

# Proposed sanctions policy

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# About the policy

## Purpose of the policy

1. The Health and Care Professions Council's (HCPC's) Sanctions Policy sets out the principles a Practice Committee Panel (the "panel")<sup>1</sup> should consider when deciding what, if any, sanction should be imposed in fitness to practise cases. It aims to ensure that decisions are fair, consistent and transparent and that sanctions are sufficient to protect the public and to promote and maintain appropriate standards and public confidence in the professions regulated by the HCPC.
2. Panels make independent decisions and must decide each case on its merits. This guidance is intended to set out key principles and factors for panels to consider to support fair and transparent decision making. Panels must refer to the relevant parts of this Sanctions Policy and record the reasoning for their decision in the published outcome.
3. The [Health Professions Order 2001](#) (the "2001 Order") gives the HCPC the authority to impose sanctions, such as suspension or removal from the health and care professionals' register (the "Register"), to protect the public, uphold professional standards, and maintain confidence in regulated professions.
4. This policy covers the principles panels should consider when determining what, if any, sanction should be imposed. It provides details on:
  - [the principles of proportionality;](#)
  - [mitigating factors;](#)
  - [aggravating factors;](#)
  - [identifying serious cases;](#)
  - [the sanctions available to the panel;](#) and
  - [review hearings.](#)

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<sup>1</sup> This refers to the Practice Committee Panel of the Health and Care Professions Tribunal Service (HCPTS) which makes decisions on disciplinary and fitness to practise cases for health and care professionals. It reviews evidence, hears testimonies, and assesses whether a professional's conduct, competence, or health affects their ability to practise safely and meet the required standards. Based on its findings, the panel determines whether any sanctions are necessary.

## Equality and diversity

5. The HCPC is committed to eliminating discrimination, valuing diversity and achieving equality of opportunity in all that we do. The HCPC has statutory obligations to make sure that processes for dealing with concerns about registrants are fair and this policy supports the HCPC in meeting that commitment.
6. As a public authority the HCPC is subject to the requirements of the Equality Act 2010 which applies in England, Scotland and Wales. Our guidance and ways of working are also consistent with the public authority duty under the Northern Ireland Act 1998.<sup>2</sup>
7. The Equality Act 2010 prohibits discrimination, harassment or victimisation of people with protected characteristics. These are:
  - age;
  - disability;
  - gender reassignment;
  - marriage and civil partnership;
  - pregnancy and maternity;
  - race;
  - religion or belief;
  - sex; and
  - sexual orientation.
8. The Public Sector Equality Duty (PSED) set out in the Equality Act 2010 comprises general duties which requires HCPC to have due regard to the need to:
  - eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
  - advance equality of opportunity between people who share a protected characteristics and those who do not; and

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<sup>2</sup> While we are not listed as a public authority in the relevant legislation, we are committed to the public authority duty set out in Section 75 of the Northern Ireland Act 1998. See: [Equality, diversity and inclusion | The HCPC](#).

- foster good relations between people who share a protected characteristic and those who do not.
9. Anyone who is acting for the HCPC or the Health and Care Professions Tribunal Service (HCPTS) is expected to be aware of, and adhere to, equality and human rights legislation. Panels should be mindful of this when making all decisions. They should ensure that their decisions are fair, consistent impartial and proportionate.
  10. Panels should also be mindful that cultural differences may impact the way a registrant engages with the investigation into their conduct, and any hearing. Panels should therefore take account of potential cultural factors that may have influenced the registrant's engagement when considering sanction<sup>3</sup>.

### **Purpose of sanctions**

11. The purpose of a sanction is to uphold standards and public confidence in the professions we regulate and take the action necessary to protect the public. Sanctions are applied at the conclusion of our fitness to practise process when a registrant's conduct, competencies, criminal conviction, health, or determination by another regulator have been found to fall below acceptable standards.
12. The primary function of any sanction is to protect the public. This includes consideration of:
  - any risks the registrant might pose to those who use or need their services;
  - the deterrent effect on other registrants;
  - public confidence in the profession we regulate; and
  - public confidence in the regulatory process.
13. Sanctions should be tailored to the specific circumstances of each case, balancing public protection with the broader public interest. Sanctions should only be imposed in relation to the facts found proven and should address all of those facts which have led to a finding of impairment.
14. There are five statutory grounds of impairment:
  - misconduct;
  - lack of competence;

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<sup>3</sup> For example, how they frame an apology.

- a conviction or caution in the United Kingdom for a criminal offence, or a conviction elsewhere for an offence which, if committed in England and Wales, would constitute a criminal offence;
  - physical or mental health; or
  - a determination by another regulator.
15. Professionals registered with the HCPC must follow the standards of conduct, performance and ethics<sup>4</sup>, and the relevant standards of proficiency<sup>5</sup>. Where serious concerns have been raised about a registrant's failure to work in line with these standards, these concerns may be referred to a panel of the HCPTS.
16. A panel can only impose a sanction if they have found that a registrant's fitness to practice is currently impaired. By that stage, the panel will have heard evidence and submissions about what happened and any steps the registrant has taken to remediate. The panel may receive further evidence and hear further submissions after a finding of impairment and before deciding which sanction, if any, to impose.
17. Sanctions are not intended to punish registrants, but to ensure the public is protected and maintain standards and confidence in the profession. Inevitably, a sanction may be punitive in effect but should not be imposed for that purpose.

#### **Sanctions and orders available to the panel**

18. The following sanctions and orders are set out in Article 29 of the 2001 Order:
- mediation;<sup>6</sup>
  - no action;
  - caution;
  - conditions of practice;
  - suspension;
  - striking off.

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<sup>4</sup> <https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/>

<sup>5</sup> <https://www.hcpc-uk.org/standards/standards-of-proficiency/>

<sup>6</sup> Whilst mediation is in our legislation under Article 29, it is not considered a sanction. There's separate guidance on mediation in the form of a [Practice Note](#).

## Reasons for decision to issue a sanction

19. At every stage the decision-making process, panels must give reasons for the decisions they make. Panels must:
- i. provide clear and detailed reasoning to support its decision – they must set out how they have considered the sanctions available to them in ascending order of restrictive effect and how they have assessed the seriousness of the concerns raised, including the aggravating and mitigating factors;
  - ii. explain why the sanction they imposed was the most proportionate and appropriate one and why neither less nor more restrictive sanctions were required;
  - iii. ensure that the sanction is consistent with findings made by them at the statutory ground and impairment stages; and
  - iv. ensure the outcome of all cases, together with the reasons for decisions, are published on HCPTS website.<sup>7</sup>

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<sup>7</sup> As required by the [2001 Order](#), any decision on sanction must be published on the [HCPTS website](#) alongside the reasons for it.



