

Fitness to Practise Forum 23 April 2008

Fitness to Practise Annual Report 2007-2008

Executive summary and recommendations

Introduction

Article 44(1) of the Health Professions Order 2001 provides that the

'Council shall publish at least once in each calendar year a statistical report which indicates the efficiency and effectiveness of the arrangements it has put in place to protect the public from persons whose fitness to practise is impaired, together with the Council's observations on the report.'

The attached appendix is the draft 2007-2008 Fitness to Practise Annual report. The executive also proposes to produce an executive summary setting out the key messages from the report which can be read as a stand alone document.

Decision

The forum is request to consider the draft 2007-2008 and recommend that the committee(s) recommend that the Council approve the document (subject to editorial amendments).

Background information

None

Resource implications

Employee time in writing the report

Financial implications

Accounted for in 2008-2009 budget

Appendices

Fitness to Practise Annual report

Date of paper

11 April 2008

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Foreword

Welcome to the fifth fitness to practise annual report of the Health Professions Council (HPC) covering the period 1 April 2007 to 31 March 2008. This report provides information about HPC's work in considering allegations about the fitness to practise of our registrants.

This report presents the ways in which our fitness to practise panels have dealt with the cases brought before them, as well as information about the number and types of cases and the outcome of those cases.

Allegations

We have received more allegations this year than in any previous year and have received more complaints from members of the public. However, the percentage of complaints we receive is still low, indicating that registrants are meeting the necessary standards of conduct and proficiency.

Investigating Panel

More cases have been considered by panels of the investigating committee this year with a 62% case to answer rate.

Final Hearings

More registrants were represented this year and more hearings have taken place. In 2008-2009 we will seek to ensure that cases are being heard quickly whilst still ensuring fairness and public protection.

Growth

In 2007-2008, we re-organised the fitness to practise department into two distinct functions – case management and hearings management – creating a clear and effective division between the investigation and adjudication of cases. We appointed more case managers and hearings officers to ensure that cases are efficiently managed and appointed a hearings manager – a completely new post – to manage our tribunal processes. In 2008-2009 the hearings manager will undertake a whole scale review of the hearings process – including the venues that we use and the accessibility of that process.

In March 2007 we reappointed the law firm who present fitness to practise costs on our behalf. We are continually striving to manage costs efficiently and effectively. As part of that process we have agreed a “capped hours” arrangement with the law firm who present cases on our behalf. As a consequence, we do not pay any fees for work beyond the agreed hours.

As in previous years, although the number of cases being considered by fitness to practise panels is increasing, the number of registrants this involves

is still less than 0.5. Furthermore, the number of allegations where the result is not well founded has also increased. This demonstrates even if an allegation is made against a registrant, it does not automatically follow that the registrant will be struck off. The fitness to practise process is not about punishing a registrant; it is designed to ensure that action is only taken when it is necessary to protect the public.

We are continually striving to improve our processes and the pace of development is unlikely to slow. You can find more information about policy developments in 2007-2008 towards the back of this report. In 2008-2009 we are planning on providing more information about the case to answer test and ensuring our processes remain as accessible as we can make them. It is also likely that in 2009 HPC will begin the regulation of practitioner psychologists and hearing aid dispensers, further enhancing public protection through statutory regulation.

I hope you find this report of interest. If you have any feedback or comments please email me at ftp@hpc-uk.org or complete the feedback form provided at the end of this report.

Kelly Johnson
Director of Fitness to Practise

Introduction - overview of the fitness to practise process

About us (the HPC)

We are the Health Professions Council. We are a regulator, and we were set up to protect the public. To do this, we keep a register of health professionals who meet our standards for their professional skills, behaviour and health.

We currently regulate 13 health professions.

Profession	Abbreviation
Arts therapists	AS
Biomedical Scientists	BS
Chiropodists/podiatrists	CH
Clinical Scientists	CS
Dietitians	DT
Occupational Therapists	OT
Operating Department Practitioners	ODP
Orthoptists	OR
Paramedics	PA
Physiotherapists	PH
Prosthetists/orthotists	PO
Radiographers	RA
Speech and language therapists	SL

We may regulate other professions in the future. For an up-to-date list of the professions we regulate, please see our website at www.hpc-uk.org

Each of these professions has one or more 'protected titles' (protected titles include titles like 'physiotherapist' and 'dietitian'. Anyone who uses a protected title and is not registered with us is breaking the law, and could be prosecuted. For a full list of protected titles, please see page [] of this document.

For each profession there is one or more protected title which can only be used by people registered with us. Registration can be checked either by logging on to www.hpcheck.org or calling +44 (0)20 7582 0866.

Our main functions

To protect the public, we:

- set standards for the education and training, professional skills, conduct, performance, ethics and health of registrants (the health professionals who are on our Register);
- keep a register of health professionals who meet those standards;

- approve programmes which health professionals must complete before they can register with us;
- take action when health professionals on our Register do not meet our standards.

What is 'fitness to practise'

When a health professional is described as 'fit to practise', this means that they have the health and character, as well as the necessary skills and knowledge to do their job safely and effectively.

The behaviour and minimum levels of skills and knowledge we can expect from a registrant are set out in the 'Standards of conduct, performance and ethics' and the 'Standards of proficiency.' For more information on the standards, please see our website at www.hpc-uk.org.

The Fitness to Practise department is responsible for handling complaints. These are known as 'allegations' and questions whether professionals who are registered with us are fit to practise.

Who can complain?

Anyone can make a complaint to use about a registered health professional. This includes members of the public, employers, the police and other registrants.

We can only consider complaints about fitness to practise. The types of complaints we can consider are those that question whether a registrant's fitness to practise is 'impaired' (negatively affected) by:

- misconduct;
- a lack of competence;
- a conviction or caution for a criminal offence (or a finding of guilt by a court martial);
- their physical or mental health;
- or a determination (a decision reached) by another regulator responsible for healthcare.

We can also consider allegations about whether an entry to the Register has been made fraudulently or incorrectly. There is more information about the types of complaints that were received by HPC in 2007-2008 later on in this report.

We will consider individually each case that is referred to us. There is no time limit in which a complaint has to be made, but it should be made as soon as possible after the events that gave rise to the complaint occurred. We can also consider complaints when the matter being complained about occurred at a time that the registrant being complained about was not registered.

How can a complaint be made?

Complaints can be made in writing or by using our reporting a concerns form which is available on the HPC website. We can also, in certain circumstances, take a statement of complaint over the telephone. The statement of complaint will still need to be signed by the complainant. We also have facilities to consider complaints which are made in another language. Please contact the fitness to practise department for more information on this facility. We are continually seeking to ensure that our processes and procedures are as accessible as possible and have recently published brochures which set out the complaints process.

We can only consider complaints that are about fitness to practise and can close cases that do not meet this criteria of where evidence to support the complaint has not been provided.

What happens when a complaint is received?

For more information about how to make a complaint and the process we follow when we receive a complaint about a health professional please see the brochures:

- 'What happens if a complaint is made about me';
- 'The fitness to practise process: information for employers'; and
- How to make a complaint about a health professional.

Partners

HPC has approximately 350 partners to help carry out its work. Partners are drawn from a wide variety of backgrounds – including clinical practice, education and management. We also use lay partners to sit on our panels. At least one registrant and one lay partner sit on our panels to ensure that we have appropriate public input and professional expertise in decision making.

At every public hearing there is also a legal assessor. The legal assessor does not take part in the decision-making process, but they will give the panel and the other people involved advice and information on the law and procedure.

Council Members do not sit on our fitness to practise panels. This is to maintain separation between those who set Council policy and those who make decisions in relation to individual fitness to practise cases. This contributes to ensuring that our tribunals are fair, independent and impartial. Furthermore, employees of the HPC are not involved in the decision making

made by panels. This ensures their decisions are made independently and free from any appearance of bias.

Standard of Proof

HPC uses the civil standard of proof in its fitness to practise cases. This means that panels consider, on the balance of probabilities, whether an allegation is proven. All nine UK health regulators are moving towards/or are already using the civil standard of proof.

Allegations

This section provides information on the numbers and types of allegations/enquiries that are received by the HPC.

Table 1.1 Total number of cases received

Year	Number of Cases	Total Number of Registrants	% of cases
2002-2003	70	144141	0.05
2003-2004	134	144834	0.09
2004-2005	172	160513	0.11
2005-2006	316	169366	0.19
2006-2007	322	177230	0.18
2007-2008	424	178289	0.24

There has been an increase in the number of complaints received about health professions received by the HPC, although this still does only account for 0.24% of the health professional on the HPC register.

Graph 1.1 Total numbers of allegations

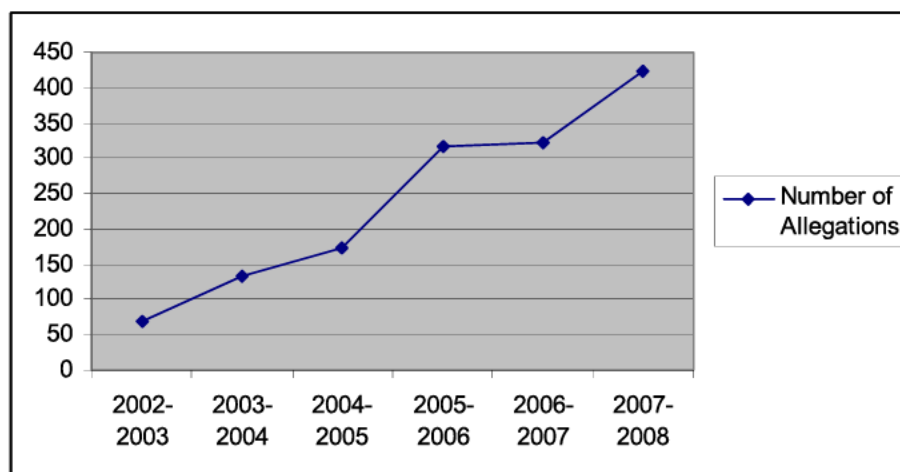
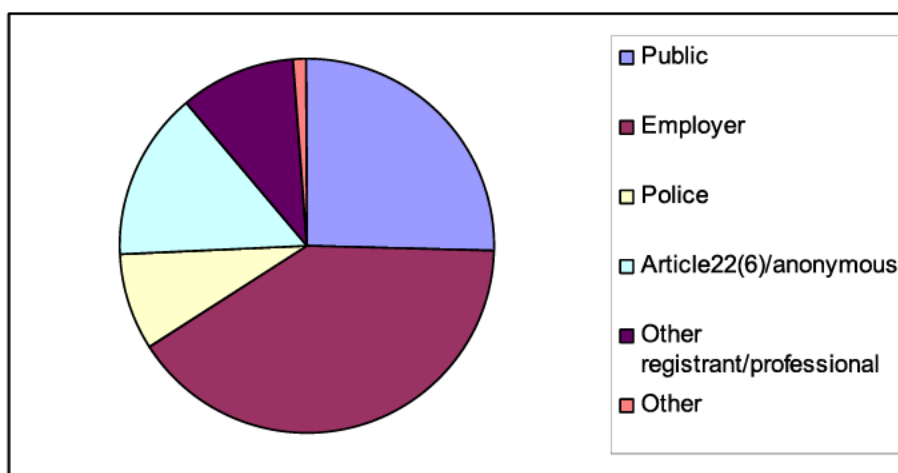


Table 1.2 who makes complaints?

Type of Complainant	2005-2006	% of complaints	2006-2007	% of complaints	2007-2008	% of complaints
Public	68	21.6	78	24.2	108	25.47
Employer	123	38.7	161	50	171	40.33
Police	24	7.6	31	9.6	35	8.25
Article 22(6)/anon	58	18.4	35	10.88	63	14.86
Other registrant/ Professional	28	8.9	16	4.97	42	9.91
Other	15	4.8	1	0.3	5	1.18%
Total	316		322		424	

Graph 1.2 Who makes complaints?



There has been an increase in the numbers of complaints received across all types of complainant groups compared to 2006-2007. However, as a percentage of the total allegations received, there has been a percentage drop in the number of complaints received from employers. Although a similar percentage of complaints were received from employers in 2005-2006 (38.7% of complaints were from employers in 2005-2006 and 40.33% of complaints were received from employers in 2007-2008). In 2007-2008, the fitness to practise department reviewed the material that was available for employers about the fitness to practise process and published 'The fitness to practise process: information for employers.' This has been designed to provide more information for employers in making a complaint and for when one of their employees is subject to a complaint.

