Agenda Item 15

Enclosure 12

Health and Care Professions Council
19 September 2018

Fitness to Practise annual report 2017-18

For approval

From John Barwick, Executive Director of Regulation

Council, 19 September 2017

Fitness to Practise Annual Report 2017-18

Introduction

Article 44(1)(b) of the Health and Social Work Professions Order 2001 provides that the Council shall publish an annual report describing the range of fitness to practise activity undertaken in the previous year.

The report includes statutory information that we are obliged to include: statistical information and a factual summary of fitness to practise activity for the period 1 April 2017 to 31 March 2018. In the report we aim to

- relate our work to how we protect the public;
- promote our standards of conduct, performance and ethics;
- educate the public on what behaviour is expected of professionals registered with the HCPC;
- identify potential learning for our registrants;
- apply plain language to make the report more engaging for all the stakeholders.

In relation to the visual presentation, the report will be produced with the graphics and the key points as a microsite (similar to the Annual report and accounts 2017-18[1]). This should make it more engaging for the target audience.

The text for the 2017-18 Fitness to Practise Annual Report is attached as Appendix 1.

After consideration by Council, the report will undergo final proofing, will be edited and formatted in HCPC house style and will be sent for design. The report will be published in electronic format only and made available on the HCPC website at the following page: http://www.hcpc-uk.org/publications/reports/.

Decision

The Council is asked to approve the text for the 2017-18 Fitness to Practise Annual Report, Appendix A, (subject to any necessary editorial or stylistic amendments).

Background information

[1] https://www.hcpc-uk.org/publications/reports/index.asp?id=1488

In March 2018, the Council approved a revised format of the annual report[2]. The proposed structure of the Fitness to Practise Annual Report 2017-18 as well as the covering paper put before the Council in March 2018 are attached as Appendix 2 and Appendix 3.

Resource implications

Production costs (design).

Financial implications

The production costs have been accounted for in 2018-19 budget.

Appendices

Appendix 1 Fitness to Practise Annual Report 2017-18

Appendix 2 Cover page for Fitness to Practise Annual Report Format as seen by Council in March 2018

Appendix 3 Proposed format of Fitness to Practise Annual Report 2017-18 as approved by Council in March 2018

Date of paper

4 September 2018

[2] http://www.hcpc-uk.org/assets/documents/10005727Enc14-FormatoftheFitnesstoPractiseannualreport.pdf

1 April 2017 to 31 March 2018

Protecting the public
Promoting professionalism

Fitness to practise annual report 2018

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Executive summary

Welcome to our fitness to practise annual report for the period 1 April 2017 to 31 March 2018.

This report provides statistical information about our work and explains how this work protects the public and ensures our registrants meet our standards[1]. We have included a learning resource that looks at the outcomes of concluded fitness to practise cases, to help current and future registrants to practise safely and effectively.

We have seen a 1.9 per cent increase in the number of new fitness to practise concerns we received. The number of individuals on our Register increased by 3.1 per cent. The proportion of registrants who had concerns raised about their fitness to practise remained relatively low, at 0.64 per cent, and only 0.09 per cent were subject to a sanction imposed at a final hearing.

A large proportion (42 per cent) of the concerns we received this year were raised by members of the public, which is consistent with previous years. Registrants' employers continue to be the second largest source of concerns, raising 26 per cent. Registrants have an obligation to tell us about events that might raise a concern about their fitness to practise[2] and this year, 410 registrants notified us of such concerns, which constituted 18 per cent of concerns. This is a decrease compared with 20 per cent of the concerns received through registrants' self-referrals in the previous year.

Of the cases we progressed through the fitness to practise process in 2017–18:

- we closed 1,234 as they did not meet our Standard of Acceptance[3];
- Investigating Committee panels concluded 475 cases;
- 432 cases were concluded at final hearings; and
- 250 cases were concluded at review hearings.

[1] Standard of conduct, ethics and performance and Standards of proficiency
[2] Standard of conduct, ethics and performance, paragraph 9.5
[3] The Standard of Acceptance is the threshold a concern about a registrant must meet before we will investigate it as a fitness to practise allegation.

Increased hearings activity, including final and review hearings, continued this year and amounted to 2,337 days in total. This is similar to 2016 -17.

This year saw the launch of the Health and Care Professions Tribunal Service (HCPTS). The HCPTS began operating in April 2017 and further enhances the independence of the adjudication function. This provides reassurance to those involved in fitness to practise cases that decisions are made by independent panels that are at arm's length from the organisation that has investigated the cases. We have also set up a Tribunal Advisory Committee (TAC)[4]. We have recruited a number of panel chairs, registrant and lay panel members, and legal assessors. This ensures we are able to continue to hold hearings at all stages of the process, meeting our requirements.

We have continued to develop our processes and policies, including providing support to those involved in fitness to practise cases. This year we have taken forward the following initiatives:

- Established a Tribunal Advisory Committee to support the adjudication function.
- Initiated a review of the indicative sanctions guidance.
- Reviewed our printing services to help ensure hearing bundles are available as quickly as possible to allow hearing participants more time to prepare.
- Improved the operation of the Investigating Committee panel process to ensure panels are equipped to make high quality decisions.
- Reviewed the information we provide to registrants at the point they are sent allegations about their fitness to practise.
- Reviewed the use of registrant assessors.
- Continued to explore conducting hearings in written form, where appropriate, to increase efficiency and timeliness.
- Continued to explore the use of electronic bundles.

[4] TAC is a non-statutory committee and it provides advice to the HCPC and the HCPTS on the development of its hearings function (http://www.hcpc-uk.org/aboutus/committees/tac/)

- Contributed to research to understand why fitness to practise cases are frequent in paramedics and social workers, developing an action plan in response to its recommendations.
- Revised induction material and training for both panel members and employees.
- Reviewed how we obtain feedback from stakeholders involved in the process, and used the feedback obtained to identify areas for improvement.

The Professional Standards Authority (PSA) Performance Review of the HCPC 2016-17 identified some areas where our performance did not meet the PSA's standards of good regulation. In response we have created a fitness to practise improvement plan identifying operational and strategic changes to our process. The programme of work will continue throughout 2018/19 and aims to improve both the quality and timeliness of our fitness to practise work.

We have continued to work with our key stakeholders, including the Care Quality Commission (CQC), other regulators, the NHS and social care organisations. This year we have agreed a Memorandum of Understanding with the Health Inspectorate Wales and worked closely with the CQC and other regulators to develop a protocol for the early identification and escalation of serious concerns. We have also continued to work with our registrants and their representative organisations through our fitness to practise partnership forum.

Our key priority for 2018–19 is to improve our performance to achieve the PSA's standards of good regulation, by delivering and evaluating the fitness to practise improvement project. Key improvement activities include:

- a review of the resources needed to progress our work to the quality and timeliness required;
- review and development of the threshold for the receipt and investigation of fitness to practise concerns;
- development of our approach to the identification and investigation of concerns about registrants' health;
- development and implementation of a case progression plan; and
- review of our approaches to concluding cases by consent and decisions to discontinue allegation.

We will also continue to support the delivery of an action plan developed as a result of research we commissioned by the University of Surrey, to understand why fitness to practise cases are prevalent in paramedics and social workers in England. We will also be preparing to support plans to transfer the regulation of social workers to Social Work England.

I hope you find this report of interest. If you have any feedback, please contact our Assurance and Development team at ad@hcpc-uk.org.

John Barwick
Executive Director of Regulation

Section 1: Fitness to practise key information

Section: 1.1 Protecting the public

We are the Health and Care Professions Council (HCPC), a regulator set up to protect the public by:

- setting standards for the professions we regulate;
- publishing and maintaining a Register[5] of health and care professionals who meet these standards;
- approving and monitoring education and training programmes so that when someone successfully completes a programme they are eligible to apply to the Register; and
- acting if someone on our Register falls below our standards.

In the year 1 April 2017 to 31 March 2018 we regulated 16 professions.

- Arts therapists
- Biomedical scientists
- Chiropodists / podiatrists
- Clinical scientists
- Dietitians
- Hearing aid dispensers
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics

[5] http://www.hcpc-uk.org/aboutregistration/theregister/

- Physiotherapists
- Practitioner psychologists
- Prosthetists / orthotists
- Radiographers
- Social workers in England
- Speech and language therapists

What is fitness to practise?

All our registrants must follow our standards of conduct, performance and ethics and standards of proficiency in order to be registered and maintain their registration. The standards are available on our website www.hcpc-uk.org/publications/standards

When we say that a registrant is 'fit to practise' we mean that they have the skills, knowledge and character to practise their profession safely and effectively. Being fit to practise is about more than being a competent health and care professional. The need for registrants to keep their knowledge and skills up to date, to act competently and remain within the bounds of their competence are all important aspects of fitness to practise. Maintaining fitness to practise also requires registrants to treat service users with dignity and respect, to collaborate and communicate effectively, to act with honesty and integrity and to manage any risk posed by their own health. More information about our approach to fitness to practise can be found in the HCPC's Approach to Fitness to Practise document on our website www.hcpc-uk.org/publications

What is the purpose of the fitness to practise (FTP) process?

Its purpose is to identify registrants who are not fit to practise and, where necessary, take steps to restrict their ability to practise. This provides protection for the public, and maintaining confidence in the professions that we regulate and in us as a regulator.

Most health and care professionals adhere to the standards without any intervention by us. Only a small minority of registrants will ever face an allegation that their fitness to practise is impaired.

Sometimes professionals make mistakes or have one-off instances of relatively minor unprofessional conduct or behaviour, which are unlikely to be repeated. In such circumstances, it is unlikely that the registrant's fitness to practise will be found to be impaired. We are, therefore, unlikely to pursue every isolated or minor mistake. However, if a professional is found to fall below our standards, we will consider the appropriate action to take.

Section: 1.2. Developments and key statistics

Concerns received

Over the last six years we have seen a steady increase in the volume of registrants on our Register and in the volume of concerns. Within the last six years the number of registrants on our Register has increased by 16 per cent, to 361,061 in 2017–18. The number of concerns we have received has increased by 39 per cent, to 2,302 in 2017–18. It is important to note, however, that during 2017–18 only 0.64 per cent of registrants had an allegation made against them; the same as the year before (see Figure 1).

Figure 1. Proportion of registrants subject to concern

Year	Total number of registrants	% of registrants subject to a concern	Number of concerns
2012–13	310,942	0.52	1,653
2013–14	322,021	0.64	2,069
2014–15	330,887	0.66	2,170
2015–16	341,745	0.62	2,127
2016–17	350,330	0.64	2,259
2017–18	361,061	0.64	2,302

This year has seen an increase of 1.9 per cent in the number of concerns received compared to the previous year. At the same time, the number of professionals registered increased by three per cent.

The proportion of registrants who have had a concern raised about them has remained the same at 0.64 per cent. This means that only one in 157 registrants were the subject of a new concern about their fitness to practise. Please note that in a small number of instances a registrant would be the subject of more than one concern.

Figure 2. Where concerns come from

Who raised a concern	**Number**	**%**
Article 22(6) / anon	69	3
Employer	611	26
Other	116	5
Other registrant / professional	76	3
Professional body	12	1
Police	25	1
Public	983	42
Self-referral	410	18
Total	**2302**	**100**

The category ‘Other’ in Figure 2 will include solicitors acting on behalf of complainants, hospitals / clinics (when not acting in the capacity of employer), colleagues who are not registrants and the Disclosure and Barring Service, who notify us of individuals who have been barred from working with vulnerable adults and / or children. Other types of complainants may all fall within this category.

Members of the public continue to raise the largest proportion of concerns, over 42 per cent of the new concerns raised, while employers continue to be the second largest source of concerns, comprising 26 per cent of the total. The proportion of cases which were the result of a self-referral by the registrant has remained the third most common source of concern, however the percentage has gone down to 18 per cent this year from 20 per cent in the previous year.

Where a concern does not meet the Standard of Acceptance, even after we have sought further information, the case is closed. In 2017–18, 1,234 cases were closed as they did not meet the Standard of Acceptance. Within the same period 707 cases, 57 per cent, that were closed in this way came from members of the public. This compares to 59 per cent in 2015–16 and 26 per cent in 2016-17.

Decisions by Investigating Committee panels

Investigating Committee panels (ICPs) consider the information about concerns and decide whether there is a case to answer in relation to the allegations. ICPs considered 534 cases in 2017–18, which was 18 per cent less than in the previous year. In 59 out of 534 cases considered this year, the panel requested that we obtain further information before they could make a decision. The panel decided there was a case to answer or no case to answer in 475 cases this year. In 79 per cent of those cases, the decision was that there was a case to answer and the matter was referred for a hearing. A detailed breakdown of those decisions, information about where the concerns originated and how they came to be considered, is set out in Figure 3.

