Fitness to Practise Committee –24 May 2012

Fitness to Practise Annual Report 2011-12

Executive summary and recommendations

Introduction

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

> *The Council shall publish, by such date in each year as the Privy Council shall specify a statistical report which indicates the efficiency and effectiveness of, and which includes a description of, the arrangements which the Council has put in place under article 21(1)(b) to protect members of the public from registrants whose fitness to practise is impaired, together with the Council's observations on the report.*
> *'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 2011-12 Fitness to Practise Annual report. An appendix setting out data from previous years has also been included in this year's report.

The report is due for publication in September 2012 by which time the HPC will have changed its name to the Health and Care Professions Council. Please note that the report does refer to the Health Professions Council. Further work will be undertaken with Communications to decide the best way to approach the name change within the document.

In line with last year we will also publish a key information document for 2011-12, setting out the key statistical data and trends.

Decision

The Committee is asked to recommend that the Council approve the 2011-12 Fitness to Practise Annual report (subject to editorial amendments).

Background information

None

Resource implications

Employee time in writing the report

Financial implications

Accounted for in 2012-13 budget

Appendices

Fitness to Practise Annual report 2011-12

Date of paper

14 May 2012

[front cover]

1 April 2011 to 31 March 2012 [strapline]

Fitness to practise annual report 2012 [title]

Contents

[NOTE TO DESIGNER: IGNORE PAGE NUMBERS, INDENTED TEXT IS PLAIN TEXT, NOT INDENTED IS BOLD – SEE 2011 REPORT]

Executive summary

Welcome to the ninth fitness to practise annual report of the Health Professions Council (HPC) covering the period 1 April 2011 to 31 March 2012. This report provides information about the HPC's work in considering allegations about the fitness to practise of HPC registrants. It details the way in which our fitness to practise panels have dealt with the cases brought before them and includes information about the number and types of cases and the outcomes of those cases.

In October 2011, our Council agreed that we should proceed with the development of a pilot to assess the use and value of mediation within HPC's regulatory processes. Work to prepare that pilot will proceed throughout 2012-13.

In January 2012, we published our revised Standard of Acceptance of Allegations policy document. That policy sets out the threshold standards that concerns that are raised about an HPC registrant must meet in order for a concern to progress to our fitness to practise process. It also sets out in more detail those categories of cases which do not meet the required standard for further investigation. It is always important to recognise that sometimes professionals do make mistakes that are unlikely to be repeated. This means that the person's fitness to practise is unlikely to be 'impaired.'

Ensuring our processes are as aligned as is reasonably possible with principles of restorative and rehabilitative justice remains core to HPC's fitness to practise proceedings. Along with ensuring openness, fairness and transparency in our fitness to practise proceedings, this will remain central to our approach and work in 2012-13.

We have continued to see an increase in the use of our consent process to dispose of cases. We consider that it is appropriate for cases to be considered for consensual disposal only once a case to answer decision has been made. This prevents regulators from diverting cases which would not otherwise have been referred to final hearing through this process. This strikes an appropriate balance between the rights of the registrant and protection of the public.

We are also continuing to take steps to improve cost efficiency within our processes given that the fitness to practise operating budget was approximately 45 per cent of our total budget. However, cost savings should not and cannot be a bar to ensuring fairness and justice.

It is of course important to continue to highlight the low number of cases proportionate to the overall number of registrants on our register. Our caseload involves only 0.42 of HPC registrants.

I hope you find this report of interest. If you have any feedback or comments please email me at ftpnoncaserelated@hpc-uk.org.

Kelly Johnson
Director of Fitness to Practise

Introduction

About us (the Health Professions Council)

We are the Health Professions Council, a regulator set up to protect the public. To do this, we keep a register of those who meet our standards for their training, professional skills and behaviour. We can take action if someone on our Register falls below our standards.

In the year 1 April 2011 to 31 March 2012 we regulated members of the following 15 professions.

- Arts therapists
- Biomedical scientists
- Chiropodists / podiatrists
- Clinical scientists
- Dietitians
- Hearing aid dispensers
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Practitioner psychologists
- Prosthetists / orthotists
- Radiographers
- Speech and language therapists

On 1 August 2012, we will take over the statutory regulation of Social Workers in England. Prior to that date, the General Social Care Council was responsible for the statutory regulation of Social Workers in England. In line with the new Health and Social Care Act our name has also been changed to the Health and Care Professions Council (HCPC).

Each of the professions we regulate has one or more ‘protected titles’ (protected titles include titles like ‘physiotherapist’ and ‘operating department practitioner’). Anyone who uses a protected title and is not registered with us is breaking the law, and could be prosecuted. It is also an offence for a person who is not a registered hearing aid dispenser to perform the functions of a

dispenser of hearing aids. For a full list of protected titles and for further information about the protected function of hearing aid dispensers, please go to our website at www.hpc-uk.org. 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 professionals who are on our Register);
- keep a register of professionals who meet those standards;
- approve programmes which professionals must complete before they can register with us; and
- take action when professionals on our Register do not meet our standards.

For an up-to-date list of the professions we regulate, or to learn more about the role of a particular profession, see www.hpc-uk.org.

What is 'fitness to practise'?

When we say that a professional is 'fit to practise' we mean that they have the skills, knowledge and character to practise their profession safely and effectively. However, fitness to practise is not just about professional performance. It also includes acts by a professional which may affect public protection or confidence in the profession. This may include matters not directly related to professional practice.

What is the purpose of the fitness to practise process?

Our fitness to practise process is designed to protect the public from those who are not fit to practise. If a professional's fitness to practise is 'impaired,' it means that there are concerns about their ability to practise safely and effectively. This may mean that they should not practice at all, or that they should be limited in what they are allowed to do. We will take appropriate actions to make this happen.

Sometimes professionals make mistakes that are unlikely to be repeated. This means that the person's overall fitness to practise is unlikely to be 'impaired.' People sometimes make mistakes or have a one-off instance of unprofessional conduct or behaviour. Our processes do not mean that we will pursue every isolated or minor mistake. However, if a professional is found to fall below our standards, we will take action.

What to expect

If a concern about a professional is raised with us, you can expect us to treat everyone involved in the case fairly and explain what will happen at each stage of the process. We will keep everyone involved in the case up-to-date with the progress of our investigation. We allocate a case manager to each case. They are neutral and do not take the side of either the registrant or the person who makes us aware of concerns. Their role is to manage the case throughout the process and to gather relevant information. They act as a contact for everyone involved in the case. They cannot give legal advice. However, they can explain how the process works and what panels consider when making decisions.

Raising a fitness to practise concern

Anyone can contact us and raise a concern about a registered professional. This includes members of the public, employers, the police and other professionals. You will find information about how to tell us about a fitness to practise concern in our brochure How to raise a concern which can be found on our website at www.hpc-uk.org/publications/brochures.

What types of case can the HPC consider?

We consider every case individually. However, a professional's fitness to practise is likely to be impaired if the evidence shows that they:

- were dishonest, committed fraud or abused someone's trust;
- exploited a vulnerable person;
- failed to respect service users' rights to make choices about their own care;
- have health problems which they have not dealt with, and which may affect the safety of service users;
- hid mistakes or tried to block our investigation;
- had an improper relationship with a service user;
- carried out reckless or deliberately harmful acts;
- seriously or persistently failed to meet standards;
- were involved in sexual misconduct or indecency (including any involvement in child pornography);
- have a substance abuse or misuse problem;
- have been violent or displayed threatening behaviour; or
- carried out other, equally serious, activities which affect public confidence in the profession.

We can also consider concerns about whether an entry to the HPC Register has been made fraudulently or incorrectly. For example, the person may have provided false information when they applied to be registered or we may have registered them by mistake.

What can't the HPC do?

We are not able to:

- consider cases about professionals who are not registered with us;
- consider cases about organisations (we only deal with cases about individual professionals);
- get involved in clinical care;
- deal with customer-service issues;
- arrange refunds or compensation;
- fine a professional;
- give legal advice; or
- make a professional apologise.

Fitness to practise brochures

For more information about the fitness to practise process, please contact us to request one of the following brochures.

- How to raise a concern
- What happens if a concern is raised about me?
- The fitness to practise process – information for employers and managers
- Information for witnesses

You can also find these publications at www.hpc-uk.org/publications/brochures

Practice notes

The HPC has a number of practice notes in place for the various stages of the fitness to practise process. Practice notes are issued by the Council for the guidance of Practice Committee Panels and to assist those appearing before them. New practice notes are issued on a regular basis and all current notes are reviewed to ensure that they are fit for purpose. All of the HPC's practice notes are publicly available on our website at www.hpc-uk.org

Partners and panels

The HPC uses the profession-specific knowledge of HPC '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 partner and one lay partner sit on our panels to ensure that we have appropriate public input and professional expertise in the decision-making process.

At every public hearing there is also a legal assessor. The legal assessor does not take part in the decision-making process, but gives the panel and the

others involved advice and information on law and legal procedure. The HPC does not use legally qualified panel chairs as we feel that the role of a legal assessor is an important safeguard in fitness to practise proceedings, ensuring that all parties are treated fairly. At HPC hearings, the legal assessor does not sit with the panel. This step has been taken to signify their independence from the panel and their role in giving advice to all those who are in attendance at the hearing.

The HPC's 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 hearings are fair, independent and impartial. Furthermore, employees of the HPC are not involved in the decision-making process. This ensures decisions are made independently and free from any appearance of bias.

Standard of proof

The HPC uses the 'civil standard of proof' in its final hearing fitness to practise cases. This means that panels consider, on the balance of probabilities, whether an allegation is proven.

Cases received in 2011–12

This section contains information about the number and the type of fitness to practise concerns received about registrants. It also provides information about who raised these concerns. A concern is only classed as an "allegation" when it meets our standard of acceptance for allegations. The standard of acceptance, which was reviewed and revised this year, sets out the information we must have for a case to be treated as an allegation. As a minimum this information:

- must be in writing (fitness to practise concerns may also be taken over the telephone if a complainant has any accessibility difficulties);

- must include the professional's name; and

- must give enough detail about the concerns to enable the professional to understand these concerns and to respond to them.

Any case which does not meet the standard of acceptance is classed as an 'enquiry'. In these instances we will always seek further information and many enquiries become allegations once we receive this additional information. The HPC's Standard of Acceptance for Allegations policy explains our approach more fully. For further information, please see the Standards of Acceptance for Allegations Policy on our website at: www.hpc-uk.org/publications/policy/index.asp?id=529

Table 1 shows the number of cases received in 2011-12 compared to the total number of professionals registered by the HPC (as of 31 March 2012).