The trend for members of the public remains very similar to that we saw in 2006-2007 in that the percentage increase of the total number of complaints has only increased by 1% and complaints from members of the public still make up 1 in 4 of the complaints that we receive.

Article 22(6)

Article 22(6) of the Health Professions Order 2001 allows the HPC to investigate a matter even if a complaint is not made to us in the usual way (for example, media reports or information provided by a person who does not wish to make a formal complaint). This is an important way in which we use our powers to protect the public.

When an individual is on the register, HPC encourages self declaration of any issue that may affect their fitness to practise. Standard 4 of the current standards of conduct, performance and ethics state that:

“You must provide any important information about conduct, competence or health.”

When a self referral is received, the case will initially be considered by a Registration Panel under the Council’s Health and Character policy. The decision for the panel is whether the matter declared is sufficiently serious to be considered through the fitness to practise process. When a Registration Panel refers a matter to the fitness to practise process it is dealt with in the same way as an allegation under Article 22(6). In 2007-2008, 81 self-referrals were considered by registration panels and 35 cases were referred to the fitness to practise process using Article 22(6) powers.

Allegations by profession and complainant type

The three tables below show the percentage of cases that have received by profession, and provide a comparison to the total number on the register. Graph 1.4 displays the number of complaints received by profession between April 2005 and March 2008.

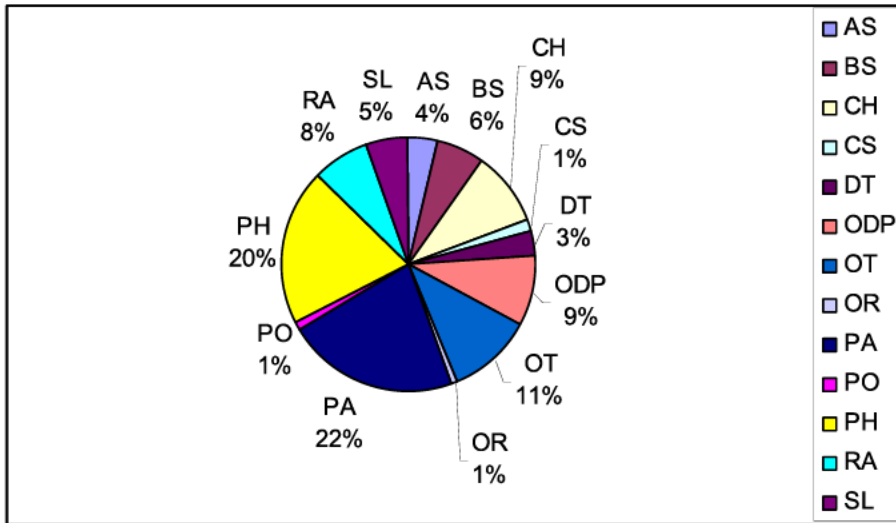
The total % of registrants with complaints in 2007-2008 was 0.24%. Although this is an increase from 2006-2007, this still means that the majority of registrants were not subject to our fitness to practise process in 2007-2008. In cases concerning arts therapists, chiropodists, operating department practitioners, paramedics and prosthetists and orthotists, the percentage of complaints is higher than the percentage total of those professions on the register. In 2006-2007 this trend was the same for chiropodists, operating department practitioners and paramedics.

In terms of the total number of registrants with complaints by profession, a percentage increase compared to 2006-2007 can be seen across all professions except dietitians and radiographers. However, the differences are so small it very difficult to make a useful analysis of this change.

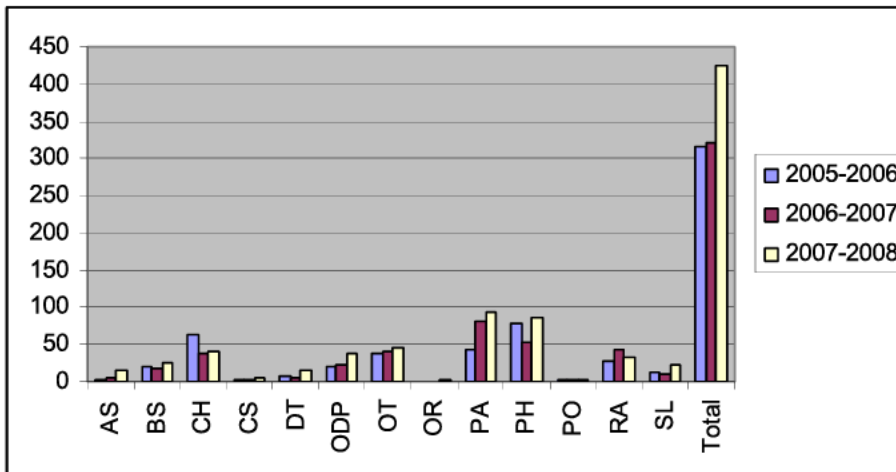
Table 1.3 Complaints by profession

Profession	Number of Complaints	% of total complaints	Number of Registrants	% of total number on Register	Total% of registrants with Complaints
AS	16	3.77	2503	1.4	0.64
BS	26	6.13	2158	12.1	0.12
CH	40	9.43	13063	7.3	0.31
CS	6	1.42	4158	2.3	0.14
DT	14	3.30	6704	3.8	0.21
ODP	38	8.96	9468	5.3	0.40
OT	45	10.61	28006	15.7	0.16
OR	3	0.71	1237	0.7	0.24
PA	94	22.17	13624	7.6	0.69
PO	3	0.71	832	0.5	0.36
PH	85	20.05	42676	23.9	0.20
RA	32	7.55	23157	13	0.14
SL	22	5.19	11343	6.4	0.19
Total	424	100	178289	100	0.24

Graph 1.3 Complaints by profession



Graph 1.4 Complaints by profession March 2005-April 2008



When looking at numbers rather than percentages, there has been an increase in the number of allegations received across all professions except radiographers and prosthetists and orthotists (where the numbers remain the same). When comparing the data to 2005-2006 there has been a reduction in the number of complaints received about chiropractors.

Table 1.4 Allegations by profession and complainant type

Profession	Employer	Public	Police	Article 22(6)/anon	Professional Body	Other
Arts Therapists	1		13	0	1	0
Biomedical Scientists	15		1	1	6	0
Chiropodists & Podiatrists	8		18	3	3	1
Clinical Scientists	5		0	0	1	0
Dietitians	4		4	1	2	0
ODPs	26		1	5	5	0
Occupational Therapists	23		12	2	4	0
Orthoptists	1		2	0	0	0
Paramedics	44		9	7	26	0
Prosthetists & Orthotists	0		3	0	0	0
Physiotherapists	20		33	13	5	6
Radiographers	14		4	3	8	0
SLTs	10		8	0	2	0
Total	171		108	35	63	7

The table above shows that for some professions there is a higher volume of certain complaint types than for others. Employers made up 40.33% of the overall complaint group yet for biomedical scientists (58%), clinical scientists (83%), operating department practitioners (68%), occupational therapists (51%), radiographers (44%), and speech and language therapists (45%) there is a higher than usual complainant rate.

When looking at complaints made by members of the public, the total percentage of complaints made was 24.2%. The statistics demonstrate that in the following professions there was a higher than usual percentage of complaints:

- arts therapists (81%)
- chiropodists (45%)
- dietitians (29%)
- occupational therapists (27%)
- orthoptists (67%)
- prosthetists and orthotists (100%)
- physiotherapists (39%)
- speech and language therapists (36%).

In one profession (prosthetists and orthotists) all the complaints were made by members of the public. However it is again important to highlight that overall numbers are still low.

In 2008-2009 we will capture information about where the complaint occurred (for instance in hospital or in a private practice), so we will be able to provide more analysis on why more complaints are received from different complaint groups and the correlation between professions.

59% of allegations about paramedics were made using our article 22(6) powers. However, more paramedic cases are self referred and considered by our registration panels so this statistic is to be expected.

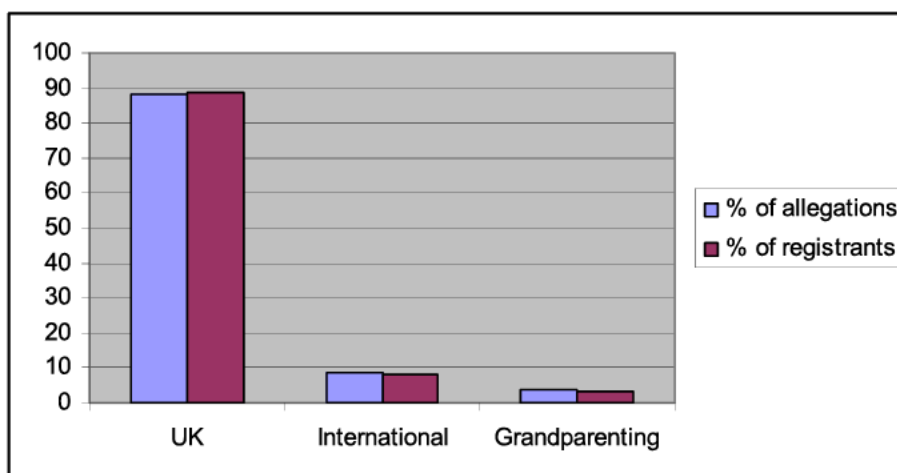
Home Officer Circular 6/2006 provides that HPC must be informed if a registered health professional is convicted or cautioned for an offence in England & Wales. In some instances we are made aware of this information by the registrant or their employer before we are informed by the police. So, although we have received 35 complaints from the police we do receive information about convictions and cautions from other sources.

Allegations by route to registration

Table 1.5 Allegations by route to registration

Route to registration	2005-2006	% of allegations	2006-2007	% of allegations	2007-2008	% of allegations	Total Number of registrants	% of registrants
UK	242	76.58	278	86.34	373	87.97	158453	88.78
International	30	9.49	29	9.01	36	8.49	14719	8.25
Grandparenting	35	11.08	15	4.66	15	3.54	5297	2.97
Not Known	8	2.53	0	0	0	0.00	0	0.00

Graph 1.5 Allegations by route to registration



When we register an individual, we are saying that they are fit to practise – that is they have the skills, health and character to practise their chosen profession. For more information about how people can become registered with us, please see our website: www.hpc-uk.org.

The graph and table above relating to allegations by route to registration clearly indicate that there is a broad correlation between the percentage of registrants who entered the register by a particular route and where the complaint came from.

Allegations by location

Table 1.6 Allegations by home country

Home Country	2005-2006	2006-2007	2007-2008	% of complaints
England	280	279	358	84.43
Scotland	10	19	24	5.66
Wales	3	13	17	4.01
Northern Ireland	10	7	9	2.12
Other	12	4	16	3.77

We received the majority of our allegations against health professionals whose registered address is England. The percentages are broadly similar to the number of allegations received in 2005-2006 and 2006-2007.

Convictions

The professions regulated by the HPC are exempt from the Rehabilitation of Offenders Act. This means that convictions are never regarded as 'spent' and can be considered in relation to a registrant's character. We receive notification when a registrant is convicted or cautioned of an offence and also when the offence is disposed of via a conditional discharge.

The types of offences we have been informed about in 2007-2008 include:

- possession of indecent or pseudo indecent images of children;
- attempted murder;
- driving under the influence of alcohol;
- inappropriate touching;
- vandalism;
- possession of controlled drugs;
- breach of the peace;
- common assault
- assault
- rape
- gross indecency;
- battery;

Investigating Committee

The role of an Investigating Committee panel (ICP) is to investigate any allegation referred to it and to consider whether there is a **'case to answer'**.

An ICP is a paper-based exercise at which the registrant does not appear. The function of this preliminary procedure is to help ensure that a registrant is not required to answer an allegation at a full public hearing unless there is a "realistic prospect" that the Council will be able to establish that the registrant's fitness to practise is impaired.

ICPs meet in private and consider all the available information, including any information sent to us by the registrant in response to the complaint.

If a panel decides that there is a case to answer, it is at this point that information enters the public domain and is disclosable. This means we have to inform the four UK Health Departments and can provide information on what the allegation is about. The allegation will be displayed on HPC's website 4 weeks prior to the final hearing.

