

ROYAL PHARMACEUTICAL SOCIETY OF GREAT BRITAIN

REGISTRATION APPEALS COMMITTEE HEARING

Wednesday, 25 February 2009

1 Lambeth High Street, London, SE1 7JN

Chairman: Ms Siobhan Goodrich

Panel Members: Mrs Reema Caddies
Ms Melanie Hawes

Committee Secretary: Mrs Sonia Agriao-Tiedt

Secretariat Administrator: Ms Emma Feegrade

Clinical Adviser: Dr Eilish Gilvarry

CASE OF:

YOUSAF, Rabea Shenaz

MR TOM RIDER, Solicitor, Field Fisher Waterhouse, appeared on behalf of the Royal Pharmaceutical Society.

MR GRAHAM SOUTHALL-EDWARDS, of Counsel, instructed by the Pharmacists' Defence Association, appeared on behalf of Ms Yousaf, who was present. Mr Paul Summerfield, Legal Adviser/Pharmacist, was in attendance.

Transcript of the Shorthand Notes of T.A. Reed & Co. Ltd.
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A THE CHAIRMAN: I will now announce the decision of the Committee.

Ms Yousaf appeals against a decision of the Registrar made on 2 September 2008 to refuse her application for registration in the Register of Pharmacists on the grounds that she had failed to satisfy him that her fitness to practise is not impaired as required under Article 11(a)(ii) of the Pharmacists and Pharmacy Technicians Order 2007.

B The decision of the Registrar is an appealable decision under Article 42 and the appeal is brought under Article 43.

In the notification for preregistration training form which she provided on 15 March 2007, the Appellant advised the Society that she had been subject to an adverse ruling from legal proceedings in the following terms:

C *“Fitness to practise due to ill health – was registered with Health Professions Council.”*

In the Application for registration signed by the Appellant on 1st July 2008 the Appellant was asked this question at paragraph 3.2:

D *“Are you currently or have you previously been registered with any UK statutory health regulatory body?”*

which she answered in the negative. At paragraph 4.2, in the very same form, however, she stated that she had been the subject of proceedings before a regulatory body. She provided further information, the effect of which was that during the course of her employment with the Scottish National Blood Transfusion Service (which I am going to refer to hereafter as “the SNBTS”) she suffered severe ill health which affected her performance in the period 2000-2004 so that she was unable to carry out her duties as a Biomedical Scientist effectively. The SNBTS referred her case to the Fitness to Practise Committee of the HPC (and this is the account given) who suspended her due to lack of competence. The Appellant said that she was suffering from severe backache which affected her mobility to a great extent and stress due to personal reasons. She had informed the Society of this in 2006 and had been advised to inform the Society at registration.

F At the request of the Society, the Appellant completed a Fitness to Practise form which was duly received on 23 July 2008. In this she was asked to provide details of the findings made against her. In answer the Appellant essentially reiterated the information previously provided, stating that her inability to perform her duties was mainly due to ill health and personal family problems. She gave the date that she was informed that the matter would be referred to a Committee as 25 November 2004. As to the details of the matters alleged, she stated that she was referred to the Fitness to Practise Committee on grounds of misconduct/lack of competence. She again stated that her ability to work was severely affected by her ill health. She added that she had been referred to occupational health, a physiotherapist and doctor for her health problems.

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A | Asked in the same form to provide further information about the findings and allegations, the Appellant stated that a hearing was conducted but she was not sure of the date as she had moved address. She stated:

“The decision was suspension. I was not struck off.”

B | She also said that she was at present able to practice with no health problems that impair her ability to practice.

C | On 24 July 2008, the Society inspected the HPC Register on their website. This disclosed that on 28 June 2007 the Conduct and Competence Committee of the HPC decided that the Appellant’s name be struck off the register of Biomedical Scientists. The hearing was a review of an earlier direction of suspension made on 10 August 2005 when it was found that the Appellant’s ability to practice was impaired by reason of lack of competence and misconduct (hereafter referred to as “the substantive HPC proceedings”). A review on 28 July 2006 had continued the original suspension. The HPC Committee was satisfied that notice of the hearing had been duly given at the registered address. It expressed concern that the Registrant may not have complied with her obligation to keep the HPC informed as to any change of address and her failure to engage in the fitness to practise process. It concluded that these matters demonstrated an unwillingness to resolve concerns about her fitness to practise and that she continued to pose a risk to the public.