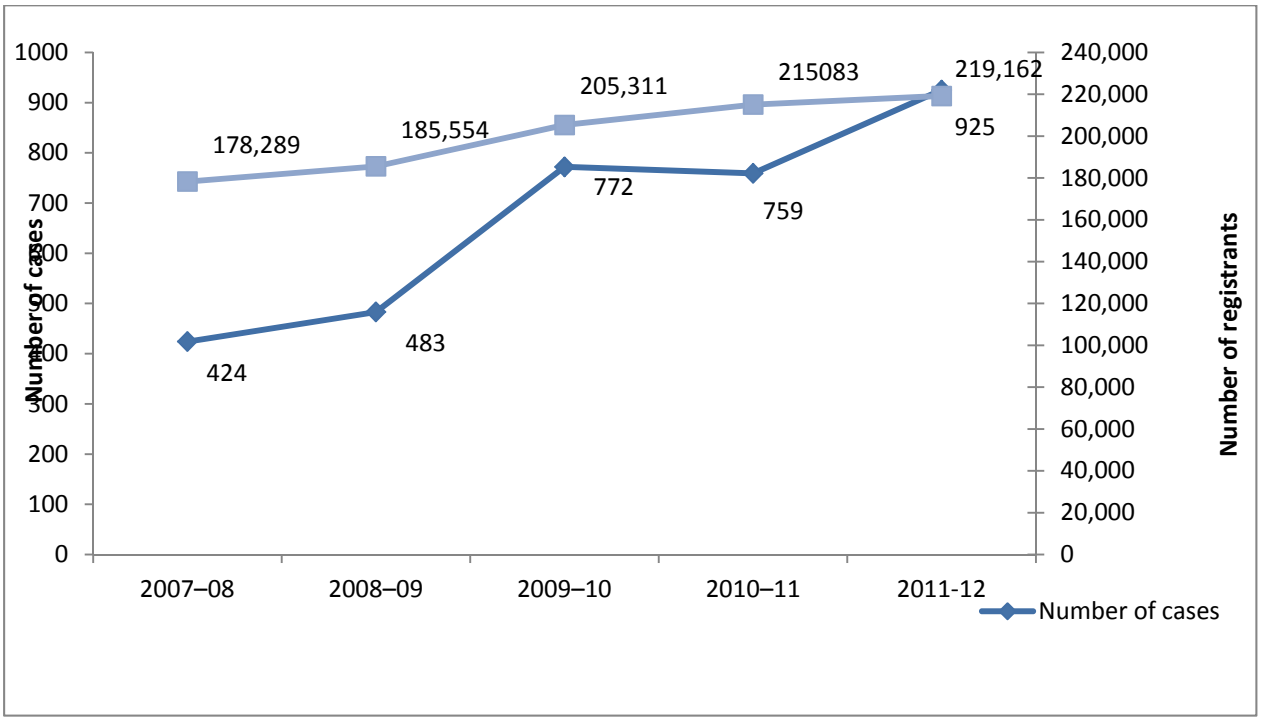
Table 1 Total number of cases received in 2011–12

	Number of cases	Total number of registrants	% of registrants subject to complaints
2011-12	925	219,162	0.42

Compared to 2010-11 the number of cases the HPC received in 2011-12 increased by 2.2 per cent (or, in actual numbers, an increase of 166 cases). The number of professionals registered by the HPC has also increased over the same period, by 1.9 per cent. The net effect of these increases has been that the proportion of HPC registrants who have had a fitness to practise concern raised about them has also grown slightly, from 0.35 per cent of all professionals on the Register in 2010-11 to 0.42 per cent in 2011-12. This still means that fewer than one in 200 registrants were the subject of a concern about their fitness to practise during the year. It should be noted that in a few instances a registrant will be the subject of more than one case.

Graph 1 shows the number of fitness to practice concerns received between 2007-08 and 2011-12 compared to the total number of HPC registrants.

Graph 1 Total numbers of cases and registrants



Where a case does not meet the standard of acceptance, even after we have sought further information, or the concerns that have been raised do not relate to fitness to practise, the case is closed. In 2011-12, 340 cases were closed without being considered by a panel of the HPC's Investigating Committee, a 36 per cent increase compared to 2010-11. The HPC's Standard of Acceptance for Allegations policy was revised in December 2011. The policy sets out the threshold standards that fitness to practise concerns must meet for a concern to progress through the fitness to practise process and sets out what the HPC considers to fall outside of its remit. The policy also recognises that, while concerns are raised about only a tiny minority of HPC registrants, investigating these concerns takes a great deal of time and effort. So it is important that HPC's resources are used effectively to protect the public and are not diverted into investigating matters which do not give cause for concern. Where cases are closed we will, wherever we can, signpost complainants to other organisations that may be able to help with the issues they have raised. Most cases of this nature are closed early in the investigation after our efforts to seek further information have not resulted in the standard of acceptance being met. In 2011-12 for cases closed without being considered by a panel of the Investigating Committee the average time taken from receipt to closure was a median average of three months and a mean average of five months.

Table 2 Length of time from receipt to closure of cases that are not considered by Investigating Committee

Number of months	Number of cases	Cumulative number of cases	% of cases	Cumulative % of cases
0–4	210	210	61.8	61.8
5–8	97	307	28.5	90.3
9–12	18	325	5.3	95.6
13–16	7	332	2.1	97.6
17–20	1	333	0.3	97.9
over 20	7	340	2.1	100.0
Total	**340**	**340**	**100**	**100**

Article 22(6) of the Health Professions Order 2001

Article 22(6) of the Health Professions Order 2001 enables the HPC to investigate a matter even where a concern has not been raised with us in the normal way (for example, in response to a media report or where information has been provided by someone who does not want to raise a concern formally). This is an important way we can use our legal powers to protect the public.

Article 22(6) is important as well in 'self-referral' cases. We encourage all professionals on the HPC Register to self-refer any issue which may affect their fitness to practise. Standard 4 of the HPC's Standards of Conduct, Performance and Ethics states that "You must provide (to us and any other relevant regulators) any important information about your conduct and competence".

As we reported in last year's annual report, in November 2010 the HPC's Education and Training Committee approved changes to our Health and Character Policy to ensure consistency in managing and investigating cases and in the decisions made by panels. Since January 2011 all self-referrals have been assessed on receipt by the HPC to determine if the information provided suggests the registrant's fitness to practise may be impaired and whether it may be appropriate for us to investigate the matter further using the Article 22(6) legal power.

Cases by profession and complainant type

The following tables and graphs show information about who raised fitness to practise concerns in 2011-12 and how many cases were received for each of the professions the HPC regulates. The total number of cases received in 2011-12 was 925 (Table 1, page **[TBC]**).

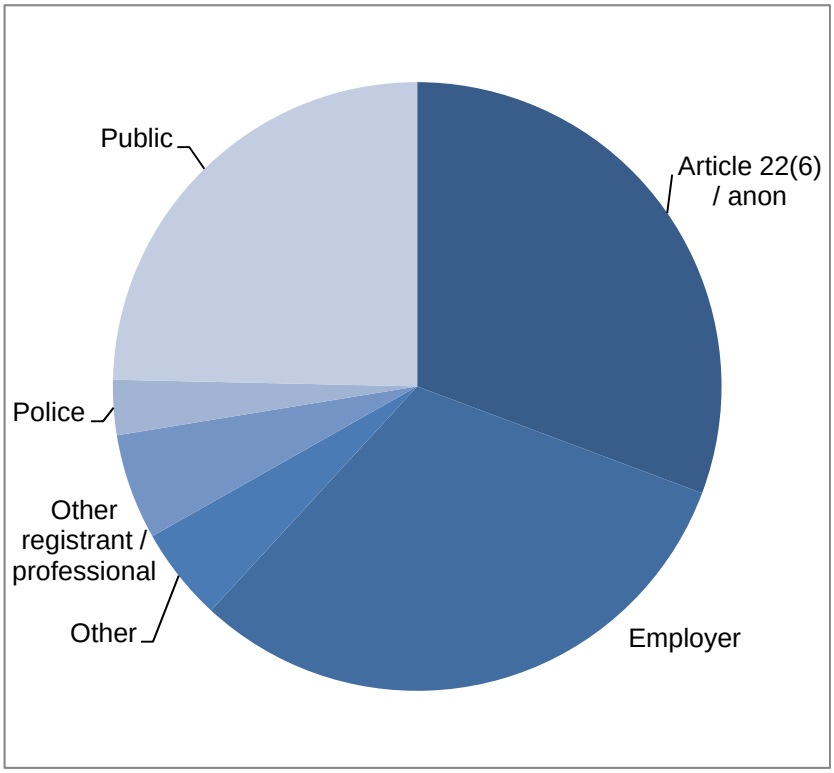
Table 3 provides information about the source of the concerns which gave rise to these 925 cases. In 2011-12 employers were, although only by a small margin, the largest complainant group, making up just over 31 per cent of cases (30 per cent in 2010-11). In every year bar one employers have been the largest complainant group. The exception was 2010-11 when members of the public formed the largest group.

The second largest source of concerns in 2011-12 was Article 22(6) and anonymous complaints, at just under 31 per cent. This represents a significant increase over the 2010-11 figure of 22 per cent. This increase can be attributed to the change in the way 'self-referrals' are managed, which has been explained above.

Table 3 Who raised concerns in 2011–12?

Type of complainant	2011-12	% of cases
Article 22(6) / anon	284	30.70
Employer	288	31.14
Other	46	4.97
Other registrant / professional	52	5.62
Police	27	2.92
Public	228	24.65
Total	**925**	**100**

Graph 2 Who raised concerns in 2011–12?



The category 'Other' in Table 3 and Graph 2 includes solicitors acting as complainants, hospitals/clinics (when not acting in the capacity of employer), colleagues who are not registrants and the Independent Safeguarding Authority (who notify us of individuals who have been barred from working with vulnerable adults and/or children.)

Table 4 provides information on the breakdown of cases received by profession and gives a comparison to the Register as a whole. The numbers of cases set out in the table below includes self-referrals made by registrants to the HPC and is therefore also included in the percentage of registrants who are subject to a fitness to practise concern.

Table 4 Cases by profession

Profession	Number of cases	% of total cases	Number of registrants	% of the Register	% of registrants subject to fitness to practise concerns
Arts therapists	4	0.4	3,121	1.42	0.13
Biomedical scientists	66	7.1	21,886	9.99	0.30
Chiropodists / podiatrists	55	5.9	13,005	5.93	0.42
Clinical scientists	9	1.0	4,665	2.13	0.19
Dietitians	12	1.3	7,782	3.55	0.15
Hearing aid dispensers	23	2.5	1,722	0.79	1.34
Occupational therapists	96	10.4	31,946	14.58	0.30
Operating department practitioners	63	6.8	10,929	4.99	0.58
Orthoptists	2	0.2	1,286	0.59	0.16
Paramedics	253	27.4	17,913	8.17	1.41
Physiotherapists	118	12.8	46,516	21.22	0.25
Practitioner psychologists	139	15.0	17,845	8.14	0.78
Prosthetists / orthotists	2	0.2	893	0.41	0.22
Radiographers	58	6.3	26,480	12.08	0.22
Speech and language therapists	25	2.7	13,173	6.01	0.19
Total	**925**	**100**	**219,162**	**100**	**0.42**

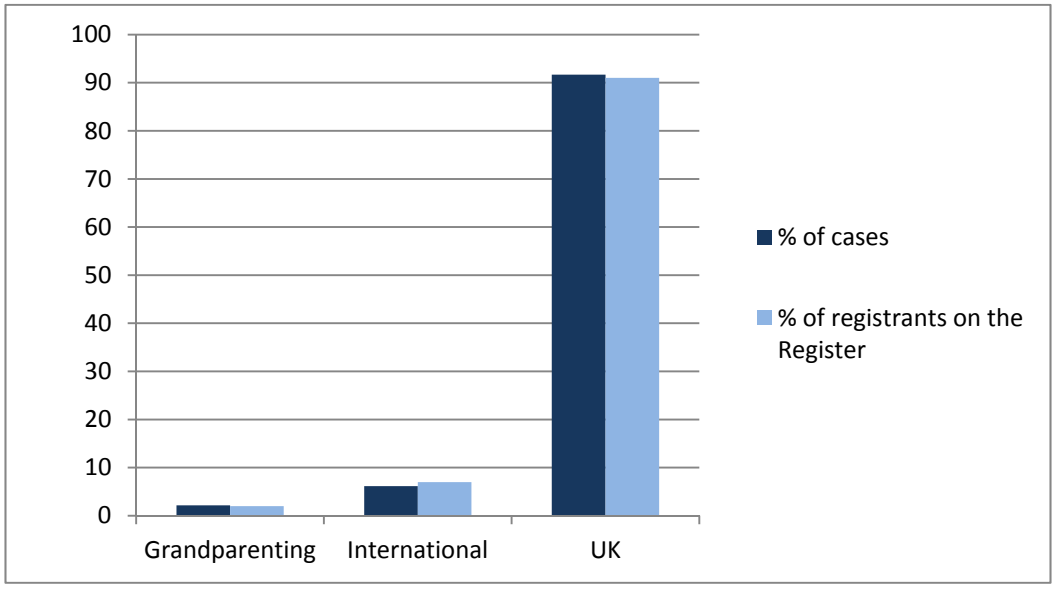
Table 5 Cases by profession and complainant type

Profession	Article 22(6) / anon	Employer	Other	Other registrant / professional	Police	Public	Total
Arts therapists	2	1	0	0	0	1	**4**
Biomedical scientists	20	32	4	5	1	4	**66**
Chiropodists / podiatrists	11	11	2	6	2	23	**55**
Clinical scientists	2	2	2	0	0	3	**9**
Dietitians	5	7	0	0	0	0	**12**
Hearing aid dispensers	3	3	3	0	0	14	**23**
Occupational therapists	21	47	0	5	3	20	**96**
Operating department practitioners	27	25	3	1	4	3	**63**
Orthoptists	0	2	0	0	0	0	**2**
Paramedics	129	70	10	18	6	20	**253**
Physiotherapists	25	35	9	3	5	41	**118**
Practitioner psychologists	15	11	9	11	2	91	**139**
Prosthetists / orthotists	1	1	0	0	0	0	**2**
Radiographers	17	28	1	2	4	6	**58**
Speech and language therapists	6	13	3	1	0	2	**25**
Total	**284**	**288**	**46**	**52**	**27**	**228**	**925**

Cases by route to registration

Table 6 and Graph 3 show the number of cases by route to registration and demonstrate a close correlation between the proportion of registrants who entered the HPC Register by a particular route and the percentage of fitness to practise cases.