## Standards of conduct, performance and ethics

20. The HCPC's standards of conduct, performance and ethics are the standards we set for all the professionals on our Register, stating in broad terms our expectations of their behaviour and conduct.
21. It is important that panels are mindful of the standards when imposing sanctions and refer to the standards in their reasons. This may simply require the panel to refer to their decision making at an earlier stage, for example why the panel found misconduct. The standards outline that registrants must:
  - promote and protect the interests of service users and carers;
  - communicate appropriately and effectively;
  - work within the limits of their knowledge and skills;
  - delegate appropriately;
  - respect confidentiality;
  - manage risk;
  - report concerns about safety;
  - be open when things go wrong;
  - be honest and trustworthy; and
  - keep records of their work.

## Proportionality

22. In making proportionate decisions on sanction, panels need to strike a balance between the competing interests of the registrant and the HCPC's overriding objective to protect the public. Furthermore, there is a public interest in retaining registrants on the Register and allowing them to practise, but only where the panel is satisfied that they can do so safely without restriction (or with conditions where required) and where the public interest does not require a registrant to be suspended or struck off. Therefore, sanctions should reflect the nature and seriousness of the concerns raised, and be fair, just and reasonable.
23. The panel's written decision should clearly explain why the sanction is necessary having regard to the full facts of the case and associated risks.

24. It should also make clear what process the panel followed, by considering each available sanction in turn, in the same order in which the panel has assessed their suitability.
25. Panels should explain why they have rejected one sanction before moving on to a more restrictive sanction, and outline why the less restrictive sanction is insufficient to protect the public and/or the public interest.
26. Where appropriate, they should also explain why the next more restrictive sanction is not required to protect the public and/or the public interest, having regard to the specific circumstances of the case.

### Interim orders

27. Interim orders have a separate and different purpose from sanctions. The purpose of interim orders is to put in place interim safeguards to protect the public interest, including the protection of the public, whilst concerns about a registrant's fitness to practise remain unresolved. Accordingly, an interim order is a temporary measure employed to manage or address risk.
28. When making a decision on sanction, the panel may be told that the registered professional was under an interim order whilst the HCPC investigated the concerns. The panel should be mindful of the effect this might have. The fact that a registrant was previously under an interim order, and for how long, are relevant background factors in deciding on what a proportionate sanction might be. For example, if a registrant has been under an interim order they may only have had a limited chance to address the areas in their practice that have fallen below the standards. If a registrant has not fully complied with an interim order, questions may be raised in relation to their insight, their attitude towards professionalism, and whether they are likely to comply with any sanction.
29. An interim order decision is not based on a finding of fact and the risk factors considered for an interim order are different from the criteria considered by the panel when deciding an appropriate sanction on a registrant's practice. Therefore, a panel should avoid giving undue weight to whether a registrant has been subject to an interim order or the duration of that order. Furthermore, the fact that a registrant has not been made the subject of an interim order during fitness to practise proceedings does not mean that a restrictive sanction should not be imposed.
30. It would be wrong for a panel to simply deduct or discount the time a registrant was previously restricted or suspended under an interim order from the substantive sanction which the panel may be thinking about imposing. Doing so could put patients at risk of harm, if time spent under an interim order was simply deducted from the otherwise appropriate period of sanction. Such a decision could mean that the substantive order would not be sufficient in achieving its purpose of maintaining standards and protecting the public.

## Assessing seriousness

31. Panels need to assess seriousness at various stages in their decision making, including when deciding what sanction, if any, to impose and the length of that sanction. Panels should assess seriousness against the HCPC's statutory objectives to protect the public and to promote and maintain public confidence in the professions and in proper professional standards and conduct of registrants.
32. Any ongoing risk to service users or public safety is an important consideration for each of these objectives. Where a registrant poses an ongoing risk, panels need to address that risk and public confidence is likely to be undermined unless the regulator takes appropriate action. Conduct which has occurred outside a registrant's professional role can indicate a risk to service user care and safety or public confidence in professions.
33. Some conduct may be considered fundamentally incompatible with continued registration because it represents a particularly serious departure from the standards required of HCPC registrants.
34. An important part of assessing seriousness is considering the aggravating and mitigating features of each case and ensuring that these are recorded fully in the panel's written decision.

## Assessing culpability

35. When assessing harm or the risk of harm, panels should consider the registrant's culpability for that harm or the risk of exposure to unwarranted harm. The degree of risk of harm cannot be considered in isolation, as even death or serious injury may result from an unintentional error, which is unlikely to be repeated. Alternatively, a person may have intended to cause serious harm, or been reckless about causing serious harm, but through nothing more than good fortune, there may have been no actual harm suffered at all.
36. In assessing culpability, panels should take into account that:
  - deliberate and intentional harm is more serious than harm arising from a registrant's reckless disregard of risk which, in turn;
  - is more serious than that arising from a negligent act where the harm may not have been foreseen by the registrant.
37. In assessing harm and future risk, panels should take account of the fact that there are different types of harm. It may be that the harm has an adverse effect on physical or mental health. In other cases, for example bullying or sexual misconduct conduct towards colleagues, the harm may include a breakdown in trust within a wider team, which may affect the safe and effective delivery of care.

