

# Protecting the public

What value is added by our checking and appealing regulators' final fitness to practise decisions?



## Physician regulate thyself?

Two scandals and the inquiries that resulted from them sparked the need for change - a move from self-regulation to shared regulation

Kennedy Inquiry

Shipman Inquiry

## A safety net and double-check

We scrutinise about 4,000 decisions a year but usually appeal only about 10, where we decide not to appeal, we will feedback learning points to the regulator to help them improve their processes.



### Protects the public

We can remove risky registrants or ensure more serious sanctions are handed down so registrants only return to practise when it is safe for them to do so.



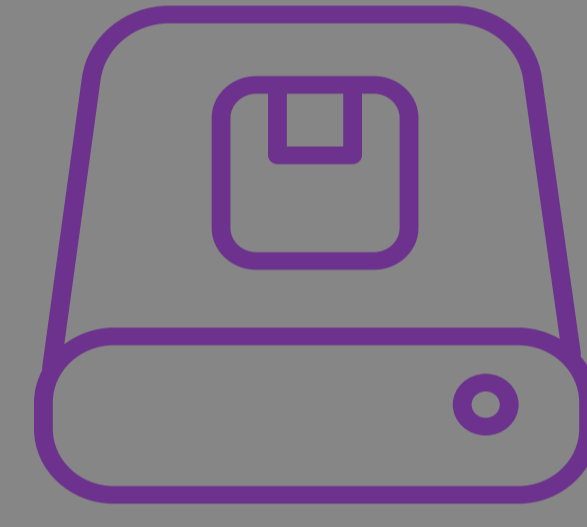
### Creates case law

Our successful challenges also create case law to clarify the purpose & scope of fitness to practise, & of the power and responsibilities of the regulators, their fitness to practise panels and the Authority itself.



### Identifies issues

We can identify issues such as panels treating lack of candour and dishonesty less seriously/failing to fully investigate, not taking into account a registrant's health condition.



### Source of data

Our database of the 40,000 fitness to practise decisions provides a wealth of data and has been used by researchers & academics to identify common causes and help us improve regulation.



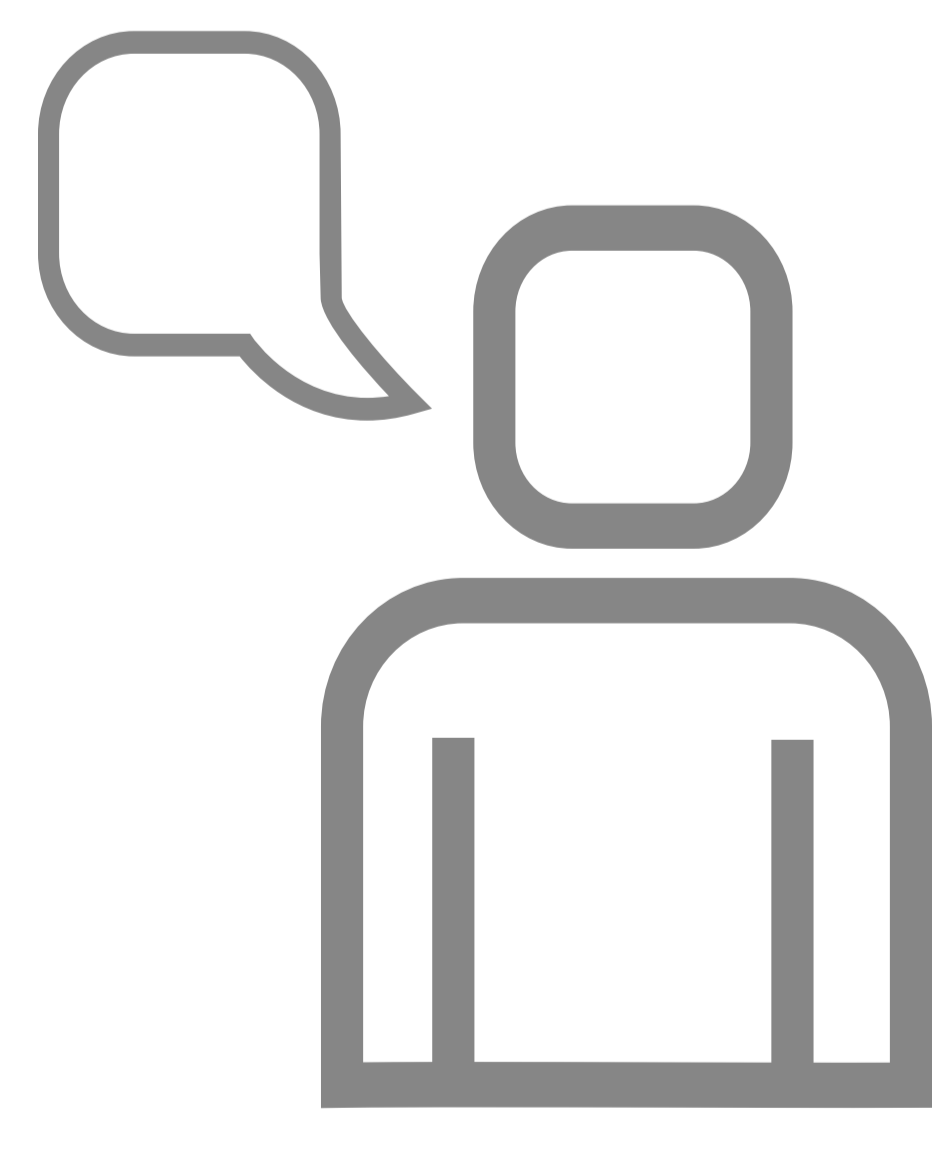
A bird's eye view: our oversight means that we can spot themes that crop up over and over again in panel decisions and can delve deeper to find out more. For example:

- 1 We noticed that panels were treating sexual misconduct with colleagues less seriously than with patients. The panels believed that this type of misconduct would not put the public at risk - we believed otherwise and carried out research to find out more.
- 2 We have seen a pattern where many of the patients/service-users on the receiving end of bad care/misconduct are 'vulnerable'. We also noted that misconduct involving older patients was treated less seriously than where the patient was younger.

## These are just some examples of our successful appeals.

Ask yourself:

- Would I want this professional to care for me?
- Would I want them to treat my family or friends?
- Would I want to work with them or have them as a member of my team?



### A dentist.....

..convicted of possessing a large amount of child pornography, placed on the sex offenders' register for five years and required to participate in a sex offenders' treatment programme. He received a 12-month suspension from the GDC's panel. Our appeal was upheld and the dentist was struck off.



### A doctor.....

....who lied about a mistake he made during surgery and covered it up - not telling the patient the truth and subjecting him to a further operation to fix it. He also did not tell his colleagues the truth making them part of his deception.



### A paramedic.....

....who sent text messages of a sexual nature to a vulnerable patient he had treated. We appealed because we believed the panel had not taken into account the paramedic's deliberate targeting of the patient & did not address his potential for having groomed the patient, once he was aware of her particular vulnerabilities.

Find out more about all our work

[www.professionalstandards.org.uk/section-29](http://www.professionalstandards.org.uk/section-29)