The largest group of complainants for cases considered was employers and panels decided there was a case to answer in a significant proportion of these (82 per cent). Cases that were referred to us anonymously or under article 22(6), which allows us to investigate a matter even where a concern has not been raised in the usual way, also had a high proportion where there was a case to answer (75 per cent). In the cases referred by the public, ICPs found there was a case to answer in 63 per cent. This

represents an increase compared to the previous year where the proportion was 47 per cent. ICPs found that there was a case to answer in 75 per cent of cases that were self-referred by registrants, compared to 66 per cent previously.

Figure 3. Cases to answer and who raised the concerns

Complainant	Number of cases to answer decisions	Number of no case to answer decisions	Total	% case to answer
Article 22(6) / anon	6	2	8	75
Employer	226	50	276	82
Other	18	4	22	82
Other registrant / professional	4	0	4	100
Police	8	2	10	80
Professional body	0	0	0	0
Public	22	13	35	63
Self-referral	91	29	120	75
Total	**375**	**100**	**475**	**79**

Figure 4 shows the percentage of case-to-answer decisions each year from 2012–13 to 2016–17. Seventy-nine per cent of cases reached this conclusion in 2017–18, an increase of eight per cent from the previous year.

Figure 4 Percentage of allegations where there was a case-to-answer

Year	% of cases with case to answer
2012–13	58
2013–14	53

2014–15	53
2015–16	63
2016–17	71
2017-18	79

Decisions by hearing panels

Conduct and Competence Committee panels and Health Committee panels consider all the evidence put before them and make decisions at final hearings about whether restrictions should be placed on a registrant's practice. This is in order to protect the public. ICPs can make a final decision that the individual should be removed from the Register or that the Register should be amended on cases where there is an incorrect or fraudulent entry allegation. In 2017–18, 432 final hearing cases were concluded. However, only a limited number of these resulted in a sanction being imposed.

Figure 5 illustrates the number of public hearings that were held from 2012–13 to 2017–18. It details the number of hearings heard about interim orders, final hearings and reviews of substantive decisions. Some cases will have been considered at more than one hearing in the same year. For example, if a case was part heard and a new date had to be arranged. Further information about different types of hearings is included in Section 3. How we manage fitness to practise cases.

Figure 5. Number of concluded public hearings

Year	Interim order and review	Final hearing	Review hearing	Restoration hearing	Article 30(7) hearing	Total
2012–13	194	228	141	1	1	565
2013–14	265	267	155	1	1	689
2014–15	337	351	236	5	0	929
2015–16	346	320	171	8	1	846
2016–17	466	445	216	8	0	1,135
2017-18	505	432	250	7	0	1,194

Decisions from all public hearings where fitness to practise is found to be impaired are published on our website at www.hcpc-uk.org (or www.hcpts-uk.org). Details of cases that are considered to be not well founded are not published on the HCPC website unless specifically requested by the registrant concerned.

Figure 6 is a summary of the outcomes of hearings that concluded in 2017–18. It does not include cases that were adjourned or part heard.

Figure 6. Outcomes reached by each committee

Committee	Caution	Conditions of practice	No further action	Not well founded/ discontinued	Removed by Consent	Struck off	Suspension	Well founded	Total
Conduct and Competence Committee	**53**	**48**	**13**	**88**	**34**	**91**	**87**	**0**	**414**

Health Committee		**3**		**5**	**1**		**8**	**0**	**17**
Investigating Committee (fraudulent or incorrect entry)						**1**		**0**	**1**
Total	**53**	**51**	**13**	**93**	**35**	**92**	**95**	**0**	**432**

Analysis of the impact of outcomes on registrants shows that:

- 51 per cent had a sanction that prevented them from practising (strike-off order, including removal by consent and suspension);
- twelve per cent had a sanction that restricted their practice (conditions of practice);
- twelve per cent had a caution entry on the Register; and
- 24 per cent of the cases considered at the final hearings were not well founded or resulted in no further action.

Days of hearing activity

Investigating Committee, Conduct and Competence Committee and Health Committee panels met on 2,337 days in 2017–18, across the range of public and private decision-making activities. This indicates the increasing trend in hearings activity compared to the last couple of years. Figure 7 sets out the types of hearing activity in 2017–18. It shows that 1,768 hearing days were held to consider final hearing cases. This includes days where more than one hearing takes place and cases that were part heard or adjourned, as well as seven restoration hearings.

While we have held more hearing days this year, the number of hearings that have concluded within the allocated timeframe (without the need to adjourn) has increased. This year approximately 15 per cent of hearings were adjourned compared to almost 20 per cent in the previous year. This positive development can be linked to better preparation of cases before hearings by specialised teams in the realigned Fitness to Practise Department and our improvement work following feedback from all the hearing stakeholders.

ICPs only hear final hearing cases about fraudulent or incorrect entry to the Register. Only one case fell into this category this year.

Panels may hear more than one case on some days to make the best use of the time available. Of the 432 final hearing cases that concluded in 2017–18, it took an average of 3.5 days to conclude cases. We have improved our processes to carefully analyse the circumstances of the cases before scheduling them for hearing and increased communication before the hearing with case presenters. This helped to improve the accuracy of the hearing length of time and allowed us to provide better support to witnesses or unrepresented registrants who may need assistance during the hearing process.

Figure 7 Breakdown of public and private hearing activity in 2017–18

Private meetings		**Public hearings**	
Activity	**Number of days**	**Activity**	**Number of days**
Investigating Committee	107	Final hearings	1,768
Preliminary meetings	52	Review of substantive sanctions	164
		Interim orders	246
Total	**159**		**2,178**

Length of time to progress cases

We continue to try and ensure that cases are progressed in a timely manner. Reducing the time taken to conclude cases is in all parties' interests, subject to the overriding need to ensure a fair process. The length of time for a hearing to conclude can be extended for a number of reasons. These include complex investigations, legal arguments, vulnerability or availability of the parties and requests for adjournments, which can all delay proceedings. Where criminal investigations have begun, we will usually wait for the conclusion of any related court proceedings. Criminal cases are often lengthy and can extend the time it takes for a case to reach a hearing.

Figure 8 sets out the total length of time to close all cases, from the point the concern was received to case closure at different points in the FTP process. This includes cases which did not meet the Standard of Acceptance, those were no case to answer was found and those concluded at final hearings. In 2017–18, the total length of time for this combined group was a mean of ten months and a median of four months. This was comparable with the previous year. In the previous year the mean was nine months and a median five months.

Figure 8. **Length of time to close all cases at all stages**

	Number of cases	Cumulative number of cases	% of cases	Cumulative % of cases
0 to 2 months	**660**	660	37%	37%
3 to 4 months	**232**	892	13%	50%
5 to 7 months	**222**	1114	12%	62%
8 to 12 months	**152**	1266	9%	71%
13 to 15 months	**85**	1351	5%	76%
16 to 20 months	**166**	1517	9%	85%
21 to 24 months	**77**	1594	4%	89%
> 24 months	**193**	1787	11%	100%
Total	**1787**		100.0	

Figure 9 below presents the length of time statistics for the FTP cases between 2013–14 and 2017–18. Within this five-year period, the length of time it takes to close a case has increased. This was reflected in the Professional Standards Authority's (PSA) last annual performance report and is being addressed as part of our fitness to practise improvement plan.

Figure 9.

Length of time to progress case from receipt to ICP:

Year	2013–14	2014–15	2015–16	2016–17	2017–18
Mean	7	9	11	10	12
Median	6	8	9	8	10

Length of time to progress case from receipt to FH:

Year	2013–14	2014–15	2015–16	2016–17	2017–18
Mean	18	19	23	25	26
Median	16	17	21	22	21

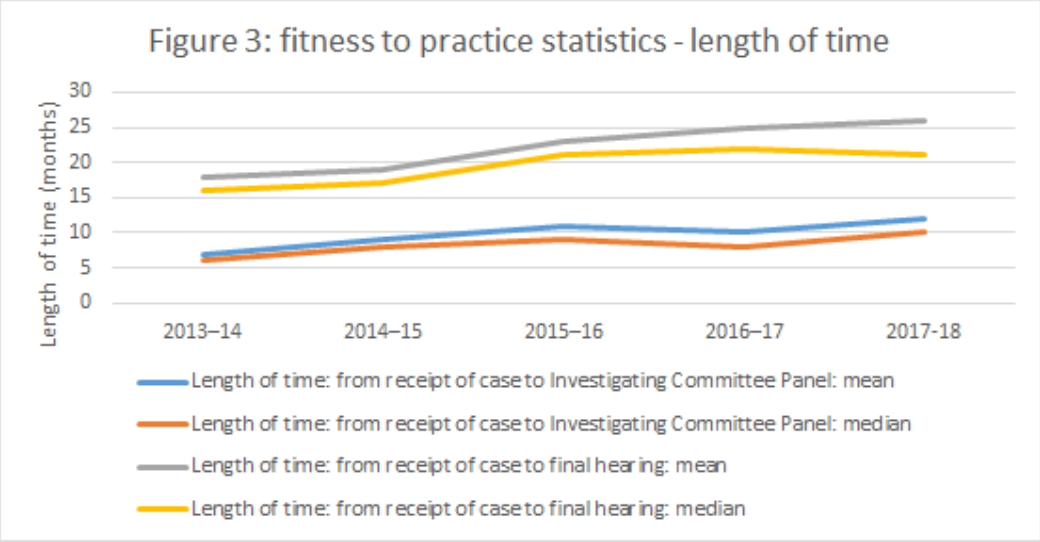
Figure 3: fitness to practice statistics - length of time
Length of time (months)
30
25
20
15
10
5
0
2013–14
2014–15
2015–16
2016–17
2017-18
Length of time: from receipt of case to Investigating Committee Panel: mean
Length of time: from receipt of case to Investigating Committee Panel: median
Length of time: from receipt of case to final hearing: mean
Length of time: from receipt of case to final hearing: median

Section 2: Concerns raised with us

Anyone can contact us and raise a concern about a registered professional. This includes members of the public, employers, the police and other professionals.

Further information about how to tell us about a fitness to practise (FTP) concern is in our brochure How to raise a concern, which is available on our website at www.hcpc-uk.org/publications/brochures

Self-Referrals

Article 22(6) of the Health and Social Work Professions Order 2001 is important in 'self-referral' cases. Article 22(6) allows us to investigate a matter even where a concern has not been raised with us in the normal way (for example, in response to a media report or where information has been provided by someone who does not want to raise a concern formally). This is an important way we can use our legal powers to protect the public.

We encourage all professionals on our Register to self-refer any issue which may affect their fitness to practise. Standard 9 of our standards of conduct, performance and ethics states that "You must tell us as soon as possible if:

- you accept a caution from the police or if you have been charged with, or found guilty of, a criminal offence;
- another organisation responsible for regulating a health or social-care profession has taken action or made a finding against you; or
- you have had any restriction placed on your practice, or been suspended or dismissed by an employer, because of concerns about your conduct or competence".

We assess all self-referrals to determine if the information provided suggests that the registrant's fitness to practise may be impaired and whether it may be appropriate for us to investigate the matter further using the Article 22(6) provision. Following the

Surrey Research Action Plan, we are working towards providing further guidance to the registrants about when is it appropriate to self-refer to us. Figure 10 provides a breakdown of concerns raised by profession, together with details of who raised the concern.