Graph 3 Cases by route to registration 2011–12



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 taken into account in relation to a registrant's fitness to practise. Home Office Circular 6/2006 provides that the HPC must be notified when a registrant is convicted or cautioned for an offence in England and Wales. Similar arrangements apply for Northern Ireland and Scotland.

The types of offence we have been notified of in 2011-12 have included:

- assault;
- child cruelty;
- criminal damage;
- drink driving;
- driving without insurance;
- drugs possession;
- harassment;
- possession of child pornography; and
- theft.

Investigating Committee panels

The role of an Investigating Committee Panel (ICP) is to consider allegations made against registrants and to decide whether there is a 'case to answer.'

The Investigating Committee can decide that:

- more information is needed;
- there is a 'case to answer' (which means the matter will proceed to a final hearing); or
- there is 'no case to answer' (which means that the case does not meet the 'realistic prospect' test).

An ICP meets in private to conduct a paper-based consideration of the allegation. Neither the registrant nor the complainant appears before the ICP. The panel must decide whether or not there is a 'case to answer' based on the documents before it. The test that the panel applies when making its decision is the 'realistic prospect' test. The panel must decide whether there is a 'realistic prospect' that the HPC will be able to establish that the registrant's fitness to practise is impaired.

The Panel must be satisfied that there is a realistic or genuine possibility that the HPC, which has the burden of proof, will be able to prove:

1. the facts alleged;
2. that those facts amount to the statutory ground (eg misconduct); and
3. as a result of 1 & 2, that the Registrant's fitness to practise *is* impaired.

Only cases that meet all three elements of the 'realistic prospect' test can be referred for consideration at a final hearing. Panels must consider the allegation as whole. Examples of 'no case to answer' decisions can be found on page X.

In some cases there may be information which proves the facts of a case. However, the panel may consider that there is no realistic prospect of establishing that the facts amount to the ground(s) of the allegation (eg misconduct, lack of competence etc). Likewise, panels may consider that there is sufficient information to establish that there is a realistic prospect of proving the facts and the ground(s) of the allegation but there is no realistic prospect of establishing that the registrant's fitness to practise is impaired. This could be because the incident that gave rise to the concern was an isolated lapse that is unlikely to recur, or there is evidence to show the registrant has taken action to correct the behaviour that led to the allegation being made. Such cases would result in a 'no case to answer' decision and the case would not proceed.

For further information on the ICP process and the 'realistic prospect test', please see the 'Case to Answer Determinations' Practice Note on our website at www.hpc-uk.org/publications/brochures/

The HPC has been continuing to monitor the number of cases receiving a 'case to answer' decision at ICP stage and to refine the ICP decision-making process. In 2010-11, the HPC introduced the use of 'learning points' as an additional tool available to ICPs. Learning points can only be used by ICPs in cases where the panel concludes that there is a realistic prospect of proving the facts and statutory ground of the allegation but not fitness to practise impairment. The panel may include learning points or comments on other matters arising from the statutory ground of the allegation, which the panel considers should be brought to the attention of the registrant. Learning points must be general in nature and are designed to act as guidance only. The introduction of learning points is considered to help ensure that the fitness to practise process is proportionate and that matters are referred for consideration at a final hearing only when the 'realistic prospect' test is fully met. In 2011-12 ICPs issued learning points in [TBC] cases.

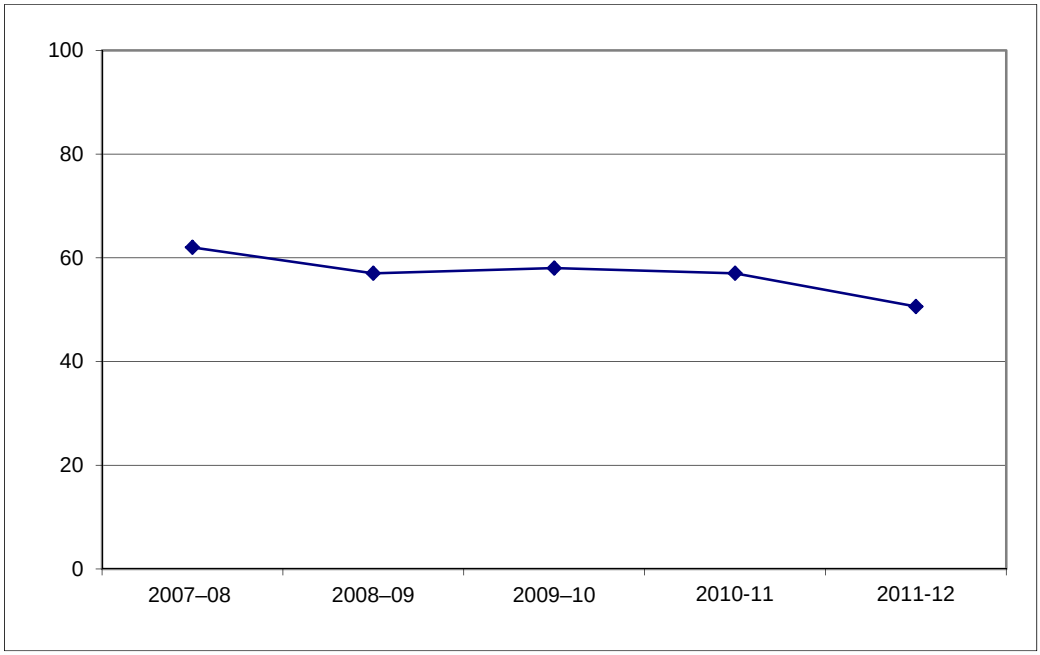
During 2011-12, 838 cases moved out of the Investigating Committee remit. This includes 340 cases that were closed prior to being considered by a panel of the Investigating Committee.

In 2011-12, 516 cases were considered by an ICP. Of those cases, 18 were considered at ICP twice as panels had requested further information. This is a decrease from the 533 cases that went to an ICP in 2010-11.

Graph 4 shows the percentage of 'case to answer' decisions each year from 2006–07 to 2011-12. The 'case to answer' rate for 2011-12 is 51 per cent. This is down six per cent from 2010-11.

The 'case to answer' rate for 2011-12 does not include cases where further information was requested by the panel. If those cases were taken into account, the percentage of 'case to answer' decisions would reduce in relation to the total number of cases that were considered at ICP during 2011-12. Similarly, the 'case to answer' rate reduces to 49 per cent of all cases received in 2011-12, including the cases that were closed prior to ICP. The case to answer rate is 30 per cent, when taking into account all cases closed at, or prior to ICP stage.

Graph 4 Percentage of allegations with a case to answer decision



Decisions by Investigating Committee panels

Table 6 Examples of no case to answer decisions

Type of issue	Reason for no case to answer
Failure to carry out a physical examination and carrying out inappropriate assessments which left a patient in pain. It was further alleged that the Registrant produced an inaccurate and misleading report about a service user.	The panel found that the patient was attending the physiotherapy appointment as a result of a referral from their employer to undergo a Functional Capacity Assessment, not for physiotherapy treatment, therefore the registrant was not required to perform all of the examinations that would be expected to be performed on someone attending for physiotherapy treatment. The panel also considered that the tests required to be performed as part of the Functional Capacity Assessment may cause discomfort. The panel did not find that there was sufficient evidence to support a realistic prospect that the Registrant produced a misleading and/or inaccurate report in relation to the service user.
The Registrant received a police	Whilst the panel found the facts proven

caution for cultivation of cannabis.	and that the facts amount to the statutory ground of the allegation (i.e. impairment by reason of Caution), the panel did not consider that there was a realistic prospect of the HPC establishing that the Registrant's current fitness to practise is impaired. In reaching its decision, the panel noted the insight demonstrated by the Registrant. The panel noted that the Registrant had reflected no her actions and recognised the seriousness of them. The panel also noted that the Registrant was fully supported by her employer and that she is performing her role effectively. The panel issued learning point to the Registrant by way of a reminder that she must ensure that her personal conduct is such that public confidence is maintained in her and her profession.
Failure to act on ECG (electrocardiogram) results, failure to discuss ECG results with the patient and their family, failure to correctly complete the non-conveyance form and failure to refer the patient to another health professional.	The panel found that whilst the ECG (electrocardiogram) indicated that the patient was suffering from cardiac problems, it was satisfied that the documents showed that the Registrant discussed the results with the patient and their family. The panel considered that the Registrant should have transported the patient to hospital but the matter was an isolated incident and there was evidence to show that the Registrant had undergone remedial training such that it was unlikely that a similar incident would occur again. The panel was therefore not satisfied that there was a reasonable prospect of establishing that the Registrant's current fitness to practise is impaired.
An Operating Department Practitioner received a police caution for common assault	Whilst the panel found that there was evidence to support the facts and statutory ground of the allegation, it did not find that there was a realistic prospect of establishing current impairment. In reaching its decision, the panel noted that it was an isolated incident within a domestic setting. The panel had regard for the insight and remorse demonstrated by the Registrant and the mitigating

	circumstances surrounding the event.
It was alleged that an Occupational Therapist inappropriately accessed the patient records of a child on her caseload, without the permission of the child's parents. It was further alleged that the OT made an unnecessary referral in relation to the child without the consent of the child's parents and that the OT recorded inaccurate information in relation to the child in a report.	The panel found that there was insufficient evidence to support the facts of the allegation. The panel found that the documents provided it to it demonstrated that the Registrant acted appropriately and in the best interests of the child. The panel found that the realistic prospect test was not met.
Use of obscene and unprofessional language in email communications with colleagues, forwarding lewd and offensive emails to colleagues and harassing and undermining a line manager.	The panel noted that the Registrant admitted to forwarding inappropriate emails to colleagues and to using inappropriate language in emails to her colleagues. The panel found that there was no realistic prospect of proving the facts in relation to harassment of the Registrant's line manager. The panel considered that the Registrant's actions in relation to the emails were capable of amounting to misconduct. However, it found that there was no realistic prospect of establishing current impairment as the Registrant had stopped sending emails of a lewd nature to colleagues.
Failing to bank money received from clients for hearing aid purchases.	The panel found that there was no evidence to support the facts alleged and therefore the realistic prospect test had not been met.
Failure to carry out a proper assessment and to provide proper treatment, resulting in the patient having to seek alternative treatment from another Chiropodist.	The panel found that the evidence contained within the bundle of documents, including the patient notes, did not support the facts alleged. The panel could not see any evidence to suggest that the treatment provided by the Registrant would have necessitated further treatment by an alternative Chiropodist.

Case to answer decisions by complainant type

Table 7 shows the number of 'case to answer' decisions by complainant type. Fitness to practise concerns received from professional bodies represent the highest percentage of 'case to answer' decisions. In 2011-12, five fitness to practise concerns from that complainant group were considered at ICP. Of those, 100 per cent received a 'case to answer' decision. However,

professional bodies also represent the smallest complainant category. Employers are the largest complainant category. In 2011-12, 288 fitness to practise concerns were raised by employers. Of those cases, 193 were considered at ICP, 69 per cent of which received a 'case to answer' decision.

