

**BRITISH PSYCHOANALYTIC COUNCIL**

**FITNESS TO PRACTISE HEARING  
16 OCTOBER 2025 and 17 OCTOBER 2025**

**VIRTUAL HEARING**

<b>Name of Registrant</b>	Malcom Rushton
<b>Registration Number</b>	16764
<b>Hearing reference</b>	COM17-24
<b>Committee Members</b>	Adeel Qureshi (Chair, Lay) Karen Rowe (Registrant) Martin Brown (Lay)
<b>Legal Assessor</b>	Dr Hala Helmi
<b>Registrant</b>	Present and unrepresented
<b>BPC</b>	Represented by Tom Stevens of Doughty Street Chambers
<b>Allegation admitted</b>	1, 2, 3 and 4
<b>Allegation denied</b>	None
<b>Facts found proved:</b>	1, 2, 3 and 4 by way of admission
<b>Fitness to practise :</b>	Impaired on the ground of Misconduct
<b>Sanction:</b>	Withdrawal of Registration

## **Particulars of the Allegation**

*That being Registered as a Jungian Analyst / Psychotherapist:*

1. *From, in or around, 30 September 2023 to, in or around, 12 September 2024 you had a sexual relationship with Patient AT1.*
2. *During the course of your sexual relationship with AT1 you told them that the sexual relationship, love and intimacy between you was a dimension of your analysis and/or part of the analytic process, or words to that effect.*
3. *On or after 29 September 2024 you sent one or more patients an email in which you wrote:*  
  
*“I had a complaint made against me which involves issues of a consensual sexual nature with a patient, and I have been suspended by the SAP... Sadly for both of us, we will probably never see each other again as we rebuild our families.”*
4. *Your conduct in Charge 3. was:*
  - a. Inappropriate;*
  - b. Unprofessional.*

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

## **Preliminary Matter regarding Evidence**

1. At the outset of the hearing, the Legal Assessor raised an evidential issue relating to ancillary matters relating to aspects of the evidence in the witness statements of the BPC witnesses. These related to matters which were not directly related to the charges, some of which was hearsay evidence in about which some of the witnesses professed to give an opinion about the Registrant. The Legal Assessor stated that these aspects of the evidence were not related to the charges, as well as being based on limited evidence, and the Committee should disregard them as irrelevant to the factual particulars and potentially unfairly prejudicial.
2. Mr Stevens, on behalf of the BPC, agreed with the Legal Assessor and submitted that these ancillary matters were not part of the case and the Committee should put them out of its mind.

3. The Registrant was also in agreement with this course of action, having raised this issue in his written statement which was in evidence before the Committee.
4. The Committee accepted the advice of the legal Assessor and decided to put these ancillary matters out of its mind entirely and focus only on the particulars set out in the Allegation, which was the fair and proper approach.

### **Background**

5. The Registrant is registered with the BPC as a Jungian Analyst.
6. Patient AT1 (AT1) had begun therapy with the Registrant in December 2019, with therapy sessions increasing in frequency over a period of time. In or around January 2023, AT1 started training at the Society of Analytical Psychology ("SAP") which required her to see a therapist, and she chose the Registrant.
7. The Allegation arose out of concerns that the Registrant had had a sexual relationship over a period of approximately one year with AT1 who was his patient as well as a trainee receiving analysis as part of her training with SAP.
8. AT1 had advised the SAP that during that sexual relationship, the Registrant had told AT1 that the sexual relationship, love and intimacy between them was a dimension of the Registrant's analysis and/ or part of the analytic process, or words to that effect.
9. The matter became known to the BPC because the SAP became aware of the concerns when AT1 disclosed them to members of SAP. SAP suspended the Registrant and disclosed the concerns to the BPC.
10. There were also concerns that the Registrant had sent one or more patients an email after he had been suspended from practice by the SAP which was inappropriate and unprofessional.

### **Decision on the Facts**

11. At the outset of the hearing, the Registrant admitted all the factual particulars, namely particulars 1, 2, 3 and 4. The Registrant had earlier indicated that he would admit all factual particulars in a Schedule of Admissions, and it was because of this that the BPC did not call any live witnesses.