D | It was thus apparent to the Society that the Appellant had not attended any of these hearings at the HPC and that there had been no communication from the Registrant to the HPC since before August 2005. The Society obtained the transcript of all three hearings conducted by the HPC.

E | On 28 July 2008, Dr Tyers, the Head of Preregistration, wrote to the Appellant a very detailed letter stating that the Society was not currently satisfied as to her fitness to practise as a Pharmacist and giving her the opportunity to provide her observations in relation to a number of concerns before a final decision was made.

F | The Appellant provided a response by letter dated 5 August 2008. The salient features are as follows:

(1) She was not aware that she had been struck off by the HPC. She said that when she accessed the website a week ago it stated that there was a suspension order. Upon accessing the website two days ago and after contact with the HPC, this was confirmed.

G | (2) She had informed the Society about the incident in 2006 and 2007 and was advised that it would be more appropriately dealt with when she applied for registration.

H | (3) The events that led to the employers’ disciplinary procedure had been mainly influenced by her personal and medical problems. From mid 2000 she was under substantial personal and financial strain and was responsible for the care of her parents who were unwell. Enormous stress had led to her inability to focus on her job

A and she was unable to cope with certain tasks as she was constantly tired and worried. She was disappointed that Occupational Health did not consider that her health was a major contributing factor. A six week work plan had been initiated in order to raise her performance and competence level, but she went off sick after two weeks due to backache and stress and subsequently resigned.

B (4) She initially omitted to mention the period of employment in Yorkhill because she was afraid that her employment with the SNBTS would be terminated.

(5) She had sold her property in 2003 and the majority of her belongings were left there. She realised later that this included correspondence relating to the SNBTS and the HPC.

C (6) She had not received any correspondence from the HPC since 2004. She was then in contact with UNISON. She did not want to attend the original hearing which was held in Glasgow, as she was too upset. She was unaware of any subsequent hearings as she had lost contact with the HPC and UNISON.

D (7) She regretted everything that had happened and had been in recent contact with the HPC to inform them of her address. She was informed that the case had been resolved and that if she wished to register she would need to wait five years.

(8) She has now fully recovered from her health problems.

(9) She has attempted to learn from this incident by demonstrating her competence and professionalism during her pharmacy degree and preregistration year.

E (10) Ms Yousaf provided a letter from her GP (Dr Crawford) which stated that when attending in March 2004 she (the Appellant) mentioned that she was under stress due to home and work circumstances. Subsequent to this she developed acute back pain requiring referral and physiotherapy. She continued:

F *“She was unfit for a number of months and I think eventually gave up that job as she felt quite stressed by the whole situation. I note that she was also iron deficient at the time, which may have affected her general health.”*

(11) Subsequently a testimonial was furnished by the Appellant on 1 September 2008 from Dr Leon Zlotos stating that he has known the Appellant as her preregistration tutor and that the Appellant has to his knowledge always behaved in a professional manner.

G I will return to the other references provided in due course.

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A | By letter dated 2 September 2008 the Registrar advised the Appellant that he was not satisfied that her fitness to practise was not impaired and that her application for registration was refused for reasons that may summarised as follows:

B | (1) The evidence in relation to frequent and persistent errors of interpretation, together with a fundamental inability to follow good practice as a registered Biomedical Scientist, demonstrated that the Appellant may pose a threat to public health, safety and welfare if allowed to practise as a Pharmacist. He was extremely concerned that the HPC Committee found that the Appellant did not appreciate the potential consequences of her errors.

C | (2) The HPC's findings of misconduct in relation to the failure to disclose a period of previous employment to the SNBTS, compounded by a subsequent denial when directly challenged on two occasions, demonstrated that the Appellant's honesty and integrity were in doubt.

(3) The Appellant's continuing failure to engage in the fitness to practise process of the HPC indicated a disregard for the system of registration and demonstrated a fundamental lack of responsibility for her own practice.

D | (4) The Appellant's assertion that her lack of competence was due to ill health despite substantive evidence to the contrary, demonstrated a continuing lack of insight and an inability to take responsibility for her own actions. Her assertion that the main reason for her lack of competence was her ill health was a misrepresentation.

E | The Registrar concluded by advising the Appellant as to her right to appeal the decision to this Committee.

I come on to the statutory framework. Article 11 of the Order provides that:

“Subject to the provisions of and rules under this Order, a person shall be entitled to be registered in the Register of Pharmacists if –

F | (a) *he satisfies the Registrar that –*

(i) he is appropriately qualified

(ii) his fitness to practise is not impaired...”

