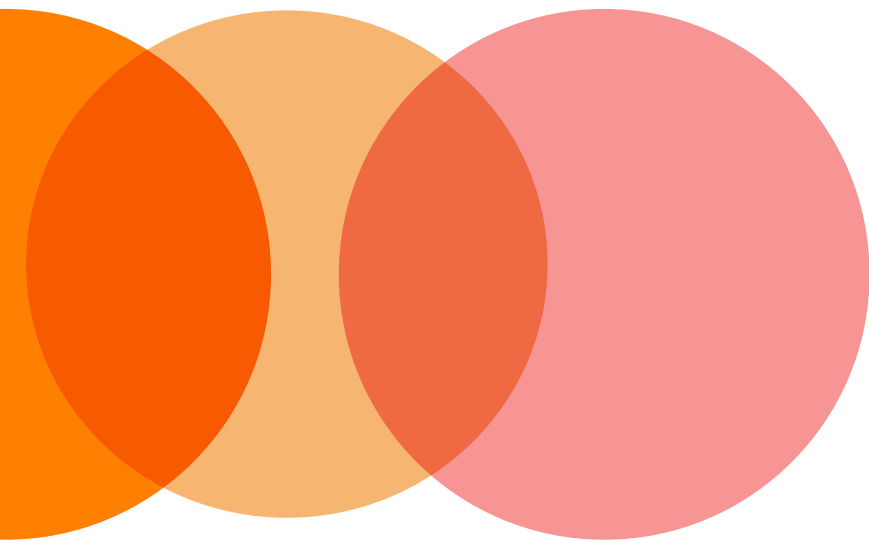


Appealing fitness to practise decisions

The year in focus

2024/25





About the Professional Standards Authority

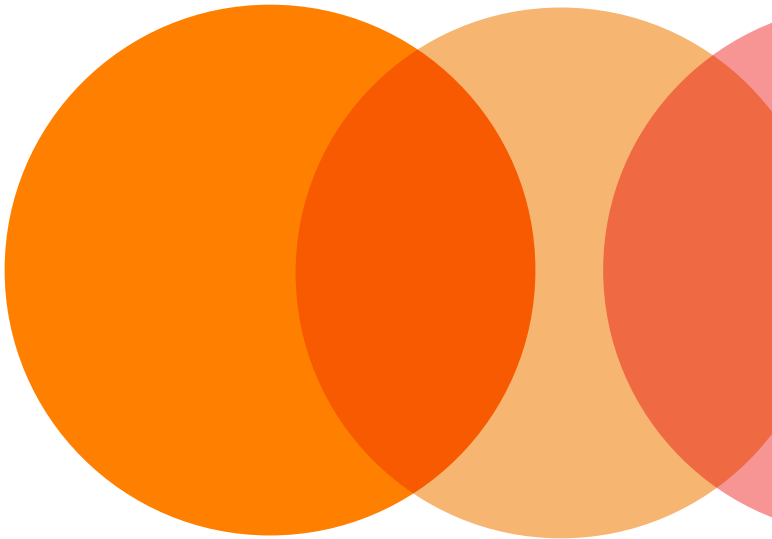
The Professional Standards Authority for Health and Social Care (PSA) is the UK's oversight body for the regulation of people working in health and social care. Our statutory remit, independence and expertise underpin our commitment to the safety of patients and service-users, and to the protection of the public.

There are 10 organisations that regulate health professionals in the UK and social workers in England by law. We audit their performance and review their decisions on practitioners' fitness to practise. We also accredit and set standards for organisations holding registers of health and care practitioners not regulated by law.

We collaborate with all of these organisations to improve standards. We share good practice, knowledge and our right-touch regulation expertise. We also conduct and promote research on regulation. We monitor policy developments in the UK and internationally, providing guidance to governments and stakeholders. Through our UK and international consultancy, we share our expertise and broaden our regulatory insights.

Our core values of integrity, transparency, respect, fairness, and teamwork, guide our work. We are accountable to the UK Parliament. More information about our activities and approach is available at www.professionalstandards.org.uk

Contents



About this report	4
<hr/>	
2024/25 the year in statistics: an infographic summary	5
<hr/>	
Explaining our role and 'Section 29'	7
<hr/>	
An overview of our work in 2024/25: Relevant decisions and appeals	9
<hr/>	
An overview of our work in 2024/25: Learning points	19
<hr/>	
Themes identified	22
<hr/>	
Improvements noted	28
<hr/>	
Appendix A: Tables with data and statistics	31
<hr/>	
Appendix B: Section 29 flowchart	39



About this report

A major part of our role is to improve standards of regulation and registration of health and care practitioners. This is achieved, in part, by sharing what we have learned through our work about good and poor practice with regulators, Accredited Registers, professional bodies, government, patients and the public.

When used in conjunction with other good practice guidance, engagement and sharing of learning, our ambition for our Section 29 yearly impact report is that it enables and encourages improvement in robustness, fairness and safety of fitness to practise decisions.

Our intention is that this document can be used in training with teams and panellists. Further, by providing data and details of themes across regulators, this allows for learning to be shared, helping prevent regulators falling into error, reinforcing good practice and identifying areas where improvements are needed.

The purpose of this report is to outline our approach to public protection through the exercise of our Section 29 function, presenting data on our activities in this area for the financial year from April 2024 to March 2025, with comparisons to previous years for context. We highlight key developments in our work and include a selection of case studies to illustrate the types of cases we handle and the nature of our involvement, as well as providing information and intelligence about key issues and risks surrounding fitness to practise decisions. We also seek to highlight some of the impact that we've had.

Next year we will be publishing our 2026-29 Strategic Plan. This will set out what we aim to achieve through our role and purpose over the following three years. In addition to delivering our statutory role, we aim to be a driver for improvement through convening, facilitating, advising, feedback and interventions.

We welcome feedback on our first report focusing on our Section 29 work and will consider how we can best use our data, insights, and expertise to inform and influence further improvements in fitness to practise processes through next year's report.

In 2026 we will also be publishing a revised set of Standards of Good Regulation and Standards for Accredited Registers, against which we monitor and assess the performance of regulators and Accredited Registers. We will apply what we know and have learned through our Section 29 work to further strengthen and clarify the Standards related to fitness to practise processes and decision-making. We will aim to include in subsequent Section 29 reports, the impact that the revised Standards and delivery of our Strategic Aims have had on the quality and timeliness of fitness to practise processes.

Our power to review these decisions comes from Section 29 of the NHS Reform and Health Care Professions Act 2002. This is why we often use 'Section 29' as our shorthand when referring to this power.

Section 29 a year in statistics

Comparing 2023/24 to 2024/25

2024/25
2230

2023/24
2385

Decisions about registered professionals

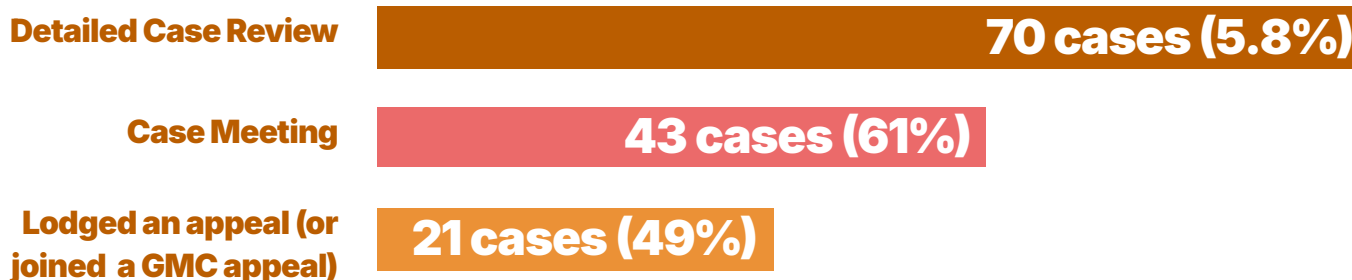
We reviewed **1,216** of these decisions – a reduction of **300** compared to cases reviewed in 2023/24 (**1,512**). The number of relevant fitness to practise decisions made by the regulators has been consistent and largely the same over the last four years.

➔ [Find out more about the process in this flowchart.](#)

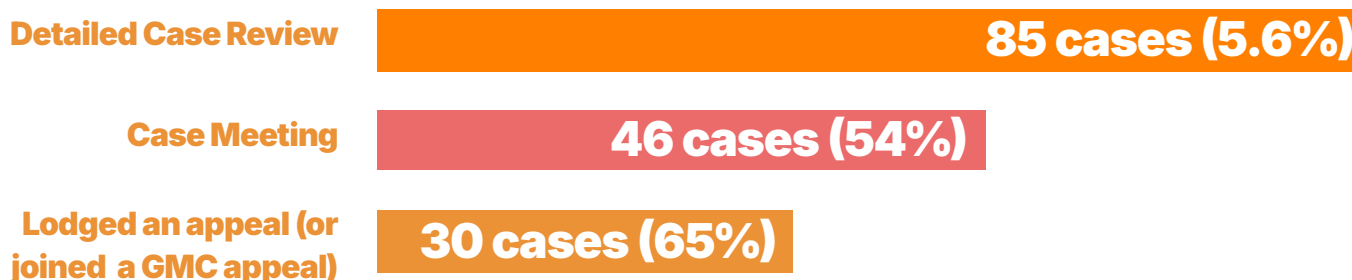
Cases where we had concerns

As a percentage, we had a similar number of concerns about the cases we reviewed in comparison to 2023/24, and although we considered a higher proportion of cases at a Case Meeting in 2024/25, we appealed fewer cases.

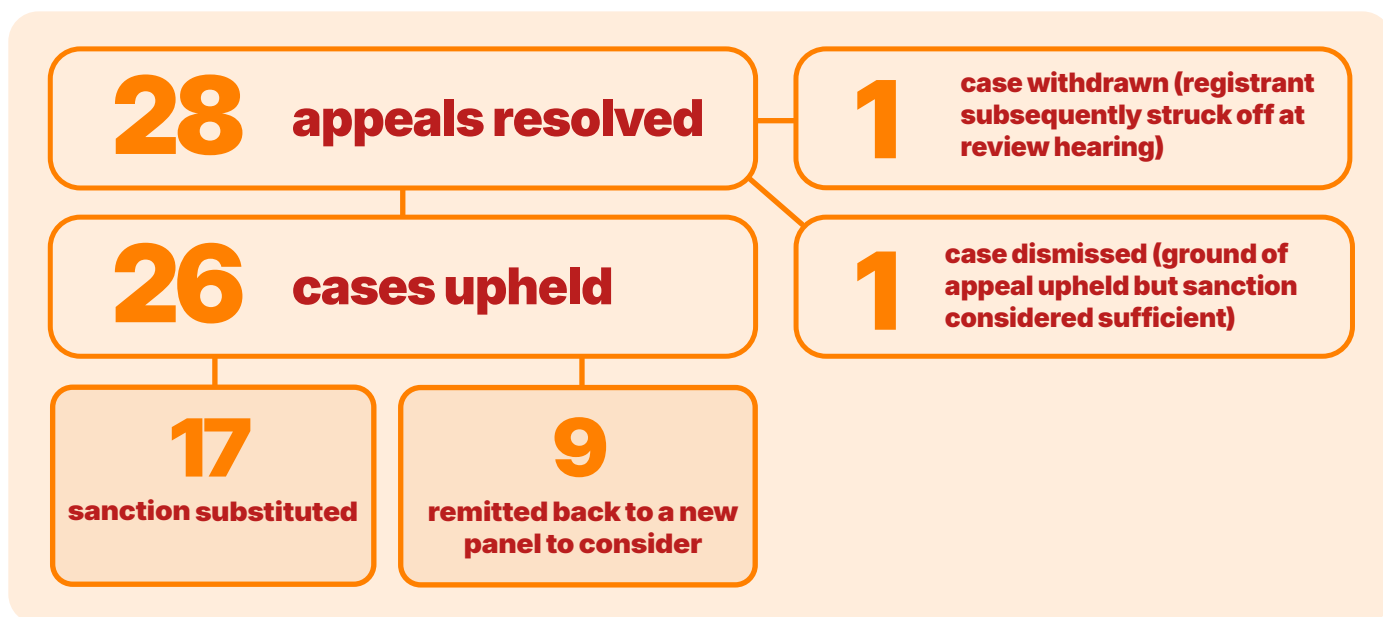
2024/25 We lodged an appeal in **1.7%** of cases we reviewed in 2024/25.



2023/24 We lodged an appeal in **2%** of cases we reviewed in 2023/24.