## Mitigating factors

38. Mitigating factors are factors that tend to make a matter less serious in terms of the regulatory response required. They may relate to the acts, omissions or circumstances of the case or the registrant's response to them.
39. Mitigating factors relevant to the registrant's acts or omissions may include:
  - an isolated act – this may suggest there is less risk of repetition in the future;
  - no risk of harm or adverse consequence; or
  - a genuine error, which is less culpable than a deliberate or reckless act and easier to put right.
40. Mitigating factors arising from the registrant's response may include:
  - insight
  - remorse
  - apology
  - remediation
41. Matters of purely personal mitigation for instance, financial loss or reputational damage that would result from the imposition of a sanction, are likely to be of considerably less significance in regulatory proceedings, where the overarching concern is the protection of the public, than to a court imposing a punitive sentence.
42. Panels should record in their determination the mitigating and any contextual factors they have taken into consideration in deciding what sanction to impose.
43. Whilst mitigating factors do not excuse or justify poor conduct or competence, they may be useful indicators of a reduced ongoing risk posed to service users. For this reason, mitigating factors may reduce the extent of the need to impose restrictions via a sanction.
44. A key factor in determining what, if any, sanction is appropriate is likely to be the extent to which a registrant recognises their failings and has addressed them or appears genuinely willing and able to do so. Where a registrant does recognise their failings and is willing to address them, the risk of repetition may be reduced.
45. Health and social care professionals have a duty of candour; a professional responsibility to be open and honest when things go wrong with the care, treatment or service that they

have provided. The standards of conduct, performance and ethics (standard 8.1) affirm this and outline the obligation to:

- inform service users or, where appropriate, their carers, that something has gone wrong;
- apologise;
- take action to put matters right if possible; and
- make sure that service users or, where appropriate, their carers, receive a full and prompt explanation of what has happened and any likely effects.

46. In taking account of any insight, remorse or apology offered by a registrant, panels should be mindful that there may be factors, for example neuro-diverse and cultural differences, in the way these might be expressed, both verbally and non-verbally. This may be more pronounced where English is not the registrant's first language.

### Insight

47. When considering sanction, panels will need to consider what insight a registrant has shown and its relevance to and impact on the sanction required. Panels should always seek advice from the legal assessor regarding the approach they should take to their assessment of the registrant's insight. They should take particular care in assessing insight in cases in which the registrant has denied the facts alleged against them and refer to the relevant sections of the [Practice Note on Fitness to Practise Impairment](#).

48. Where present, genuine insight can indicate that:

- the registrant will comply with any requirements imposed by the panel;
- the registrant will comply with any restrictions imposed on their practice;
- the risk of repetition, and therefore the risk to service users, is significantly lower than cases where insight is not present; and
- the risk of damage to public confidence in the profession is reduced.

49. Insight is a registrant's genuine understanding and acceptance of the concerns, which have been raised in relation to their conduct or competence. It is likely to be demonstrated by:

- a genuine recognition of the concerns raised;
- an understanding of the impact or potential impact of their actions; and

- demonstrable empathy for the harm or potential harm caused to other people including service users, colleagues and members of the public.

50. Genuine insight is likely to be demonstrated by timely remorse, apology and remediation, exhibited ahead of any hearing. In assessing the sincerity of an apology, the panel should take account of the timing and level of remorse and insight the registrant has shown, and the presence and nature of any remediation they have undertaken.

### Remorse

51. Expressing remorse involves a registrant taking responsibility and exhibiting regret for their actions, and may be demonstrated by one or more of the following:

- acknowledging wrongdoing;
- giving an apology; and
- undertaking appropriate remediation.

52. Whilst insight expressed during a hearing may be taken into account, insight expressed in advance may carry more weight. Panels must take all relevant circumstances into account in deciding the relevance and impact of insight to their decisions on sanction.

### Apology

53. An apology does not necessarily mean the registrant is admitting legal liability for what had happened or a breach of statutory duty, which may be admissible as evidence of liability in other legal proceedings. Whether or not an apology will be treated in this way will be determined by the relevant UK law applying to any other proceedings.

54. Apologies are an important aspect of an individual's duty of candour. Our standards<sup>8</sup> explain that registrants must apologise to a service user and/or their carer when something has gone wrong with the care, treatment or other services that they provide. An apology may be one of the ways an individual demonstrates insight. Panels should consider the various reasons why an apology may not be given. For example, registrants, including those who have limited access to legal advice and may fear the impact an apology will have on liability.<sup>9</sup> Different cultural factors and lived experience may also impact on whether or not someone apologises, or how they frame an apology or insight.

55. For the purposes of fitness to practise proceedings before a panel, an apology itself will not in and of itself be treated as an admission of guilt (in relation to facts or impairment).

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<sup>8</sup> [The duty of candour | The HCPC](#)

<sup>9</sup> [Reforming the Law of Apologies in Civil Proceedings in England and Wales](#)

## Remediation

56. Remediation involves a registrant taking steps to address any concerns that have been raised about their conduct, competence or health. Effective remediation is likely to:
- indicate the registrant has insight into concerns about their conduct or competence or ability to manage their health;
  - reduce the risk of repetition of the concerns; and
  - reduce the risk to the public, including public confidence in the professions.
57. Whether or not remediation has been undertaken, and if any remediation can be considered effective, are important aspects of a panel's assessment of what risk the registrant might pose to the public, and therefore what sanction, if any, is required to mitigate that risk.
58. There are a wide range of remediation activities available to a registrant, and the form of that remediation will depend upon the nature of the concerns raised. The decision as to the appropriateness of the remediation is ultimately for the panel to make, however, remediation can include (but is not limited to):
- courses to address behavioural and attitudinal issues, such as professional boundaries and Equality Diversity and Inclusion;
  - training to address competence deficiencies;
  - rehabilitation to support individuals with health concerns;
  - coaching, mentoring and supervision to address competence and conduct issues; and
  - personal reflection.
59. There are some concerns which are so serious, that activities intended to remediate the concern cannot sufficiently reduce the risk to the public or public confidence in the profession. Despite the steps the registrant has taken to attempt to remediate the concerns, the panel may still feel it necessary to impose a more restrictive sanction. Such cases might include those involving:
- [dishonesty](#);
  - [failure to raise concerns](#);
  - [failure to work in partnership](#);

- [discrimination against service users, carers, colleagues and other;](#)
- [conduct which represents a serious breach of professional boundaries towards service users, carers, colleagues and other people;](#)
- [abuse of professional position, particularly when involving a vulnerable person;](#)
- [conduct which is sexual in nature or sexually motivated;](#)
- [sexual abuse of children or indecent images of children<sup>10</sup>;](#)
- [sexual offenders' database;](#)
- [criminal convictions, cautions and community sentences for serious offences;](#)  
and
- [violence which is serious or otherwise adversely affects public confidence in the profession.](#)

60. Where the panel considers the steps taken to address the concerns are not sufficient to remediate the issues, it should clearly set out:

- the seriousness of the concerns;
- the risk posed to the public;
- the steps the registrant has taken to attempt to address the concerns; and
- the reasons the steps taken are not sufficient to protect the public.

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<sup>10</sup> For the avoidance of doubt, 'indecent images of children' refers to any indecent photographs, pseudophotographs or prohibited images of children.



