Fitness to Practise Annual Report 2008-2009

Contents

Executive Summary

Welcome to the sixth fitness to practise annual report of the Health Professions Council (HPC) covering the period 1 April 2008 to 31 March 2009. This report provides information about the HPC's work considering allegations about the fitness to practise of our registrants.

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

Allegations

We have again seen an increase in the number of allegations we have received about registrants. However, this still only equates to 0.26 per cent of the register. Similar to previous years, the number of allegations we receive according to an individual registrants route to registration, broadly equates with the percentage of registrants on the register.

Investigating Panel

363 cases were considered by panels of the Investigating Committee in 2008-09. The case to answer rate has fallen by 5 per cent to 57 per cent. Panels decide whether there is a realistic prospect that the allegation will be proven at a final hearing. 81 per cent of cases we receive from employers result in a case to answer decision. We plan on undertaking research into the expectations of complainants in 2008-09. This will aid us in ensuring that we are providing appropriate information to those who might wish to complain.

Final Hearings

We have seen another increase in the number of hearings that have taken place this year. The most widely used sanction was a striking off order, making up 29 per cent of final disposal decisions. However, it is important to note that this equates to just 0.03 per cent of registrants.

This report demonstrates that although the number of cases being considered by fitness to practise panels is increasing, the number of registrants this involves is still less than 0.5 percent. We have seen a reduction in cases being referred for final hearing and an increase in the number of not well founded cases. Our panels take the action necessary to protect the public and the process is designed not to punish a registrant but to take proportionate action to ensure public protection.

We continue to strive to improve our processes and in 2009-10 will endeavour to ensure the length of time it takes cases to conclude is reduced. It is also anticipated that HPC will begin the regulation of practitioner psychologists on 1 July 2009, further enhancing public protection. We plan to implement a number of new practice notes to aid panels and those appearing before them and to further review our literature to ensure that it is clear and accessible.

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

Kelly Johnson
Director of Fitness to Practise

Introduction – overview of the fitness to practise process

About us (the Health Professions Council)

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

We currently regulate 13 health professions.

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

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

Each of these professions has one or more 'protected titles' (protected titles include titles like 'physiotherapist' and 'dietitian'). Anyone who uses a protected title and is not registered with us is breaking the law, and could be prosecuted. For a full list of protected titles, please go to our website at www.hpc-uk.org. Registration can be checked either by logging on to www.hpcheck.org or calling +44 (0)20 7582 0866.

Our main functions

To protect the public, we:

- set standards for the education and training, professional skills, conduct, performance, ethics and health of registrants (the health professionals who are on our Register);
- keep a register of health professionals who meet those standards;
- approve programmes which health professionals must complete before they can register with us; and
- take action when health professionals on our Register do not meet our standards.

What is ‘fitness to practise’?

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

The behaviour and minimum levels of skills and knowledge we can expect from a registrant are set out in the ‘Standards of conduct, performance and ethics’ and the ‘Standards of proficiency.’ These standards were reviewed and updated and a new version of the standards was published in July 2008. For more information on the standards, please see our website at www.hpc-uk.org.

The Fitness to Practise department is responsible for handling complaints. These are known as ‘allegations’. Allegations question whether professionals who are registered with us are fit to practise.

Who can complain?

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

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

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

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

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

How can a complaint be made?

Complaints can be made in writing or by using our 'Reporting a Concern to the HPC' form which is available on the HPC website. We can also, in certain circumstances, take a statement of complaint over the telephone. The statement of complaint will still need to be signed by the complainant. We also have facilities to consider complaints which are made in another language. Please contact the Fitness to Practise department for more information on this facility. We also have a free phone number for use by complainants.

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.

What happens when a complaint is received?

For more information about how to make a complaint and the process we follow when we receive a complaint about a health professional, please contact us to request one of the following brochures:

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

You can also find this information at www.hpc-uk.org

Partners and Panels

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

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

Council Members do not sit on our Fitness to Practise Panels. This is to maintain separation between those who set Council policy and those who make decisions in relation to individual fitness to practise cases. This contributes to ensuring that our tribunals are fair, independent and impartial. Furthermore, employees of the HPC are not involved in the decision-making process made by panels. This ensures their decisions are made independently and free from any appearance of bias.

Standard of Proof

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

Allegations

This section provides information on the number and type of fitness to practise allegations and enquiries we have received.

Table 1.1 Total Number of allegations

Year	Number of allegations	Number of registrants	% of registrants with allegations
2002-03	70	144141	0.05
2003-04	134	144834	0.09
2004-05	172	160513	0.11
2005-06	316	169366	0.19
2006-07	322	177230	0.18
2007-08	424	178289	0.24
2008-09	483	185554	0.26

There has been an increase in the number of allegations received by HPC in 2008–09 compared to previous years. However, there has also been an increase in the number of registrants. The number of complaints as a percentage of the total number of registrants has remained similar to 2007-08, at 0.26 per cent.

Graph 1.1 Total numbers of allegations

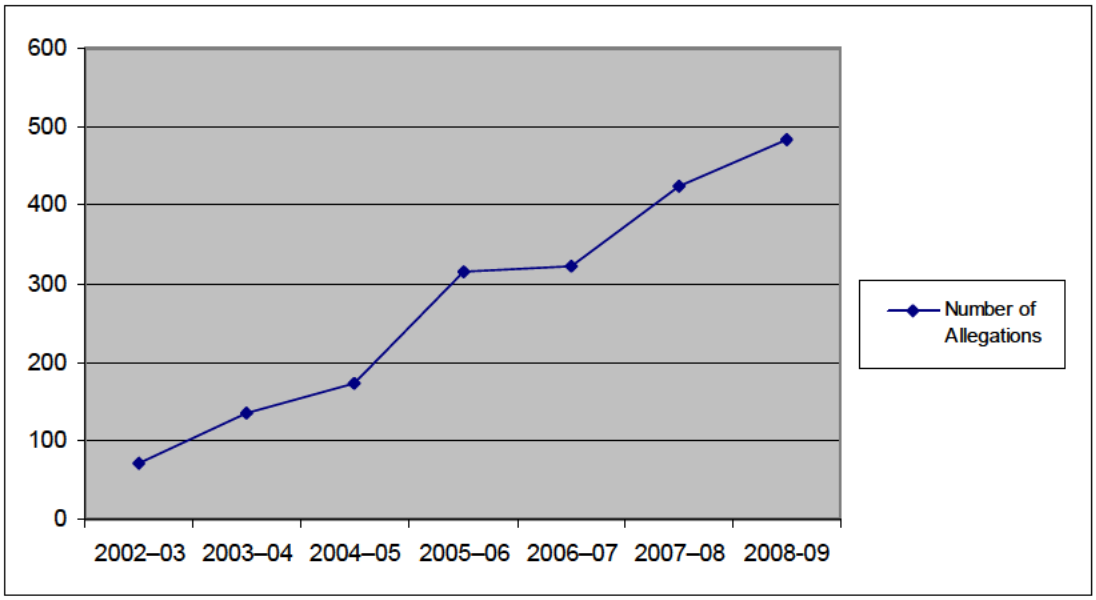
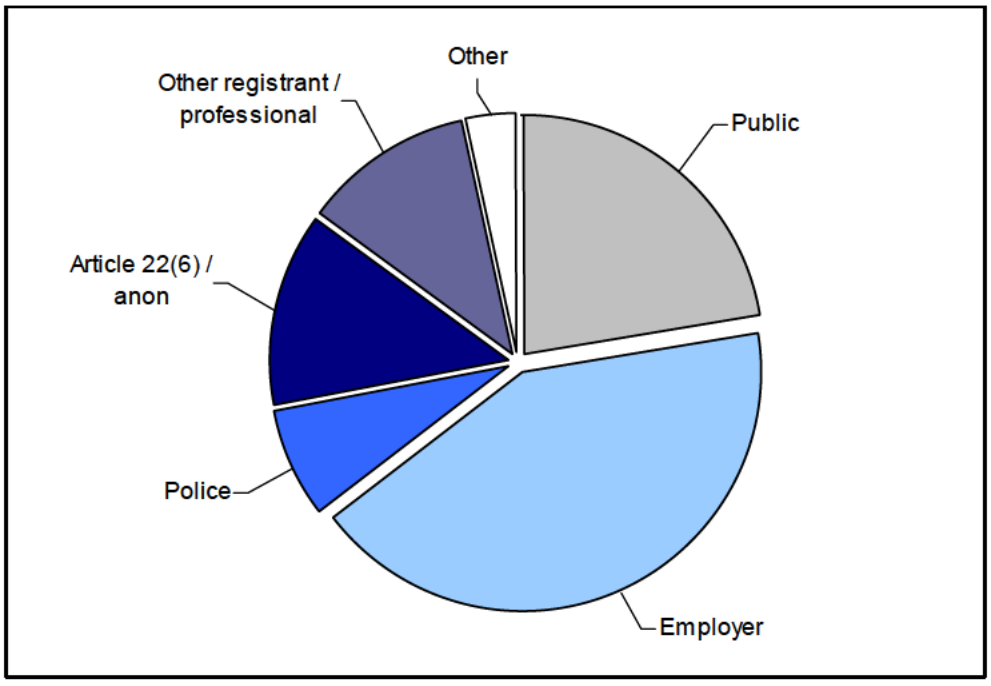


Table 1.2 Who makes allegations?

Type of Complainant	2005-06	% of allegations	2006–07	% of allegations	2007–08	% of allegations	2008-09	% of allegations
Public	68	21	78	24	108	25	109	23
Employer	123	39	161	50	171	40	202	42
Police	24	8	31	10	35	8	36	7
Article 22(6) / anon	58	18	35	11	63	15	64	13
Other registrant / professional	28	9	16	5	42	10	56	12
Other	15	5	1	0.3	5	1	16	3
Total	**316**	**100**	**322**	**100**	**424**	**100**	**483**	**100**

Graph 1.2 Who makes allegations?



The percentage of complaints received from the each type of complainant remains broadly similar to 2007-08.

