

Social Worker: Philip Anthony

Registration Number: SW000006

Fitness to Practise:

Final Hearing

Dates of hearing: 10 & 11 January 2022

Hearing Venue: Remote hearing

Hearing outcome: Removal Order

Interim order: Interim Suspension Order of 18 months

Introduction and attendees

1. This is a hearing held under Part 5 of The Social Workers Regulations 2018.
2. Dr Anthony did not attend and was not represented.
3. Social Work England was represented by Ms Etemadi, as instructed by Capsticks LLP.

Adjudicators	Role
Paul Grant	Chair
Elaine Mackie	Social Work Adjudicator
Lynne Vernon	Lay Adjudicator

Natasha Quainoo	Hearings Officer
Heather Hibbins	Hearing Support Officer
Paul Moulder	Legal Adviser

Service of Notice:

4. The panel of adjudicators (“the panel”) was informed by Ms Etemadi that notice of this hearing was sent to Dr Anthony by email to his address on Social Work England’s Register (“the Register”). Ms Etemadi submitted that the notice of this hearing had been duly served.
5. The panel had careful regard to the documents contained in the final hearing service bundle as follows:
 - A copy of the notice of hearing dated 10 December 2021 and addressed to Dr Anthony at his address as it appears on the Social Work England Register;
 - An extract from the Social Work England Register detailing Dr Anthony’s registered email address;
 - A copy of a signed Statement of Service, on behalf of Social Work England, confirming that on 10 December 2021 the writer sent by email to Dr Anthony at the address referred to above the Notice of Hearing and related documents;
6. The panel accepted the advice of the legal adviser in relation to service of notice.
7. Having had regard to Rules 14 and 15 (of Social Work England’s Fitness to Practice Rules (“the Rules”)) and all of the information before it in relation to the service of notice, the panel was satisfied that notice of this hearing had been served on Dr Anthony in accordance with Rules 14, 15, 44 and 45.

Proceeding in the absence of the social worker:

8. The panel heard the submissions of Ms Etemadi on behalf of Social Work England. Ms Etemadi referred the panel to Rule 43. She submitted that notice of this hearing had been duly served and no application for an adjournment had been made by Dr Anthony. Dr Anthony had emailed Social Work England to advise that he would not be attending the hearing and as such there was no indication that adjourning today's proceedings would secure his attendance. Ms Etemadi further submitted that Dr Anthony had provided his written submissions to the panel. Ms Etemadi therefore invited the panel to proceed in the interests of justice and the expeditious disposal of this hearing.
9. The panel accepted the advice of the legal adviser in relation to the factors it should take into account when considering this application. This included reference to Rule 43 of the Rules and the cases of *R v Jones [2003] UKPC*; *General Medical Council v Adeogba [2016] EWCA Civ 162*.
10. The panel considered all of the information before it, together with the submissions made by Ms Etemadi on behalf of Social Work England. The panel took into account that it had found service of notice of the hearing had been properly effected. Dr Anthony had responded to the notice, to state that he would not attend the hearing. He had not requested an adjournment of the hearing. The panel concluded an adjournment would not secure his attendance at a future hearing. The panel noted that it had Dr Anthony's written submissions to this panel and also copies of submissions on his behalf to the UKCP. The panel took into account that Dr Anthony in essence accepted the findings of the UKCP and the underlying allegations.
11. The panel, therefore, concluded that Dr Anthony had chosen voluntarily to absent himself from these proceedings. Having weighed the interests of Dr Anthony in regard to his attendance at the hearing with those of Social Work England and the public interest in an expeditious disposal of this hearing, the panel determined to proceed in Dr Anthony's absence.

Allegation

12. The allegation arising out of the regulatory concern referred by the Case Examiners is as follows:-

Whilst registered as a social worker:

Between 12 October 2020 and 14 October 2020, an Adjudication Panel of the United Kingdom Council for Psychotherapy (UKCP) concluded that your fitness to practise as a psychotherapist was impaired by reason of misconduct and that your membership of UKCP should be removed with immediate effect.