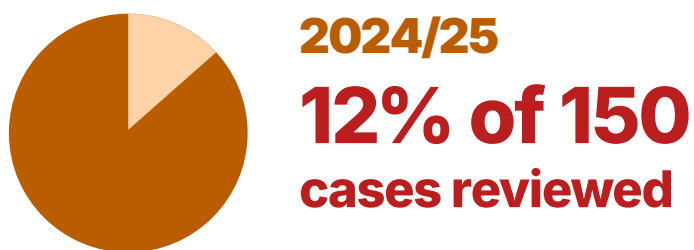


Successful appeals



Learning points

Compared to 2023/24 we fed back a similar number of learning points to the regulators in 2024/25:



The main themes of concern we regularly identified from our work in 2024/25 related to failures in a panel's approach to sanction.

This included:

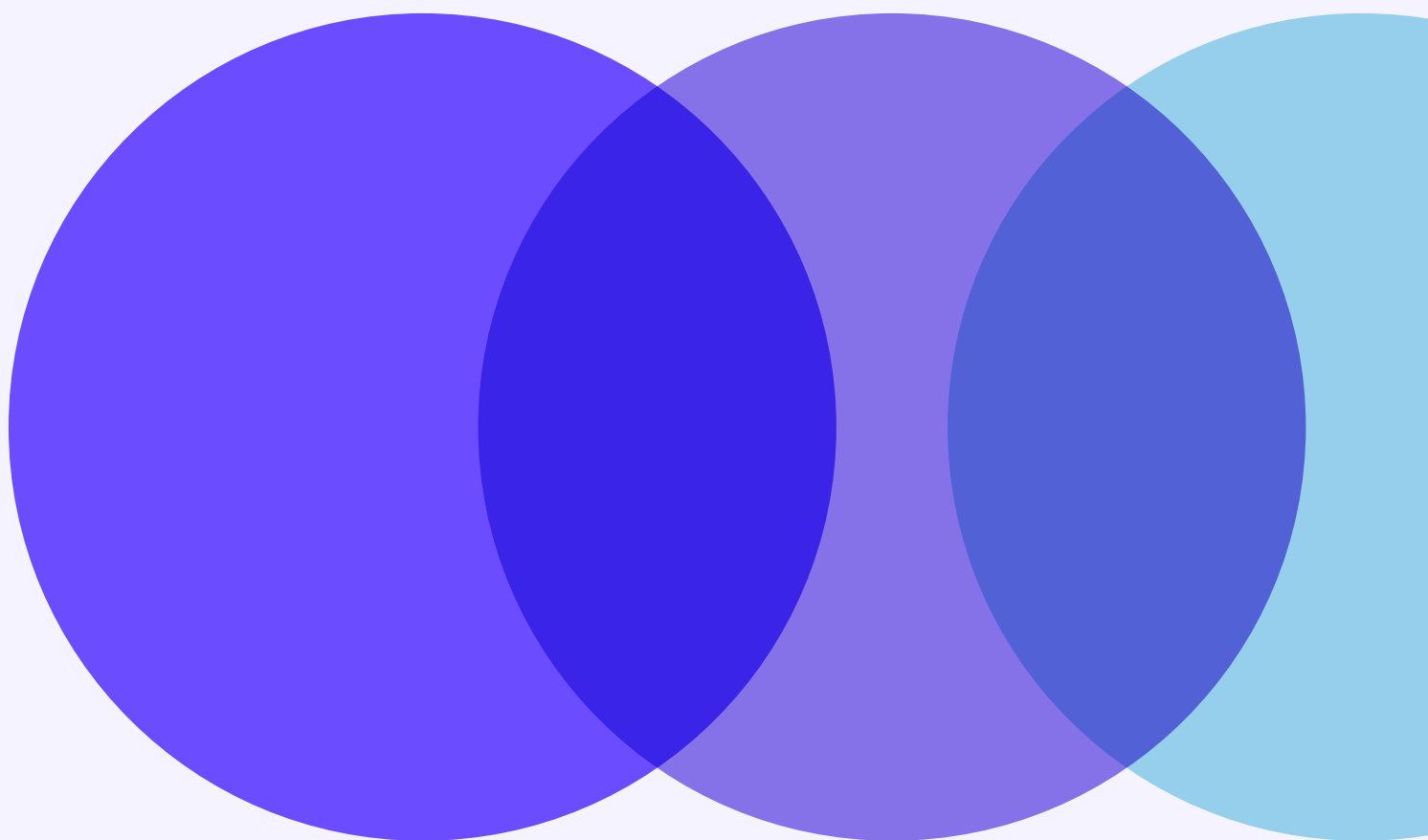
- a failure to properly apply and/or consider the sanctions guidance
- providing insufficient reasons
- not identifying all relevant aggravating factors or placing undue weight on mitigating factors.

We also saw trends in relation to sexual misconduct and dishonesty.

(More details of these are outlined in the report.)

[➔ Read through all our key data and statistics](#)

Explaining our role and 'Section 29'



The 10 health and social care regulators we oversee have a 'fitness to practise' process for handling complaints or concerns about health and care professionals on their registers. The most serious cases are referred to formal hearings known as fitness to practise panels, tribunals or committees. The regulators send us the final decisions made by their fitness to practise panels.

The 10 regulators we oversee are the:

- General Chiropractic Council (GCC)
- General Dental Council (GDC)
- General Medical Council (GMC)
- General Optical Council (GOC)
- General Osteopathic Council (GOsC)
- General Pharmaceutical Council (GPhC)
- Nursing and Midwifery Council (NMC)
- Health and Care Professions Council (HCPC)
- Pharmaceutical Society of Northern Ireland (PSNI)
- Social Work England

➔ [Find out more about the regulators we oversee](#)

The role of the Section 29 team is to ensure that the fitness to practise panel decisions we review are sufficient to protect the public. This involves consideration of whether the decision is sufficient:

- (a) to protect the health, safety and wellbeing of the public;
- (b) to maintain public confidence in the profession concerned; and
- (c) to maintain proper professional standards and conduct.

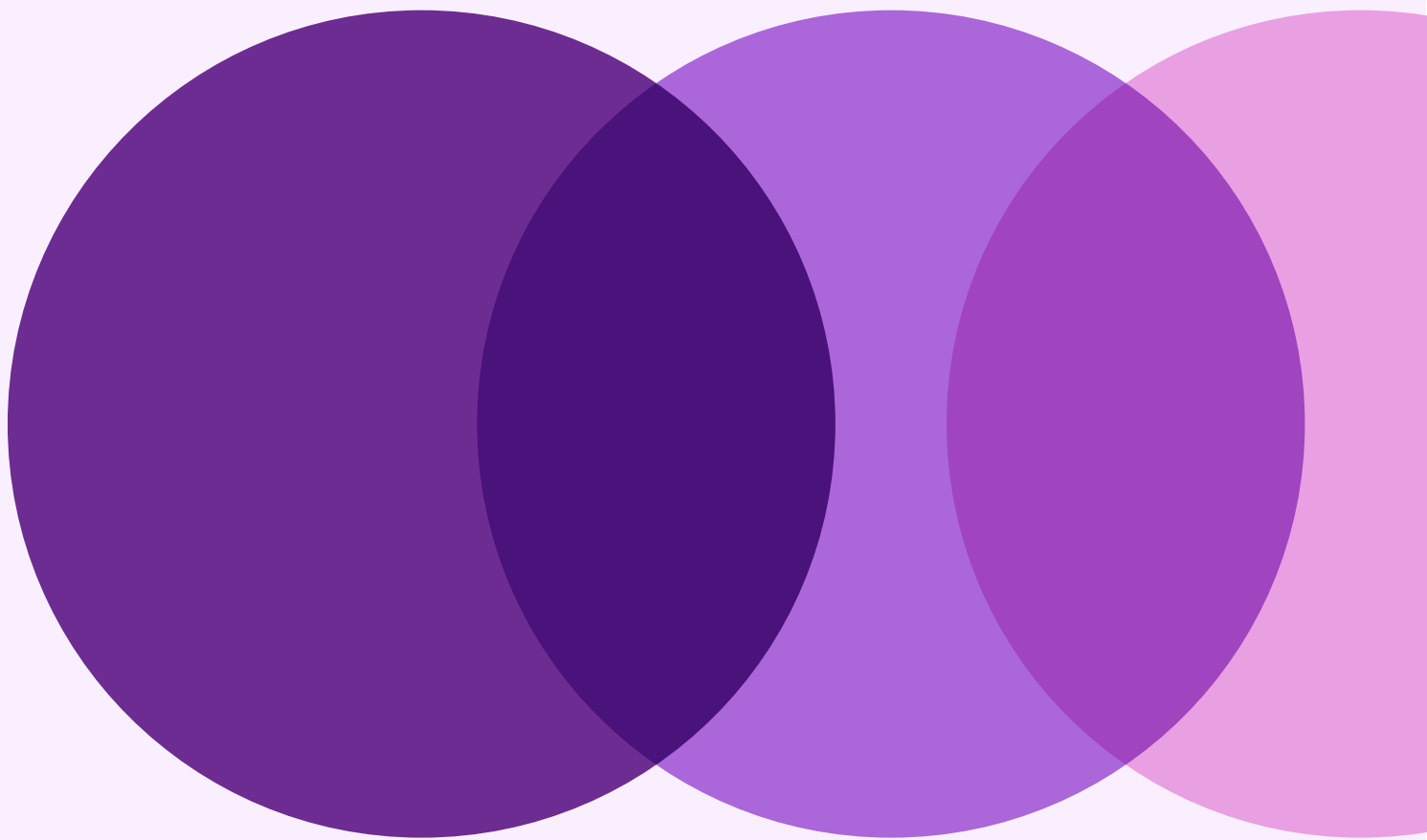
If we consider that a decision poses a risk to public safety, does not maintain public trust and confidence, or uphold professional standards, we can refer it to the relevant Court for further consideration. We will only refer panel decisions to Court if there is no other effective way of protecting the public.

The Courts have strict rules about when they will overturn a relevant decision, which we must follow. We cannot simply disagree with a panel which may have had the benefit of hearing live evidence and exploring the issues with participants in depth.

Where we have identified concerns with a panel decision but decide not to refer it to Court, we will share our concerns and any learning with the regulators. We also produce a twice-yearly learning points digest. See our section on [Learning points](#) for more details.

➔ [Find out more about our Section 29 process and all the steps involved](#)

An overview of our work in 2024/25: Relevant decisions and appeals



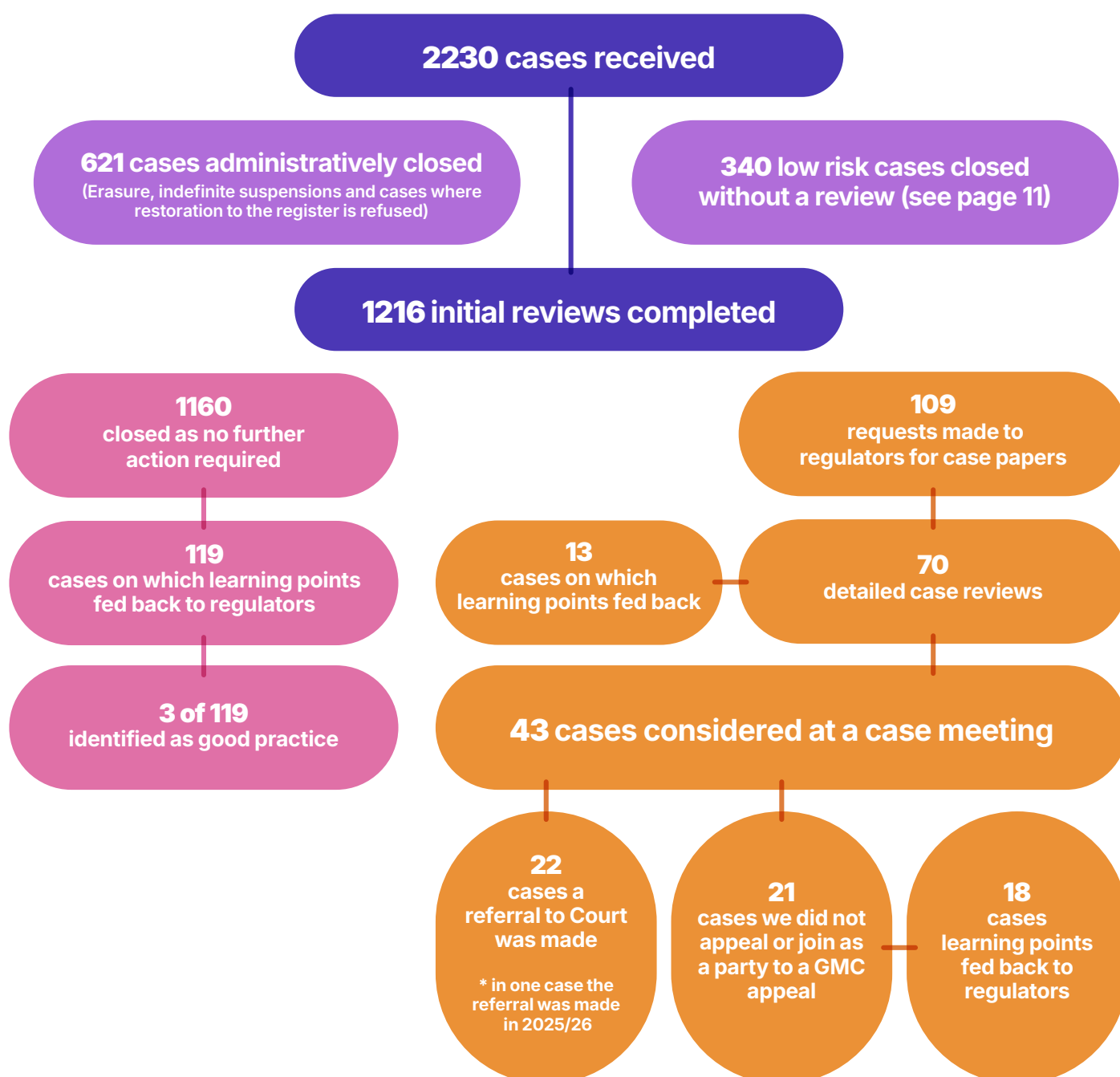


The flowchart shows the activity at each of the different stages of our process. The statistics do not track a single cohort of cases through the system because cases opened in 2024/25 will not necessarily reach an outcome in the same year.