Employers continue to be the largest single complaint group making up 42 per cent of the allegations made, which is 2 per cent higher that in 2007-08, but still lower than 2006-07. Allegations from members of the public make up almost a quarter of complaints, 2 per cent less than in 2007-08.

Article 22(6) of the Health Professions Order 2001

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

Article 22(6) is also important in cases of 'self-referral'. When an individual is on the register, we encourage self-referral of any issue that may affect their fitness to practise. Standard 4 of the standards of conduct, performance and ethics published in July 2008 states that: "You must provide (to us and any other relevant regulators) any important information about conduct and competence."

When a self-referral is received, the case will initially be considered by a Registration Panel under the Council's Health and Character policy which was revised in December 2008. The decision for the panel is whether the matter declared is sufficiently serious to be considered through the fitness to practise process. When a Registration Panel refers a matter to the fitness to practise process it is dealt with in the same way as an allegation under Article 22(6).

In 2008-09, HPC received 193 self referrals. Of those, 17 were referred to the fitness to practise process as well as a further 23 cases which were received during 2007-08 but were considered by a Registration Panel in 2008-09.

Allegations by profession and complainant type

The following tables and graphs display information about the allegations that are received against each profession.

Table 1.3 below shows the percentage of cases that have been received by profession, and provides a comparison to the total number on the register.

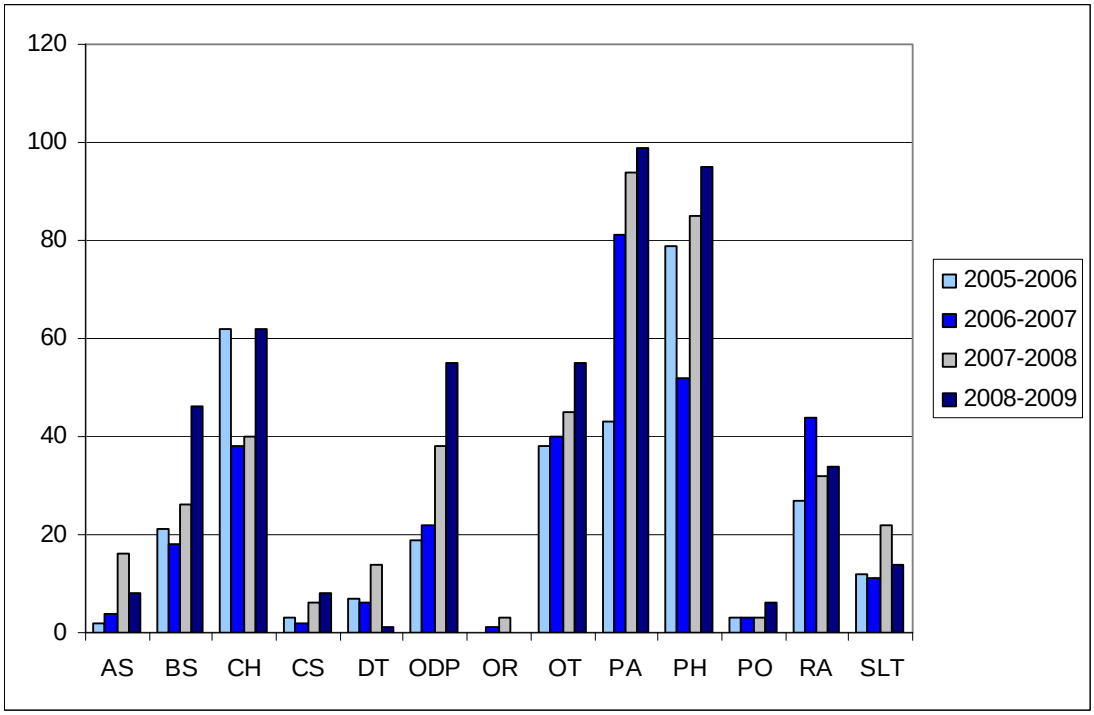
The number of allegations received about arts therapists, chiropodists/podiatrists, operating department practitioners, paramedics and prosthetists and orthotists as a percentage of the register was higher than the average for all professions. However, this is still less than 0.7 per cent

Table 1.3 Allegations by profession

	Number of allegations	% of total allegations	Number of registrants	% of the register	% of registrants subject to allegations
Arts therapists	8	1.66	2574	1.5	0.31
Biomedical Scientist	46	9.52	22369	12	0.21
Chiropodists/Podiatrists	62	12.84	12579	7	0.49
Clinical Scientists	8	1.66	4397	2.5	0.18
Dietitians	1	0.21	6683	3.5	0.01
Operating Department Practitioners	55	11.39	9582	5	0.57
Orthoptists	0	0.00	1278	1	0.00
Occupational Therapists	55	11.39	30103	16	0.18
Paramedics	99	20.50	14991	8	0.66
Physiotherapists	95	19.67	42651	23	0.22
Prosthetists and Orthotists	6	1.24	875	0.5	0.69
Radiographers	34	7.04	25313	13.5	0.13
Speech and Language Therapists	14	2.90	12159	6.5	0.12
Total	483	100	185554	100	0.26

Graph1.3 displays the number of complaints received by profession between April 2005 and March 2009.

Graph 1.3 Allegations by profession, April 2005 to March 2009



There has been an increase in the number of allegations received across all professions in 2008-09 compared to 2007-08, except arts therapists, dietitians, orthoptists and speech and language therapists, where the number of allegations remains the same.

Table 1.4 Allegations by profession and complainant type

	Employer	Public	Police	Article 22(6)/anon	Other registrant / professional	Other
Arts therapists	5	1		1	1	0
Biomedical Scientists	20	1	2	17	6	0
Chiropodists/Podiatrists	11	28	7	2	10	4
Clinical Scientists	3	1	0	1	2	1
Dietitians	0	1	0	0	0	0
Operating Department Practitioners	25	2	5	14	8	1
Orthoptists	0	0	0	0	0	0
Occupational Therapists	34	12	2	4	2	1
Paramedics	47	15	8	17	12	0
Physiotherapists	30	37	7	5	10	6
Prosthetists and Orthortists	1	2	0	0	3	0
Radiographers	17	6	5	3	2	1
Speech and Language Therapists	9	3	0	0	0	2
Total	**202**	**109**	**36**	**64**	**56**	**16**

For some professions there is a higher volume of certain complaint types than for others. Employers made up 42 per cent of the overall complaint group yet for arts therapists (63%), occupational therapists (62%), paramedics (47%), radiographers (50%) and speech and language therapists (64%) there is a higher complainant rate from this group.

Allegations from members of the public made up 23 per cent of all allegations. However, for chiropodists/podiatrists (45%), physiotherapists (39%) and prosthetists and orthotists (33%) there was a higher than average percentage of allegations made by the public

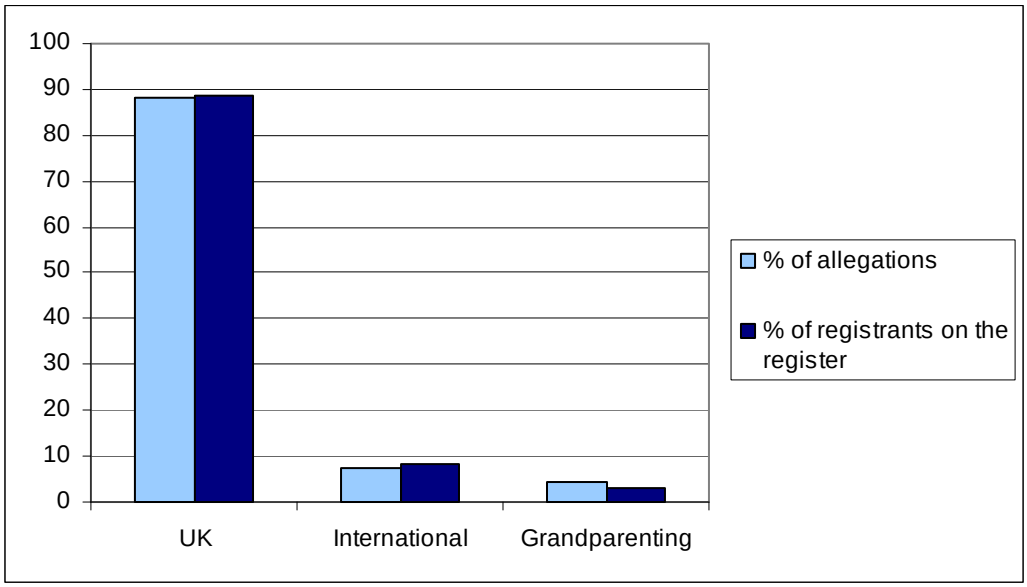
Allegations by route to registration

The table and graph below, which show allegations by route to registration, clearly indicate that there is consistency between the percentage of registrants who entered the register by a particular route and where the complaint came from.

Table 1.5 Allegations by route to registration

	2005–06	% of allegations	2006–07	% of allegations	2007–08	% of allegations	2008-09	% of allegations	% of registrants on the register
UK	242	77	278	86	373	88	425	88	89
International	30	9.5	29	9	36	8.5	35	7	8
Grandparenting	35	11	15	5	15	3.5	21	4	3
Not Known	9	2.5	0	0	0	0	2	0	0
Total	316		322		424		483		

Graph 1.4 Allegations by route to registration



Allegations by Home Country

Table 1.6 Allegations by home country

	2005–06	2006–07	2007–08	2008-09	% of complaints in 2008-09
England	281	279	358	414	86
Scotland	10	19	24	26	5
Wales	3	13	17	25	5
Northern Ireland	10	7	9	3	1
Other	12	4	16	15	3
Total	316	322	424	483	100

We received the majority of our allegations against health professionals whose registered address is in England (86%). The distribution of allegations by home country is broadly similar to that in previous years.

Allegations by gender

59 per cent of allegations are made about male registrants and 41 per cent are made about female registrants. The Register is made up of 24 per cent male registrants and 76 per cent female registrants. There is a higher number of allegations against males compared to the percentage on the register. This is consistent with 2007-8 where a similar pattern occurred (57 per cent male and 43 per cent female). The table below sets out the percentage of allegations according to profession.