## Aggravating factors

61. Aggravating factors are any features of a case which increase the seriousness of the concerns. Where present, they are likely to lead to more restrictive sanctions in order to protect the public.
62. When considering the impact of aggravating factors on sanction, panels should properly evaluate these factors in the round and on a case-by-case basis. Panels must therefore give due consideration to all the information available to them about the particular case, including any wider contextual factors. These considerations should then form part of the panel's wider balancing exercise to determine what action is necessary for public protection.

### Breach of trust

63. Trust is a fundamental aspect of the relationship between a registrant and a service user or carer. Breaching this trust can have significant impacts on public protection. For example, a service user may not engage with a registrant because they are concerned that they cannot trust them delaying treatment or support. Breaching trust may also have an adverse effect on the confidence the public places in the profession more generally.
64. Breaches of trust are of even greater seriousness where they involve a vulnerable service user or carer.
65. Where there has been a breach of trust, panels are likely to impose more restrictive sanctions and should provide clear reasons if they choose not to.

### Repetition of concerns / pattern of unacceptable behaviour

66. The standards of conduct, performance and ethics outline HCPC registrants' obligation to 'promote and protect the interests of service users and carers' (standard 1) and to 'work within the limits of [their] knowledge and skills' (standard 3). Where concerns are raised regarding their conduct, competence or health, registrants are duty bound to address these concerns and ensure they do not compromise service user safety.
67. A repetition of concerns, or a pattern of unacceptable behaviour, leads to greater potential risks to the public, for a number of reasons such as:
  - the fact the conduct or behaviour has been repeated increases the likelihood it may happen again; and
  - the repetition indicates the registrant may lack insight.

68. Repeated misconduct or unacceptable behaviour, particularly where previously addressed by employer or regulatory action, is likely to require more restrictive sanctions to address the risks outlined above.

#### **Lack of insight**

69. Where a registrant lacks insight they may pose a higher risk to service users.
70. Registrants who lack a genuine recognition of the concerns raised about their fitness to practise and fail to understand or take responsibility for the impact or potential impact of their actions, are unlikely to take the steps necessary to safeguard service user safety to address the concerns raised. For this reason, in these cases panels are likely to take more serious action in order to protect the public.
71. Panels should always take advice from the legal adviser on the correct approach they should take when assessing insight and its impact on sanction.

#### **Lack of remediation**

72. If a registrant chooses not to undertake remediation activities to address their deficiencies or fails to remediate when they have promised to do so, it could indicate a lack of insight. This might significantly increase the risk of repetition and therefore risk to the public. It is therefore likely that cases involving little or no remediation might require more serious sanctions, to protect the public.

#### **Service user harm / potential service user harm**

73. In cases where a service user has been harmed, or there was potential for harm to be caused, panels should be particularly mindful of any ongoing risk to service user safety, and any impact on public confidence in the profession.
74. Service user harm, or the potential for this, will be of particular importance in cases involving vulnerable service users. In these cases, the public expect that more serious action is taken to address concerns around conduct or behaviour.

## Serious cases

### Dishonesty

75. The standards of conduct, performance and ethics require registrants to be honest and trustworthy (standard 9). Dishonesty undermines public confidence in the profession and can, in some cases, impact the public's safety.
76. Dishonesty, both in and outside the workplace, can have a significant impact on the trust placed in those who have been dishonest, and potentially on public safety and the profession generally. It is likely to lead to more restrictive sanctions. The following are illustrations of such dishonesty:
  - putting false information in a service user's record (including in an attempt to cover up misconduct or a lack of competence);
  - providing untruthful information in job applications (perhaps misleading the prospective employer about experience, training or skills gained); and
  - fraud, theft or other financial crime.
77. Given the seriousness of dishonesty, cases are likely to result in more restrictive sanctions. However, panels should bear in mind that there are different forms, and different degrees, of dishonesty, that need to be considered in an appropriately nuanced way. Factors that panels should take into account in this regard include:
  - whether the conduct took the form of a single act, or occurred on multiple occasions;
  - the duration of any dishonesty;
  - the nature of the dishonesty;
  - the actual or potential impact of the dishonesty;
  - whether the registrant took a passive or active role in it;
  - any early admission of dishonesty on the registrant's behalf; and
  - any other relevant mitigating factors.

### **Failure to raise concerns**

78. The standards of conduct, performance and ethics outline HCPC registrants' obligation to 'report concerns about safety' (standard 7). Registrants must report any concerns about the safety or wellbeing of service users promptly and appropriately and ensure that the safety and wellbeing of service users comes before any professional or other loyalties. In particular, the standards outline an explicit requirement to take appropriate action if the concern is about a child or vulnerable adult.
79. Where a registrant fails to raise concerns, this can place service users at particular risk and is likely to result in a more restrictive sanction. This will be appropriate particularly where a registrant has repeatedly failed to raise concerns, a failure to raise concerns has resulted in a serious risk to the safety or wellbeing of service users, or if the concern involved a child or vulnerable adult.

### **Failure to work in partnership**

80. The standards of conduct, performance and ethics require registrants to 'work in partnership with colleagues' for the benefit of service users (standard 2.5). As a result, registrants must share their skills, knowledge and experience with colleagues, and, where appropriate, relevant information about the care, treatment or other services provided to a service user.
81. Cases where a registrant fails to work in partnership effectively with colleagues, for example, where the registrant is bullying or discriminating against colleagues, or is dishonest with colleagues, are likely to result in a more restrictive sanction.

### **Discrimination against service users, carers, colleagues and other people**

82. Registrants must treat people fairly, whatever their personal values, biases and beliefs, and must take action to ensure their personal values, biases and beliefs do not lead them to discriminate against others or detrimentally impact the care, treatment or other services they provide. This guidance is set out at standards 1.5 and 1.6 of the standards of conduct, performance and ethics.
83. It is unlawful to discriminate against someone based on their protected characteristics, or because of the protected characteristics of someone they are associated with<sup>11</sup>.
84. Discrimination is unacceptable and can negatively impact public protection and the trust and confidence the public places in registrants. HCPC standards require that registrants do not discriminate, that they challenge discrimination, that they treat service users and carers with

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<sup>11</sup> The Equality Act 2010 specifies the nine 'protected characteristics' which are covered by this legislation: age, disability, race, sex, gender reassignment, marriage and civil partnership, pregnancy and maternity, religion and belief, and sexual orientation. It is unlawful to discriminate on the basis of any one or more of these characteristics.

respect, that they communicate politely, considerately and responsibly and that they ensure their conduct justifies the public trust and confidence in them and their profession.