The data used in this report is taken from our Microsoft Dynamics case management system from April to July 2025.

Flowchart 1:

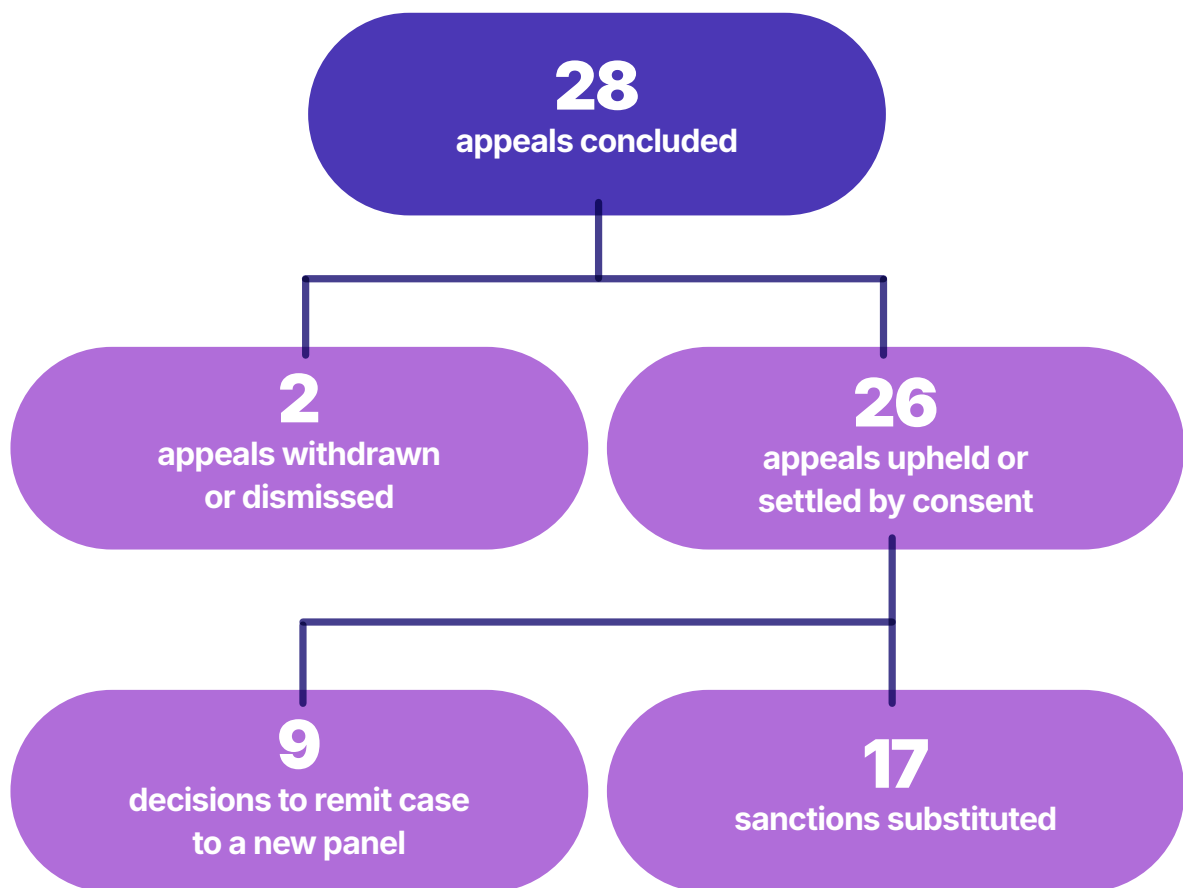
Section 29 process and outcomes



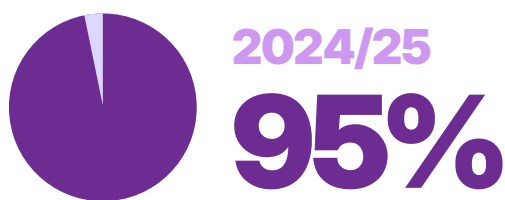
*There are some cases where it is not necessary or proportionate for us to undertake a review. We describe these as 'low risk' cases. Examples of these cases include where suspension orders have been imposed in cases where misconduct or conviction has not been alleged, where a suspension has been imposed at a review hearing, where a referral has been made from the Health Committee to the Conduct and Competence Committee, or an adjournment of a hearing with an extension of the sanction.

Flowchart 2:

Section 29 Appeals in 2024/25



Relevant decisions



(2,109) of the 2,230 fitness to practise decisions we received in 2024/25 were closed with no requirement for further information.

Six-hundred and twenty-one of these cases had resulted in the regulator removing the registrant's name from its register, not restoring them to the register, or suspending them indefinitely, therefore raising no concerns about public protection and requiring no PSA intervention.

We also do not look at cases where a review panel has adjourned and imposed an interim restrictive sanction, or imposed a further suspension, a suspension following a period of conditional registration, or where a suspension has been imposed for the maximum period in a case involving the registrant's health, performance, language impairment, or non-compliance with the regulatory process. Under this approach, 340 cases were closed. See [flowchart 1](#) above.

The number of relevant decisions made by the regulators has been consistent and largely the same over the last four years. See [table 3](#) in [Appendix A](#).

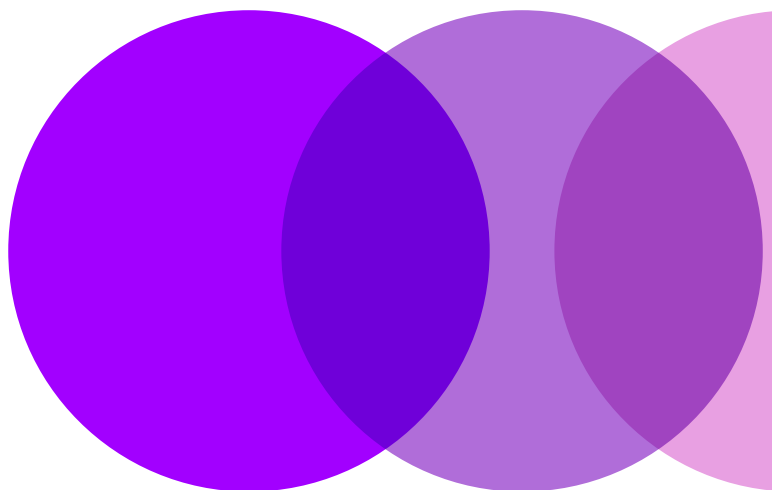
The largest proportion of decisions reviewed for one regulator was for the NMC (48%) however this overall reflects the number of cases that the NMC are producing. See [table 4](#).

Initial reviews of decisions

We did see a decrease in the number of relevant decisions we reviewed, from 1,512 in 2023/24 to 1,216 in 2024/25. This is 296 fewer cases and represents a decrease of 19.5%. See [table 1](#).

This is because a greater number of decisions have been made which we consider to be low risk decisions or raise no concerns about public protection and therefore require no PSA intervention i.e. erasure/striking off imposed.

We believe that this reflects improvements to panel decision-making, and we are optimistic that this is partly due to the learning taken and applied from our appeals and learning points in 2023/24.



Appeals

Appeals – referred to Court

2024/25

21
cases

20/21 of these were referred to Court under our Section 29 jurisdiction and we became a party to one GMC appeal under Section 40B. This is in comparison to 30 cases in 2023/24, with 29 appeals and joining as a party to one GMC appeal.

Of the 21 referrals to Court in 2024/25:



We have seen a decrease in the percentage of cases referred to Court in 2024/25 compared to the previous year (down to 0.95% from 1.3%). See [table 5](#). We consider that the lower appeal numbers in 2024/25, when compared to 2023/24, likely reflects a decrease in the number of decisions being reviewed at each stage of our process.

From 1 April 2023 to 31 March 2024, we appealed 35% of the Detailed Case Reviews (DCR) we completed, which was 1.98% of cases we undertook an initial review on. From 1 April 2024 to 31 March 2025, we appealed 30% of the DCRs we completed, which was 1.72% of cases we undertook an initial review on. We do not consider these differences to be significant.

We have however seen an overall increase in the number of appeals we have brought over the last 10 years. See [table 6](#).

Appeals – resolved

We resolved 28 appeals in 2024/25.

Of the 28 appeals we resolved, 26 were upheld or settled by consent with nine cases being remitted back to the regulator to be considered by a panel and in 17 cases a sanction was substituted. Of the sanctions substituted by the Court, the following were imposed (see [flowchart 2](#)):

9 erasures/striking off/removal

6 conditions of practice order

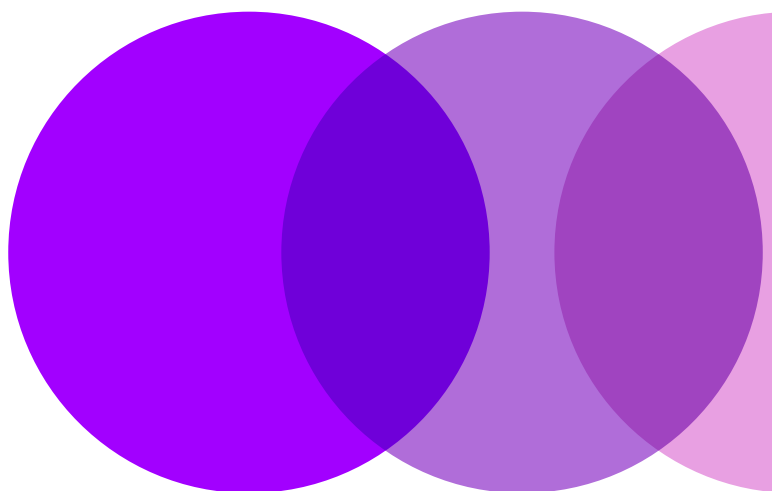
1 suspension

1 caution order

Of the nine cases remitted back to the regulator:

- in three cases, the entire decision was quashed and remitted to a new panel for rehearing (two cases with directions)
- in three cases, the original decision on impairment was quashed, the Court substituting their own findings on impairment, with the case then being remitted to a new panel to determine sanction
- in two cases, the sanction was quashed and remitted for redetermination on sanction (one case with directions).

Of the two remaining appeals, one appeal was withdrawn by the PSA following the registrant being subsequently struck-off at a review hearing, and one appeal was dismissed by the Court as, although our ground of appeal was upheld and the regulator supported our appeal, the Judge considered that the sanction imposed was sufficient.



Self-referrals

Regulators write to us where they have concerns about the outcome of a fitness to practise decision, inviting us to consider whether to bring an appeal.

We received 28 regulator self-referrals in 2024/25. Of those, we received:¹

15 from the NMC

6 from the GDC

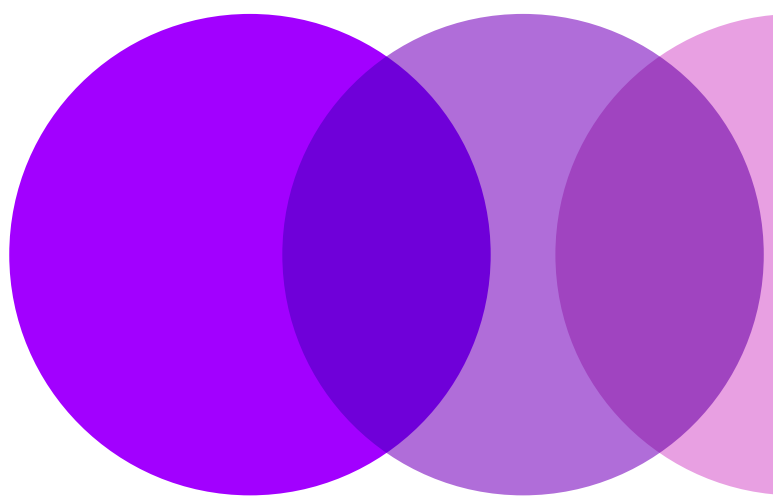
4 from the HCPC

3 from the GPhC

We brought an appeal in 30% (8/28) of these cases. See [table 7](#).