In 2011-12, 105 cases considered by an ICP were received from members of the public. However, only 17 per cent of these cases resulted in a 'case to answer' decision at ICP. This represents a five per cent decrease in the number of 'case to answer' decisions made in respect of concerns raised by members of the public since 2010-11.

Table 7 Case to answer by complainant

Complainant	Number of case to answer	Number of no case to answer	Total	% case to answer
Article 22(6) / anon	69	69	138	50
Employer	134	59	193	69
Police	8	13	21	38
Professional body	5	0	5	100
Public	18	87	105	17
Registrant / professional	11	11	22	50
Other	7	7	14	50
Total	**252**	**246**	**498**	**51**

Case to answer decisions and route to registration

Table 8 shows that there is a consistency between the percentage of registrants who entered the Register via a certain route and the number of fitness to practise concerns raised in relation to those registrants. For example, registrants who came onto the Register via the international route make up seven per cent of the total number of registrants on the Register. The number of fitness to practise concerns raised in relation to those registrants is seven per cent of the total number of fitness to practise concerns raised in 2011-12. Eight per cent of fitness to practise concerns received in relation to registrants who entered the Register via the international route had a 'case to answer' decision made at ICP.

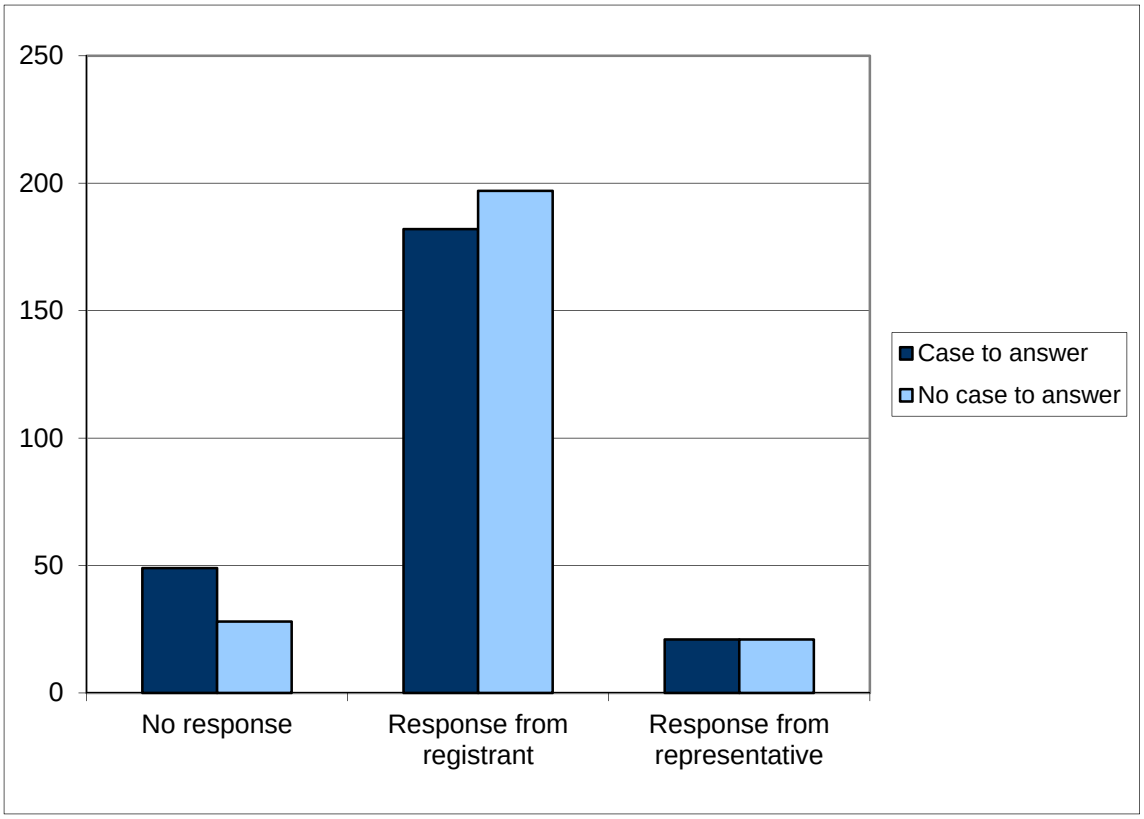
Table 8 Case to answer and route to registration

Route to registration	Number of case to answer	% of allegations	Number of no case to answer	% of allegations	Total allegations	% of allegations	% of registrants on the Register
Grandparenting	6	2	11	4	**17**	3	2
International	20	8	13	5	**33**	7	7
UK	226	90	222	90	**448**	90	91
Total	**252**	**100**	**246**	**100**	**498**	**100**	**100**

Case to answer decisions and representations

Graph 5 provides information on 'case to answer' and 'no case to answer' decisions and representations received in response to allegations. In 2011-12, representations were made to the ICP by either the registrant or their representative in 421 of the 498 cases where a decision was made by a panel of the Investigating Committee. A total of 246 cases considered by an ICP resulted in a 'no case to answer' decision. Of this number, 218 were cases where representations were provided. By contrast, only 28 cases resulted in a 'no case to answer' decision being made where no representations were provided by the registrant or their representative.

Graph 5 Representations provided to Investigating Panel



Time taken from receipt of allegation to Investigating Panel

Table 9 shows the length of time taken for allegations to be put before an ICP in 2011-12. The table shows that 77.9 per cent of allegations were considered by a panel within eight months of receipt. This is down slightly from last year when 81.3 per cent of allegations were put before an ICP within eight months of receipt. The mean length of time taken for a matter to be considered by an ICP is 7 months from receipt of the allegation and the median length of time is 5 months.

Table 9 Length of time from receipt of allegation to Investigating Panel

Number of months	Number of cases	Cumulative number of cases	% of cases	Cumulative % cases
0–4	194	194	39.0	39.0
5–8	194	388	39.0	77.9
9–12	68	456	13.7	91.6
13–16	21	477	4.2	95.8
17–20	14	491	2.8	98.6
21–24	2	493	0.4	99.0
25–28	3	496	0.6	99.6
29–32	1	497	0.2	99.8
over 33	1	498	0.2	100.0
Total	**498**	**498**	**100**	**100**

Interim orders

In certain circumstances, panels of our practice committees may impose an ‘interim conditions of practice order’ or an ‘interim suspension order’ on registrants subject to a fitness to practise investigation. This power is used when the nature and severity of the allegation is such that, if the registrant remains free to practice 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 protection. Panels will also consider the potential impact on public confidence in the regulatory process should a registrant be allowed to continue to practise without restriction whilst subject to an allegation. An interim order takes effect immediately and its duration is set out in the Health Professions Order 2001. It cannot last for more than 18 months.

An interim order prevents a registrant from practising, or places limits on their practice, whilst the investigation is on-going and will remain until the case is heard.

A practice committee panel may make an interim order to take effect either before a final decision is made in relation to an allegation or pending an appeal against such a final decision. Case Managers from the Fitness to Practise Department acting in their capacity of Presenting Officers present the majority of applications for interim orders and reviews of interim orders. This is to ensure resources are used to their best effect.

Table 10 shows the number of interim orders by profession and the number of cases where an interim order has been granted, reviewed or revoked. In 2011-12 55 applications for interim orders were made. Forty nine of those orders were granted and six were not granted. Operating Department Practitioners had the highest number of applications considered.

We are obliged to review an interim order six months after it is first imposed and every three months thereafter. The regular review mechanism is particularly important given that an interim order will restrict or prevent a registrant from practising altogether pending a final hearing decision. Applications are usually made at the initial stage of the investigation; therefore a review may also take place if new evidence becomes available after the order was imposed. In some cases an interim suspension order may be replaced with an interim conditions of practice order if the panel consider this will adequately protect the public. In 2011-12 there were four cases where an interim order was revoked by a review panel.

The maximum length of time a panel can impose an interim order is 18 months, therefore in 2011-12 the HPC applied to the High Court for an extension of an interim order in ten cases. The applications were granted and extended for a period between four and twelve months due to on-going criminal proceedings which meant that HPC were unable to conclude its case within the 18 month timeframe.

Table 10 Number of interim orders by profession

Profession	Applications considered	Applications granted	Applications not granted	Orders reviewed	Orders revoked on review
Arts therapists	0	0	0	0	0
Biomedical scientists	6	5	1	17	0
Chiropodists / podiatrists	3	3	0	7	0
Clinical scientists	0	0	0	9	1
Dietitians	0	0	0	0	0
Hearing aid dispensers	0	0	0	2	0
Occupational therapists	3	3	0	8	0
Operating department practitioners	15	13	2	20	0
Orthoptists	0	0	0	0	0
Paramedics	14	13	1	50	2
Physiotherapists	8	7	1	19	1
Practitioner psychologists	2	2	0	5	0
Prosthetists / orthotists	0	0	0	0	0
Radiographers	3	2	1	5	0
Speech and language therapists	1	1	0	0	0
Total	**55**	**49**	**6**	**142**	**4**

Final hearings

Two hundred and eighty seven cases were concluded in 2011–12, involving 262 registrants (12 registrants had more than one allegation considered at their hearing). Hearings where allegations were well founded concerned only 0.12 per cent of registrants on the HPC Register.

Most hearings are held in public, as required by our legislation, the Health Professions Order 2001. Occasionally a hearing, or part of it, may be heard in private in certain circumstances.

The HPC is obliged to hold hearings in the UK country of the registrant concerned. The majority of hearings take place in London at the HPC's offices. Where appropriate, proceedings are held in locations other than regional centres, for example, to accommodate attendees with restricted mobility. In 2011–12 hearings took place in Belfast, Cardiff, Edinburgh, London, Manchester, Inverness and Hereford, amongst other places.

Table 11 illustrates the number of public hearings that were held in 2011–2012, including cases that were adjourned or were not concluded. It details the number of public hearings heard in relation to interim orders, final hearings and reviews of substantive decisions. Some cases will have been considered at more than one hearing in the same year, for example, if proceedings ran out of time and a new date had to be arranged. Further sections of this report deal specifically with cases that were concluded at final hearing.

Table 11 Number of public hearings

	Interim order and review	**Final hearing**	**Review hearing**	**Restoration hearing**	**Article 30(7) hearing**	**Total**
2007–2008	71	187	66	0	0	**324**
2008–2009	85	219	92	0	0	**396**
2009–2010	141	331	95	0	0	**567**
2010-2011	171	404	99	2	1	**677**
2011-2012	197	405	126	3	1	**732**

Time taken from receipt of allegation to final hearing

Table 12 shows the length of time it took for cases to conclude, measured from the date of receipt of the allegation. The table also shows the number and percentage of allegations cumulatively as the length of time increases.

The length of time taken for cases that were referred for a hearing to conclude was a mean of 17 and a median of 15 months from receipt of the allegation. In 2010–11 the mean average length of time was 15 months and the median average length of time was 14 months.

The length of hearings can be extended for a number of reasons. These include protracted investigations, legal argument, availability of parties and requests for adjournments, which can all delay proceedings. Where criminal investigations have begun, the HPC will wait for the conclusion of court proceedings. Criminal cases are often lengthy in nature and can extend the time it takes for a case to reach a hearing.

Table 12 sets out the length of time for a case to conclude from receipt of the allegation to final hearing, which was a mean average of 17 months and median average of 15 months.

Table 12 Length of time from receipt of allegation to final hearing

Number of months	Number of cases	Cumulative number of cases	% of cases	Cumulative % cases
0– 4	0	0	0.0	0.0
5– 8	18	18	6.3	6.3
9–12	71	89	24.7	31.0
13–16	79	168	27.5	58.5
17–20	57	225	19.9	78.4
21–24	31	256	10.8	89.2
25–28	14	270	4.9	94.1
29–32	3	273	1.0	95.1
33–36	7	280	2.4	97.6
over 36	7	287	2.4	100.0
Total	287	287	100	100

Table 13 sets out the total length of time to close all cases from the point an allegation was received to case closure at different points in the fitness to practise process. The total length of time was a mean average of nine months and a median average of six months.