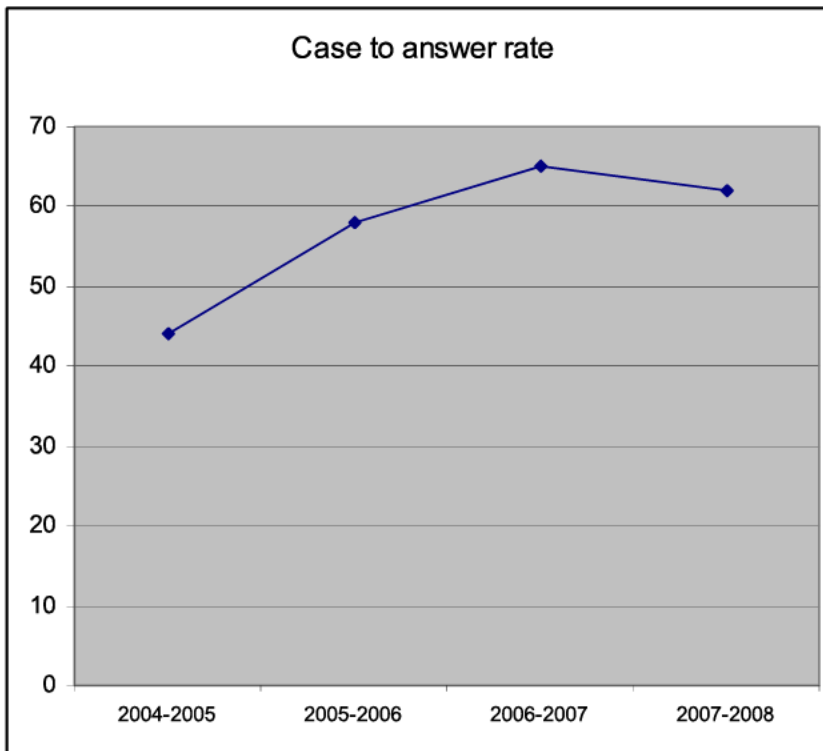
In 2007 - 2008 panels of the Investigating Committee met four times a month and considered 299 cases to determine whether there was a case to answer in relation to the allegations received. This number includes some cases that had been heard twice in that year, as the panels had requested further information.

In 2007 – 2008 there has been an increase in the number of cases considered by a panel from 224 in 2006 – 2007. The number of cases where a panel determined there was a case to answer has fallen slightly this year. The table below shows the percentage of cases where a case to answer decision was reached.

Table 2.1 Case to answer percentage

Year	Percentage of cases (%)
2004-2005	44
2005-2006	58
2006-2007	65
2007-2008	62

Graph 2.1 Case to answer rate



Although the case to answer rate has decreased slightly, there has been a 25% increase in the number of cases considered by ICPs and therefore an increase in the number of cases to be considered by a full panel.

Decisions by panels

The table below shows decisions made by panels of the Investigating Committee. Of the allegations considered, more than half were found to have a case to answer in the following professions:

- Arts therapists
- Biomedical scientists
- Clinical scientists
- Dietitians
- Occupational therapists
- Operating department practitioners
- Paramedics
- Radiographers
- Speech and language therapists

Case to answer by profession

The overall case to answer rate is 62 %. The table below indicates that there are eight professions where this rate is higher than the current average.

Table 2.2 Case to answer by profession

Profession	Committee							% Case to Answer
	Total allegations heard	No Case to answer	Further information requested	Conduct and Competence	Health	Investigating		
AS	11	3	0	8	0	0	0	73
BS	14	4	0	10	0	0	0	71
CH	31	19	1	10	0	1	1	35
CS	6	1	1	4	0	0	0	67
DT	9	4	0	5	0	0	0	56
ODP	24	3	0	21	0	0	0	88
OT	29	9	2	18	0	0	0	62
OR	2	1	0	0	1	0	0	50
PA	62	17	1	44	0	0	0	71
PO	4	4	0	0	0	0	0	0
PH	56	29	0	27	0	0	0	48
RA	41	11	0	28	2	0	0	73
SLT	10	3	0	7	0	0	0	70
Total	299	108	5	182	3	1	1	62

Allegations that have resulted in a **case to answer** decision have involved the issues including:

- sexual misconduct;
- fraudulently producing references;
- attending work under the influence of alcohol;
- failure to comply with reasonable instructions, and harassment of other staff;
- performing an examination on another member of staff without a valid referral;
- failure to adequately assess patients;
- fraudulently claiming overtime;
- use of controlled drugs;
- failure to attend patient call out when instructed;
- investigation of an ionising radiation incident;
- general competency issues;
- theft of patient's property;
- assault on colleague;
- failure to disclose convictions;
- false mileage claims;
- borrowing money from patient and failure to repay;
- bullying of co-workers; and

- poor record keeping and the management of clinical risk in client handovers.

Allegations that have resulted in a **no case to answer** decision have involved issues including:

- incorrect trimming of toenail - no evidence to support, clipping of toe can be difficult and can cause risk of infection;
- misrepresented self as former member of armed services - patient safety or care not an issue;
- poor time-management and presentation skills - no evidence to support allegations;
- drink driving conviction -n work related;
- failure to report an accident - isolated incident and had no bearing on patient safety;
- recommended incorrect treatment - no evidence to substantiate the allegations, this was supported by an independent review panel;
- inappropriate restraint/tone to patient in waiting room - complainants account not found to be credible;
- manipulating journey times to obtain unauthorised breaks - no evidence to show deliberate manipulation;
- participated in a public event whilst off sick - no evidence to support allegation;
- poor note keeping, inappropriate interventions - no credible evidence provided to support allegations;
- claiming for hours that not worked - allegation related to business dispute between two parties;
- falsely stated first language as English in order to gain entry to the Register - no evidence to support allegation;
- refusal to engage in supervisory sessions and wrote a damaging letter to management about a fellow professional - no credible evidence; and
- poor quality of advice & treatment caused further injury - evidence shown to panel did not support a prima facie case.

In most instances panels determined that there was no case to answer in relation to drink driving convictions which did not involve any aggravating factors. In such cases, panels will take into account whether a registrant was on call, on their way to or from work and the level of alcohol in the blood. They also take into account the penalty imposed by the courts.

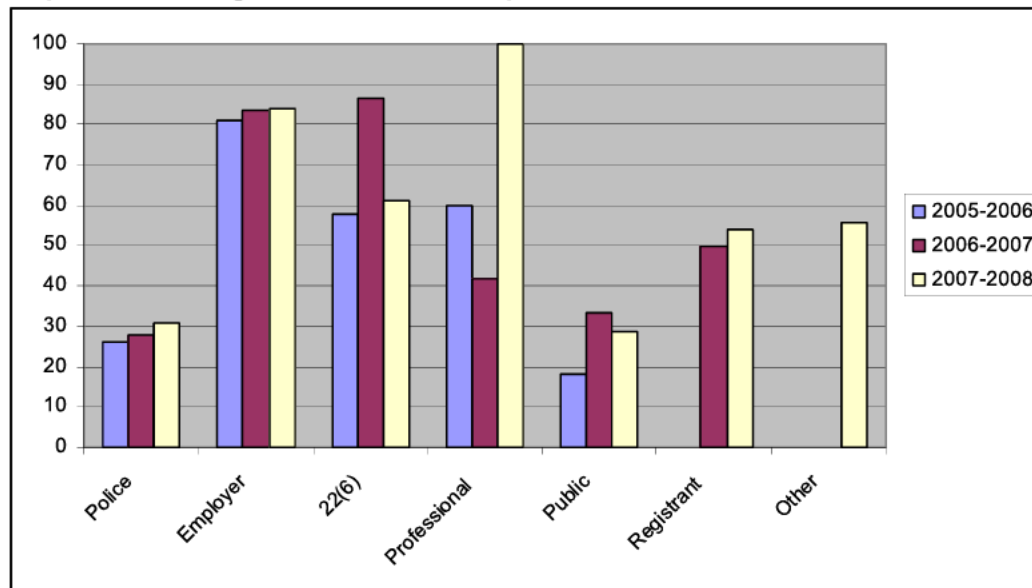
Case to answer by complainant

The average case to answer rate is 62%. However, the table below indicates that certain complainant groups have an above average case to answer rate. It is most noticeable in complaints that we receive from employers. These complaints tend to have been dealt with by the employer at a local level and the registrants involved provided with a level of support from their employer. A number of complaints were considered from employers about misuse of drugs, falsely claiming sick pay or expenses and failure to meet the standards of proficiency. Although there is a 100% case to answer rate for complaints from other professionals, there was only one case considered in total.

Table 2.3 Case to answer by complainant

Complainant	Case to answer	No case to answer	Further information requested	Total	% case to answer
Police	8	16	2	26	31
Employer	120	22	1	143	84
22(6)	27	16	1	44	61
Professional	1	0	0	1	100
Public	18	44	1	63	29
Registrant	7	6	0	13	54
Other	5	4	0	9	56
Total 2007/8	186	108	5	299	62

Graph 2.2 Percentage case to answer comparison 2005-2008



The case to answer rate for complaints made by members of the public has fallen slightly since 2006 – 2007. We do take a number of steps to gather all possible information about the complaints that we receive. This may include asking members of the public for access to their medical records. This can

clarify some of the points raised in their complaints. We are now able to take complaints over the telephone which may in some cases improve the quality of the information that is presented to the panel.

The case to answer rates for complaints from police and employers has remained relatively consistent over the past 3 years.

Case to answer and Representation

The following two tables provide information on the case/no case to answer correlation by representation. We received a response in 70% of cases.

In the majority of cases (81.5%) where a panel found there was no case to answer the registrant provided a response to the allegation, either personally or through a representative.

Table 2.4 Case to answer and representation

Type of complainant	Case to answer	No response	Response from registrant	Response from representative
Article 22(6)	27	8	18	1
Employer	120	48	63	9
Police	8	5	3	0
Professional	1	0	1	0
Public	18	4	7	7
Registrant	7	1	6	0
Other	5	1	3	1
Total	186	67	101	18

Table 2.5 No Case to answer and representation

Type of Complainant	No Case to answer	No response	Response from registrant	Response from representative
Article 22(6)	16	7	7	2
Employer	22	6	14	2
Police	16	2	11	3
Professional	1	0	1	0
Public	44	4	39	1
Registrant	6	0	6	0
Other	3	1	2	0
Total	108	20	80	8

Time taken from receipt of allegation to Investigating Panel

The table below displays how long it took in 2007 - 2008 for allegations to reach an investigating panel.

Table 2.6 Speed of process

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2008-04-06	a	F2P	PUB	Foreword and Introduction - Annual report	Draft DD: None	Public RD: None

Number of weeks	Allegations
4-10 weeks	22
11-20 weeks	86
21-30 weeks	78
31-40 weeks	30
41-50 weeks	40
51-60 weeks	18
61-70 weeks	9
71-80 weeks	7
Over 80	4

On receipt of an allegation, the case will be allocated to a case manager. The case manager will look into the matter further, and gather relevant information, for example from the police or the employer. In some instances we may need to take witness statements.

We will write to the registrant and provide them with the information we have received. We will allow the registrant 28 days to respond, before we present the case to an investigating panel. There may however be some delays in this process. The reasons for delay include requests for extension of time from the registrant and delays in receiving the information that we have requested.

It is important to note that the HPC does have powers to demand information if it is relevant to the investigation of a fitness to practise issue. We use this power to obtain information from, for example, the police and employers. We may also delay our investigation until any proceedings undertaken by the employer have been concluded or when a criminal trial is pending.

It may also be necessary to delay our processes when we receive another allegation about the same registrant or the same allegation about more than one registrant. However, every case will be treated on its own merits. If the allegation is so serious as to require immediate public protection we can consider applying for an interim order. More information about interim orders is provided later in this report.

We are obliged to manage our case load expeditiously and we try to ensure that we have the processes in place for us to do so. We need to balance the need to move complaints forward – in order to protect the public – with the need to gather the information necessary for the registrant to respond to the case.

The average length of time taken for a case to reach an investigating panel is 32 weeks. This is an increase of 6 weeks from 2006-2007.

At the end of March 2008 198 cases were awaiting consideration by panels of the Investigating Committee.