Of the 20 regulator self-referrals we did not appeal, we identified learning points in 60% (12/20) of these cases. See [table 8](#).

When considering these self-referrals, we find it helpful when regulators specifically set out where they consider the panel decision to be wrong or to amount to a serious procedural or other irregularity.



¹To note, the GMC have their own powers to bring an appeal. The GMC inform us when they have concerns about the outcome of a relevant decision and are considering whether to bring an appeal. These are not included in the self-referral figures.



Case study: An erroneous approach to a non-engaging witness

Background/context

The PSA were successful in bringing an appeal against a GPhC panel decision where the issue of a witness summons had been dismissed on grounds that the main witness was vulnerable, but there was no evidence that he was or considered himself to be, which resulted in a finding of no case to answer. The witness had initially engaged and although this became sporadic before the hearing, he had not said that he no longer wanted to engage and give evidence.

Outcome

The Court confirmed that the Panel had taken an erroneous approach to the witness' evidence. The fact that a witness was the alleged victim of a sexual act did not automatically mean that they were vulnerable, and vulnerability was only relevant to the issue of whether special measures should be employed in the hearing. Further, the inability to address routine non-attendance by vulnerable witnesses would be contrary to the public interest in maintaining proper conduct by members of the profession, promoting the welfare of the public and maintaining public confidence in the profession. The decision was quashed and remitted back to a new panel.

The decision is significant as it considers the approach to be taken to vulnerable witnesses giving evidence as well as to the correct procedure to follow for an application to offer no evidence.

Quick links/ Find out more

➔ [Read the full judgment in this appeal PSA v GPhC & Ahmed \[2024\] EWHC 3335 \(Admin\)](#)



Case study: Abuse of process and the public interest

Background/context

The PSA was successful in bringing an appeal against a GPhC panel decision in relation to a pharmacist who was allegedly involved in a fraudulent scheme for the sale of medication overseas.

Outcome

We successfully appealed the Panel's decision to grant a stay of proceedings on grounds of an abuse of process, which had stopped the case after the panel wrongly directed itself on the erroneous closure of the case by the Council and R2's legitimate expectation that the case would not be re-opened. The decision was quashed and remitted back to a new panel to consider.

The judgment is significant because the court confirmed that public bodies have the power to correct decisions which they have made based on a fundamental mistake of fact and that:

"A stay for abuse of process is an exceptional step. [...] The public interest in the overarching statutory objectives of protecting the public and maintaining professional standards and public confidence in the profession has to be weighed in the balance, together with the public interest in the integrity of the disciplinary process. [...] On re-considering the matter on the basis that a public authority may resile from a legitimate expectation in circumstances where it is fair to do so, I do not consider that the exceptional step of a stay can be justified, as the competing public interests can be fairly met by alternative measures, namely a full reconsideration of his case." [105-106]

Quick links/ Find out more

➔ [Read the full judgment in this appeal PSA v GPhC & R2 \[2024\] EWHC 3005 \(Admin\)](#)



Case study: Cross admissibility test

Background/context

The PSA were successful in bringing an appeal against a GMC panel decision involving two vulnerable female patients, Patients A and B, who were unknown to each other and were treated by the Registrant on different days in different Accident and Emergency Departments. Both patients reported that the Registrant had spoken in a 'hypnotic' manner and asked them to remove their clothes. The Registrant also touched Patient A in a sexually inappropriate way. In examining the evidence separately, the panel wrongly directed itself as to the test for the cross admissibility of evidence and wrongly interpreted and applied the test, resulting in the charges not being found proved.

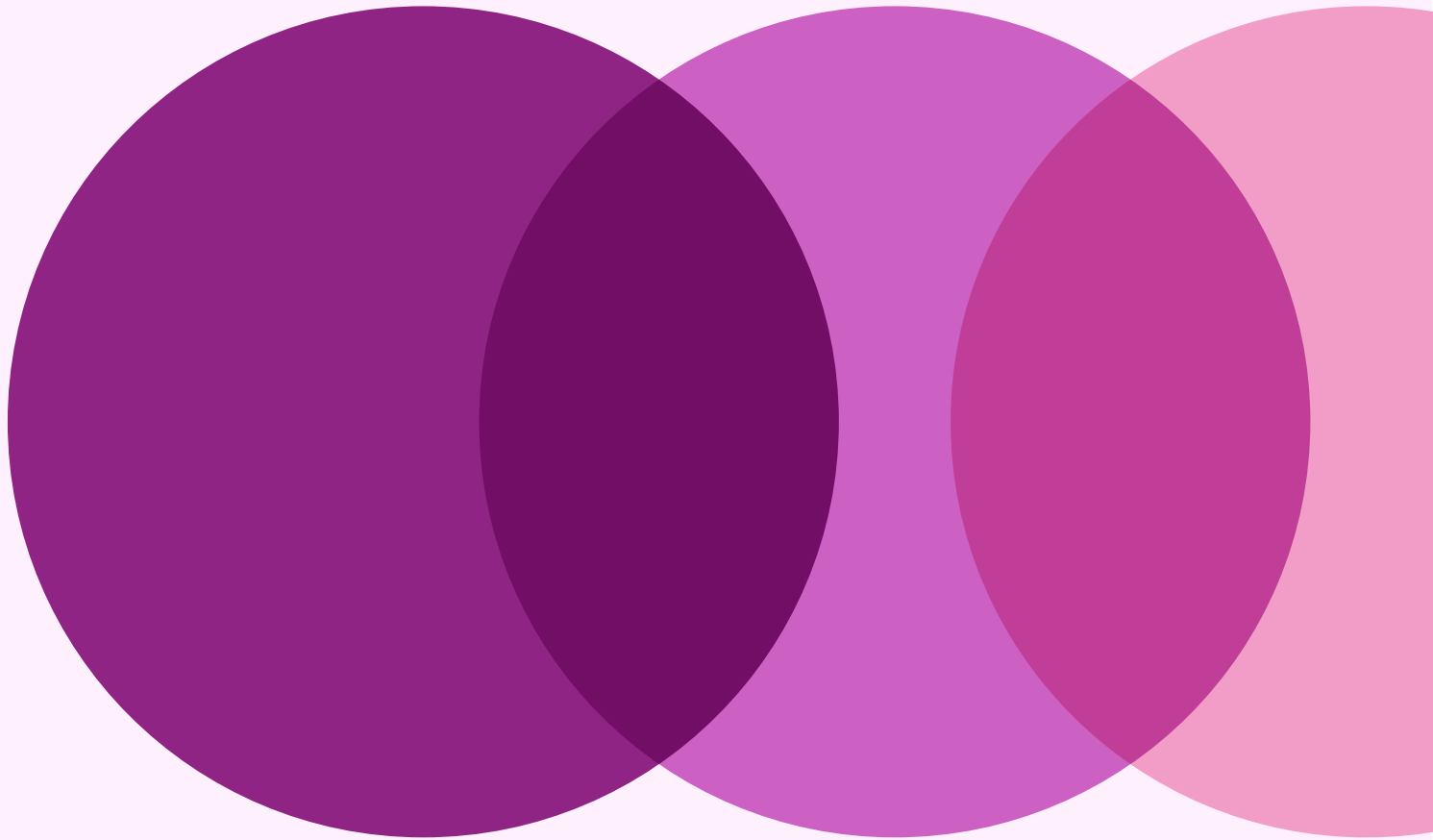
Outcome

The judgment is significant because it gives a comprehensive analysis of the law in this area and sets out several matters a panel will need to consider when determining the issue of cross-admissibility in regulatory cases [see para 47]. The decision was quashed and remitted back to a new panel to consider.

Quick links/ Find out more

➔ [Read the full judgment in this appeal PSA v GMC & Garrard \[2025\] EWHC 318 \(Admin\)](#)

An overview of our work in 2024/25: Learning points



We are in a unique position to see every relevant decision made by the 10 health and social care regulators. This means we are able to more easily highlight issues and identify themes.

Where we have identified concerns with a panel decision but have decided not to refer it to Court, we share our concerns and any learning with the regulators. We share learning points with the aim of helping regulators to improve decision-making. By sharing learning from our scrutiny of decisions, we aim to improve the quality of the fitness to practise panel outcomes and drive up standards in decision-making.

We understand that our learning points are reviewed and considered by senior members of staff at each regulator, are shared with panel members and teams, and taken into account as part of training. We are aware that this has led to improvements, including new or updated guidance being introduced by regulators, and improvements to decision-making and drafting.

The learning points we identify are also considered by our Performance Review team and explored in more detail as part of our annual reviews on how the regulators are meeting our [Standards of Good Regulation](#).

The Performance Review team consider the learning points (and any responses received from the regulators) and take this information into account in their assessments of relevant standards, particularly where the learning points indicate themes or systemic issues. They may also discuss learning points with regulators at regular engagement meetings, or use them to inform the scope of the team's audit work. Where appropriate, the Performance Review team will note evidence of regulators taking action as a result of learning points. For example, the HCPC has proposed changes to the "strike off" section of its Sanctions Policy because of PSA feedback – see paragraph 4.11 here: [sanctions-policy-consultation-document.pdf](#)

Quick links/ Find out more

- ➔ [Find out more about how we check and appeal fitness to practice decisions](#)
- ➔ [Read through our learning points bulletins](#)

Learning points in 2024/25

In 2024/25, we sent learning points for 150 cases. This represents:



Table 9 provides a breakdown.



We find the learning points from the PSA helpful in our analysis of cases in our Decision Review Group and in taking on board any learning as a result; ensuring the public is protected and highlighting key issues or concerns that need addressing.

[PSA 2024 Stakeholder Survey](#)

We fed back a similar number of learning points to the regulators in 2024/25 in comparison to 2023/24: 150 cases and in 12% of cases we reviewed in 2024/25 than in 2023/24 where we sent learning points on 155 cases and in 10% of cases we reviewed. See [table 1](#).

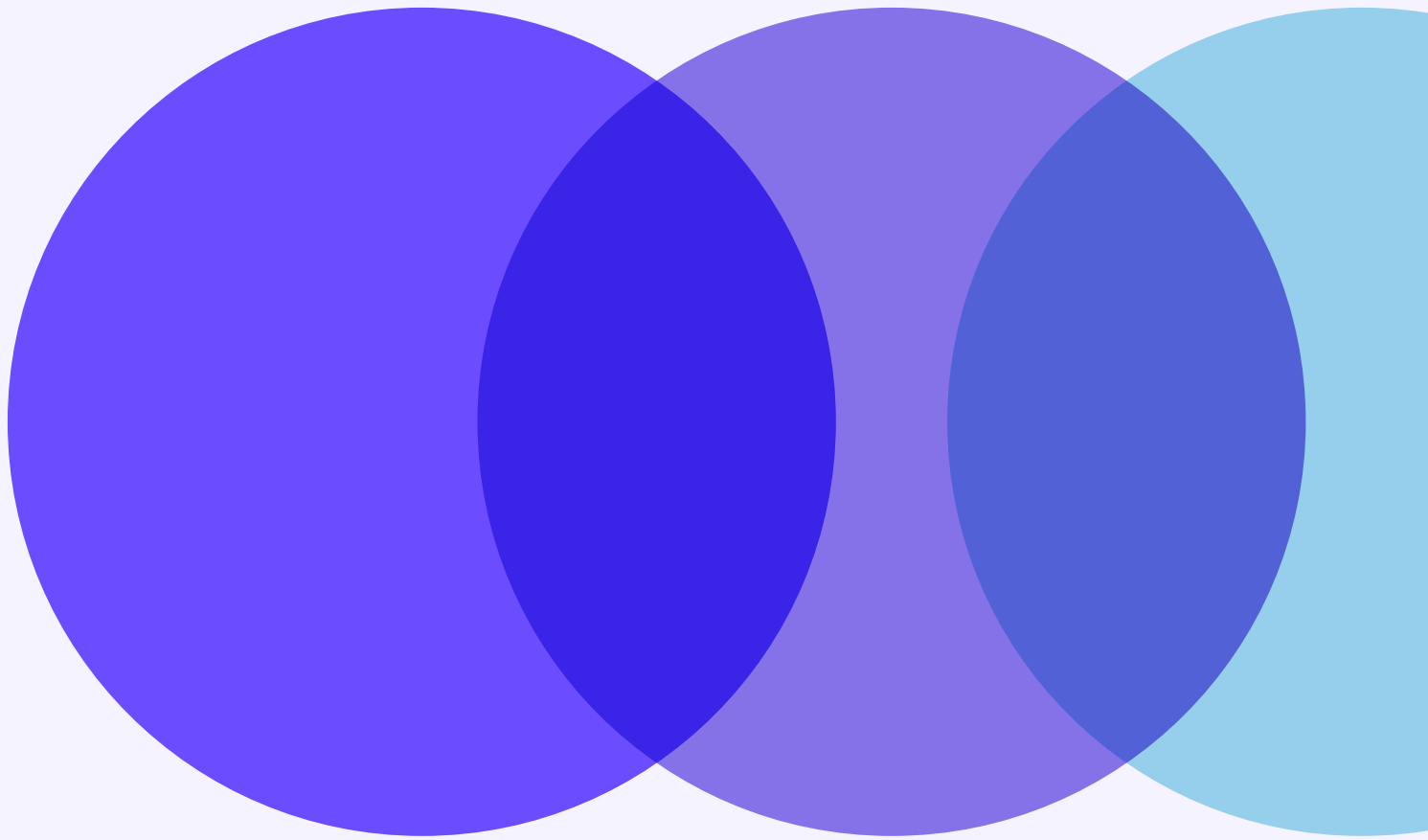
Last year we introduced a twice-yearly learning points bulletin. This focuses on key themes we have identified through our appeals and learning points for that period for all regulators, as well as containing statistical information. Each bulletin also contains references to relevant caselaw, our successful appeals and links to wider work being carried out by the PSA.