Table 13 Length of time to close all cases, including those closed pre-ICP, those where no case to answer is found and those concluded at final hearing

Number of months	Number of cases	Cumulative number of cases	% of cases	Cumulative % cases
0–4	323	323	37.0	37.0
5–8	202	525	23.1	60.1
9–12	119	644	13.6	73.8
13–16	92	736	10.5	84.3
17–20	64	800	7.3	91.6
21–24	37	837	4.2	95.9
25–28	17	854	1.9	97.8
29–32	5	859	0.6	98.4
33–36	7	866	0.8	99.2
over 36	7	873	0.8	100.0
Total	**873**	**873**	**100**	**100**

Days of hearing

Panels of the Investigating Committee, Conduct and Competence Committee and Health Committee met on 783 days in 2011–12 to consider final hearing cases. This number includes cases that were part heard or adjourned.

Panels of the Investigating Committee heard final hearing cases concerning fraudulent or incorrect entry to the Register only.

Panels may hear more than one case on some days to make the best use of time available. Of the 287 final hearing cases that concluded in 2010–11, it took an average of 2 days to conclude cases.

What powers do panels have?

The purpose of fitness to practise proceedings is to protect the public, not to punish registrants. Panels carefully consider all the individual circumstances of each case and take into account what has been said by all parties involved before making any decision.

Panels must first consider whether the facts of any allegations against a registrant are proven. They then have to decide whether any of the proven facts amount to the ‘ground’ set out in the allegation, for example misconduct or lack of competence and if, as a result, the registrant’s fitness to practise is currently impaired. If the panel decide a registrant’s fitness to practise is impaired they will then go on to consider whether to impose a sanction.

In cases where the ground of the allegations solely concerns health or lack of competence, the panel hearing the case does not have the option to make a striking off order in the first instance. It is recognised that in cases where ill health has impaired fitness to practise or where competence has fallen below expected standards, that it may be possible for the registrant to remedy the

situation over time. The registrant may be provided the opportunity to seek treatment or training and may be able to return to practice if a panel is satisfied that it is a safe option.

If a panel decides there are still concerns about the registrant being fit to practise, they can:

- take no further action or order mediation (a process where an independent person helps the registrant and the other people involved agree on a solution to issues);

- caution the registrant (place a warning on their registration details for between one to five years);

- make conditions of practice that the registrant must work under;

- suspend the registrant from practising; or

- strike the registrant's name from the Register, which means they cannot practice.

In cases of incorrect or fraudulent entry to the Register, the options available to the panel are to take no action, to amend the entry on the Register (for example to change the modality of a registrant) or to remove the person from the Register.

Suspension or conditions of practice orders must be reviewed before they expire. At the review a panel can continue or vary the original order. For health and competency cases, registration must have been suspended, or had conditions, or a combination of both, for at least two years before the panel can make a striking off order. Registrants can also request early reviews of any order if circumstances have changed and they are able to demonstrate this to the panel.

Outcomes at final hearings

Table 14 is a summary of the outcomes of hearings that concluded in 2011–2012. It does not include cases that were adjourned or part heard. Decisions from all public hearings where fitness to practise is considered to be impaired are published on our website at www.hpc-uk.org. Details of cases that are considered to be not well founded are not published on the HPC website unless specifically requested by the registrant concerned. A list of cases that were well founded are included in Appendix one of this report.

Table 14 Outcome by type of committee

Committee	Amended	Caution	Conditions of Practise	No further action	Not wellfound	Removed (incorrect/ fraudulent entry)	Struck-off	Suspension	Voluntary removal	Total
Conduct and Competence Committee	0	69	27	0	67	0	56	47	5	**271**
Health Committee	0	0	2	0	1	0	0	8	2	**13**
Investigating Committee (fraudulant and incorrect entry)	0	0	0	1	0	2	0	0	0	**3**
Grand Total	**0**	**69**	**29**	**1**	**68**	**2**	**56**	**55**	**7**	**287**

Outcome by profession

Table 15 shows what sanctions were made in relation to the different professions the HPC regulates. In some cases there was more than one allegation against the same registrant. The table sets out the sanctions imposed per case, rather than by registrant.

Table 15 Sanctions imposed by profession

Profession	Amended	Caution	Conditions of practice	No further action	Not well found	Removed (incorrect/ fraudulent entry)	Struck off	Suspension	Voluntary removal	Total
Arts therapists	0	0	2	0	0	0	0	1	0	**3**
Biomedical scientists	0	6	6	0	6	1	9	4	1	**33**
Chiropodists / podiatrists	0	3	4	0	12	0	3	6	0	**28**
Clinical scientists	0	4	1	0	0	0	0	1	0	**6**
Dietitians	0	2	0	0	3	0	0	2	0	**7**
Hearing aid dispensers	0	2	0	0	2	0	2	1	0	**7**
Occupational therapists	0	7	1	0	7	1	3	9	0	**28**
Operating department practitioners	0	7	0	0	2	0	11	3	0	**23**
Orthoptists	0	0	1	0	0	0	0	0	0	**1**
Paramedics	0	19	3	1	18	0	17	11	2	**71**
Physiotherapists	0	7	4	0	7	0	7	5	2	**32**
Practitioner psychologists	0	2	2	0	6	0	0	1	0	**11**
Prosthetists / orthotists	0	0	1	0	0	0	0	0	0	**1**
Radiographers	0	9	2	0	3	0	3	5	0	**22**
Speech and language therapists	0	1	2	0	2	0	1	6	2	**14**
Total	**0**	**69**	**29**	**1**	**68**	**2**	**56**	**55**	**7**	**287**

Outcome and representation of registrants

All registrants are invited to attend their final hearing. Some attend and represent themselves, whilst others bring a union or professional body representative or have professional representation, for example a solicitor or lawyer. Some registrants choose not to attend, but they can submit written representations for the panel to consider in their absence.

The HPC encourages registrants to participate in their hearings where possible. It aims to make information about hearings and their procedures accessible and transparent in order to maximise participation.

Panels may proceed in a registrant's absence if they are satisfied that the HPC has properly served notice of the hearing and that it is just to do so. Panels cannot draw any adverse conclusions from the fact that a registrant may fail to attend their hearing. They will receive independent legal advice from the legal assessor in relation to choosing whether or not to proceed in the absence of the registrant.

The panel must be satisfied that in all the circumstances, it would be appropriate to proceed in the registrant's absence. The Practice Note, Proceeding in the Absence of the Registrant provides further information on this.

In 2011–2012, 67 per cent of registrants chose to represent themselves or be represented by a professional. This is a slight increase from 2010–11, when registrants or representatives attended in 64 per cent of cases.

Graph 6 Representation at final hearings

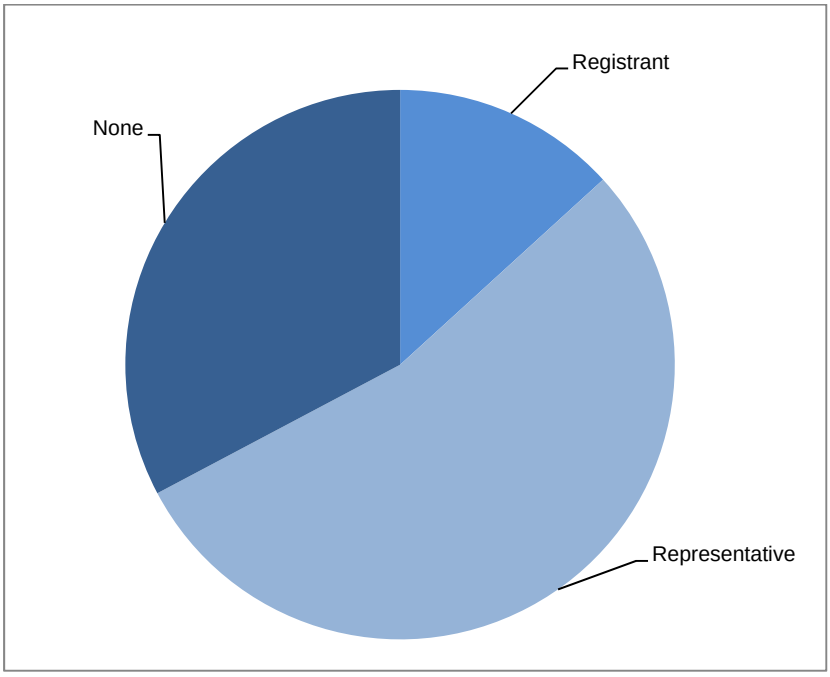


Table 16 details outcomes of final hearings and whether the registrant attended alone, with a representative or was absent from proceedings.

Table 16 Outcome and representation at final hearings

Outcome	Registrant	Representative	None	Total
Amended	0	0	0	0
Caution	16	43	10	69
Conditions of practice	4	23	2	29
No further action	1	0	0	1
Not well found	7	57	4	68
Removed	0	0	2	2
Struck off	4	14	38	56
Suspension	6	18	31	55
Voluntary removal	0	0	7	7
Total	**38**	**155**	**94**	**287**

Outcome and route to registration

Table 17 shows the correlation between routes to registration and the outcomes of final hearings. As with case to answer decisions at ICP, the percentage of hearings where fitness to practise is found to be impaired broadly correlates with the percentage of registrants on the register and their route to registration. The number of hearings concerning registrants who entered the Register via the UK approved route was 89 per cent.

Table 17 Outcome and route to registration

Route to registration	Amended	Caution	Conditions of Practice	No further action	Not well found	Removed	Struck off	Suspension	Voluntary Removal	Total cases	% of cases	% of registrants on the Register
Grandparenting	0	1	0	0	3	0	3	1	0	**8**	3	2
International	0	4	4	0	5	1	5	5	0	**24**	8	7
UK	0	64	25	1	60	1	48	49	7	**255**	89	91
Total	**0**	**69**	**29**	**1**	**68**	**2**	**56**	**55**	**7**	**287**	**100**	**100**

Conduct and Competence Committee panels

Panels of the Conduct and Competence Committee consider allegations that a registrant's fitness to practise is impaired by reason of misconduct, lack of competence, a conviction or caution for a criminal offence, a determination by another regulator responsible for health or social care and being barred under the vetting and barring schemes from working with vulnerable adults or children.

Misconduct

In 2011–12 the majority of cases heard at a final hearing, 77 per cent, related to allegations that the registrant's fitness to practise was impaired by reason of their misconduct. Some cases also concerned other types of allegations concerning lack of competence or a conviction. Some of the misconduct allegations that were considered included:

- attending work under the influence of alcohol;
- engaging in sexual relationships with a service user;
- failing to provide adequate care;
- false claims to qualifications;
- self-administration of medication.
- bullying and harassment of colleagues

Case studies 1 and 2 below give an illustration of the types of issue that are considered where allegations relate to matters of misconduct. They have been based on real cases that have been anonymised.

Misconduct case study 1

A Podiatrist received a twelve month Suspension Order after having been found to have:

- sexually harassed a colleague; and
- made threatening and/or alarming comments about a colleague to another colleague.

The panel found that there was insufficient evidence to prove one of the particulars of the allegation as the evidence presented by the HPC was considered to be secondary hearsay. The panel found the HPC was not able to prove that particular element of the allegation, on the balance of probabilities.

The panel heard live evidence from witnesses for the HPC and from the Registrant. The panel found the evidence of the HPC's witnesses to be credible. The panel did not accept the evidence of the Registrant, finding the Registrant's account of events to be implausible.

The panel found that the Registrant's actions were serious and amounted to deliberate harassment of a vulnerable colleague. The panel noted that the Registrant's actions took place over a period of eight months and appeared to be targeted at his colleague when the colleague was alone in the workplace.

The panel found that the Registrant's actions had a serious impact on his colleague and that the Registrant had failed to demonstrate insight into his behaviour or the effects that his behaviour may have had on his colleague. The panel considered that the Registrant's behaviour amounted to misconduct and that it fell seriously short of what the public has a right to expect from a registered practitioner.

The panel determined that the Registrant's fitness to practise is impaired on the basis that the Registrant had not demonstrated any insight into his behaviour nor provided any evidence to indicate that he had, or was attempting to, address the concerns raised by the misconduct. The panel was not satisfied that the Registrant had remedied his conduct. The panel also took into account the wider public interest, the reputation of the profession and public confidence in the regulatory process when reaching its decision in relation to impairment of the Registrant's fitness to practise.