85. Unlawful discrimination can come in one of the following forms:

- **Direct discrimination** - treating someone less favourably than others because of their protected characteristics.
- **Indirect discrimination** - putting rules or arrangements in place that apply to everyone and put someone at an unfair disadvantage because of a protected characteristic <sup>12</sup>.
- **Harassment** - unwanted behaviour linked to a protected characteristic that violates someone's dignity or creates an offensive environment for them.
- **Victimisation** - treating someone unfairly because they've complained about discrimination or harassment.

86. HCPC standards set out that registrants must not unfairly discriminate – this includes unlawful discrimination covered by the Equality Act 2010.

87. There can be serious consequences for public safety and confidence in the profession where a registrant unfairly discriminates against individuals (e.g., colleagues, service user, carer or members of the public), for example where a registrant:

- treats a person differently and worse than others because of who they are, or because of someone they are connected to;
- refuses (without just cause) to provide a person with a service or take them on as a client;
- behaves in a way violates a person's dignity or intimidates them; or
- punishes a person for complaining about discrimination or helping someone else to complain.

88. Where a panel finds a registrant impaired due to discrimination against service users, carers, colleagues or others– whether within or outside their professional life – the panel should refer to the HCPTS Practice Note: [\*Making Decisions on a Registrant's State of Mind\*](#). This document sets out the approach panels should take in cases where a registrant's conduct is alleged to be discriminatory.

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<sup>12</sup> It can be lawful to have specific rules or arrangements in place, as long as they can be justified.

89. Panels are more likely to impose a more restrictive sanction for discriminatory conduct, taking into account the standards of conduct, performance and ethics and the objectives of the PSSED.

### Breach of Professional Boundaries

90. Within healthcare, effective team working is vital for the health and safety of service users and their carers. As well as causing or risking harm to the team members affected, breaches of professional boundaries between colleagues can undermine effective team working, risking harm to the people that the team exists to serve. The relationship between a registrant and service user, carer or colleague is based upon trust, confidence and professionalism. The relationship between service user and registrant is one in which there is an unequal balance of power, in favour of the registrant. Whilst registrants should endeavour to have positive relationships with service users, carers and colleagues, it is essential that they remain aware of the dynamic and take care not to abuse their position.
91. The standards of conduct, performance and ethics require registrants to ensure that their conduct justifies the public's trust in them and their profession. This means being honest and trustworthy and acting in the best interests of service users, as well as ensuring that their relationships with service users, carers, and colleagues remain professional. Where a registrant is found to have abused their professional status, this is highly likely to reduce the public's trust in them and their profession. The greater the alleged abuse of trust, the more serious the panel should consider the concerns.
92. A registrant may abuse their professional position in a number of ways such as:
- **Financial:** A registrant may abuse their position of trust for their own financial gain, for example by influencing service users or carers in order to sell goods or services, or by misusing a service user or carer's money or possessions.
  - **Inappropriate access of confidential information:** A registrant will be considered to have abused their professional position if they use it to gain access to confidential records about service users, carers or colleagues without authority or a good reason to do so.
  - **Professional boundaries and inappropriate relationships:** Our standards require registrants to 'maintain appropriate relationships'. Where a registrant uses their professional status to pursue inappropriate relationships with service users or carers this may undermine the care or treatment provided and the public's trust in the profession. When considering such cases, panels should refer to the [HCTPS Practice Note on Professional Boundaries](#).
93. If a registrant forms a personal relationship with a **former service user or carer**, this may still be inappropriate, and panels should note the factors they should consider as set out in the Practice Note on Professional Boundaries.

94. A registrant's behaviour should be considered predatory where they are seen to take advantage of others, motivated by a desire to establish a sexual or otherwise inappropriate relationship with a service user or carer. The panel should take **predatory behaviour** particularly seriously, as there will often be significant risk to the targeted service user, carer or junior colleague.
95. Predatory behaviour might include attempts to contact service users, carers or junior colleagues using information accessed through confidential records (for example, visiting a service user's home address without authority or good reason to do so), or inappropriate use of social media to pursue a service user, carer or junior colleague. Any evidence of predatory behaviour is likely to lead to more restrictive sanctions.

### **Vulnerability**

96. Cases involving vulnerable service users should be treated particularly seriously. Given the unequal balance of power between registrants and service users or carers, any service user or carer accessing treatment may be vulnerable. However, a service user or carer is considered particularly vulnerable if they are unable to take care of themselves or are unable to protect themselves from significant harm or exploitation.
97. There are many ways in which a service user or carer may be vulnerable. Vulnerability might include:
- mental illness (including dementia);
  - age (for example, children under 18 or the elderly);
  - disability;
  - lack of capacity;
  - history of abuse or neglect; and
  - bereavement.
98. Where a registrant has pursued a sexual or otherwise inappropriate emotional relationship with a particularly vulnerable service user or carer, panels should consider this an aggravating factor which is likely to lead to a more restrictive sanction.

### **Sexual misconduct and sexually motivated misconduct**

99. Sexual misconduct or sexually motivated misconduct is a very serious matter that has a significant impact on the public and public confidence in the profession. It includes, but is

not limited to, sexual harassment, sexual assault, and any other conduct of a sexual nature carried out without informed consent

100. The misconduct can be directed towards:

- service users, carers and their family members;
- colleagues; and
- members of the public.

101. Because of the gravity of these types of cases, where a panel finds a registrant impaired because of sexual misconduct or sexually motivated misconduct,<sup>13</sup> it is likely to impose a more restrictive sanction. Where it deviates from this approach, it must provide clear reasons for its decision.

### **Sexual abuse of children**

102. Sexual abuse of children involves forcing or persuading them to take part in sexual activities and includes both physical contact and online activity.

103. Sexual abuse of children, whether physical or online, is intolerable, seriously damages public safety and undermines public confidence in the profession. Any professional found to have participated in sexual abuse of children in any capacity has demonstrated conduct which is incompatible with continued registration and should not be allowed to remain in unrestricted practice.

### **Offences related to indecent images of children<sup>14</sup>**

104. It is illegal to take, make, distribute, show or advertise indecent images of children.

105. The courts categorise offences relating to indecent images of children based on the nature of the images and the offender's degree of involvement in their production.