We also send a monthly digest to individual regulators with any learning points identified on cases.

We expect that regulators will share this bulletin with relevant individuals, including panel members, with the aim to support training and develop knowledge, and to highlight issues for all regulators to watch for. We expect that over time the number of learning points will begin to reduce and we will see improvements in the quality of decision-making, that regulators can pre-empt issues, and that repeat issues within regulators are resolved.

→ [A copy of the September learning points bulletin can be found here](#)

Themes identified



Key themes we have seen in our work in 2024/25

Some of the themes arising out of the concerns we have identified about decisions during 2024/25 include:

Failure to properly apply/consider sanctions guidance

We continue to see cases where panels have failed to properly apply or consider relevant sanctions guidance, or have failed to provide sufficient reasons where they have departed from sanctions guidance.

In all cases, when setting out their decision, panels must explain how they have applied sanctions guidance. Panels should take particular care to explain any deviation from it in order that the public can understand why certain decisions have been reached, can understand that healthcare professionals are well and fairly regulated and can know that they deserve the trust the public have placed in them: PSA v General Optical Council & Ms Honey Rose [2021] EWHC 2888 (Admin) at [41, 81]. See also GMC v Khetyar [2018] EWHC 813 at [21], [22], [54], [55] and [60].

To the extent that a panel decides to depart from sanctions guidance, then they are under an obligation to provide reasons for doing so that are: "(a) clear, (b) substantial and (c) specific": GMC and PSA v Bramhall [2021] EWHC 2109 (Admin) at [36].

Of the 30 appeals we brought in 2023/24 (some of which will have been resolved in 2024/25), eight cases involved a ground of appeal relating to a failure to properly apply or appropriately consider sanctions guidance. That is 26.6% of our appeals. Of the 21 appeals we brought in 2024/25, 10 cases involved a ground of appeal relating to a failure to properly apply or appropriately

consider sanctions guidance. That is 47.6% of our appeals.

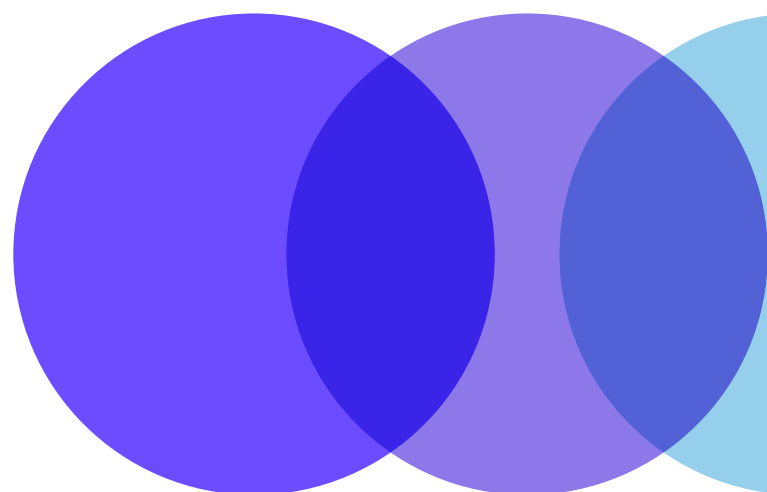
Of the 150 cases where we identified learning points in 2024/25, 10 cases involved a concern relating to a failure to properly apply or appropriately consider sanctions guidance. This is 6.6% of our learning points.

This shows that we are likely to appeal a decision where the sanctions guidance has not been followed and the panel has not sufficiently explained why.

Insufficient reasons

Another common issue we see is a lack of reasons given by panels when considering whether to impose a more restrictive sanction. This is problematic where the sanction guidance indicates that a more serious sanction may be appropriate.

We continue to stress the importance of panels providing sufficient reasons at each stage of the process and to explain any departures from sanctions guidance.





A recent successful appeal at the High Court, PSA v NMC & Haward [2024] NIKB 33, highlighted the importance of providing reasons. Simpson J stated:

“In Threlfall v General Optical Council [2004] EWHC 2683 (Admin), Stanley Burnton J in dealing with the need to give adequate reasons said at paragraph [37]: ‘Lastly I mention that there is a further practical reason why disciplinary committees should give adequate reasons for their decisions, and that is to enable the Council for the Regulation of Healthcare Professionals [in this case, the PSA] to consider whether to exercise its powers under Section 29 of the 2002 Act.’ I agree with those views. On the face of the panel’s determination there was, in my view, a failure to engage with the important guidance. In my view, further, if the panel had properly considered those questions in paragraph [35] above in light of all the circumstances of this case, the only appropriate answers would have been Yes, No and Yes.” [37-39]

Not identifying all relevant aggravating factors and placing undue weight on mitigating factors

We continue to see cases where panels have not identified all relevant aggravating factors and/or placed undue weight on mitigating factors, and this has featured as a separate ground in our appeals. Over the last year fewer of our appeals feature this ground, from seven cases in 2023/24 to three cases in 2024/25, however we continue to identify this in cases we do not appeal and usually feed this back as a learning point.

When we do see panels fail to identify relevant aggravating factors, this is usually where there has been a failure to identify:

- vulnerability of victims or service users
- predatory behaviour
- abuse of professional position and/or imbalance of power
- no insight, remorse, remediation, or engagement with proceedings.

We also see panels identify ‘mitigating’ factors which are not true mitigating factors on the facts of the case. For example, no financial gain in a dishonesty case involving the falsification of clinical records.

Of the 30 appeals we brought in 2023/24 (some of which will have been resolved in 2024/25), seven cases involved a ground of appeal relating to a failure to identify all relevant aggravating factors and/or placing undue weight on mitigating factors. That is 23.3% of our appeals. Of the 21 appeals we brought in 2024/25, three cases involved a separate ground of appeal relating to a failure to identify all relevant aggravating factors and/or placing undue weight on mitigating factors. That is 14.3% of our appeals.

Of the 150 cases where we identified learning points in 2024/25, 13 cases involved a concern relating to a failure to identify all relevant aggravating factors and/or placing undue weight on mitigating factors. This is 8.7% of our learning points.

Dishonesty/Integrity and the Duty of Candour

Cases involving dishonesty, lack of integrity or a lack of candour will always be serious and can be more difficult to remediate. Accordingly, we will always scrutinise these cases carefully.

We have seen some improvements with how regulators plead dishonesty and/or a lack of integrity, with this now being regularly and specifically pleaded whereas historically this was a reoccurring issue we identified.

However, we continue to raise concerns about panels failing to fully grapple with the seriousness of the dishonesty and failing to provide sufficient reasons as to why a more restrictive sanction was not imposed when relevant factors for strike off, for example, were engaged. We have also seen examples of where panels have failed to properly apply the Ivey test² for dishonesty.

Sexual harassment and sexual motivation

We have seen a steady rise in cases relating to sexual misconduct/harassment over the last five years, from 3.9% to 10.2%. See [table 10](#).

Whilst the number of relevant decisions received has remained relatively consistent, we have seen a steady increase in the number cases considered at a final hearing involving sexual misconduct concerns. Over five years we have seen an almost threefold increase in the number of sexual misconduct cases. This means that in 2024/25, one in 10 panel decisions now include a charge relating to sexual misconduct.

Although reasons for this increase are unknown, we see this as a positive outcome as we believe it may be because of:

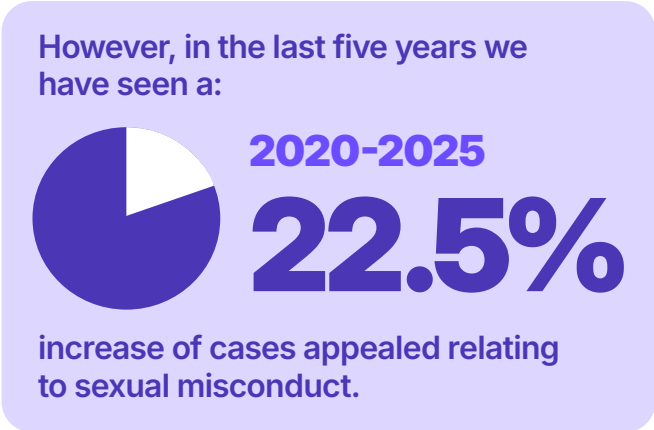
- improved awareness of what constitutes inappropriate conduct
- victims feeling more confident in speaking out and a zero tolerance approach to sexual misconduct taken by regulators and employers
- development of case law, with the PSA and other appeals setting precedent and providing clear guidance on how issues should be dealt with
- development of regulator guidance on sexual misconduct as well as updates being made to sanction and charging guidance
- certain types of sexual misconduct being viewed more seriously by panels i.e. sexual harassment of colleagues
- greater panel training.

We consider it important that all regulators continue to develop further guidance in this area based on recent case law, and provide relevant training to panels and staff members. We have been particularly impressed by some of the work regulators are taking in this area and we would strongly encourage regulators to learn and work collaboratively with each other.

Of the 30 appeals we brought in 2023/24 (some of which will have been resolved in 2024/25), 10 cases involved allegations of sexual misconduct. That is 33% of our appeals. Of the 21 appeals we brought in 2024/25, seven cases involved allegations of sexual misconduct. That is 33% of our appeals. This represents an increase of 10.5% of our cases in 2020/2021. See [table 11](#).

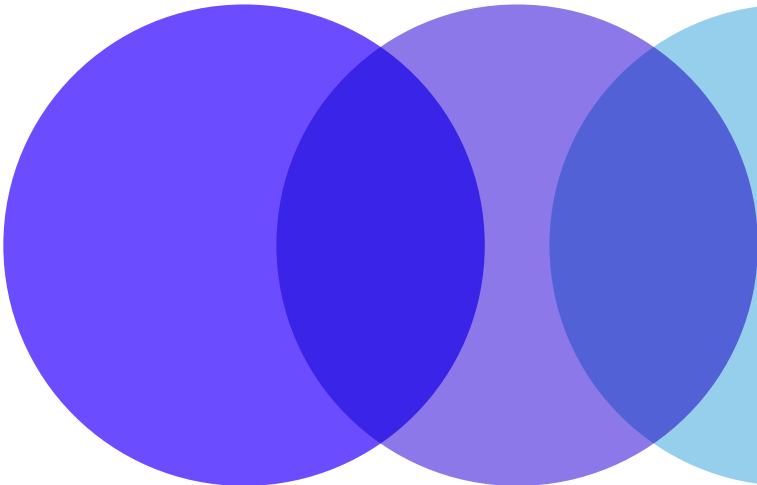
² [Ivey v Genting Casinos UK Ltd \(t/a Crockfords Club\)](#) [2017] UKSC 67 [74]

We appeal very few cases in comparison to the number of relevant decisions being made by panels. In 2024/25, we appealed 0.9% of cases, of which 0.3% related to sexual misconduct cases.



We have also seen an increase in the number of learning points identified on cases involving sexual misconduct: 20% of our learning points in 2024/25 were about sexual misconduct cases, up from 6.1% in 2020/21. See [table 12](#).

We identify very few learning points overall on the cases we review, and an even smaller number of these relate to cases involving sexual misconduct. Nevertheless, we have seen a steady rise in the number of cases in which we identify learning points relating to sexual misconduct.





Case study: Failure to consider the seriousness and significance of the registrant's sexual motivation

Background/context

This was a GMC Section 40A appeal which the PSA joined. It related to a doctor who had behaved inappropriately and sexually harassed seven colleagues between May 2017 and September 2020. We joined the GMC's appeal and brought a separate ground over the panel's failure to evaluate the registrant's sexual motivation and its significance for seriousness.