G | It is common ground between the parties that the nature of this appeal is by way of a rehearing. The Committee's task is to consider the application afresh in the light of all relevant evidence and to decide whether it is satisfied that the Appellant's fitness to practise as a Pharmacist is not impaired. This is essentially a matter of judgment. The burden of establishing that the appealed decision should be overturned lies upon the Appellant. Insofar as any facts are in issue, the standard of proof to be applied is the civil standard.

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A Article 48 (1) sets out the circumstances in which a person’s fitness to practise shall be regarded as “impaired” for the purposes of the Order and includes in subparagraph (k)”

B *“a determination made by a regulatory body in the United Kingdom responsible under any enactment for the regulation of a health profession to the effect that his fitness to practise as a member of a profession regulated by that body is impaired, or a determination by a regulatory body elsewhere to the same effect.”*

Under Article 11(1) of the Order the entitlement to registration is also subject to the Rules made pursuant to that order.

C Rule 26(4) of the Registration Rules provides that determinations by another relevant regulatory body are –

“... sufficient evidence unless the contrary is proved, of any facts found proved by that regulatory body.”

Paragraph 6(3)(g) of the same Rules states that –

D *“A person applying for registration shall provide to the Registrar, together with his application form*

(g) sufficient evidence (in the opinion of the Registrar) of [her] good character and repute”

E Paragraph 6(4)(c) provides that –

“where the applicant has been the subject of a determination of a regulatory body that [her] fitness to practise is impaired, or a determination to the same effect [she] is required to provide details of any investigations, the proceedings and the outcome.”

F Paragraph 6(6) of the Rules also provides that –

“In making a decision about an applicant’s good character, the Registrar shall have regard to the matters set out in the Society’s Good Character Assessment Framework”

G At the beginning of this hearing, the broad issues were agreed to be as follows:

- (1) What were the findings of fact made by the HPC?
- (2) What is the significance of the findings of the HPC with regard to:
 - (a) the Appellant’s competence as a Pharmacist; and
 - (b) the Appellant’s ability to abide by the Code of Ethics for Pharmacists?

A (3) Did the Appellant make full and frank disclosure when applying to the Society for registration?

(4) Was the Appellant unwell in late 2003/early 2004?

(5) Is ill health or stress an adequate explanation for the findings that concern lack of competence?

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(6) Is ill health or stress or other circumstances an adequate explanation for the findings that concern dishonesty?

(7) Has the Appellant provided sufficient evidence of good character or repute in the context of rehabilitation and the Good Character Assessment Framework?

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At the hearing today we have heard evidence from Ms Yousaf who adopted her witness statement. We have also heard and taken account of the very helpful submissions made by both Mr Edwards, on the Appellant's behalf, and by Mr Rider for the Society. We cannot, of course, hope to do justice to every point that has been raised, but we set out now our findings in relation to the broad issues and ultimately our conclusion.

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The facts as found by the Health Professions Council ("HPC") relate to the Appellant's employment as a Biomedical Scientist at the SNBTS between 2001 and 2004. The full findings are set out in that Body's determination which is recorded in the transcript. We do not repeat them here. In very broad summary the gravamen of the findings were that;

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(1) Ms Yousaf made frequent and persistent errors in interpretation and recording of test results even after numerous attempts to retrain her.

(2) She demonstrated a fundamental inability to follow good laboratory practice.

(3) She did not appear to appreciate the potential consequences of her errors.

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(4) She did not behave with honesty and integrity when she failed to declare her period of employment at Yorkhill Hospital on her application for employment with the SNBTS.

(5) She compounded this failure by subsequently denying this when directly asked by her employer.

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In the course of this hearing the Committee has, of course, heard more evidence in relation to those matters and, in particular, has had the benefit of Ms Yousaf's evidence which was not, of course, before the HPC.

We turn to consider the significance of the findings to these proceedings. Before I do so, I should perhaps indicate by way of summary the Appellant's case in broad terms. This is essentially set out in the grounds of appeal as well as in her witness statement. It has been modified somewhat in her evidence-in-chief.

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A Firstly, Ms Yousaf's case is that she today recognises that lack of competence as well as ill health caused the difficulties that occurred at the SNBTS.