Incorrect entries

The HPC can consider allegations about whether an entry to the Register has been made fraudulently or incorrectly. Decisions about such cases are within the remit of the Investigating Committee. If a panel decides that an entry to the Register has been made fraudulently or incorrectly they can remove or amend the entry or take no further action.

During 2007-2008 panels of the Investigating Committee considered nineteen cases. In all these cases the panel found that the entries of all the registrants had been incorrectly made. The Panel accepted that the mistaken entries resulted from administrative errors on the part of the HPC.

The allegations against eighteen of the registrants were brought by the HPC and were identical in nature. The allegations concerned registrants who had applied for registration through the Grandparenting provisions, which was open between 09 July 2003 and 08 July 2005.

The Panel found that although the entries of all the registrants had been incorrectly made, public interest was best served by the registration of these registrants being maintained. Accordingly, the Panel took no further action in relation to these allegations.

The HPC is open and transparent in all its procedures and we have robust registration processes in place which we are continually seeking to improve. Cases of incorrect entry are rare and we always use such cases as learning points for the future.

Interim Orders

In certain circumstances, panels of our practice committees may impose an **interim conditions of practice order** or an **interim suspension order** on health professionals who are the subject of a fitness to practise allegation. This power is used when the nature and severity of the allegation is such that, if the health professional remains free to practise without restraint, they may pose a risk to the public or to themselves. Panels will only impose an interim order when they feel that the public or the registrant involved require immediate public protection. They will also consider the potential impact upon public faith in the regulatory process should a registrant be allowed to continue to practice without restriction whilst subject to an allegation

This power can be used prior to a decision about a case being reached or when a decision has been reached to cover the period of the appeal.

Case Managers from the Fitness to Practise team acting in their capacity of Presenting Officers regularly present applications for interim orders and reviews of interim orders. This is done so as to ensure resources are used to their best effect

This table displays the number of orders granted by profession. It further indicates the number of cases where an interim order has been reviewed/revoked. We are obliged to review an interim order six months after it is first imposed and every three months thereafter.

Table 4.1 Number of Interim Orders

	Applications Considered	Applications Granted	Applications Rejected	Reviewed	Revoked
Arts Therapists	1	1	0	3	0
Biomedical Scientists	4	3	1	4	0
Chiropodists & Podiatrists	1	1	0	5	1
Clinical Scientists	0	0	0	4	0
Dietitians	0	0	0	0	0
ODPs	6	5	1	12	1
Occupational Therapists	2	1	1	1	0
Orthoptists	0	0	0	0	0
Paramedics	5	5	0	11	0
Prosthetists & Orthotists	0	0	0	0	0
Physiotherapists	1	1	0	7	0
Radiographers	2	2	0	5	1
SLTs	0	0	0	0	0
Total	22	19	3	52	3

Table 4.2 Historic Interim Orders

Year	Applications Granted	Applications Reviewed	Revoked	Number of Allegations	Percentage of Allegations where interim order imposed
2004-2005	15	n/a	n/a	172	8.72
2005-2006	15	12	1	316	4.75
2006-2007	17	38	1	322	5.28
2007-2008	19	52	3	424	4.48
Total	66	102	5	1234	5.35

The percentage of cases where an interim order was granted compared to the total number of allegations received is at its lowest percentage since HPC began operating under its new rules

Types of Cases where an interim order is granted

In 2007-2008, 19 applications for interim orders were granted. In three instances the panel felt that it was more appropriate to impose an interim conditions of practice order as the public would be adequately protected by the imposition of interim conditions. In one other case the panel reviewed the interim suspension order and subsequently decided that an interim conditions of practice order would adequately protect the public.

In two instances, panels revoked the interim order that was imposed because the circumstances leading to the order being granted in the first place had dramatically changed.

In the 13 other cases where an interim order was granted, the panel felt it was appropriate to suspend the registrants concerned.

In seven cases the registrants concerned had either been charged with or convicted of serious sexual offences including indecent assault, rape, and in some cases the possession and distribution of indecent photographs of children.

In six cases an interim order was imposed in cases where the allegation concerned inappropriate behaviour of a sexual nature involving patients and/or colleagues.

In two cases an interim order was granted following concerns raised about misuse of alcohol in the work place.

We can also apply for an interim order after the final disposal hearing has taken place in a case. This is because when a final sanction is imposed, the registrant has a 28-day period in which they can appeal the decision to the courts. The tables above do not include these statistics.

Public hearings - panels of the Conduct and Competence and Health Committees

Public Hearings

The HPC has to hold hearings in the home country of the registrant concerned and in 2007-2008 we held hearings in Aberdeen, Belfast, Blackpool, Bristol, Cardiff, Cheltenham, Durham, Edinburgh, Glasgow, Hull, Liverpool, Lincoln, Manchester, Middlesbrough, Mold, Newcastle, Stoke, Swansea and Swindon as well as in London. In 2008-2009 we anticipate that at least two hearings will take place every working day.

In 2007-2008 our practice committees approved a practice note setting out the factors panels should consider when deciding where to hold a hearing. The factors that are taken into consideration by panels when asked to provide directions regarding the venue of the hearings are as follows:

- the personal circumstances of the registrant concerned;
- the needs of witnesses;
- the effect the location of the hearing may have on the quality of evidence given by witnesses at the hearing;
- the number of witnesses and their locations; and
- the financial implications to both HPC and the registrant concerned.

We normally hold our hearings in public, as this is required by the Health Professions Order 2001. However, we can hold a hearing in private in some circumstances. If a hearing is held in private, we are still obliged to announce in public the decision, and any order made in relation to the case. In cases where the decision is well founded, we publish this information on our website.

The table below demonstrates the increase in number of cases where a hearing has been held.

Table 5.1 Number of public hearings

	Number of cases considered			
	2004-2005	2005-2006	2006-2007	2007-2008
Type of hearing				
Interim order and review	25	28	55	71
Final hearing	66	86	125	187
Review hearing	11	26	42	66
Total	102	140	222	324

What powers does a panel have?

Any action taken by our panels is intended to protect the public, not to punish registrants. Panels will also consider the individual circumstances of a case and take into account what has been said by all those at the hearing before deciding what to do. Panels firstly have to consider whether the allegation is proven. They have to decide whether the incident happened as alleged, whether that amounts to the 'ground' set out in the allegation (for example, misconduct or lack of competence) and whether as a result, the registrant's fitness to practise is impaired. If the panel decide that it is, they will go on to consider whether it is appropriate to impose a sanction. In hearings of the Health Committee, or where the allegation relates to lack of competence, the panel will not have the option to strike off at the first hearing. This is because law recognises that in cases where ill health has impaired fitness to practise, or where competence has fallen below expected standards, it is possible for the situation to be remedied over time. The registrant may seek treatment or training and may be able to return to practice if the panel is satisfied that this is safe.

A number of options (also known as 'sanctions') are available to final hearing panels. Those sanctions are listed below:

- Take no further action.
- Send the case for mediation.
- Impose a caution order. This means that the word 'caution' will appear against the registrant's name on the Register.
- Place some sort of restriction or condition on the registrant's registration. This is known as a 'conditions of practice order'. (This might include requiring the registrant to work under supervision or to undertake further training.)
- Suspend registration. (This may not be for longer than one year.)
- Order the removal of the registrant's name from the Register, which is known as a striking off order.

Time taken from allegation to hearing

Of the cases that reached and were concluded at a final hearing in 2007-2008, it has taken an average of 75 weeks from the receipt of the allegation for the final hearing to be held. From the date of the decision made by the Investigating Panel, it has taken an average of 50 weeks for the case to be listed for final hearing. In 2006-2007 the average was 67 weeks and 48 weeks respectively

Costs

The HPC is funded by registration fees. The budget for the Fitness to Practise Department in 2007-2008 was approximately £3.5 million, this is about 29% of HPC's overall operating costs. In 2006-2007 the FTP budget was approximately 25% of HPC's operating costs and in 2008-2009 it is anticipated that the figure will rise to 35%. In order to ensure we are effectively managing our costs we have implemented a number of initiatives including using case managers to present cases in their capacity of presenting officers and implement case directions to ensure the effective management of hearings. We also try to hold a number of cases on any one day. More information on case directions can be found in the policy section of this report.

For each case, the HPC is obliged to cover the costs of:

- venue hire (and associated costs);
- a shorthand writer;
- a legal assessor (fee and expenses);
- panel members (fees and expenses);
- witness travel and associated expenses;
- photocopying costs (bundles and exhibits); and
- legal services (costs incurred in preparing and presenting the case).

Of the cases that reached final hearing in 2007-2008 and where a final disposal decision was reached, the highest amount spent on an individual case to cover external legal costs was approximately £29875. The total legal costs incurred in the case was £30945. This hearing took 6 days to conclude

It is difficult to provide an average cost per case because some cases have only recently been instructed on whereas others were instructed on prior to 2007-2008.

Days of hearing

Panels of the Conduct and Competence Committee, Health Committee and Investigating Committee when considering incorrect entries met on 252 days to consider final disposal cases. Cases took approximately 1.5 days to conclude.

Action taken at final hearing.

All well founded HPC decisions are published on our website at www.hpc-uk.org. If you would like more information about the cases listed in Table 5.2 please see the website.

Table 5.2 is a summary of the disposal decisions taken by panels of the Health and Conduct and Competence Committees. It does not include cases

where the allegation was not well founded or those cases that were part heard or adjourned.

Table 5.2 Summary of hearings 2007-2008

Date of Decision	Name	Registration Number	Outcome	Type of Allegation	Details of Case
02 April 2007	[REDACTED]	[REDACTED]	Suspension	Competence, Misconduct	Failure to meet expected levels of competence
12 April 2007	Edward C S Davis	CH05081	Caution	Misconduct	Accessed inappropriate websites at work
13 April 2007	Michael Bamidele	RA46963	Caution	Misconduct	Behaved in an inappropriate manner
17 April 2007	Glynnmore Evans	PA04246	Struck-off	Misconduct	Misuse of drugs and alcohol at work
16 April 2007	[REDACTED]	[REDACTED]	Suspension	Conviction	Theft from employer
17 April 2007	[REDACTED]	[REDACTED]	Suspension	Competence	Failure to meet expected levels of competence
18 April 2007	Royden Harrill	PA03004	Conditions of Practice	Competence, Misconduct	Poor treatment of a patient
23 April 2007	Clare Smith	PH70179	No further action	Competence, Misconduct	Patient records
23 April 2007	Peter Cozens	PA07405	Conditions of Practice	Competence, Misconduct	Failure to meet expected levels of competence
27 April 2007	[REDACTED]	[REDACTED]	Suspension	Competence, Misconduct	Poor documentation and record-keeping
02 May 2007	Stanley Muscat	RA38045	Struck-off	Misconduct	Inappropriate behaviour towards female patients
02 May 2007	James Pitt	PA17385	Caution	Competence	Failure to provide appropriate care
02 May 2007	Michael Watson	PA15519	Caution	Competence	Failure to provide appropriate care
09 May 2007	Christopher Warren	ODP17187	Caution	Misconduct	Failed to report for duty, absence without authorised leave
09 May 2007	Helen Taylor	ODP09579	Struck-off	Misconduct	Misuse of drugs
10 May 2007	Andrew Read	PA03790	Caution	Misconduct	Failure to provide appropriate care
11 May 2007	Philip Langridge	PA05396	Caution	Misconduct	Misuse of drugs
15 May 2007	[REDACTED]	[REDACTED]	Suspension	Competence	Failure to meet expected levels of competence
17 May 2007	[REDACTED]	[REDACTED]	Suspension	Competence, Misconduct	Failure to recognise duty of care
21 May 2007	Paul Bennett	BS37251	Struck-off	Misconduct	Fraudulent use of trust postal system, misused trust property
23 May 2007	[REDACTED]	[REDACTED]	Suspension	Health	Health
29 May 2007	Brian Beber	PH66313	Conditions of Practice	Competence, Misconduct	Inappropriate behaviour and treatment of a patient
30 May 2007	[REDACTED]	[REDACTED]	Suspension	Conviction	Failure to provide a specimen for analysis
30 May 2007	Robert Atambo	OT37787	Caution	Caution	Conviction – failure to provide a specimen for analysis, caution – common assault
31 May 2007	[REDACTED]	[REDACTED]	Suspension	Health	Health