Outcome

The Court agreed and held:

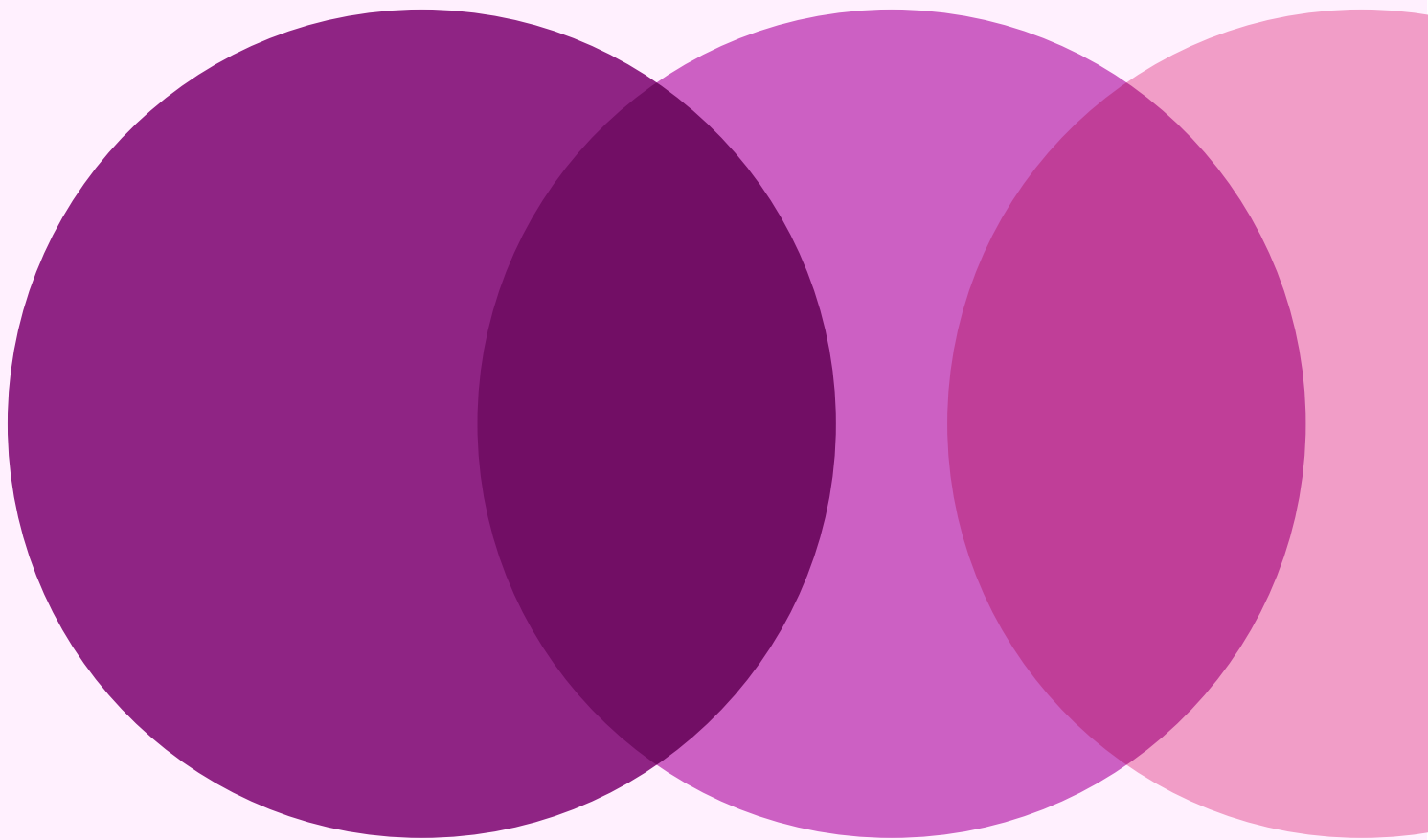
"There is, in short, no credible innocent explanation of Dr Dugboyele's conduct, given the factual findings of the Tribunal. The Tribunal was either wrong not to include a proper consideration of his motive in its deliberations and/or, by virtue of that omission's constituting a serious procedural irregularity, reached an unjust result, namely, that Dr Dugboyele's fitness to practise was not impaired."

The decision was quashed, a finding of impairment substituted, and the decision on sanction remitted back to a new panel to consider. After we joined the GMC's appeal, the GMC changed its guidance about charging and considering sexual motivation and sexual harassment.

Quick links/ Find out more

➔ [Read the full judgment in this appeal. GMC & PSA v Dugboyele \[2024\] EWHC 2651 \(Admin\)](#)

Improvements noted



In 2022/23 and 2023/24, we identified concerns that have not featured in 2024/25.

Relevance of Disclosure and Barring Service (DBS) decisions

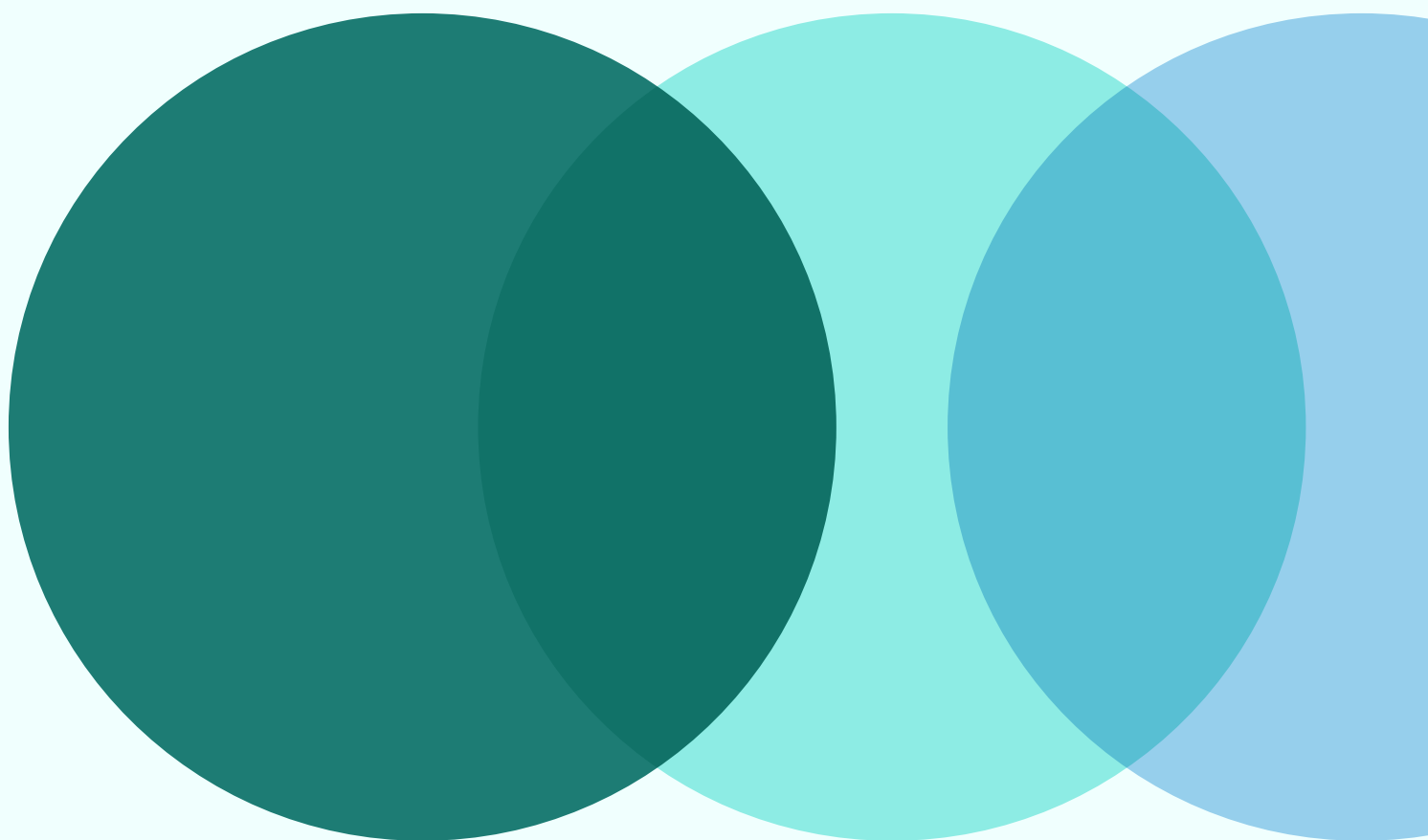
During 2022/23 and 2023/24, we saw an increase in the number of cases where we had concerns relating to registrants who were subject to a DBS restriction. We brought four appeals in relation to these cases, and raised a number of learning points.

In these cases we identified issues where panels failed to take the DBS decision into account at all when determining sanction or as an aggravating factor. We also saw instances where the decision lacked detail on the circumstances surrounding the DBS decision and the context was not always clear from the background/charges. In one successful [appeal](#), it came to light that the DBS had considered further concerns in addition to those the regulator was aware of and investigated. The panel failed to adjourn for enquiries to be made.

Since then, we have seen a significant improvement in how regulators handle these issues, and some regulators have introduced new guidance. We have not brought any appeals in 2024/25 relating to DBS issues and we have seen a reduction in learning points raised.



Appendices



Appendix A:

Tables referred to in our report

Table 1:

Detailed breakdown of our work 2023-2025

	1 April 2024 – 31 March 2025	1 April 2023– 31 March 2024
Decisions received by the PSA	2230	2385
Initial reviews completed	1216	1512
Decisions referred for further information	109	100
Detailed Case Reviews completed	70	85
Statutory deadline meetings		
No appeal – no learning points	0	3
No appeal – learning points	9	8
Appealed	13 ¹	21 ²
Case Meetings held:		
Sufficient	6	5
Insufficient but no appeal*	6 ³	0
Insufficient and appeal	10 ⁴	13 ⁵
Appeals lodged	21	30
Learning points sent	150	155

¹ One of which was confirmed at a Section 29 Case Meeting.

² Four of which were confirmed at Section 29 Case Meetings.

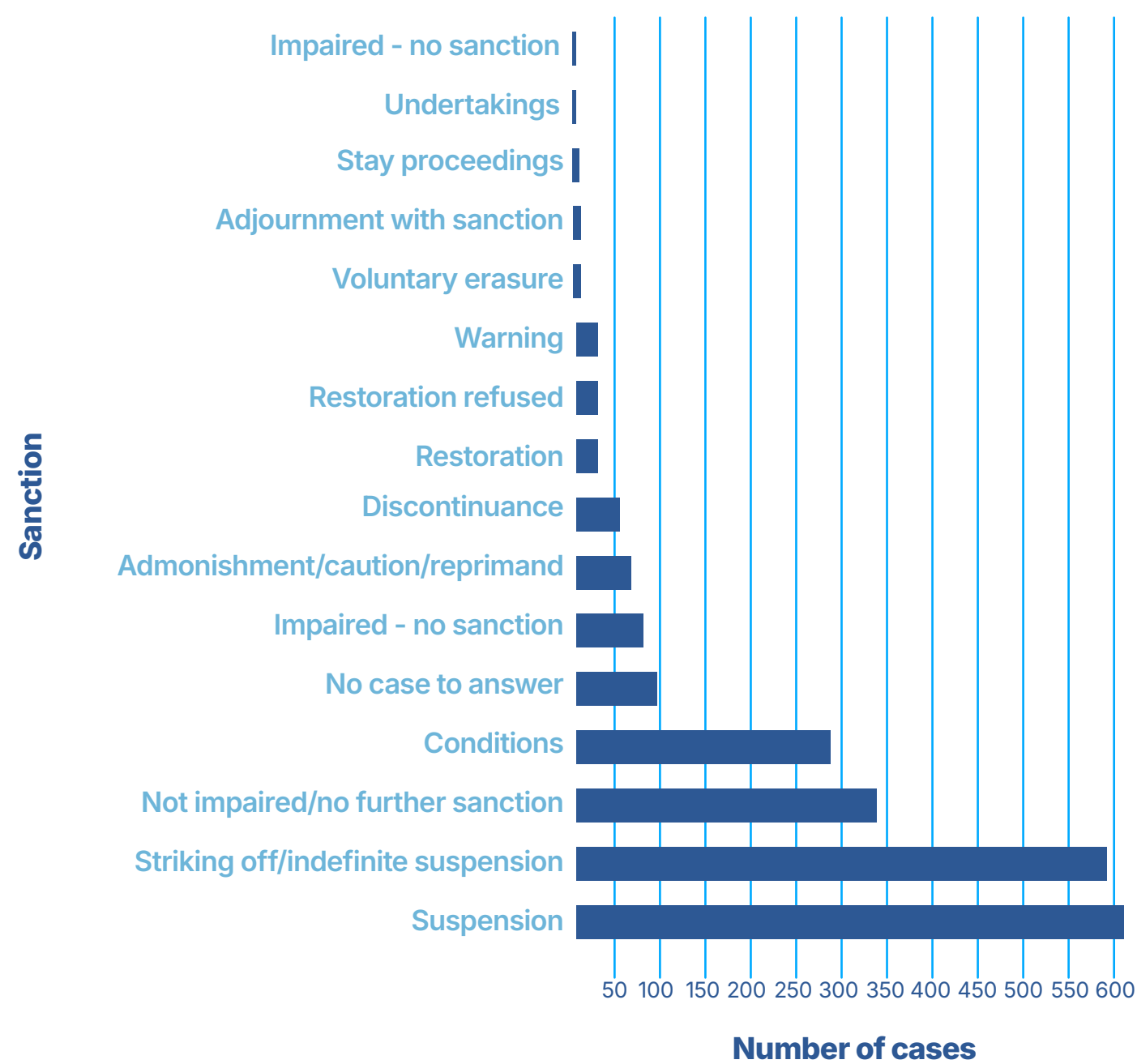
³ One was a decision not to join as a party to a GMC appeal and in four cases learning points were sent. The last case was closed with no further action.