Figure 10 Concerns by profession and complainant type

Profession	Article 22(6)/ Anon	%	Employer	%	Other	%	Other registrant	%	Police	%	Professional body	%	Public	%	Self-referral	%	Total
Arts therapists	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	5	0.5%	3	0.7%	**8**
Biomedical scientists	0	0.0%	32	5.2%	4	3.4%	8	10.5%	0	0.0%	0	0.0%	1	0.1%	13	3.2%	**58**
Chiropodists / podiatrists	4	5.8%	8	1.3%	3	2.6%	4	5.3%	2	8.0%	0	0.0%	36	3.7%	7	1.7%	**64**
Clinical scientists	0	0.0%	1	0.2%	1	0.9%	1	1.3%	0	0.0%	0	0.0%	1	0.1%	3	0.7%	**7**
Dietitians	0	0.0%	4	0.7%	0	0.0%	1	1.3%	0	0.0%	0	0.0%	11	1.1%	1	0.2%	**17**
Hearing aid dispensers	0	0.0%	6	1.0%	4	3.4%	0	0.0%	1	4.0%	0	0.0%	9	0.9%	4	1.0%	**24**
Occupational therapists	3	4.3%	50	8.2%	4	3.4%	2	2.6%	1	4.0%	0	0.0%	32	3.3%	28	6.8%	**120**
Operating department practitioners	4	5.8%	26	4.3%	7	6.0%	3	3.9%	2	8.0%	0	0.0%	2	0.2%	20	4.9%	**64**
Orthoptists	0	0.0%	1	0.2%	1	0.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	**2**
Paramedics	23	33.3%	58	9.5%	10	8.6%	14	18.4%	4	16.0%	1	8.3%	59	6.0%	149	36.3%	**318**
Physiotherapists	2	2.9%	51	8.3%	18	15.5%	6	7.9%	4	16.0%	3	25.0%	70	7.1%	26	6.3%	**180**
Practitioner psychologists	3	4.3%	15	2.5%	9	7.8%	9	11.8%	2	8.0%	0	0.0%	112	11.4%	10	2.4%	**160**
Prosthetists / orthotists	0	0.0%	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	**1**
Radiographers	2	2.9%	34	5.6%	2	1.7%	3	3.9%	1	4.0%	0	0.0%	12	1.2%	24	5.9%	**78**
Social workers in England	26	37.7%	316	51.7%	52	44.8%	25	32.9%	8	32.0%	8	66.7%	621	63.2%	118	28.8%	**1,174**
Speech and language therapists	2	2.9%	8	1.3%	1	0.9%	0	0.0%	0	0.0%	0	0.0%	12	1.2%	4	1.0%	**27**

	69	**100.0 %**	**61 1**	**100.0 %**	**11 6**	**100.0 %**	**76**	**100.0 %**	**25**	**100.0 %**	**12**	**100.0 %**	**98 3**	**100.0 %**	**41 0**	**100.0 %**	**2,30 2**

Figure 11 provides information on the breakdown of cases received by profession and gives a comparison to the Register as a whole. Similar to the previous year, the largest proportion of concerns we received were raised about social workers (51 per cent) and paramedics (13.8 per cent). The majority (over 50 per cent) of the concerns raised about social workers came from members of the public. The majority (47 per cent) of concerns about the paramedics came through self-referral.

Figure 11 Cases by profession and percentage of the Register

Profession	Number of cases	% of total cases	Number of registrants	% of the Register	% of registrants subject to concerns
Arts therapists	8	0.35	4,322	1.20	0.19
Biomedical scientists	58	2.52	22,395	6.20	0.26
Chiropodists / podiatrists	64	2.78	13,115	3.63	0.49
Clinical scientists	7	0.30	5,818	1.61	0.12
Dietitians	17	0.74	9,585	2.65	0.18
Hearing aid dispensers	24	1.04	2,908	0.81	0.83
Occupational therapists	120	5.21	38,183	10.58	0.31
Operating department practitioners	64	2.78	13,639	3.78	0.47
Orthoptists	2	0.09	1,440	0.40	0.14
Paramedics	318	13.81	25,465	7.05	1.25
Physiotherapists	180	7.82	55,132	15.27	0.33
Practitioner psychologists	160	6.95	23,104	6.40	0.69
Prosthetists / orthotists	1	0.04	1,051	0.29	0.10
Radiographers	78	3.39	32,475	8.99	0.24
Social workers in England	1174	51.00	96,497	26.73	1.22

Speech and language therapists	27	1.17	15,932	4.41	0.17
Total	2,302	100.00	361,061	100.00	0.64

Nature of concerns: what types of cases we can consider

The standards of conduct, performance and ethics are the standards we set for all professionals on our Register to follow. These set out, in broad terms, our expectations of their behaviour and conduct.

“Registrants must:

- promote and protect the interests of service users and carers;
- communicate appropriately and effectively;
- work within the limits of their knowledge and skills;
- delegate appropriately;
- respect confidentiality;
- manage risk;
- report concerns about safety;
- be open when things go wrong;
- be honest and trustworthy; and
- keep records of their work.”

The standards are important as they help us to decide whether we should take action if someone raises a concern about a registrant’s practice. More information about all of our standards can be found on our website at https://www.hcpc-uk.org/aboutregistration/standards/

We consider every case individually. However, a registrant's fitness to practise is likely to be impaired if it appears that they have breached our standards by:

- being dishonest, committing fraud or abusing someone's trust;
- exploiting a vulnerable person;
- failing to respect service users' rights to make choices about their own care;
- not managing health problems appropriately, affecting the safety of service users;
- hiding mistakes or trying to block our investigation;
- having an improper relationship with a service user;
- carrying out reckless or deliberately harmful acts;
- seriously or persistently failing to meet standards;
- being involved in sexual misconduct or indecency (including any involvement in child pornography);
- having a substance abuse or misuse problem;
- have been violent or displayed threatening behaviour; or
- carrying out other equally serious activities which affect public confidence in the profession.

We can also consider concerns about fraudulent or incorrect entry to the Register. For example, the person may have provided false information when they applied to be registered or other information may have come to light since that means that they were not eligible for registration.

What we cannot do

We are not able to:

- consider cases about professionals who are not registered with us;
- consider cases about organisations (we only deal with cases about individual registrants);
- get involved in clinical or social care arrangements;
- reverse decisions of other organisations or bodies;

- deal with customer service issues;
- get involved in matters which should be decided upon by a court;
- get a professional or organisation to change the content of a report;
- arrange refunds or compensation;
- fine a professional;
- give legal advice; or
- make a professional apologise.

Further information about the types of concerns we considered and action we took is included in Section 4 Learning from fitness to practise cases.

What to expect

Case managers keep everyone involved in the case up-to-date with its progress and informed about the process we are following and the decisions that are being made. Case managers are neutral and do not take the side of either the registrant or the person who has made us aware of the concerns. To ensure decisions are made independently, HCPC employees or Council members are not involved in the decision-making process. This ensures that we balance the rights of the registrant against the need to protect the public.

How to raise a concern

If you would like to raise a concern about a professional registered with us, please write to us at the following address.

Fitness to Practise Department
Health and Care Professions Council
Park House
184 Kennington Park Road

London SE11 4BU

If you need advice, or feel your concerns should be dealt with over the telephone, you can also contact a member of the Fitness to Practise Department on in one of these ways.

Tel +44 (0)20 7840 9814
Freephone 0800 328 4218 (UK only)
Fax +44 (0)20 7582 4874

You may also find our Reporting a concern form useful, available at www.hcpc-uk.org

Section 3: How we manage our cases

Section 3.1 Case assessment

We take a proportionate and risk-based approach when considering a registrant's fitness to practise.

New concerns about a registrant's fitness to practise that are raised with us are considered by the Case Reception and Triage team. The concerns are assessed against our Standard of Acceptance. For further information, please see The Standard of Acceptance for Allegations policy and our Standard of acceptance explained factsheet on our website at www.hcpc-uk.org/publications/policy. The policy also recognises that, while concerns are raised about only a small minority of registrants, investigating them takes a great deal of time and effort. So it is important that our resources are used effectively to protect the public and are not diverted into investigating matters which do not give cause for concern. If the Standard of Acceptance is not met, even after we have sought further information, the case will be closed. Where cases are closed we will, wherever we can, signpost complainants to other organisations that may be able to help with the issues they have raised.

Section 3.2. Investigating Committee panels

Following our initial enquiries, if the Standard of Acceptance is met, the case will be allocated to a case manager in our Investigations team. The team will gather evidence to make a full assessment of the allegation. We will, as far as it is lawful to do so, share the evidence we have obtained with the registrant under investigation and will ask for their observations. The case manager will manage the case through to the Investigating Committee panel (ICP). The ICP will consider the case and determine whether the case should be closed at that stage or whether there is a case to answer and the case should be referred for a hearing.

An ICP can decide that:

- more information is needed;
- there is a case to answer (which means the matter will proceed to a final hearing); or
- there is no case to answer (which means that the case does not meet the 'realistic prospect' test).

ICPs meet in private to conduct a paper-based consideration of the allegation. Neither the registrant nor the complainant appears before the ICP whilst it decides whether or not there is a case to answer based on the documents before it. In considering whether there is a case to answer, the burden of proof is upon us. The ICP applies a 'realistic prospect' test, to make sure they are satisfied that there is a realistic possibility that they will be able to prove the alleged facts and that, based on those facts, the panel considering the case at a final hearing would make one of the following conclusions.

- Those facts amount to the statutory ground (ie misconduct, lack of competence, physical or mental health, caution or conviction or a decision made by another regulator responsible for health and social care).

- The registrant's fitness to practise is impaired by reason of the statutory ground.

Only in cases where the 'realistic prospect' test is satisfied in respect of all three relevant elements (facts, statutory ground(s) and impairment) can the matter be referred to a final hearing. Panels must consider the allegation as whole. Examples of 'case-to-answer' and 'no-case-to-answer' decisions can be found in the section below.

In some cases there may be a realistic prospect of proving the facts. However, the panel may consider there is no realistic prospect of those facts amounting to the ground(s) of the allegation. Similarly, a panel may consider that there is sufficient information to provide a realistic prospect of proving the facts and establishing the ground(s) of the allegation but there is no realistic prospect of establishing that the registrant's fitness to practise is impaired. This could be for a number of reasons: for example, because the allegation concerns a minor and isolated lapse that is unlikely to recur, or there is evidence to show the registrant has taken action to correct the behaviour that led to the allegation being made, so there is no risk of repetition. Such cases might result in a 'no-case to-answer' decision, and might therefore not proceed to a final hearing. We are required to assess these issues carefully on a case-by-case basis.

In 'no-case-to-answer' decisions, if matters arise which the panel want to bring to the attention of the registrant, the decision may include a learning point. Learning points are general in nature and are for guidance only. They allow ICPs to acknowledge that a registrant's conduct or competence is not to the standard expected and provide advice on how they can learn from the event.

Decisions by Investigating Committee panels

Each case will be considered on its own merit. Panel decisions will vary, depending on factors including the factual circumstances of the case, behaviours demonstrated by the registrant and the risk to the public. The examples below describe the allegation and a brief rationale of the panel's decision.

Examples of decisions by the Investigating Committee

Case study 1

Panel decision	**No case to answer**
Type of concern	**Failure to provide adequate care** A practitioner psychologist was alleged not to have correctly identified specific psychological issues as a core component of a service user's presenting problems and in consequence, not to have formulated a suitable treatment plan. It was also alleged that the registrant had neither informed the service user's GP that they were unable to treat these specific issues nor referred the service user to other appropriate professionals.
Profession	**Practitioner psychologist**
Standard	**Standard of conduct, performance and ethics** Standard 1. Promote and protect interests of service users and carers Standard 2. Communicated appropriately and effectively Standard 3. Work within the limits of your knowledge and skills Standard 6. Manage risk: Identify and minimise risk

Registrant's response	Registrant responded and denied the allegations
Case Study	As well as the registrant's written response to the allegation, the panel had the benefit of other information gathered during the investigation. This included copies of GP referral letters, a psychiatrist's report and correspondence between the professionals involved in the service user's treatment, together with the registrant's notes of their sessions with the service user and a report commissioned from a registrant assessor. Registrant assessors, who are experienced members of the registrant's own profession, are instructed by us to provide expert and independent advice to ICPs where the matters being investigated are particularly complex. The panel noted that the registrant had denied the allegation. Nonetheless, on the basis of the other information available to it, the panel was satisfied there was a realistic prospect of establishing that the registrant had not identified the specific psychological issues as a core component of the service user's presenting problems. It was also satisfied and that they had not maintained the required level of contact with the service user's GP or with other professionals involved in the service user's care. In summary, the panel concluded was that the case met the realistic prospect test in relation to the facts of the allegation. The panel then went on to consider the second strand of the test, namely whether there was a realistic prospect of the alleged facts being found to amount to the statutory ground, in this case of misconduct. In this regard the panel considered the referral letters from the service user's GP. It noted that the first referral letter, from a locum GP, had not been acknowledged by the registrant and its content was not subsequently referenced by any of the other professionals involved in the service user's care. The second referral letter, which made no reference to the specific psychological issues in dispute, was acknowledged by the registrant. The registrant denied receiving the first letter. The panel noted that the registrant's first appointment with the service user had been scheduled very promptly after the second referral. In the panel's view, this gave weight to the conclusion that the registrant had not received the first referral letter and so would have been unaware of its content. The panel further noted that the registrant's notes of the initial session with the service user concentrated on a range of presenting psychological issues and made only brief reference to the specific issues set out in the allegation. The service user had four sessions with the registrant over a six-month period, during which the service

	user was also seen by a psychiatrist who also did not identify the specific issues forming a central component of the service user's presenting problems. In considering the independent Registrant Assessor's report, the panel found that this reached no firm conclusion on whether the service user's specific psychological issues were a central component of their presenting problems. Taking account of all the available information, the panel determined that there was no information to suggest that the registrant ought to have identified that the specific issues were a core component of their presenting problems. Accordingly, while there was a realistic prospect of establishing the alleged facts, there was no realistic prospect of a finding that these facts amounted to misconduct.