Your fitness to practise is impaired by reason of a determination by a regulatory body to the effect that your fitness to practise is impaired.

Evidence

13. In this matter, Social Work England relied on the witness statement of its investigator, who exhibited documents to his witness statement, which included the documents from the UKCP hearing. The documents exhibited included:
 - HCPC Referral form dated 02 April 2019
 - HCPC Standards of Conduct, Performance and Ethics, January 2016 version
 - UKCP Evidence Bundle, October 2020
 - Letter of reflection from Dr Anthony to the UKCP Adjudicators
 - Final Determination of UKCP, dated 14 October 2020
14. In 1978 Dr Anthony undertook a Master's Degree in social work and became a social worker. He was also a registered psychotherapist from 2015 and provided psychotherapy services at the Oxford Street Therapy in Wellingborough.
15. On 2 April 2019, The Health and Care Professions Council received a referral regarding Dr Anthony. The referral was made by two individuals (both from the Specialists Therapies Team in Milton Keynes) on behalf of and in support of the service user. The complaint related to Dr Anthony engaging in an inappropriate relationship in his capacity as a private therapist with a service user, referred to in the papers as "Client A".
16. The documents from the UKCP Evidence Bundle and Determination set out the following matters. Dr Anthony and the service user first came into contact with one another in 2007. Dr Anthony became the service user's therapist through the complex needs service in the NHS in Milton Keynes.
17. After the service user's admission to an acute in-patient ward she began to see Dr Anthony at his private clinic in 2016. Prior to and after the service user's discharge as an in-patient, Dr Anthony saw the service user professionally twice a month. During this period of therapy the service user reported that Dr Anthony reported that he loved her.
18. In 2017, within a month of the service user's therapy ending, Dr Anthony suggested to the service user that they meet for coffee in a social capacity. The social meetings continued and culminated into a close personal relationship.
19. In August 2018, the service user reported that Dr Anthony tried to have sexual intercourse with her in her bedroom at her home address. She did not consent to this. The service user reported having to run away from the situation. After this incident the service user decided to cease all contact with Dr Anthony.
20. Between August and December 2018, Dr Anthony continued to contact the service user, attempting to arrange to meet and speak with her and on one occasion sent flowers to her

home address. In December 2018 Dr Anthony sent the service user a Christmas Card. The service user wrote to Dr Anthony telling him to stop contacting her otherwise she would notify the police.

21. The service user reported the incident to the police in June 2019. The police investigated the allegations of sexual assault and attempted rape. The police investigated but took no further action in respect of the allegations.
22. On 19 June 2019, Dr Anthony self-referred himself to the UKCP as a result of the police investigation, informing the UKCP that he had been suspended from his private psychotherapy practice.
23. Between 12 and 14 October 2020, UKCP held a Final Hearing and the Panel found that Dr Anthony's actions amounted to misconduct and his fitness to practise was currently impaired. The Panel decided to remove Dr Anthony from the UKCP Register.
24. Dr Anthony did not attend this hearing. He had provided Social Work England with a formal response to the charges, in which he admitted the regulatory concern. Further, in his personal statement to the panel dated 01 December 2021, Dr Anthony provided comments on the Allegation.
25. In that statement, Dr Anthony wrote:

"1. I have at no time sought to deny or diminish what took place. I accept responsibility for engaging in an inappropriate relationship.

2. I would point out that UKCP accepted that during the course of my agreed contact with the client in question that no inappropriate behaviour or actions took place. These occurred following the formal conclusion of that work and when the client was no longer associated with statutory services. That does not alter the significance or inappropriateness of the conduct.

3. I would ask the panel to note that I relinquished all client related personal work of any form, including my salaried part-time post and private therapeutic practice. I have not returned to that work and have no plans to do so. I took that step in response to what occurred and in order to allow time to step back and reflect on my actions and the reasons behind it.

4. I recognise that my actions have, could, or will bring disrepute to professional social workers. I deeply regret that.

