Health Professions Council
Fitness to Practise Committees
Fitness to Practise Annual Report

Executive Summary and Recommendations

Introduction

Article 44(1) of the Health Professions Order 2001 states that 'The Council shall publish at least once in each calendar year a statistical report indicating the efficiency and effectiveness of the arrangements it has put in place to protect the public'. The attached document is the first draft of the 2006-2007 annual report. The document will undergo a number of checks (including spelling and grammar) before it is laid out and published.

The report will be presented to all three fitness to practise committees.

The Committee is asked to discuss and approve the 2006-2007 Fitness to Practise Annual Report (subject to final checks).

Background information

None

Resource implications

None

Financial implications

Type setting and printing form part the budget for 2006-2007

Appendices

Date of paper

5th April 2007

FITNESS TO PRACTISE ANNUAL REPORT 2007

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Foreword

Welcome to the fourth Fitness to Practise Annual Report of the Health Professions Council (HPC) covering the period 1st April 2006-31st March 2007. This reports provides information about the HPC's work in considering allegations about the Fitness to Practise of registrants

This report presents to you the ways in which Practice Committee Panels have handled the cases brought before them. It provides information about the number and types of cases that have been considered and the outcome of those cases.

This year has seen an increase in the number and complexity of hearings, and this year's report provides some more information on the types of cases that have been considered. This includes the types of allegations that we have received, cases which have been case to answered and cases where a sanction has been imposed.

We have further reviewed the accessibility of the fitness to practise process and have reviewed the nature of the information that is provided on the website.

The Fitness to Practise committees have also been involved in the review of our Standards of Conduct, Performance and Ethics and we will be going out to consultation on this document later on this year.

We are continually looking to improve our systems so as to ensure the procedures are as accessible as possible for all stakeholders.

We hope you find this report of interest.

Keith Ross – Chairman of Conduct and Competence Committee
Morag Mackellar – Chairman of Investigating Committee
Tony Hazell – Chairman of Health Committee

Introduction – The fitness to practise process, an overview

About the Health Professions Council

The role of the Health Professions Council (HPC) is to protect the health and well-being of people who use the services of the health professionals registered with us. At the moment, we register members of 13 professions, although this may increase in the future. We only register people who meet our standards for their professional skills, behaviour and health.

The professions that we regulate are as follows:

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

For each profession there is one or more protected title which can only be used by people registered with us. More information about protected titles can be found at the end of this report.

You should always check that a health professional using one of the protected titles above is registered with the HPC. It is a criminal offence to use a protected title if you are not registered. You can check whether a Health Professional is registered by logging on to www.HPCheck.org or calling +44(0)20 7582 0866.

What is Fitness to Practise?

Fitness to Practise involves more than just competence in a registrant's chosen profession. When we say that a registrant is fit to practise, we also mean that they have the health and character, as well as necessary skills and knowledge, to do their job safely and effectively. We also mean that we trust our registrants to act lawfully.

Who can complain?

Anyone can make a complaint about a registered health professional. We receive complaints from other registrants, patients and their families, employers and the police. Registrants also have an obligation to provide us with any important information about conduct, competence or health. This means that registrants have to inform us about themselves and other registrants that they work with.

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

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

We can also consider allegations about whether an entry to the register has been made fraudulently or incorrectly.

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

How can a complaint be made?

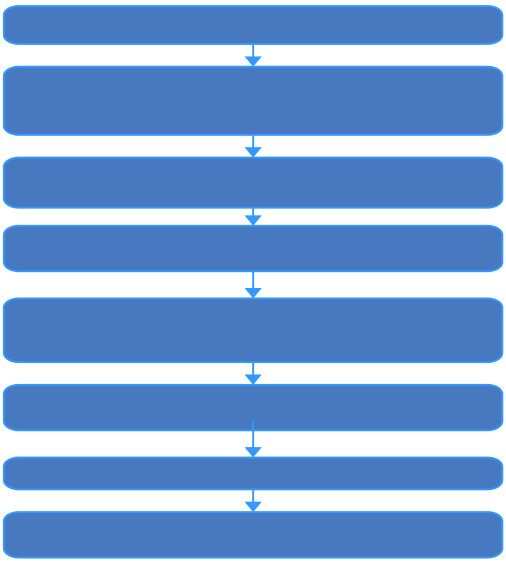
We have just changed the format in which a complaint can be made. We used to only accept complaints that were made in writing. Our predecessor organisation, the Council of Professions Supplementary to Medicine used to only accept written complaints that were accompanied by a statutory

declaration. We have recently implemented the use of a complaints form (a copy of this can be found in the appendix) and now, in certain circumstances we will use this complaints form to take a complaint over the telephone. We will still need the complaint form and the complaint to be signed by the complainant. We can only consider complaints that are about fitness to practise and can close cases that do not meet this criteria or where evidence to support the complaint has not been provided. The obligation is on the HPC to prove its case and it is difficult for us to do this if there is no evidence.

We recognise that for those who have literacy or language and accessibility difficulties, asking for a complaint to be made in writing presents some difficulties. We are therefore trying to ensure our processes and procedures are as accessible as possible.

The process

The process diagram below illustrates the procedures the HPC adopts when a complaint is made about an individual on our register. If the complaint raises immediate concerns about public protection we can apply for an interim order. Interim orders are explained later in this report.



What happens when a complaint is received?

When a complaint is received, the matter is allocated to a case manager who is responsible for the case. We then carry out an investigation into the complaint and provide the registrant with an opportunity to respond to the complaint. We are obliged to provide the registrant with 28 days in which to respond to the complaint.

The matter is then passed to a panel of our Investigating Committee to determine whether there is case to answer that the registrant's fitness to practise is impaired. Case to answer means that the Council has to prove that there is a prima facie case against the registrant that their fitness to practise is impaired. This panel meets in private and considers on the basis of the available documents whether we need to take any further action. Each panel is made up of at least three people, including a chairman, someone from the relevant profession and a lay person. This is important because it ensures appropriate professional input and input from members of the public. The panel does not make a decision about whether the complaint is proven; they only decide whether it is probable that HPC will be able to prove its case at the final hearing. If they believe it can, they will refer the complaint to another panel for further consideration.

The case will be referred to a panel of:

- **the Conduct and Competence Committee** for cases about misconduct, lack of competence and convictions and cautions
- **the Health Committee** for cases where the health of the registrant may be affecting their ability to practise.
- another panel of **the Investigating Committee** for cases where an entry to the register may have been obtained fraudulently or made incorrectly

Another panel, again made up of at least three people, will hold a hearing to consider whether the allegation against the health professional is well founded and, if it does, whether it is necessary to impose a sanction. In cases where health is an issue, a registered medical practitioner will sit on the panel. These panel hearings take place in public.

Partners and Panel Chairman

HPC has appointed nearly 350 'partners' to help it carry out its work. Working as agents (not employees) of HPC, partners provide the expertise the HPC needs for its decision making. The Fitness to Practise department use panel members partners to sit on its panels and Legal Assessors who are appointed to give advice on law and procedure to the whole of the tribunal.

We do not use Council Members on our Fitness to Practise panels. We use especially appointed Panel Chairman to ensure a separation between those who set Council policy and those who make decisions in relation to individual fitness to practise cases. We feel that this contributes to ensuring that our tribunals are fair, independent and impartial.

Partners are drawn from a wide variety of backgrounds – including those who work in clinical practice, education and management. We also use lay partners to sit on our panels. Lay partners are a vital part of professional-led regulation, and each panel has at least one lay member as well as at least one member from the relevant profession. This balance ensures good public input into our fitness to practise decisions, combined with the professional expertise of our registrant partners.

Standard of Proof

The standard of proof that is used in HPC fitness to practise cases is the civil standard. This means that panels consider, on the balance of probabilities, whether the allegation is well founded. The criminal standard means that the case has to be proved beyond all reasonable doubt. We feel that this is a key way in ensuring that the public are properly protected.

Allegations

This section provides an update of the numbers and types of allegations that have been received by the HPC. We have seen a slight increase in the number of complaints received about health professionals

Table 1.1: Total Number of Allegations

Year	No. of Allegations Received
April 2002-March 2003	70
April 2003-March 2004	134
April 2004-March 2005	172
April 2005-March 2006	316
April 2006-March 2007	322

The table below shows allegations against registrants in 2006-2007 broken down by type of complainant.

Table 1.2: Allegations by type of complainant

Type	2006-2007	Percentage of Complaints	2005-2006	Percentage of Complaints
Public	78	24.22	68	21.6
Employer	161	50	123	38.7
Police	31	9.63	24	7.6
Article 22(6)/Anonymous	35	10.87	58	18.4
Other registrant/professional	16	4.97	28	8.9
Other	1	0.31	15	4.8
Total	322	100	316	100

This year has seen an increase in the number of complaints made by Employers. Employers now make up 50% of our complainants. We have seen a reduction in percentage terms in complaints using our Article 22(6) powers and by other professionals. Complaints made by members of the public have increased to 1 in 4 of out complaints. In 2005-2006 this number was 1 in 5. We hope that this is one way that shows how we are increasing awareness of HPC and improving the accessibility of out processes.

About Article 22(6)

The area that has seen the biggest reduction in complaints is through our Article 22(6) process. Article 22(6) allows the Council to make an investigation if we become aware of a complaint that has not been made in the usual way (this may be though anonymous allegation or through a newspaper article).

However, it is still higher than the complaints that are made by the police. It is a key way that we use our powers to protect the public.

Allegations by Complainant type and Profession

The next table shows the number of allegations we have received by profession and complainant type.

Table 1.3: Number of Allegations by Profession and Complainant Type

Profession	Public	Employer	Police	22(6)	Registrant/Professional	Other	Total
AS	1	2	1	0	0	0	4
BS	2	9	0	6	1	0	18
CH	22	6	2	4	4	0	38
CS	0	2	0	0	0	0	2
DT	1	4	0	1	0	0	6
ODP	0	18	0	2	2	0	22
OR	0	1	0	0	0	0	1
OT	12	20	8	0	0	0	40
PA	11	43	4	18	4	1	81
PH	24	20	7	0	1	0	52
PO	1	1	1	0	0	0	3
RA	1	28	8	4	3	0	44
SL	2	8	0	0	1	0	11

This table shows who makes complaints by profession. It shows that in some professions, there is a higher incidence of some complainant types than in others. The public make up 58% of the complaint group for Chiropodists, yet are only 24% of the overall complaint group. In the cases of Physiotherapists (46.15%) and Occupational Therapists (30%), there is also a higher than usual complaint rate. All three are professions with regular close contact with the public.