Table 1.7 Allegations by gender

	% of allegations		% of registrants	
Profession	**Male**	**Female**	**Male**	**Female**
AS	50	50	18	82
BS	61	39	36	64
CH	58	42	28	72
CS	88	13	50	50
DT	0	100	4	96
ODP	60	40	36	64
OR	0	0	8	92
OT	27	73	6	94
PA	86	14	73	27
PH	56	44	20	80
PO	83	17	64	36
RA	53	47	20	80
SL	21	79	3	97
Total	**59**	**41**	**24**	**76**

Investigating Committee Panels

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

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

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

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

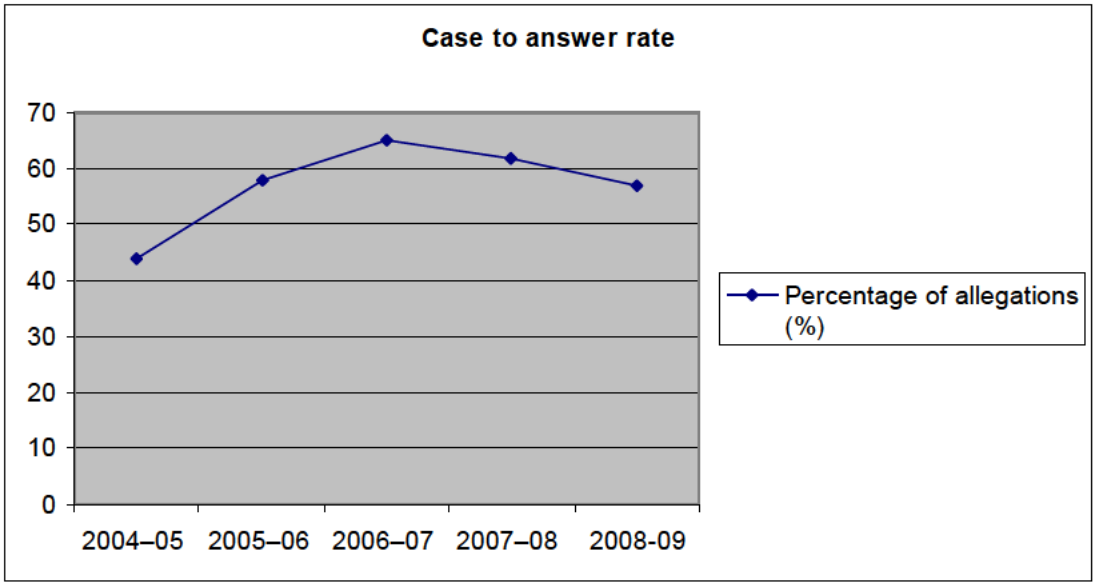
In 2008-09 panels of the Investigating Committee met four times a month and considered 363 cases to determine whether there was a case to answer in relation to the allegations received. This number includes some cases that had been heard twice in that year, as the panels had requested further information.

In 2008-09 there was an increase in the number of cases considered by a panel. The table below shows the percentage of allegations where a case to answer decision was reached.

Table 2.1 Allegations where a case to answer decision was reached

Year	Percentage of allegations (%)
2004–05	44
2005–06	58
2006–07	65
2007–08	62
2008-09	57

Graph 2.1 Case to answer rate



Decisions by panels

Table 2.2 shows decisions made by panels of the Investigating Committee.

Case to answer by profession

The overall case to answer rate is 57 per cent. Table 2.2 indicates that there are seven professions where this rate is higher than the current average.

Table 2.2 Investigating Committee Panel decisions

Profession				Committee			
	Total allegations heard	No case to answer	Further information requested	Conduct and competence	Health	Investigating	% Case to Answer
AS	6	2	0	4	0	0	67
BS	42	21	0	19	2	0	50
CH	31	12	2	17	0	0	54
CS	7	2	0	5	0	0	71
DT	5	3	0	2	0	0	40
ODP	30	6	2	21	1	0	73
OR	1	0	0	1	0	0	100
OT	40	17	0	21	1	1	58
PA	72	23	0	49	0	0	68
PH	75	38	4	32	1	0	44
PO	2	1	0	1	0	0	50
RA	32	13	0	19	0	0	59
SL	20	11	0	9	0	0	45
Total	**363**	**149**	**8**	**200**	**5**	**1**	**57**

Allegations that have resulted in a case to answer decision have included the following issues:

- theft of controlled drugs;
- working whilst on sick leave;
- poor record keeping;
- self administration of drugs whilst at work;
- fraud;
- ongoing lack of competence;
- inappropriate relationships with clients/patients;
- attending work whilst under the influence of alcohol;
- conviction for possession of indecent images of children; and
- bullying and harassment of colleagues.

Allegations that have resulted in a no case to answer decision have involved the issues set out below:

Type of issue	**Reason for no case to answer**
Copyright of website content	No intent to mislead. Not the appropriate forum to consider this type of issue.
Drink-driving conviction	Incident took place outside of work at a weekend.
Internet misuse at work	Employer actions were sufficient – no concerns about current fitness to practise.
Rude behaviour towards a patient	No credible evidence to support allegation - not capable of supporting impairment of fitness to practise
Inappropriate treatment of patients	Facts do not amount to misconduct and/or lack of competence. Registrant submitted a credible account of treatment rationale supported by records.
Inappropriate conduct towards a patient's family	Police involvement in incident was an adequate response. Registrant's actions were justified in the circumstances.
Caused injuries to a patient	Evidence to show that injuries were not caused by registrant.
Failure to adequately supervise staff	Adequate supervision arrangements in

	place.
Altercation with work colleagues	One-off incident.
Work hours infringement	Failure of Trust policy – no fitness to practise issues

There were a number of cases where panels determined that there was no case to answer in relation to drink-driving convictions which occurred outside of work hours and were isolated incidents. Panels will take into account whether a registrant was on-call, on their way to or from work and the level of alcohol in the blood. They also take into account the penalty imposed by the courts.

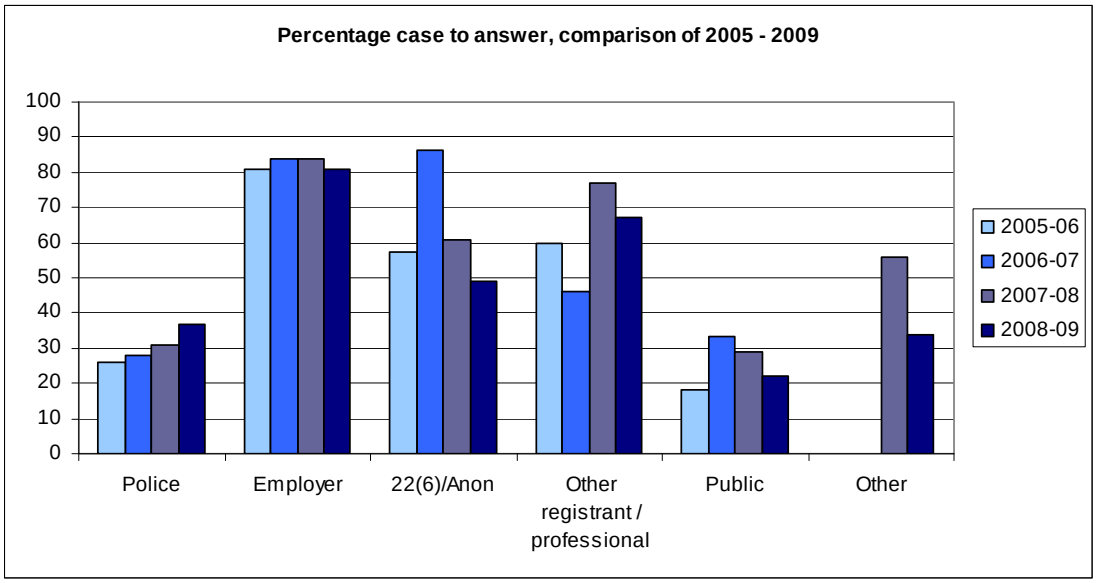
Case to answer by complainant

The average case to answer rate for 2008-09 was 57 per cent. However, table 2.3 indicates that some complainant groups have a higher case to answer rate than this. This is most evident in allegations that are received from employers. These allegations have usually been dealt with by the employer at local level before being referred to the HPC. A number of allegations were considered from employers about misuse of drugs, competency issues, dishonesty and poor record keeping.

Table 2 Case to answer by complainant

Complainant	Case to answer	No case to answer	Further information requested	Total	% case to answer
Police	11	19	0	30	37
Employer	143	33	0	176	81
Article 22(6)	23	23	1	47	49
Professional body	2	1	0	3	67
Public	17	57	4	78	22
Registrant	0	0	0	0	0
Other	10	16	3	29	34
Total	**206**	**149**	**8**	**363**	**57**

Graph 2.2 Percentage case to answer, comparison of 2005–06, 2006–07, 2007–08 and 2008-09



The case to answer rate for allegations made by members of the public has fallen slightly since 2007-08.

We can take complaints over the telephone and we are continually working to ensure that our processes are accessible to all sections of the community. Case Managers ensure that as much information as possible is obtained prior to the investigating Panel such as relevant medical records which assists the Panel in making a reasoned and informed decision about whether or not there is a case to answer.

Case to answer and route to registration

Table 2.3 provides information on the case/no case to answer correlation by route to registration. It clearly indicates that there is consistency between the percentage of registrants by a particular route and the case/no case to answer decision.

Table 2.3 Case to Answer and Route to registration

Application Type	No Case to Answer	% of complaints	Case to Answer	% of complaints
UK	129	87	181	88
International	12	8	18	9
Grandparenting	6	4	5	2
Not Known	2	1	2	1
Total	149		206	

Case to answer and representation

The following two tables provide information on the case/no case to answer correlation by representation. We received a response in 77 per cent of cases. This is an increase of 7 per cent from 2007-8.