04 June 2007	Neil Rushton	PA01839	No further action	Misconduct	Misled employer during management of sickness procedure
08 June 2007	Tamora Heath	BS28814	Caution	Misconduct	Damaged probe on analyser
11 June 2007	Shelly Tse	RA29815	Caution	Caution	Theft of NHS property
15 June 2007			Suspension	Conviction	Possession of indecent images of children Driving a motor vehicle with excess alcohol, attending work under the influence of alcohol
18 June 2007	Steve Driver	PA01595	Struck-off	Conviction	
20 June 2007	Paul Fryer	PA02272	Caution	Misconduct	Misuse of drugs
26 June 2007	Janice Rhodes	PA03476	Struck-off	Misconduct	Failure to provide appropriate care
25 June 2007			Suspension	Misconduct	Failure to provide appropriate care
28 June 2007	George Baldwin	CH17476	Conditions of Practice	Misconduct	Failure to deal safely with risk of infection
02 July 2007	Gavin J M Hall	RA36612	Struck-off	Conviction	Murder
02 July 2007	Derek Dredge	PA08949	Struck-off	Conviction	Possession of indecent images of children
03 July 2007			Suspension	Health	Health
05 July 2007	David Carradine	RA29161	Caution	Conviction	Conviction - driving a motor vehicle with excess alcohol, caution – common assault
06 July 2007			Suspension	Misconduct	Accessed inappropriate websites at work
20 July 2007	Gary Deuchar	RA41699	Caution	Misconduct	Inappropriate behaviour towards colleagues
16 July 2007	David Fleming	PA02846	Struck-off	Misconduct	Misuse of drugs
02 August 2007	Sarah Rees	OT40725	Caution	Caution	Possession of a Class A controlled drug
03 August 2007	Alethea Foster	CH08840	Struck-off	Misconduct (should be conviction)	Grievous bodily harm
09 August 2007	Wai-Ling Wong	BS48170	Struck-off	Misconduct	Issued incompatible blood and attempted to destroy evidence of doing so
10 August 2007	Christopher Walsh	RA39038	Struck-off	Competence, Misconduct	Failure to respond to request to perform x-rays, self administered drugs whilst on duty
13 August 2007			Suspension	Misconduct (should be conviction)	Convictions for theft of property and false accounting
17 August 2007	Linda Love	PA08583	No further action	Competence, Misconduct	Failure to provide appropriate care
20 August 2007	Keith Butcher	PA07985	Struck-off	Conviction	Possession of indecent images of children

21 August 2007	Emiline Langley	BS49037	Caution	Misconduct	Provided false/incorrect information on CV
22 August 2007			Suspension	Competence	Failure to meet expected levels of competence
30 August 2007	David Lawton	BS29133	Struck-off	Conviction	Making of indecent pseudo images of children
06 September 2007	Arthur Page	PA09104	Struck-off	Misconduct	Inappropriate behaviour
04 September 2007			Suspension	Competence, Misconduct	Failure to meet expected levels of competence
05 September 2007	Anna-Marie Rich	CH15714	Caution	Misconduct	Failure to disclose previous convictions
05 September 2007	Karl Tett	ODP06565	Struck-off	Conviction	Manlaughter
07 September 2007	Andrew Myers	ODP12448	Caution	Misconduct	Misuse of drugs
10 September 2007	John Worthington	PA02368	Caution	Misconduct	Inappropriate behaviour
11 September 2007			Suspension	Misconduct	Sexual harassment
19 September 2007	Richard Fitch	ODP13783	Struck-off	Misconduct	Theft of drugs from employer and conviction for assault
20 September 2007			Suspension	Misconduct	Failure to respond appropriately to an emergency call
28 September 2007	Chandrajeet Sonarkar	OT40122	Caution	Competence	Failure to meet expected levels of competence
02 October 2007			Suspension	Misconduct	Failure to adequately treat a patient
02 October 2007	David Pratt	BS22304	Struck-off	Misconduct	Misread blood leading to death of patient
04 October 2007	Alexandra Bolton	SL08154	Struck-off	Competence, Misconduct	Poor record keeping, failure to communicate, poor organisational skills, failure to record referrals, kept patient records at home
12 October 2007	Joanna Howard	SL02298	Conditions of Practice	Misconduct	Failure to meet expected levels of competence
19 October 2007	Joanne Fuller	CH09150	Struck-off	Competence, Misconduct	Viewed and used inappropriate websites during work hours, behaved inappropriately towards patients and colleagues
29 October 2007	Stephen Kebbell	OT24393	Caution	Competence, Misconduct	Prescribed inappropriate equipment
02 November 2007	Bartholomew Esilaba	RA40542	Struck-off	Competence, Misconduct	Failure to meet standards of proficiency, undertook examinations without supervision when instructed not to do so
01 November 2007	Chendu Agasthi	PH70256	Struck-off	Misconduct/lack of competence	Unnecessary cancellation of appointments, inadequate clinical knowledge and record keeping, failure to seek supervision and adhere to protocols
02 November 2007	Glen Hawkins	PA09246	Struck-off	Misconduct	Falsified documentation to gain annual leave on a number of occasions
02 November 2007			Suspension	Competence	Failure to meet expected levels of competence
06 November 2007			Suspension	Competence	Failed to meet the required level of English language proficiency

09 November 2007	Boban Rodolph	PH66355	Struck-off	Competence, Misconduct	Examined female patients in an inappropriate manner
23 November 2007	[REDACTED]	[REDACTED]	Suspension	Competence, Misconduct	Failed to keep accurate patient records, assess clients adequately, maintain communications and inform manager or involvement with client who was a schedule one offender.
23 November 2007	Babatunde Akinbode	BS51672	Struck-off	Misconduct	Fraudulently procured a reference
29 November 2007	Sharon Cooke	PA12786	Caution	Competence	Failure to provide adequate basic medical assessment
29 November 2007	Paul Jones	SL06717	Struck-off	Misconduct	Inadequate patient records, failure to ensure patient records securely kept, taking photographs of patients in a state of undress
28 November 2007	[REDACTED]	[REDACTED]	Suspension	Competence	Failure to meet the requirements of managing a neurological case load
30 November 2007	[REDACTED]	[REDACTED]	Suspension	Health	Health
04 December 2007	[REDACTED]	[REDACTED]	Suspension	Competence, Misconduct	Failure to complete adequate patient assessments, poor risk management
06 December 2007	Bridget Burke	AS00105	Caution	Misconduct	Misconduct
07 December 2007	John Jarvis	ODP09171	Struck-off	Conviction	Making indecent photographs of children
10 December 2007	Christopher Payne	PA07932	Struck-off	Conviction	Possession of indecent images of children
13 December 2007	[REDACTED]	[REDACTED]	Suspension	Misconduct	Lack of competence
18 December 2007	[REDACTED]	[REDACTED]	Suspension	Misconduct	Clinical practice below standard
19 December 2007	David Wright	PA03383	Struck-off	Conviction	Theft from a patients
21 December 2007	Simon Small	PA07560	Conditions of Practice	Misconduct	Failure to meet expected levels of competence
11 January 2008	[REDACTED]	[REDACTED]	Suspension	Competence	Failure to meet expected levels of competence
11 January 2008	David Edwards	RA27885	Caution	Misconduct	Unacceptable conduct
14 January 2008	Craig Daniel	PA08947	Caution	Misconduct	Worked while claiming sick pay
18 January 2008	[REDACTED]	[REDACTED]	Suspension	Competence, Misconduct	Failure to meet expected levels of competence
15 January 2008	Jacqueline Darrer	RA22044	Caution	Conviction	Driving a motor vehicle with excess alcohol
18 January 2008	Sylvia Cousins	PH16786	Caution	Competence, Misconduct	Unauthorised absence from work
21 January 2008	[REDACTED]	[REDACTED]	Suspension	Competence	Failure to meet expected levels of competence
22 January 2008	Kayode Balogun	RA38656	Struck-off	Competence, Misconduct	Made a false statements on CV
22 January 2008	Vasanth Thangaraj	PH71204	Struck-off	Competence, Misconduct	Clinical and conduct issues
22 January 2008	[REDACTED]	[REDACTED]	Suspension	Health	Health
25 January 2008	John Haslam	CS01007	Struck-off	Competence, Misconduct	Serious clinical errors which were denied and covered up

01 February 2008	Sean Wale	ODP18293	Caution	Misconduct	Falsified records
01 February 2008	Benjamin Lavender	ODP21383	Struck-off	Conviction	Theft of controlled drugs
08 February 2008	[REDACTED]	[REDACTED]	Suspension	Competence, Misconduct	Attended work whilst under the influence of alcohol
11 February 2008	Susan Dufield	PH30357	Caution	Misconduct	Failure to honour contract
14 February 2008	Martin Reilly	OT34347	Caution	Misconduct	Downloading pornographic material
15 February 2008	Anthony Holbrook	RA49147	Caution	Misconduct	Disclosed confidential information
19 February 2008	Jennie Andrews	BS48205	Struck-off	Misconduct	Attending work under the influence of drugs and alcohol
03 March 2008	[REDACTED]	[REDACTED]	Suspension	Competence	Failure to meet expected levels of competence
12 March 2008	Caroline Macaulay	PA03248	Struck-off	Competence, Misconduct	Failure to provide appropriate care and have appropriate equipment
14 March 2008	[REDACTED]	[REDACTED]	Suspension	Competence	Failure to meet expected levels of competence
19 March 2008	Steven Yeates	PH46639	Conditions of Practice	Competence	Failure to meet expected levels of competence
20 March 2008	Lorraine Lewis	DT08488	Struck-off	Misconduct	Tampered with patient records
31 March 2008	Lesley Millen	PA19083	Struck Off	Competence, Misconduct	Clinical and conduct issues

Media coverage

There were a number of media reports about fitness to practise cases in 2007-2008. One of our key obligations is to inform and educate registrants, and inform the public about our work. Media coverage of our cases is important because it increases awareness about the work of the HPC and shows that our processes are transparent.

We had media coverage about fitness to practise cases in the following media outlets:

- South Wales Evening Post
- Daily Telegraph
- Daily Mail
- Liverpool Echo
- Brighton Argus
- Daily Express
- Northern Echo
- The Times
- Yorkshire Evening Post
- The Sun
- Glasgow Evening Times
- News of the World

We also had coverage in a number of other regional and local newspapers and in various online news services.

Health Committee

Panels of our Health Committee consider allegations that a registrant's fitness to practise is impaired by reason of their physical or mental health. We can take action when the health of a registrant may be impairing their ability to practise safely and effectively. For example, if the registrant lacks insight and understanding into their condition then this may impact upon the safe practice of their chosen profession.

If the allegation is proven then a caution, conditions of practice or a suspension order can be imposed. We cannot strike someone off the Register in health cases except where the registrant in question has been suspended for two or more years. The sanctions available to panels of the Health Committee are not intended to punish the registrant but to protect the public. For example, a suspension order may allow the registrant to address their health issues before returning to practice. An appropriate Conditions of Practice Order may be imposed by the Panel, for example, to undergo an alcohol rehabilitation programme.

The Health Committee considered six health cases in 2007-2008. In five of the cases considered by panels of the Health Committee, it was determined that the registrant's fitness to practise was impaired and suspension orders were imposed for a period of one year in each. In the other case the panel determined that the allegation that the registrant's fitness to practise was impaired by reason of their health was not found.

Panels of the Health Committee deal with a range of issues. Due to the sensitive nature of the cases considered, all five cases were dealt with in private. When cases are heard in private the Panel is still required to issue the Notice of Decision and Order in public.

In one of the five cases considered the Registrant attended the hearing and was represented by a member of their Union. All the other cases proceeded in the absence of the health professional. In all five cases the panel considered relevant medical evidence and/or evidence from the registrant's employer in both written and oral form, this included evidence from an Educational Psychologist, Consultant Psychiatrist and Consultant Neuropsychologist. A registered medical practitioner also sits on all panels of the Health Committee.

At the end of March 2008 there were four outstanding cases within the remit of the Health Committee.