5. I recognise that my actions have caused distress to the client concerned and deeply regret that. I have not had, nor will I have, any subsequent contact with the person concerned.

6. It is not my intention to return to social work practice. It has taken two years for these matters to be fully addressed and my wish is to resign from Social Work England. It may

be that you will consider my resignation as an alternative course of action in dealing with my case.

In any event, I will accept the determination of the panel.”

26. The panel was also provided with a letter to Social Work England from Dr Anthony, dated 08 April 2021. In the letter, Dr Anthony stated that *“I accept the key allegations that have been made and that the UKCP investigations and panel findings reflect the fact that I breached the ethical standards regulating the profession.”*

Finding and reasons on facts

27. The panel heard and accepted the advice of the Legal Adviser. He advised the panel that the burden of proof lay on Social Work England to prove the facts, that another regulatory body had found Dr Anthony’s fitness to practise impaired and had removed Dr Anthony from its membership.
28. The Legal Adviser advised the panel that, pursuant to Rule 32(c)(vii), provided it was fair, the panel was able to admit evidence even where not admissible before a court. The panel had to reach a decision whether it was satisfied of the facts, based on the evidence provided by Social Work England, being the statement of the investigator and his exhibits.
29. The panel considered the documents. It took into account that it had a written statement from the investigator, with a signed statement of truth. The investigator exhibited documents which included copies of the evidence provided to the UKCP hearing and a copy of the determination of that body. The panel accepted the witness statement and exhibits as cogent evidence. It noted that Dr Anthony did not dispute the finding of the UKCP panel, or the key allegations.
30. The panel found the facts in the Allegation proved.

Finding and reasons on grounds

31. The panel had found as a fact that a panel of the UKCP had made a determination that Dr Anthony’s fitness to practise as a psychotherapist was impaired by reason of misconduct and that his membership of UKCP should be removed with immediate effect.
32. The determination to the effect that Dr Anthony’s fitness to practise was impaired by another regulatory body was a statutory ground of impairment for Social Work England, pursuant to Regulation 25(2)(f) of the Social Workers Regulations 2018.
33. Therefore, the panel determined that the statutory ground for impairment was made out.

Finding and reasons on current impairment

34. The panel next considered whether, in light of the statutory ground being made out, it considered that Dr Anthony's fitness to practise is impaired, as a social worker registered with Social Work England.
35. Ms Etemadi on behalf of Social Work England referred the panel to the case of *GMC v Meadow* and the principle that the purpose of fitness to practise proceedings is protection of the public. She submitted that Dr Anthony's actions had put him in breach of the HCPC Standards of Performance and Ethics at the time, in particular Part 9, concerning honesty and trustworthiness.
36. Ms Etemadi submitted that the panel should consider Social Work England's guidance on Impairment, contained within its Sanctions Guidance ("SG"). She took the panel through the sections of the SG which she submitted were relevant. Ms Etemadi submitted that Dr Anthony still posed a risk of harm to the public. The underlying allegations showed that he had put his own preferences and desires above the interests of Client A. Ms Etemadi submitted that service users needed to be able to trust social workers, as they were nearly always vulnerable persons.
37. Ms Etemadi submitted that there remained a high risk of repetition of the past misconduct. She submitted that Dr Anthony had knowingly pursued a relationship with the service user. He had at the time been fully aware of the service user's vulnerability and the nature of her past relationships.
38. Ms Etemadi referred the panel to the findings of the UKCP panel in its determination, in which it had found that Dr Anthony had breached fundamental tenets of the psychotherapy profession. She submitted that the role of a social worker had similarities to that of a psychotherapist.
39. Ms Etemadi also submitted that the UKCP panel had noted that Dr Anthony had displayed no awareness of the power imbalance in the relationship and had failed to recognise the position of trust which he had occupied, even after the end of the therapeutic relationship. Ms Etemadi submitted that Dr Anthony had continued to try to contact the service user after she had pushed him away; it had taken the service user to threaten him with the Police for Dr Anthony to stop. The UKCP panel had also referred to a finding that Dr Anthony had demonstrated a lack of understanding of skills to manage the therapeutic relationship and boundary setting.
40. Ms Etemadi submitted that, in his written submissions, Dr Anthony had accepted his actions had been wrong, but not particularly explained how they were wrong, or how his actions had impacted on the service user given her vulnerabilities. She submitted that his suggestion that the relationship was 'consensual' minimised the matter. Ms Etemadi submitted that Dr Anthony had failed to understand the impact of the power imbalance and therefore his insight was limited.