In 86 per cent of cases where a Panel found there was no case to answer, the registrant provided a response to the allegation, either personally or through a representative. The registrant provided a response in 70 per cent of cases where a Panel found there was a case to answer.

Table 3 Case to answer and representation

Type of complainant	Case to answer	No response	Response from registrant	Response from representative
Police	11	5	5	1
Employer	143	44	89	10
22(6)/Anon	23	9	13	1
Professional body	2	1	1	0
Registrant	0	0	0	0
Public	17	0	15	2
Other	10	2	8	0
Total	**206**	**61**	**131**	**14**

Table 4 No Case to answer and representation

Type of complainant	No case to answer	No response	Response from registrant	Response from representative
Police	19	3	14	2
Employer	33	5	26	2
22(6)/Anon	23	9	14	0
Professional body	1	0	1	0
Registrant	0	0	0	0
Public	57	4	46	7
Other	16	0	14	2
Total	**149**	**21**	**115**	**13**

Time taken from receipt of allegation to Investigating Panel

Table 2.6 shows how long it took for allegations to reach an Investigating Panel.

Table 2.6 Speed of process to Investigating Panel

Number of months	Number of Allegations
1-4	133
5-8	138
9-12	57
13-16	15
17-20	8
21-24	5
25-28	2
29-32	1
33-36	3

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

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

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

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

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

The average length of time taken for a case to reach an Investigating Panel is 7 months. This is a decrease of one month from 2007-08. In 2009-10 we will aim to ensure that cases will be considered by an Investigating Panel within 5 months of confirmation of an allegation.

At the end of March 2009, 206 cases were awaiting consideration by panels of the Investigating Committee.

Incorrect entry to the Register

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

During 2008-09 the Investigating Committee considered one case of incorrect or fraudulent entry onto the HPC register.

The allegation was that the registrant's entry onto the HPC register had been incorrectly made or fraudulently procured in that it had been annotated to the effect that the registrant was competent to administer local anaesthetics. There was evidence to demonstrate that the registrant was not in fact competent in this area, having failed to complete a relevant local anaesthesia module. It was ascertained that in this instance the appropriate procedural checks had not been carried out leading to the registrant's register entry being incorrectly annotated.

The Panel was satisfied that the register entry had not been fraudulently procured and concluded that the entry in the HPC register concerning local anaesthetic competence had been incorrectly made. The Panel determined that the registrant's entry on the register should be amended to the effect that the registrant is not qualified to administer local anaesthetic.

The HPC reviews all of its processes on a regular basis to ensure that all procedural checks are carried out. Although these types of cases are rare, any decisions from cases involving an incorrect entry onto the HPC register are used as learning points to ensure that we have adequate procedures and checks in place.

Interim orders

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

The power to impose an interim order can be used prior to a decision about a case being reached or when a decision has been reached to cover the period of the appeal.

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

The table below shows the number of interim orders granted prior to a final hearing and indicates the number of cases where an interim order has been reviewed or revoked. We are obliged to review an interim order six months after it is first imposed and every three months thereafter. In some cases an interim suspension order may be changed to an interim conditions of practice order if the panel consider this will adequately protect the public. In one case in 2008-09 an interim order has been revoked by a review panel.

There were 30 applications made for interim orders of which 27 were granted, 3 were rejected and 55 interim order review hearings were held. The HPC applied to the High Court for an extension of an interim order in 1 case. The application was granted and the registrant was suspended for a further period of 6 months.

Table 3.1 Number of interim orders by profession

	Applications Considered	Applications Granted	Applications Rejected	Reviewed	Revoked
Arts therapists	0	0	0	4	0
Biomedical Scientists	4	3	1	12	0
Chiropodists/ Podiatrists	2	2	0	3	1
Clinical Scientists	0	0	0	0	0
Dietitians	0	0	0	0	0
Operating Department Practitioners	5	4	1	13	0
Orthoptists	0	0	0	0	0
Occupational Therapists	4	4	0	2	0
Paramedics	7	7	0	7	0
Physiotherapists	5	4	1	8	0
Prosthetists and Orthotists	0	0	0	0	0
Radiographers	2	2	0	4	0
Speech and Language Therapists	1	1	0	2	0
Total	30	27	3	55	1

Table 3.2 Interim orders April 2004-March 2009

Year	Applications granted	Applications reviewed	Revoked	Number of allegations	% of allegations where interim order was imposed
2004–05	15	n/a	n/a	172	9
2005–06	15	12	1	316	5
2006–07	17	38	1	322	5
2007–08	19	52	3	424	4
2008–09	27	55	1	483	6
Total	93	157	6	1717	5

Since 2005 the percentage of cases where an interim order has been granted has remained at a similar level or between four and five percent, although the total number of orders has increased.

In 2008-2009 there were 30 applications for interim orders made, and 27 were granted. In 2 of the cases the panel considered that an interim ‘conditions of practice order’ would sufficiently protect the public. In the other 25 cases it was decided that an interim suspension order was the only option that would adequately protect the public.

In one case the original order of suspension was changed to a ‘conditions of practice’ order and subsequently revoked following the receipt of further information.

In three of the cases where an interim order was imposed, the substantive cases proceeded to a final hearing and were concluded. 2 of these cases involved criminal convictions arising from serious criminal offences and both of the registrants were struck off the register. 1 was for a serious sexual offence against a child and the other was for possession of child pornography. The third case involved a registrant who was suspended for a period of 12 months following the theft of drugs and equipment from their place of work.

Types of cases where an interim order is imposed

11 cases where an interim order was imposed concerned charges or convictions for serious sexual offences including rape of a child and sexual assault. There were also 3 applications that were granted in cases involving either accessing or distributing child pornography, and in one case, both.

In one case the registrant faced allegations of inappropriate behaviour towards a colleague.

2 cases had interim orders imposed due to serious concerns regarding the competence of the registrant and in one of these cases, these related to multiple clinical incidents.

Other cases that had an interim order imposed related to the misuse of drugs, both inside and outside of the work environment.

Final Hearings

The HPC has to hold hearings in the home country of the registrant concerned. In 2009-9 we continued to hold hearings in locations throughout the United Kingdom.

We normally hold our hearings in public, as this is required by the Health Professions Order 2001. However we can hold a hearing, or parts of it, in private in some circumstances.

HPC legislation means we are obliged to announce in public decisions and the reasons given for them. If a case is deemed to be not well founded, information will not be published unless specifically requested by the registrant concerned.

The table below displays the number of hearings that have taken place and includes the number of hearings that were adjourned.

Table 4.1 Number of Public Hearings*

Type of hearing	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
Interim order and review	25	28	55	71	85
Final hearing	66	86	125	187	219
Review hearing	11	26	42	66	92
Total	102	140	222	324	396

***Some cases may have been considered more then once in the same year**

Time taken from allegation to hearing

Of the cases that reached and were concluded at a final hearing in 2008-09, it has taken an average of 18 months from the receipt of the allegation for the final hearing to be heard. If the two cases that have take over 36 were removed from the equation, this would mean that cases have taken an average of 17 months. This compares favourably to 2007-8 when the average was also 17 months. We are continually striving to ensure that cases are heard expeditiously as we recognise that hearings are a difficult process for all involved. In 2009-10 we will endeavour to ensure that the length of time taken for hearings to conclude is reduced. There are a number of factors that can result in a hearing taking longer than anticipated to conclude. Those factors include availability of the parties, requests for adjournments and outstanding criminal proceedings.

Table 4.2 Length of time

Number of Months	Number of Cases
1-4	0
5-8	10
9-12	28
13-16	51
17-20	38
21-24	23
25-28	15
29-32	2
33-36	6
over 36	2
Total	175

Days of hearing

Panels of the Conduct and Competence Committee, Health Committee and Investigating Committee (when considering incorrect entries) met on 369 days during 2008-09. Cases took on average 1.8 days to conclude. This is a slight increase from 2007-08.

What powers do panels have?

Where action is taken by our panels it is intended to protect the public, not be a punitive measure. Panels consider all the individual circumstances of each case and take into account what has been said by all those at the hearing before deciding what to do.

Panels must first consider whether allegations against a registrant are proven. They have to decide whether the incident, as alleged, amounts to the

'grounds' set out in the allegation, e.g. misconduct or lack of competence, and if, as a result, the registrant's fitness to practise is impaired.

If the panel decide a registrant's fitness to practise 'is' impaired they go on to consider whether to impose a sanction.

In hearings of the Health Committee or where the allegation relates to lack of competence, the panel does not have the option to make a striking off order at the first hearing. It is recognised that in cases where ill-health has impaired fitness to practise or where competence has fallen below expected standards, it may be possible for the situation to be remedied over time. The registrant is provided with the opportunity to seek treatment or training and may be able to return to practice if the panel is satisfied that this is a safe option at any review.

A number of options (known as 'sanctions') are available substantive hearing panels

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

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

Costs

The HPC is funded by registration fees. The budget for the Fitness to Practise Department in 2008-09 was approximately £4.6 million which is about 34% of HPC's operating costs. This is an increase from 2007-08 of 5%. We are continuing to use case managers to present final hearing cases in their capacity of presenting officers and hold multiple cases on the same day wherever possible. We have also implement a policy whereby cases can be disposed of via consent if the registrant concerned admits to the allegation and the proposed course of action would adequately protect the public.

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

- venue hire (and associated costs);
- a shorthand writer to take a transcript of the proceedings;
- a legal assessor (fee and expenses);
- panel members (fees and expenses);
- witness travel and associated expenses;
- photocopying costs;
- and legal services (costs incurred in preparing and presenting cases.

We have a capped hours arrangement in place with the firm of solicitors that we use to prepare and present fitness to practise hearings. This means that we do not pay if the hours billed exceed a certain amount. This is a mechanism by which we can effectively manage the costs of fitness to practise hearings. The costs of hearings outside of our legal services arrangements is approximately £3,500 per hearing

Action taken at final hearings

Table 4.3 is a summary of the disposal decisions taken by final hearings panels. It does not include cases where the hearing was part heard or adjourned. All well-founded HPC decisions are published on our website at www.hpc-uk.org. A list of the disposal decisions can be found in Appendix one of this report.

