

BRITISH PSYCHOANALYTIC COUNCIL

FITNESS TO PRACTICE HEARING

12 - 14 APRIL 2023 & 15 MAY 2023

REGISTRANT	MARCUS WEST
REGISTRATION No.	16265
HEARING No.	COM04-22
Panel Members	Asim Butt (Chair) Jenny Cobb (Retired Registrant) Samita Doal (Lay)
Legal Assessor	Nigel Mitchell
Registrant	Present and represented by Kathryn Pitters (counsel)
BPC	Represented by Chris Saad (counsel)
Allegations admitted	1, 2, 3, 5, 6, 7, 8, 9 and 11 Allegation 10 admitted conduct inappropriate in charges 2 and 3
Allegations denied	4 Allegation 10 denied conduct sexually motivated in charges 2 and 3. Allegation 10 denied conduct inappropriate and/or sexually motivated in charges 5, 6, 7, 8 and 9
Allegations proved	4, 10 both limbs in respect of allegations 3, 6, 7, 8 and 9 and inappropriate only in respect of allegation 5
Allegations not proved	10 in respect of allegation 5 sexually motivated

PARTICULARS OF ALLEGATIONS

That being registered as a Jungian Analyst:

1. Analyst 1 (AT1) was a patient and/or trainee of yours between in or around December 2012 and around August 2020.
2. During a training and/or analysis session in or around July 2020 you said words to the effect of “what if I did love you” to AT1.
3. During a subsequent training and/or analysis session in or around July 2020 you said to AT1, “I have thought about this, and I love you.”, or words to that effect.
4. You failed to inform the Director of Training (Society of Analytical Psychology) of the breakdown of the analysis of AT1.
5. In or around August 2020, you agreed with AT1 to have a period of separation to help consider whether there was to be a future relationship between you and her.
6. You met with AT1 in or around October 2020 outside of the training/analysis setting.
7. You met with AT1 in or around November 2020 outside of the training/analysis setting.
8. Between January 2021 and March 2021 you met and/or spoke with AT1 outside of the training/analysis setting.
9. In or around Easter 2021, you began a personal relationship with AT1.
10. Your conduct as described in allegations 2, 3, 5, 6, 7, 8, 9 was:
 1. a) Inappropriate; and/or
 2. b) Sexually motivated.
11. You did not ensure an optimal state of mind for analytical work during your training and/or analysis sessions with AT1.

And that by reasons of the matters alleged above, your fitness to practise is impaired by reason of misconduct.

Background

AT1 first entered once weekly psychotherapy with the Registrant in 2012. In 2013 this increased to two sessions a week. In 2018 this increased to four sessions a week in preparation for AT1 entering the Society of Analytical Psychology training programme. AT1 then commenced the training programme in 2019 which included four analytic sessions per week with the Registrant. During a session in July 2020 the Registrant allegedly told his patient (AT1) that he loved her. He allegedly used words such as “what if I did love you?” Shortly after this in a further session, he told AT1 “I have thought about this and I love you”. This ended the analysis and in August 2020 the Registrant and AT1 agreed a period of separation to consider their future relationship. Between then and Easter 2021 they met outside training/analysis sessions. They subsequently began a personal relationship which we are told by the Registrant continues to this day.

Mr T Wood (a Jungian Analytic Psychotherapist) provided the Panel with oral evidence and an expert witness report, commenting upon the Registrant's conduct in detail. In summary, Mr Wood describes the Registrant's conduct as falling far below the standard expected of a reasonably competent Jungian Analyst.

The Panel also heard live evidence from witness 3 (a Jungian Analyst and a member of the Society of Analytical Psychologists SAP), witness 1 (a Jungian and Psychodynamic Analyst and chair of SAP) and witness 2 (Director of Training SAP).

The Panel was provided with the written witness statements of AT1, witness 4 (Jungian analyst), witness 5 (trainee SAP), witness 6 (Psychodynamic Psychotherapist) witness 7 (Chief Executive SAP), witness 8 (Analyst), witness 9 (Jungian Psychotherapist), witness 10 (Couples Psychotherapist) and witness 11 (Training Analyst).

The Panel heard oral evidence from four witnesses and from the Registrant. It also took into account written statements and other material provided to it and determined the following:

Allegation 1

Allegation found proved by admission.

Allegation 2

Allegation found proved by admission.

Allegation 3

Allegation found proved by admission.