There were no complaints about Operating Department Practitioners from members of the public. This is because the verbal contact with this profession is limited. ODP's are responsible for theatre care.

In complaints involving Operating Department Practitioners (81.8%), Paramedics (53.1%), Radiographers (63.6%) and Speech and Language Therapists (72.7%), the percentage of complaints from employers is higher than the overall complaint rate (50%) for this group. This may be because most of these professions are employed by the NHS.

The two tables below show the percentage of cases that have been received by professions and provides a comparison to the total number on the register. In cases concerning Chiropodists, Operating Department Practitioners and Paramedics, the percentage of complaints is higher than the percentage total of those professions on the register. In the case of Paramedics, it is substantially higher. The number of complaints received against Paramedics is at its highest point ever. Conversely, we have seen a reduction in the number of complaints about Chiropodists and Physiotherapists than the number that was received in 2005-2006.

Table 1.4: Complaints by Profession

Profession	Number	Percentage of total cases	Number of registrants	Percentage of total number on register	total percentage of registrants with complaints
AS	4	1.2	2344	1.3	0.17
BS	18	5.6	22533	12.7	0.08
CH	38	11.8	12671	7.1	0.30
CS	2	0.6	4251	2.4	0.05
DT	6	1.9	6281	3.5	0.10
ODP	22	6.8	8830	5	0.25
OR	1	0.3	1289	0.7	0.08
OT	40	12.4	28794	16.2	0.14
PA	81	25.2	13210	7.4	0.61
PH	52	16.1	40670	22.9	0.13
PO	3	0.9	855	0.5	0.35
RA	44	13.7	24316	13.7	0.18
SL	11	3.4	11487	6.5	0.10
Total	322	100	177531	100	0.18

Table 1.5: Professions 2005-2007

Profession	2005-2006	2006-2007
AS	2	4
BS	21	18
CH	61	38
CS	3	2
DT	7	6
ODP	19	22
OR	0	1
OT	38	40
PA	43	81
PH	79	52
PO	3	3
RA	27	44
SL	12	11
Total	316	322

Provided below is examples of the types of complaints that have been received in relation to the professions that we regulate.

Arts Therapists

We have received complaints about an inappropriate relationship, record keeping and ending therapy without reasonable notice. We also received notification of a conviction.

Biomedical Scientists

As stated previously, most of the complaints that we have received about Biomedical Scientists come from their employers. However, we have seen a change to the type of complaints that we have received. In 2005-2006, the majority of complaints were about accurately analysing test results. We have seen complaint of that type in 2006-2007; instead we have seen complaints about registrants who have been convicted of child sex offences and others concerning theft and fraud. We have also received complaints about biomedical scientists who have attended work under the influence of alcohol.

Chiropodists and Podiatrists

We have again seen a high number of complaints about chiropodists from members of the public. The majority of the complaints have tended to be about treatment of corns and in-growing toenails and about the hygiene of chiropody treatment rooms. We have also received a small number of convictions – one concerning allegations of theft from a patient.

Clinical Scientists

The complaints that we receive about Clinical Scientist relate to their clinical competence.

Dietitians

Complaints about Dietitians have mainly concerned their clinical competence. We have become aware of most complaints after a trust had conducted or began an investigation.

Occupational Therapists

We have received a number of notifications of convictions or cautions from the police about Occupational Therapists. The other most prominent complaint about Occupational Therapists has been to do with their record keeping.

Operating Department Practitioners

The complaints received about Operating Department Practitioners in 2006-2007 are very similar to those that we received in 2005-2006. We again did not receive complaints about the competence of Operating Department Practitioners; instead, we received complaints about misuse of drugs, convictions for child sex offences, alcohol dependency and fraud. The type of complaint's about ODP's are unusual, particularly as we have received no complaints about competence.

Paramedics

We have used our Article 22(6) powers most often in relation to cases concerning Paramedics. We have tended to use this power in relation to allegations that have been brought to our attention anonymously. We have received varied allegations about Paramedics, including convictions for child sex offences, misuse of drugs, clinical competence and poor treatment of patients. We have received complaints across the range of issues that we deal with and in fact complaints in this profession have covered all the misconduct types that are detailed below.

Physiotherapists

In cases concerning Physiotherapists, most of the complaints have been about clinical competence. We have also seen more complaints about sexual misconduct (which have not resulted in convictions or cautions) in this profession.

Prosthetists and Orthotists

The complaints about Prosthetists and Orthotists have included consent issues, fraud and alcohol related convictions.

Radiographers

A wide variety of complaints were received about Radiographers, this profession was perhaps one of our most widely diverging professions with regards to complaints. We received notification of convictions for sex offences, allegations with regards to self-administering drugs, disclosure of confidential data, record keeping and breaches of the IRMER legislation.

Speech and Language Therapists

In a trend that is very similar to 2005-2006, the majority of complaints received about speech and language therapists have related to their competence – including their record keeping, communication skills and management of dysphasia

Allegations by Route to Registration

Table 1.6: Allegations by Route to Registration

Route to Registration	2006/2007	Percentage of Allegations	2005/2006	Percentage of Allegations
UK	278	86.33	242	76.6
INT	29	9	30	9.5
GPA	11	3.42	10	3.2
GPB	4	1.25	25	7.9
Not Known	0	0	8	2.2
Total	322	100	316	100

Most complaints are made against health professional who have a qualification that was approved by the HPC. This number matches closely to the total number of individuals on the register who have an approved qualification. We have seen a decrease in the number of complaints against health professionals who came on to the register via our international and grand parenting route to register and again this closely correlates with the total number on the register. We have received a lot of feedback about our international and grand parenting applications, however, this table shows that the percentage of complaints are broadly equivalent to the numbers on the register. When we register an individual, we are saying that they are fit to practise – i.e. they have the skills, health and character to practice their chosen profession. We are not saying that they are fit for purpose – i.e. fit for a particular role in a hospital. Employers still need to undertake their usual procedures before offering an individual a position.

Allegations by Location

Table 1.7: Allegations by Home Country

Home Country	2006/2007	Percentage	2005/2006
England	279	86.65	281
Scotland	19	5.9	10
Wales	13	4.04	3
Northern Ire	7	2.17	10
Other	4	1.24	12
	322	100%	316

We receive the majority of our allegations against health professionals whose registered address is in England. This number is broadly the same as the allegations we received in 2005-2006.

Allegations by type of impairment

Table 1.8: Allegations by impairment

Type of Allegation	2006/2007
Conviction/Caution	41
Misconduct and lack of competence	245*
Competence	31
Health	2
Determination by another regulator	0
Incorrect Entry	3
Total	322

*this includes misconduct and lack of competence

The table above indicated the type of allegations that we receive about registrants. The majority of our complaints do have a misconduct element to them. Misconduct in 2006-2007 has included the following issues:

- record keeping,
- failure to gain informed consent
- dishonesty,
- breach of confidentiality; and
- failure in communication.

We have seen the trend of allegations about misuse of drugs continue in 2006-2007.

Convictions

The professions regulated by the HPC are on the Home Office Circular for Notifiable Occupations. This means that we should automatically be informed when a registrant is cautioned or convicted of an offence. It should also be noted that the professions regulated by the HPC are exempt from the Rehabilitation of Offenders Act. This means that convictions are never regarded as “spent” and can be considered in relation to a registrant’s character. Registrants should also inform the HPC if they are convicted or cautioned for any offence. We also receive notification when a registrant is convicted of an offence and the offence is disposed of via a conditional discharge.

We receive notification about a wide range of offences. The types of offences we have been informed about in 2006-2007 include the following:

- drink driving;
- failure to provide a specimen for analysis;

- possession of indecent or pseudo indecent images of children;
- distribution of indecent images;
- possession of an offensive weapon;
- indecency with a minor;
- possession of a controlled drug;
- criminal damage;
- possession of a class A Drug;
- common assault;
- theft from employer; and
- murder.

Withdrawn

The tables below show the number of complaints by profession and by complaint group that were withdrawn in 2006-2007. This number include complaints that were made in 2005-2006. Complaints are withdrawn for a variety of reasons. This can include a complainant withdrawing their allegation. It is very difficult for us to proceed with allegations when there is no evidence to support the allegation and when the complainant wishes to have no further involvement in the process. We are often informed at the outset of disciplinary and police proceedings and it is subsequently found that the allegation is not proven. However, we may proceed with a complaint via our Article 22(6) process if we feel that there is a fitness to practise issue to consider and when it is necessary for the protection of the public.

Table 1.9: Withdrawn by Profession

Profession	Number
AS	1
CH	6
DT	3
BS	4
ODP	1
OT	5
PA	4
PH	2
RA	2
Total	28

Table 1.10: Withdrawn by complaint group

Type	Number
22(6)	3
Anon	1
Employer	4
Police	3
Professional	1
Public	10

The Investigating Committee

The role of panels of the Investigating Committee is to investigate any allegation which is referred to it and consider whether, in the panel's opinion, there is a case to answer.

Case to answer is a paper based exercise at which the registrant does not appear. The function of this preliminary procedure is to help ensure that a registrant is not required to answer an allegation at a full public hearing unless the Council has established a *prima facie* case against him or her.

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

If the panel decides that there is a case to answer, it is at this point that information enters into the public domain and is disclosable. This means we have to inform the four UK Departments of Health. We can also provide information about what the allegation is about. We have recently changed our policy in relation to information that we provide on out website. More information on this can be provided later in this report.

In 2006-2007 panels of the Investigating Committee met four times a month and considered 224 cases to determine whether there was a case to answer in relation to the allegation received. This number includes some cases that had been heard twice in that year as the panels had requested further information.

2006-2007 saw an increase in the number of cases that were considered by panel and where the panel determined that there was a case to answer. The table below shows the percentage of cases where a case to answer decision was reached.

Table 2.1: Case to answer percentage

Year	Percentage of Cases
2004-2005	44%
2005-2006	58%
2006-2007	66%

Although we have seen only a slight increase in the number of allegations received, the case to answer rate has increased. This means that more cases have to be considered by full panels of the various committees and incur the costs associated with this.

Decisions by Panels

Table 2.2: Case to Answer by Profession

The table below displays what decisions have been made by panels of the Investigating Committee.