12. The Committee therefore found all factual particulars proved by way of the Registrant's admissions.

### **Misconduct and Impairment of Fitness to Practise**

13. The Committee then went on to consider the question of misconduct. The Committee was aware that only if it found misconduct in respect of one or more of the facts found proved, would it then go on to consider whether the Registrant's fitness to practise was impaired by reason of his misconduct.

14. Mr Stevens relied on the BPC hearing bundle, which included witness statements from a number of BPC witnesses, and series of documents from the Registrant.

15. The Registrant relied on a Defence bundle which included a written statement and testimonials, as well as an addendum written statement.

### **Submissions of the BPC**

16. Mr Stevens referred to a number of authorities including Roylance v GMC (No.2) [2001] AC 311. Mr Stevens submitted that the facts found proved involved an extremely serious violation of professional boundaries over a prolonged period of time, during which such boundaries were completely blurred, and the Registrant continued the analysis in tandem with the sexual relationship with AT1. In addition, there was an inherent power imbalance, and AT1 was vulnerable in that setting. Mr Stevens referred to AT1's witness statement in the BPC bundle in which AT1 referred to the trust she had in the Registrant, and which, Mr Stevens submitted had been breached by his actions. The Registrant's behaviour was a flagrant and egregious and persistent breach of boundaries

17. Mr Stevens referred to the evidence in the BPC bundle, for example in AT1's witness statement, which demonstrated the harm caused to AT1, her family, and also referred to the evidence of the harm caused to the wider analytical community as a result of the knowledge of the Registrant's actions having become known. Mr Stevens submitted that the Registrant's behaviour brought the profession into disrepute.

18. Mr Stevens submitted that the Registrant had breached a number of provisions of the Ethical Guidelines.

19. In respect of the question of impairment of fitness to practise, Mr Stevens submitted that there was a real risk of repetition of the Registrant's behaviour

because it was not a momentary lapse of judgment that ended in self-correction. Instead, it was sustained and prolonged behaviour which ended because AT1's family member became aware of the relationship which set in train a disclosure made by AT1 herself to SAP. Such a situation spoke to a matter of attitude on behalf of the Registrant which was not easily remediable. In addition, Mr Stevens submitted that there was distress caused to the Registrant's other patients when they became aware of the relationship, following on from the Registrant's suspension by SAP and therefore a finding of impairment was also necessary on public interest grounds.

### **The Registrant's Evidence and Submissions**

20. At the outset of the hearing, the Registrant had accepted that all the factual particulars amounted to misconduct. In respect of his fitness to practise, the Registrant accepted that this had been impaired during the relevant time of the misconduct but stated that currently his fitness to practise was not impaired.
21. The Registrant gave evidence to the Committee under Affirmation. He read out a lengthy written statement as well as an addendum statement and referred to and relied on a number of documents in his bundles.
22. During his evidence, the Registrant explained the circumstances which led to the sexual relationship with AT1. He reiterated several times that he accepted responsibility as AT1's analyst for the sexual relationship. He expressed remorse and stated that there was no justification for the sexual relationship to intrude into the analytic space. He accepted that he had been weak in his resolve and at fault and that he had given precedence to his own needs at the expense of AT1.
23. The Registrant accepted that his sending of the email extracted in Particular 3 was inappropriate and unprofessional. He explained that at the time of sending he was in a high state of anxiety in that he had been suspended by the SAP, his clinical executors would not engage with him, and that he felt professionally shunned and isolated, and it was in this context that he wrote the email which he accepted shared too much information and came across as "self-centred".
24. The Registrant also set out for the Committee in some detail the journey he has taken in terms of self-analysis and his internal processing over a period of time which has been a way to understand and explain why the events occurred. He spoke of having several dreams and also daily reflections, which led him to constantly refine his written statement and the reflections therein.
25. The Registrant told the Committee about his current caseload. While he was not seeking to expand his practice or new referrals, he was at present seeing

21 patients for 27 sessions per week of which 11 were therapists/ analysts and 10 were from the general public.