Allegation 4

Found proved on the balance of probabilities.

The Registrant gave evidence that he informed witness 3 of the breakdown of the analysis of AT1. It was his case that she would inform the Director of Training (witness 2), which she did. The Panel accepted the evidence of Mr Wood that the Registrant had a duty under the protocol to inform the Director of Training himself. The Panel took into account Mr Wood's evidence that this failure was of "relatively low significance" and on the balance of probabilities, the Panel found this allegation to be proved.

Allegation 5

Allegation found proved by admission.

Allegation 6

Allegation found proved by admission.

Allegation 7

Allegation found proved by admission.

Allegation 8

Allegation found proved by admission.

Allegation 9

Allegation found proved by admission.

Allegation 10

In respect of Allegation 2.

The Registrant admitted that his conduct was inappropriate. He denied that it was sexually motivated.

The Panel found this allegation (sexually motivated) **not proved**.

The Panel took into account that notwithstanding the Registrant accepted he had feelings for AT1 since May 2020, he was still in an optimal state of mind for analytical work. The Panel noted Mr Wood's evidence that the words used could be construed, in isolation, as the appropriate exploration of an erotic transference dynamic and thereby a useful and appropriate therapeutic intervention. In all the circumstances, the Panel did not find that the words used at that time were sexually motivated.

In respect of Allegation 3

The Registrant admitted that his conduct was inappropriate. He denied that it was sexually motivated.

The Panel found this allegation (sexually motivated) **proved**.

The Registrant accepted that he had thought about what he was going to say and went on to say to AT1, "I have thought about this and I love you". She replied, "I love you too". On the balance of probabilities, the Panel determined that the only reasonable inference that could be drawn from the circumstances in which the words were said and the words themselves, was that it was conduct in the pursuit of a full relationship including sexual relations.

In respect of Allegation 5

The Registrant denied that his conduct was either inappropriate or sexually motivated.

The Panel determined that in August 2020, both the Registrant and AT1 knew that the analytic relationship had broken down (when he declared his love for her in the July 2020 session}. It was therefore inappropriate for the Registrant to have met AT1 in August to consider a future relationship.

The Panel bore in mind that the burden of proof was on the BPC to show sexual motivation. The evidence on this limb of the allegation is unclear. There was no evidence to indicate the length of the separation discussed or the potential outcomes or consequences of such separation. Accordingly, the Panel were not satisfied that at the time of the discussion about a separation, the Registrant's conduct was sexually motivated.

In respect of Allegations 6, 7 and 8

The Panel found that allegation 10 in respect of each of these three meetings is proved. The Registrant's conduct was both inappropriate and sexually motivated.

The Panel considered these three allegations separately.

The analysis had come to an end in July following the Registrant's declaration of love for AT1.

Point 1.b) of the BPC Ethical Guidelines provides:

Professional boundaries should be maintained at all times, including after the end of treatment. The vulnerability of patients must always be respected, and they should not be exploited or abused in any way financially, physically, sexually, or emotionally, either during the course of the treatment or at any time after termination.

The Registrant accepted that he met AT1 on the three occasions as detailed in the allegations. The Panel noted relatively little time had elapsed since the abrupt ending of AT1's analysis. Given the context of AT1's experience of the breakdown of her training analysis and the subsequent start of her new training analysis and having regard to the previous relationship / dealings with the Registrant, the Panel determined that these meetings were inappropriate and in breach of the Ethical Guidelines.

The Panel went on to consider whether the Registrant's conduct was sexually motivated in respect of all three of the meetings.

The Registrant accepted that at the time of these meetings, he maintained strong feelings for AT1. These meetings included a walk on the sea-front and a walk in the woods. The Registrant wanted an adult and full loving relationship and in all the circumstances outlined, the Panel was satisfied on the balance of probabilities that his conduct was sexually motivated in that he wanted to pursue a future sexual relationship.

In respect of allegation 9

The Panel found that allegation 10 in respect of allegation 9 is proved.

The Registrant's conduct was both inappropriate and sexually motivated.

The Registrant denied that his conduct was either inappropriate or sexually motivated.

The Panel reminded itself of Ethical Guideline 1b as set out above and noted that eight months had elapsed since the abrupt and sudden breakdown of the analysis.