Table 4.3 Outcome by type of allegation

Type of Allegation	Struck Off	Suspension	Conditions of Practice	Caution	No Further Action	Voluntary Removal	Amended	Not Well Found
Conviction; Caution	20	1	0	7	1	0	0	0
Conviction; Misconduct	1	0	0	0	0	0	0	
Health	0	1	1	0	0	0	0	1
Incorrect entry	0	0	0	0	0	0	1	0
Lack of Competence	0	3	4	0	0	1	0	3
Lack of competence; Misconduct	13	6	2	5	0	0	0	14
Misconduct	32	13	6	11	3	0	0	22
Determination by Another Regulator	1	1	0	1	0	0	0	0
Total	67	25	13	24	4	1	1	40

Outcome by Profession

Table 4.4 below shows sanctions that have been imposed by final hearing panels in 2008-09 by each profession

Table 4.4 Sanctions imposed by profession

Profession	Amended	Caution	Conditions of Practice	No further action	Not well found	Struck off	Suspension	Voluntary removal
Biomedical Scientists	0	1	1	0	0	6	1	0
Chiropodist/ Podiatrists	1	2	2	0	6	2	1	0
Clinical Scientists	0			0	2	1		0
Dietitians	0	1	0	0		2	1	0
Operating Department Practitioners	0	2	0	0	2	15	3	0
Orthoptists	0		0	0	1			0
Occupational Therapists	0	1	1	0	5	4	3	0
Paramedics	0	11	2	0	11	19	6	0
Physiotherapist	0	3	5	0	7	9	3	0
Radiographers	0	3	2	4	5	5	7	1
Speech and Language Therapists	0	0	0	0	1	4	0	0
Total	1	24	13	4	40	67	25	1

Outcome and Representation of registrants

All registrants are entitled to attend the final hearing and be represented if they chose. Some registrants choose not to attend, some represent themselves and others have professional representation.

Panels may proceed in a registrant's absence if HPC has served them with notice of the hearing in accordance with relevant legislative requirements. The panel must be satisfied that, in all the circumstances, it is appropriate to do so. The role of the legal assessor at hearings is to ensure the proceedings are fair and conducted in an impartial manner and this includes ensuring the panel considers whether adequate notice has been served.

The table below shows the proportion of registrants represented at final hearings. In 2008-09, the number of registrants who were represented or attended the hearing to represent themselves has fallen to 54 per cent from 62 per cent in 2007-08.

Table 4.5 Representation at Final Hearings

Representation	2006-2007	2007-2008	2008-2009
Registrant	13	17	20
Representative	46	80	74
None	43	59	81
Total	102	156	175

Table 4.5 details outcomes of final hearings correlated with registrant's absence, attendance or attendance with a representative.

Table 4.5 Outcome and representation at Final hearings

Outcome	None	Yes - by representative	Yes - by self
Amended	0	0	1
Caution	2	14	8
Conditions of Practice	0	11	2
No further action	0	3	1
Not well found	3	32	5
Struck off	56	9	2
Suspension	19	5	1
Voluntary removal	1	0	0
Total	81	74	20

Table 4.6 demonstrates the representation at final hearing by profession.

Table 4.6 Representation by Profession

Profession	No	Yes - by representative	Yes - by self	% of representation
Biomedical Scientist	6	2	1	33
Chiropodist/ Podiatrists	2	9	3	86
Clinical Scientists	1	2	0	67
Dietitians	2	2	0	50
Operating Department Practitioners	12	6	4	45
Orthoptists	0	1	0	100
Occupational Therapists	9	5	0	36
Paramedics	25	19	5	49
Physiotherapists	8	16	3	70
Radiographers	12	11	4	56
Speech and Language Therapists	4	1	0	20
Total	81	74	20	54

Outcome and Route to Registration

Table 4.7 demonstrates the correlation between the route to registration and the outcome of final hearings. As with the route to registration and by case to answer decision, the proportion of well founded decisions broadly correlates with the percentage of registrants on the register. The number of hearings concerning registrants who had entered the register via the UK approved route was 89 per cent

Table 4.7 Outcome and Route to Registration

Route	Amended	Caution	Conditions of Practice	No further action	Not well found	Struck off	Suspension	Voluntary Removal	Total
Grandparenting	0	1	0	0	4	1	1	0	7
International	0	0	2	0	4	4	2	0	12
UK	1	23	11	4	32	62	22	1	156
Total	1	24	13	4	40	67	25	1	175

Types of Allegations

The next section of the report outlines the types of allegations considered by panels of the Health and Conduct and Competence Committee.

Conduct and Competence Committee Panels

Panels of the Conduct and Competence Committee consider allegations that a registrant's fitness to practise is impaired by reason of their misconduct, lack of competence, a conviction or caution, or a determination by another regulator. This section of the report provided more information about the kinds of cases considered by panels of the Conduct and Competence Committee.

Misconduct

In 2008-09 a number of final disposal decisions were made in cases involving allegations to the effect that a registrant's fitness to practise was impaired by reason of their misconduct. In some cases, allegations of misconduct accompanied those of lack of competence and convictions.

Some of the issues considered included:

- failure to provide adequate patient care;
- misappropriation of controlled drugs;
- theft or misuse of employer property;
- fraudulent sick leave claims; and
- attending work under the influence of alcohol.

Below are two case studies which provide further detail on the types of misconduct that have taken place.

Case study 1

An occupational therapist was struck off the register following allegations that they failed to maintain adequate records, provided inappropriate treatment to patients, wrote up case notes retrospectively; falsely wrote up case notes and incorrectly closed cases that required further assessment.

The panel determined that the misconduct found proved was wide ranging, covered a period of time and concerned basic competencies. The allegations relating to note keeping, which included the falsification of records, demonstrated a marked lack of honesty and integrity. Furthermore, the Panel concluded that the registrant had not shown insight into their failings or remorse as to the consequences of them.

Case study 2

An ODP was struck off the register for self administration of the drug Propofol having accessed their employers' drug store without authorisation. The registrant had also received a police caution for this offence.

The panel took into account the fact that for a police caution to be given, a full admission of the allegation has to have been made. Accordingly, the panel were satisfied that the theft of the drugs had occurred. The panel were also satisfied that the registrant had self-administered the drug.

The Panel considered that a caution order would not reflect the severity of the matter and that a conditions of practise order would be not be appropriate given that the registrant was not present at the hearing. It was not known if the registrant was working, with the result that conditions could not be considered. The Panel gave careful consideration to imposing a suspension order but concluded that there had been a serious breach of trust on the registrant's part which had had the effect of putting patients and colleagues at risk.

Convictions/cautions

30 cases were considered by panels where the registrant had been convicted or cautioned for a criminal offence. Criminal convictions and cautions constituted the second most frequently reported grounds of allegations that were heard at hearings. Registrants are included on the notifiable occupations scheme, which means that the Police will notify the HPC of any impending criminal proceedings.

Lack of competence

The types of competence issues that were considered by panels in 2008-09 included:

- Failure to meet the standards of proficiency
- Failure to follow instructions, comply with supervision, and

- Failure to provide adequate patient care

Health Committee Panels

Panels of our Health Committee consider allegations that registrant's fitness to practise is impaired by reason of their physical or mental health.

The HPC can take action when the health of a registrant may be impair their ability to practise safely or endangering themselves. For example, if the registrant lacks insight and understanding of their condition this may impact upon practice in their chosen profession. Registrants who manage their conditions effectively and work within any limitations their condition present would not usually be considered to pose any risk.

The HPC appreciates that registrants suffering from physical or mental ill health may find investigations into their fitness to practice to be a difficult period and deals with these cases as sensitively as possible. Health Committee hearings are often heard in private following an application from the registrant or the HPC Presenting Officer.

Panels cannot strike someone off the register in health cases except where the registrant in question has been suspended, subject to a conditions of practice order, or a combination of both, for two or more years.

Sanctions available to panels of the Health Committee are intended to provide the opportunity for registrants to overcome health problems. For example, a suspension order may allow a registrant to tackle health issues, e.g. attend a rehabilitation course, before returning to practice.

The Health Committee considered three substantive cases in 2008–09. In one case the registrant concerned was suspended, in another a conditions of practice order was imposed and in the final case was not well founded.

Not well-founded

The HPC has the burden of proving that a case is well-founded. Once an Investigating Committee has determined that there is a "case to answer" the HPC is obliged to proceed with the case.

In 2008-09 there were 39 cases where panels did not find the allegations well-founded. Our legislation prevents us from publishing details of these cases, unless specifically requested to do so by the registrant concerned. We are also obliged to provide the Council for Healthcare Regulatory Excellence (CHRE) with information about all substantive and review cases that have been considered by panels of the Conduct and Competence Committee and Health Committee. More information about the role of CHRE can be found later in this report. The table below indicates the number of cases that were not well-founded.

Table 4.8 5 Cases not well-founded

Year	Cases not well-founded	Total number of concluded cases	% of cases not well founded
2004–05	3	45	7
2005–06	1	51	2
2006–07	18	96	19
2007–08	26	156	17
2008-2009	40	175	23

33 per cent of cases considered to be not well founded were based on allegations of misconduct and/or lack of competence, 56 per cent of cases were based on misconduct alone, three cases was based on lack of competence alone and one on matters of ill-health and misconduct.

In the majority of cases considered to be not well-founded, registrants demonstrated insight into the failings that led to allegations being brought against them and their current fitness to practise was not considered to be impaired. In other cases evidence was either not strong enough to support allegations or the grounds upon which they were based.

The HPC seeks to ensure consistency in decision-making and reviews of cases that are not well-founded are regularly undertaken. Regular training sessions using these decisions are held for panel members and employees with a view to making future decision-making better informed.

The following two case studies are examples of cases where panels found that the allegations were not well-founded in 2008-09.