Case study 2

Panel decision	**Case to answer**
Type of concern	**Failure to provide adequate care** A paramedic was alleged to have conducted incomplete assessments and provided inadequate treatment to several service users over a twelve-month period. The alleged shortcomings in the registrant's practice ranged over a number of paramedic interventions, including inability to cannulate a service user and a failure to provide the same service user with oxygen, and not recording a clear rationale where a decision had been taken not to take a service user to hospital.
Registrant's response	Registrant responded and accepted some limited responsibility for inadequate standards of care provided to these service users, but strongly denied most of the alleged facts. Where the facts were admitted, the registrant denied that these were evidence of either misconduct or a lack of competence.
Profession	**Paramedic**

Standard	**Standard of conduct, performance and ethics** Standard 1. Promote and protect interests of service users and carers Standard 2. Communicated appropriately and effectively Standard 3. Work within the limits of your knowledge and skills Standard 6. Manage risk: Identify and minimise risk **Standards of proficiency for paramedics** Standard 1. Be able to practise safely and effectively within their scope of practice Standard 4. Be able to practise as an autonomous professional exercising their professional judgement Standards 10. Be able to maintain records appropriately Standard 14. Be able to draw on appropriate knowledge and skills to inform practice
Case Study	In their written response to the allegation, the registrant accepted limited responsibility for inadequate standards of care provided to these service users but strongly denied most of the alleged facts. Where the facts were admitted, the registrant denied that these were evidence of either misconduct or a lack of competence. The panel noted that the registrant had made partial admissions to several of the alleged facts. The panel also gave due weight to documents provided by the ambulance service that employed the registrant paramedic. This documentation included Patient Clinical Records (PCRs), completed by the registrant, the outcome of a Training Needs Analysis and the report into the incidents, produced by the investigating officer appointed by the ambulance service. Weighing up the information provided by the ambulance service and the registrant's response to the allegation, the panel was satisfied that there was no realistic prospect of proving the alleged facts in respect of the allegation relating to one of the service users. This was because it was clear from the documentation that responsibility for these shortcomings lay with another paramedic and not with the registrant who was the subject of the allegation.

	In relation to the greater part of the allegation, however, the panel was able to conclude on the basis of the registrant's partial admission of responsibility, together with all the other information gathered during the investigation, that there was a realistic prospect of proving the facts. As it is required to do by law, the panel then moved on to consider whether there was a realistic prospect that these facts would amount to one of the statutory grounds – in this case either misconduct or lack of competence. The panel noted that the allegations related to several service users and involved a number of serious clinical failings over a relatively short period of time. The panel recognised that these failings, if proved, could have put service users at serious risk of harm. Because of this, it determined that there was a realistic prospect that the alleged facts would amount to misconduct or lack of competence. Having reached this conclusion, the panel was next required to apply the same realistic prospect test to the question of whether the registrant's fitness to practise might be found to be impaired (ie negatively affected) by a final hearing panel by reason of the alleged misconduct or lack of competence. In this regard, the panel took into account the potentially serious impact the registrant's alleged lack of competence or misconduct could have had on the service users affected. In consequence, and considering the allegation as a whole (ie the alleged facts, the statutory ground and the question of impairment), the panel concluded that there was a realistic prospect of establishing current fitness to practise impairment.

Section 3.2. Interim orders

In certain circumstances, panels of our Practice Committees may impose an interim suspension order or an interim conditions of practice order on registrants who are subject to a fitness to practise (FTP) investigation. These interim orders prevent the registrant from practising, or places limits on their practice, while the investigation is ongoing. This power is used when it is necessary to protect the public – for example, because if a registrant continued to practise they would pose a risk to the public, or to him or herself. Panels will only impose an interim order if they are satisfied that the public or the registrant involved require immediate protection. Panels will also consider the potential impact on public confidence in the regulatory process should a registrant be allowed to continue to practise without restriction, whilst they are subject to an allegation, and may then impose an interim order in the public interest.

An interim order takes effect immediately and will remain until the case is heard or the order is lifted on review. The duration of an interim order is set by the panel, however it cannot last for more than 18 months. If a case has not concluded before the interim order expires, we must apply to the relevant court to have the order extended. In 2017–18 we applied to the High Court to extend an interim order in 37 cases.

A Practice Committee panel may make an interim order to take effect either before a final decision is made about an allegation, or pending an appeal against the decision.

In 2017–18, 164 applications were made for interim orders, accounting for over 7 per cent of the cases received. The majority (141 cases, 86 per cent) of those applications were granted and 23 (14 per cent) were not. In 2016–17, a similar number of applications was made and 90 per cent were granted (see Figure 12). Social workers in England and paramedics had the highest number of applications.

Our governing legislation says that we have to review an interim order six months after it is first imposed and every three months thereafter. The regular review mechanism is particularly important, given that an interim order will restrict or prevent a registrant from practising pending a final hearing decision. Applications for interim orders are usually made at the initial stage of the investigation, but a registrant may ask for an order to be reviewed at any time if, for example, their circumstances change or new evidence becomes available. An interim suspension order may be replaced with an interim conditions of practice order if the panel consider this will adequately protect the public. Equally, an interim conditions of practice order may be replaced with an interim suspension order if the panel considers it to be necessary to protect the public, or an interim order of either type may be revoked. In 2017–18 there were seven cases where an interim order was revoked by a review panel.

We assess the risk of all concerns on receipt, to help determine whether to apply for an interim order. In 2017–18, the median time it took for a panel to consider whether an interim order was necessary was 14 weeks, from receipt of the complaint.

Not all interim order applications are made immediately on receipt of the complaint. It may be that we receive insufficient information with the initial complaint, or that during the course of the investigation the circumstances of the case change. We assess the risk of new material as it is received throughout the lifetime of a case, to decide if it indicates that an interim order application is necessary.

In 2017–18, in cases where information appeared to pose a risk, the median time between receiving the information and hearing an interim order application by a panel was 20 days.

Figure 12 shows the number of interim orders by profession and the number of cases where an interim order has been granted, reviewed or revoked. These interim orders are those sought by us during the management of the case. It does not include interim orders that are imposed at final hearings to cover the registrant's appeal period.

Figure 12 Number of interim orders by profession

Profession	Applications considered	Applications granted	Applications not granted	Orders reviewed	Orders revoked on review
Arts therapists	0	0	0	0	0
Biomedical scientists	6	6	0	5	0
Chiropodists / podiatrists	6	5	1	11	0
Clinical scientists	0	0	0	0	0
Dietitians	3	3	0	5	0
Hearing aid dispensers	3	3	0	2	0
Occupational therapists	7	6	1	12	0
Operating department practitioners	6	6	0	22	0
Orthoptists	0	0	0	0	0
Paramedics	30	27	3	46	1
Physiotherapists	18	13	5	58	2
Practitioner psychologists	6	6	0	9	0

Prosthetists / orthotists	0	0	0	2	0
Radiographers	7	5	2	25	0
Social workers in England	69	59	10	142	4
Speech and language therapists	3	2	1	0	0
Total	164	141	23	340	7

Section 3.3. Public hearings

Cases where the Investigating Committee decided that there was a case to answer, are referred to a panel of the Conduct and Competence Committee or the Health Committee for consideration, depending on the nature of the allegation.

Most hearings are held in public, as required by our governing legislation, the Health and Social Work Professions Order 2001. Occasionally a hearing, or part of it, may be heard in private in certain circumstances. If a registrant is registered or lives in the UK, we are obliged to hold hearings in the UK country concerned. The majority of hearings take place in London at the our offices. Where appropriate, proceedings are held in locations other than capitals or regional centres, for example, to accommodate attendees with restricted mobility.

Conduct and Competence Committee panels

Conduct and Competence Committee panels consider allegations that a registrant's fitness to practise is impaired by reason of misconduct, lack of competence, a conviction or caution for a criminal offence, or a determination by another regulator responsible for health or social care. Some allegations contain a combination of these reasons.

Misconduct

The majority of cases heard at a final hearing relate to allegations that the registrant's fitness to practise was impaired by reason of their misconduct. Some of these cases relate to allegations about a lack of competence or a conviction. Some of the misconduct allegations that were considered included:

- failure to provide adequate service user care or accurate assessment;
- failure to maintain accurate records;
- failure to complete adequate report;
- dishonesty (eg falsifying records, fraud or false claim of sick leave);
- bringing profession into disrepute;
- breach of confidentiality through inappropriate use or misuse of patient information;
- breach of professional boundaries with colleagues, service users or service user family members;
- assault or abuse;
- bullying and harassment of colleagues;
- failure to report incidents;
- driving under the influence of drink;
- misrepresentation of qualifications and / or previous employment;
- failure to communicate properly and effectively with service users and / or colleagues;
- posting inappropriate comments on social media;
- acting outside scope of practice; and
- unsafe clinical practice.

Lack of competence

In 2017–18, lack of competence allegations were most frequently cited as the reason for a registrant's fitness to practise being impaired after allegations of misconduct. This is consistent with previous years.

Some of the lack of competence allegations we considered included:

- a failure to provide adequate service user care;
- inadequate professional knowledge; and
- poor record-keeping.

Convictions / cautions

Criminal convictions or cautions were the third most frequent ground of allegation considered by panels of the Conduct and Competence Committee in 2017–18. These allegations either related solely to the registrants' conviction(s) or caution(s) or were "composite" allegations, in that they also covered other matters amounting to another statutory ground, for example, misconduct.

Some of the criminal offences considered included:

- theft;
- fraud;
- shoplifting;
- possession of drugs and / or possession of drugs with the intent to supply;
- receiving a restraining order and breach of a restraining order;
- driving under the influence of alcohol;
- failure to provide a specimen;
- assault (common or by beating);
- possession of pornographic images; and
- sexual offences.

More details about the decisions made by the Conduct and Competence Committee can be found at www.hcpts-uk.org. Case studies including examples of how some of the above concerns were considered at the hearing and the sanction that resulted, can be found in Section 4 Learning from fitness to practise cases.

Health Committee Panels

Panels of the Health Committee consider allegations that registrants' fitness to practise is impaired by reason of their physical and / or mental health. Many registrants manage a health condition effectively and work within any limitations their condition may present. However, we can take action when the health of a registrant is considered to be affecting their ability to practise safely and effectively.

Our presenting officer at a Health Committee hearing will often make an application for proceedings to be heard in private. Sensitive matters regarding registrants' ill-health are often discussed and it may not be appropriate for that information to be discussed in a public session.

The Health Committee considered 17 cases in 2017–18. This is slightly more than the 13 cases in 2016–17. For further information about outcomes please refer to Figure 6.

Preliminary hearings

Panels have the power to hold preliminary hearings in private with the parties involved for the purpose of case management. Such hearings allow for substantive evidential or procedural issues, such as the use of expert evidence or the needs of a vulnerable witness, to be resolved (by a panel direction) prior to the final hearing taking place. This helps final hearings to take place as planned. In 2017–18, 59 preliminary hearings were held, compared to 89 in 2016–17. This represents a decrease, given that there were a similar number of final hearings.

Adjournments

In certain circumstances hearings can be adjourned in advance of the event. Other than in exceptional circumstances, applications should be made no later than 14 days before the hearing. Hearings that commence but do not conclude in the time allocated are classed as part heard.

What powers the panels have and how they decide

Panels carefully consider the individual circumstances of each case and take into account what has been said by all parties involved before making any decision.

Panels must first consider whether the facts of any allegations against a registrant are proven. They then have to decide whether, based upon the proven facts, the statutory 'ground' set out in the allegation (for example misconduct or lack of competence) has been established and if, as a result, the registrant's fitness to practise is currently impaired.

If the panel is satisfied that an allegation against a registrant is well founded, it has the power to refer the matter to mediation (a process where an independent person helps the registrant and the other people involved to agree on a solution to issues) or decide instead that it is not appropriate to take any further action.

In cases which are not appropriate for mediation, however, or in which further action is required, the panel then has a duty to:

- caution the registrant (place a warning on their registration details for between one to five years);
- impose conditions on a registrant's practice;
- suspend the registrant from practising; or
- strike the registrant's name from the Register, which means they cannot practise.

In some exceptional cases there is a single statutory ground, either of health or lack of competence referred to in the allegation. In those cases, the panel does not have the option to make a striking-off order in the first instance. This is because it is recognised that in cases where ill health has impaired fitness to practise, or where competence has fallen below expected standards, it may be possible for the registrant to remedy the situation over time. The registrant may be given the opportunity to seek treatment or training and may be able to return to practice if a panel is satisfied that it is a safe option.

Making decisions – Health and Care Professions Tribunal Service (HCPTS)

Independent panel members of our Practice Committees[6] make decisions about our cases. Panel members are drawn from a wide variety of backgrounds, including professional practice, education and management. Each panel has at least one lay member and one registrant member. Lay panel members are individuals who are not, and have never been, eligible to be on our the HCPC Register. The registrant panel member will be from the relevant profession. This ensures that we have appropriate public and professional input in the decision-making process.