41. Ms Etemadi submitted that, since the finding by the UKCP panel, Dr Anthony has done nothing to remediate his misconduct. He had removed himself from both professions and did not seek to return. However, apart from that there was nothing to suggest that he had remedied any deficiencies. Ms Etemadi submitted that, without insight there could not be remediation. Overall, she said there was a high risk of repetition.
42. Ms Etemadi also submitted that the case fell into a type where the misconduct had been so serious that a finding of impairment was required in the wider public interest. She submitted that a failure to sanction would undermine public confidence and fail to maintain standards for the profession.
43. Ms Etemadi submitted that Dr Anthony's fitness to practise is impaired.
44. Dr Anthony had not attended this hearing, but he had provided the panel with his personal statement, which is set out above. The panel took into account his statement and formal response to the Allegation. In addition, the panel read and considered the submissions and documents that Dr Anthony provided which were within the UKCP hearing bundle exhibited.
45. The Legal Adviser advised the panel that the matter of impairment was for the panel's judgement, although it should closely consider the guidance set out by Social Work England in the Sanctions Guidance, particularly the section on 'Impairment'.
46. He advised the panel that it should consider the question of whether it judged Dr Anthony's fitness to practise is currently impaired, although to do so required it to consider what he had done in the past. Although the Allegation was not a 'misconduct' allegation, the UKCP determination had been based on misconduct findings, which were relevant.
47. He advised the panel to consider whether the past misconduct was remediable, whether it had been remedied and whether it was highly unlikely to be repeated. He advised the panel that where past misconduct violated fundamental rules of the professional relationship, a finding of impaired fitness to practise may be justified by the need to maintain confidence in the profession and declare proper standards, in which case efforts at remediation may carry less weight.
48. The Legal Adviser advised the panel that, per *GOC v Clarke [2018] EWCA Civ 1463*, the issue at hand was Dr Anthony's *fitness* to practise, and therefore whether he intended to practise was of less importance. He reminded the panel of the test for considering impairment set out in *CHRE v NMC & Grant*:

"Do our findings of fact in respect of the doctor's misconduct or deficient professional performance demonstrate that her fitness to practise is impaired in the sense that she:

(a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or

(b) has in the past brought and/or is liable in future to bring the medical profession into disrepute; and/or

(c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or
(d) has in the past acted dishonestly and/or is liable to act dishonestly in the future.”

49. The panel retired to consider its judgement on whether Dr Anthony’s fitness to practise is impaired. It accepted the advice of the Legal Adviser.
50. The panel took into account that Dr Anthony had no previous fitness to practise history, so far as it was informed. However, the allegations underlying the determination by the UKCP panel were very serious.
51. The panel first considered whether Dr Anthony posed a continuing risk to the public. It took into account that the underlying misconduct had involved a vulnerable service user with a history known to Dr Anthony. The panel considered that Dr Anthony should have foreseen a risk of harm to Client A from him engaging in a personal relationship with her.
52. The panel was concerned that, in his written submissions, Dr Anthony suggested that the relationship had been ‘consensual’. The panel considered that this ignored the importance of the power imbalance which existed in his relationship with Client A.
53. In addition, Dr Anthony placed weight on the UKCP having found that during the course of agreed contact with the client in question that no inappropriate behaviour or actions took place. The panel noted that, contrary to this suggestion, in the findings of the UKCP panel it stated *“the Panel deemed it more probable than not that the hugging at the end of the therapy sessions between Client A and the Registrant was a manifestation of sexual motivation on his part”*.
54. The panel considered that the sexually-motivated misconduct involved in this case, albeit admitted by Dr Anthony, was difficult to remediate. The panel took into account that Dr Anthony has withdrawn from practice and that he has engaged in some therapy himself. However, otherwise, the panel had very little information to suggest that Dr Anthony had remediated his past misconduct.
55. The panel considered that the misconduct underlying the determination by the UKCP panel was in conflict with a number of the HCPC Standards of Performance and Ethics which had applied at the time, namely:
 - 1.1 You must treat service users and carers as individuals, respecting their privacy and dignity.*
 - 1.7 You must keep your relationships with service users and carers professional.*
 - 9.1 You must make sure that your conduct justifies the public’s trust and confidence in you and your profession.*
56. The panel considered that engaging in a personal relationship with a vulnerable service user had breached Client A’s dignity. Dr Anthony had not maintained a professional relationship with the service user. He had abused and breached the

