Record of Determinations –
Medical Practitioners Tribunal

PUBLIC RECORD

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medical practitioners tribunal service

Dates: 12/12/2016 – 14/12/2016

Medical Practitioner's name:	Dr Chinedu BOSAH
GMC reference number:	6130609
Primary medical qualification:	MB BS 2000 Nnamdi Azikiwe University
Type of case	**Outcome on impairment**
Review - Deficient professional performance	Impaired

Summary of outcome
Conditions, 12 months.
Review hearing directed

Tribunal:

Lay Tribunal Member (Chair)	Ms Victoria Goodfellow
Lay Tribunal Member:	Mr Andy Donovan
Medical Tribunal Member:	Dr John Bleasdale

Legal Assessor:	Ms Margaret Obi, 12 December 2015 Mr Justin Gau 13-14 December
Tribunal Clerk:	Ms Angela Carney

Attendance and Representation:

Medical Practitioner:	Present and represented
Medical Practitioner's Representative:	Mr Alan Jenkins, Counsel/QC, instructed by DAC Beachcrofts
GMC Representative:	Ms Jayne Acton, 12 December 2015 Mr Stephen McNally, 13-14 December

Attendance of Press / Public
The hearing was all heard in public.

Determination on Impairment –14 December 2016

Dr Bosah:

Background

1. The Tribunal does not intend to rehearse the full background to your case. In summary; your case was heard by a Fitness to Practise Panel in May and June 2015 ('the 2015 Panel') who found that your fitness to practise was impaired by reason of your deficient professional performance. The 2015 Panel determined to impose conditions on your registration for a period of 18 months, and directed a review hearing. This is the first review of your case.

2. At the 2015 Panel hearing you admitted a number of the allegations against you. You accepted that whilst working as an ST2 training post at James Cook University Hospital ('the Training Post') you took unauthorised breaks, were difficult to contact, fell asleep at work on a number of occasions between September 2012 and 23 January 2013 and took unauthorised absences from work on one occasion in July 2013 and on three occasions in November 2013.

3. You accepted that you did not adequately engage with your training programme by failing to attend a sufficient proportion of the teaching sessions arranged and by adequately following your action plan. You accepted that you failed to adequately respond to the efforts of the Trainee Support Services and you accepted that you failed to adequately respond to the efforts of Dr C (Higher Specialist Neonatal Trainee year 6 (ST6)) to assist you by failing to attend an arranged training session with her.

4. You also accepted that on 9 November 2012 you left a new born baby in the care of a medical student and allowed that medical student to administer positive and expiratory pressure to that baby.

5. You further accepted that you failed parts 1a and 1b of the Royal College of Paediatric and Child Health exams on six occasions between May 2008 and June 2012.

6. The 2015 Panel went on to consider the allegations that you did not admit. It found proved that in, or around, October or November 2012 you assessed a baby suffering from jaundice and that you suggested that the baby was fit to be discharged home when in fact the baby required treatment. The panel found proved that in, or around, October or November 2012 you were unaware of how to administer pressurised air to a child born at 29 weeks gestation.

7. The Tribunal also found proved that you did not adequately engage with your training programme as you failed to adequately engage with the e-portfolio process and that you failed to adequately respond to the efforts of Dr C to assist you by informing her that you would not be able to conduct an arranged teaching session.

8. The Tribunal further found proved that you were incapable of performing as an ST2 trainee because of the facts found proved above; an inability to adequately prioritise and complete clinical tasks in a timely fashion; your patient handovers and/or patient summaries were sometimes inadequate and the information you provided to colleagues about patients was sometimes contradictory.

9. The 2015 Panel identified several departures from the principles of *Good Medical Practice* across a number of professional behaviours as well as medical competencies. The 2015 Panel noted that towards the end of your training programme you sought help and support which demonstrated that you had developed some insight into your deficiencies. However, the Panel considered that, despite the support given, there remained deficiencies, e.g. in your e-portfolio, and you failed to realise the seriousness of your situation. The 2015 Panel concluded that your deficient professional performance, limited insight and failure to sufficiently remediate your deficiencies were such that patient safety concerns were raised. It also considered that the identified deficiencies would have an impact on the maintenance of confidence in the profession as well as on the need to uphold proper standards of behaviour.