B Secondly, by way of broad summary, the fact that she did not engage with the fitness to practise process at the HPC was because she had decided that she was not suited to being a Biomedical Scientist and registration with the HPC was therefore no longer relevant or meaningful to her. She did not then, but does now, appreciate that the HPC finding of itself would mean that when applying for registration to this body the burden would be on her to show that her fitness to practise is not impaired.

Thirdly, Ms Yousaf still contends that in terms of competence there is little about the findings of the HPC that has much bearing upon her fitness to practise as a Pharmacist.

C Fourthly, Ms Yousaf contends and says that she has learnt a great deal from these proceedings. She now has a much better understanding of the duties of a professional and of the duties as a Pharmacist. The events which took place, including those relating to and, in particular, those relating to the failure to disclose her employment at Yorkhill, were a long time ago. Since then she has worked hard; she has successfully passed her exams and obtained her degree; and she has completed her preregistration training. There have been no issues concerning her competence and she relies upon the references of Mr Zlotos and Ms Edwards, to which I will return in due course.

D That is by way of a very broad summary and does not, of course, seek to encapsulate every point that has been made.

E Turning to the significance of the HPC findings, this Committee considers that it is a matter of common sense that the issues that arose in the SNBTS in relation to competence issues are plainly relevant to the skills required of a Pharmacist. The professional skills involved include matters such as attention to detail; the need to avoid errors; the ability to acknowledge and learn from mistakes; and the ability to follow good practice and procedure as set down in Standard Operating Procedures. These are all core skills common to any profession in health care and they form an essential backdrop to the delivery of safe and appropriate care to patients and to the public. Whilst we acknowledge that Ms Yousaf has, of course, since trained as a Pharmacist, has passed her examination and has completed her preregistration, the signal fact is that even today she demonstrated in her evidence that she does not truly understand the interrelationship between those core skills when she was a Biomedical Scientist and the practical significance of them in terms of her skills as a Pharmacist.

G When pressed on this, she resorted to saying that the issue with the SNBTS was because she had not been properly trained. When it became apparent that Ms Yousaf was acknowledging that there had also been incompetence issues at Yorkhill Hospital, she said that this was because she had been expected to work at a level beyond her capabilities.

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A We are not satisfied that Ms Yousaf has any real understanding of the obligations of a health care professional to accept responsibility, to acknowledge error and to address deficiencies in practice. Her attitude was that she could close the door on one profession and enter another. In our view this shows us that she has no core understanding of the true responsibilities of a professional.

B I turn now to the issue of whether there was full and frank disclosure to the Society in relation to the registration process. We have already related the sequence by which Ms Yousaf disclosed the basic information about the Health Profession proceedings to the Registration Department. Mr Edwards himself said (although it has to be said that these were not Ms Yousaf's words herself) that the evidence could be summarised this way: she had been economical with the truth. In our judgment, the extent of Ms Yousaf's economy is material to the decision in this case.

C In March 2007, Ms Yousaf's initial disclosure was in very brief terms and simply said "*fitness to practise due to ill health*". It is significant that in July before she submitted the application later that month she was in communication with the Royal Pharmaceutical Society and wrote an email with regard to the subject of her preregistration examination (this document is at p.202 of the bundle). The first paragraph sets out various issues in relation to her concerns as to whether or not her back problems impacted upon her ability to perform/do well in her exam. The second query was as follows:

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"My second query is regarding my situation with registration with the Society. Prior to undertaking the Pharmacy course (2004), I was employed by the North Glasgow Hospitals Trust and was registered with Health Professions Council. Under the fitness to practise, a decision was made for me not to continue to practise – this was due to health and personal reasons. I had informed the Society of this in 2006, and was advised that a note would be made of this. I was also advised to inform the Society nearer the time. I was never struck off the register, my registration was never renewed. Could you please advise me of my situation with regards to this?"

F In our judgment anyone reading that letter would form the impression that the issues that had been of concern to the HPC related to health issues and did not involve issues such as misconduct that involved probity issues. The letter also created the impression that the decision of Ms Yousaf to leave that profession was a matter of her own choice and to some degree was consensual.

G In the preregistration application written later on that month, Ms Yousaf provided the details that I have already read out. There was, in particular, no reference made to the conduct issue concerning her failure to tell the SNBTS that she had previously been employed to work at Yorkhill. She laid very heavy emphasis upon the fact that she had suffered severe backache affecting her mobility and that subject was to be further developed in a further letter she wrote to the Society in answer to the letter of Dr Tyers thereafter. It emerged in the evidence that the only time that Ms Yousaf had ever received a sick certificate in relation to backache was in March 2004 when she

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A | went off sick from that employment one week or so into a programme that had been specifically designed to improve her standards of practice .