Profession	Heard	No Case	FFI	CC	IC	Health	% case to answer
AS	2	1	0	1	0	0	50%
BS	8	0	0	8	0	0	100%
CH	24	11	1	11	1	0	50%
CS	0	0	0	0	0	0	0%
DT	0	0	0	0	0	0	0%
OR	0	0	0	0	0	0	0%
OT	29	9	0	19	0	1	69%
ODP	18	4	0	13	0	1	78%
PA	47	9	0	37	0	1	81%
PH	59	20	1	19	19	0	64%
PO	2	1	0	1	0	0	50%
RA	25	13	0	11	1	0	48%
SL	10	5	2	3	0	0	30%
Total	224	73	4	123	21	3	65%

Of the cases considered by the panels, in the following professions more than half the allegations considered have been found to have a case to answer:

- Arts Therapists
- Biomedical Scientists
- Chiropodists
- Occupational Therapists
- Operating Department Practitioners
- Paramedics
- Physiotherapists
- Prosthetists and Orthotists

The overall case to answer rate is 65%, the table above demonstrates that there are professions where this rate is higher than the average. Those professions are:

- Biomedical Scientists
- Occupational Therapists
- Operating Department Practitioners
- Paramedics

The types of issues that have been ‘case to answered’ are as follows:

- sexually inappropriate comments in the workplace;
- client care and risk assessment;
- inappropriate treatment of patients;

- falsification of documentation to gain annual leave;
- taking sick leave when annual leave refused;
- clinical competence;
- inappropriate relationship with a patient;
- sexual harassment of a female colleague;
- self administering drugs whilst on duty;
- dereliction of duty;
- murder,
- accessing pornography in work hours;
- general lack of competence;
- possession of drugs (this was case to answered as it was a recent conviction and because of the nature of the registrant's work);
- possession of child pornography
- inadequate communication skills;
- assault of a patient;
- harassment of a colleague;
- theft of prescription only medicine;
- insufficient treatment (including not taking a patient to hospital)
- grievous bodily harm;
- falsification of records;
- tearing up patient records;
- acting outside scope of practice;
- failure to act in the best interest of patients;
- altering registration details;
- attending work under the influence of alcohol.

The types of issues which have resulted in a no case to answer decision are as follows:

- speech and language therapy treatment – registrant answered all the issues raised by the complainant;
- misled colleague in completing timesheet – issue adequately resolved by the trust;
- driving without due care and attention – not work related, no concerns about fitness to practise;
- excessive speeding;
- convictions for shotgun offences;
- drink driving;
- acting in an intimidating manner to another professional – no evidence of this;
- inappropriate charging – clerical error for which the registrant apologised;
- failure to disclose convictions – not a deliberate failure;
- below level of competency – no evidence to support this;
- storage of prescription only medicine – registrant able to explain;
- disclosed patient details – done by administrative staff;
- inappropriate treatment – treatment was appropriate;

- failure to sterilise equipment - no evidence;
- treatment that caused infection – treatment did not cause infection;
- criminal damage – domestic incident;
- relationship with a patient – registrant did not deal with the patient in a professional capacity; and
- forging client signature – did not forge signature.

In most instances panels have determined that there is no case to answer in relation to drink driving convictions. They take into account whether the registrant was on call, on their way to or from work and the level of alcohol in the blood. They also take into account whether a prison sentence was imposed by the Courts.

Where there is a no case to answer decision, we can consider that allegation again if a new allegation, of a similar type, is made within a three year period. We considered two complaints in 2006-2007 where a no case to answer decision had previously been made.

Table 2.3: Case to Answer by Complainant

Complainant	Case to Answer	No Case to Answer	FFI	total	Percentage Case to Answer
Police	9	21	2	32	28%
Employer	82	16	0	98	83.7%
22(6)	38	6	0	44	86.7%
Professional	5	7	0	12	41.67%
Public	12	22	2	36	33.3%
Registrant	1	1	0	2	50%
Total	147	73	4	224	65%

The average case to answer rate is 65%. However, the table above indicates that certain complaint types have a higher than the overall case to answer decision rate. This is most noticeable in complaints that we receive from employers and through our Article 22(6) process. Complaints that we receive from employers tend to have been dealt with at the employer level and the registrants involved provided with a level of support from their employer. Furthermore, a number of complaints were received from employers about sexual misconduct, misuse of drugs and failure to meet the standards of proficiency.

A number of the notifications that we receive from the police are driving related – including drink driving. Generally, there is a no case to answer decision in these cases.

We have seen an increase in the number of complaints from the public that have had a case to answer decision; however, this is still lower than the overall rate. We have received a number of our complaints about chiropodists and their treatment and/or charging of a patient. In a number of cases, there

was no evidence to support the allegation. We generally ask for medical records in cases such as this.

Case to Answer and Representation

The next two tables provide information on the case/no case to answer correlation by representation received either from the registrant or the registrant's representative. We received a response in 72% of cases. There does not appear to be a correlation between a registrant making no response and a case to answer decision.

In almost all the no case to answer decisions a response has been received from the registrant or their representative. The panel may be better able to take such a decision where the registrant has provided information as to the circumstances of the complaint or has rebutted the allegation. It is important to note that we do have powers to check with the complainant and other parties, issues that are raised by the registrant.

Table 2.4: Case to answer and Representation

Type of Complainant	Case to Answer	No Response	Response from Registrant	Response from Rep
22(6)	38	6	14	18
Employer	82	28	45	9
Police	9	5	4	0
Professional	5	0	4	1
Public	12	1	11	0
Registrant	1	0	1	0

Type of Complainant	No Case	No response	Response from Registrant	Response from rep
Article 226	6	1	5	0
Employer	16	1	14	1
Professional	7	0	5	2
Police	21	0	21	0
Public	22	1	20	1
registrant	1	0	1	0

Speed of Process

Table 2.5: Speed of Process

4-10 weeks	23
11-20 weeks	84
21-30 weeks	39
31-40 weeks	35

41-50 weeks	17
Over 50	19

On receipt of an allegation against a registrant, the case will be allocated to a case manager who will have responsibility for investigating the complaint. We will look in to the matter further. This for instance may include seeking information from the police or gathering further information from the employer. In some instances we may need to take witness statements.

We will write to the registrant and provide them with the information we receive. We will allow the registrant 28 days to respond, before we present the case to an Investigating Panel.

There may however be some delays in this process. The reasons for delay include requests for extension of time from the registrant and delays in our ability to gather the information that we require.

It is important to note that HPC do have powers to demand information if it is relevant to the investigation of a fitness to practise issue. We use this power to demand information from, for example, the police and from employers.

We may also delay our investigation until any proceedings undertaken by the employer have been concluded or when a criminal investigation is pending. It may also be necessary to delay our processes when we receive another allegation about the same registrant or the same allegation about more than one registrant.

However, every case will be treated on a case by case basis, and if the allegation is so serious as to require immediate public protection we can consider applying for an interim order. More information about interim orders is provided later in this report.

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

The average length of time taken for a case to reach an Investigating Panel is 26 weeks.

At the end of March 2007 a further 219 cases were awaiting consideration by panels of the Investigating Committee.

Incorrect Entries

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

In 2006-2007 panels of the Investigating Committee considered five cases where the allegation was that an entry into the registered was either incorrectly made or fraudulently procured.

Table 3.1: List of Incorrect entries.

Date of Hearing	Name	Registration Number	Outcome
21-Apr-06	Abhijeet Deo	PH71279	No further Action
21-Jun-06	Jojimon Sam Josey	PH72635	No further Action
24-Jul-06	[redacted]	[redacted]	Removed
31-Jul-06	Judith Merle Fisher	CH18917	Removed
01-Nov-06	Vickie Darnley	ODP20313	No further Action

In two cases the registrants were removed from the register following a hearing to consider whether the entry had been fraudulently procured. In both instances the registrants failed to declare their criminal convictions which had occurred prior to their applications for registration. The application forms clearly state that applicants are obliged to declare all convictions or offences for which a police caution is accepted. In both cases the registrants had failed to do so.

In one other case, the registrant also failed to declare a conviction for which a conditional discharge was received. The panel found that the entry into the register was incorrectly made but after hearing mitigation from the registrant decided to take no further action.

In the final two cases it was determined that although there was an incorrect entry it was not through the fault of the registrant concerned. In one case the registrant was registered despite a low English language test score. By the time of the hearing, the registrant had re-sat the test and it was found by the panel that there was no need to take any further action. In the other case, the applicant had been requested to provide further information on his application form. Instead of being advised of this, he was incorrectly registered. The registrant subsequently provided the further verification requested and it was determined that this material demonstrated that the registrant met the Standards of Proficiency for physiotherapists and it was not necessary to take

any further action.

We considered 5 cases of incorrect entry in 2005-2006. We feel that this demonstrates that when an issue concerning an individual's registration is brought to our attention, we have robust processes in place to resolve any issues. It also demonstrates to applicants the importance of declaring on admission, readmission or admission to the register, any conviction or caution. As stated previously, the professions that the HPC regulate are exempt from the provisions of the Rehabilitation of Offenders Act 1974 and are thus obliged to declare any conviction or caution.

We have a further 18 cases of incorrect entry listed for hearing in 2007-2008.

Interim Orders

In certain circumstances, panels of all of the Council's Practice Committees may impose interim conditions of practice orders or an interim suspension order on health professionals who are the subject of a fitness to practise allegation. This power is used when the nature and severity of the allegation is such that, if the health professional remains free to practice without restraint, they may pose a risk to the public or to themselves.

This power can be used prior to a decision in a case being reached or when a decision has been reached to cover the period of the appeal (when a final disposal order has been made the registrant has 28 days in which to appeal this decision).

The table below displays the professions where an interim order has been imposed at a specially constituted panel to consider the interim order application. It further indicates the cases where the interim order has been reviewed. We are obliged to review the interim order 6 months after it is first imposed and every 3 months thereafter.

In order to ensure that resources are used to there best effect, case managers in the fitness to practise team act as presenting officers and regularly present applications for interim orders and reviews of interim orders.

Increase in the number of interim orders,

In 2006-2007 there was one more interim order than in 2005-2006 when 16 interim orders were granted. However, there was 68% increase in the number of interim orders which required a review. This is because there were cases which had not been listed for final hearing, or where a criminal or employer investigation was still in process. There were also cases which had a number of witnesses and issues with availability.