### **Decision on Misconduct**

26. The Committee took account of the BPC Fitness to Practise Rules and accepted the advice of the Legal Assessor who referred to the case of Roylance v GMC [2000] 1AC 311 and Nandi v GMC EWHC 2317. The Committee bore in mind that the issue of misconduct is a matter for its judgment, that there was no burden of proof at this stage, and that the conduct in question must be serious enough to constitute misconduct. A breach of the relevant standards was not necessarily in itself determinative of whether there was misconduct. The Committee took into account the BPC Code of Ethics and the Ethical Guidelines.

27. The Committee concluded that the Registrant had breached the following paragraphs of the Ethical Guidelines:

***“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.***

***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.***

***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.***

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 necessary in the interests of the patient, after the treatment has formally ended.*
  - d) *Registrants must not exploit their patients financially, sexually or emotionally.*
  - ...
  - e) *Registrants must conduct themselves in a professional manner that will not undermine public confidence in their ability to carry out their professional duties.*
  - f) *Registrants must not abuse in any way the potential vulnerability of the patients in the therapeutic situation.*
  - g) *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.”***

28. In relation to Particulars 1 and 2, the Committee considered the Registrant's professional duty to maintain appropriate boundaries with AT1., the Committee took into account that the sexual relationship took place for approximately one year, alongside the analysis which the Registrant had been providing to AT1.. AT1 was the Registrant's trainee and also patient. She was in a vulnerable position as a trainee and a patient undertaking analysis. There was an imbalance of power in the Registrant's favour, and he breached the trust placed in him. He had sought sexual gratification at AT1's expense and at the expense of the analytic relationship with her. He had failed to protect AT1 from his own sexual desires and had committed sexual misconduct
29. There was evidence of the harm that the Registrant caused to AT1, her family, and indeed the wider analytic community, once SAP communicated the complaint to its members.
30. The Registrants behaviour breached fundamental tenets. He did not protect the vulnerability of AT1 in a therapeutic situation, he put his own sexual gratification above her interests, and he did so in a prolonged and persistent manner. His behaviour was an egregious breach of the relevant standards and struck at the heart of the fundamental duty on the Registrant to respect professional boundaries and the position of power of a therapist in a therapeutic relationship. As such it fell so far short of what was expected as to constitute misconduct.
31. The Committee noted that Particular 3 referred to only a short extract from the email written by the Registrant on or around 29 September. The Committee decided that it was appropriate to consider the extract in conjunction with the rest of the email, in deciding whether the sending of that email constituted misconduct. The Committee was satisfied that this was an appropriate approach considering that the entirety of the email was in the BPC bundle, and that the Registrant was aware of it and indeed had referred to it in his written statement and in his oral evidence.
32. The Committee carefully considered the email and took the view that it included a number of matters which were unprofessional and inappropriate to share, because it contained information about inappropriate matters of how the Registrant was feeling, his loneliness, his feelings about the complaint and also references to his early life and his lack of attachment to his mother which was a relevant factor in his behaviour which was the subject of the complaint. Such oversharing and a focus on his own feelings had the capacity to cause

confusion and concern to the one or more patients who received this email and had the capacity to undermine confidence in him and the profession as a whole. It was also professionally inappropriate to share such information while the complaint was in the early days of being dealt with by the SAP, even if the Registrant felt professionally isolated and anxious at the time, as he had explained.

33. In addition, the Registrant referred to his feelings towards AT1 as well as to her feelings towards him during therapy sessions, which again was inappropriate to share and again breached his duty of confidentiality in sharing information relating to AT1 which arose from within the therapeutic sessions, notwithstanding that he did not name her in the email. In light of the relatively small number of members of the profession it is likely that at least some recipients may have been able to identify AT1.
34. In such circumstances, the Committee concluded that the Registrant had fallen so far below what was expected of him that the behaviour in Particulars 3 and 4 constituted misconduct.