106. Any offence relating to indecent images of children involves some degree of exploitation of a child, and so a conviction for such an offence is a very serious matter. In particular, it undermines the public's trust in registrants and public confidence in the profession concerned and is likely to lead to strike off.

### **Sex offenders' database**

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<sup>13</sup> Panels should refer to HCPTS Practice Note: [Making Decisions on a Registrant's State of Mind](#), for decision regarding sexually motivated conduct.

<sup>14</sup> For the avoidance of doubt, 'indecent images of children' refers to any indecent photographs, pseudophotographs or prohibited images of children



107. Inclusion on the sex offenders' database serves to protect the public from those who have committed certain types of offences. A panel should normally regard it as incompatible with the HCPC's obligation to protect the public to allow a registrant to remain in or return to unrestricted practice while they are on the sex offenders' database.

### **Criminal convictions and cautions**

108. Where a registrant has been convicted of a serious criminal offence and is still serving a sentence at the time the matter comes before a panel, normally the panel should not allow the registrant to resume unrestricted practice until that sentence has been satisfactorily completed. However, in some cases, it may be disproportionate to impose a suspension or removal from the Register solely because part of the sentence remains outstanding. Panels should consider the nature of the offence, the stage of the sentence, and any evidence of rehabilitation when determining an appropriate sanction.
109. The panel's role is not to impose an additional punishment to any already imposed by the courts, but to protect the public and the wider public interest which includes maintaining high standards among registrants and public confidence in the profession concerned.
110. If a registrant has a conviction or caution for a less serious offence and the panel assesses that there is an ongoing risk to the public, or to public confidence in the profession because of the circumstances of that conviction or caution and/or the registrant's response to it, the sanction imposed must be sufficient to address that risk.
111. Where the panel deviates from the approach outlined above, it must provide clear reasons for its decision.

### **Community sentences**

112. Community sentences are non-custodial sentences aimed at punishing offenders' behaviour, so they do not commit crime in the future, and are used to address different aspects of an individual's offending behaviour. This may include unpaid community work, compliance with a curfew, exclusion from certain areas or participation in mental health, drug or alcohol treatment.
113. Panels need to give careful consideration to the specific terms of any community sentence when considering a registrant's fitness to practice. Generally, it will be inappropriate for a registrant to remain in, or return to, unrestricted practice whilst subject to such a sentence.
114. However, panels must approach each case on its own individual facts and give particular consideration particular attention to the outstanding elements of the sentence and evaluate their relevance to public protection and the wider public interest, including maintaining confidence in the profession and upholding professional standards.

115. If a panel chooses to give less weight to a community sentence when determining an appropriate sanction, it must provide clear and reasoned justification for its decision.

### **Violence**

116. Registrants have a duty to ensure that their conduct justifies the public's trust and confidence in them and their profession (see standard 9.1 of the standards of conduct, performance and ethics). Where a registrant has exhibited violent behaviour, this is highly likely to affect the public's confidence in their profession and pose a risk to the public. In these cases, a more restrictive sanction may be warranted.

# Sanctions

## Determining what sanction is appropriate

117. If a panel finds a registrant's fitness to practise to be impaired, it can
- refer a case for mediation;<sup>15</sup>
  - take no action;
  - impose a caution order;
  - impose a conditions of practice order;
  - impose a suspension order; or
  - strike the registrant off the Register.
118. In determining what sanction, if any, is appropriate, the panel should start by considering the least restrictive sanction first, working upwards only where necessary. The final sanction should be a proportionate one and will therefore be the minimum action required to protect the public and maintain standards and confidence in the profession.

## No action

119. A finding of impaired fitness to practise means that the panel has concerns about a registrant's current ability to practise safely and effectively. It is therefore unlikely that the panel would take no action following a finding of impairment.
120. In any case in which the panel considers taking no action to be the appropriate and proportionate outcome, it must provide clear reasons to explain this decision. In particular, it must set out why it has concluded that there is no risk to the public, or to public confidence in the profession, in taking no action.

## Caution

### What is a caution order?

121. A caution order can be imposed for any period between one and five years. The caution order will appear on the Register but will not restrict a registrant's ability to practise. An order of this sort may be taken into account if a further allegation is made against the

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<sup>15</sup> Whilst mediation is in our legislation under Article 29, it is not considered a sanction. There's separate guidance on mediation in the form of a [Practice Note](#)

registrant although, in doing so, the panel should take into account all relevant factors including:

- the length of time since the caution order was imposed;
- the relevance of that order to the further allegation made against the registrant; and
- whether any promised remedial steps that led to the imposition of a caution order originally, rather than an alternative sanction, have been fulfilled.

### **When is a caution order appropriate?**

122. A caution order is likely to be an appropriate sanction for cases in which:

- the issue is isolated, limited, or relatively minor in nature;
- there is a low risk of repetition;
- the registrant has shown good insight; and
- the registrant has undertaken appropriate remediation.

123. A caution order should be considered in cases where the nature of the allegations means that there is no risk to public protection that has to be addressed by a more restrictive sanction or that meaningful practice restrictions cannot be imposed, but a suspension of practice order would be disproportionate.

124. In these cases, panels should provide a clear explanation of why it has chosen a non-restrictive sanction, even though the panel may have found there to be a risk of repetition (albeit low).

### **How long should a caution order be imposed for?**

125. The panel can impose a caution order for any period between one and five years. The panel should take the minimum action required to protect the public and public confidence in the profession, so should begin by considering whether or not a caution order of one year would be sufficient to achieve this. It should only consider imposing a caution order for a longer period where one year is insufficient.

126. Each case should be considered on an individual basis, and the panel's decision should clearly state the length of sanction it considers to be appropriate and proportionate, and the reasons for that decision.

## Conditions of practice

### What is a conditions of practice order?

127. A conditions of practice order allows a registrant to remain in practice subject to restrictions which reflect the panel's finding as to their fitness to practise. It requires the registrant to undertake certain actions or restrict their practice in certain ways. In some cases it may be appropriate to impose a single condition for a short period, for example to undertake specific training. However, in most cases, a combination of conditions will be necessary. Conditions of practice orders must be reviewed by a panel before the order expires.