10. The 2015 Panel found evidence of shortcomings in identified and specific areas of your clinical practice. However, it considered that these were capable of remediation. The Panel considered that you had demonstrated sufficient insight into your deficiencies that you would respond positively to retraining. It noted that you had already made some efforts to address some of your deficiencies. The 2015 Panel determined to impose conditions on your registration for a period of 18 months.

11. The Tribunal noted that, in its determination, the 2015 Panel stated that a reviewing Tribunal may be assisted by the following:

- Report(s) from your Responsible Officer (or deputy)
- Report(s) from your Educational Supervisor
- Reports from your Workplace Supervisor
- Evidence of Continuing Professional Development, including Personal Development
- Plan(s), which details all training undertaken in relation to the deficiencies identified in Condition 6
- Evidence of reflective practice e.g. a reflective diary
- Evidence of Annual Appraisal and Multi Source Feedback
- Testimonials from professional colleagues
- Any other supporting documentation or information which you feel is relevant to a future Panel reviewing your case

12. Today the Tribunal has received a hearing bundle from the GMC and one from you.

Witnesses

13. The Tribunal heard from the following witness in person:

- Dr X your Responsible Officer

14. The Tribunal found Dr X to be an honest and reliable witness. The Tribunal accepted Dr X's evidence that you were engaging with the process and attempting to improve. Whilst he assisted the Tribunal with a general overview he was unable to assist it with the matters relating to your deficient professional performance or any clinical matters as he had never observed your clinical practice. Therefore, the Tribunal placed little weight on Dr X's evidence in relation to your deficient professional performance.

Documentary Evidence

15. The Tribunal also received

- Your Personal Development Plan dated 20 July 2015
- Certificates of Completion relating to Continuing Professional Development
- Certificate of Successful Appraisal dated 26 March 2016 signed by Dr V Patient Questionnaires, 360 Degree Feedback and Colleague Questionnaires.
- Copies of your logbooks, workplace bases assessments, discharge summaries, reflections, multi-source feedback, updates and responses to concerns written by you.

16. The Tribunal has noted the letter dated 28 August 2015 from Mr Y, Consultant, Emergency Medicine and Paediatric Emergency Medicine, Leicester Royal Infirmary (Leicester), which states:

> *"I have completed a working week of covering the EDU and would like to raise the following concerns about Dr Bosah who has been on the unit with me.*
>
> *…*
>
> ***Knowledge**-*
>
> - *His basic clinical knowledge is at FY1 level at best and he struggles to demonstrate a level of knowledge beyond this. I would go as far as to say that he doesn't do background reading. …*
>
> ***Skills-***
>
> - *His clinical skills are again at FY1 level. I have been informed by nursing staff that he also struggles with basic procedural skills such as peripheral venous cannulation and urinary catheterization.*

- *Dr Bosah's note keeping skills are not up to standard and require constant checking. …*

- *He also struggles to multitask, which on a busy EDU is causing more stress for his colleagues and nurses, who have voiced their frustration to me.*

Attitudes-

- *Dr Bosah hears feedback but doesn't seem to listen to it. …*

- *He seems to be unable to follow instruction and frequently doesn't do what he was asked to do in the ward round and forgets. I got to the point where I was making him write down his jobs list on paper at the end of the ward round and telling him when to do what.*

- *He also doesn't think ahead and escalate to his seniors when things don't go according to plan. … This is probably reflective of poor situational awareness.*

- *He seems to be unable to reflect whenever I have given him feedback.*

Overall I have am quite concerned about his competence to work in an independent manner. I don't think he is unsafe as long as he is very closely supervised but I think it would be unsafe to have him look after a sick patient on EDU without constant direct line of sight supervision..."

17. The Tribunal has noted the email dated 1 September 2015 from Dr S, Consultant in Emergency Medicine, Training Programme Director for Higher Emergency Medicine Trainees, HEEM, Emergency Department, Leicester Royal Infirmary, which states:

> *"…From feedback he is not working at the level of an FY2 doctor and needs constant supervision, to the extent that even the simplest tasks cannot be left for him to do.*
> *Knowledge has been feedback [sic] as poor. He also does not seem to be able to multi task at all. Feeling from the nursing staff has been that he is more of a liability and they do not trust him working on the unit without very close supervision. I do feel he is working at the level of a FY1 doctor and this is not something that we can support on EDU."*

18. The Tribunal has noted the report from Mr T, Consultant in Accident & Emergency and your Clinical Supervisor, University Hospitals Leicester, dated 10 September 2015, which stated in relation to your Personal Development Plan of July 2015,