B | It was in response to that form that Dr Tyers wrote to the Appellant's a letter, enclosing the fitness to practise form, inviting further details. Those appear at p.18 of the bundle. At Section 3, she was asked for "*Information about fitness to practise proceedings*". At paragraph 3.2 she was asked for the "*Date on which a finding was made against you*" and she inserted there a date which clearly related to May 2004. At paragraph 3.3 she was asked for: "*Details of the finding made against you (continue on a separate sheet if necessary)*" and her answer was:

C | *"Lack of competence. Wasn't able to carry out duties effectively. Mainly due to ill health which was quite severe & personal family problems. I was employed by Scottish National Blood Transfusion Service from 2000-2004. I terminated my service with SNBTS as I was no longer able to continue."*

At paragraph 3.5 it is right to say that reference was made to being –

D | *".... referred to the HPC...Fitness to Practise Committee on grounds of misconduct/lack of competence"*

And at paragraph 3.6:

"A hearing was conduct[ed] – not sure of date as I had moved...address. The decision was suspension. I was not struck off."

E | The Appellant's evidence today was that the lack of detail provided in that form (which was sent to her for a specific purpose, to ascertain detail of the findings made against her) was wholly attributable to the limited and piecemeal information that she had garnered from the HPC website on various occasions.

F | We do not consider it is necessary to make a specific finding as to the date or dates upon which Ms Yousaf consulted the HPC website or, indeed, what she there discovered. We find that Ms Yousaf in her written communications with the Society presented a picture of half truths, the aim of which was to obscure the true facts.

G | It is now convenient to turn to the Yorkhill issue which was the finding in relation to misconduct that was made by the HPC. It is a matter of concern to this Committee that in all her dealings with the Society the reference to the findings of misconduct by the HPC were, to say the least, extremely sparse. Ms Yousaf told us that she wrote her own witness statement. It was not a matter that was referred to in that document at all. It was not a matter upon which she gave any evidence-in-chief. Her evidence in relation to this issue emerged today in a very piecemeal fashion.

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A We find that the facts are as follows:

(1) Ms Yousaf was employed for a period of a few months at Yorkhill Hospital in year 2000.

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(2) When she applied for the post at the SNBTS she did not include the information about that employment on the proforma application form.

(3) There were issues about Ms Yousaf's competence at Yorkhill Hospital.

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(4) In March 2003, the fact of her earlier employment had come to the attention of the SNBTS. When confronted with this, Ms Yousaf denied that she had been so employed. Immediately after that denial she was given the opportunity to correct it, but again denied her previous employment.

(5) In the summer of 2004 the issue was again addressed by the SNBTS. At this point Ms Yousaf admitted that she had worked there. Her explanation for the reasons that the SNBTS had not been informed of that earlier employment was that her computer had a fault and had erased this detail from the CV. We expressly find that this was not the truth.

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(6) On the same occasion she was asked if she had omitted the detail in her application for employment because there were issues about her performance that she was concerned about and when first asked about that she denied it. Having received advice from UNISON on that same day and in the context of the same meeting, she returned to the meeting and gave another reason for the omission from her application form. She said that she had been harassed by certain supervisors at Yorkhill and decided to leave and she did not want to state that in her application because she did not feel that she would get a fair reference.

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This Committee finds that Ms Yousaf did not tell the SNBTS of her previous employment because she appreciated that it could (and probably would) adversely affect her own interests. We conclude that she put her own interests in obtaining that employment first rather than her obligation as a health care professional to be frank and open.

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We turn now to the health issues. On her evidence, Ms Yousaf was suffering from stress affecting her ability to work from 2002 but, again, on her evidence she did not draw this to the attention of her employer. In the course of ongoing and lengthy attempts by the SNBTS to address the concerns about her competence, Ms Yousaf denied repeatedly that health was an issue. We find that it was not until a very late stage that Ms Yousaf informed her employers that on reflection there was a problem concerning her health and she said at that stage that she was getting treatment for it. This was very properly taken up by the SNBTS; they made a referral to the Occupational Health and also sought information (with Ms Yousaf's consent) from her General Practitioner. Both the General Practitioner and the Occupational Health Department (and that must have been the Occupational Health doctor) considered that such health issues as there were, were not such as to make her unfit for work.