A legal assessor will be present at every substantive hearing before a Conduct and Competence Committee panel or a Health Committee panel. They do not take part in the decision-making process, but will give the panel and the others involved, advice on law and legal procedure, ensuring that all parties are treated fairly. Any advice given to panels is stated in the public element of the hearing.

Disposal of cases by consent

Our consent process is a means by which we, and the registrant concerned, may seek to conclude a case without the need for a contested hearing. In such cases, both parties consent to conclude the case by agreeing an order of a type that the panel would have been likely to make had the matter proceeded to a fully contested hearing. Both parties may also agree to enter into a Voluntary Removal Agreement, whereby we allow the registrant to remove themselves from the Register on the basis that they no longer wish to practise their profession and admit the substance of the allegation that has been made against them. Voluntary Removal Agreements are made on similar terms to those that apply when a registrant is struck off the Register.

Cases can only be disposed of in this manner with the authorisation of a panel of a Practice Committee.

In order to ensure that we fulfil our obligation to protect the public, neither us nor a panel would agree to resolve a case by consent unless we were satisfied that:

- public protection was being secured properly and effectively; and

[6] Information about Practice Committees can be found in the Health and Social Work Professions Order 2001 at http://www.hcpc-uk.org/Assets/documents/10004784HCPC-ConsolidatedHealthandSocialWorkProfessionsOrder(July2014).pdf

- there was no detrimental effect on the wider public interest.

To ensure a panel can decide this, evidence is presented to demonstrate that the registrant understands of the impact on their registration if they agree to a sanction. We will only consider resolving a case by consent:

- after an ICP finds that there is a case to answer, so that a proper assessment has been made of the nature, extent and viability of the allegation;

- where the registrant is willing to admit the substance of the allegation (a registrant's insight into, and willingness to address failings are key elements in the FTP process and it would be inappropriate to dispose of a case by consent where the registrant denies liability); and

- where any remedial action agreed between the registrant and us is consistent with the expected outcome if the case was to proceed to a contested hearing.

The process of disposal by consent may also be used when existing conditions of practice orders or suspension orders are reviewed. This enables orders to be varied, replaced or revoked without the need for a contested hearing.

In 2017–18, 37 cases were concluded via our consent arrangements at final hearing. This is the same number as in the last two previous years.

Further information on the process can be found in the practice note Disposal of cases by consent at www.hcpts-uk.org

Discontinuance

Following the referral of a case for hearing by the Investigating Committee, it may become necessary for us to apply to a panel to discontinue all or part of the case. This may occur when new evidence becomes available or because of emerging concerns about the quality or viability of the evidence that was considered by the Investigating Committee. We provide the panel with a summary of

what has changed during the course of the investigation, meaning that the case is no longer as we originally understood, or how new or additional evidence has emerged.

In 2017–18, allegations were discontinued in full in nine cases. This is decrease from 32 in 2016 -17.

Attendance at hearing

All registrants have the right to attend their final hearing. Some attend and represent themselves, whilst others bring a union or professional body representative or have professional representation, for example a solicitor or counsel. Some registrants choose not to attend, but they can submit written representations for the panel to consider in their absence.

We encourage registrants to participate in their hearings where possible. We make information about hearings and our procedures accessible and transparent, to maximise participation, and to ensure that any issues that may affect the organisation, timing or adjustments, can be identified as early as possible. Our correspondence sets out the relevant parts of our process and includes guidance. We also produce practice notes, which are available online, detailing the process and how panels make decisions. This allows all parties to understand what is possible at each stage of the process.

Panels may proceed in a registrant's absence if they are satisfied that we have properly served notice of the hearing and that it is just to do so. Panels must not draw any improper inference from the fact that a registrant has failed to attend the hearing and in particular, must not treat the registrant's absence as an admission that the case against them is well founded. Panels will receive independent legal advice from the legal assessor when choosing whether or not to proceed in the absence of the registrant. The panel must be satisfied that, in all circumstances, it would be appropriate to proceed in the registrant's absence. The practice note Proceeding in the absence of the registrant provides further information and is available at www.hcpts-uk.org

Suspension and conditions of practice review hearings

All suspension and conditions of practice orders must be reviewed by a panel before they expire. A review may also take place at any time, at the request of the registrant concerned or by us.

Registrants may request reviews if, for example, they are experiencing difficulties complying with conditions imposed or if new evidence relating to the original order comes to light.

We can also request a review of an order if, for example, we have evidence that the registrant concerned has breached any condition imposed by a panel.

In reviewing a suspension order, the panel will consider evidence and decide whether the issues leading to the original order have been addressed. If the panel feels satisfied that they have been, it will consider whether the overriding objective of public protection can be met without the order.

If a review panel is not satisfied that the registrant concerned is fit to practise, it may:

- extend the existing order; or
- replace it with another order.

In 2017–18 we held 272 review hearings.

Restoration hearings

A person who has been struck off our Register and wishes to be restored, can apply for restoration under Article 33(1) of the Health and Social Work Professions Order 2001.

A restoration application cannot be made until five years have elapsed since the striking-off order came into force. In addition, if a restoration application is refused, a person may not make more than one application for restoration in any twelve-month period.

In applying for restoration, the burden of proof is upon the applicant. This means that the applicant needs to prove that he or she should be restored to the Register, but we do not need to prove the contrary. The procedure is generally the same as other FTP

proceedings, however in accordance with the relevant procedural rules, the applicant presents their case first, after which, our presenting officer makes submissions.

If a panel grants an application for restoration, it may do so unconditionally or subject to the applicant:

- meeting our 'return to practice' requirements; or
- complying with a conditions of practice order imposed by the panel.

In 2017–18, seven applications for restoration were heard. Of these, four were restored – one paramedic, one chiropodist and one social worker. Three applicants were not restored – one social worker and two physiotherapists.

More information about the HCPTS can be found on our website www.hcpts-uk.org.

Section 4: Learning from fitness to practise cases

Through our fitness to practise (FTP) process we capture and analyse data to identify trends, forecast levels of activity at various stages or gather intelligence. It gives us, and our stakeholders, an opportunity to learn and improve.

Cases closed without consideration by an Investigating Committee panel (ICP)

Figure 13 shows patterns of referral, across professions for cases that are closed without consideration by an ICP. For instance, social workers are the largest profession on the Register and have the most concerns raised about them. This profession also had the largest number of cases that are raised by members of the public (63 per cent). Equally, however, it had the largest number of cases that were closed because the concerns did not meet the Standard of Acceptance.

Physiotherapists are the second largest profession, yet have a much lower rate of concerns raised than paramedics, or social workers in England, and also have a lower rate of closure as a result of the Standard of Acceptance not being met.

Paramedics have the second largest number of concerns raised and are the fifth largest profession overall. This group also has the second highest number of cases closed because of a failure to meet the Standard of Acceptance.

Figure 13 Cases closed by profession before consideration at ICP

Profession	Number of cases 2016-17	% of total cases 2016-17	Number of cases 2017-18	% of total cases 2017-18
Arts therapists	6	0.3	7	0.6
Biomedical scientists	17	0.9	18	1.4
Chiropodists / podiatrists	47	2.5	38	3.0
Clinical scientists	4	0.2	2	0.2
Dietitians	13	0.7	16	1.3
Hearing aid dispensers	19	1.0	10	0.8
Occupational therapists	60	3.2	48	3.9
Operating department Practitioners	31	1.7	23	1.8
Orthoptists	1	0.1	1	0.1
Paramedics	214	11.5	170	13.6
Physiotherapists	142	7.7	87	7.0
Practitioner psychologists	137	7.4	104	8.3
Prosthetists / orthotists	1	0.1	0	0.0

Radiographers	50	2.7	31	2.5
Social workers in England	1,089	58.7	673	54.0
Speech and language therapists	23	1.2	18	1.4
Total	**1,854**	**100.0**	**1246**	**100**

ICP decisions and how registrants were represented

Figure 14 provides information on case-to-answer and no-case-to-answer decisions and representations received in response to allegations. In 2017–18, there was an increase in representations being made to the ICP by either the registrant or their representative with representations being made in 76 per cent of the cases considered compared to 74 per cent in 2016–17.

A total of 100 cases considered by ICPs resulted in a no-case-to-answer decision. In 98 per cent of those cases representations were made either by the registrant or the representative.

Figure 14 Response to allegations provided to ICP

Response to allegations provided by	Case to answer	No case to answer
Registrant	192	76
Representative	54	22
None	107	2
Total	353	100

ICP case-to-answer decisions by complainant

Figure 15 shows the number of case-to-answer decisions by complainant type. There continue to be differences in the case-to-answer rate, depending on the source of the complaint.

The same as in the previous year, out of cases concluded at ICP, the largest complainant group was made up of employers. A case-to-answer decision was made in a significant proportion of those cases (82 per cent, compared to 78 per cent in the previous year). The case-to-answer rate in respect of the second large complainant group, consisting of members of the public, has gone up to 63 per cent from 47 per cent in 2016-17.

Figure 15 ICP decisions by complainant

Complainant	Number of case to answer 2017-18	Number of no case to answer 2017-18	Total 2017-18	% case to answer 2017-18	% case to answer 2016-17
Article 22(6) / Anon	6	2	8	75	83
Employer	226	50	276	82	78
Other	18	4	22	82	62
Other registrant / Professional	4	0	4	100	36
Police	8	2	10	80	88
Professional body	0	0	0	0	50
Public	22	13	35	63	47
Self-referral	91	29	120	76	66
Total	**375**	**100**	**475**	**79**	**71**

Final hearing outcome by profession

Figure 16 shows what the full range of decisions made at final hearings in relation to the different professions we regulate. In some cases, there was more than one allegation against the same registrant. The table sets out the sanctions imposed per case, rather

than by registrant. The sanctions of ‘consent – removed’ and ‘consent – conditions of practice’ are those where the registrant consented to the sanction.

Figure 16 Sanctions imposed by panels by profession

Profession	Caution	Conditions of practice	No further action	Not well founded	Struck off	Suspended	Consent – removed	Consent – caution	Consent – conditions	Consent - suspension	Total
Arts therapists	0	0	0	0	0	0	0	0	0	0	0
Biomedical scientists	1	1	0	4	6	4	1	0	0	0	17
Chiropodists / podiatrists	2	2	1	2	3	3	0	0	0	0	13
Clinical scientists	1	0	0	0	1	0	0	0	0	0	2
Dietitians	1	1	0	0	0	2	1	0	0	0	5
Hearing aid dispensers	0	1	1	1	2	3	1	0	0	0	9
Occupational therapists	0	3	1	6	0	5	5	0	0	0	20
Operating department practitioners	2	1	0	1	9	5	2	0	0	0	20
Orthoptists	0	0	0	0	0	1	0	0	0	0	1
Paramedics	10	5	3	19	10	7	6	0	0	0	60
Physiotherapists	1	3	3	5	7	4	1	0	0	0	24
Practitioner psychologists	3	3	0	2	3	1	1	0	0	0	13
Prosthetists / orthotists	0	0	0	0	1	0	0	0	0	0	1
Radiographers	4	1	0	2	2	7	2	0	0	0	18
Social workers in England	27	26	4	50	48	53	12	1	1	0	222
Speech and language therapists	0	3	0	1	0	0	3	0	0	0	7
Grand Total	52	50	13	93	92	95	35	1	1	0	432

Final hearing outcome and how registrants were represented

In 2017–18, 19 per cent of registrants represented themselves. A further 35 per cent choose to be represented by a professional, a slight decrease from 37 per cent from 2016 - 17. Of those who were represented by a professional, most attended with that representative. We meet with the various registrant representative bodies and share this data with them. We also encourage the registrants to seek representation early in the process, as part of our regular communication about the investigation and to schedule a hearing.

Registrants did not attend, or were represented, in 47 per cent of final hearings. This compares to 49 per cent in 2016–17 (see Figure 17). It is positive when more registrants are engaging in the FTP process.

Figure 17 Representation at final hearings

Representation	2016–17		2017–18	
Registrant	64	14%	80	19%
Registrant attended and had representative	150	34%	142	33%
Registrant did not attend but had representative	14	3%	9	2%
None	217	49%	201	47%
	445		432	

Figure 18 details outcomes of final hearings and whether the registrant attended alone, with a representative, or was absent from proceedings. Sanctions that prevent the registrant from working are imposed less often in cases where a registrant attends or is represented, than in other cases.