In determining the appropriate sanction for the misconduct, the panel did consider imposing a Striking Off Order on the basis of the seriousness of the misconduct. However, the panel found that there was no evidence to show that the Registrant's actions caused any direct harm to patients and there was no indication that the Registrant posed a risk of harm to patients. However, the panel found that it was necessary and proportionate to impose a Suspension Order for a period of twelve months to reflect the seriousness of the Registrant's actions and because the panel did not find any evidence to indicate that the Registrant recognised the seriousness of his actions. The panel also considered that a Suspension Order was necessary to ensure public protection and to maintain public confidence in the regulatory process and the profession.

Misconduct case study 2

A Biomedical Scientist received a three year caution after a panel found that she had breached patient confidentiality by accessing electronic test results in relation to an individual she line managed, without that individual's consent and without clinical need.

The panel found that accessing test results without consent and breaching patient confidentiality amounts to misconduct. The panel considered that breaching patient confidentiality is potentially serious and can undermine confidence in both the Registrant and the reputation of the profession. The panel did not find any evidence that the Registrant had shared the patient information with anyone else or that the Registrant had accessed the patient information for gratuitous reasons. On that basis, the panel found that the Registrant's actions did not represent misconduct at the higher end of the scale of seriousness. The panel considered that the Registrant's actions indicated that her fitness to practise is impaired. In reaching its decision, the panel took into account wider public interest considerations. The panel concluded that the Registrant's actions were capable of breaching the public's trust in health professionals and the right of members of the public to expect

that private data will not be improperly accessed by those professionals entrusted with its care.

The panel decided to impose a Caution Order on the Registrant for a period of three years. In reaching its decision, the panel noted the character references provided in support of the Registrant, which attested to her integrity, professionalism and competence. The panel was satisfied that there was no evidence to indicate that the Registrant's actions were malicious. The panel also noted that the Registrant's actions amounted to an isolated incident in an otherwise impeccable career. The panel took into account that the Registrant was dismissed as a result of her actions and that she had therefore already been penalised for her lapse in judgement. The panel was satisfied that there was no risk of repetition of the Registrant's behaviour. The panel therefore considered that a Caution Order was both necessary and appropriate in the circumstances.

Lack of competence

One hundred and fifty one allegations heard at final hearing concerned issues of lack of competence in 2011-12 which included:

- failure to provide adequate service user care;
- inadequate clinical knowledge; and
- poor-record-keeping.

Lack of competence allegations were most frequently cited as a reason of impairment of fitness to practise after allegations of misconduct in 2011-12. Of the 151 allegations concerning competence, only 22 related solely to lack of competence, rather than being alleged in the alternative (i.e. misconduct and/or lack of competence). The case study below is an example of a hearing that considered an allegation that related solely to lack of competence.

Lack of competence case study

An Occupational Therapist was suspended from the Register for a period of 12 months after a panel of the Conduct and Competence Committee found that there were shortcomings in the Registrant's clinical competencies, in particular:

- An inability to maintain a case load;
- Failure to complete patient records and notes to the requisite standard and within a reasonable timeframe;
- Failure to meet supervision objectives; and
- Failure to complete a mandatory scheme which all newly qualified members of staff were required to complete

The panel found all of the facts proved. The panel determined that the facts proved did not establish misconduct as the evidence did not indicate any wilful

or reckless act by the Registrant, or any deliberate refusal on the part of the Registrant to meet the requisite standards of proficiency.

The panel was satisfied that the facts proved amounted to a lack of competence on the part of the Registrant for the following reasons:

- The Registrant's performance fell well below the standards expected of an Occupational Therapist; and
- The Registrant was unable to remedy or improve their performance despite a reduced caseload and enhanced support and supervision from managers and colleagues over a two and half year period;

The panel found the Registrant's fitness to practise to be impaired on the basis that the Registrant had not provided any evidence to demonstrate that the shortcomings had been addressed. The panel also found that the issues constituting the Registrant's lack of competence occurred over a two and a half year period rather than as a result of an isolated incident. The panel was satisfied that the shortcomings identified were capable of being remedied but that the Registrant had failed to do so, despite being given opportunities and support to do so by her supervisors and managers. The panel considered that in the absence of any evidence of remedial steps taken by the Registrant, it was left with no option but to conclude that the Registrant's lack of competence continues and as a consequence, the Registrant presents a risk to patients.

The Panel found that the only sanction that would afford sufficient public protection was a suspension order for a period of twelve months. The panel rejected a conditions of practice order on the basis that there was no evidence that the Registrant had taken steps to address the lack of competence. The panel also found that there was no evidence about the Registrant's current work status to ascertain whether a Conditions of Practice Order could be verifiable and enforceable. The panel also found that the Registrant did not demonstrate any willingness to comply with conditions if the panel considered that a conditions of practice order could have been formulated.

Convictions / cautions

There were 40 cases considered by panels where the registrant had been convicted or cautioned for a criminal offence. Of those, 35 related solely to allegations of convictions or cautions and did not include other types of allegation.

Criminal convictions or cautions were the third most frequent ground of allegations considered in 2011–12. Under the Home Office Circular 6/2006, the HPC is notified when a registrant is convicted or cautioned for an offence in England and Wales. Separate but similar arrangements apply in Scotland and Northern Ireland. The case study below is an example of a case concerning an allegation relating to a criminal conviction.

Conviction case study

A podiatrist received a five year caution order after being convicted of fraud by false representation for which the registrant was sentenced to nine months' imprisonment suspended for three years.

A panel of the HPC's Conduct and Competence Committee noted that the offence was committed while the registrant was a student podiatrist and employed as a temporary worker by an agency contracted to a hospital. The registrant's actions came to light when a completed time sheet was examined by the agency and it was found that the registrant had not been working on the date when a claim for payment for a shift was made. Further checks on the registrant's time sheets uncovered numerous instances of false claims of shifts worked, for which the registrant had been paid around £5000.

The registrant attended the hearing and represented themselves. The registrant expressed deep regret for the actions and apologised for the effect they could have on the podiatry profession. The registrant's current employer gave oral evidence to the panel that the registrant was an excellent employee and the employer said that they had no difficulty in the registrant continuing to have financial responsibilities within the business premises. The employer told the panel that the registrant had not told them about the conviction and that they only became aware of it when the matter appeared on the HPC's website.

The panel was mindful that the registrant had been convicted of an offence of dishonesty. Dishonesty on the part of a registrant seriously undermines the confidence the public can have in the profession. On the basis of this dishonesty the panel found that the registrant's fitness to practise was impaired at the time of her conviction. In going on to consider whether the registrant's fitness to practise was also currently impaired the panel noted that the registrant did not notify the HPC of the conviction nor did the registrant tell their current employer. While it noted too that the registrant had said they would never do such a thing again, the panel observed that a finding of impairment would be the only way to ensure public confidence in the profession.

In considering the appropriate sanction the panel was mindful of the registrant's expression of deep regret for the actions and of the assurance that they would not repeat the behaviour. The panel kept in mind too that the purpose of sanctions is not to punish the registrant but to protect the public. Other relevant considerations for the panel were maintaining public confidence in the profession concerned and the deterrent effect on other registrants. The panel found that to take no further action would be inappropriate in this serious case of a conviction for dishonesty involving theft from an employer and a breach of trust. The panel stated that they viewed the registrant's actions to be of the utmost seriousness and had considered imposing a striking off order. However the panel was persuaded by the registrant's oral evidence and the registrant's insight and genuine remorse demonstrating that the registrant accepted full responsibility for the actions and a repetition of the behaviour was unlikely. The evidence given by the

registrant's current employer also impressed the panel, which concluded that a caution order for the maximum period of five years was a proportionate sanction in the circumstances

Health Committee panels

Panels of the Health Committee consider allegations that registrants' fitness to practise is impaired by reason of their physical and / or mental health. Many registrants manage a health condition effectively and work within any limitations their condition may present. However the HPC can take action when the health of a registrant is considered to be affecting their ability to practice safely and effectively.

The HPC presenting officer at a Health Committee hearing will usually make an application for proceedings to be heard in private. Often sensitive matters regarding registrants' ill-health are discussed and it may not be appropriate for that information to be discussed in public session.

The Health Committee considered 13 cases in 2011-2012. Of those cases eight registrants were suspended from the Register, two were given conditions of practice orders, two consented to remove themselves voluntarily from the Register and one case was not well founded.

Not well founded

Once a panel of the Investigating Committee has determined there is a case to answer in relation to the allegation made, the HPC is obliged to proceed with the case. Final hearings that are 'not well founded' involve cases where, at the hearing, the panel does not find the facts have been proved to the required standard or concludes that, even if those facts are provided they do not amount to the statutory ground (eg misconduct) or show that fitness to practise is impaired. In that event, the hearing concludes and no further action is taken. In 2011-2012 there were 68 cases considered to be not well founded at final hearing. This is a reduction of 17 cases (20%) compared to last year. The Fitness to Practise Department has continued to ensure that Investigating Panels receive regular refresher training on the 'case to answer' stage in order to ensure that only cases that meet the realistic prospect test as outlined on page X are referred to a final hearing.

Table 18 sets out the number of not well founded cases in 2011–12.

Table 18 Cases not well-founded

Year	Number of not well-founded cases	Total number of concluded cases	% of cases not well founded
2007–08	26	156	17
2008–09	40	175	23
2009–10	76	256	30
2010-11	85	315	27
2011-12	68	287	24

In the majority of cases considered to be not well founded, registrants demonstrated that their fitness to practise was not impaired. The test is that fitness to practise **is** impaired and so is based on a registrant's circumstances at the time of the hearing. If registrants are able to demonstrate insight and can show that any shortcomings have been remedied, panels may not find fitness to practise currently impaired.

In some cases, even though the facts may be judged to amount to the ground of the allegation (eg misconduct, lack of competence), a panel may determine that the ground does not amount to an impairment of current fitness to practise. For example, if an allegation was minor in nature or an isolated incident, and where reoccurrence is unlikely.

In other cases the facts of an allegation may not be proved to the required standard (the balance of probabilities). This may be due to the standard or nature of the evidence before the Panel.

The following case studies are examples of not well founded cases.

Not well founded case study 1

A Conduct and Competence Committee panel considered an allegation that the registrant, a clinical psychologist, had committed misconduct in breaching the confidentiality of a service user whom – at the request of his father - she was assisting to overcome relationship difficulties. The alleged breach of confidentiality was that the registrant had discussed the service user's difficulties with a consultant psychiatrist without the service user's prior consent. It was also alleged that the registrant had made inaccurate comments to the psychiatrist about the service user's behaviour and had failed on two occasions to respond to voicemail messages left by his father.

The panel received written and oral evidence from the service user's father, who was the complainant, and also heard oral evidence from the registrant and the psychiatrist. On the alleged breach of confidentiality the panel found evidence that the registrant had spoken to the psychiatrist about the service user without the service user's consent. The psychiatrist gave evidence, however, that the service user's condition at the time made it unlikely that he was capable of giving consent. The psychiatrist also stated that a breach of confidentiality would in any case have been justified on public interest

grounds to ensure the wellbeing of the service user and others. At the time the psychiatrist was already involved in the service user's care. In these circumstances the panel was not satisfied that, even if proved, the alleged breach of confidentiality would amount to misconduct.

In relation to the alleged failure to respond to voicemail messages the panel found evidence that the service user's father had 'phoned the registrant twice on the same day. On one of these occasions he had spoken to the registrant and on the other he left a message which received no response. The panel concluded that there was evidence of one, though not two, messages not receiving a response but that this could not amount to misconduct, particularly as the registrant 'phoned the complainant three days later and had a conversation lasting some 14 minutes.

Regarding the allegation that the registrant had made inaccurate comments to the psychiatrist about the service user, the complainant told the panel that the service user had received a letter from the psychiatrist saying the registrant had told the registrant that the service user had made inappropriate advances to the registrant's personal assistant and as a result she was no longer able to assist him and that the service user had reacted badly to this and was very angry. The complainant's evidence was that the registrant's statements were untrue.