trust of Client A and the public by engaging in the personal relationship for his own ends.

57. The panel considered that Dr Anthony had in the past placed Client A at risk of harm. He had broken the fundamental tenets of the profession expressed in the Standards above and he had brought the profession into disrepute.
58. The panel considered that, beyond acceptance of fault, regret and an acknowledgement that the profession had been brought into disrepute, it had not been provided with evidence that Dr Anthony had gained insight into the effect of his misconduct on Client A and the wider public.
59. Given these matters, the panel concluded that there remained a risk of Dr Anthony repeating his past misconduct and it therefore found his fitness to practise is impaired on this basis.
60. In addition, the panel decided that members of the public, who were aware of the misconduct underlying the UKCP determination, would be shocked and alarmed if there was not a finding of impairment against Dr Anthony as a social worker. The panel also determined that a finding of impairment was required in order to declare to the social work profession the expectation as to proper professional standards. Therefore, the panel determined to make a finding of impairment also in the wider public interest.
61. The panel determined that Dr Anthony's fitness to practise is impaired.

Decision on sanction

62. Having found that Dr Anthony's fitness to practise is impaired, the panel went on to determine, pursuant to Rule 32(c)(i)(c), what if any sanction to impose.
63. Ms Etemadi submitted that the panel should impose the minimum sanction necessary to protect the public. The impact on the individual should not normally affect the minimum required. Ms Etemadi submitted that the sanction must meet the overarching objective of protecting the public.
64. Ms Etemadi submitted that at the time of the UKCP decision, Dr Anthony had shown limited insight. Given that another regulator had deemed it necessary to order removal, it would be inconsistent and undermine confidence if his registration was not removed.
65. Ms Etemadi submitted that the available sanctions up to conditions were not suitable. The purpose of conditions was to protect the public whilst steps were taken to remediate. She submitted that Dr Anthony had no intention to remediate and had removed himself from the profession. She submitted that conditions of practice would be insufficient to protect the wider public interest. In view of the attitudinal nature of the underlying misconduct, there were no workable conditions.