⁴ One of which was a decision to confirm a statutory deadline referral, and one of which was a decision to join as a party to a GMC appeal.

⁵ Four of which were decisions to confirm statutory deadline referrals, and one of which was a decision to join as a party to a GMC appeal.

*A decision may be determined to be insufficient but an appeal not brought because the GMC has already decided to bring an appeal and we do not consider it necessary for us to join their appeal. Another reason could be where we consider the decision to be insufficient but we are advised that our prospects of success are below 50%. This might be where the Court is likely to consider the sanction imposed within the reasonable range of sanctions.

Table 2:
Number of cases in relation to the type of sanction



Total: 2230

Table 3A:

Number of fitness to practise cases received annually over five years

Year	Case numbers
2024/25	2230
2023/24	2385
2022/23	2335
2021/22	2137
2020/21	2019

Table 3B:

Graph - Number of fitness to practise cases received annually over 10 years

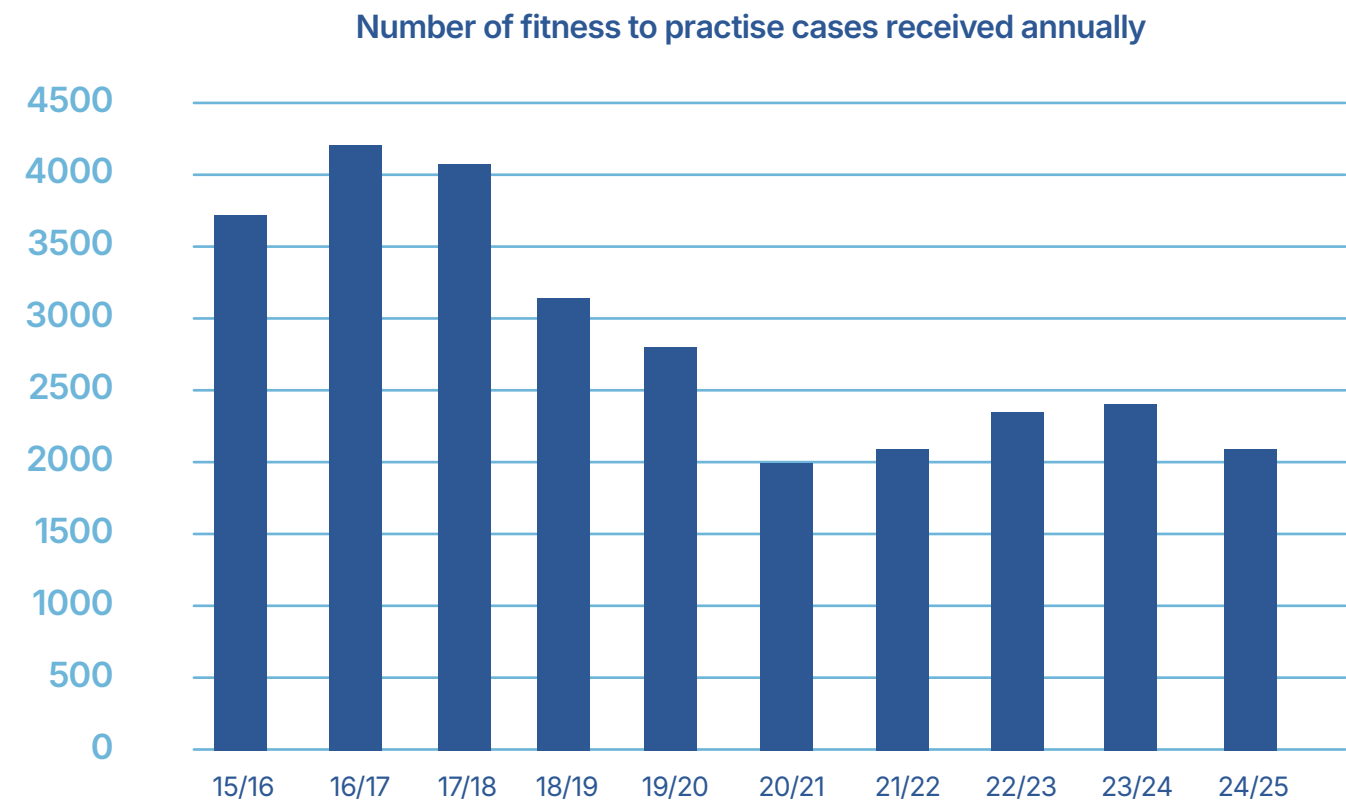


Table 4:**Number of cases per regulator**

	GCC	GDC	GMC	GOC	GOsC	GPhC	HCPC	NMC	PSNI	SWE	Total
21/22	11	179	441	43	15	71	313	921	7	136	2137
22/23	7	195	428	48	16	70	330	1022	8	211	2335
23/24	16	173	403	58	8	97	326	1060	6	238	2385
24/25	10	161	346	54	17	98	308	1072	6	158	2230

Table 5:**Number of appeals per regulator**

	GCC	GDC	GMC	GOC	GOsC	GPhC	HCPC	NMC	PSNI	SWE	Total
21/22	0	1	4	0	0	1	0	10	0	3	19
22/23	0	2	2	0	0	0	2	7	0	5	18
23/24	0	0	3	0	0	5	4	17	0	1	30
24/25	0	1	2	0	0	2	2	13	0	1	21

Table 6:
Number of cases referred to Court annually

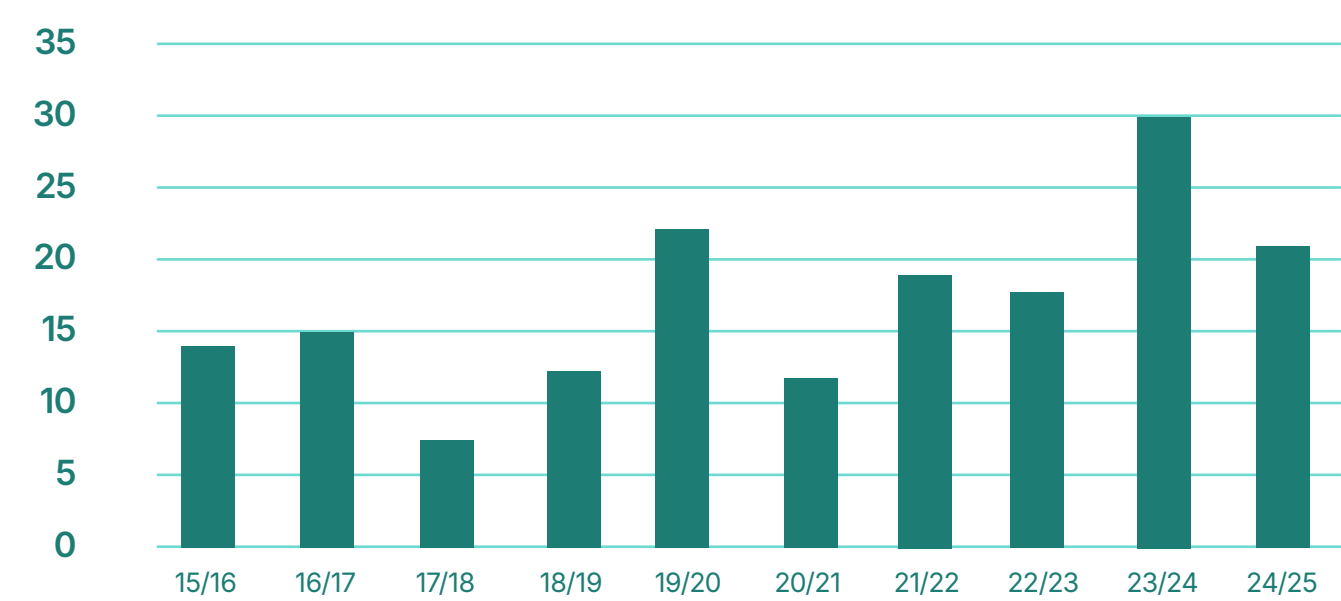


Table 7:
Number of cases in relation to the type of sanction

Outcomes of self-referred cases	Number of cases
Closed at initial review stage	14
Detailed Case Review carried out	6 ⁶
Case Meeting held	2 ⁷
Appeals brought	8

Table 8:
Learning points identified in relation to self-referrals received

Stage learning point identified	Number of cases
Initial review stage	9
Detailed Case Review stage	1
Case Meeting stage	2
Did not identify any concerns	8

⁶ Of the cases not appealed.
⁷ Where no appeal was brought.

Table 9:**Number of cases in which learning points were sent**

	Number of cases on which learning points sent 1 April 2024 - 31 March 2025	Number of cases by regulator 1 April 2024 - 31 March 2025	% Total
GCC	2	10	20.0%
GDC	15	161	9.0%
GMC	16	346	5.0%
GOC	3	54	5.5%
GOsC	0	17	0.0%
GPhC	9	98	9.0%
HCPC	29	308	9.0%
NMC	69	1072	6.0%
PSNI	0	6	0.0%
SWE	7	158	4.0%
Total in period	150	2230	7.0%

Table 10:
Sexual misconduct statistics received over the last five years

Year	Total final panel decisions received by PSA from the regulators	Cases ⁸ with a charge that we have identified as relating to sexual misconduct ⁹	% Total
2020/21	2019	79	3.9%
2021/22	2137	115	5.4%
2022/23	2335	176	7.5%
2023/24	2385	208	8.7%
2024/25	2230	229	10.3%

Table 11:
Percentage of cases appealed that involve sexual misconduct

Year	Total final panel decisions received by PSA from the regulators	Number of appeals brought	Appeals with a charge that we have identified as relating to sexual misconduct	% Total
2020/21	2019	11	1	10.5%
2021/22	2137	19	2	18.0%
2022/23	2335	18	3	17.0%
2023/24	2385	30	10	33.0%
2024/25	2230	21	7	33.0%

⁸ These figures relate to substantive cases only.

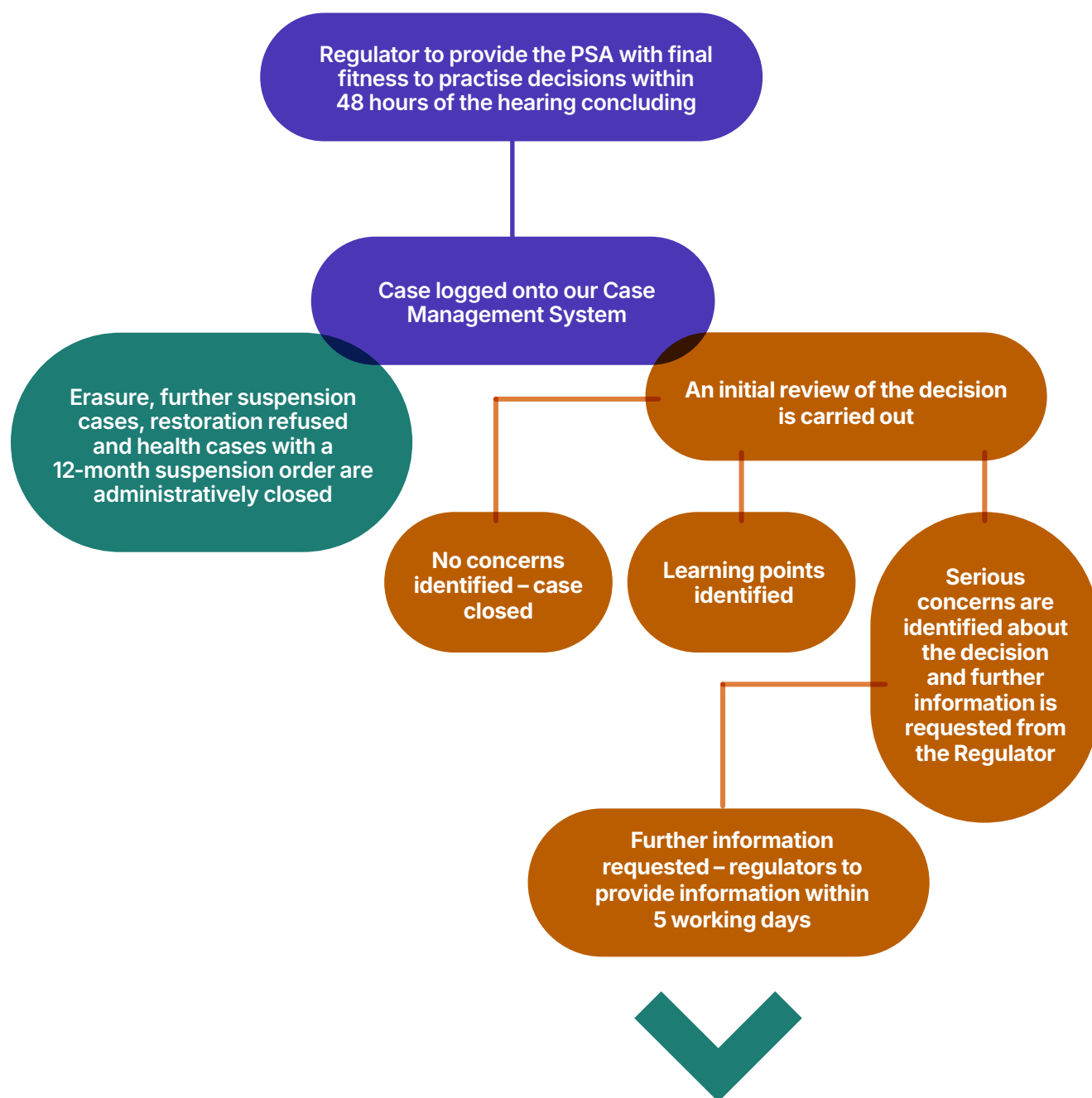
⁹ We categorise cases by our interpretation of the charges/allegations considered by the panel. There is therefore a risk of human error and subjectivity in these categorisations. The decision on categorisation sits with the administrator (or other member of staff) adding the case to our CMS, and we have had different administrators over the 20 years, as well as other staff adding cases to our CMS. Although we try to categorise cases as consistently as possible, there will always be room for individual decision-making and risk of a different approach to categorisation between staff.