The Panel determined that to begin a personal relationship with AT1 at Easter 2021 was inappropriate given AT1's history of treatment, the lack of any meaningful period of separation, the circumstances in which AT1's sessions with the Registrant were curtailed and the fact that AT1 had relatively recently commenced a new training analysis and the registrant had entered in to a relatively recent personal analysis. In the circumstances, the Panel considered this to be a breach of the Ethical Guidelines. The Panel found this limb of the charge proved on the balance of probabilities.

The Panel went on to consider whether the Registrant's conduct was sexually motivated.

The Registrant accepted in his evidence that he wanted a fully committed adult relationship with AT1, if she wanted it too. When asked if "the courtship" had begun in October 2020 he responded, "if you put it that way". He agreed that his inner hope was for a "romantic relationship" but denied that this meant sexual.

The Panel determined that by beginning a personal relationship with AT1 in or around Easter 2021, the Registrant's conduct was sexually motivated in that he wished to pursue a future sexual relationship. The Panel found this limb of the charge proved on the balance of probabilities.

Allegation 11

At the close of the evidence, Ms Pitters informed the Panel that the Registrant having considered the evidence admits this charge.

Allegation found proved by admission.

Determination on Misconduct and Current Impairment:

In reaching its decisions at this stage, the Panel had regard to all the relevant information available to it.

The Panel heard submissions from both counsel.

Mr Saad reminded the Panel that the Expert opinion was that the Registrant's conduct in all allegations (save for allegation 4) amounted to misconduct. He provided the Panel with an extract of the determination in a previous regulatory finding in 2010, which also involved sexual motivation and resulted in a sanction of conditions for three years. He submitted that the Registrant was impaired on the grounds of public protection and public interest.

Ms Pitters told the panel that the Registrant accepted his actions amounted to misconduct and accepted that he was currently impaired but on public interest grounds alone. She said this was an unusual case and reminded the Panel that the Registrant had said that he and AT1 planned to marry.

The Panel heard and accepted the advice of the Legal Adviser.

The Panel acknowledged that notwithstanding that the Registrant admitted current impairment, it was still a matter for the Panel.

The Panel applied the principles to which it was referred, namely: *Roylance v General Medical Council [1999] UKPC 16*; *Cohen v General Medical Council [2008] EWHC 581 (Admin)*; and *Council for Healthcare Regulatory Excellence and Nursing and Midwifery Council v Grant [2011] EWHC 927 (Admin)*.

In the case of *Roylance*, Lord Clyde stated that:

'Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required by a...practitioner in the particular circumstances...'

The Panel considered the BPC Code of Ethics which "sets out the essential ethical imperative and a breach of any of this code may constitute grave misconduct which will be treated with the utmost seriousness and dealt with accordingly".

The Panel determined that the Registrant's conduct was in breach of the following provisions of the Code:

1.Registrants must at all times act in a way that they reasonably believe to be in the best interests of their patients. At all times the welfare of the patient must be paramount and every care taken to ensure that the patient is not exploited in any way.

3.Registrants must conduct themselves and their professional activities in such a way that does not damage the interests of their patients or participants in their training.

12.Registrants must limit their work, or refrain from practice when their physical or psychological health is seriously impaired or if in doubt about their ability to perform competently must seek appropriate advice.

13.Registrants must carry out their duties in a professional and ethical way and maintain appropriate and professional boundaries with patients at all times, so that they are not exploited in any way.

14.Registrants shall, in all their professional work value integrity, impartiality and respect for patients and seek to establish the highest ethical and clinical standards in their work.

16.Registrants must conduct themselves in such a manner as not to bring the profession, colleagues or themselves into disrepute, and must maintain fitting levels of respect and courtesy with colleagues and members of their own and other professions and with their employer if employed and also with the public.

The Panel also considered the BPC Ethical Guidelines and determined that the Registrant was in breach of the following paragraphs:

1. Registrants must at all times act in a way that they reasonably believe to be in the best interests of their patients. At all times the welfare of the patient must be paramount and every care taken to ensure that the patient is not exploited in any way.

a) The welfare of the patient must always be foremost in the Registrant's mind, and taking account of obligations under law, all reasonable steps must be taken to ensure the safety of participants in treatment and training.

b) Professional boundaries should be maintained at all times including after the end of the treatment. The vulnerability of patients must always be respected and they should not be exploited or abused in any way financially, physically, sexually or emotionally, either during the course of the treatment or at any time after its termination.

d) If a registrant is unsure of the appropriateness of any existing or proposed relationship or conduct that might affect either a patient or supervisee, a senior colleague or the ethics committee should be consulted for advice.