Case study 1

Registrant A was present at the hearing and was represented by a legal representative. The allegation related to registrant A's physical and/or mental health.

The Panel carefully considered both the written and oral evidence of both parties, which included two witnesses on behalf of the HPC. One of these witnesses was an expert witness who was instructed by the HPC to conduct an assessment of registrant A and compile a psychiatric report. The Panel considered the likelihood of a relapse of the registrant's condition and the consequences of any such relapse.

The Panel concluded that registrant A demonstrated insight and noted that there were support mechanisms in place which were reinforced by training which had been undertaken by registrant A in relation to their condition.

In reaching its decision, the Panel reminded itself that it is for the HPC to prove its case. The Panel determined that the HPC had not discharged the burden placed on it to prove the allegation to the requisite standard, namely on the balance of probabilities. Accordingly, the Panel found the allegation to be not well founded.

Case study 2

Registrant B, an Occupational Therapist was not in attendance at the hearing and was not represented, but had made extensive written submissions. The allegations against registrant B were in relation to registrant B's failings in areas of her record keeping over a four year period. Registrant B's fitness to practise was alleged to be impaired by reason of misconduct and/or lack of competence.

The Panel considered oral evidence from registrant B's supervisor and written evidence in the form of individual patient files, as well as the written submissions of registrant B. The Panel felt that in light of the evidence, registrant B had not behaved knowingly, recklessly or wilfully. They determined that this was not a case of misconduct.

The Panel then went on to consider whether the allegations amounted to a lack of competence on the part of registrant B. The Panel determined that there were a number of factors which may have led to a failure in registrant B's standard of record keeping, including work related stress and employer systems to record patient notes.

The Panel took a proportionate view of registrant B's caseload at the time material to the allegations. The Panel concluded that in all the circumstances the allegations in relation to registrant B's patient notes were not as a result of any lack of competence on the part of the registrant. They determined that there was no evidence of risk to patients. The Panel concluded that registrant B's fitness to practise was not impaired and that the allegations were not well-founded.

Suspension and conditions of practice review hearings

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

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

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

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

- extend an existing conditions of practice order;
- further extend the period the registrant was suspended for; or
- remove the registrant from the Register (striking off order).

In 2008-09 there were 93 review hearings.

Table 5.1 Number of review hearings

Year	Number of review hearings
2004–05	11
2005–06	26
2006–07	42
2007–08	66
2008 – 09	92

The table above shows another steady increase in the number of review hearings over the last year. The cost of a review hearing in 2008-09 was in the region of £3,000. This amount includes the costs of the panel, shorthand writer and, in some cases the cost of an external venue. Fitness to Practise department case managers, in their capacity of presenting officers, present the majority of review hearings. This has reduced our reliance on external lawyers and helps us contribute to using our resources to their best effect.

Table 6 Review hearing decisions

Review Hearing Outcome	Number
Conditions continued	4
Conditions revoked	7
Conditions revoked, suspension imposed	1
Suspension continued	52
Suspension revoked, caution imposed	1
Suspension revoked, conditions of practice imposed	3
Suspension revoked	5
Struck Off	17
Voluntary removal	2
Total	92

This year the council adopted a more purposive approach to the legislation when considering reviews of suspension and conditions of practice orders. This now allows panels to strike registrants off the register after two continuous years of suspension, conditions of practice or a combination of the two. We have also seen two cases where the case was disposed of via consent and the registrant concerned voluntarily removed themselves from the register.

The vast majority of review cases are presented by the Case Managers in their role as Presenting Officers.

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

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

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

In 2008-09 one HPC case was referred to the High Court by the CHRE. This case was subsequently withdrawn by CHRE.

Registrants can also appeal the decisions made by panels to the High Court, or the Court of Session. In 2008-09 six registrants appealed decisions made by panels of the Conduct and Competence Committee. One case was heard by the High Court in December 2008. The grounds of the appeal were that by proceeding in the absence of the registrant, HPC had violated the Human Rights of the registrant. The appeal was dismissed and found to be wholly without merit as the registrant had been made aware of the date of the hearing well in advance. One appeal has been withdrawn by the registrant concerned and we are waiting dates in the other four cases.

One case appealed in 2007-8 was heard by the High Court over three days in October 2008. The appeal was dismissed by the High Court, however, the registrant concerned was granted permission to appeal that decision to the Court of Appeal. That hearing is scheduled for the end of July 2009.

Policy developments

Standards of conduct performance and ethics

In July 2008 there were some changes to the HPC's Standards of Conduct Performance and Ethics for registrants. The main change was the removal of part of the previous standard 12 which placed a requirement on registrants to notify the HPC of any significant changes to their health which might affect their fitness to practice. Registrants are, however, still required to make appropriate adjustments to their practice that may be necessary to ensure safe practice. The other changes were mostly minor in nature, but placed an emphasis on maintaining public confidence in the professions that the HPC regulates.

Regulation of psychologists and the transfer of the Hearing Aid Council

Preparations have continued for the expected HPC regulation of practitioner psychologists in 2009 and for the HPC to take over the role currently fulfilled by the Hearing Aid Council by regulating hearing aid dispensers in 2010. Legislation was laid before the Westminster Parliament and the Scottish Parliament on 5 March 2009 and, subject to Parliamentary approval, it is anticipated that practitioner psychologists will be regulated by the HPC from 1 July 2009.

CHRE audit

The CHRE has recently consulted on the auditing of initial decisions made by the nine UK health regulators where cases do not proceed to a full public hearing. It is expected that the audit of HPC cases will take place in late 2009 to early 2010. The audits are designed to provide feedback to regulators on the handling of cases in the early stages of an investigation, and to identify areas of good practice.

Practice notes

New practice notes have been issued by the HPC Practice Committee on case to answer decisions made by Investigation Committee Panels and cross examination in cases of a sexual nature. These practice notes are designed to give guidance to panels and those involved in fitness to practise proceedings. A number of existing practice notes were also reviewed and updated during the year. All practice notes are available on the HPC website at http://www.hpc-uk.org/publications/practicenotes/

Refresher training for panel members

Refresher training for existing panel members took place between October and December with approximately 50 per cent of panel members receiving refresher training in 2008. The training comprised a legal refresher, sessions on equality and diversity, and an update on issues relating to all the different

types of panels that panel members sit on. Further training is planned for 2009-10 for the remaining panel members.

Recruitment of psychologist and hearing aid dispenser panel members

In preparation for the HPC regulation of practitioner psychologists and hearing aid dispensers, the HPC has recruited a number of psychologist and hearing aid audiologist partners to sit as panel members. Each new partner must complete comprehensive induction training before they can sit on panels. The first round of this took place for psychologists in March 2009, with further sessions planned later in the year.

How to make a complaint

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

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

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

Telephone: +44 (0)20 7840 9814
Free phone: 0800 328 4218 (UK only)
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Appendix One

Summary of disposal decisions 2008–09

Date of decision	Name	Profession	Outcome	Type of allegation	Details of case
02/04/2008	Joseph James	OT	Caution	Misconduct; Lack of Competence	Unsafe clinical practice
02/04/2008	Maggie Quill	OT	Struck off	Misconduct	Failures in clinical practice
03/04/2008	Roy D Biscombe	CH	Amended	Incorrect entry	Register incorrectly annotated with ability to administer local anaesthetic
04/04/2008	John M Baker	RA	Suspension	Misconduct	Attended work under the influence of alcohol
08/04/2008	Christine J Gray	CH	Caution	Conviction; Caution	Conviction for driving with excess alcohol
14/04/2008	Justin S Orme	PA	Caution	Misconduct	Provided falsified information in employment reference
14/04/2008	Lesley Lockwood	ODP	Caution	Conviction; Caution	Conviction for driving with excess alcohol
15/04/2008	Robert Stewart	PA	Struck off	Misconduct	Used a third party's identity for financial gain
18/04/2008	Christopher Wall	BS	Struck off	Misconduct	Obtained property by deception
18/04/2008	Samuel O Fele	CH	Struck off	Conviction; Caution	Used falsified document to obtain passport
01/05/2008	Kenneth Millar	PA	Suspension	Misconduct	Failed to attend emergency call when instructed to do so

02/05/2008	Danielle L Clethro	RA	No further action	Misconduct	Attempted x-ray of colleague with no referral
02/05/2008	Philippa J Willis	RA	No further action	Misconduct	Failed to prevent misuse of x-ray
02/05/2008	Rita B Katyal	RA	No further action	Misconduct	Directed colleague to take x-ray of other colleague
13/05/2008	Richard Sanders	PA	Struck off	Misconduct	Self administration of controlled drugs at work
15/05/2008	Dorne Barber	PA	Caution	Misconduct; Lack of Competence	Failed to attend emergency call, by attending station for change crew
27/05/2008	Aurelijus Pranskunas	OT	Suspension	Misconduct	Failed to attend work and provided false information to employer about your absence
30/05/2008	Amna I Abdalla	RA	Suspension	Lack of Competence	Failed to meet standards of proficiency
11/06/2008	Boniface M Peters	RA	Struck off	Conviction; Caution	Multiple convictions for making/ using false instrument and deception
11/06/2008	Karen Nixon	PA	Struck off	Misconduct	Inadequate treatment of patient
16/06/2008	Pandurenga R Rao	PH	Struck off	Misconduct	Inappropriate behaviour at work and poor clinical skills
18/06/2008	Andrew M Pearce	PH	Caution	Misconduct	Produced inaccurate report
23/06/2008	Ian M Johnson	RA	Caution	Misconduct	Inappropriate conduct outside work
26/06/2008	David L Tregellas	PH	Struck off	Misconduct	Inappropriate behaviour towards female patient
30/06/2008	Anne M Muirhead	DT	Suspension	Misconduct	Failure to meet standards of proficiency
04/07/2008	Yves E Dereix	PH	Struck off	Misconduct	Inappropriate behaviour towards female patients
09/07/2008	Pamela Jameson	PA	Struck off	Misconduct	Failed to provide adequate patient treatment
16/07/2008	June Helen Nottage	RA	Suspension	Misconduct; Lack of Competence	Falsified statement about annual leave and failed to undertake safe patient care