Figure 18 Sanctions imposed by panels and representation at final hearings

	Represented self	Registrant attended and had representative	Registrant did not attend but had representative	No representation	Total	Represented self	Registrant attended and had representative	Registrant did not attend but had representative	No representation	Total
	2016-17					2017-18				
Caution	9	22	1	3	35	17	26	3	6	52
Conditions	4	26	2	6	38	9	29	2	10	50
No Further Action	3	3	0	2	8	2	7	0	0	9
Well founded	1	1	0	1	3	0	4	0	0	4
Not well founded	22	63	4	28	117	27	50	0	16	93
Register entry amended-removed	0	0	0	0	0	0	1	0	0	1
Struck off	6	14	2	70	92	6	10	1	74	91
Suspended	18	20	1	76	115	16	16	1	62	95
Consent - removed	1	0	3	27	31	2	0	2	31	35
Consent - caution	0	1	0	3	4	0	0	0	1	1
Consent - suspension	0	0	0	0	0	0	0	0	0	0
Consent - conditions	0	0	1	1	2	0	1	0	0	1
Total	64	150	14	217	445	79	144	9	200	432

Figure 19 shows the number of registrants from each profession who were represented at hearings in 2017–18. This is broken down to those who either represented themselves, with no representative attending; those who attended the hearing with a

representative; or the representative attending on the registrants' behalf. Paramedics and social workers in England had the highest number of cases that went to a hearing. 49 per cent of social workers and 70 per cent of paramedics represented themselves, came with a representative or a representative acted on their behalf. 27 per cent of social workers in England and 50 per cent of paramedics had a representative attend the hearing on their behalf (either with or without the registrant).

Figure 19 Representation at final hearings by profession

Profession	Represented self	Registrant attended and had representative	Registrant did not attend but had representative	No representation	Total
Arts therapists	0	0	0	0	**0**
Biomedical scientists	2	5	0	10	**17**
Chiropodists / podiatrists	1	7	0	5	**13**
Clinical scientists	0	2	0	0	**2**
Dietitians	0	2	1	2	**5**
Hearing aid dispensers	1	2	0	6	**9**
Occupational therapists	2	9	1	8	**20**
Operating department practitioners	3	5	0	12	**20**
Orthoptists	0	0	0	1	**1**
Paramedics	12	29	1	18	**60**
Physiotherapists	1	11	0	12	**24**
Practitioner psychologists	2	10	0	1	**13**
Prosthetists / orthotists	0	0	0	1	**1**
Radiographers	7	3	1	7	**18**
Social workers in England	47	56	5	114	**222**
Speech and language therapists	1	3	0	3	**7**
Total	**79**	**144**	**9**	**200**	**432**

Final hearing outcome by source of complaint

Similar to the previous year, employers were the complainant in 63 per cent of the cases heard. Members of the public were the complainant in eight per cent. The most commonly imposed sanction was a suspension order (in 95 matters) and employers were the complainant in 73 per cent of those cases.

Fifty per cent of the matters self-referred by registrants resulted in a sanction being imposed that prevented them from practising. This was the case in 53 per cent of cases involving concerns raised by employers and in 40 per cent of matters involving concerns received from members of the public (see Figure 20).

Figure 20 Sanctions imposed by complainant

Outcome	Article 22(6)/Anon	Employer	Other	Other registrant	Police	Professional body	Public	Self referral	Total
Caution	1	25	1	1	2	2	1	19	52
Conditions of practice	1	34	1	1	0	0	5	8	50
No Further Action	0	4	0	0	0	1	2	1	8
Not Well Founded / Discontinued	2	61	4	2	2	1	8	13	93
Removed	0	0	1	0	0	0	0	0	1
Removed by Consent	0	23	0	0	0	0	3	9	35
Consent – caution	0	1	0	0	0	0	0	0	1
Consent – conditions of practice	0	1	0	0	0	0	0	0	1
Struck off	3	53	5	0	10	1	4	15	91
Suspension	0	70	0	0	0	1	4	20	95
Well-founded	0	3	0	0	0	0	0	1	4
Not impaired	0	0	0	0	0	0	0	1	1
Grand Total	7	275	12	4	14	6	27	87	432

Cases not well founded at hearings

The panel may decide that the allegations are 'not well founded', in which case there will be no restrictions imposed on the registrant's practice. This will happen, for example, in cases where, at the hearing, the panel does not think that the facts have been proved to the required standard. Or the panel concludes that, even if the facts are proved, they do not amount to the statutory ground (eg misconduct) or show that fitness to practise is impaired. In that event, the hearing concludes and no further action is taken. In 2017–18 the panel concluded that 93 cases were not well founded at the final hearing.

We continue to monitor these cases to ensure that we maintain high standard of quality for allegations and investigations. ICP members receive regular refresher training on the case-to-answer stage to ensure that only cases meeting the realistic prospect test, as outlined in Section 3.2, are referred to a final hearing. Figure 21 sets out the number of case that were not well founded between 2012–13 and 2017–18.

Figure 21 Cases not well-founded at hearings

Year	Number of not well founded and discontinued in full cases	Total number of concluded cases	% of cases not well founded
2012–13	54	228	23.7
2013–14	60	269	22.3
2014–15	75	351	21.4
2015–16	84	320	26.3
2016–17	117	445	26.3
2017–18	93	432	21.5

In 31 of the 93 cases (33 per cent) which were not well founded, registrants demonstrated that their fitness to practise was not impaired. The test for panels to apply is that current fitness to practise is impaired. It is based on a registrants circumstances at the time of the hearing. If registrants are able to demonstrate insight and can show that any shortcomings have been remedied, panels may not find current fitness to practise impaired.

In some cases, even though the facts may be judged to amount to the statutory ground in the allegation (eg misconduct or lack of competence), a panel may not be persuaded that misconduct, or lack of competence, as the case may be, has led to any current impairment of the registrant's fitness to practise. For example, this may happen if an allegation was minor or concerns an isolated incident that is unlikely to reoccur. In 40 of the cases (43 per cent) which were not well founded, the panel concluded that the statutory grounds (of misconduct, lack of competence or health) were not met.

In other cases, the facts of an allegation may not be proved to the required standard (i.e. on the balance of probabilities). In 2017–18, seven cases were not well founded because the facts were not proved. The remainder of these not well founded cases were either discontinued in full or we have submitted at the hearing that there was no case to answer. We review any cases that are not well founded on facts to explore if an alternative form of disposal would have been appropriate. We continue to monitor the levels of not well founded cases to ensure that we are utilising our resources appropriately, and that we minimise the impact of public hearings on the parties involved. This work has resulted in lower proportion of cases not well founded at hearings this year compared to the previous years.

Nature of concerns

We develop our tools for capturing information, which may provide useful learning points about the nature of concerns. We are currently developing a case classification policy to enable us to capture information about nature of concerns more consistently and at the key points in the life cycle of cases.

The most frequent concerns considered at final hearings are listed in Section 3.3 Public hearings, and some example case studies below. The case studies cover different professions and reference our standards of conduct performance and ethics and standards of proficiency, showing examples of behaviour that fell below our standards and measures panels took to protect the public. We hope these are useful for registrants, to understand the type of conduct that could lead to proceedings, and for the public to understand the types of concerns that progress to a hearing.

Examples of the most frequent concerns and sanctions at final hearings

Case study 1

Type of concern	**Bringing profession into disrepute / inappropriate comments on social media**
Profession	**Paramedic**
Standard	**Standards of conduct, performance and ethics (updated in August 2012)** Standard 3. You must keep high standards of personal conduct Standard 13. You must behave with honesty and integrity and make sure that your behaviour does not damage the public's confidence in your profession
Measures we put in place to protect the public	The Conduct and Competence Committee panel imposed a twelve-month caution order
Case study	A paramedic self-referred after he posted inappropriate comments on social media, which caused his employer to suspend him. A Conduct and Competence Committee panel considered the allegation against the registrant, who attended the hearing and was represented. The registrant admitted all of the facts of the allegation. The panel found some of the facts proved amounted to misconduct. The posts were on a public social media page and the registrant had included details of his employer. They felt the inflammatory and offensive posts on social media could damage the public's perception of the profession. The panel found that the registrant demonstrated insight, remorse and remediation, and felt that there was a low risk of the incident being repeated. However, in considering the public interest the panel felt that a finding of impairment was necessary to maintain confidence in the profession and the regulator. The panel wanted to send a clear message to the public and other health professionals that offensive and inflammatory language towards others would not be tolerated. The panel then went on to consider sanction and

	decided that because of the strong mitigating factors in this case the imposition of a caution order was proportionate and struck a proper balance between the need to mark the gravity of the registrant's actions whilst recognising the long and unblemished career, and personal, exceptional mitigation.

Case study 2

Type of concern	**Failure to provide adequate care**
Profession	**Paramedic**
Standard	**Standards of conduct, performance and ethics (updated in January 2016)** Standard 3. Work within the limits of your knowledge and skills Standard 6. Manage risk Standard 10. Keep records of your work **Standards of Proficiency for paramedics** Standard 1. Be able to practise safely and effectively within their scope of practice Standard 2. Be able to practise within the legal and ethical boundaries of their profession Standard 3. Be able to maintain fitness to practise Standard 4. Be able to practise as an autonomous professional exercising their own professional judgement Standard 8. Being able to communicate effectively Standard 10. Being able to maintain record appropriately Standard 14. Being able to draw on appropriate knowledge and skills to inform practice Standard 15. Understand the need to establish and maintain a safe practice environment
Case study	A paramedic self-referred with an allegation that he had carried out inadequate assessments and a failed to meet Clinical Performance Indicators, also failing to take a patient to the hospital who was complaining of chest pains. The registrant had not recorded the reason why he left the patient at home. Following another call to emergency

	services, the registrant attended with a second crew who found the patient unconscious. The patient subsequently passed away. The panel found that these actions amounted to misconduct. The panel took into account that, whilst this was an isolated incident, it was a serious issue. The panel was of the opinion that the registrant had breached core tenets of the profession and had put the patient at 'unwarranted harm'. Whilst the registrant had provided submissions at the ICP stage expressing some remorse for what had happened to the patient, he had stopped engaging with the fitness to practise process from then onwards. The registrant was an experienced paramedic and formerly a team leader. In his earlier submissions, he explained that he was no longer working in the profession and expressed a desire to retire from practice. Therefore, the panel had no up-to-date information to demonstrate whether the registrant had shown insight, or that they were capable of remedying the failures. The panel was not confident as to whether the registrant was currently in employment. In addition, the registrant was previously subject to FTP proceedings in 2014. The panel found that the registrant had not learnt from that experience and that his intention to retire from practice demonstrated an unwillingness to resolve any deficiencies in his practice. The panel took into account the seriousness of the incident and the effect on public confidence in the profession, and the regulatory body, when making its decision to strike the registrant from the Register.
Measures we put in place to protect the public	The Conduct and Competence Committee Panel imposed a striking-off order

Case study 3

Type of concern	**Breach of confidentiality**
Profession	**Social worker**

Standard	**Standards of conduct performance and ethics (updated in January 2016)** Standard 1. Promote and protect the interests of service users and carers Standard 1.1. You must treat service users and carers as individuals, respecting their privacy and dignity Standard 5. Respect confidentiality Standard 5.1. You must treat information about service users as confidential Standard 9. Be honest and trustworthy Standard 9.1. You must make sure that your conduct justifies the public's trust and confidence in you and your profession Standard 10. Keep records of your work Standard 10.3. You must keep records secure by protecting them from loss, damage or inappropriate access
Case study	A social worker's employer raised concerns with us after the registrant left a notepad containing confidential information, pertaining to a number of service users, at the home address of a service user. Despite being aware that the notepad contained confidential information, the registrant did not recover the notepad in a timely manner. The registrant represented himself at the hearing and attended via telephone. The panel found that because the registrant did not recover the notebook on the same day he realised he had left it, he had compromised the confidentiality of the information in the notebook. It also breached the right to privacy of service users and their families, including highly sensitive contact and personal details of vulnerable families and an adoption placement. The panel had no doubt that the registrant's actions demonstrated a failing so serious as to constitute misconduct. The panel heard the registrant's account of changes he made in his practice, to ensure that matters of the kind found proved would not be repeated. The panel recognised that the event was an isolated incident in a 30-year career. However, maintaining confidentiality is a fundamental requirement for social workers and the panel felt that members of the public would be concerned to learn of this breach of confidentiality by an experienced social worker.