66. Ms Etemadi submitted that it was not sufficient to suspend Dr Anthony's registration. She submitted that Dr Anthony still appeared to suggest that the relationship with Client A was consensual, and he suggested that this mitigated the seriousness of the matter. Ms Etemadi submitted that, given this lack of insight, a risk remained which would be present after the end of any suspension.
67. Ms Etemadi submitted that a removal order was appropriate where no other outcome would protect the public, maintain public confidence or uphold standards. She submitted that Dr Anthony's behaviour had gone against the whole ethos of social work. She also submitted that the public would expect there to be some parity of sanction between regulators.
68. The Legal Adviser advised the panel that, following a finding of impairment, the panel had power, pursuant to paragraph 12(3) of Schedule 2 of the Regulations to either: take no action; to give advice to the social worker; or to impose a final order. He advised the panel to have regard to the guidance in the SG. In approaching sanctions and if making a final order, the panel should start with the least serious sanction. It should impose the minimum sanction which was sufficient to meet the level of impairment found and which met the statutory overarching objective of protecting the public.
69. The panel considered what factors it judged to have been aggravating and mitigating factors in the case. In the view of the panel, as noted by the UKCP panel, the following were aggravating features:
- Dr Anthony had occupied a considerable position of trust in relation to Client A
 - He had a high level of responsibility as a key worker with Client A
 - Client A had been extremely vulnerable to Dr Anthony's knowledge
 - The relationship had developed over a period of time
 - Dr Anthony displayed a lack of insight
 - Dr Anthony engaged in a deliberate course of conduct in which he pursued and developed the relationship
70. The panel also considered that there were some mitigating factors, in that Dr Anthony:
- By accepting the facts, avoided Client A having to give evidence
 - Had admitted most of the underlying facts
 - Had a previously unblemished prior career
 - Had engaged with the regulatory process
 - Expressed remorse and regret for his actions
71. The panel considered that, on the one hand Dr Anthony had expressed further insight, in that he had acknowledged that his actions had brought the profession into disrepute. However, he had also not recognised that the UKCP had found that the

'hugs' with Client A at the end of his sessions with her had been sexually motivated behaviour. He had continued to suggest, in his letter to the UKCP in May 2020, that the relationship with Client A had been 'consensual'.

72. The panel noted that a number of paragraphs of the SG in particular were relevant in this case:

"102. Social workers hold privileged positions of trust. Their role often requires them to engage with people over extended periods when those people may be highly vulnerable. It is essential to the effective delivery of social work that the public can trust social workers implicitly. Any abuse of trust by a social worker is a serious and unacceptable risk in terms of public protection and confidence in the profession as a whole.

103. Decision makers must assess each case on its merits and must apply proportionality considering any mitigating or aggravating factors present. However, most cases of serious abuses of trust are likely to require suspension or removal of registration. Decision makers should provide detailed reasoning to explain lesser sanctions in such cases."

And

"105. Abuse of professional position to pursue a sexual or improper emotional or social relationship with a service user or a member of their family or a work colleague is a serious abuse of trust. Many people will be accessing social care for reasons that increase their vulnerability and that of their family. Pursuit of a sexual or improper emotional or social relationship with a vulnerable person is likely to require a more serious sanction against a social worker."

73. The panel first considered taking no action. It took into account that to take no action would result in Dr Anthony being able to resume unrestricted practice at the end of the proceedings. In the view of the panel there were no exceptional circumstances or mitigating factors which would justify it taking no action. Further, to take no action was inconsistent with the panel's finding as to a risk of repetition and completely failed to meet the seriousness of the underlying misconduct.
74. Although giving advice or a warning would serve to mark the panel's finding of impairment, it considered that neither course would protect the public against the risk of repetition, nor serve to maintain public confidence and professional standards, nor meet the seriousness of the matter.
75. The panel next considered a conditions of practice order. It acknowledged that the primary purpose of conditions of practice, as the SG states, is to protect the public whilst the social worker took any necessary steps to remediate. The panel took into account that Dr Anthony has removed himself from social work practice and has stated an intention to not return. This undermined the purpose in imposing a conditions of practice order.