"It was not consistent with our discussions leading to its development and I did not agree to sign it. I felt it failed to address the issues of lack of engagement and poor performance. I was concerned about the manner in which he responded to my feedback, including what seemed to me, a misrepresentation of our dialogue from the previous meeting… I sought daily informal feedback from staff on EDU and also received few email [sic] feedback. Based on the feedback, it seemed he was unreliable in his presence on the unit and undependable in his performance"

19. The Tribunal has noted the report from Dr X, your Responsible Officer and Educational Supervisor, included in an email to the GMC dated 28 April 2016, which stated:

"… Dr Bosah is employed as a locum and I am the RO for his agency, I had also acted as his educational supervisor, although this is unsatisfactory as I have little access to him on a day to day basis while he is working. I have seen correspondence from consultants he is working for and copies of his log book reflecting on the cases he has seen and examples of his discharge letters and prescribing.

He has also submitted to me assessment forms completed by consultants he has worked for. As part of the restrictions placed upon him he is required to keep in contact with me, which he has initially by personal visits and then by phone and email. He has complied with this. He is also required to inform me of any placements he undertakes, which he has also done.

We have formulated a PDP which included reflective practice and assessment of his clinical skills, which have been carried out and shown to me.

I have spoken to Dr T to discuss the concerns he wrote about in his correspondence to you, and can recognise the basis of these concerns.

He is complying with the restrictions and has maintained contact with me, although as I have stated in my previous correspondence I find it difficult to comment from afar and feel that the educational supervision should be undertaken by a suitable consultant working in the same department as him.

The reports from his last placement suggest he is working clinically at the level he should be. The concerns raised by Dr T suggest there are issues with ability to engage, he has engaged with me during the last 6 months.

It has and remains my belief that he needs a long term placement either as a locum or in my mind preferably through the more structured nhs training post to closely monitor him. I did offer him a post in my department but he was offered one in another hospital this is unfortunate as I would have been able to comment from my personal observations.

In summary he is complying with the terms of his licence, I would feel comfortable remaining as his RO but he needs close supervision from and Educational supervisor in the hospital he is working in. I would also feel comfortable in have his appraisal by a senior doctor nominated by myself."

20. The Tribunal received a workplace report form dated 23 March 2016, a document entitled *'Appraisal'* dated 13 May 2016 and a letter dated 7 November 2016 from your Clinical/Workplace Supervisor, Dr U, Consultant in Emergency Medicine. In the appraisal Dr U stated:

"He is seeing patients in a much more independent manner and is making decisions independently whilst being mindful of the need to discuss further with a senior doctor. …

… In general Chinedo's [sic] note keeping is of a high order. He is taking a good clear history. His examinations appear to be thorough and competent. …"

21. In Dr U's most recent letter dated 7 November 2016, he stated:

"….

During his time in the Emergency Department, Dr Bosah worked in a closely supervised manner, only working between the hours of 9am to 5pm - Monday to Friday. During this time Dr Bosah improved in terms of his ability to take histories, exam patients and make appropriate decisions. However, there were still concerns from the consultant body regarding his ability to make appropriate referrals. …

Dr Bosah engaged closely with education and was meticulous in keeping a log of his activities. Dr Bosah did continue to improve, however I feel he would benefit from ongoing close supervision whilst he continues to build his ability to make timely and appropriate referrals."

Submissions

22. Mr McNally, on behalf of the GMC, submitted that your fitness to practise is currently impaired by reason of your deficient professional performance. He drew the Tribunal 's attention, in detail, to the documentation provided and submitted that it demonstrates a lack of progress and of development, such that you are very little further advanced than in June 2015. He submitted that you made no real progress from June to December 2015 because your progress between December 2015 and March 2016 (evidence in Dr U's report of 25 March 2016) was from a "low starting point".

23. Mr Jenkins, on your behalf, told the Tribunal that you feel that you have worked hard and have made progress. He submitted that you have clearly improved

but like all junior doctors there is scope for improvement. He said that the material from Leicester may not be entirely fair and that it was not an easy place for you to practice. He reminded the Tribunal that your personal development plan (PDP) was sighed off by Dr X, your Responsible Officer and Educational Supervisor. He acknowledged that it may not have been the best PDP but you have done what you were required to do by the conditions imposed by the previous panel. He submitted that the best information the Tribunal has before it is from Dr U, as all the other reports are old and not reflective of your current practice. He submitted that your fitness to practise is not impaired.