Table 12:
Learning points and sexual misconduct

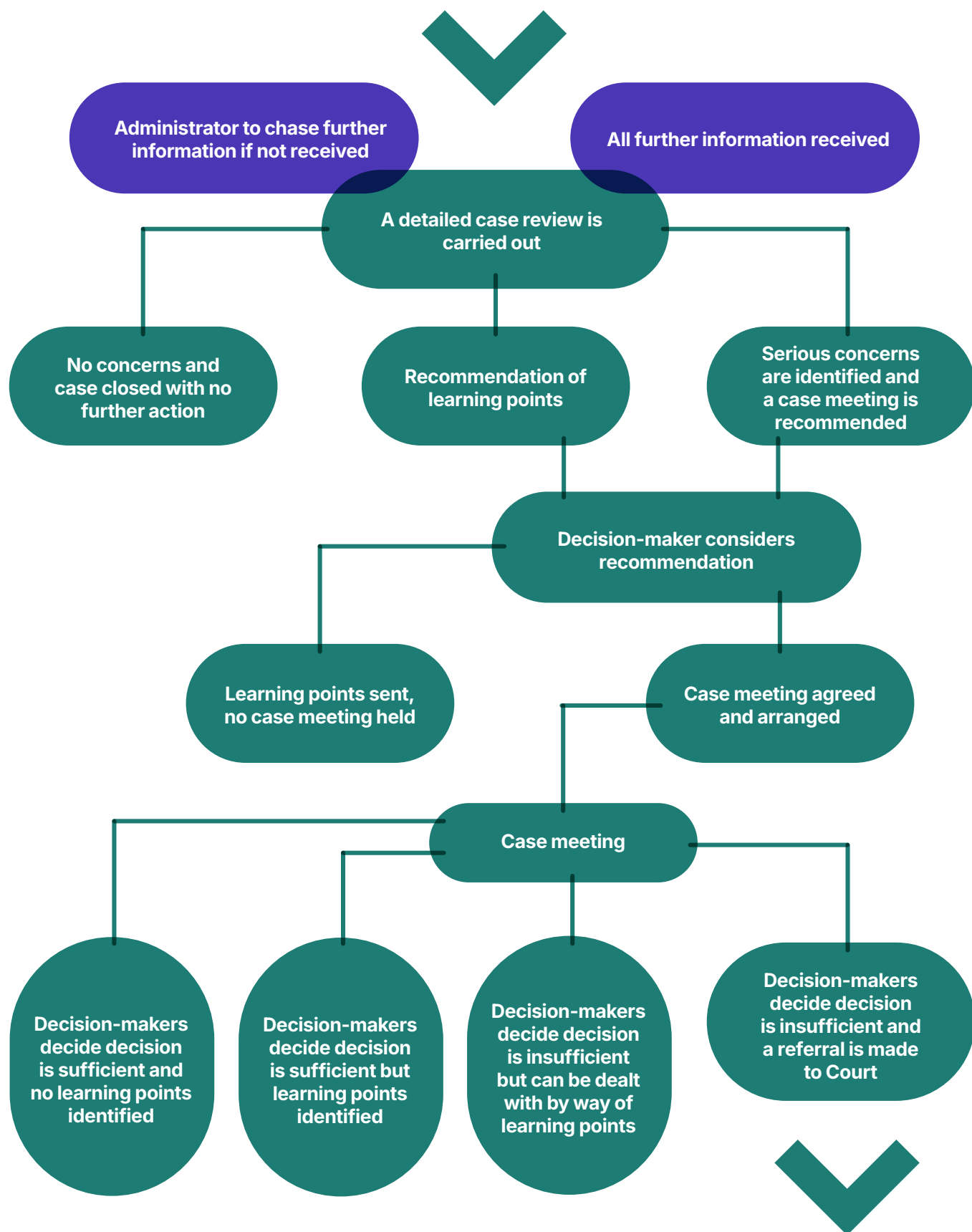
Year	Cases we review	Total no' cases LP identified on	% Total	LP with a charge identified relating to sexual misconduct	% Total	% Total Overall
2020/21	1326	115	8.7%	7	6.1%	0.5%
2021/22	1364	155	11.3%	10	6.5%	0.7%
2022/23	1430	140	9.8%	4	2.9%	0.3%
2023/24	1513	116	7.6%	21	18.1%	1.4%
2024/25	1216	150	12.3%	30	20%	2.5%

Appendix B:

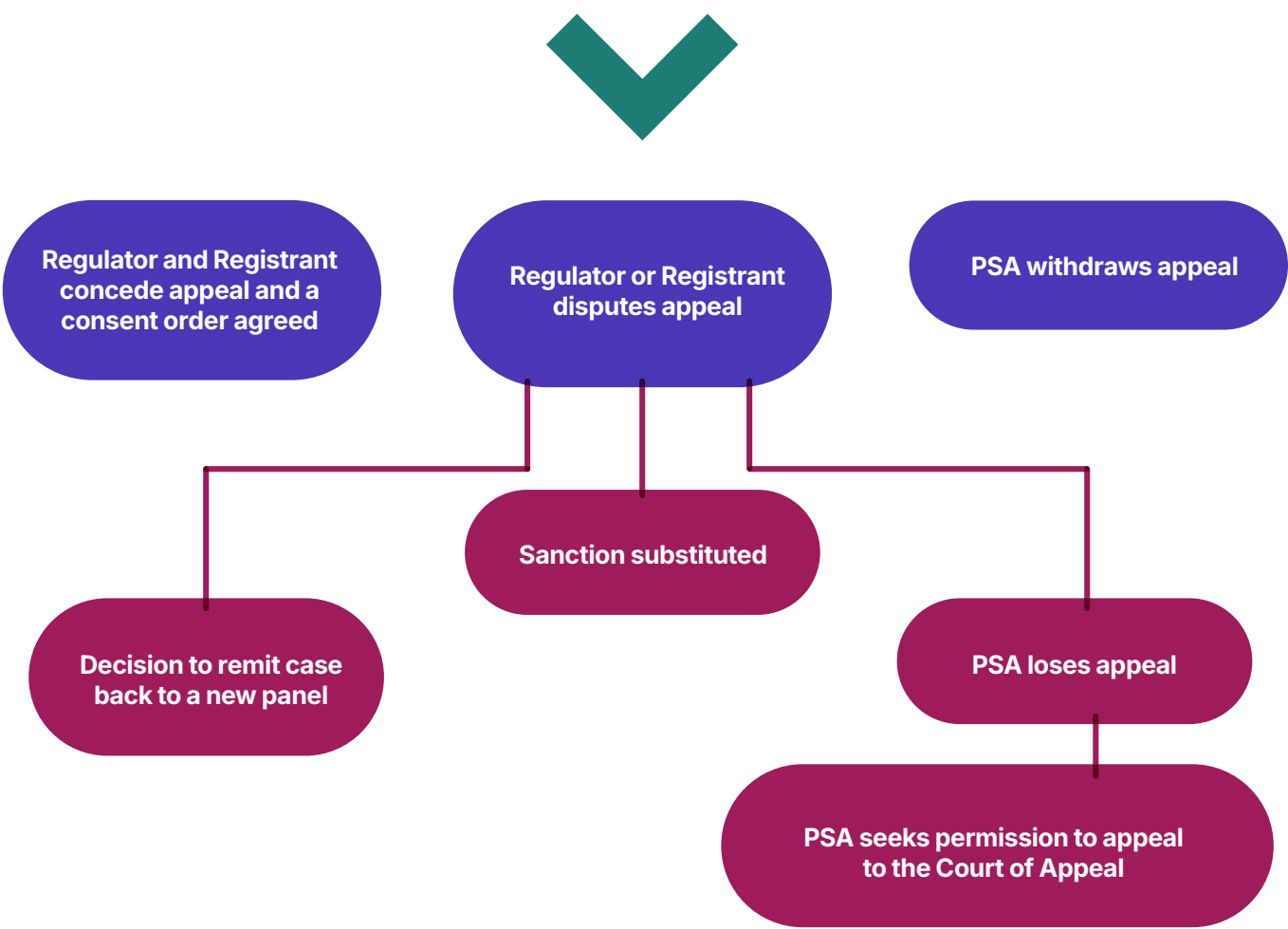
Section 29 process flowchart

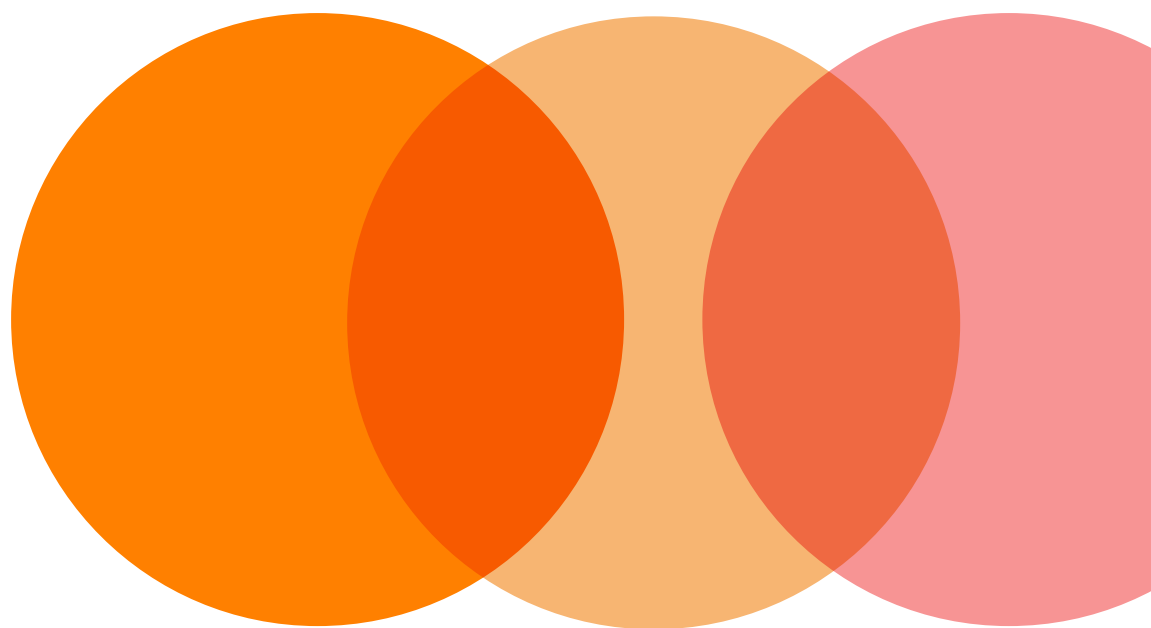


Section 29 process flowchart (continued)



Section 29 process flowchart (continued)





www.professionalstandards.org.uk

Professional Standards Authority

16-18 New Bridge Street

London EC4V 6AG

Telephone: 020 7389 8030

Email: info@professionalstandards.org.uk

© Professional Standards Authority for Health and Social Care | **September 2025**