76. In any event, the panel determined that the core issues of impairment in this case were attitudinal issues on the part of Dr Anthony, who had pursued and entered a personal relationship with Client A culminating in attempted sexual intercourse. The panel considered that it was not possible to devise conditions of practice which would protect the public against such attitudinal issues. As paragraph 84 of the SG states: *“conditions would almost certainly be insufficient in cases of sexual misconduct, violence, dishonesty, abuses of trust...”*.
77. The panel next considered a suspension order. It noted that it had power to suspend Dr Anthony’s registration for up to 3 years. The SG stated that this course might be appropriate, where a social worker may intend to remediate at a point in the future. The panel had no such indication from Dr Anthony. The panel took into account that the purpose of sanctions is to protect the public and the profession, and not to punish the practitioner.
78. The panel determined, however, that several factors in the underlying misconduct made the case too serious to consider suspension was sufficient. The panel took into account the extent to which professional boundaries had been crossed, the vulnerability of Client A and Dr Anthony’s knowledge of that and the deliberate manner in which the relationship was pursued by Dr Anthony.
79. Despite the fact that Dr Anthony had admitted his fault and avoided Client A having to give evidence and had expressed regret, the underlying misconduct behind the UKCP determination was extremely serious. The panel determined that the misconduct underlying the UKCP determination was behaviour which was fundamentally incompatible with the core values of social work and continued registration as a social worker.
80. The panel considered that, in order to protect the public, to maintain public confidence in the profession and to maintain proper professional standards for social workers in England, no lesser sanction than a removal order could be imposed in this case.
81. The panel determined to make a Removal Order on Dr Anthony’s registration.

Interim order

82. In light of its findings on Sanction, the panel next considered an application by Ms Etemadi for an Interim Suspension Order to cover the appeal period before the Sanction becomes operative.
83. Ms Etemadi applied pursuant to paragraph 11(1)(b) of Schedule 2 of the Regulations on the basis that the removal order will not come into effect for the appeal period. She submitted that, given that the panel had determined no less an order than a removal order will protect the public or maintain standards, it would run contrary to the decision, if Dr Anthony was allowed to practice without restriction for the

duration of any appeal. She submitted that the test for an interim order was that it was necessary for protection of the public or in the best interests of the social worker.

84. The panel considered whether it was necessary to impose an interim order. It was mindful of its earlier findings and that there was a risk of repetition. The panel decided that it would be wholly incompatible with those earlier findings for there not to be an interim order.
85. The panel considered what form the interim order should take. It took into account that it had already decided that a conditions of practice order would not be sufficient to protect the public. The panel decided that it was necessary, in light of the risk of repetition and the wider public interest already determined, which had led it to impose a Removal Order to conclude that an Interim Suspension Order was necessary for the protection of the public or otherwise in the public interest for the appeal period.
86. Accordingly, the panel concluded that an Interim Suspension Order should be imposed on public protection and public interest grounds. It determined that it is appropriate that the Interim Suspension Order be imposed for a period of 18 months to cover the appeal period. When the appeal period expires this Interim Suspension Order will come to an end unless there has been an application to appeal. If there is no appeal the Removal Order shall apply when the appeal period expires.

Right of Appeal

87. Under paragraph 16 (1) (a) of schedule 2, part 5 of the Social Workers Regulations 2018, Dr Anthony may appeal to the High Court against the decision of adjudicators:
- (i) to make an interim order, other than an interim order made at the same time as a final order under paragraph 11(1)(b),
 - (ii) not to revoke or vary such an order,
 - (iii) to make a final order.
88. Under paragraph 16 (2) schedule 2, part 5 of the Social Workers Regulations 2018 an appeal must be made within 28 days of the day on which Dr Anthony is notified of the decision complained of.
89. Under regulation 9(4), part 3 (Registration of social workers) of the Social Workers Regulations 2018, this order can only be recorded on the register 28 days after Dr Anthony was informed of the decision or, if Dr Anthony appeals within 28 days, when that appeal is exhausted.

90. This notice is served in accordance with rules 44 and 45 of the Social Work England Fitness to Practice Rules 2019.

Review of final orders

91. Under paragraph 15 (2) and 15 (3) of schedule 2, part 4 of the Social Workers Regulations 2018:

- 15 (2) – The regulator may review a final order where new evidence relevant to the order has become available after the making of the order, or when requested to do so by the social worker.
- 15 (3) A request by Dr Anthony under sub-paragraph (2) must be made within such period as the regulator determines in rules made under regulation 25(5), and a final order does not have effect until after the expiry of that period.

92. Under rule 16 (aa) of Social Work England’s fitness to practise rules, a registered social worker requesting a review of a final order under paragraph 15 of Schedule 2 must make the request within 28 days of the day on which they are notified of the order.