The Tribunal's decision

24. Whilst the Tribunal has borne in mind the submissions made, the decision as to whether your fitness to practise is currently impaired is a matter for this Tribunal exercising its own judgement. In so doing, the Tribunal has been mindful of the over-arching objective of the GMC as set out in the Medical Act 1983 (as amended). That over-arching objective involves acting:

a. to protect, promote and maintain the health, safety and wellbeing of the public
b. to maintain public confidence in the profession
c. to promote and maintain proper professional standards and conduct for members of that profession.

25. The Tribunal has noted your reflective statement dated 12 December 2016, in which you stated:

> *"The issue about timely referral had been pointed out by my Educational Supervisor- Dr U during the early stay with him in my last posting. He emphasised the need to refer patients to the relevant specialities in a timely manner and giving relevant referral information. Throughout my stay in Pinderfields General Hospital, I have greatly reflected on this and have mastered the use of the College of Emergency Medicine Guard Line regarding patient referral using the "SBAR Format" which is quite good and to the point while referring patients. Equally I have done on-line BMJ course CPD on time management and handover of patients."*

26. The Tribunal is concerned with regard to those comments which do not appear to reflect a full understanding of the level at which Dr U perceives your work and your need to particularly focus on improvement in this area.

27. The Tribunal has received insufficient evidence of your Continuing Professional Development, save for the experience you have gained from your working environment, to satisfy itself that you have appropriately targeted and addressed your learning needs. The Tribunal has also noted that you have not provided it with any recent detailed testimonials from professional colleagues. The

Tribunal noted, but were not greatly assisted by, the questionnaires you provided because of their largely generic nature.

28. The Tribunal took account of the historic reports from Leicester, which put the progress you have made into context. They paint a picture of a doctor whose fitness to practise was seriously impaired by reason of deficient professional performance. The Tribunal has placed rather more weight on the reports from Dr U, who has had the opportunity to observe your clinical practice over a long period of time, and who says that you have improved, but was concerned that your improvement is "*progress but from a low starting point*". The Tribunal particularly noted that Dr U felt that you "*would benefit from ongoing close supervision".* The Tribunal was not satisfied that you have provided enough evidence that your fitness to practise is no longer impaired by reason of your deficient professional performance.

29. Accordingly, and bearing all of the above in mind, the Tribunal determined that your fitness to practise remains impaired by reason of your deficient professional performance.

Determination Sanction – 14 December 2016

Dr Bosah:

1. Having determined that your fitness to practise is impaired by reason of deficient professional performance, the Tribunal has now considered what action, if any, it should take with regard to your registration.

2. In so doing, the Tribunal has given careful consideration to all the evidence adduced at this stage, together with Mr McNally's submissions on behalf of the General Medical Council (GMC) and those of Mr Jenkins on your behalf.

Submissions

3. Mr McNally submitted that it is appropriate to maintain the conditions that are currently on your registration, for a period of at least 12 months. He stated that the concerns raised about your deficient professional performance at your first hearing remain in place.

4. Mr Jenkins on your behalf accepted that it would not be appropriate to take no action in your case. He submitted that it is appropriate to maintain an order of conditions and suspension would be wholly inappropriate. With regard to current condition 6 relating to a personal development plan (PDP) he reminded the Tribunal that you have provided a recent PDP, although the Tribunal may wish you to amend it.

5. In relation to the current condition 13 of close supervision he submitted that the Tribunal may be minded to amend this to only supervision as he stated that you have undoubtedly improved and it would be fair to mark that improvement by lessening the level of supervision. He referred the Tribunal to Dr U's letter of November 2016 and submitted to the Tribunal that you may have been offered a position but for the conditions. He stated that the conditions have had a detrimental effect on you and reminded the Tribunal that there have been no adverse incidents. In relation to the gaps in your employment history he told the Tribunal that due to the conditions, you have not been offered positions because of the practical responsibilities on the employer. He told the Tribunal that your current post runs until August 2016 and you will then need to seek employment.

6. In relation to the current condition 14 Mr Jenkins invited the Tribunal to amend this condition so that you are required to seek approval from the GMC prior to commencing any post.

7. In relation to the period of the conditions, he stated that realistically the Tribunal may be looking at 12-18 months, ideally 12 months. He suggested that if the Tribunal decided on a lower level of supervision then a longer period may be appropriate.

