

PsyPraxis - the Changing Context

Research Report 61 23 July 2010, *Janet.Low@mac.com*

In PP 59, I included the allegation notice of a Biomedical scientist who is reported as saying of an absent colleague ‘I have an idea of what XX could do as her other job – a suicide bomber’. XX had suddenly handed in her notice with no other job to go to, and had thus become the subject of gossip for the colleagues who remained at work. At a leaving do for another member of staff a while later, the registrant’s comment caused a bit of unease, and somehow, later, seeped into the attention to one of the managers at work who hadn’t been at the party. In a series of convolutions that eventually led to the registrant being sacked, another manager actually phoned the woman who had left, and about whom the comment had been made, to tell her. Apparently he had wanted her to join in and give some kind of evidence of offence in a disciplinary process he was advancing against the registrant. She declined.

When a registrant is sacked or demoted the employer is obliged to tell the HPC, who then consider making their own case against the registrant. This case was first heard by the Conduct and Competence Committee in March 2010 and was concluded on 15 June when the panel found the HPC had made a good case and decided to issue a caution for three years against the registrant. The first part of the hearing was conducted in public. The transcript is available to the public (email ftp@hpc-uk.org and ask for Allegation Number FTP02357) The second part of the hearing was held in

private, but the decision is published in full on the [HPC website](#)

<http://www.hpc-uk.org/complaints/hearings/index.asp?id=1750&showAll=1>

In order to build a case the HPC lawyer refers to Standard 3 “You must keep high standards of personal conduct” and Standard 12, “You must behave with honesty and integrity and make sure that your behaviour does not damage the public confidence in you or your profession.” Indeed, in the decision, the Panel make use of these standards to justify their action: “The Panel note that misconduct can encompass inappropriate behaviour which occurs out with the course of professional practise itself but compromises the reputation of the profession concerned. The Panel find that the remarks were inappropriate and focussed on a professional colleague’s ethnicity. The Panel find that the following HPC Standards of Conduct, Performance and Ethics were breached:

3 – You must keep high standards of personal conduct.

13 – You must behave with honesty and integrity and make sure that your behaviour does not damage the public’s confidence in you or your profession.

The Panel find misconduct.” No attention is made in the hearing to say what kind of public would lose which sort of confidence in what kind of profession. Nor is there is any effort made to put this to any kind of test. It remains vague.

It is unclear how this comment constitutes a danger to the public. It is also unclear how this comment constitutes a case for dismissal in the NHS. That it has moved both organisations to such a level of activity, resulting in a dismissal (after 30 years of work in which no complaint was ever made about the employee) raises general questions about the direction of British social policy, and specific questions about the quality of local management and leadership in each of these places.

The case was reported in the Daily Telegraph on Friday 16th July, on page 11, under the headline: “Scientist ‘said junior could be a bomber’” the article opens by remarking that the registrant ‘has been allowed to remain in the profession.’ The first hand report of the case would most probably have come from a news agency, rather than a DT reporter on site. Neither, however, ask why this constitutes a case.

In 1995, the JM Consulting Company was commissioned by the Department of Health to make a report into the regulation of health professions. This was an inquiry into the Professions Supplementary to Medicine Act (1960) with recommendations for new legislation. The report notes that amongst the principle areas of concern raised about the then CPSM was ‘archaic and inflexible procedures for discipline’ which meant that misconduct falling short of the ‘infamous’ was not addressed. In essence, the 1960 Act protected the public “by providing a (last resort) mechanism for disqualifying professionals shown to be guilty of exceptional examples of misconduct.” (p18). A lot changed with the passing of the Health Professions Order 2001, but nowhere can I find it written that thought crime, wise-cracks or jokes should

become part of the remit of the Conduct and Competence Committee. This particular case must raise questions not simply about the general nature of the secondary legislation behind the HPC, but about the specific management and personal style of those who are responsible for its day-to-day work.

Meanwhile, on [Nick Clegg’s Your Freedom Site](#), HPC registrants from other professions continue to post their own questions about the bizarre procedures of HPC: eg, this one posted by galileo July 09, 2010 at 21:16:

“This spring I have received 6 letters and 2 printed booklets from HPC. And, if you can believe it, all were to tell me how to fill in my renewal form, which was no more than a recto-verso tick box form. Does it really take a 20-page booklet to tell a professional, trained and recognised as senior in my work, with almost 20 years professional background and clinical experience, how to confirm that my name and address haven't changed? Not only did they write to me, but they also invented a manager that they imagined I must have and who they wrote to, asking them to prompt me to send back my form. Now let me be clear, all this was simply to renew my registration and continue to pay HPC. Nothing to do with providing me with any relevant information about improving my practice, protecting the public, and neither did it provide the public with any meaningful information about me. And all of this was months before the deadline for renewal... Why not use the funds instead to provide public education so that people know what questions to ask and how to access the most suitable one of the multiple treatment choices available to best meet their needs?”

Now, that's a good idea.