### **Decision on Impairment**

35. The Committee took into account the oral evidence of the Registrant and the submissions of both parties. The Committee accepted the advice of the Legal Assessor who referred to *CHRE v (1) NMC (2) Grant* [2011] EWHC 927. The Committee was aware that current impairment is a matter for its own independent judgment and that public protection and the wider public interest should be considered.
36. The Committee took into account the questions formulated by Dame Janet Smith in the Fifth Shipman report, as set out in the case of *CHRE v (1) NMC and (2) Grant* [2011] EWHC 927, which are presented in *Grant* as a test of impairment and ask whether a practitioner:
- “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 the 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;...”*

37. The Committee decided that the Registrant had acted in all the ways as set out in these questions by his past actions, taking into account its finding on Misconduct in respect of his breach of boundaries in relation to AT1. He had caused actual harm to AT1 and brought the profession into disrepute as well as having breached fundamental tenets of the profession.
38. The Committee carefully considered all the evidence before it. With regard to the evidence of the Registrant's insight, in his witness statement and his oral evidence, the Committee considered that the Registrant had shown a degree of insight, reflection and understanding. He had accepted full responsibility for his actions, had articulated his understanding of the harm to AT1, her family and the wide profession several times. He had expressed shame, guilt and remorse. The Registrant also demonstrated an analysis of factors which led to his misconduct, built upon internal self-analysis, as part of his personal reflection.
39. The Committee noted that the Registrant had experienced an issue of erotic transference with a patient since the complainant, and he explained to the Committee that he had dealt with it in a different and appropriate way. He spoke of the success the patient had achieved who had subsequently moved on in her life and profession and was being weaned off analysis.
40. The Committee considered the Registrant's level of insight, understanding and reflection. While he had clearly done a significant amount of self-analysis, the Committee noted that the Registrant had not addressed the issue of the prolonged and persistent nature of his behaviour. Relevant to this was the fact that the sexual relationship had ended not because of any action by the Registrant, but because AT1 brought it to the attention of SAP. He was clearly aware at the time of his wrongdoing. In addition, while he had undertaken self-analysis, and while there is reference in his bundle to having undertaken two sessions of analysis in October 2024, there is no evidence before the Committee of any sustained period of analysis undertaken with an appropriate professional, and no evidence of any report of such analysis and evidence of the effects of such analysis on the Registrant, as part of remedial steps to address the misconduct. The Registrant had not provided any evidence of any training in relation to professional boundaries or sexual misconduct.
41. In the circumstances, the Committee decided that the Registrant's insight was only still developing. Further, he had not demonstrated sufficient evidence that he had addressed the serious misconduct with independent and verifiable evidence, demonstrating that that he had understood why the sexual relationship occurred, the risk factors for it occurring at the time, and how to prevent such a situation arising again. The Committee therefore took the view that there were insufficient remedial steps demonstrated by the Registrant

taking into account the evidence of what he has done since the events in question to address the concerns.

42. As such, the Committee decided that there was a real risk of repetition of the behaviour in Particulars 1 and 2. As such, the Committee was satisfied that the Registrant was liable to put patients at unwarranted risk of harm, to bring the profession into disrepute, or to breach fundamental tenets in the future.
43. With regard to Particulars 3 and 4, the Panel concluded that by sending the email he had put one or more of his patients at an unwarranted risk of harm, brought the profession into disrepute as well as breached fundamental tenets of the profession. This email had the potential to cause distress to the recipients. The email demonstrated a lack of understanding into the impact of such an email on those who would receive it.
44. The Panel also noted that the Registrant had not in any detail addressed the inappropriateness of this email, his evidence about it being largely limited to explaining that it was the result of his highly anxious state of mind in the early stages of being suspended by the SAP and feeling professionally isolated. The Committee took the view that this was behaviour into which the Registrant had demonstrated little insight and had not addressed how to prevent communicating to patients with insufficient regard as to how that communication will affect them, nor had he addressed his breach of confidentiality of AT1 in the email. As such, the Committee was satisfied that there was a real risk of the Registrant's inappropriate communication to patients recurring, particularly taking into account that the Registrant's profession entails often stressful work which may lead him to feel anxious at any particular time.
45. The Panel therefore decided that on the basis of Particular 1-4, a finding of impairment is required to reflect the need to protect the public, as set out above.
46. The Registrant's behaviour in Particulars 1 and 2 was at a very high level of seriousness. He breached professional boundaries. It was a breach of a fundamental standard intrinsic to every aspect of the Registrant's practice and struck at the heart of his responsibilities and duty of care towards AT1. While the Committee took into account the Registrant's long and hitherto unblemished career and the testimonials he had submitted, the Committee was satisfied that a reasonable well-informed member of the public, with knowledge of all the facts and circumstances, would be gravely concerned if the Registrant were to be allowed to practise without restriction. The Committee was therefore satisfied that the need to uphold proper professional standards and to maintain public confidence in the profession would be undermined if a finding of impairment were not made.