Conduct and Competence Committee

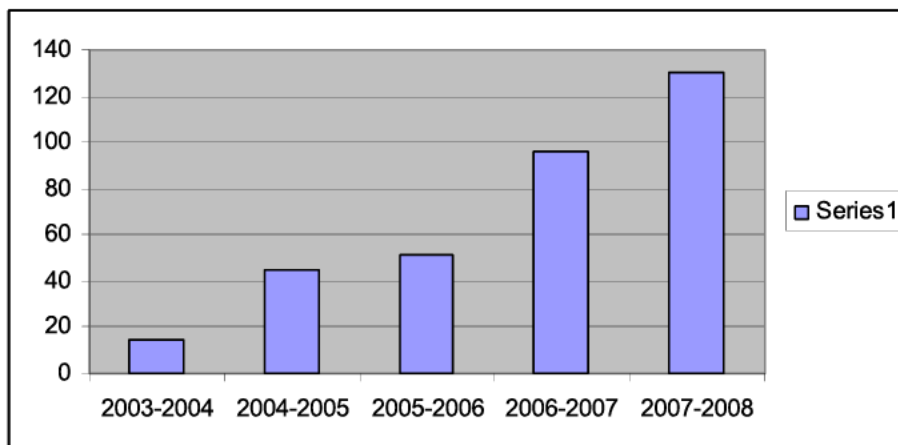
Panels of our Conduct and Competence Committee consider allegations that a registrant's fitness to practise is impaired by reason of their misconduct, lack of competence, a conviction or caution, or a determination by another regulator.

The table below indicates the number of cases considered by panels of the Conduct and Competence Committee where a final disposal decision was reached.

Table 5.3 Conduct and competence hearings

Year	Disposal decision reached
2003-2004	15
2004-2005	45
2005-2006	51
2006-2007	96
2007-2008	131

Graph 5.1 Conduct and competence hearings



Outcome and type of allegations

The next section of the report outlines the types of cases considered by the Committee where it was found that the registrant's fitness to practise was impaired. Information on not well founded allegations is provided later in the report. Table 5.4 sets out action taken by type of allegation, in relation to cases considered in 2007-2008.

Table 5.4 Outcome by type of allegation

Outcome by type of Allegation	Struck off	Suspension	Conditions of practice	Caution	No further action	Not found	Totals
Misconduct	26	15	6	21	3	20	91
Lack of competence	0	10	1	4	0	2	17
Conviction/caution	11	4	0	5	0	3	23
Health	0	5	0	0	0	1	6
Incorrect/fraudulent entry	0	0	0	0	19	0	19
Total	37	34	7	30	22	26	156

Convictions/cautions

Twenty three cases were considered by panels where the registrant had been convicted or cautioned for a criminal offence. In 20 of the cases the panel determined that the registrant's fitness to practise was impaired by reason of their conviction or caution. In 2006-2007 17 such cases were considered.

The range of offences that were considered by the panels included

- theft from employer;
- possession of indecent images of children;
- driving whilst over the limit;
- murder;
- making of indecent pseudo images of children;
- manslaughter;
- making indecent photographs of children;
- theft from a patient;
- theft of controlled drugs;
- grievous bodily harm;
- common assault;
- theft of NHS property; and
- possession of a class A controlled drug.

In some cases the panel considered more than one conviction recorded against a registrant. In total the panels considered two convictions for failure to provide a specimen of breath, three convictions for driving whilst over the limit and four convictions for possessing indecent images of children.

Struck Off

In eleven of the cases the offences committed were of such a serious nature that in order to protect the public, the registrant was struck off the Register.

In a case concerning a paramedic, the registrant was struck off having been convicted of driving whilst over the limit. The conviction was aggravated by the fact that the registrant was carrying out his duties as a paramedic when he

was arrested for the offence. He was struck off the Register as it was considered that his conduct in driving and attending his duties while under the influence of alcohol put at risk the safety of patients, colleagues as well as other road users.

A radiographer was struck off the Register following his conviction for murder. The fact that he was serving a life sentence did not affect the obligation of this Panel to consider whether he should be permitted to practice were he at liberty to do so.

Three paramedics were struck off the Register for the possession of indecent images of children. One biomedical scientist was struck off for making of indecent pseudo images of children and one operating department practitioner was struck off for making indecent images of children. The panel in each case considered that for the protection of the public, the reputation of the respective professions and maintaining confidence in the regulatory process, a striking off order was the appropriate sanction.

An operating department practitioner was struck off following his conviction for manslaughter. The panel determined that no other sanction than a striking off order was appropriate in this case.

A paramedic was struck off the Register having been sentenced to 12 months imprisonment following his conviction for theft from patients, including three counts of theft and one of attempted theft from dead patients.

In another case involving a conviction for theft, an operating department practitioner was sentenced to 51 weeks imprisonment having been convicted of stealing a quantity of opiate drugs from his employing Trust.

Following a conviction for grievous bodily harm, a chiropodist was struck off the Register. The panel considered that there was a low risk of repetition and that the attack arose in circumstances unconnected with her professional practice. However, the panel decided that in order to ensure confidence in the profession, and the HPC's regulatory process is maintained, the only sanction it could impose was one of striking-off.

The cases above demonstrate that convictions for violence, sexual offences and dishonesty are the types of conviction that are likely to result in a registrant being struck off the Register. They are also the type of issues that may prevent an applicant being granted registration.

Suspension

In four cases the registrant was suspended following a finding of impairment in relation to their conviction or caution.

Two registrants were suspended following convictions for offences of theft. In one case an operating department practitioner had been sentenced to 8 months imprisonment having pleaded guilty to:

- five counts of theft of property from his employer;
- two counts of false accounting in relation to controlled drug registers;
- three counts of making a false instrument in relation to controlled drug registers; and
- 3 counts of possessing Class A controlled drugs.

The Panel had no evidence that any patient has been harmed or put at risk but his misconduct has damaged the reputation of his profession. The Panel also had regard to the public interest and the need to maintain public confidence in the regulatory process.

In the other case a paramedic was convicted of 7 counts of theft from his employer. The offences related to the stealing of various items, including training manuals and selling them on the internet. The Panel noted that he had repaid the sum of £2470 to the Trust and that he had served his Community Punishment Order. The Panel concluded that although the conviction was serious, there was little prospect of repetition and striking off was not merited.

A physiotherapist was suspended following his conviction for failing to provide a specimen of breath for analysis. The Panel noted that in disposing of the criminal case the Magistrates Court considered it appropriate to impose a significant period of community supervision, a Drink Drivers programme requirement and a lengthy period of disqualification from driving. The Panel were concerned that the registrant had not engaged in any way in this regulatory process. The panel were therefore unable assess the risk of recurrence. The Panel therefore found that a suspension order was the appropriate sanction.

A panel also considered the case of a biomedical scientist who had been convicted of making 4 indecent photographs and possession of 2 indecent photographs. The panel gave consideration to a striking off order. However, there was evidence of co-operation with the probation service and their assessment was that there was a low risk of him re-offending.

Conditions of Practice

There were no cases where a conditions of practice order were considered appropriate following a conviction or caution.

Cautions

There were five cases where a registrant was cautioned by the HPC following a criminal conviction or police caution. The range of criminal offences for which the HPC cautions were given were as follows:

- common assault;

- theft of NHS property;
- driving whilst over the limit;
- possession of a class A controlled drug; and
- failure to provide a breath specimen for alcohol analysis.

In all five cases the panel decided that a caution order was a proportionate sanction and would adequately protect the public.

Misconduct

In 2007-2008, 91 final disposal decisions were made in cases involving allegations to the effect that a registrant's fitness to practise was impaired by reason of their misconduct. In some cases, the allegation was one of lack of competence and misconduct.

Some of the issues considered included:

- making false statements on CV;
- misuse of drugs;
- inappropriate behaviour towards colleagues;
- attending work under the influence of drugs and alcohol;
- fraudulent use of trust postal system and misuse of trust property;
- accessing inappropriate websites at work;
- issuing incompatible blood and attempting to destroy the evidence of doing so;
- working while claiming sick pay;
- unauthorised absence from work;
- inappropriate behaviour and treatment of a patient;
- sexual harassment;
- falsifying records; and
- misreading blood leading to death of patient.

Below are some more detailed examples of the most common misconduct alleged.

Misuse of drugs

In 2007-2008, nine cases considered by the Conduct and Competence Committee concerned allegations relating to the misuse of drugs, and in some cases also alcohol. These cases often involved the theft of the drugs from the employer.

All but two of the case concerned paramedics and operating department practitioners, which is consistent with the cases that were considered in 2006 - 2007. Both professions have regular access to controlled drugs during the course of their work. The remaining cases involved a biomedical scientist and a radiographer.

In six cases, panels struck the registrant off the Register. The remaining three cases were made subject to a caution order. In some cases an interim order was imposed while the case was under investigation to protect the public and the registrants themselves.

In the cases where the panel imposed a caution order, the registrants were in attendance at the hearing. The cautions imposed were for periods of between one and two years. In these cases the panel took into account mitigating circumstances and the fact that in two cases it was an isolated incident and had not occurred while the registrants were on duty. The panels were assured that the registrant was not a risk to the public.

The cases that resulted in the registrants being struck off the register concerned two paramedics, two operating department practitioners, one radiographer and one biomedical scientist.

In one case involving an operating department practitioner, quantities of Tylex, Co-Codamol and Codyramol were stolen from a hospital and the registrant was later convicted of the offence and received a conditional discharge. The registrant was also convicted of two other offences between 2001 and 2003 for assault and failing to provide a breath specimen for alcohol analysis.

In another case concerning an operating department practitioner, quantities of Profopul and syringes were taken and self administered by the registrant. The registrant admitted the allegation and had been dismissed by her employer. There had been more than one occasion indicating a continuing problem and the panel decided that striking off was the only option that would adequately protect the public.

In one case involving a paramedic, the registrant consumed isopropyl alcohol and kaolin and morphine whilst on duty on a number of occasions over a five year period. He was found collapsed on one occasion and there were concerns over his driving ability. There were also empty ampoules of Oromorph found in the ambulance used by the registrant, with no explanation as to its use. In deciding to strike off the registrant, the panel noted that he lacked insight and had failed to address his conduct.

In the other paramedic case, the registrant self administered entonox whilst on duty on numerous occasions over a six month period. In coming to their decision to strike this paramedic off the register, the panel took account of his lack of insight and failure to address his shortcomings.

In the case concerning a radiographer who was struck off, the registrant admitted that he removed a syringe containing un-used Midazolam from a sharps bin while on duty. He then self administered 1ml intravenously, disposing of the Midazolam and placing the used needle and syringe into his bag. He also admitted that earlier that night whilst on duty, he had taken a Voltarol tablet prescribed for his mother. There were concerns about the

registrant's handling of his clinical case load following the incident. The panel commented on the unsafe practice demonstrated by the registrant regarding working under the influence of drugs, use of a partially used syringe and failure to dispose of clinical waste appropriately.

In the final case concerning the misuse of drugs, a biomedical scientist attended work on a number of occasions under the influence of alcohol and cannabis. There was no evidence that the registrant's behaviour had changed and the only sanction the panel considered would sufficiently protect the public was a striking off order.

Accessing inappropriate websites at work

There were three cases considered by the Conduct and Competence Committee where the allegations relate to accessing inappropriate websites at work. The cases concerned two chiropractors and one occupational therapist and the sanctions imposed by the panels ranged from a caution, suspension to striking off.

The case where the panel imposed a caution involved a chiropractor who accessed pornographic websites at work and downloaded images onto his work computer. In coming to its decision the panel took account of the fact that no-one else had viewed the images and the registrant had a previously unblemished record.

Where the panel decided to strike the registrant off the register, the case again concerned a chiropractor who excessively accessed non work related web sites whilst at work. There were also other elements of the registrant's behaviour that caused concern, including showing her colleagues sexually explicit photographs of her partner, talking on her mobile phone and swearing in front of patients, demonstrating martial art techniques on her colleagues in the patient waiting room and performing a mock-Nazi salute. The panel took the decision to strike the registrant off the register, not because of the gravity of any particular act but because of the totality of the behaviour and her failure to acknowledge and address her shortcomings

Patient records

A number of cases considered in relation to registrants misconduct and/or lack of competence, involved an element relating to patient records.

In one case a dietitian was struck off the register having destroyed a page of a client's patient notes and later substituted it with a new page which contained an amended version of the entry which she traced from a colleague's prior entry. The panel concluded that altering patient notes in this way, for whatever reason, was dishonest. The registrant knew the correct procedure and deliberately ignored it. The Panel took the view that maintaining the integrity of patients' records is vital and that any deliberate falsification of records is a serious matter, and compromises public trust in the profession.