The registrant acknowledged in oral evidence to the panel that they had disclosed information to this effect to the psychiatrist but maintained that the source of the information was the complainant himself.

The panel was therefore faced with a conflict of evidence. The panel had no doubt that the complainant was doing his best to recollect events which were occurring at a particularly difficult time for his family. The complainant was candid enough to admit that some of his recollections must have been mistaken and, although he was certain in his own mind that his recollection of what he had told the registrant was accurate, he could not categorically deny the registrant's version of conversations which he simply could not recall. The panel was impressed with the registrant's evidence, which it found to be clear, entirely consistent and logical. The panel had no doubt that the registrant had passed on accurately to the psychiatrist what she had been told by the complainant.

On the balance of probabilities the facts of the case were not proven and the panel found the allegations were not well founded.

Not well founded case study 2

An allegation was considered by a Conduct and Competence Committee panel that during training courses he was delivering as part of his responsibility for staff development the registrant, a paramedic, had used inappropriate and offensive language towards course delegates which amounted to bullying and/or harassment. Following an investigation by his employer the registrant had received a written warning.

The registrant attended the hearing together with a union representative. The registrant admitted several of the alleged instances of using inappropriate language. In relation to the others the panel had only the written hearsay evidence of the course delegates and so took account of the limitation of not having those witnesses present. The panel was nonetheless satisfied by evidence of other, similar, comments made by the registrant and by the fact that all the instances of inappropriate language admitted by the registrant involved the same witnesses that it was more likely than not that the instances which the registrant did not admit to had also occurred. The panel was also satisfied that the registrant's behaviour amounted to harassment as he had engaged in a course of deliberate, unwanted, objectionable and offensive conduct on more than one occasion which affected the dignity of the individuals concerned and created a degrading, humiliating and offensive environment. The panel found as well that the behaviour also amounted to bullying as there was a continued use of offensive, intimidating, belittling and humiliating language which was an abuse of the registrant's position.

In the panel's judgement the proven facts amounted to misconduct. The panel then went on to consider whether the registrant's current fitness to practise was impaired by this misconduct. In reaching its decision the panel took into account the HPC's standards of conduct, performance and ethics and the fact that the fitness to practise impairment had to be current. The panel noted that the registrant had shown real insight and had reflected meaningfully on his practice as a consequence of the incidents. The registrant gave compelling oral evidence which satisfied the panel that he had made genuine changes to his approach by being more aware of how his behaviour would be received by others. There had been no evidence of any further recurrence since the registrant's reinstatement following a short suspension while his employer investigated the matter. Indeed the registrant had conducted himself in such a way that he had now been put into a permanent staff development position, which reflected his employers' trust in him. Finally, the panel noted too that all the incidents took place in a closed training environment. There was no public involvement and service users were not affected.

In consequence the panel found that the allegation that the registrant's fitness to practise was impaired as a result of his misconduct was not well founded.

Suspension and conditions of practice review hearings

Any suspension or conditions of practice order that is imposed must be reviewed by a further panel prior to its expiry date. A review may also take place at any time at the request of the registrant concerned or the HPC. Registrants may request reviews if they are experiencing difficulties complying with conditions imposed or if new evidence relating to the original order comes to light.

The HPC can also request a review of an order if, for example, it has evidence that the registrant concerned has breached any condition imposed by a panel.

If a suspension order was imposed, a review panel will look for evidence to satisfy it that the issues that led to the original order have been addressed and that the registrant concerned no longer poses a risk to the public.

If a review panel is not satisfied that the registrant concerned is fit to practice, the panel may;

- extend an existing conditions of practice order;
- further extend a suspension order; or
- strike the registrant's name from the Register, which means they cannot practice.

In 2011–12, 126 review hearings were held. Table 19 shows the decisions that were made by review panels in 2011–12.

Table 19 Review hearing decisions

Review Hearing Outcome	Number of cases
Caution confirmed	1
Conditions continued	15
Conditions revoked	13
Conditions revoked, suspension imposed	10
Suspension continued	39
Suspension revoked, conditions imposed	9
Suspension revoked	4
Struck Off	26
Voluntary removal from the Register	9
Total	126

Restoration hearings

A person who has been struck off the HPC Register by a Practice Committee and wishes to be restored to the Register, can apply for restoration under Article 33(1) of the Health Professions Order 2001.

An application for restoration to the Register following a striking-off order cannot be made until five years have elapsed since the striking off order came into force. In addition, a person may not make more than one application for restoration in any twelve-month period.

In applying for restoration, the burden of proof is upon the applicant. This means it is for the applicant to prove that he or she should be restored to the Register and not for the HPC to prove the contrary. The procedure is generally the same as other fitness to practise proceedings, however in accordance with Rule 13 (10) of the procedural rules, the applicant presents his or her case first and then it is for the HPC Presenting Officer to make submissions after that.

If a Panel grants an application for restoration, it may do so unconditionally or subject to the applicant:

- meeting any applicable education and training requirements specified by the Council; or
- complying with a conditions of practice order imposed by the Panel.

The Practice Note Restoration to the Register has been issued for the guidance of Practice Committee Panels and to assist those appearing before them. It can be viewed in the Publications section of our website at www.hpc-uk.org/publications/practicenotes

In 2011-12, three applicants were granted restoration to the Register.

Article 30(7) hearings

Article 30(7) of the Health Professions Order 2001 enables a striking off order to be reviewed at any time where “new evidence relevant to a striking-off order” becomes available after a striking-off order has been made.

Registrants making applications under Article 30(7) must demonstrate to a Practice Committee that:

- they are in possession of “new evidence”;
- the new evidence is relevant to any or all of the following:
    - the finding that the allegations were well founded
    - the finding that fitness to practise is impaired
    - the decision to impose a striking-off order; and
- there is a reasonable explanation as to why the evidence was not available at the time of the original hearing; or
- provide evidence that the registrant was not afforded a reasonable opportunity to attend (if the registrant did not attend the hearing at which the striking-off order was made).

In 2011-12 one application for a review of a striking-off order was considered under Article 30(7) of the Health Professions Order 2001. At that review, a Panel decided to grant the registrant’s application and accepted the new evidence put forward by the registrant. The panel decided to restore the registrant to the Register subject to him meeting specific educational requirements.

Disposal of cases by consent

The HPC’s consent process is a means by which the HPC and the registrant concerned may seek to conclude a case without the need for a contested hearing. In such cases, the HPC and the registrant consent to conclude the case by agreeing an order of the kind which the Panel would have been likely to make had the matter proceeded to a fully contested hearing. The HPC and the Registrant may also agree to enter into a Voluntary Removal Agreement, whereby the HPC agrees to allow the registrant to remove themselves from the HPC Register on the provision that the registrant fully admits the allegation that has been made against them and no longer wishes to practise in their profession. Voluntary Removal Agreements have the effect of a striking off order.

Cases can only be disposed of in this manner with the authorisation of a panel of a Practice Committee.

The HPC will only consider resolving a case by consent:

- after an Investigating Committee Panel has found that there is a ‘case to answer’, so that a proper assessment has been made of the nature, extent and viability of the allegation;

- where the registrant is willing to admit the allegation in full (a registrant’s insight into, and willingness to address failings are key elements in the fitness to practise process and it would be inappropriate to dispose of a case by consent where the registrant denies liability); and

- where any remedial action agreed between the registrant and the HPC is consistent with the expected outcome if the case was to proceed to a contested hearing.

The process may also be used when existing conditions of practice orders or suspension orders are reviewed. This enables orders to be varied, replaced or revoked without the need for a contested hearing.

In order to ensure the HPC fulfils its obligation to protect the public, neither the HPC nor a Panel would agree to resolve a case by consent unless they are satisfied that:

- the appropriate level of public protection is being secured; and

- doing so would not be detrimental to the wider public interest.

In 2011- 12, eight cases were concluded via the HPC’s consent arrangements at final hearing. Seven of these were by way of Voluntary Removal Agreement and one consent to a conditions of practice order. Nine Voluntary Removal Agreements were approved by panels at review stage.

Further information on the process can be found in the Practice Note Disposal of Cases by Consent - www.hpc-uk.org/publications/practicenotes.

Discontinuance

Occasionally, after the Investigating Committee has determined that there is a ‘case to answer’ in respect of an allegation, objective appraisal of the detailed evidence which has been gathered since that decision was made may reveal that it is insufficient for the HPC to sustain a realistic prospect of proving the whole or part of the allegation at a final hearing.

Where such a situation arises, the HPC may apply to a panel to discontinue the proceedings. The HPC may apply to discontinue the whole or part of an allegation.

In 2011-12, following applications by the HPC, allegations were discontinued in three separate cases by a panel.

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

The Council for Healthcare Regulatory Excellence (CHRE) is the body that promotes best-practice and consistency in the regulation of healthcare professionals for the nine UK healthcare regulatory bodies.

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 2010–11, no cases were referred to the High Court by CHRE.

In 2011-12, three registrants appealed the decisions made by the Conduct and Competence Committee. Five appeals were concluded, including three appeals received the previous year. The outcome of these appeals were as follows:

- decision regarding one particular of allegation was quashed and the conditions of practice order amended
- case remitted back by consent for redetermination as to misconduct, impairment and sanction
- case remitted back by consent for redetermination at to sanction
- case remitted back by consent for redetermination of one particular of allegation
- case dismissed

Developments for 2011–12

Health and Social Care Bill

The government's Health and Social Care Bill received Royal Assent on 27 March 2012 resulting in the transfer of the regulation of social workers in England moving from the General Social Care Council (GSCC) to the Health Professions Council from 1 August 2012. A lot of preparation has been done by the HPC in anticipation of the planned regulation of social workers. This has included regular meetings with the Department of Health and the management team at the GSCC, liaising with the GSCC about cases to be transferred and future resource planning. The fitness to practise department developed a plan for the handling of transferred cases which has been approved by the HPC Council.

HPC name change

The Health and Social Care Bill provides for a change of name from the Health Professions Council to the Health and Care Professions Council with effect from 1 August 2012 to reflect the fact that the organisation will then regulate social workers. A project team has been set up to plan and oversee the implementation of the name change and consider the practical and logistical issues associated with the change.

Case Management System

A project team drawn from each part of the fitness to practise department was set up to work alongside the developers of the new paperless Fitness to Practice Case Management System that went live on 2 April 2012. Extensive development and testing of the system took place throughout the year culminating in training on the new system for the whole of the fitness to practice department during March 2012. The new case management system will allow for enhanced tracking of fitness to practise cases.

Alternative mechanisms to resolve disputes

Work was undertaken to determine the viability of using alternative mechanisms outside the normal fitness to practise proceedings in which to reach appropriate resolutions whilst safeguarding public protection. This was considered in light of research that was undertaken by Ipsos Mori in relation to the expectation of fitness to practise complainants and based on a literature review of alternative mechanisms for resolving disputes issued in October 2010. A project team looked at the practicality of using alternative dispute resolution or mediation to resolve fitness to practise complaints. Ipsos Mori were engaged to undertake a qualitative study to explore the views of key stakeholders on the potential use of mediation within HPC's regulatory regime. They also made some recommendations concerning non-mediation which were considered by the fitness to practise committee and further work will continue in this area during 2012/2013.

Standard of Acceptance for Allegations policy

The HPC's revised Standard of Acceptance for Allegations policy was approved by Council in December 2011. It sets out the threshold standards that fitness to practise concerns must meet for a concern to progress through the fitness to practise process as well as setting out in more detail those categories of cases which do not meet the required standard for further investigation or consideration by an Investigating Committee Panel.

Case review of 'not well founded' decisions at final hearing

The Fitness to Practise Department has continued to conduct a review of all final hearing 'not well founded' decisions between April and September 2011, following a previous review covering October 2010 – March 2011. The review found that the training of panel members undertaken and the steps implemented to ensure that only appropriate cases went to final hearing had resulted in a significant reduction in the proportion of cases that were not well founded at final hearing.

Developments for 2012–13

Voluntary registers

The Health and Social Care Bill gave statutory regulators the powers to set up voluntary registers. We will undertake consultation with aspirant groups and carry out impact assessments.