47. While the Committee has decided that the Particulars 3 and 4 raised public protection concerns as part of its decision on impairment, the Committee did not consider that they gave rise to the need to find impairment on the basis of the wider public interest, being one email written in the specific context of the complaint.
48. The Committee therefore found the Registrant's current fitness to practise to be impaired on the basis of the need to uphold the wider public interest.
49. The Committee therefore found the Registrant's fitness to practise currently impaired on the basis of the need to protect the public and the wider public interest.

## **Decision on Sanction**

### **Submissions and Evidence**

50. The Committee took into account the submissions of Mr Stevens, who addressed the Committee through the BPC Indicative Sanctions Guidance (ISG) and the relevant applicable principles. Mr Stevens submitted that the misconduct in this case was too serious for a Reprimand, Conditions of Practice or Suspension. Mr Stevens submitted that such is the seriousness of the misconduct that the only appropriate sanction was a Withdrawal of registration in the circumstances of the case.
51. The Registrant gave further evidence under Affirmation. He told the Committee that having read the Committee's determinations thus far, he wished to clarify that as soon as the complaint arose, he went into therapy between October 2024 and Christmas 2024. The therapist he was seeing then retired and since Christmas 2024 he had been having two hours of therapy each week. The Registrant also told the Committee that from around February 2025 he had been having supervision once a week with a peer. The Registrant acknowledged he had not referred to this therapy and supervision in his evidence prior this point in the hearing. The therapy had contributed to the internal process which he had told the Committee about. He did also seek out a boundary violation course with The Professional Boundaries Company and discussed doing the course with the relevant individual associated with that course, but the Registrant decided against doing the course because instead of a "short sharp shock" he wanted to evolve over time with therapy.

## Decision

52. The Committee took into account the BPC's Indicative Sanctions Guidance. The Committee accepted the advice of the Legal Assessor, who referred to the general principles which the Committee should consider when deciding on the question of which sanction, if any, to impose.

53. The Committee was aware that the aim of any sanction is not to be punitive. Rather, the fundamental aim in this case was to protect the public and uphold the public interest. Which sanction, if any, to impose, was a matter for the independent judgment of the Committee. The Committee took into account the principle of proportionality in coming to its decision on sanction, which means that the right to practice should not be restricted any more than is necessary to address the concerns arising out of the Registrant's registration. Nor should the Committee impose a sanction which is any more severe than that which is necessary to protect the public and address the public interest concerns in this case.

54. The Registrant stated that he left the matter of sanction to the Committee.

55. The Committee identified the following aggravating factors:

- i. Patient A was in a vulnerable position as both a trainee and a patient;
- ii. the misconduct was prolonged;
- iii. harm was caused to Patient A and her family;
- iv. the Registrant was an experienced professional who knew what he was doing was wrong;

56. The Committee identified the following mitigating factors:

- i. early admissions to the misconduct to SAP and the BPC;
- ii. apology to AT1's husband;
- iii. expressions of remorse and accountability for actions;
- iv. engagement with these regulatory proceedings.

57. The Committee took into account the Registrant's oral evidence given at the Sanction in respect of the therapy and the supervision he has undergoing. While the Committee was prepared to accept this evidence at face value, there was neither any documentary evidence to confirm it, nor a report from his analyst or supervisor. Therefore in the absence of such independent and

verifiable evidence it was difficult for the Committee to have any real understanding of such therapy and supervision, and how it had helped the Registrant address the concerns and risks already identified by the Committee.