In another case, an operating department practitioner was cautioned following an incident in which he made a false entry in a log book stating he had assisted in the treatment of a patient. When asked for the supporting documentation, he completed records using the name of a patient who had died two months earlier. The false entry allowed him to alter his hours of work and entitled him to additional time off. The panel considered this to be a single lapse which did not pose risk to patients.

Lack of Competence

The types of competency issues that were considered by panel in 2007 – 2008 included:

- failure to meet the required standard of competence;
- failure to meet the requirements of managing a neurological case load;
- failure to provide adequate basic medical assessment;
- failure to meet the required level of English language proficiency; and
- failure to provide appropriate care.

Sanctions imposed

This table shows the sanctions that have been imposed by panels of the Conduct and Competence Committee by profession.

Table 5.5 Table Sanctions imposed by profession

Profession	Struck off	Suspension	Conditions of practice	Caution	No further action	Not found
AS	0	0	0	1	0	0
BS	6	2	0	3	0	2
CH	2	0	1	2	0	5
CS	1	0	0	0	0	0
DT	1	0	0	0	0	1
ODP	5	3	0	3	0	1
OT	0	12	0	5	0	3
OR	0	0	0	0	0	0
PA	12	7	3	8	2	9
PO	0	0	0	0	0	0
PH	3	7	2	1	20	1
RA	5	2	0	7	0	3
SLT	2	1	1	0	0	1
Total	37	34	7	30	22	26

The table below shows the type of sanction imposed against the types of allegation considered by panels.

Table 5.6 Sanctions imposed by type of allegation

Outcome by type of Allegation	Removed	Struck off	Suspension	Conditions of practice	Caution	no further action	not found	T
Misconduct	0	26	15	6	21	3	20	
Lack of competence	0	0	10	1	4	0	2	
Conviction/caution	0	11	4	0	5	0	3	
Health	0	0	5	0	0	0	1	
Incorrect/fraudulent entry	0	0	0	0	0	19	0	
Total	0	37	34	7	30	22	26	

Representation of registrants

All registrants are entitled to attend the final hearing and be represented if they choose. Some registrants decide not to attend, some represent themselves and some have professional representation. Panels may proceed in the registrant's absence if HPC has served them with notice of the hearing and the Panel is satisfied that, in all the circumstances, it is appropriate to do so. The role of the legal assessor at hearings is to ensure the proceedings are fair and conducted in an impartial manner and this includes ensuring the panel considers whether adequate notice has been served.

The table below shows the proportion of registrants that are represented at hearings. In 2006-2007 58% of registrants were either represented or attended the hearing to represent themselves. This figure has risen slightly in 2007-2008 to 62%.

Table 5.7 Representation at final hearings

Representation	2006-2007	2007-2008
Registrant	13	17
Representative	46	80
None	43	59
Total	102	156

Table 5.8 Outcome and representation

Outcome	Represented self	Representative	None
Not found	5	16	5
Caution	5	21	4
Conditions of practice	0	7	0
No further action	1	20	1
Strike off	5	5	27
Suspension	1	11	22
Total	17	80	59

The table below shows that the chiroprodists have the greatest percentage of representation (90%) either by the registrant themselves or a representative, with physiotherapists second highest with 76% of registrants represented.

Table 5.9 Table Representation by profession

Profession	Represented self	Representative	None	%of representation
AS	0	1	0	1
BS	3	4	6	54
CH	2	7	1	90
CS	0	0	1	0
DT	0	0	2	0
ODP	1	1	10	17
OT	1	10	9	55
OR	0	0	0	0
PA	7	20	14	66
PH	1	25	8	76
PO	0	0	0	0
RA	2	9	6	65
SL	0	3	2	60

Not well founded

HPC has the burden of proving that a case is well founded.

In 2007-2008 there were 26 instances where panels did not find cases well founded. Our legislation prevents us from publishing details of these cases, unless specifically requested to do so by the registrant concerned. However, we are obliged to provide the Council for Healthcare Regulatory Excellence (CHRE) with information about the cases that have been considered by panels of the Conduct and Competence Committee. More information about the role of CHRE can be found later in this report.

The table below indicates the number of cases that were not well founded. This includes cases considered by the Health Committee.

Table 5.10 Cases not well founded

Year	Cases not well founded	Total number of concluded cases
2004- 2005	3	45
2005- 2006	1	51
2006- 2007	18	96
2007- 2008	26	156

The table below illustrates the professions of registrants whose cases were not well founded.

Table 5.11 Cases not well founded by profession between 2007- 2008

Profession	Number of cases not well founded
Biomedical scientists	2
Chiropractors	5
Operating department practitioners	1
Occupational therapists	3
Paramedics	9
Physiotherapists	1
Radiographers	3
Speech and language therapists	1

The majority of cases (85%) considered to be not well founded were based upon grounds of misconduct and lack of competence. Three cases were based on a conviction or caution and one on matters of ill health.

In a number of cases considered to be not well founded registrants displayed to panels that they recognised their failings or acts that led to allegations made against them. Furthermore, they illustrated steps taken to address issues forming the basis of allegations made against them. In other cases evidence did not support the allegations or it was demonstrable that there was no issue of current impairment of fitness to practice.

It is important to note that once a panel of the Investigating Committee panel has made an initial 'case to answer' decision in relation to a case, the HPC has to proceed with the case. There is no power for officers of the HPC to discontinue cases.

We continually strive to ensure consistency in panel decision making and review these cases to ensure that this takes place. We hold regular training sessions for all panel members and staff. Information about cases that are not well founded are fed back through these sessions from which to draw possible future learning points.

The following three summaries are examples of cases where panels found there was no case to answer in 2007-2008.

Registrant A

Registrant A was a biomedical scientist whose original hearing date was cancelled due to the ill health of the main HPC witness, the complainant. At a subsequent date the hearing continued although the same witness remained unwell. The registrant unexpectedly challenged some documents submitted by the absent witness and the hearing was adjourned once more to allow the appearance of the absent witness to respond to these challenges.

Upon resuming the case, the HPC's witness gave evidence on six allegations based upon Registrant A's fitness to practice being impaired through misconduct and/ or lack of competence. The allegations included two particulars concerning the falsification of records, one of incomplete records, one of using incorrect testing methods, one charge of failure to train/

supervise a colleague and a final particular of running tests without proper controls.

The registrant also gave evidence on the particulars, as did an additional witness who was the area manager for the services provided by the registrant. The registrant gave descriptions of the working environment and deficiencies experienced within it. The area manager informed the panel that the complainant had been criticised for poor management of the workplace where the registrant was employed and that the complainant had since been dismissed.

The panel, after hearing evidence from both sides, decided that four of the particulars could not be proven on the balance of probabilities. The remaining two particulars had been admitted by the registrant, however the panel felt that neither constituted misconduct or a lack of competence in the circumstances described.

Registrant B

Registrant B attended the hearing and was represented by a solicitor. Allegations had been made that Registrant B – a chiropodists had failed to maintain proper and effective communication with a patient which including failing to inform the patient that the in-growing toenails treatment could cause discomfort. Registrant B’s fitness to practise was alleged to be impaired by reason of misconduct or lack of competence in relation to the allegations which he denied.

The Presenting Officer for the HPC explained that the patient who made the allegations had since indicated he no longer wished to be involved in the HPC process and that he would not appear as a witness. The Presenting Officer reported that every effort had been made to get the patient to assist in the proceedings. The patient’s witness statement was tendered in his absence. Registrant B’s solicitor opposed the application to admit the witness statement on the grounds that they would not be able to cross examine the witness on disputed evidence and that it contained a large amount of ‘hear-say’ (second hand) evidence. The Legal Assessor advised the panel before they decided that they would admit the patient’s statement. The Panel made it clear that they had not yet decided the weight they would give to evidence contained within it.

The Presenting Officer read the patient’s statement into the record of proceedings which detailed a visit to the patient’s home where treatment was received for in-growing toenails. The patient described how the procedure caused him excruciating pain and also raised concerns about the sterility of the care given. The patient went to hospital because of the pain he was suffering. No other witnesses were called by the HPC to give evidence.

Registrant B then gave evidence of the mobile chiropodist care he provided. He described his version of events when he visited the patient. The

Registrant described how he had written up patient notes later that evening of care given. The treatment, communication given and the atmosphere of the visit were described. Registrant B was not aware that the patient was in such pain, but did mention that he would have expected this treatment to cause some pain. Registrant B described how the patient would have been told to expect some discomfort.

After considering all the evidence carefully the panel announced their decision on the facts of the allegations. They described Registrant B's evidence to be reliable. They repeated that allegations they had to consider were those of a lack of communication and that on hearing the Registrant's evidence, they were satisfied that satisfactory communication had been made. The panel found neither of the facts of the allegation proven and therefore announced that the case was not well founded and closed the hearing.

Registrant C

Registrant C, a paramedic, attended the hearing with no legal representative. There were three allegations made when Registrant C attended a road traffic accident. The Registrant was alleged to have verbally and physically assaulted a member of the public, physically assaulted a policeman and acted in an unprofessional manner that was inappropriate and unacceptable. The registrant denied the charges of assault, but admitted actions had been inappropriate, unprofessional and that they constituted professional misconduct.

The hearing heard that the member of the public and the police officer were not available to give evidence despite efforts being made to ensure it. Their evidence was in the form of statements taken by a manager who undertook an internal disciplinary investigation into the allegations. Because the statements had not been composed by the individuals who saw the incident first hand, they were 'hear-say' evidence. The panel had to consider what weight they gave evidence contained within them. The manager did appear at the hearing to confirm details of the internal investigations undertaken. The Registrant also gave first hand evidence the incident.

The panel was not satisfied, on the balance of probabilities that evidence presented proved the allegations of verbal and physical abuse. They did accept that Registrant C's actions at the accident had been inappropriate and unprofessional and that they breached standards 3 and 16 of the Standards of Conduct, Performance and Ethics.

The Panel then heard evidence that this was an isolated incident and that there was no issue in relation to Registrant C's clinical capability in dealing with the incident, as his main concern was for the patient throughout. The Panel also considered a medical report produced the Registrant which confirmed the behaviour was stress related and that subsequently appropriate treatment was received. Taking all of these factors into account, the Panel was not satisfied that the misconduct impaired the Registrant's current fitness

to practise. Therefore they found that there was no case to answer and the matter was closed.

Review Hearings

When a conditions of practice order is imposed, it must be reviewed by another panel before it is due to expire. It may also be reviewed if the Registrant makes an application to the Panel. A registrant might want to do this if they are experiencing problems complying with any condition imposed by the original panel, or when new information relating to the original order becomes available. The HPC can also review a conditions of practice order if it appears that the Registrant has breached any conditions imposed by the Panel.

When a conditions of practice order is reviewed, the review panel will look for evidence that the conditions imposed by the original panel have been met.

If a suspension order was imposed, a review panel will look for evidence that the issues that lead to the suspension have been dealt with.

A review panel will look to ensure that the public continue to be adequately protected. If they are not satisfied that someone is fit to practice they may:

- extend a conditions of practice order;
- further extend the period the registrant was suspended for ; and
- remove the registrant from the Register (striking off order)

In 2007-2008 there were 66 review hearings. The registrants had all been subject to a conditions of practice or suspension order.

Table 6.1 Number of review hearings

Year	Review Hearings
2004-2005	11
2005-2006	26
2006-2007	42
2007-2008	66

The table above shows a steady increase in the number of review hearings over the last four years. This trend is likely to continue as the volume of cases increases. The cost of a review hearing in 2007-2008 was in the region of £3000. This includes the cost of the panel, shorthand writer, legal costs and in some cases, the cost of an external venue.

Highlighted below is the range of sanctions panels have imposed when reviewing cases. These range from revoking a conditions of practice order to a striking off order.

In 37 cases the panel extended the order of suspension. This can occur in cases concerning a registrant's competence. It can also occur in health cases where suspension is the highest sanction available to a panel. The sanction procedure is not intended to be punitive but tries as far as possible to rehabilitate the registrant.

A panel will normally continue an order of suspension when this is the only way public protection can be assured.