### When is a conditions of practice order appropriate?

128. A conditions of practice order is likely to be appropriate in cases where:
- the registrant has insight;
  - the concerns are capable of being remedied or managed;
  - there are no persistent or general concerns which would prevent the registrant from remediating;
  - appropriate, proportionate, realistic and verifiable conditions can be formulated;
  - the panel is confident the registrant will comply with the conditions;
  - a reviewing panel will be able to determine whether or not those conditions have or are being met; and
  - a panel is satisfied that a registrant may continue to practise with conditions without exposing the public to risk of harm.

### When might a conditions of practice order not be appropriate?

129. Conditions will only be effective in cases where the registrant is genuinely committed to resolving the concerns raised and the panel is confident they will do so. Therefore, conditions of practice are unlikely to be suitable in cases in which the registrant has failed to engage with the fitness to practise process or where there are serious or persistent concerns.
130. Conditions are also less likely to be appropriate in more serious cases, for example those involving
- [dishonesty](#);

- [failure to raise concerns;](#)
- [failure to work in partnership;](#)
- [discrimination against service users, carers, colleagues and other people;](#)
- [conduct which represents a serious breach of professional boundaries towards service users, carers, colleagues and other people;](#)
- [abuse of professional position, particularly when involving a vulnerable person;](#)
- [conduct which is sexual in nature or sexually motivated;](#)
- [sexual abuse of children or indecent images of children<sup>16</sup>;](#)
- [sexual offenders' database](#)
- [criminal convictions for serious offences; and](#)
- [violence.](#)

131. There may be circumstances in which a panel considers it appropriate to impose a conditions of practice order in the above cases. However, it should only do so when it is satisfied that the registrant's conduct was minor, out of character, capable of remediation and unlikely to be repeated and only where a more restrictive sanction would be disproportionate. The panel should take care to provide robust reasoning in these cases.

#### **What considerations should be given when formulating conditions?**

132. When considering which conditions to impose, panels should refer to the [Conditions Bank Practice Note](#). This sets out the general principles which apply to the imposition of conditions and provides sample conditions for panels to use in appropriate cases.

133. Conditions typically cover the following areas (this list is not exhaustive):

- education and training requirements;
- practice restrictions;
- chaperones;
- supervision;

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<sup>16</sup> For the avoidance of doubt, 'indecent images of children' refers to any indecent photographs, pseudophotographs or prohibited images of children.

- treatment requirements;
- substance dependency;
- informing the HCPC and others; and
- personal development.

134. Conditions should be appropriate to remedy the concerns raised, and the panel should be assured that they mitigate any risk posed by the registrant remaining in unrestricted practice and are a proportionate response to the findings made by the panel at earlier stages of their decision making.
135. A panel must impose a reasonable time limit for compliance with a condition, so as to avoid placing the relevant registrant in a position of uncertainty for an unnecessary length of time.
136. While conditions of practice may be imposed on a registrant who is currently not practising, before doing so, panels should consider whether there are equally effective conditions which could be imposed and which are not dependent on the registrant returning to practise. For example, not all training, reflection or development requires a registrant to be in practice or have a workplace-based mentor.
137. Conditions must also be workable and reasonable, taking into account the registrant's practice setting, and not imposing a condition, or combination of conditions, which can never be met, and are the equivalent of a suspension.
138. Where a panel believes that stringent conditions are required, and it has concerns these effectively suspend the registrant's practice, it should consider whether or not conditions are an appropriate sanction. The panel's primary concern should be to protect the public and public confidence in the profession. If it is not able to draft workable conditions that achieve this, it may need to consider imposing a suspension order.

#### **How long should a conditions of practice order be imposed for?**

139. Conditions of practice orders can be imposed for a period of up to three years. In determining the appropriate length of a conditions of practice order, the panel should consider all the information available to it to come to an appropriate and proportionate decision.
140. Panels should bear in mind that the review hearing will be scheduled to take place several weeks before the order is due to expire and ensure that the registrant has sufficient time to comply with the conditions of the order. It should provide clear written reasons for deciding on the particular length of the order.

141. Article 29(7)(c) of the 2001 Order enables panels to specify a minimum period (of up to two years) for which a conditions of practice order is to have effect before the registrant can apply to vary, replace or revoke it. Panels should only exercise that power in cases where it is clear from the evidence that earlier review is unlikely to be of value or where the nature of the conditions imposed make an early review inappropriate.

## **Suspension order**

### **What is a suspension order?**

142. A suspension order prohibits a registrant from practising their profession for up to one year and must be reviewed by a panel before the order expires.
143. Suspension orders cannot be made subject to conditions, but where the panel expects the registrant to address specific issues or take specific action before the suspension order is reviewed (for example, to undergo substance abuse treatment) clear guidance should be given setting out what is expected of the registrant and the evidence that may be helpful to any future review panel. However, panels should avoid being unduly prescriptive and must not bind or fetter the discretion of a future review panel.

### **When is a suspension order appropriate?**

144. A suspension order is likely to be appropriate where there are serious concerns which cannot be reasonably addressed by a conditions of practice order, but which do not require the registrant to be struck off the Register.
145. Panels considering suspension orders should always consider whether the conduct found proven indicates behaviour which is fundamentally incompatible with continued registration. If that is the case, panels should not impose a suspension order, simply because some or even all of the factors listed below are present. It may still be necessary to impose a striking off order if public protection and/or the wider public interest considerations require it. Cases where suspension orders may be appropriate include (this list is non-exhaustive):
- the concerns represent a serious breach of the standards of conduct, performance and ethics;
  - the registrant has insight;
  - the issues are unlikely to be repeated; and
  - there is evidence to suggest the registrant is likely to be able to resolve or remedy their failings, particularly in cases where the registrant has demonstrated they have begun to do so or given a credible explanation for how they will do so.



### **How long should a suspension order be imposed for?**

146. A suspension order should be imposed for a specified period up to one year. When determining how long a suspension order should be imposed for, panels must ensure that their primary consideration is what is necessary and proportionate in order to ensure that the public is protected (refer to Proportionality section).
147. Whilst short-term suspensions can have long-term consequences for a registrant (including being dismissed from their current employment), they are likely to be appropriate where a staged return to practice is required. For example, where the registrant has previously engaged in the process but is currently unable to respond to and comply with conditions of practice but may be capable of doing so in the future.
148. Short-term suspensions can also be appropriate in cases where there is no ongoing risk of harm, but where further action is required in order to maintain public confidence in the health and care profession.
149. A staged return to practice may be appropriate in cases involving substance dependency, where at the time of the hearing the registrant is seeking or undergoing treatment (and the panel has received medical evidence confirming this to be the case) but has not reached the stage where they are safe to return to practice, even if that registrant is subject to conditions of practice.
150. In these cases, the panel should clearly explain the purpose of the sanction and the expectations it has of the registrant. At the review hearing, the panel can then determine, if the registrant's fitness to practise remains impaired, what further sanction is necessary.
151. Article 29(7)(b) of the 2001 Order enables panels to specify a minimum period (of up to ten months) for which a suspension order is to have effect before the registrant can apply to vary, replace or revoke it. Panels should only exercise that power in cases where it is clear from the evidence that earlier review is unlikely to be of value.