58. The Committee considered the level of seriousness of the misconduct. The misconduct was at the highest end of the spectrum of seriousness. This was a case involving a sexual relationship, carried out for the Registrant's sexual gratification at a time when Patient A was in a vulnerable position as both the Registrant's trainee and also his patient. The Registrant breached professional boundaries and exploited her sexually. The Registrant was in a position of power in the relationship, and in a position of trust, and his misconduct was a breach of his integrity as a professional.
59. His misconduct was deliberate and prolonged and for his own sexual gratification, and the sexual relationship ran alongside the analysis for approximately one year.
60. The misconduct ceased because AT1's family member discovered the sexual relationship on seeing messages on AT1's mobile phone, which led AT1 to inform her husband, and the SAP. The misconduct did not cease because of the Registrant's decision to end it or self-report.
61. The Committee also considered the significant impact upon and harm to AT1 resulting from the misconduct. There was evidence that not only was this emotional harm, and harm to her family, but there was professional harm in that her training had to be suspended as a result of the sexual relationship.
62. As the Committee has already found, the Registrant has not sufficiently addressed the misconduct as has already been decided, taking into account the circumstances, there is a real risk of repetition. Whilst the Registrant presented evidence of one later episode where transference was managed professionally, this was insufficient to suggest that this risk has been eliminated or materially reduced
63. The Committee first considered whether or not to take no further action and decided that this would be neither appropriate nor proportionate. Taking no further action would not be sufficient to protect the public or address the need to maintain public confidence in the profession and uphold proper standards of conduct and behaviour in light of the serious breaches of ethical standards.
64. The Committee then went on to consider a Reprimand and concluded that this sanction would not be appropriate or proportionate. It was the least severe sanction and would not prevent the Registrant from practising under the auspices of the BPC. It would not protect the public or be sufficient to uphold

public confidence in the profession or go towards upholding proper professional standards of conduct and performance, in the circumstances of this case.

65. The Committee next considered Conditions of Practice. This is a case where there is evidence of a deliberate and persistent breach of boundaries and trust, which struck at the heart of the fundamental tenets of protection of the interests of the patient in the therapeutic relationship. This was not case of identifiable clinical areas in need of review or retraining. In any event, the Committee found that the misconduct found proved and the circumstances of the same were such that the case was too serious for Conditions of Practice to be sufficient to protect the public and uphold the public interest. The Committee was of the view that there is a high public interest both in terms of the actual and potential impact on members of the profession, and on public confidence in the profession.
66. The Committee also concluded that a Suspension Order would be insufficient to protect the public and the public interest. This is a case of deliberate exploitation. The Committee has already concluded that the harm inflicted on Patient A was as a result of a deliberate series of actions by the Registrant over approximately one year, involving sexual misconduct and which demonstrated a blatant disregard for professional standards. The Registrant abused his position of trust and the power differential in the therapeutic relationship. The breach of boundaries struck at the heart of the need to protect patients, to prioritise their interests, and to respect the power differential in the therapeutic relationship. Furthermore, the misconduct has not been sufficiently addressed, and a real risk of repetition remains.
67. Taking into account these factors, the Committee decided that the only sanction which would protect the public and uphold the public interest is Withdrawal of registration. This is a proportionate and necessary sanction.
68. As part of its considerations of proportionality, the Committee did take into account that Withdrawal would prevent the Registrant 's right to practise under the auspices of the BPC, is likely to have a reputational impact, and may have a financial impact. However, the need to protect patients and uphold and address the public interest in this case outweighed the Registrant's interests in this regard.
69. The Committee decided to withdraw the Registrant's registration.
70. That concludes this determination.

## **Decision on Interim Order:**

71. Mr Stevens applied for an Interim Suspension Order on the grounds that it was necessary to protect the public and was also in the public interest.
72. The Registrant stated that he did not have submissions to make about an interim order.
73. For all the reasons set out in the Committee's determination thus far, and in all the circumstances of this case, the Committee has decided that an interim suspension order is necessary to protect patients, on the basis that there is a real risk of harm to patients. It is also in the public interest in order to uphold proper standards of conduct and behaviour and maintain confidence in the profession. If no interim suspension order were imposed to govern the appeal period, it was likely that there would be serious damage to public confidence in the profession and the regulator.
74. The Committee did take into account the principle of proportionality and decided that the likely impact of an interim suspension order on the Registrant was proportionate, considering the need to protect the public and uphold the public interest in this case.
75. The Committee decided 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 the Registrant from the register.
76. The current interim suspension order is hereby revoked and replaced by this new interim suspension order.
77. If at the end of the appeal period of 28 days, the Registrant has not lodged an appeal, the interim order will lapse and be replaced by the substantive order. If the Registrant does lodge an appeal, the interim order will continue to run until the conclusion of the appeal.
78. That concludes this determination.