	Accordingly, the panel concluded that public confidence in the profession would be undermined if a finding of impairment was not made. The panel decided that although they felt the risk of repetition was low, the seriousness of the misconduct needed to be marked by an appropriate sanction in order to send a clear message to social workers and the public that such conduct is unacceptable and must not be repeated. The panel decided to impose a twelve-month caution order.
Measures we put in place to protect the public	The Conduct and Competence Committee imposed a twelve-month caution order

Case study 4

Type of concern	**Failure to maintain adequate records**
Profession	Occupational therapist
Standard	**Standards of conduct, performance and ethics (updated in August 2012)** Standard 1. You must act in the best interests of service users. (…) You are responsible for your professional conduct, any care or advice you provide, and any failure to act. (…) You must protect service users if you believe that any situation puts them in danger Standard 7. You must communicate properly and effectively with service users and other practitioners Standard 10. You must keep accurate records **Standards of Proficiency for occupational therapists** Standard 2.8. Be able to exercise a professional duty of care Standard 4.2. Be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately Standard 4.4. Recognise that they are personally responsible for and must be able to justify their decisions

	Standard 4.5. Be able to make and receive appropriate referrals Standard 9.10. Be able to work in appropriate partnership with service users in order to evaluate the effectiveness of occupational therapy intervention
Case study	An occupational therapist's employer raised concerns relating to their clinical practice and conduct, following a number of incidents relating to nine different cases. The concerns included a failure to maintain adequate case files; not completing case notes about contacts with service users, assessment reports and care plans. The registrant was not present at the hearing nor was represented. The panel found that the registrant had breached significant parts of the standards and cases involved in the allegation related to vulnerable service users in complex and / or urgent cases. The panel concluded that the proven facts did not amount to a lack of competence, as they were not satisfied that the allegation represented a fair sample of the registrant's work, and found that the registrant competently dealt with other cases. However, having proven some of the facts the panel determined that the matters constituted misconduct. The panel felt that the registrant was aware of the risks and the impact on vulnerable services users of not recording her actions and decisions. They agreed that the registrant displayed a reckless disregard for the risk in failing to record her actions and decisions about service users. The panel found that the registrant's failings were remediable, but had no evidence of any steps the registrant had taken to address the failings. The panel reached the view that the registrant had not demonstrated insight, remorse and posed a risk of repetition. The panel considered that a finding of impairment was necessary in order to protect members of the public, to uphold proper standards and to protect the reputation of the profession and the regulator. The panel then went on to consider which sanction to impose to protect the public. The panel identified aggravating and mitigating factors, and considered the sanctions available to them in ascending order. The panel noted that there was nothing that may have prevented the registrant from remedying their failings and concluded a suspension order was appropriate in this case. The panel were of the view that a period of six months would be appropriate and proportionate to protect the public, to satisfy the wider public interest and to allow the registrant an opportunity to demonstrate full insight and remediate her failings.

Measures we put in place to protect the public	The Conduct and Competence Committee imposed a six-month suspension order

Case study 5

Type of concern	**Failure to provide adequate care**
Profession	**Social worker**
HCPC standard	**Standards of conduct, performance and ethics (updated in August 2012)** Standard 1. You must act in the best interests of service users Standard 6. You must act within the limits of your knowledge, skills and experience and, if necessary, refer the matter to another practitioner **Standards of proficiency – social workers in England** Standard 1. Be able to practise safely and effectively within their scope of practice Standard 1.1 Know the limits of their practice and when to seek advice or refer to another professional Standard 1.3 Be able to undertake assessments of risk, need and capacity and respond appropriately Standard 2. Be able to practise within the legal and ethical boundaries of their profession Standard 2.2 Understand the need to promote the best interests of service users and carers at all times Standard 2.3 Understand the need to protect, safeguard and promote the wellbeing of children, young people and vulnerable adults

Case study	A social worker's employer raised a concern that the registrant acted beyond his scope of practice and did not record or undertake an assessment about the impact of legal proceedings on the service user's physical or mental wellbeing, whilst he was the service user's designated care coordinator for. The registrant attended the hearing and was represented. The panel found that the registrant's conduct fell short of the standards expected of a social worker. His proactive engagement in the service user's legal proceedings gave the service user false hope, despite being aware that a legal representative had advised them on a number of occasions that their claim had no realistic prospect of success. As a consequence, the panel felt the registrant put the service user at risk of financial loss as they were made subject to an order for costs. The registrant's use of company letter-headed paper to correspond on behalf of the service user gave the impression that he was acting on behalf of the service user in his capacity as a social worker, making his employer susceptible to reputational damage. The panel also found that by not conducting a sufficiently analytical and comprehensive mental health assessment of the vulnerable service user, the registrant was in breach of our standards. The panel felt that although misconduct of this nature could be remedied, the registrant was lacking insight and unable to demonstrate effective remediation. The panel also felt that the public would expect a registered social worker to follow accepted practices and act only within the scope of their practice. The panel decided that a suspension order was sufficient and necessary to protect the public in the view of the registrant's lack of insight and remediation.
Measures we put in place to protect the public	The Conduct and Competence Committee imposed a twelve-month suspension order

Case study 6

Type of concern	Inappropriate relationship with patient
Profession	Psychologist

HCPC standard	**Standards of conduct, performance and ethics (updated in August 2012)** Standard 1. You must act in the best interest of service users Standard 3. You must keep high standards of personal conduct Standard 13. You must behave with honesty and integrity and make sure your behaviour does not damage the public's confidence in you or the profession
Case study	A psychologist's employer raised concerns that the registrant had taken a service user on a trip involving an overnight stay in a shared hotel room, bought the service user alcohol and appeared to be under the influence of alcohol in the presence of the service user. The registrant was present and represented at the final hearing. The panel did not consider that there was any question of an intimate relationship between the registrant and the service user, and was in no doubt that the boundaries the personal and the professional relationship was blurred between them. The panel found that the failure of the registrant to maintain appropriate boundaries was serious and amounted to misconduct. During the registrant's evidence the panel felt that the registrant still did not fully understand the extent of the risks and danger that her actions caused to the service user and the risks other members of the public were exposed to. Therefore, the registrant had not demonstrated full insight. The panel felt that the public, knowing the facts and findings in this case, would have great concern and their confidence in the profession would be undermined if they did not find that the registrant's fitness to practise was impaired. The panel decided that the issues identified were capable of correction. There was no persistent or general failure which would prevent the registrant from doing so and therefore the panel felt a conditions of practice order to be a proportionate and appropriate response to the risks identified, and this would provide sufficient protection to the public.

Measures we put in place to protect the public	The Conduct and Competence Committee imposed a twelve-month conditions of practice order

Case study 7

Type of concern	**Failure to maintain adequate records**
Profession	**Dietician**
Standard	**Standards of Proficiency for dietitians** Standard 1. Be able to practise safely and effectively within their scope of practice Standard 8. Be able to communicate effectively Standard 10. Be able to maintain records appropriately Standard 11. Be able to reflect on and review practice Standard 12. Be able to assure the quality of their practice Standard 14. Be able to draw on appropriate knowledge and skills to inform practice
Case Study	A dietitian's employer raised concerns about their clinical practice and conduct, following a number of incidents relating to six different service users. This included a failure to record sufficient details of dietetic assessments, failure to address the needs of a service user adequately and failure to make the necessary referrals within a reasonable timeframe. The registrant was not present at the hearing nor was represented. The panel considered that the shortcomings occurred during a period when additional supervision and support for the registrant had been put in place. The evidence given suggested that the registrant's failure to perform tasks was not wilful or deliberate. However, the panel agreed that the shortcomings were serious because they had the potential to result in harm to the service users concerned. The panel determined that the matters constituted a lack of competence and found that the registrant's fitness to practise was impaired.

	The panel agreed that the registrant's failings had not been remediated. Moreover, the panel found it necessary to reassure members of the public as they would lose confidence in the profession and the regulatory process if a practitioner whom had not remediated their shortcomings were permitted to return to practise unrestricted. The panel then went on to consider which sanction to impose to protect the public, deciding that a 12 month suspension order would prevent the registrant from practicing until they were able to demonstrate safe and effective practice.
Measures we put in place to protect the public	The Conduct and Competence Committee imposed a twelve-month suspension order.

Case study 8

Type of concern	**Driving under the influence of alcohol**
Profession	**Chiropodist / podiatrist**
HCPC standard	**Standard of conduct, performance and ethics (updated in August 2012)** Standard 3. You must keep high standards of personal conduct
Case Study	A podiatrist self-referred following a conviction for driving under the influence of alcohol. The Conduct and Competence Committee panel considered the allegation. The registrant did not attend the hearing but had provided his own account of the incident, expressing his sorrow and a wish to resume his career in podiatry. When considering current impairment, the panel determined the registrant's conviction for the offence damaged public confidence in the profession. They felt that there was some risk of repetition, a lack of engagement and therefore found the registrant's fitness to practise to be impaired by reason of the conviction.

	The panel concluded that the registrant's conduct in committing the offence was remediable by, for example, by attending an appropriate rehabilitative course and by re-engaging with his profession. They felt a six-month suspension order would maintain public confidence in the profession. This would allow the registrant to develop further insight and reflect on the gravity of the offence.
Measures we put in place to protect the public	The Conduct and Competence Committee imposed a six-month suspension order.

Case study 9

Type of concern	**Dishonesty by falsifying time sheet and travel expense claims**
Profession	**Physiotherapist**
HCPC standard	**Standards of conduct performance and ethics (updated in August 2012)** Standard 3. You must keep high standards of personal conduct Standard 13. You must behave with honesty and integrity and make sure that your behaviour does not damage the public's confidence in you or your profession **Standards of proficiency for physiotherapists** Standard 3. Be able to maintain fitness to practise Standard 3.1. Understand the need to maintain high standards of personal and professional conduct
Case Study	The NHS Counter Fraud Unit of the local NHS Trust raised concerns about a physiotherapist. The registrant on numerous occasions, submitted timesheets and claimed payment for hours they did not work, submitted timesheets purporting to be signed by a colleague when they had not been, claimed travel expenses which they were was not entitled to and after they were no longer employed.

	A Conduct and Competence Committee panel considered the allegation against the registrant, who did not attend the hearing. Having found most of the facts proved, the panel determined that the registrant's actions were dishonest and that they would have known they were. The panel decided that such behaviour fell far below the standards expected of a registrant and amounted to misconduct. Although this allegation did not concern issues of public protection the panel decided that a finding of impairment was necessary to uphold and maintain proper standards as well as maintain confidence in the profession. As the registrant did not engage with the process, the panel had no evidence of remorse or insight. The panel considered that there were no mitigating factors in this case. The panel agreed that any lesser sanction than a striking-off order would not meet the wider public interest, including acting as a deterrent to other registrants, or would not be upholding the reputation of the profession and maintaining public confidence in the regulatory process.
Measures we put in place to protect the public	The Conduct and Competence Committee imposed a striking-off order.

Case study 10

Type of concern	**Dishonesty – fraud**
Profession	**Operating department practitioner**
Standard	**Standards of Conduct, Performance and Ethics (updated January 2016)** Standard 9. Be honest and trustworthy Standard 9.1.You must make sure that your conduct justifies the public's trust and confidence in you and your profession

Case study	An employer raised concerns about an operating department practitioner's (ODP) conviction of fraud, for which they were sentenced to 18 months imprisonment and suspended for 24 months. The registrant had withdrawn money from her step father's bank accounts, whilst registered as Power of Attorney for his property and finances, and used this money for their personal gain. The registrant was not present at the hearing nor was represented. The panel were satisfied that the facts proved, amounted to the statutory ground of conviction. The registrant had pleaded guilty to the offence at the Crown Court, but had not provided any evidence to demonstrate insight, remorse or remediation. In the absence of such information, the panel were of the view that there remained a risk of repetition. The panel agreed that the case was serious. The registrant had pleaded guilty to an offence of dishonesty. She had abused the position of trust in which she had been placed, namely to act as the Power of Attorney for her vulnerable stepfather who lacked the capacity to manage his own affair and finances. The offence had taken place over a number of years. The panel felt that the registrant's conduct had brought the profession into disrepute. The panel felt that it would have a detrimental effect on the reputation of the regulator and would undermine public confidence into the profession if they were to find no current impairment. The panel was also of the view that finding of impairment was required to declare and uphold proper standards of conduct and behaviour. The panel then went on to consider which sanction to impose to protect the public. It was clear to the panel that any reasonably well-informed member of the public would be profoundly concerned if an ODP, convicted of such an offence, were not removed from the Register. Therefore, the panel concluded that the nature and gravity of the registrant's offending was such that a striking-off order was required.
Measures we put in place to protect the public	The Conduct and Competence Committee imposed a striking-off order.