17/07/2008	Christopher A Webster	ODP	Struck off	Misconduct	Committed fraud for financial gain
28/07/2008	Arul V Rathina	PH	Struck off	Misconduct; Lack of Competence	Failed to comply with clinical supervision instructions and provide proper patient care
01/08/2008	Babu John	PH	Struck off	Conviction; Caution	Police caution for sexual touching
06/08/2008	Robert G Mitchell	PA	Caution	Misconduct	Unauthorised use of employer's vehicle
07/08/2008	Lisa Hubbard	BS	Caution	Misconduct; Lack of Competence	Acted unprofessionally and undermined colleague in front of patients
08/08/2008	Noel J Glenn	PA	Suspension	Misconduct	Aggressive behaviour, failed to eliminate patient risk or cooperate with investigation
08/08/2008	Robert M Griffiths	PA	Conditions of Practice	Misconduct; Lack of Competence	Failed theoretical and practical examinations required of paramedics
21/08/2008	Kerry Campbell	OT	Struck off	Misconduct	Poor patient records and note keeping. Provided inappropriate patient treatment
22/08/2008	Albert I Constable	PH	Suspension	Misconduct	Inappropriate patient contact and comments. Failed to respect patient dignity
26/08/2008	Gordon Wilson	ODP	Struck off	Misconduct; Lack of Competence	Self administration of controlled drugs
28/08/2008	Tremayne L Taylor	ODP	Suspension	Misconduct	Inappropriate sexual touching of a patient
29/08/2008	Carl Green	ODP	Struck off	Conviction; Caution	Caution for unauthorised personal use of drugs stolen from employer
01/09/2008	Richard Cox	ODP	Struck off	Conviction; Misconduct	Conviction for making and using a false instrument and failure to disclose conviction to employer and the HPC

04/09/2008	Paul Tonge	PA	Caution	Misconduct	Failed to disclose convictions to employer
08/09/2008	Desire F Gatsi	RA	No further action	Conviction; Caution	Conviction for driving with excess alcohol and other motoring offences
09/09/2008	Robert D Wallace	PA	Struck off	Misconduct	Assaulted member of public whilst on duty
15/09/2008	Clive Greedy	PA	Suspension	Misconduct	Acted in an unprofessional manner whilst on duty
16/09/2008	Catriona Miller	OT	Suspension	Misconduct	Forgery of a colleague's signature for financial gain
19/09/2008	Ian G Willis	CH	Caution	Misconduct	Undertook private work whilst on duty and when on sick leave
19/09/2008	John Francis Perrott	PH	Struck off	Misconduct	Failed to respect patient dignity, obtain full consent and made comments of a sexual nature
02/10/2008	Sirisha Dhanekula	PH	Suspension	Lack of Competence	Failed to meet some standards of proficiency
07/10/2008	Lloyd Subner	ODP	Struck off (Appealed to the High Court)	Misconduct	Physically and verbally assaulted member of staff. Absent from work without permission
10/10/2008	Roy J Sumner	PA	Caution	Misconduct; Lack of Competence	Failed to provide adequate care to patients and kept poor patient records
15/10/2008	Gerard Lawlor	PA	Struck off	Conviction; Misconduct	Conviction for child pornography offences
15/10/2008	Stephen E Powderhill	PA	Struck off	Misconduct; Lack of Competence	Failed to provide proper and adequate patient care and undertake duties safely

17/10/2008	David M Stelmach	RA	Suspension	Misconduct; Lack of Competence	Failed to undertake duties to take x-rays properly and in accordance with employer policies
22/10/2008	Kevin Sean Watson	ODP	Struck off	Misconduct	Inappropriate sexual behaviour towards colleagues
23/10/2008	Colin S Wilson	PH	Conditions of Practice	Lack of Competence	Failed to undertake duties competently and act in a professional manner with colleagues
24/10/2008	John M Thomas	PA	Struck off (Appealed to the High Court)	Misconduct	Fraudulently claimed statutory sick pay. Used threatening and abusive language and behaviour towards a colleague
28/10/2008	Jennifer North	OT	Suspension	Misconduct	Entered workplace outof hours intoxicated andattempted to make patient contact
29/10/2008	Mohammad Aslam	PA	Conditions of Practice	Lack of Competence	Incorrectly administered drugs to patients
31/10/2008	Charles M Danby	PH	Conditions of Practice	Misconduct	Failed to obtain consent
03/11/2008	William H Williams	DT	Caution	Conviction; Caution	Conviction for possession of class A and C drugs
04/11/2008	Robert Underwood	ODP	Struck off	Misconduct	Obtained salary dishonestly and unauthorised absence from work
05/11/2008	Akbar I Solaymani	RA	Struck off	Misconduct	Failed to provide adequate patient care
11/11/2008	Fraser A Lewis	PA	Struck off	Misconduct	Harassment
12/11/2008	Andrew Wing	PA	Caution	Misconduct	Delay in attending an emergency call
12/11/2008	Brian Mortimer	CS	Struck off	Misconduct	Delay in attending an emergency call
12/11/2008	Edwin J Cotton	PA	Struck off	Misconduct	Inadequate clinical reasoning, inappropriate administration of drugs

18/11/2008	Paul D Manktelow	PA	Struck off	Misconduct; Lack of Competence	Failure of patient care and falsification of records
21/11/2008	Roderick Roper Stobart	RA	Suspension	Misconduct; Lack of Competence	Failed to act in best interests of partner. Failed to notify employer of relevant health issues
26/11/2008	Gareth Williams	RA	Struck off	Conviction; Caution	Conviction for rape and indecent photographs of a female child under 13 years
26/11/2008	Jose L Unisan	ODP	Conditions of Practice	Misconduct	Inappropriate behaviour towards patient
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
01/12/2008	Jane C Heyer	PH	Caution	Conviction; Caution	Conviction for theft
05/12/2008	Augustine Adu-Amankwah	PH	Conditions of Practice	Lack of Competence	Poor patient assessment and clinical reasoning
08/12/2008	Abigail Asimonye	PA	Caution	Determination by another regulator	Determination by another regulatory body
08/12/2008	Ernest Doidge	PH	Struck off	Conviction; Caution	Convictions for taking indecent photographs of children
09/12/2008	Balvinder K Degan	RA	Struck off	Misconduct, Caution	Deliberately mislead and provided false information to prospective employer and caution for theft
10/12/2008	Katrina M Dickson	BS	Struck off	Misconduct; Lack of Competence	Poor clinical practice
10/12/2008	Thomas Houghton	CH	Conditions of Practice	Misconduct; Lack of Competence	Inadequate patientassessment
12/12/2008	Ann C Dickinson	RA	Suspension	Misconduct; Lack of Competence	Incorrect body part x-rayed
12/12/2008	Barbara Everest	RA	Conditions of Practice	Misconduct	Failure to observe safety checks

16/12/2008	David Judd	BS	Caution	Misconduct; Lack of Competence	Consumed alcohol whilst on duty and fell asleep in the workplace
17/12/2008	Colin Barton	ODP	Struck off	Conviction; Misconduct	Conviction for rape
17/12/2008	Owen C Starkey	PA	Suspension	Conviction; Caution	Conviction for driving with excess alcohol
18/12/2008	Simon Whitworth	ODP	Struck off	Conviction; Caution	Conviction for driving with excess alcohol, harassment, affray, breaching a restraint order, a suspended sentence and breaking a High Court injunction
18/12/2008	Simon Whitworth	ODP	Struck off	Conviction; Caution	Conviction for driving with excess alcohol, harassment, affray, breaching a restraint order, a suspended sentence and breaking a High Court injunction
18/12/2008	Simon Whitworth	ODP	Struck off	Conviction; Caution	Conviction for driving with excess alcohol, harassment, affray, breaching a restraint order, a suspended sentence and breaking a High Court injunction
18/12/2008	Simon Whitworth	ODP	Struck off	Conviction; Caution	Conviction for driving with excess alcohol, harassment, affray, breaching a restraint order, a suspended sentence and breaking a High Court injunction
18/12/2008	Simon Whitworth	ODP	Struck off	Conviction; Caution	Conviction for driving with excess alcohol, harassment, affray, breaching a restraint order, a suspended sentence and breaking a High Court injunction

22/12/2008	Graham F Povey	PA	Caution	Conviction; Caution	Conviction for driving with excess alcohol
07/01/2009	Christine Hudson	PH	Voluntray removal	Health	Failed to meet standards of proficiency
07/01/2009	Daniel P Gnanadurai	RA	Conditions of Practice	Lack of Competence	Failure to meet standards of proficiency
08/01/2009	Sarah Alexandra Leeson	DT	Struck off	Misconduct; Lack of Competence	Record keeping
09/01/2009	Samuel M McBride	PH	Struck off	Other Regulator	Determination by another regulator of lack of competence
12/01/2009	Paul D Lee	PA	Caution	Conviction; Caution	Multiple theft and motoring offences
13/01/2009	Nigel B Bondswell	PA	Caution	Conviction; Caution	Six counts of common assault
13/01/2009	Simon Mason	PH	Struck off	Misconduct	Accessed inappropriate websites in the work place
16/01/2009	Bethan H Riley	RA	Suspension	Other Regulator	Determination by another regulator of unacceptable professional conduct
16/01/2009	Laurence Taylor-Hill	OT	Struck off	Misconduct; Lack of Competence	Failure to meet standards of proficiency
16/01/2009	Vasuki Thirunavukkarasu	CH	Struck off	Misconduct; Lack of Competence	Failed to meet standards of proficiency, unsafe practice and not following management instructions
21/01/2009	Julian D V Bedford	PA	Struck off	Conviction; Caution	Failure to provide a breath sample
22/01/2009	Coobayrananden Thancanamootoo	PA	Suspension	Misconduct; Lack of Competence	Failed to provide adequate patient care
26/01/2009	Paul Corderoy	PA	Struck off	Misconduct	Conditional discharge for using threatening, abusive or insulting words or behaviour and possession of an offensive weapon
27/01/2009	Hoong F Chen	SL	Struck off	Conviction; Caution	False claims for work
27/01/2009	Robert T Kane	PA	Struck off	Misconduct	Attended work under influence of alcohol