Types of cases where an interim order is imposed

In 2006-2007 17 interim orders were granted. In one case the panel felt it was more appropriate to impose interim conditions of practice order as they felt that the individual had the support of their employer and the public would be adequately protected by such conditions. In all other sixteen cases where an interim order was imposed, the panel felt that it was appropriate to suspend the registrants concerned.

There were seven cases where registrants had been convicted of offences involved the possession and in some cases the distribution of indecent photographs of children. The registrants concerned had also been placed on the Sex Offenders register. The Council's indicative sanctions practice note clearly sets out the Council's policy in relation to registrants who have been convicted of such offences. It states that 'Although inclusion on the sex offenders' register is not a punishment, it is intended to secure public protection from those who have committed certain types of offences. Generally, Panels should regard it as incompatible with HPC's obligation to protect the public to allow a health professional to remain in or return to unrestricted practice whilst subject to registration.'

In three further cases, the registrant concerned were alleged to have misused drugs in the workplace, in one incident the registrant was charged with identity theft and in another the registrant was alleged to have stolen items from an incident scene. In three other cases there were serious concerns regarding the clinical misconduct of the registrants involved. In one final case, the registrant had been convicted of manslaughter.

The panels impose interim orders when they feel that the public or the registrant require immediate protection. Also taken into account is the public faith in the regulatory process if a registrant was allowed to continue to practice without restriction whilst subject to an allegation.

Table 4.1: Number of Interim Orders

Profession	Granted	Reviewed	Revoked
AS	0	0	0
CS	1	1	0
CH	1	2	0
DT	0	0	0
BS	2	7	0
ODP	5	11	1
OR	0	0	0
OT	0	0	0
PA	5	4	0
PH	1	10	0
PO	0	0	0
RA	2	3	0
SL	0	0	0

Total	17	38	1

Interim orders are also applied for after the final disposal hearing has taken place in a case. This is because when a final sanction is imposed, the registrant has a 28 day period in which they can appeal the decision to the High Court. The table above does not include interim orders which have been granted at this stage.

In 2005-2006 no interim orders were either applied for or granted in cases concerning Paramedics. 2006-2007 has seen five interim orders granted in cases concerning Paramedics. In all five cases the allegations did not concern clinical competence, in four of the cases the allegations were about possession of indecent photographs of children.

Public Hearings – Panels of the Conduct and Competence and Health Committee

The HPC is obliged to hold hearings in the home country of the registrant concerned. Most of our hearings took place at the HPC's offices in London.

However, 2006-2007 also saw an increase in the number of hearings that were held by the HPC so we had to use other venues in and around London.

We also held hearings in Aberdeen, Belfast, Bristol, Cardiff, Chester, Devizies, Edinburgh, Glasgow, Manchester, Mold, Nottingham, Peterborough, Sheffield, Swansea and Wolverhampton.

In deciding where to hold a hearing, we take into account a number of issues including the home country of the registrant, the number of witnesses that are involved; the difficulties some witnesses would have in travelling to London and whether any witnesses are vulnerable. The practice committees have decided that these are appropriate criteria to take into account when determining where a hearing should be held.

Nevertheless, the registrant can apply to the panel to hold the hearing elsewhere as it is in the discretion of the panel hearing the case to decide how the case should be conducted.

We normally hold our hearings in public, as this is required by the Health Professions Order. However, we can hold a hearing in private if the panel is satisfied that, in the interest of justice or for the protection of the private life of the health professional, the complainant, any person giving evidence or of any patient or client, the public should be excluded from all or part of the hearing. If a hearing is held in private, we are still obliged to announce the decision, and any order made in relation to the case, in public. In cases where the decision is well founded, we publish this information on our website.

The Council has recently reviewed the level of detail that is provided on the HPC website in relation to cases. Our previous practice was to place information on the website as soon as the investigating panel had made a case to answer decision. This meant that information was online for a number of months before a hearing had been fixed. The Council felt that although this information should remain publicly available it was disproportionate to have this level of information on the website so far in advance of the hearing. The Council has decided to place information online four weeks in advance of the date fixed for hearing, to continue to place the decision and order on line in cases where the allegation had been well founded and to continue to place information regarding cases where an interim order had been imposed online.

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

Table 5.1 Number of Public Hearings

	Number of Cases Considered 2004-2005	Number of Cases Considered 2005-2006	Number of Cases Considered 2006-2007
Order iew	25	28	55
aring	66	86	**125***
	11	26	42
	102	140	222

an one case can be considered at a final hearing

owers does have a panel have?

on taken by the panel is intended to protect the public and is not intended as a punishment. The panel will always c
vidual circumstances of a case and take into account what has been said by all those at the hearing before deciding
earings of the Health Committee or where the allegation relates to lack of competence, the panel will not have the c
f at the first hearing. This is because we recognise that in cases where ill health has impaired fitness to practise, c
ence has fallen below expected standards, it is possible for the situation to be remedied over time. The registrant m
nt or training and may be able to come back onto the Register if the panel is satisfied that this is safe.

ons (also known as sanctions) available to final hearing panels are:

ake no further action.
end the case for mediation.
mpose a caution order. This means that the word ‘caution’ will appear against the registrants name on the register. C
rders can be between 1 and 5 years in length.
lace some sort of restriction or condition on the registrant’s registration. This is known as a conditions of practic
his might include requiring the registrant to work under supervision or to undertake further training.

uspend registration. This may not be for longer than 1 year.
rder the removal of the registrant's name from the register. This is known as striking off order.

ken from Allegation to Hearing

ases that reached final hearing in the year 2006-2007, it has taken an average of 67 weeks from receipt of the alleg hearing to be held. From the date of the decision of the investigating panel, it has taken an average of 48 weeks be listed for final hearing.

f Fitness to Practise

solely funded by registration fees. We receive no other income. The budget for the fitness to practise department in 2 as approximately £2.6million – this was approximately 25%. In 2005-2006 the budget was approximately 20% of the in 2007-2008; this will increase to 29% of the overall budget. This is because we anticipate an increase in the numb ity of hearings in 2006-2007.

obliged to meet the following costs involved in a case:

enue hire and associated costs;
horthand writer;
egal assessor (fee and expenses);
anel members (fees and expenses);
egal costs (costs incurred in preparing and presenting the case).

continually looking at ways to ensure that the cost management of our case is efficient. This includes the use
rs as presenting officers and using case managers to take witness statements. We will also try and hold a number o
ame day. We do need to ensure that we balance this with ensuring that the hearing is fair.

citors were instructed on 301 cases (including one high court appeal) in 2006-2007. In 2005-2006 we incurred cost
The increase is due to the number of review hearings held in 2006-2007 and the increase in the case to answer
08 our case managers will begin to present review hearings.

cases that reached final hearing in 2006-2007 and where a final disposal decision was reached, the highest an
legal costs spent on an individual case was approximately £78000. The total legal cost incurred in this case was £
e other case incurred legal costs of in excess of £30000 in 2006-2007 and that case was a High Court appeal whe
d some of its costs following a cost order against the registrant. 30 cases of the 301 incurred costs of between £10
in 2006-2007. All other cases incurred costs of less than £10000.

taken at final hearings:

founded HPC decisions are published on our website at www.hpc-uk.org. If you would like more information regard
ases listed below please look at our website.

e below is a summary of the disposal decisions taken by panels of the Health and Conduct and Competence Com
not include cases where the allegation has not been well founded or cases where the case was part heard/adjourned

2: Summary of Hearings 2006-2007

n	First Name	Second Name	Reg Number	Type of Allegation	Outcome of Hearing
-6	Ian	Jones	BS17055	Misconduct	Strike Off
-6	Clare	Lawson	RA38243	Caution	No further Action
-6	Salina	Khan	RA46000	Caution	Caution
-6	Catherine	Westbrook	RA24062	Conviction	Caution
-6	Edward	Sage	CH7350	Competence	Caution
-	Peter	Morley	PA8318	Misconduct	CPO

6					
-6	Stephen	Bowen	RA30184	Misconduct	Suspension
-6	Simon	Bowden	PA04995	Conviction	Caution
-6	Jackie	Hutchings	PA9998	Misconduct	Strike Off
-6	Vincent	Clark	OT28155	Misconduct	Caution
-6	Kieran	Guinan	CH5468	Misconduct/Competence	Strike Off
-6	Steven	Garland	PA5752	Misconduct	Caution
-6	Geoffrey	Hill	PO93	Misconduct	Caution
-6	Mark	Wakefield	OT31312	Misconduct	Strike Off
-6	Vere	Thorpe	CH15755	Misconduct	Strike Off
-6	Mark	Campbell	ODP20206	Misconduct	CPO
-6	Russell	Headridge	PO437	Misconduct	Suspension
-6	Kenneth	Wanless	PA10404	Misconduct	Suspension
-6	Kaseem FOUAD	Javed	CH14310	Conviction	Caution
-6	Paul	Neighbour	ODP13281	Misconduct	Strike Off
-6	Paul	Gilbert	PA11432	Misconduct	Strike Off
6	Alan	Gazeley	PA4418	Conviction/Caution	Suspension
6	Helen	Curran	ODP21188	Misconduct	Caution
6	Alex	Guevara	PA15534	Misconduct	Strike Off

6	Anne	Eccleston	SL5268	Misconduct	Strike Off
6	Vaughan	Knight	PA09787	Misconduct	Strike Off
6	Gavin	Widdowson	PA2996	Misconduct	Strike Off
- 6	Raymond	Rushton	CH15084	Misconduct/Lack of Competence	Suspension
- 6	Simon	Harrison	PH43175	Misconduct	Suspension
- 6	Anthony	Seaford	PA10618	Misconduct	Strike Off
- 6	Simon	Standen	PA11501	Misconduct	Caution
- 6	Kudakwashe	Mhundwa	PH61586	Misconduct/Lack of Competence	Suspension
- 6	Alan	Edwards	OT23498	Misconduct	Strike Off
- 6	Graham	Thurley	PA4236	Conviction/Caution	Strike Off
- 6	Peter	Jones	ODP16616	Conviction/Caution	Strike Off
- 6	Julia Anne	Hollinrake	OT20621	Caution	Suspension
- 6	Claire	Fox	OT35357	Conviction	Suspension
- 6	Alan	Sutheran	ODP11315	Misconduct	Suspension
- 6	Paul	Cooney	PA14828	Conviction	Caution
- 6	Sarah Jane	Hooper	CH13853	Competence	Caution
- 6	Kay	Cousins	BS26966	Health	Referred to Conduct
- 6	James	Sheehan	PA5249	Misconduct	Caution
:-	Clare	Groom	PA6441	Misconduct	Caution