### **Striking off order**

#### **What is a striking off order?**

152. A striking off order removes a registrant's name from the Register and prohibits the registrant from practising their profession.
153. Striking off is a long-term sanction. Article 33(2) of the 2001 Order provides that, unless new evidence comes to light, a person may not apply for restoration to the Register within five years of the date of a striking off order being made, and panels do not have the power to vary that restriction.
154. A striking off order may not be made in respect of an allegation relating to concerns about their competence or ability to manage their health unless the registrant has been

continuously suspended, or subject to a conditions of practice order, for a period of two years at the date of the decision to strike off. Interim orders do not count towards the period of two years.

### **When is a striking off order appropriate?**

155. A striking off order will be appropriate for serious, persistent, deliberate or reckless acts which may include (this list is not exhaustive):

- [dishonesty;](#)
- [failure to raise concerns;](#)
- [failure to work in partnership;](#)
- [discrimination against service users, carers, colleagues and other people;](#)
- [conduct which represents a serious breach of professional boundaries towards service users, carers, colleagues and other people;](#)
- [abuse of professional position, particularly when involving a vulnerable person;](#)
- [conduct which is sexual in nature or sexually motivated;](#)
- [sexual abuse of children or indecent images of children<sup>17</sup>;](#)
- [sexual offenders' database;](#)
- [criminal convictions, cautions and community sentences for serious offences;](#)  
and
- [violence which is serious or otherwise adversely affects public confidence in the profession.](#)

156. A striking off order is likely to be appropriate, whether or not the conduct is included in the examples of such conduct in the list above, where the nature and gravity of the concerns are such that any lesser sanction would be insufficient to protect the public, public confidence in the profession, and public confidence in the regulatory process. Some examples of such conduct include (this list is not exhaustive), where the registrant:

- lacks insight;

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<sup>17</sup> For the avoidance of doubt, 'indecent images of children' refers to any indecent photographs, pseudophotographs or prohibited images of children.

- continues to repeat the misconduct or, where a registrant has been suspended for two years continuously, fails to address a lack of competence (for example, due to health impairment); or
- is unwilling to resolve matters.

157. A striking off order has a significant impact on a registrant, and so when a panel imposes a striking off order, it should provide clear and detailed reasons for doing so, making clear why a less restrictive sanction was insufficient.

### **Interim orders to cover the appeal period**

#### **What is an interim order?**

158. If a panel imposes a conditions of practice order, suspension order, or striking off order, Article 31 of the 2001 Order provides the panel with the discretionary power to also impose an interim condition of practice order or an interim suspension order to cover the appeal period. These interim orders are different to the interim orders referred to under [Proportionality section](#) above, which are imposed to cover the period until the case has been disposed of and which are automatically revoked at the sanction stage of the substantive proceedings.
159. Sanctions imposed by panels do not take effect until 28 days after they are imposed or, if a registrant appeals, the appeal is concluded or abandoned. To cover that period, during which a registrant could otherwise practice unrestricted, the Panel can impose an interim order of conditions or suspension.

#### **When is an interim order appropriate?**

160. The power to impose an interim order is discretionary, and so panels should not consider it to be an automatic outcome. The panel should carefully consider whether or not an interim order is necessary and should provide the parties with an opportunity to address the panel on whether an interim order is required.
161. An interim order is likely to be required in cases where:
- there is a serious and ongoing risk to service users or the public from the registrant's lack of professional knowledge or skills, conduct, or unmanaged health problems; or
  - the allegation is so serious that public confidence in the profession would be seriously harmed if the registrant was allowed to remain in unrestricted practice.

### **Multiple sanctions**

162. Article 29 of the 2001 Order provides an escalating range of sanctions and panels may only impose one sanction at any one time, so it will be rare for a registrant to be subject to more than one sanction at a time. However, if that situation does arise, panels should ensure the duration and effect of each sanction is clear.
163. A registrant is only likely to be subject to multiple sanctions in cases where a sanction has been imposed in relation to one allegation, and a second sanction needs to be imposed in respect of an entirely separate and unconnected allegation.
164. However, where the second allegation involves any of the following, then escalation to a more stringent sanction is likely to be the more appropriate course of action:
- a repetition of the conduct which gave rise to the first sanction;
  - conduct or behaviour similar in nature to the previous concerns; or
  - a breach of the existing sanction.
165. In these cases, the more restrictive sanction may have the effect of overriding the less restrictive sanction, for example, a suspension order will override a conditions of practice order because the registrant is no longer able to practise.<sup>18</sup>

## Review hearings

166. The review process is not a mechanism for appealing against or 'going behind' the original finding that the registrant's fitness to practise is impaired. The purpose of review is to consider:
- whether the registrant's fitness to practise remains impaired; and
  - if so, whether the existing order or another order needs to be in place to protect the public.
167. When reviewing sanctions under Article 30 of the 2001 Order, a panel may vary, extend, replace or revoke an existing sanction, but cannot impose a second, additional sanction for the same allegation. Where there are multiple sanctions against a registrant, review panels must consider each sanction separately.
168. At a review hearing, the panel's primary role is to consider the information available to it with regard to the conduct of the registrant since the previous hearing, and whether the registrant's fitness to practise remains impaired. If it does, the panel then needs to consider

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<sup>18</sup> The panel would need to make an order to bring the existing sanction to an end.

whether the original sanction ought to be varied, extended or replaced in order to protect the public.

169. In making its decision the panel should take account of the wider public interest, which includes:

- the deterrent effect to other registrants;
- public confidence in the profession concerned; and
- public confidence in the regulatory process.

170. The panel should take account of the same considerations it would for a new hearing, including the information available to it about the initial allegations, any further information received including about the wider circumstances of the case and the risk posed to the public.

171. No registrant should resume unrestricted practice until it is safe and appropriate for them to do so.