8. The Tribunal was surprised and concerned to learn on day three of the hearing that there had been an agreement between both parties (agreed before this hearing) regarding the maintenance of an order of conditions and what those conditions should be.

The Tribunal's Approach

9. The decision as to the appropriate sanction to impose, if any, in this case is a matter for this Tribunal exercising its own judgement.

10. In reaching its decision, the Tribunal has taken account of the Sanctions Guidance (2016) (the SG). It has borne in mind that the purpose of the sanctions is not to be punitive, but to protect patients and the wider public interest, although they may have a punitive effect.

11. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing your interests with the public interest. The public interest includes, amongst other things, the protection of patients, the maintenance of public confidence in the profession, and the declaring and upholding of proper standards of conduct and behaviour.

12. The Tribunal has already given a detailed determination on impairment and it has taken those matters into account during its deliberations on sanction.

The Tribunal's Decision

No Action

13. In coming to its decision as to the appropriate sanction, if any, to impose in your case, the Tribunal first considered whether to conclude the case by taking no action. The Tribunal considers that there are no exceptional circumstances in which it might be justified in taking no action against your registration.

Conditions

14. The Tribunal next considered whether it would be sufficient to impose conditions on your registration. It has borne in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.

15. The Tribunal noted that you have complied with the conditions on your registration, that they have been workable and there have been no adverse incidents during the period since the last hearing in 2015. The Tribunal accepts that you have shown some insight into the concerns raised regarding your deficient professional performance and that you have clearly made some progress since that hearing.

16. The Tribunal considered Mr Jenkins submissions regarding the current conditions.

17. In relation to your PDP dated 16 November 2016, the Tribunal considered that it does not fully address the concerns raised by the previous Panel or those raised by Dr U in relation to making appropriate and timely referrals to other specialties. The Tribunal considers that it may be appropriate to formulate another PDP with your Educational Supervisor, in light of the previous Panel's determinations and this Tribunal's concerns particularly in relation to your referrals.

18. In relation to the current condition 14 the Tribunal noted that an Educational Supervisor, Workplace Reporter and Clinical Supervisor (currently Dr M) has been provided for you by the Gloucestershire Hospital NHS Foundation Trust. The Tribunal considers that whoever is in the role of your Educational Supervisor, will be best placed to approve whether you may undertake any out-of-hours work or on-call duties and prior approval from the GMC would no longer be necessary.

19. In the Tribunal's view it appears that the supervision provided by Dr U was closer in practicality to direct supervision. The Tribunal reminded itself of the Glossary definition of direct supervision which includes:

> ***"Directly Supervised***
>
> *The doctor must be directly supervised. This means that any activity that involves patient contact such as consultations, examinations and procedures must be supervised in person at all times. This can be either by the clinical supervisor or by a suitable named deputy/deputies, under the same established arrangements made and overseen by the clinical supervisor.*

20. The Tribunal also reminded itself of the Glossary definition of close supervision, which includes:

> "***Closely Supervised***
>
> *The doctor's clinical work must be closely supervised. The supervised doctor must not work as a single-handed practitioner. The supervised doctor must not make unsupervised home visits to patients.*
>
> *Whoever carries out the active supervision of clinical work must be on site and available to the supervised doctor at all times. This can be either by the clinical supervisor or a suitable named deputy/deputies, under the same established arrangements made and overseen by the clinical supervisor."*

21. The Tribunal recognises that the level of your clinical practice is not at the same level as it was at your original hearing. It noted that you have made some progress, but still have some way to go. The Tribunal took account of Mr Jenkin's submissions in relation to 'close supervision' and it has weighed those against the concerns raised by Dr U. It has also borne in mind Dr U's comment when he stated "*I feel he would benefit from ongoing close supervision whilst he continues to build his ability to make timely and appropriate referrals".* In light of all of the evidence and in particular Dr U's comments, and in considering the Glossary definition of closely supervised, the Tribunal is satisfied that close supervision remains appropriate at this time.

22. Taking all of the above into account, the Tribunal has determined that it is appropriate, necessary and proportionate to impose conditions on your registration for a period of 12 months. On deciding on the period of 12 months the Tribunal acknowledges that progress has been made and considers that conditions will provide you with an opportunity to address the deficiencies identified in your professional performance. It considers that a period of 12 months is the minimum period of time in which you can achieve the above. The Tribunal is satisfied that conditions will protect patients whilst allowing you to demonstrate that you can practice safely and maintain public confidence in the profession.