6					
t-6	Gwyn	Lishman	OT35684	Misconduct and/or lack of competence	No further Action
t-6	Wendie	McNabb	DT11652	Misconduct and/or lack of competence	Suspension
t-6	Angus	Sutherland	ODP18936	Misconduct	Caution
t-6	Kara	Glen	PH62095	Misconduct	CPO
t-6	Thabo	Phirie	BS45014	Conviction	Suspension
-6	Vickie	Darnley	ODP20313	Incorrect/Fraudulent Entry	No further Action
-6	Martin	Cooney	ODP17430	Conviction/Caution	Caution
-6	John	Amed	PH56601	Conviction	Strike Off
-6	Rachel	Winnard	PH62581	Health	Suspension
-6	Pamela	Wilson	SL1878	Misconduct/lack of competence	Suspension
-6	Nigel	Harrison	PA130	Misconduct	Suspension
-6	Robert	Gadd	ODP14221	Misconduct	Caution
-6	Kathryn	Crain	ODP10248	Misconduct	Strike Off
-6	Mrs Susan A	Bradley	PH19241	Health	Suspension
-6	Mark	Taylor	SL2788	Lack of Competence	Caution
-6	Matthew	Hankin	PH66061	Conviction/Caution	Strike Off
-	Trevor	Wicks	PA3267	Misconduct	Caution

6					
- 7	Hendrikus	Lameris		Competence	Caution
- 7	Sophie	Liddle	42313	Conviction/Caution	No further Action
- 7	Chirag	Patel	PH70816	Misconduct and/or lack of competence	Caution
- 7	June	Elliott	BS28170	Misconduct and/or lack of competence	Strike Off
- 7	Brian	Scott	PH23355	Conviction/Caution	Caution
- 7	Fiona	Kuhns	ODP12647	Misconduct	Strike Off
- 7	Andrew	Longley	CH12362	Misconduct	Suspension
- 7	Rachel M	Jefford	4840	Misconduct	Caution
- 7	Christopher L	Knox	06682	Misconduct	Caution
- 7	Katy	Peake	OT38196	Health	CPO
- 7	Alastair	McLean	PA07306	Misconduct	Suspension
- 7	Mr Mashmood	Babcutande-Ajani	CH.14934	Misconduct	Caution
- 7	Kay	Cousins	BS26966	Misconduct	Strike Off
- 7	Hayley Elizabeth	Forman	OT41604	Lack of competence	Suspension
- 7	Naomi	Sudo	OT42100	Misconduct and/or lack of competence	Suspension
- 7	Mark	Sneddon	BS45681	Lack of Competence	Referred to Health

- 7	Bharavi	Kilaru	PH66365	Misconduct and/or lack of competence	Strike Off
- 7	Paul	Hambleton	PA13040	Conviction	Strike Off
- 7	Mnohar	Dhami	BS42045	Misconduct	Caution
r	Paul	Yarwood	PO843	Conviction	Caution
- 7	Frank	Mullen	PA15094	Misconduct and/or lack of competence	CPO
- 7	Neil	Sandford	RA17495	Misconduct and/or lack of competence	CPO

Media Coverage 2006-2007

There was another increase in the number of media reports about fitness to practise cases in 2006-2007.

Why is it important?

One of the key obligations of the HPC is to inform and educate registrants and inform the public about our work. Media coverage of our cases is important because it increases awareness about the work of the HPC and shows that our processes are transparent.

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

- The Sun
- Scottish Daily Express
- Metro(Scotland)
- Birmingham Mail
- Welsh Daily Post
- Manchester Evening News
- Liverpool Echo
- Newcastle Evening Chronicle
- BBC Radio South West

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

Health Committee

Panels of our Health Committee consider allegations that a registrant's fitness to practise is impaired by their physical or mental health. We are allowed to take action when the health of the registrant may be impairing their ability to act safely and effectively. If the allegation is proven then a caution, conditions of practice or a suspension order can be imposed. We are not allowed to strike someone off the register in health cases except where they have already been suspended for two years or more. This is because our sanctions are not intended to punish the registrant but to protect the public. A suspension order for instance, may give the registrant an opportunity to address their health issues before returning to practice. Conditions of practice such as undergoing alcohol rehabilitation may be imposed.

The Health Committee considered six health cases in 2006/2007 where the allegation was that the registrant's fitness to practise was impaired by reason of their physical or mental health. In two of the cases considered by panels of the Health Committee, it was determined that the registrant's fitness to practise was not impaired.

In these two cases the panels felt that the registrants concerned had been unwell at the time the allegation was made, however, the HPC is obliged to prove that registrant's fitness to practise is impaired. In both cases, by the time of the hearing, the registrants had taken steps to overcome their health problems and had both returned to work without supervision.

In one other case, the panel determined that the matter was better dealt with as a misconduct allegation and referred the matter to the Conduct and Competence Committee. The registrant was subsequently struck off the register.

In the three cases where the panel determined that the registrant's fitness to practise was impaired by reason of their health, the health issues were as follows:

- Hypothyroidism
- Hypothyroidism and stress
- Alcohol dependency – physical and psychological dependency

In one case the registrant admitted that her fitness to practise was impaired by reason of her health. She felt that her tiredness and anxiety would be exacerbated by any return to her profession and the panel subsequently imposed a suspension order as a result of this.

In one other case where the health problem was hypothyroidism, the registrant had retired and the panel felt that it was appropriate to impose a suspension order.

In the two cases set out above, both cases had initially been considered by panels of the Conduct and Competence Committee as the allegation was that the registrant's fitness to practise was impaired by reason of their lack of competence. Both registrants made an application for the case to be referred to the health committee and in both instances the allegation that the registrant's fitness to practise was impaired by reason of their health was well founded.

In the final case concerning health, the registrant's fitness to practise was found to be impaired by reason of their health in that they were suffering from alcohol dependency. The panel imposed a conditions of practice order which required the registrant to abstain from alcohol.

At the end of March there were 6 cases within the remit of the Health Committee.

Conduct and Competence Committee

Panels of our Conduct and Competence Committee consider allegations that a registrant's fitness to practise is impaired by reason of their misconduct, lack of competence, conviction or caution or a determination by another regulator. In all cases except lack of competence, the panel has the full range of sanctions at their disposal. In cases concerning lack of competence, the panel can not impose a striking off order. We have seen another increase in the number of cases considered by panels of the Conduct and Competence Committee and the table below indicates the number of cases where a final disposal decision has been reached. There were also 16 cases which were either part heard or adjourned and 2 cases which were referred to a different committee for consideration.

Table 5.3: Conduct and Competence Hearings

Year	Disposal Decision Reached
2003-2004	**15**
2004-2005	**45**
2005-2006	**51**
2006-2007	**96***

* In some cases, allegations were joined where more than one allegation had been made against the same registrant

Outcome and Type of Allegation

The next section of the report provides a flavour of the type of cases that were considered by the committee where it was found that the registrant's fitness to practise was impaired. More information on not well founded allegations is provided later in the report. The table below sets out the action that was taken by type of allegation in relation to the cases considered by panels in 2006-2007.

Table 5.4: Outcome by type of Allegation

Outcome by type of allegation	Removed	Strike Off	Suspension	COP	Caution	NFA	Not Found	Not Allowed
Misconduct	0	19	12	5	18	1	12	0
Lack of Competence	0	0	1	0	4	0	3	0
Conviction/Caution	0	4	5	0	4	2	2	0
Health	0	0	1	1	0	0	2	1
Incorrect/Fraudulent Entry	2	0	0	0	0	3	0	0

Convictions/Cautions

Panels considered 18 cases where the registrant had been convicted or cautioned for a criminal offence. In 16 of the 18 cases the panels determined that the registrant's fitness to practise was impaired by reason of their conviction or caution. In 2005-2006 8 such cases were considered.

The offences that were considered by panels were as follows:

- making indecent photographs or pseudo photographs of a child;
- possession of a indecent images of a child;
- driving under the influence of alcohol;
- assault occasioning Actual Bodily Harm;
- shoplifting;
- driving with excess alcohol and no insurance;
- driving without due care and attention (this case also involved misconduct in that the registrant engaged in a sexual act in a public place;
- two counts of driving a vehicle with excess alcohol;
- possession of an offensive weapon;
- protection from harassment act;
- obtaining property (salary) by deception;
- theft from employer;
- forgery;
- course of conduct amounting to harassment;
- wilful fire raising;
- theft;
- malicious mischief;
- wounding with intent;
- criminal damage; and
- sending an offensive message by public communication.

Struck Off

In four instances it was felt that the offences committed were of such a serious nature that in order to adequately protect the public, the registrant needed to be struck off the register.

In a case concerning a Paramedic, the registrant was struck off the register after it was found that his fitness to practise was impaired by reason of his conviction for obtaining property (salary) by deception. The paramedic was working for another employer whilst receiving sick pay from his employing trust. The Crown Court had ordered him to pay compensation on £1,139.44.

He was struck from the register because of the nature of the dishonesty and the serious abuse of trust which the conviction involved,

The Standards of Conduct, Performance and Ethics make it clear that serious abuses of trust may result in a registrant being struck off the register and this is what occurred in this case.

In two cases, one concerning an Operating Department Practitioner, and the other a Physiotherapist, the registrants were struck off the register due to offences concerning the making of indecent photographs or pseudo photographs of a child, and in the case of the Operating Department Practitioner, for the possession of indecent photograph(s) of a child. The panels felt that the public needed to be protected from the behaviour of the registrant and for the public to have faith in the regulatory process

The Operating Department Practitioner had been convicted of 16 counts of making indecent photograph of a child. He had also used his credit card to access a website which showed indecent images of young girls. The registrant was also placed on the Sex Offenders register until 2010 and the panel therefore felt that their only option was to strike the registrant from the register.

The four cases above set out the types of convictions (those of a sexual nature and dishonesty) which are an indication of the type of offence which might result in a registrant being struck off the register and also the type of issue which might prevent an applicant from being granted registration. In 2005-2006 the panels struck off registrants for convictions which involved deception – another type of conviction which might lead to registration not being granted.