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A We find that whatever the health or personal issues were at the time, we do not consider that they provide any or any adequate explanation for the conduct, the lack of competence and misconduct that occurred whilst Ms Yousaf was a Biomedical Scientist.

B It is relevant now to look at the character evidence. The reference of Mr Zlotos appears at p.216 of the bundle. He states:

“I have known [the Appellant] since June 2006, first as her tutor for a four week summer placement, then in July 2007 until September 2007 as her pre-registration tutor.”

He states:

C *“I have since taken up the position as teacher practitioner with The Co-operative Pharmacy where I have maintained contact with Rabea, mainly at regional and national training days for pre-registration pharmacists.”*

And he states in a single line his opinion:

D *“During the above time Rabea has to my knowledge, always behaved in a professional manner.”*

E The Committee note that Mr Zlotos was the preregistration tutor for a period of some three months. A Mr Noon provided a reference to the Society at the time of the application. He was a preregistration tutor. There is no reference or letter from him with reference to these proceedings before us.

The Committee also saw a further reference from Ms Ruth Edwards, who is a Lecturer in Pharmacy Practice at the Robert Gordon University. This letter is undated; it is not addressed to any particular person or body. It states:

F *“I was Rabea’s personal tutor during her undergraduate degree in pharmacy from September 2004 to June 2007.*

I can confirm that, during Rabea’s time at RGU, she was a hardworking student who attended classes diligently and had an excellent attendance record. Rabea had a very good practical ability and will tackle tasks with enthusiasm and has excellent attention to detail. She is honest and reliable and has excellent verbal and written communication skills. She works well both on her own initiative and as part of the team.”

G She then states in a separate paragraph:

“I am not aware of any issue which would prevent Rabea from registering as a pharmacist that would affect her fitness to practise.”

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A | There is no indication on the face of either of these letters that either Mr Zlotos or Ms Edwards know of the material facts in relation to Ms Yousaf's past. To be of any material assistance in proceedings such as these, testimonials should, firstly, be addressed to the appropriate body; secondly, they should set out in detail the full extent of the knowledge held by the author; and, thirdly, they should provide as much detail as possible to their assessment of the applicant.

B | This Committee does not find that the material contained in these references, whilst it takes note of the limit of what is said, is of material significance given the deficiencies in relation to the issue of whether or not those speaking in those letters know of the full background.

C | We turn now to the issue of whether or not the Appellant has established her good character and this must, of course, be looked at in the context of rehabilitation and the Good Character Assessment Framework. We have already indicated that we consider that the HPC findings are of relevance to the issue of fitness to practise not least because of the misconduct issue. It is fundamental that the public and other members of the profession should be able to trust a Pharmacist "to the ends of the earth."

D | We acknowledge that the actions that led Ms Yousaf to be the subject of proceedings before the HPC were some years ago and, indeed, that these events started at a time when she was about 31. We consider, however, that in her dealings with the Registration Department and even today with this Committee, Ms Yousaf has still not demonstrated a full acknowledgement of her responsibility in relation to the matters that occurred or any specific evidence related to her rehabilitation.

E | We accept that personal and family matters may have played a part in the events that unfurled, but the issue of most concern is not the fact of what occurred: what is most important to this Committee is whether or not it will happen again and how sure the Committee can be that this is a matter of the past where all relevant lessons have been learnt.

F | The key to this is the issue of complete candour, acceptance of responsibility and evidence of specific measures to address concerns. We find that such evidence is almost entirely lacking in this case.

G | Having considered the documents and listened very carefully to Ms Yousaf giving evidence, we have come to the clear conclusion, that she has little or no insight into the professional obligation of complete honesty. We consider the facts that we have found show a pattern of behaviour. Ms Yousaf's lack of willingness to take responsibility for her practice began in 2000 when she left Yorkhill Hospital and they continue to date. Because of her lack of insight, her tendency to blame others, her belief that she can transfer from one profession to another or from one job to another without full disclosure, Ms Yousaf has not even begun to address the issue of rehabilitation. In all these circumstances, Ms Yousaf has not satisfied us that she is fit to practise.

H | We consider that the decision of the Registrar was correct and we do not allow the appeal.

A | May I thank the parties for their late attendance. It was infinitely better that this be concluded and dealt with today, not least so that Ms Yousaf should know, of course, the decision and not be left in anxiety. I thank the parties for their assistance.

May I also thank Dr Gilvarry for her very patient attendance.

B | That concludes the hearing of this Panel.

Siobhan Goodrich
Chair

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