3. Registrants must conduct themselves and their professional activities in such a way that does not damage the interests of their patients or participants in their training.

a) Registrants are expected to maintain conduct becoming of a psychotherapist and not to behave in any way detrimental to the profession of psychotherapy.

b) Registrants shall conduct themselves in their professional activities in a way that does not damage the interest of the recipients of their service, and does not undermine public confidence in their ability to carry out their professional duties.

12. Registrants must limit their work, or refrain from practice when their physical or psychological health is seriously impaired or if in doubt about their ability to perform competently must seek appropriate advice.

a) Registrants must take responsibility for their own physical and mental health

d) Registrants must not offer treatment to patients when rendered unfit to do so, or when their judgement is impaired by reason of physical or mental illness.

e) Registrants must refrain from practice when they are not capable of exercising adequate skill or judgement as a result ofthe effects of personal stress.

13. Registrants must carry out their duties in a professional and ethical way and maintain appropriate and professional boundaries with patients at all times, so that they are not exploited in any way.

a) Registrants must, in all their dealings seek to establish and maintain the highest ethical standards in their work.

b) Registrants are required to maintain appropriate and professional boundaries with patients at all times.

c) It is the responsibility of the registrant to maintain this professional relationship with the patient in all respects during the treatment and for as long as is necessary in the interests of the patient, after the treatment has formally ended.

d) Registrants must not exploit their patients, sexually or emotionally.

f) Registrants must conduct themselves in a professional manner that will not undermine public confidence in their ability to carry out their professional duties.

g) Registrants must not abuse in any way the potential vulnerability of the patients in the therapeutic situation.

h) Registrants shall conduct themselves in their professional activities in a way that does not damage the interests of the recipients of their services.

14. Registrants shall, in all their professional work value integrity, impartiality and respect for patients and seek to establish the highest ethical and clinical standards in their work.

c) Registrants must not exploit the special relationship of trust and confidence with their patients to gratify their personal desires.

16. Registrants must conduct themselves in such a manner as not to bring the profession, colleagues or themselves into disrepute, and must maintain fitting levels of respect and courtesy with colleagues and members of their own and other professions and with their employer if employed and also with the public.

a) Registrants must refrain from any conduct that would bring themselves, colleagues, their institution, or their profession into disrepute.

c) Registrants shall not act to further their own interests (or the interests of others) to the detriment of colleagues or the profession.

d) Registrants must at all times be considerate to members of the public, fellow professionals and members of other organisations and institutes.

The Panel agreed with the Expert opinion that the Registrant's actions fell far below the standard expected of a reasonably competent analyst. They breached the boundaries required to maintain a safe working environment and in respect of allegation 3, there was "an unequivocal failure to maintain appropriate professional boundaries" and therefore the necessary therapeutic framework. The Registrant knew this and yet continued to so act. He seemingly ignored the effects his conduct would have on AT1 and in his evidence to the Panel, the Registrant tried to absolve responsibility by claiming a "duty of candour" to be honest with her. His declaration of love inevitably brought a premature and abrupt end to her therapy and training analysis. The Expert told the Panel that the Registrant "seemed to shy away from openly addressing the breach of boundaries with the appropriate bodies in the training organisation and showed a lack of appreciation of any negative consequences of this for his former patient". The Registrant ignored the counsel of a

senior colleague not to see AT1 and he knew, or should have known, that to see and meet with her would compound the effect his behaviour had already had upon her.

In the Panel's judgment the facts proved involved multiple and very serious departures from the standards of conduct expected of a Registered Jungian Analyst -as set out in the provisions of the Code of Ethics and Ethical Guidelines cited above.

For all the reasons set out above, the Panel finds that the Registrant's actions in regard to the Allegations 1,2,3,5,6,7,8,9,10,11 constitute misconduct and fell far short of the standards expected. In regard to Allegation 4, the Panel did not consider this to be so serious as to amount to misconduct.

The Panel next considered whether the Registrant's fitness to practise is currently impaired by reason of his misconduct.

In reaching its decisions at this stage, the Panel had regard to all the relevant information available to it, which included evidence of the Registrant's previous adverse regulatory history. The Panel was informed that the Registrant had been subject to Fitness to Practise proceedings which concluded at a Fitness to Practise Committee hearing in 2010. The Registrant attended that hearing and had been given a sanction of conditions for three years.