Suspension

In five cases, registrants were suspended following a finding of impairment to fitness to practise following a conviction or caution. In two cases, the convictions were ones concerning violence. In the first case, a biomedical scientist was convicted of wounding with intent and sentenced to a period in prison. The offence was against his partner. The registrant admitted that his fitness to practise was impaired, the panel suspended the registrant as they felt that there were no concerns regarding his professional competence and they took into account all of the steps he had taken to address his behaviour.

In the other case, one concerning a chiropodist, the registrant received a police for assault occasioning Actual Bodily Harm against his parents. The panel felt that the offence, although an isolated incident, was one which would undermine public faith in the profession of chiropody.

A Paramedic was convicted of an offence of theft from his employer. The registrant concerned stole 18 canisters of Entonox. The registrant admitted that his fitness to practise was impaired. However, in deciding what sanction

to impose the panel took into account that the registrant had been subject to a traumatic incident and had suffered stress and sought help as a result of that incident. The panel felt that the registrant needed to resolve this stress and be able to prove that he could deal with it before he could return to any level of practice.

In two more cases registrants were suspended as a result of their convictions/cautions – one for two counts of driving with excess alcohol. The registrant had served four weeks in prison. In the other case the registrant received two police cautions for shoplifting.

Conditions of Practice

There were no cases where a registrant had been convicted or cautioned for an offence where a condition's of practice order was imposed.

Cautions

In four cases registrants were cautioned following a finding of impairment to practise. Registrants had been convicted or received a police caution for the following offences:

- protection from harassment act;
- course of conduct which amounted to harassment;
- driving under the influence of alcohol; and
- sending an offensive message by public communication.

In all four cases the panel took into account what would be a proportionate sanction and found that a caution order would adequately protect the public.

There were two final instances where a registrants Fitness to practise was found to be impaired, however the panel(s) did not deem it necessary to take any further action. The offence involved in both cases was:

- driving a vehicle with excess alcohol

We are continually striving to ensure consistency in our decision making and the Committees continually review cases to ensure that this takes place. In 2006-2007 we will be undertaking a trends analysis of our cases and providing further guidance to panels on their decision making.

The table below sets out the professions of the registrants who had been convicted of a criminal offence or accepted a police caution.

Table 5.5: Profession and Conviction

Profession	Number
Biomedical Scientist	**1**
Chiropodist/Podiatrist	**1**
Operating Department Practitioner	**3**
Occupational Therapist	**4**
Paramedic	**5**
Physiotherapist	**2**
Prosthetist and Orthotist	**1**
Radiographer	**1**

Misconduct

In 2006-2007, 67 disposal decisions were made in cases involving allegations to the effect that a registrant's fitness to practise was impaired by reason of their misconduct. In some cases, the allegation was one of lack of competence and misconduct. The issues that were considered included:

- self administering drugs;
- working whilst under the influence of alcohol;
- being paid sick and study leave;
- working whilst on sick leave;
- authorisation of incorrect results;
- record keeping;
- treatment of patients;
- clinical reasoning and assessment;
- unacceptable behaviour at work;
- working whilst under the influence of alcohol;
- communication with service users;
- inappropriate intervention;
- interpretation of examinations;
- failure to prepare a medical history;
- failure to complete appropriate record cards;
- clinical assessment;
- accessing inappropriate websites;
- failure to follow correct procedure with regards to the administration of drugs;

- driving skills;
- bullying;
- theft and selling items on an internet auction site;
- working whilst under the influence of Nubain and Diazemel;
- possession of stolen charitable items;
- failure to report a colleague who made hoax calls;
- inappropriate relationship;
- failure to provide required standard of care;
- duty of care; and
- engaging in a sexual act in a public place

Examples of the most common misconduct alleged and found is provided below:

Self administering drugs

In 2006-2007 panels of the Conduct and Competence Committee considered 7 cases where the allegations concerned registrants who had self administered drugs in the workplace and/or stolen drugs from the workplace. All 7 cases involved either Paramedics or Operating Department Practitioners, both of which are professions that have regular access to controlled drugs.

In 2 cases, panels imposed conditions of practice orders, in one case a registrant was suspended and in the final four cases, registrants were struck off the register. In a number of these cases, the registrants were previously subject to an interim order due to the serious nature of the allegation and to protect the registrants themselves.

In the two cases where panels imposed a conditions of practice order, both of the registrant's ere Paramedics. In one case the registrant admitted that his removal of Propofol and Midazolam and his subsequent self-administering of those drugs amounted to misconduct. When considering which sanction to impose the panel took into account a psychotic incident which the registrant had experienced and imposed conditions which required the registrant to continue with the random drugs tests his employers were subjecting him too.

In the other case where a conditions of practice order was imposed, the registrant had removed Nubain from his employer and then self-administered it. The registrant in this case also admitted the misconduct. Since the incident he had returned to full duties. The conditions of practice imposed required the registrant to confirm that he had not worked alone and had any drug usage audited at the end of each shift.

In both cases, the registrants were fully involved in the process.

One Operating Department Practitioner was suspended as a result of taking quantities of the injectable analgesic drug Tramadol from the hospital at which he worked for his own use. The registrant had been over ordering the drug and he had been using it to alleviate chronic back pain. The registrant was

suspended because he was taking steps to overcome his addiction. The panel felt that a period of suspension would help him do this.

In the other four cases, two Paramedics and two Operating Department Practitioners were struck off the register. In one of the cases concerning an Operating Department Practitioner, the registrant stole controlled and scheduled drugs from operating theatres and whilst at work, used the drugs that she stole. She also forged the signature of a doctor of obtain a controlled drug. She stole and used drugs on more than one occasion and subsequently admitted her addiction to drugs. The panel felt that she put patients at risk and compromised her own safety.

In the other case concerning an Operating Department Practitioner the registrant was found slumped in the staff toilets after having administered to herself a sedative and an anti-sickness drug. She was found in the staff toilet but she was required in recovery to perform her clinical duties. She was struck off as she had failed in her duty of care to her patients and had not behaved with integrity and honesty.

The two final cases concerned Paramedics. One Paramedic was on duty under the influence of Nubain and Diazemel. The panel felt that they had no option but to direct the registrar to remove his name from the Register. In the last case, the Paramedic concerned had misused and stolen morphine from her employer.

Attending work under the influence of alcohol

In two cases - one concerning a Biomedical Scientist and the other a Radiographer, the registrant's attended work whilst under the influence of alcohol. In the case of the Radiographer, the panel imposed a suspension order as they felt this would give the registrant an opportunity to resolve his alcohol dependency. However, in the case of the Biomedical Scientist, the registrant was struck off the register.

She had attended work under the influence of alcohol and made three pregnancy test errors and 15 transcription errors potentially resulting in the wrong drugs being prescribed to patients. The registrant had showed no insight into her failings and the nature of the error was so serious that the panel felt that they had no option but to strike the registrant from the register.

Working whilst on sick leave

In a number of cases registrants worked for other employers whilst on sick leave from their original employers. These cases again involved Paramedics and Operating Department Practitioners. The panels who sat to consider these cases, in all instances imposed a caution order. These were again cases where the registrants were involved in the fitness to practise processes

and recognised and had insight into the seriousness of their misconduct. The panels felt that the registrants concerned failed to display integrity and honesty and potentially put patients at risk by treating them whilst certified sick.

Sexual Misconduct

A number of the cases considered by Fitness to Practise panels in 2006-2007 had an element of sexual misconduct in the allegation. Examples of some of those cases are provided below.

In one instance, a paramedic had been convicted of driving without due care and attention. In most circumstances this type of conviction would not generally result in the panel imposing a striking off order and in fact, the panel did not find that this element of the allegation was well founded. However, the registrant's fitness to practise was found to be impaired by reason of his misconduct because he was found to have been engaging in a masturbatory act in public where he was likely to be seen by children. He was struck off the register because of the serious nature of the misconduct and the need to maintain public confidence in the paramedic profession.

In a case concerning a Podiatrist, the registrant was found in his treatment room at the hospital with his trousers round his ankles. On another date a pornographic magazine was found in the registrant's treatment room. The panel also found that the registrant was responsible for leaving KY jelly in a public toilet at the hospital. He was struck off due to the cumulative nature of his misconduct, which also included undertaking private work whilst on sick leave.

Competence

The types of competency issues that were considered in 2006-2007 included

- failure to meet the Standards of Proficiency;
- failure to act autonomously;
- poor record keeping;
- proper and effective communication;
- incorrect assessment;
- failure to complete care plans.

Standards of Conduct, Performance and Ethics

It is a key requirement of the Health Professions Order 2001 that the HPC must 'establish and keep under review the standards of performance and ethics expected of registrants and prospective registrants and give then such guidance as [we] see fit'. In 2006-2007 the Conduct and Competence

Committee undertook a review of the Standards of Conduct, Performance and Ethics and we consulted on the changes to this document earlier this year.

In 2006-2007 particular reference was made to the following standards in the decisions reached by panels of the Conduct and Competence Committee:

1. act in the best interests of your patients, clients and users;
3. maintain high standards of personal conduct;
4. provide any important information about conduct, competence or health;
6. act within the limits of your knowledge, skills and experience;
7. maintain proper and effective communication with patients, clients, users, carers and professionals;
10. keep accurate patient, client and user records;
12. limit your work or stop practising if your performance or judgement is affected by your health;
13. carry out your duties in a professional and ethical way;
14. behave with integrity and honesty; and
16. make sure your behaviour does not damage your profession's reputation

A breach of the Standards of Conduct, Performance and Ethics does not necessarily mean that a registrant's fitness to practise is impaired but a breach of the standards is taken into consideration in proceedings of the Conduct and Competence Committee.

Sanctions Imposed

This table indicates the sanctions that have been imposed by profession.