Law Commission – standard legislation for regulators

At the government's request, the Law Commission is conducting a review into the legislative framework for regulators with a view to introducing new legislation from 2015 reducing the number of different legislation used by regulators to a single piece of legislation and thereby creating a greater consistency of approach. The Law Commission have consulted on its review and we will respond to the review and any further developments.

How to raise a concern

If you would like to raise a concern about a professional registered by the HPC, please write to our Director of Fitness to Practise at the following address.

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

If you need advice, or feel your concerns should be taken over the telephone, you can also contact a member of the Fitness to Practise Department on:

tel +44 (0)20 7840 9814
freephone 0800 328 4218 (UK only)
fax +44 (0)20 7582 4874

You may also find our ‘Reporting a concern’ form useful, available at www.hpc-uk.org

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Appendix two

Historic statistics

Cases received

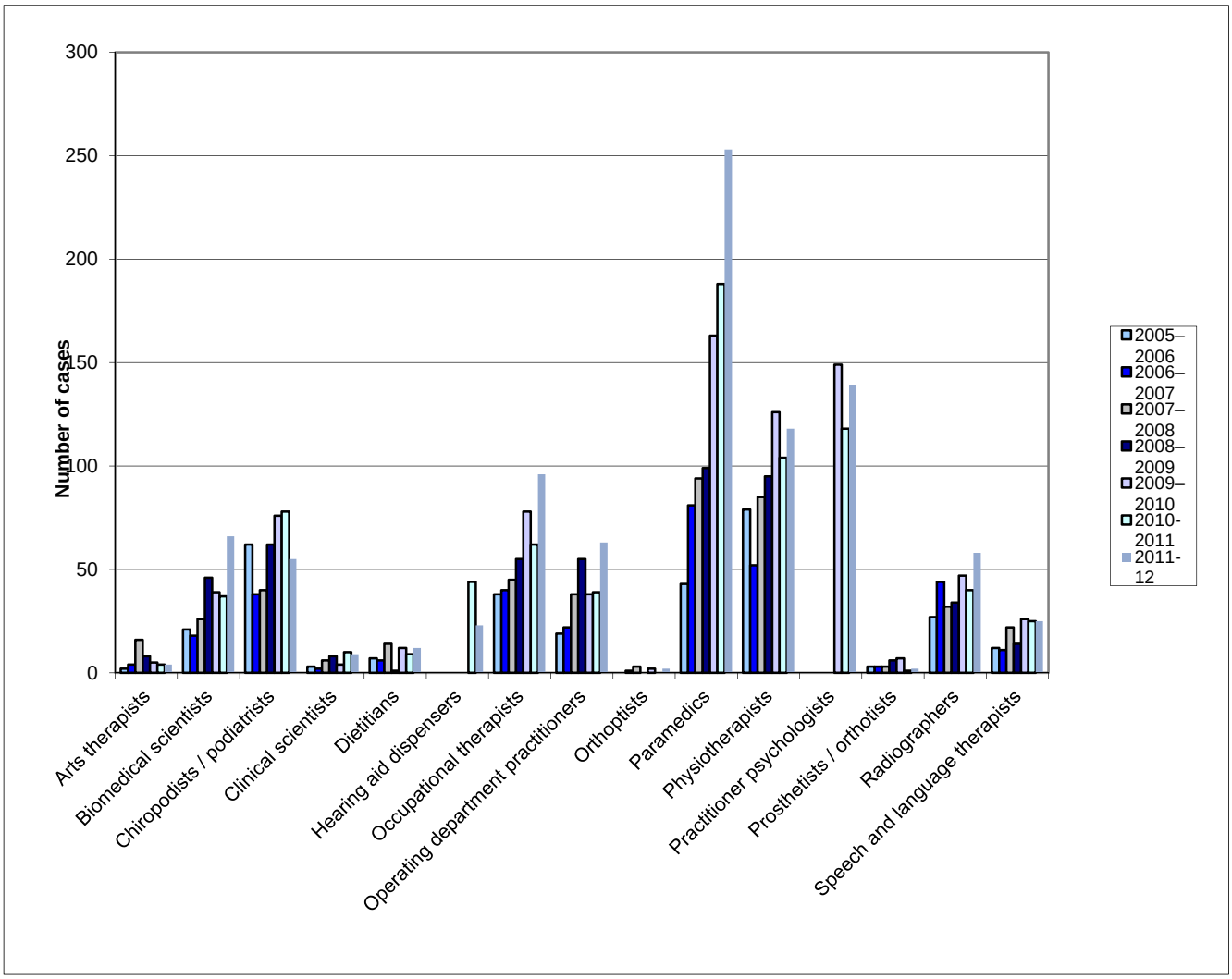
Number of cases received – 2003– 12

Year	Number of cases	Total number of registrants	% of registrants subject to complaints
2002-03	70	144,141	0.05
2003-04	134	144,834	0.09
2004-05	172	160,513	0.11
2005–06	316	169,366	0.19
2006–07	322	177,230	0.18
2007–08	424	178,289	0.24
2008–09	483	185,554	0.26
2009–10	772	205,311	0.38
2010-11	759	215,083	0.35
2011-12	925	219162	0.42

Who makes complaints?– 2006–12

Type of complainant	2005–06	% of cases	2006–07	% of cases	2007–08	% of cases	2008–09	% of cases	2009–10	% of cases	2010-11	% of cases	2011-12	% of cases
Article 22(6) / anon	58	18	35	11	63	15	64	13	108	14	166	22	284	31
BPS / AEP transfer*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	44	6	0	0	0	
Employer	123	39	161	50	171	40	202	42	254	33	217	29	288	31
Other	15	5	1	0.3	5	1	16	3	30	4	21	3	46	5
Other registrant / professional	28	9	16	5	42	10	56	12	60	8	75	10	52	6
Police	24	8	31	10	35	8	36	7	39	5	25	3	27	3
Public	68	21	78	24	108	25	109	23	237	31	255	34	228	25
Total	**316**	**100**	**322**	**100**	**424**	**100**	**483**	**100**	**772**	**100**	759	100	925	100

Cases by profession – 2005–12



Cases by route to registration – 2006–12

Route to registration	2005–06 cases	% of cases	2006–07 cases	% of cases	2007–08 cases	% of cases	2008-09 cases	% of cases	2009–10 cases	% of cases	2010-11 cases	% of cases	% of registrants on the Register	2011-12 cases	% of cases	% of registrants on the Register
Grandparenting	35	11	15	5	15	3.5	21	4	24	3	32	4	2	20	2	2
International	30	9.5	29	9	36	8.5	35	7	63	8	40	5	7	57	6	7
UK	242	77	278	86	373	88	425	88	685	89	687	91	91	848	92	91
Not Know	9	2.5	0	0	0	0	2	0	0	0	0	0	0	0	0	0

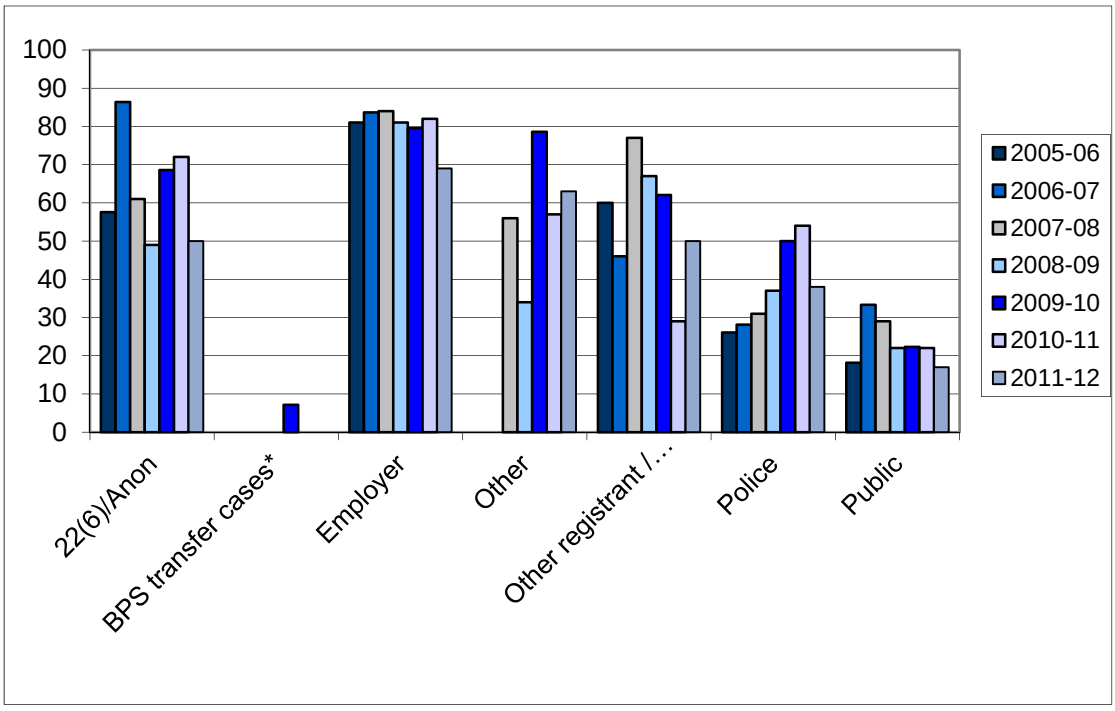
n																
Total	316	100	322	100	424	100	483	100	772	100	759	100	100	925	100	

Investigating Committee

Allegations where a case to answer decision was reached – 2005–12

Year	% of allegations with case to answer decision
2004-05	44
2005–06	58
2006–07	65
2007–08	62
2008–09	57
2009–10	58
2010-11	57
2011-12	51

Percentage case to answer, comparison of 2005–06, 2006–07, 2007–08, 2008–09, 2009–10 and 2011–12



Representations provided to Investigating Panel by profession – 2006–12

	Case to answer				No case to answer				
Year	No response	Response from registrant	Response from representative	Total case to answer	No response	Response from registrant	Response from representative	Total no case to answer	Total cases
2005–06	32	52	14	101	NA	NA	NA	70	171
2006–07	40	79	28	147	3	66	4	73	220
2007–08	59	85	9	153	17	68	6	91	244
2008–09	61	131	14	206	21	115	13	149	355
2009–10	70	200	21	291	14	177	7	198	489
2010-11	84	185	25	294	10	195	13	218	512
2011-12	**49**	**182**	**21**	252	**28**	**197**	**21**	246	498

Interim orders

Interim order hearings – 2005–12

Year	Applications granted	Orders reviewed	Orders revoked on review	Number of cases	% of allegations where interim order was imposed
2004–05	15	0	0	172	9
2005–06	15	12	1	316	5
2006–07	17	38	1	322	5
2007–08	19	52	3	424	4
2008–09	27	55	1	483	6
2009–10	49	86	6	772	6
2010-11	44	123	6	759	6
2011-12	49	142	4	925	5
Total	235	508	22	4,173	5

Final hearings

Number of public hearings – 2005–12

	Type of hearing					
Year	Interim order and review	Final hearing	Review hearing	Restoration hearing	Article 30(7) hearing	Total
2004–2005	25	66	11	1	0	**102**
2005–2006	28	86	26	0	0	**140**
2006–2007	55	125	42	0	0	**222**
2007–2008	71	187	66	0	0	**324**
2008–2009	85	219	92	0	0	**396**
2009–2010	141	331	95	0	0	**567**
2010-2011	**171**	**404**	**99**	**2**	**1**	**674**
2011-12	**197**	**405**	**126**	**3**	**1**	**728**

Representation at final hearings – 2007–12

	Type of representation		
Year	Registrant	Representative	None
2006–07	13	46	43
2007–08	17	80	59
2008–09	21	74	80
2009–10	44	114	98
2010-11	41	160	113
2011-12	38	155	94

Suspension and conditions of practice review hearings

Number of review hearings – 2005–12

Year	Number of review hearings
2004–05	11
2005–06	26
2006–07	42
2007–08	66
2008–09	92
2009–10	95
2010-11	99
2011-12	126