23. The following conditions relate to your employment and will be published:

> 1. You must notify the GMC promptly of any post you accept for which registration with the GMC is required and provide the GMC with the contact details of your employer.
>
> 2. At any time that you are providing medical services, which require you to be registered with the GMC, you must agree to the appointment of a workplace reporter nominated by your employer, or contracting body, and approved by the GMC.

3. You must allow the GMC to exchange information with your employer or any contracting body for which you provide medical services.

4. You must inform the GMC of any formal disciplinary proceedings taken against you, from the date of this determination.

5. You must inform the GMC if you apply for medical employment outside the UK.

6. You must work with your responsible officer (or their nominated deputy), to formulate a Personal Development Plan, specifically designed to address deficiencies in the following areas of your practice:

   a. Timely assessment and dissemination of important clinical information

   b. Effective clinical history taking, patient handovers and patient summaries

   c. Timely seeking of help and support from senior colleagues commensurate with the clinical needs of patients

   d. Good time management and working at an appropriate pace

   e. Development of adequate management plans

   f. Undertaking appropriate and timely investigations

   g. Appropriate and clear communication with all members of the team

   h. Evidence of maintaining technical skills commensurate with the clinical area you are working in

   i. Making appropriate and timely referrals to other specialties

7. You must forward a copy of your Personal Development Plan to the GMC within three months of the date on which these conditions become effective.

8. You must meet with your responsible officer (or their nominated deputy), on a regular basis to discuss your progress towards achieving the aims set out in your Personal Development Plan. The frequency of your meetings is to be set by your responsible officer (or their nominated deputy).

9. You must allow the GMC to exchange information about the standard of your professional performance and your progress towards achieving the aims set out in your Personal Development Plan with your responsible officer

(or their nominated deputy), and any other person involved in your retraining and supervision.

10. At any time that you are employed, or providing medical services, which require you to be registered with the GMC, you must place yourself and remain under the supervision of an educational supervisor, as agreed by the GMC. Your responsible officer (or their nominated deputy) will be asked to assist in identifying a possible supervisor.

11. You must obtain the approval of the GMC before accepting any post for which registration with the GMC is required.

12. You must confine your medical practice to posts within the National Health Service and not undertake any private practice.

13. Your day to day work must be closely supervised by a registered medical practitioner of consultant grade or equivalent. (See Glossary for full definition)

14. You must not work as a locum or undertake any out-of-hours work or on-call duties, unless approved by your educational supervisor.

15. You must not undertake any locum posts of less than two months' duration.

16. You must agree to the appointment of a mentor, as approved by your responsible officer (or their nominated deputy).

17. You must seek the advice of your responsible officer (or their nominated deputy) in relation to your future medical career.

18. You must inform the following parties that your registration is subject to the conditions, listed at 1 to 17 above:

a. Any organisation or person employing or contracting with you to undertake medical work

b. Any locum agency or out-of-hours service you are registered with or apply to be registered with (at the time of application)

c. In the case of locum appointments, your immediate line manager at your place of work (at least 24 hours before starting work)

d. Any prospective employer or contracting body (at the time of application).

24. Shortly before the end of the period of conditional registration, your case will be reviewed by a Tribunal. At the next hearing, the Tribunal reviewing your case will wish to be assured that you have addressed all your deficiencies and may be assisted by the following:

- Report(s) from your Responsible officer (or deputy)

- Report(s) from your Educational Supervisor
- Reports from your Workplace Supervisor
- Evidence of Continuing Professional Development, including Personal Development Plan(s), which details all training undertaken in relation to the deficiencies identified in Condition 6
- Evidence of reflective practice e.g. a reflective diary
- Evidence of Annual Appraisal and Multi Source Feedback
- Testimonials from professional colleagues (in a form other than questionnaires)
- Any other supporting documentation or information which you feel is relevant to a future Panel reviewing your case

25. The effect of the foregoing direction is that, unless you exercise your right of appeal, you will be subject to the above conditions 28 days from the date on which written notice of this decision is deemed to have been served upon you. If you do lodge an appeal, the current conditions on your registration will remain in force until the appeal is determined.

26. That concludes this case.

Confirmed
Date 14 December 2016 Ms Victoria Goodfellow, Chair