Table 5.6 Sanctions imposed by profession

	Strike Off	S	CA	COP	NFA	NF	Removed	Not Allowed
AS	0	0	0	0	0	0	0	0
BS	3	1	1	0	0	1	0	0
CH	2	2	4	0	0	3	1	0
CS	0	0	0	0	0	0	0	0
DT	0	1	0	0	0	0	0	0
ODP	4	1	4	1	1	1	0	1
or	0	0	0	0	0	0	0	0
OT	2	4	1	1	2	3	0	0
pa	8	4	9	2	0	2	0	0
ph	3	3	3	1	2	3	0	0
PO	0	1	2	0	0	1	0	0
RA	0	1	2	1	1	1	1	0
SL	1	1	1	0	0	3	0	0

Glossary

S/O – Struck Off
S- Suspension

COP – Conditions of Practice
CA- Caution
NFA – No Further Action
NF- Not Found
NR – Not Registered

Rate of Representation

When appearing before panels of the Council's Practice Committee, registrants are given an opportunity to attend and present their case. There are also entitled to have representation. Some registrants chose not to attend, have any representation or to provide any response to the allegation that has been put before them. Present at the hearings are Legal Assessors, whose role in instances such as this, includes ensuring that the panel determine whether adequate notice has been served on the registrant and further ensuring that the hearing is conducted in a fair and impartial manner.

The tables below show the outcome of cases when the registrant was represented – either by themselves or by a representative and when no representation was received.

Tables 5.7 Sanction and Representation

Representative	Number
registrant	11
Representative	49
No	42

Outcome	Representative	Registrant	None
Case Not Found	12	0	5
Caution	15	5	7
CPO	3	2	1
No Further Action	4	1	1
Not Allowed	0	1	0
Removed	0	0	2
Strike Off	7	1	15
Suspension	8	1	11

The table below shows the professions who received representation in regards to final hearings in 2006-2007.

Table 5.8: Professions Represented

Profession	No representation	Represented Self	Represented by representative
AS	0	0	0
BS	2		3
CH	5	0	7
CS	0	0	0
DT	1	0	0
ODP	5	3	5
OT	8	1	1
OR	0	0	0
PA	7	4	12
PH	5	0	10
PO	0	0	2
RA	4	0	2
RA	2	0	4

Well Founded

When the HPC present a case, the onus is on us to prove that the allegation is well founded. This did not occur on 18 occasions in 2006-2007. Our legislation prevents us from publicising allegations that have not been well founded. However, we are obliged to provide the Council for Healthcare Regulatory Excellence (CHRE) with information about cases that have been considered by panels of the Conduct and Competence Committee. More information about the role of CHRE can be found later in this report.

Panels have to determine on the balance of probabilities whether the allegation that a registrant's fitness to practise is impaired is well founded. Before they do this they are obliged to consider whether the facts as alleged occurred, whether those facts amount to the basis of the allegation (e.g. lack of competence or misconduct) and whether that misconduct amounts to impairment of fitness to practise. If all three elements are not found then the panel is obliged to find that the case has not been proven.

The table below indicates the number of allegations where the panel determined that the allegation was not well founded. This includes cases that were considered by the Health Committee.

Table 5.9: Not well founded

Year	Number of Cases
2004-2005	3
2005-2006	1
2006-2007	18

Table 5.10: Not Well Founded Professions (Conduct and Competence)

Profession	Number
Chiropodist	3
Operating Department Practitioner	1
Occupational Therapist	3
Paramedic	2
Physiotherapist	3

Prosthetist and Orthotist	1
Speech and Language Therapist	3

Panels of the Health Committee considered two of the allegations where it was determined that the allegations were not well founded. Panels of the Conduct and Competence Committee heard the remainder of the cases.

In two cases it was alleged that the registrant's fitness to practise was impaired by reason of their convictions/cautions. One registrant had been cautioned for possessing an offensive weapon in a public place. The weapon involved was a CS gas spray which was legal in the registrant's place of birth.

In the other case involved a police caution, the registrant was cautioned for criminal damage. The criminal damage took place at his place of work at night after the registrant entered the premises using a key that he should not have had. The panel found that this was a one-off incident and that it was out of character. They felt that it was not the kind of incident that tended to undermine the public's faith in the profession (in this case Occupational Therapy).

In two cases concerning Paramedics, the allegations concerned treatment of patients. In the first case it was alleged that the Paramedic concerned fitness to practise was impaired due to his treatment of a patient, management of a scene and failure to take equipment to the scene of the incident. It was found that there was no evidence to support some elements of the allegation; in another element it was found that the registrant had failed to take some equipment to the scene and in the other element that the registrant was not responsible for the scene. The panel determined that the only element of the allegation that was proven (failure to take equipment to the scene) did not amount to impairment to fitness to practise. They found that the registrant had insight into the consequences of his action and completed reflective study in advance of the hearing.

In the other case concerning a Paramedic, the incident took place in 2004, and although the panel some elements of lack of competence they found that the registrants fitness to practise was not impaired now. They found that the registrant had attended courses and enhanced her skills.

Although the allegations were not well founded, the registrants concerned had both taken steps to improve and develop their practice, thus demonstrating another way in which the HPC fitness to practise process protects the public.

In one of the cases concerning an Occupational Therapist, it was alleged that the registrant's fitness to practise was impaired by reason of misconduct due to private use of a trust mobile phone. Although the panel felt that misconduct had occurred, they did not feel that it amounted to impairment to practice. The registrant had been fully involved in the proceedings both at trust and HPC level and showed insight into the misconduct which led to the allegation.

In the other case concerning an Occupational Therapist where the allegation was of lack of competence as a basic grade occupational therapist. The panel felt that it was not lack of competence that explained the registrant's poor performance but her ill health.

Panels determined that in two cases concerning Physiotherapists, the allegations were not well founded. CHRE has determined that in one of these cases. The decision of the panel was unduly lenient. The case has been referred to the High Court and at the time of writing, we are awaiting a date for the case to be listed for hearing.

The other case concerned a physiotherapist where it was alleged that their fitness to practise was impaired by reason of their lack of competence in that they failed to attain the competence expected of a registered physiotherapist. The registrant admitted that she displayed a lack of competence in her employment. However, the panel determined that the registrant's fitness to practise was not impaired. The registrant had immediately accepted that she had problems and took measures to ensure that her practice was up to standard. By the time of the hearing she had completed a course and the panel felt that as a result of this, the registrant's fitness to practise was not currently impaired.

In the one case concerning a Prosthetist and Orthotist the allegation was not well founded. The panel determined the factual foundation of a particular in relation to record keeping was not made out. The events alleged occurred in 2001 and 2002 and the panel felt that the registrant's records fell within an acceptable bracket for that time period. In relation to the other elements of the allegation which involved undertaking private work and issues with regards to footwear had no evidence to support the allegation and subsequently found that the allegation was not well founded.

In a case concerning and Operating Department Practitioner, the panel also found that there were issues with regards to the evidence. They did not feel that the standard of proof had been attained. Information on the standard of proof is set out earlier in this report.

There were three cases concerning Speech and Language Therapists that were not well founded. In one case the panel did find lack of competence in relation to failure to provide input sessions for a patients and a failure to follow policy. However, between the incident and the hearing the registrant had taken steps to address her failings and her employers had no concerns regarding any aspect of her work.

In another case concerning a Speech and Language Therapist, the allegation was one concerning record keeping and appropriate assessment. The panel found that there was no evidence to demonstrate a lack of competence or misconduct and noted that the registrant had worked for the trust for a very short time and that no patient had been put at risk during the period of employment.

In the final case concerning a Speech and Language Therapist, the hearing took in excess of 15 days to conclude – (in fact the hearing had begun in 2005-2006). There were 16 particulars of lack of competence/misconduct which the panel did not feel amounted to impairment to practice.

Panels considered three cases concerning Chiropodists/Podiatrists. Two cases concerned Chiropodists/Podiatrists who worked in private practice and one Chiropodist/Podiatrist who worked for the NHS. In the case concerning a chiropodist/podiatrist who worked in the NHS setting, the allegations concerned the registrant's decision to proceed in the treatment of a toe without anaesthetic. The allegation was not one which was about the registrant's skill and competence. The panel felt that the registrant had been justified in carrying out the procedure without anaesthetic and that it was a procedure that was routinely undertaken without anaesthetic.

In the other two cases concerning Chiropodists/Podiatrists, one case concerned issues with regards to access to records and involved a chiropodist who had shared premises with another chiropodist. The panel preferred the account of the registrant against whom the allegation had been made.

In the other case concerning a chiropodist, the allegations concerned communication issues and the course of action a registrant undertook in the treatment of a toe. The panel found that the registrant carried out treatment in accordance with the standards of conduct and proficiency expected of a registrant and the discomfort experienced by the complainant could sometimes be expected with a treatment of the type that had been undergone.

In a number of cases identified above it can be identified that the registrants concerned recognised the failings/acts which led to the allegations and took big steps in addressing the issues that had been identified in advance of the hearing. In other cases it is demonstrable that there was no issue of current impairment or that the evidence did not support the allegation. The onus is on the HPC to prove the case; however in some instances there is clearly not the evidence to support the allegation that has been made. However, it is also important to note that once an investigating panel has made a case to answer decision in relation to an allegation, the HPC has to proceed with the allegation; there is no power for the officers of the HPC to decide not to proceed with a case on the basis of evidential issues. This responsibility is that of panels that are convened to hear cases.

Learning points on decisions such as these will be fed back to panels of our investigating committee to ensure consistency in decision making

Review Hearings

If a conditions of practice or suspension order has been imposed, it will always be reviewed by another panel shortly before it is due to expire. It can also be reviewed if the registrant concerned makes an application for review. A registrant may do this in certain circumstances including where they may be experiencing difficulties with meeting any conditions imposed by the original panel or when new information relating to the order that was imposed has come to light. The HPC can also review a conditions of practice order when it appears that the registrant is in breach of any condition imposed by the panel.

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

If a suspension order was imposed, a review panel might look for evidence that the problems that led to suspension have been dealt with.

A review panel will always want to make sure that the public continue to be adequately protected. If they are not satisfied that someone is now fit to practise, they might extend a conditions of practice order, further extend the period the registrant was suspended for, or in certain circumstances, remove the registrant from the register (known as a striking off order)

In 2006-2007 there were 42 review hearings. In these cases the registrant had been subject to either a conditions of practice or a suspension order.

Table 6.1: Number of Review Hearings

Year	Number of Review Hearings
2004-2005	11
2005-2006	26
2006-2007	42

The table above demonstrates the increase in the number of review hearings that have taken place. This is trend that is likely to continue as HPC deals with more and more cases. The costs of a review hearing in 2006-2007 (which include the costs of the panel, shorthand writer and legal costs and in some instances venue hire) was generally in the region of £3000-£5000.