Struck Off

2007-2008 saw ten cases where the panel struck the registrant of the register following a review hearing. The registrants are listed below.

- Stephen Bowen
- Rabea Yousaf
- Claire Fox
- Julia Hollinrake
- Thabo Phirie
- Andrew Longley
- Sean Clarke
- Jane Batterton
- Alistair McLean
- Alan Sutheran

In the case of Stephen Bowen, (radiographer) the original panel determined that his fitness to practice was impaired by reason of his misconduct. He had attended work under the influence of alcohol, had taken unauthorised absence while on duty and had a history of unpredictable behaviour at work. The review panel in striking him off determined that the absence of any new information and Mr Bowen's failure to engage in the regulatory process showed a lack of insight into his problems.

Rabea Yousaf (biomedical scientist) was originally suspended following a finding that her fitness to practise was impaired by reason of her lack of competence and misconduct. The review panel were concerned at the lack of contact from the registrant since before the original hearing. The panel were concerned by her failure to engage in the regulatory process and the unwillingness of her to resolve the concerns about her fitness to practise.

The original panel in the case of Claire Fox (occupational therapist) determined that her fitness to practise was impaired because of her police cautions for shoplifting. Ms Fox had not provided the review panel with any information to show that she had addressed any of the issues that had lead to her suspension. It was therefore considered that striking off was the appropriate sanction.

In the case of Julia Hollinrake (occupational therapist) the original panel suspended her following her two convictions for driving a motor vehicle with excess alcohol. Both incidents involved a collision and the second offence was committed whilst being disqualified from driving. Since the original order of suspension Ms Hollinrake had made no contact with the HPC. As a result of this there was no evidence that Ms Hollinrake had addressed the situation and taken any steps towards rehabilitation and she was struck off.

Thabo Phirie (biomedical scientist) was suspended by the original panel following his conviction and imprisonment for five years, for an offence of wounding with intent to do grievous bodily harm. This followed an assault on his partner. In the absence of clear and compelling evidence of his efforts to address the problem reflected in the offence, the panel determined that striking off was the appropriate order.

Andrew Longley (chiroprapist / podiatrist) was originally suspended following his two cautions for the offence of assault occasioning actual bodily harm. The cautions followed an assault on both of his parents. The panel had no evidence that Mr Longley had addressed any of the issues identified by the previous panel and determined that he should be struck off the Register.

The case of Sean Clarke (biomedical scientist) centred on his lack of competence. When reviewing the case the panel noted that Mr Clarke had not provided any information following two periods of suspension and that striking off is the appropriate sanction in circumstances where a finding of this seriousness has not been remedied.

Jane Gill (biomedical scientist) was originally subject to a suspension order having attended work under the influence of alcohol and consuming alcohol while at work. The panel, when deciding to strike her off were mindful of the fact that she had again attended work with her employing Trust under the influence of alcohol. This occurred while she was suspended by the HPC but was engaged in a role that did not require registration with the HPC. This incident occurred before the first hearing of the review panel and the registrant did not bring it to their attention. The panel felt that the registrant had failed to address her lack of judgement and saw striking off as the only appropriate sanction.

Alistair Mclean (paramedic) was originally suspended following a finding that his fitness to practise was impaired by reason of his lack competence. When reviewing the case the panel noted that the registrant had failed to take the opportunity afforded to him to remedy the failings that led to his suspension, nor did he provide any explanation for this failure. They considered that in these circumstances a striking off order was the appropriate sanction.

Alan Sutheran (operating department practitioner) was originally suspended following a finding that his fitness to practise was impaired by reason of his misconduct. Mr Sutheran had taken quantities of injectable drugs from his

employer. When reviewing the suspension order for the first time the panel recommended that Mr Sutheran provide medical evidence that he was fit to practice. At the second review the panel considered that Mr Sutheran had not engaged with advice given in the decision of the Panel on 03 September 2007 and concluded that it was appropriate to strike his name off the register.

Conditions Revoked

Conditions of practice are used by a panel when it is felt that failure or deficiency is capable of remedy. They are used when the panel is satisfied that there is no risk in allowing the registrant to remain in practice. Any conditions imposed must be realistic and verifiable

In 2007-2008, the panels revoked the conditions in eight cases and allowed the registrant's to return to unrestricted practice. In all of these cases the registrants had complied with the conditions of practice order. They had demonstrated insight into, and remorse for, the actions that lead to the panel finding that their fitness to practise was impaired.

The table below lists the cases where a review hearing has taken place and there has been either a suspension order in place, or a suspension order was imposed.

Table 6.2 List of review hearings

Date of review hearing	Name of Registrant	Outcome
April 2007		
27 April	Brian Waters	Conditions revoked, suspension imposed
30 April	Cristina Reyburn	Suspension continued
30 April	Peter Morley	No further action
May 2007		
3 May	Sarah Turgoose	No further action
16 May	Stephen Bowen	Struck off
June 2007		
1 June	Alexander MacHenry	No further action
1 June	Fraymond Mayunga	Suspension continued
27 June	Kenneth Wanless	Conditions of practice continue
27 June	Russell Headridge	Suspension continued
28 June	Douglas Sinclair	Suspension continued
28 June	Rabea Yousaf	Struck off
July 2007		
3 July	Fadyomi E Alade	Continued suspension
3 July	Gaynor McAlister	Continued suspension

4 July	Frank	Attwater	Continued suspension
4 July	Alan	Gazeley	Continued suspension
18 July	Shirley	Fogarty	Continued suspension
18 July	Benjamin	Lloyd-Jones	Conditions of practice continued
31 July	Raymond	Rushton	Continued suspension

August 2007

17 August	Christopher	Caulkin	Continued suspension
17 August	Andrew	Longley	Continued suspension
28 August	Kadakwashe	Mhundwa	No further action
28 August	Esther	Randall	Continued suspension
29 August	Minette	Magno	Continued suspension

September 2007

3 September	Alan	Sutheran	Continued suspension
3 September	Richard G	Adams	Continued suspension
21 September	Hayley	Forman	Continued suspension
21 September	Asarath	Aliyar	Continued suspension
24 September	Daniel	Kings	No further action

October 2007

1 October	Claire	Fox	Struck off
1 October	Julian	Hollinrake	Struck off
4 October	Susan	Harbottle	No further action
5 October	Mohammed	Khokhar	Continued suspension
5 October	Joe	Osmond	Continued suspension
18 October	Brian	Beber	Suspension imposed
18 October	Gordon	Mendy	Continued suspension

November 2007

2 November	Baldeev	Mehra	Continued suspension
2 November	Nadeev	Khan	Continued suspension
9 November	Wendy	McNabb	Continued suspension
16 November	Alan	Gazeley	Continued suspension
16 November	Thabo	Phirie	Struck off
22 November	Roland	Parton	Continued suspension
23 November	Andrew	Longley	Struck off
23 November	Susan	Bradley	Continued suspension
23 November	Criona	O'Donnell	Continued suspension

December 2007

4 December	Rachel	Winnard	Continued suspension
4 December	Mark	Campbell	Caution
6 December	Nigel	Harrison	Continued suspension
6 December	Zanele	Nxumolo	Continued suspension
6 December	Pamela	Wilson	Continued suspension
14 December	Ian	Blakey	Continued suspension

February 2008

8 February	Jitendra	Singh	Continued suspension
8 February	Naomi	Sudo	Continued suspension
15 February	Sean	Clarke	Struck off
15 February	Jane	Batterton	Struck off

18 February	Katy	Peake	Continued suspension
18 February	Rosemary	Fisher	Continued suspension
21 February	Alistair	McLean	Struck off

March 2008

3 March	Alan	Pearce	Continued suspension
3 March	Frank	Mullen	No further action
4 March	Peter	Jellett	Continued Conditions of practice
4 March	John	Johnson	Continued suspension
11 March	Alloysius	Ogoke	Continued suspension
25 March	Alan	Sutheran	Struck off

No further action indicates that where there has previously been a conditions of practice order, or an order of suspension, that this has been removed and the registrant is free to practice without restriction.

The majority of review hearings are now being presented in house by Case Managers acting in their capacity of presenting officers. It is anticipated that the number of hearings presented by Case Managers will increase further in 2008-2009.

High Court cases and the role of the Council for Healthcare Regulatory Excellence

The CHRE is the body that promotes best practice and consistency in the regulation of healthcare professionals for the nine UK healthcare regulatory bodies, including the HPC.

The CHRE can refer a regulator's final decision in a fitness to practise case to the High Court (or, in Scotland, the Court of Session). They can do this if it is felt that a decision by the regulatory body is unduly lenient and that such a referral is in the public interest.

In 2006-2007 one HPC case was referred to the High Court by the CHRE. At the High Court hearing all parties were in agreement that the case should be remitted back to a panel of the HPC's Conduct and Competence Committee. This hearing is scheduled for June 2008.

In the year 2007-2008 the CHRE has not referred any HPC cases to the High Court. This suggests that the fitness to practise process, from the receipt of an allegation to the conclusion of the final hearing has become more robust and that appropriate sanctions are being applied by the panels. This is a significant step forward when it is considered that there has been a 50% (approx) increase in the number of final hearings compared to 2006-2007.

Registrants can also appeal the decisions made by panels to the High Court, or the Court of Session. In 2007-2008 two such cases were appealed.

Policy Developments

2007-2008 has seen the preparation and publishing of a number of brochures by the fitness to practise department. The following documents are now available:

- The Fitness to Practice Process: a guide for employers – Published November 2007
- How to make a complaint about a health professional – Published March 2008
- What happens if a complaint is made against me? – Published March 2008

Standard of Acceptance for Allegations

The Standards of Acceptance and provisions to take complaints over the telephone are now in place. This process will be reviewed as part of the work plan for 2008-2009. Work has also been done to allow us to take complaints in languages other than English. This facility will be available in 2008-2009 and will be continually monitored as part of the work plan.

Implementing Case Directions

Since June 2007 Standard Directions automatically apply to all cases in which it has been decided that there is a case to answer. This information is now included in the standard letters, is published on the website and will be included in the brochure for registrants. This has also been communicated to those who represent registrants, at meetings with professional bodies and with unions.

CHRE learning points

CHRE learning points continue to be disseminated to panels and legal assessors where appropriate. The learning points include panels providing clearer reasons for their decisions and, in cases where an order of suspension is imposed, suggestions for what evidence the registrant should put before the reviewing panel.

Review days for Legal Assessors and Panel Chairs

Review days for Legal Assessors and Panel Chairs took place in June 2007 and again in January 2008. Equality and Diversity training was provided in January 2008. Other points of discussion at these meetings included decision making, the hearing process and regulatory case law updates. The review days were well attended by both Legal Assessors and Panel Chairs and will continue through 2008-2009.

Review of Fitness to Practise Processes

The Fitness to Practise department continues to review and refine the existing processes. Work is ongoing into the conclusion of cases by way of consent. It is expected that the first of these cases will be identified by June / July 2008. This will remain an area for development and refinement in the year 2008-2009

Fitness to Practise Structure

In January 2008 the Fitness to Practice department was reorganised into two distinct functions, Case Management and Adjudication. There is a Head of Case Management and three teams, each of which has a Lead Case Manager. The adjudication function is a single team headed by the Hearings Manager.

Reduction in reliance on external lawyers

Case Managers now present the majority of Article 30 review hearings, interim order applications and interim order reviews. February 2008 saw the final hearing in a conviction case presented by a Case Manager. It is expected that Case managers will present more of these cases in 2008-2009.

Psychologists

It is now expected that the HPC will begin regulating Practitioner Psychologists in February 2009.

Registered Hearing Aid Dispensers (RHAD)

Some preparatory work has taken place this year with a view to RHAD's being regulated by the HPC. RHAD's are currently regulated by the Hearing Aid Council. The full project will begin in May 2008.

How to make a complaint

If you want to complain about a health professional registered by the HPC, please write to our Director of Fitness to Practise at the following address:

**Fitness to Practise Department
Health Professions Council
Park House
184 Kennington Park Road
London
SE11 4BU**

If you need any more help (including whether you feel your complaint should be taken over the telephone) you can also contact a member of the Fitness to Practise Department on the numbers below:

**Telephone: +44 (0) 20 7840 9814
Fax: +44(0)20 7582 4874**

You may also find useful our 'Reporting a concern' form which is available on our website: www.hpc-uk.org.

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