29/01/2009	Sarah E Dugdale-Pointon	BS	Struck off	Misconduct; Lack of Competence	Failure to provide adequate treatment and unprofessional behaviour
30/01/2009	William Cunningham	PA	Struck off	Misconduct	Falsified qualifications
05/02/2009	Sharyn C Scott	DT	Suspension	Health	Health
05/02/2009	Zoe J Gaten	RA	Struck off	Misconduct; Lack of Competence	Failed to provide adequate patient care
06/02/2009	Carole A Walters	OT	Conditions of Practice	Health	Health
12/02/2009	Barbara Elizabeth Ferraro	ODP	Caution	Misconduct	Inappropriately accessed patient records
12/02/2009	Maureen E Mcginn	SL	Struck off	Misconduct	Failed to provide adequate patient care, poor record keeping
13/02/2009	Andrew Stefan Sandeman-Craik	RA	Struck off	Misconduct	Acted outside of scope of practice
16/02/2009	Benedict M Ciappara	OT	Struck off	Misconduct	Absence from work without leave
17/02/2009	Rosalind M Dixon	PA	Suspension	Misconduct	Failed to provide adequate patient care
19/02/2009	Paula Eales	PH	Struck off	Misconduct;Conviction	Conviction for driving with excess alcohol and attended work under the influence of alcohol
20/02/2009	Judith A Roper	SL	Struck off	Misconduct; Lack of Competence	Unauthorised absence, poor record keeping, abused trust property
26/02/2009	Amin M Sain	CH	Conditions of Practice	Misconduct	Acted outside of scope of practice
02/03/2009	Kelly Carter	RA	Conditions of Practice	Misconduct	Attended work under influence of alcohol
02/03/2009	Victor Dzfia Ababio	BS	Struck off (Appealed to the High Court)	Misconduct	Conviction for obtaining services and money by deception and failure to inform employer or the HPC of conviction
04/03/2009	Andrew M Taylor	PH	Suspension	Misconduct; Lack of Competence	Poor record keeping
06/03/2009	Sheila J Laming	ODP	Suspension	Misconduct	Misappropriation of controlled drugs and equipment

09/03/2009	Catherine Robson	BS	Struck off	Misconduct; Lack of Competence	Failed to process, report and refer samples correctly. Falsifying records
12/03/2009	Ivor Gilfillan	RA	Struck off	Conviction; Caution	Conviction for child pornography offences
13/03/2009	Michael Charlesworth	PA	Struck off	Conviction; Caution	Conviction for driving whilst intoxicated
13/03/2009	Simon D Freisinger	PA	Struck off	Conviction; Caution	Conviction for possession of class A and C drugs
18/03/2009	Niall Power	ODP	Caution	Misconduct	Conviction for burglary, affray, damage to property and possession of a blade in a public place
19/03/2009	Ian Mccabe	BS	Struck off	Misconduct	Fraudulently claimed for on-all allowances
24/03/2009	Paul A Leaman	PA	Suspension	Misconduct	Breached trust procedure for obtaining services, misused trust vehicle and behaved in a bullying manner during a disciplinary matter
24/03/2009	Simon T Standen	PA	Caution	Misconduct	Poor clinical practice and misuse of trust property
27/03/2009	Richard J Lane	PA	Caution	Misconduct	Breached trust procedure for obtaining services, misused trust vehicle and failed to follow usual process for consideration of a disciplinary matter
31/03/2009	Barry M A Hopley	ODP	Suspension	Lack of Competence	Failure to display basic knowledge and skills required

Appendix Two

List of review hearings

Date of review	Name of registrant	Profession	Outcome
01 April 2008	David M Adams	PH	Suspension continued
04 April 2008	Julie A Pring	PH	Conditions continued
04 April 2008	Mark Sneddon	BS	Suspension continued
07 April 2008	Karl I Thorne	PA	Suspension revoked, caution imposed
07 April 2008	Ann L Bickerstaff	OT	Suspension continued
11 April 2008	Fraymond Mayunga	PH	Suspension continued
06 May 2008	Paul A Flack	PA	Suspension continued
06 May 2008	Kes Outhwaite	PH	Suspension continued
09 May 2008	Shinu Joseph	OT	Suspension continued
09 May 2008	Frances E Leahy	OT	Suspension continued
27 May 2008	Richard G Adams	PH	Suspension continued
28 May 2008	Gaynor L Mcalister	OT	Suspension continued
28 May 2008	Douglas I Sinclair	PH	Suspension continued
28 May 2008	Russell N Headridge	PO	Suspension continued
29 May 2008	Kenneth Wanless	PA	Conditions continued
05 June 2008	Alan Gazeley	PA	No further action
05 June 2008	Philip James Arkwright	PA	No further action
06 June 2008	Frank L Attwater	PH	Suspension continued
06 June 2008	Paul A Johnston	BS	Suspension continued
10 June 2008	Cristina Reyburn	SL	Conditions continued
13 June 2008	Shirley D Fogarty	OT	Struck off
13 June 2008	George J Baldwin	CH	No further action
13 June 2008	Justin Corden-Bowen	ODP	Suspension continued
26 June 2008	Christopher J Caulkin	CH	Suspension continued

26 June 2008	Raymond G Rushton	CH	Suspension continued
26 June 2008	Niall G Salmon	OT	No further action
01 July 2008	Fadayomi E Alade	PH	Suspension continued
01 July 2008	Rene Revillas	PH	Suspension revoked, conditions imposed
14 July 2008	Minette Magno	PH	Suspension continued
21 July 2008	Hayley E Forman	OT	Suspension continued
21 July 2008	Susan E Blunden	BS	Suspension revoked, conditions imposed
29 July 2008	Richard G Adams	PH	Suspension continued
29 July 2008	Patrick T Guest	PH	Conditions continued
01 August 2008	Asarath A Aliyar	PH	Suspension continued
01 August 2008	Baldev R Mehra	PH	Suspension continued
05 August 2008	Kathryn R A Bell	OT	Suspension continued
14 August 2008	Duncan R Nixon	ODP	Suspension continued
28 August 2008	Naveed A Khan	PH	Struck off
28 August 2008	Alastair Richards	PA	Suspension revoked, conditions imposed
28 August 2008	Glenn Carrington	PA	Suspension continued
02 September 2008	Kara M Glen	PH	No further action
02 September 2008	Brian L Beber	PH	Suspension continued
16 September 2008	Muhammad T Khokhar	CS	Suspension continued
16 September 2008	John M Baker	RA	Suspension continued
18 September 2008	Esther A M L Randall	PH	Suspension continued
18 September 2008	Simon Small	PA	No further action
01 October 2008	Wendie Mcnabb	DT	Suspension continued
09 October 2008	Joe Osmond	SL	Voluntary removal from register
10 October 2008	Royden C W Harrill	PA	No further action
10 October 2008	Peter J Cozens	PA	Conditions revoked, suspension imposed

17 October 2008	Roland R Parton	CH	Struck off
17 October 2008	Leanne H Russell	OT	Suspension continued
17 October 2008	Lorna K Black	OT	Suspension continued
17 October 2008	Aurelijus Pranskunas	OT	Struck off
27 October 2008	Ian G Blakey	PA	Struck off
27 October 2008	Rachel A Winnard	PH	Suspension continued
27 October 2008	Nigel G Harrison	PA	Struck off
27 October 2008	Hiral Soni Hiral Bhavin	PH	Suspension continued
03 November 2008	Fiona J Drew	PH	No further action
03 November 2008	Criona O'donnell	CS	Suspension continued
03 November 2008	Susan A B Bradley	PH	Suspension continued
03 November 2008	Yobesh M Nyakweba	OT	Suspension continued
05 November 2008	Zanele N Nxumalo	DT	Suspension continued
05 November 2008	Brajraj K Kumar	RA	Suspension continued
05 November 2008	Penny Crossland	ODP	Suspension continued
10 November 2008	Gordon A Mendy	PH	Struck off
10 November 2008	Alan J Pearce	PA	Struck off
11 November 2008	Jane S Hewitt	PH	No further action
26 November 2008	Pamela D Willson	SL	Suspension continued
06 January 2009	Gavin I Hamilton	OT	Suspension continued
06 January 2009	[redacted]	OT	No further action
16 January 2009	George D Tofarides	PH	Suspension continued
16 January 2009	Katy Peake	OT	Struck off
16 January 2009	Laura M Ward	OT	Suspension continued
16 January 2009	Naomi Sudo	OT	Suspension continued
16 January 2009	Mario Escobar	OT	Suspension continued
06 February 2009	Christopher J Caulkin	CH	Suspension continued

13 February 2009	Rosemary D Fisher	SL	Struck off
13 February 2009	Janette Obonyano	PH	Struck off
13 February 2009	Jitendra Singh	OT	Struck off
18 February 2009	Alastair Richards	PA	No further action
18 February 2009	John M Baker	RA	Struck off
03 March 2009	Mark Sneddon	BS	Struck off
03 March 2009	Angela M Morgan	SL	Suspension continued
17 March 2009	Esther A M L Randall	PH	Struck off
17 March 2009	Fraymond Mayunga	PH	Struck off
17 March 2009	Rachel A Winnard	PH	Voluntary removal from register
17 March 2009	Clive Greedy	PA	No further action
18 March 2009	Muhammad T Khokhar	CS	Suspension continued
27 March 2009	Alloysius Ogoke	RA	Suspension continued
27 March 2009	David M Adams	PH	Suspension continued
27 March 2009	Ann L Bickerstaff	OT	Struck off

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

‘Voluntary removal from the register’ refers to an agreement where the panel revokes the order and the registrant agrees to remove themselves from the register. Should they wish to come back on the register in future, a panel will meet to consider this application in a similar way to a restoration application when a person is struck off the register.