The Panel took account of the previous determination:

Powerful erotic feelings had apparently developed mutually between patient and analyst, leading the analyst to respond personally to the patient's intense attraction towards him. The Panel accepted that the strength of this dynamic was outside [W]'s experience at the initial stage, and that there could have been powerful transference pressures drawing him to respond in a way that was not analytically appropriate.

It seemed to be during 1994 that the relationship took on a personal, as opposed to an analytic, quality. According to [E], [W] said he was 'frightened of his deep level of attraction' for her, and also that he 'loved her very much'. [W] claimed he had not said that he loved her, but that she 'was lovable'. But he did not deny the patient's account of his expressing strong attraction and affection towards her. [W] insisted that he tried to place these within an interpretative framework, but such attempts at analysis had been rejected by the patient as being attempts to distance himself from her.

[W] accepted in the hearing that a relationship developed in which verbal boundaries were undermined and there was physical contact between him and his patient ”.

This Panel was concerned that there are similarities in the Registrant's behaviour towards E and his behaviour towards AT1. Further, he was still subject to conditions when he first accepted AT1 into treatment and should therefore have been especially mindful of his conduct.

The Panel determined there was no evidence of any insight nor remediation. When considered together with the context that the Registrant's misconduct took place over a lengthy period and occurred against a background of his previous regulatory history, the Panel considered there was a high risk of repetition.

The purpose of these proceedings is not to punish the practitioner for past failings but to protect the public against the acts and omissions of those who are not fit to practise and to maintain public confidence in the profession and in its regulatory process. The Panel thus looked forward not back. However, in order to form a view as to the Registrant's suitability to practise without restriction, the Panel took account of the way in which he has acted in the past. It considered whether the Registrant's misconduct was remediable and if it had been remedied. It also had regard to evidence of his insight and the risk of repetition. In assessing these matters the Panel had careful regard to all of the relevant information available to it.

Applying the relevant elements of Dame Janet Smith's test from her Fifth Shipman report, cited with approval by Mrs Justice Cox in the case of *Grant*, the Panel considered whether the Registrant's misconduct indicates that his fitness to practise is currently impaired in the sense that he:

- 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
- has in the past brought and/or is liable in the future to bring the psychoanalytic profession into disrepute; and/or,
- has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the psychoanalytic profession.

In the Panel's judgment, the Registrant's misconduct put AT1 at unwarranted risk of harm and involved repeated and serious breaches of the fundamental tenets of the profession.

His conduct, which included numerous breaches of the Code, when viewed against the background of his previous misconduct will undoubtedly have brought the profession into disrepute.

The Panel determined that although such misconduct could potentially be remediable, there is no evidence of this in any of the steps taken by the Registrant to remedy the misconduct.

In assessing the risk of repetition, the Panel had regard to a number of factors. These factors included that the Registrant's behaviour involved the pursuit of AT1 following previous regulatory concerns of a similar nature. The Panel determined that the Registrant would appear to be inextricably inwardly directed and ignored the effect of his behaviour on AT1 as well as on others, including the trainees he had in analysis, his peers, his organisation and his wider professional community.

In the Panel's judgment, the absence of evidence of remediation, insight, appropriate apology, or remorse, taken together with the sustained nature of his misconduct means that there is a high risk of repetition. This is reinforced because of his previous history of misconduct of a relatively similar nature.

Having reached that conclusion the Panel had regard to paragraph 74 of Mrs Justice Cox's ruling in the case of *Grant* as follows:

"In determining whether a practitioner's fitness to practise is impaired ... the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances."

The Panel was satisfied that, having regard to the nature of the Registrant's misconduct, the absence of insight and remediation and in light of his previous history of misconduct, the "*need to uphold proper professional standards and public confidence in the profession*" would be seriously undermined if a finding of current impairment were not made.

For all the above reasons the Panel finds the Registrant currently impaired both on public protection and public interest grounds.

Decision on sanction:

In reaching its decision on sanction, the Panel considered all the evidence before it, heard submissions from both counsel and accepted the advice of the legal assessor.

Mr Saad reminded the Panel of its findings at both the facts and the impairment stages. He drew the Panel's attention to the paragraphs within the Indicative Sanctions Guidance (ISG) which the BPC said were relevant to this case. He said that Mr West's behaviour which included sexual misconduct fell far below that to be expected.