The table below highlight the range of action that panels took when reviewing cases, ranging from revoking conditions of practice orders through to imposing an order directing the registrar to strike the registrant off the register. In a number of cases the panel extended the suspension order. This occurs as in cases concerning competence and health, suspension is the highest available sanction for panels. This is because the sanction procedure is not intended to be punitive but endeavours as far as is possible to rehabilitate to the registrant.

Panels generally continue suspension orders in cases concerning competence when this is the only way that the public would be adequately protected.

Struck Off

2006-2007 saw 5 cases where the panel decided to strike the registrant off the register following a review hearing. The cases where this happened were a follows:

- Natasha Gorringe
- Matthew Smith
- David Miller
- Josphat D Mwilaria
- Simon Harrison

In the case of Natasha Gorringe, a chiropodist the original panel hearing the case had determined that the registrant's fitness to practise was impaired by reason of her misconduct as she had falsified patient records and breached patient confidentiality. In striking her off the register the review panel felt that there was no information to suggested that a continuation of the suspension order would adequately protect the public,

Matthew Smith, a radiographer had previously been suspended following his conviction in 2004 for making indecent photograph or pseudo photographs of child. The review panel decided to strike him off the register. Mr Smith had been redeployed in his trust in a non-clinical role. However, whilst employed in this role Mr Smith accessed, or attempted to access websites which contained 'adult and sexually explicit material.' The panel felt that the original panel in suspending Mr Smith had given him a second chance. They felt that his behaviour demonstrated a lack of insight into his situation and directed that the Registrar strike him off the register.

Another radiographer, Josphat Mwilaria was suspended following a finding that found his fitness to practise was impaired for reasons including exposing a patient to radiation which was 85 times over the acceptable limit. The registrant was struck off at the review hearing.

David Miller, an Operating Department Practitioner had been initially suspended in 2005 after it was found that he had self-injected drugs whilst on duty. The review panel imposed a striking off order as Mr Miller had failed to engage with the process and because there was no evidence to suggest that Mr Miller had any willingness to deal with his misconduct.

Conditions revoked

Conditions of practice are used by panels where they feel that failure or deficiency is capable of remedy. They are used when the panel are satisfied that there is no harm in allowing the professional to remain in practice. They

have to be realistic and verifiable. In three cases in 2006-2007, the panels felt that it was appropriate to revoke the conditions that had been imposed on the registrants concerned and allow the individuals concerned to return to practice unrestricted. In all three cases, the registrants had complied with the conditions of practice that had been imposed on them and had demonstrated insight into and remorse for the actions that had led to panels finding that their fitness to practise was impaired.

Suspension Imposed

In the following three cases, the registrants concerned had been initially subject to a conditions of practice order. The review panel, on reviewing the cases, revoked the conditions of practice orders that had been imposed and suspended the registrants involved.

- Fraymond Mayunga
- Joe Osmond
- Zanele Nxumalo

In the case of Fraymond Mayunga, a physiotherapist, the registrant had advised that he had no intention of complying with the conditions that were initially imposed on him. Joe Osmond, a speech and language therapist had also failed to comply with a conditions of practice order and in the case of Zanele Nxumalo, a dietitian it was found that she had not progressed beyond the level of a dietetic assistant. In all three cases the panel(s) felt that their only option was to suspend the registrants concerned.

The Table below lists the cases where a review hearing has taken place.

Table: 6.2 List of Review Hearings

Date of Review Hearing	Name of Registrant		Outcome
02/05/2006	Julie A	Pring	Conditions of Practice Continued
02/05/2006	Natasha	Gorringe	Struck-off
04/05/2006	Matthew J	Smith	Struck-off
10/05/2006	Sarah A	Turgoose	Suspension Continued
15/05/2006	Cristina	Reyburn	Conditions of Practise Continued
30/05/2006	Pallewatte K U	Ratnasiri	Conditions of Practise Continued
30/05/2006	Fraymond	Mayunga	Conditions revoked, Suspension imposed
23/06/2006	Gaynor L	Mcalister	Suspension Continued
17/07/2006	Fadayomi E	Alade	Suspension Continued
18/07/2006	Frank L	Attwater	Suspension Continued
26/07/2006	Shirley D	Fogarty	Suspension Continued
28/07/2006	Douglas I	Sinclair	Suspension Continued
28/07/2006	Rabea Shenaz	Yousaf	Suspension Continued
04/08/2006	Timothy P	Hulley	Conditions revoked
17/08/2006	Christopher J	Caulkin	Suspension Continued
23/08/2006	Ian S	Carville	Conditions revoked

30/08/2006	Esther A M L	Randall	Suspension Continued
30/08/2006	Fiona J	Drew	Conditions of Practice Continued
07/09/2006	Minette	Magno	Suspension Continued
13/09/2006	Richard G	Adams	Suspension continued
12/10/2006	Joe	Osmond	conditions revoked, suspension imposed
12/10/2006	Asarath A	Aliyar	Suspension Continued
20/10/2006	Baldev R	Mehra	Suspension Continued
20/10/2006	Gordon A	Mendy	Conditions of Practice Continued
27/10/2006	Alison	Owens	Registration Not Allowed
27/11/2006	Naveed A	Khan	Suspension Continued
27/11/2006	Ian G	Blakey	Suspension Continued
27/11/2006	Naveed A	Khan	Suspension Continued
30/11/2006	Edward P	Wade	Conditions of Practice Continued
30/11/2006	David	Miller	Struck-off
04/12/2006	Roland R	Parton	Suspension Continued
04/12/2006	Criona	O'donnell	Suspension Continued
03/01/2007	Pallewatte K U	Ratnasiri	Conditions of Practice revoked
19/01/2007	Zanele N	Nxumalo	Conditions of Practice revoked, Suspension imposed
19/01/2007	Josphat D	Mwilaria	Struck-off
05/02/2007	Mark B	Holman	Suspensn continued
05/02/2007	Linda	Bailey	S suspension continued
06/02/2007	Simon R	Harrison	Struck-off
08/03/2007	Rosemary	Fisher	Suspension Continued
08/03/2007	Jitendra	Singh	Suspension Continued
20/03/2007	Sean	Clarke	Suspension Continued
20/03/2007	Jane	Batterton	Suspension Continued

It is estimated that there will 90 review hearings in 2007-2008. We anticipate that a large number of these cases will be presented by case managers in the fitness to practise team rather than by external lawyers.

Protection of Title

Table 7.1: Protection of Title

Type of Complainant	2005/2006	2006/2007
Public	53	21
Police	31	38
HPC	10	10
Anonymous	50	78
Professional	225	137
Total	369	284

It is a criminal offence for an individual to represent themselves as either expressly or by implication as being registered by the HPC, or to use a title to which you are not entitled. Each profession on our Register has one or more protected titles. These titles can only be used by people on our Register. This effectively means removal from the profession.

We have seen a reduction in the number of Protection of title complaints in 2006-2007.

High Court Cases and the role of the Council for Healthcare Regulatory Excellence (CHRE)

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

CHRE may also refer a regulator's final decision on a fitness to practise case to the High Court (or its equivalent in Scotland) if they feel that a decision made by the regulatory body is unduly lenient and that such a referral is in the public interest.

We have had one referral to the High Court in 2006-2007. At the time of writing, we are awaiting the date of the hearing.

Registrants can also appeal the decision made by our panels to the High Court or the Court of Session. In 2006-2007 no decisions were appealed to the High Court, however, one case that was appealed in 2005-2006 was heard in 2006-2007. This case concerned the matter of Mohammed Khokhar, a clinical scientist. Between 7th and 10th March 2005 and again on 6th May 2005, a panel of the Conduct and Competence Committee heard an allegation regarding the fitness to practise of Mohammed Khokhar. The panel found that Dr Khokhar's fitness to practise was impaired by reason of his lack of competence whilst in the employment of North West Thames Regional Genetic Service and subsequently imposed a suspension order for one year. The case was considered by the Administrative Court on 11th, 12th and 13th September 2006 and the judgment was handed down on 20th October 2006.

The grounds of Dr Khokhar's appeal were as follows:

- that it was inappropriate for the Panel to proceed to determine the issue of fitness to practice on the basis of practical, written and oral tests

- that in 66 cases prior to suspension from duty the Appellant was able to conduct cytogenetic analysis without error (which thus demonstrates his competence;

- that the assessments considered by the Panel were conducted in breach of the Trust's Capability procedures; and

- there are criticisms of the strength of the evidence with reference to the available expert evidence.

The case was heard in the High Court by way of a re-hearing before Mr. Justice Lloyd Jones. The judge was satisfied that the evidence clearly established that Dr Khokhar's fitness to practise as a clinical scientist was impaired by reason of his lack of competence.

Substantial costs were incurred by the HPC in the course of this appeal, particularly as the re-hearing took three days. We asked for Dr.Khokhar to pay the costs that we incurred and we were awarded £36000.

How to make a complaint

If you want to complain about a registrant, you need to write to our Director of Fitness to Practise at the following address:

Health Professions Council
Park House
184 Kennington Park Road
LONDON
United Kingdom
SE11 4BU

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

Telephone: +44 (0) 20 7840 9814

Fax: +44 (0) 20 7582 4874.

You may also find our complaints form useful. A copy is provided in the appendix

APPENDIX

PROTECTED TITLES

The titles below are protected by law. Anyone using one of these titles must be registered with they HPC, or they may be subject to prosecution and a fine of up to £5000.

The table below shows the parts, subsections and protected professional titles.

PART	SUBSECTION	TITLE
Arts Therapist	Art Therapist	Art Psychotherapist
		Art Therapist
	Dramatherapist	Dramatherapist
	Music Therapist	Music Therapist
Biomedical Scientist		Biomedical Scientist
		Medical Laboratory Technician
Chiropodist and Podiatrist		Chiropodist
		Podiatrist
Clinical Scientist		Clinical Scientist
Dietitian		Dietitian
		Dietician
Occupational Therapist		Occupational Therapist
Operating Department Practitioner		Operating Department Practitioner
Orthoptist		Orthoptist
Prosthetist and Orthotist	Prosthetist	Prosthetist
	Orthotist	Orthotist
Paramedic		Paramedic
Physiotherapist		Physiotherapist
		Physical Therapist
Radiographer		Radiographer
	Diagnostic Radiographer	Diagnostic Radiographer
	Therapeutic Radiographer	Therapeutic Radiographer
Speech and Language Therapist		Speech and Language Therapist
		Speech Therapist