, Ms Buss' actions were significant departures from the standards expected of a registered nurse and raised fundamental questions about her professionalism. The panel determined that the nature of the concerns are so serious as to be fundamentally incompatible with remaining on the register. The panel determined that to allow Ms Buss to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of Ms Buss' actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, the panel has concluded that nothing short of this would be sufficient in this case.

The panel considered that this order was necessary maintain 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 decision will be confirmed to Ms Buss 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 Ms Buss' own interests until the striking-off sanction takes effect.

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

Submissions on interim order

The panel took account of the submissions made by Ms Mustard. She submitted that an interim order is necessary on the grounds of public protection and in the public interest for a period of 18 months to cover the appeal period and the hearing of any appeal which might be made.

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 identified risk of repetition and the panel's finding of current impairment on both public protection and public interest grounds.

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 cover the appeal period.

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

That concludes this determination.