Case study 11 - FH

Type of concern	**Failure to conduct a full / accurate assessment**
Profession	**Social worker**
HCPC standard	**Standards of conduct, performance and ethics (August 2012)** Standard 1. You must act in the best interests of service users Standard 6. You must act within the limits of your knowledge, skills and experience and, if necessary, refer the matter to another practitioner Standard 7. You must communicate properly and effectively with service users and other practitioners Standard 10. You must keep accurate records **Standards of Proficiency for social workers in England** Standard 1. Be able to practise safely and effectively within their scope of practice Standard 2.3. Understand the need to promote the best interests of service users and carers at all times Standard 2.4. Understand the need to address practices which present a risk to or from service users and carers, or others Standard 4. Be able to practise as an autonomous professional, exercising their own professional judgement Standard 4.1. Be able to assess a situation, determine its nature and severity and call upon the required knowledge and experience to deal with it Standard 4.2. Be able to initiate resolution of issues and be able to exercise personal initiative Standard 4.3. Recognise that they are personally responsible for, and must be able to justify, their decisions and recommendations Standard 4.4. Be able to make informed judgements on complex issues using the information available
Case Study	An employer raised concerns about a social worker who did not report a service user's suicidal thoughts to their managers or any other professionals, despite it happening repeatedly and after recording a case note. Following the

	visit, the service user made a suicide attempt and was taken to hospital. The registrant delayed informing her line manager about this despite having received a police report. The registrant attended the hearing and was represented. The panel felt that the registrant owed a duty of care to the service user who, at the time, was extremely vulnerable and at risk of causing himself harm. The panel was satisfied that by failing to complete an appropriate assessment and by not immediately informing her managers or other health professionals, the registrant failed to promote and protect the interests of service users. The panel found the registrant to be in serious breach of the standards, which they felt amounted to misconduct. The panel found that the registrant lacked insight and lacked effective remediation. The panel also determined there was a risk of repetition. They felt the registrant had brought their profession into disrepute by breaching a fundamental tenet of the profession, given that the primary duty of a social worker is to safeguard service users from harm. The panel came to the conclusion that a striking-off order was the only way to protect the public, given the registrant's inability to remedy her misconduct.
Measures we put in place to protect the public	The Conduct and Competence Committee imposed a striking-off order.

Case Study 12 – FH

Type of concern	Unsafe clinical practice
Profession	Biomedical scientist
Standard	**Standard of conduct, performance and ethics** Standard 1. You must act in the best interest of service users

	Standard 7. You must communicate properly and effectively with service users and other practitioners **Standards of proficiency for biomedical scientists** Standard 4. Be able to practice as an autonomous professional, exercising their own professional judgement Standard 14. Be able to draw on appropriate knowledge and skills to inform practice Standard 14.10. Be able to work in conformance with standard operating procedures and conditions Standard 15. Understand the need to establish and maintain a safe practice environment Standard 15.5. Be able to establish safe environments for practice, which minimise risks to service users, those treating them and others, including the use of hazard control and particularly infection control Standard 15.6. Understand the application of principles of good laboratory practice
Case Study	A biomedical scientist's employer raised concerns following an incident where the registrant failed to follow procedure when processing samples to prevent contamination, which lead to inaccurate results. The registrant attended the hearing and was represented. While the incident was a one-off incident, the panel felt it was not due to a lack of understanding, knowledge or training. The panel felt these were deliberate acts and contrary to the standard operating procedures, which resulted in blood samples having to be retaken. Additionally there was a potential risk of harm if clinicians had acted on the contaminated results. Therefore, the panel felt the registrant conduct fell well below the standards expected of a biomedical scientist and was sufficiently serious to constitute misconduct. The panel felt that the misconduct was remediable but felt that the registrant had not demonstrated that it had been remedied and there was a risk of repetition, given the extreme pressures of the work environment. The panel also felt a clear message needed to be given to the public and to other registrants that it is not acceptable for a biomedical scientist to make a deliberate decision to not follow mandatory standard operating procedures. Therefore, panel found the registrant's fitness to practise was impaired on both the personal and public component. The panel then went on to consider what sanction to impose which would be sufficient to protect the public. The panel felt a conditions of practice order would be sufficient. The conditions required the registrant to undertake

	training and the preparation of a personal development plan to ensure the registrant was able to manage their workload effectively, even when subject to stress, so that the registrant wasn't tempted by shortcuts or to take risks.
Measures we put in place to protect the public	The Conduct and Competence Committee imposed a twelve- month conditions of practice order

Section 5: Continous improvement

The role of the Professional Standards Authority and High Court cases

The Professional Standards Authority for Health and Social Care (PSA) is an independent body that oversees the work of the nine health and care regulatory bodies in the UK. The PSA reviews our performance, and audits and scrutinises our fitness to practise cases and decisions. In response to the PSA's performance review 2016–17, this year we started a major project to address the areas for improvement identified by the authority, as listed in the Executive summary of this report.

Under section 29 of the National Health Service Reform and Health Care Professions Act 2002, the PSA can refer any regulator's final decision in a fitness to practise case to the High Court (or in Scotland, the Court of Session) if it considers that the decision is not sufficient for public protection. The PSA reviews decisions to check if it is sufficient to protect the public's health, safety and well-being. It checks whether the decision is sufficient to maintain public confidence in the profession concerned, and whether it is sufficient to maintain proper professional standards and conduct for members of that profession.

In 2017–18, the PSA referred one of our cases to the High Court under section 29. However, the matter was resolved by means of a consent order between us, the PSA and the registrant.

Registrants may also appeal against the panel's decision if they think it is wrong or unfair. An appeal must be lodged within 28 days of the hearing. Appeals are made directly to the High Court in England and Wales, the High Court in Northern Ireland or, in Scotland, the Court of Session.

In 2017-18, eight registrants sought to appeal decisions made by the Conduct and Competence Committee to the High Court. Five of these appeals were dismissed by the High Court. Three appeals were settled by consent, with an agreement for the matters to be remitted to a new panel to reconsider the sanction.

The High Court received one application for judicial review of a decision by the ICP in the reporting period, but refused permission for the application to proceed.

The status of the cases was correct at the time of writing this report in March 2018.

Working with stakeholders

We aim to provide the best customer service to those involved in the FTP process. We ask for feedback to find out what is working and what we can do to improve, in line with our customer service policy[7].

In Fitness to Practise Department we operate a feedback mechanism process and engage with the individuals who are part of the proceedings to let us know how we have done, and how we can improve their experience from the process. Recent analysis showed that 70 per cent of complainants, and registrants who were subject to a complaint, said that they were satisfied with our service. The remainder were either neutral or not satisfied. It is encouraging that positive feedback increased this year, particularly after we realigned the Fitness to Practise Department and set up the Health and Care Professions Tribunal Service (HCPTS). Feedback showed that these changes has contributed to the positive experience that our stakeholders have had.

We are continuing to improve the way we gather feedback. We particularly would like engage larger proportions of our stakeholders to share their experiences with us.

[7] www.hcpc-uk.org/aboutus/customerservice/process

You can contact us with your feedback in the following ways.

Service and Complaints Manager
The Health and Care Professions Council
Park House 184 Kennington Park Road
London
SE11 4BU

Tel: 44(0)20 7840 9708
Email: feedback@hcpc-uk.org

Twice a year we hold FTP forums, attended by members of professional bodies and trade unions. We discuss developments in regulation, particularly those which may affect registrants going through FTP proceedings. This might include new or updated policies, statistics and trends, research work, or operational approaches. Our aim is to get a better understanding of the issues faced by our stakeholders and to work with them to achieve balanced outcomes for registrants and the public.

Examples of improvements we made based on feedback

- We have reviewed our service standards.
- Created a bespoke induction and training plan for our staff.
- Reviewed indution and refresher training for our partners (including the panel members and legal assessors) to equip them in making clear and well-reasoned written decisions about registrants' fitness to practise.
- Updated our standard template letters.
- Reviewed our webpages on the FTP process.

- Reviewed our practice notes and policies, including our Fitness to Practise Publication Policy.
- Streamlined the process for preparing hearing bundles, enabling us to provide documentation to the parties involved earlier, giving them more time to prepare.
- Developing the process for quality checking pre and post hearings.

We have established regular meetings such as Decision Review Group or Adjudication Development Group to discuss opportunites for improvement, after identifying learning points from panel decisions or feedback.

Management Information

We gather and analyse data on a monthly basis. This allows us to identify trends in our activities and implement appropriate actions in response. For example, when we noted that the rate of final hearing outcomes which resulted in short and / or continued suspensions had doubled in the last two years, we initiated a six-month programme to systematically review all the sanctions of cases open at that time, in order to understand them better and take any appropriate action to support the registrants in their preparation for the review hearings. We developed new information for registrants to increase engagement with the proceedings before the review hearings and we are now presenting a more detailed chronology of events to the panels for these hearings. Case managers are spending more time ensuring registrants and their representatives are aware of our position and the implications on their ability to work in their profession if they do not engage in the process.

Further information about our activities can be found on our website including information which we report to the Council www.hcpc-uk.org/aboutus/council/councilmeetings.

Council, 21 March 2018

Proposed structure for the Fitness to Practise Annual Report

Executive summary and recommendations

Introduction

Article 44(1)(b) of the Health and Social Work Professions Order 2001 requires the Council to publish an annual statistical report describing the range of fitness to practise activity undertaken in the previous year.

Council considered the draft Fitness to Practise Annual Report 2016-17 in September 2017 and invited the Executive to review the content of future reports, in order to include more information on the nature of concerns raised, as this would enhance the reports usefulness to stakeholders.

A review has now been undertaken and this paper sets out the proposed structure for future Fitness to Practise Annual Reports. It has been put together with input from the Communications Department and following research into the reports of other healthcare regulators.

The proposed structure includes the statutory information that we are obliged to include and the content will:

- relate our work to how we protect the public;
- promote our standards of conduct, performance and ethics;
- educate the public on what behaviour is expected of professionals registered with the HCPC;
- identify potential learning for our registrants;
- apply plain language to make the report more engaging for all the stakeholders.

In relation to visual presentation, we propose to

- make the report more visually engaging;
- present information in a succinct way;
- apply colour coding in line with other key HCPC reports.

For ease of reference, the previous report contents is attached at Appendix 1 and the proposed new format report contents is attached as Appendix 2. In summary the main differences are:

- Section 1: FTP key information replaces the introduction section in the previous version. This section will explain our public protection role; provide a summary of key fitness to practise developments and future priorities. A summary of key statistics will also be included. We propose to no longer publish a separate key

information document which supports a more streamlined approach to our reporting.

- Section previously called ‘Cases received’ will be replaced with a section titled ‘Concerns raised with us’. This section will include information about how to raise a fitness to practise concern as well the decision making process.

- Proposed section which focuses on how we manage fitness to practise cases. Information about all hearing types will be presented together in this one section.

- Case studies will be linked to the HCPC standards. We also propose to present the case studies thematically, highlighting the potential learning for registrants.

- We propose to discontinue the historical statistics that are included in appendix one of the current report. Key trends will be included in section one of the proposed new report format.

- A section focused on continuous improvement which will be used to reflect the outcome of our FTP stakeholder satisfaction surveys as well as information relating to High Court appeal cases.

Decision

The Council is asked to agree the proposed structure for future Fitness to Practise Annual Reports.

Background information

The Fitness to Practise Annual Report 2016-17, approved by Council in September 2017, and the key information document are available here:

http://www.hcpc-uk.org/assets/documents/100055BAFitnesstopractiseannualreport2017.pdf

http://www.hcpc-uk.org/assets/documents/100055BBFitnesstopractise-keyinformation2017.pdf

The minutes of the Council meeting held on 20 and 21 September 2017 are available here:

http://www.hcpc-uk.org/assets/documents/100055F5Enc01-MinutesoftheCouncilmeetingof20and21September2017.pdf

Resource implications

The production of the annual report have been accounted for in both the Fitness to Practise and Communication Departments work plans for 2018–19. The proposal to no longer publish a separate *Fitness to practise key information 2017* document is expected to reduce the total production cost compared to previous years.

Financial implications

The financial implications associated with this plan have been accounted for in the 2018–19 Fitness to Practise and Communication Departments budgets.

Appendices

Appendix 1: contents page of 2016-17 report

Appendix 2: proposed structure for the Fitness to Practise Annual Report

8 March 2018

Appendix 3: Proposed Contents of Fitness to Practise Annual Report 2017-18

Executive Summary

[700-900 words]

[Provides a summary of the longer report]

Section 1: FTP key information

Section 1.1 Protecting the public

[1,000-1,300 words]

[who we are, what we do, how we protect the public]

Section 1.2 Developments in the Fitness to Practise Department

[1,000-1,300 words]

[key developments and future focus]

Section 1.3 Fitness to practise key statistics

[including, but not limited to, total number of registrants against concerns received and percentage of the Register, where concerns come from, case to answer by complainant, number of concluded final hearings, outcomes by each committee]

Section 2: Concerns raised with us

[1,000-1,300 words]

[include information on how to raise a concern and breakdown of cases received, who our decision makers are and how they decide whether the concern raises a fitness to practise matter]

Section 3: How we manage our fitness to practise cases

[2,000-2,300 words]

[in all sections include relevant statistical information as well as case studies highlighting most common types of allegations and the learning for registrants, including relating them to our standards of conduct, performance and ethics and guidance, where appropriate.]

Section 3.1 Investigating Committee Panels

Section 3.2 Interim Orders

Section 3.3 Public hearings

Section 4: Continuous improvement

[1,000-1,300 words]

[The role of the PSA and High Court cases, stakeholder satisfaction, our initiatives improving efficiency]