Mr Saad submitted that a sanction of a reprimand or conditions were wholly insufficient for a case such as this. He noted that conditions had been imposed previously and had not been successful in preventing similar behaviour. Mr Saad submitted that suspension was not an appropriate or sufficient sanction in this case. Mr West, he said, fails to understand that his behaviour could not have been anything other than inappropriate. In all the circumstances, the Panel should therefore withdraw Mr West's registration.

Miss Pitters suggested that a sanction of suspension for 12 months was the appropriate and proportionate sanction. She submitted that there was a scale of sexual misconduct and Mr West's was at the lower end of that scale. Withdrawal of registration, she said was not inevitable in a case such as this.

She reminded the Panel that Mr West's conduct involved one patient with whom he has developed a longstanding and loving relationship and they intend to marry. She said that Mr West did inform colleagues of the relationship, albeit that he did not heed the advice given. Whilst he feels remorse for the upset he has caused to the profession, he cannot feel remorse for falling in love with AT1.

The Panel had regard to the principle of proportionality, weighing the interests of Mr West against the public interest. The Panel bore in mind that the purpose of a sanction is not to be punitive, although it may have that effect; rather, the purpose of a sanction is to protect patients and the wider public interest. The wider public

interest includes maintaining public confidence in the profession and the BPC and declaring and upholding proper standards of conduct and behaviour.

The Panel bore in mind the aggravating and mitigating factors.

Aggravating factors: a previous regulatory finding and lack of insight.

In relation to mitigation the Panel acknowledged that Mr West made some admissions at the facts stage.

The Panel considered the Indicative Sanctions Guidance (ISG):

The Panel determined that Mr West's conduct engaged: Breach of Boundaries paragraphs 22, 23, 24 and 26 and Sexual Misconduct paragraphs 31, 32 and 33.

The Panel reminded itself of its findings at the impairment stage, especially regarding seriousness, remediation and insight. It approached the question of which sanction, if any, to impose, by considering the least restrictive sanction first and moving upwards.

The Panel first considered a reprimand but concluded that, given the seriousness of Mr West's misconduct and the risk of repetition identified, this would be wholly inappropriate and would provide no protection against the risk of repetition.

The Panel next considered conditions of practice. The actions which led to Mr West's appearance before the Panel clearly relate to behavioural issues as well as his clinical practice. The Panel concluded that no workable conditions could be formulated which would fully address the risks posed by Mr West. Further, Mr West has been subject to conditions in the past which did not prevent him from forming an inappropriate relationship with AT1. For these reasons, the Panel determined that conditions of practice would not be workable, appropriate, or sufficient to protect the public or the wider public interest.

The Panel next considered the imposition of a suspension order. The Panel reminded itself that this case demonstrates serious departures from the standards to be expected of a registered psychoanalyst. The Panel has concerns in relation to Mr West's insight and his understanding of the impact his actions have had on others and his profession. The Panel reminded itself that this is his second appearance before his regulator for similar misconduct.

The Panel considered ISG paragraph 80 and determined that Mr West's conduct involved: sexual misconduct, a blatant disregard for professional standards, abuse of trust, complete lack of insight and an unwillingness to comply with BPC's policies and procedures.

The Panel is satisfied that Mr West's behaviour is not at the lower end of the scale of seriousness and is fundamentally incompatible with remaining on the register. Accordingly, the Panel determined that a suspension order would not be sufficient to protect patients and maintain public confidence in the profession. The Panel bore in mind the impact upon Mr West if he were to be removed from the register, however the panel was of the view that the public interest outweighs Mr West's interest in this regard.

The Panel concluded that termination of registration is the only proportionate and appropriate sanction sufficient to protect the public and uphold the wider public interest.

The Panel therefore directs that Mr West's name be removed from the BPC Register.

Decision on Interim Order:

For all the reasons set out in the Panel's determination thus far, and in all the circumstances of this case, the Panel has decided that an interim suspension order is necessary to protect patients and is also in the public interest to maintain confidence in the profession.

The Panel considered that the order should run for a period of 18 months to allow for any appeal process, and that such an order is both appropriate and proportionate following its decision to withdraw Mr West from the register.

The current interim suspension order is hereby revoked and replaced by this new interim suspension order.

If at the end of the appeal period of 28 days, Mr West has not lodged an appeal, the interim order will lapse and be replaced by the substantive order. On the other hand, if he does lodge an appeal, the interim order will continue to run until the conclusion of the appeal.