

Case Management Strategy - FTP 06.02.2005

Introduction

In order for the Health Professions Council (HPC) effectively to manage its fitness to practise function in a manner which meets its primary obligation of protecting the public, it will need to implement a robust case management system.

Why?

HPC needs a case management system which ensures that:

- resources are used efficiently and effectively;
- cases are properly investigated and presented;
- cases are processed and managed expeditiously;
- the Council's Article 22(6) allegation-making power is properly exercised;
- the Article 25(1) investigation powers are used effectively;
- investigating panels are presented with the information necessary to make 'case to answer' decisions;
- the services of and budget for external lawyers is used effectively;
- that casework and policy making are separated;
- best practice is developed; and
- HPC continues to balance the rights of registrants with protection of the public

Key Features

The HPC case management strategy will have the following key features:

- separation between the function of case managers (who investigate and manage casework) and hearing officers (who arrange hearings, issue notices etc. and assist Panels);
- case managers will be expected to handle an annual workload of approximately 100 cases each. This will include a mixture of fitness to practise cases, registration appeals and protection of title. As the number of cases that HPC receives increases, there will be a necessity to appoint more case managers;
- case managers will take a more proactive role in investigating cases and present their findings to Investigating Panels;

- there will be less reliance on external lawyers to undertake case management tasks, enabling cases to be processed more expeditiously;
- case managers will also present some cases at registration appeals hearings.

What will be needed

The Fitness to Practise team will need to strengthen its relationship with key stakeholders and develop their understanding of HPC's fitness to practise functions. Those stakeholders include:

- employers;
- police services;
- courts;
- the legal profession;
- Citizen Advice Bureaux, Patient Advice and Liaison Services and other advice services;
- CHRE
- other regulators.

HPC will also need to:

- ensure information is much more readily accessible, in particular, by:
 - developing FTP information brochures;
 - providing better witness support information;
 - using existing practice notes and training notes to create a range of information for complainants, registrants, those who represent them and panel members;
- strengthen relationships with NHS Employers and Primary Care Trusts to ensure that information about workplace disciplinary cases is shared;
- train, review and monitor Panel chairmen
- provide regular and updated information to panel members and legal assessors (including e-updates and review days);
- develop best practice by building on relationships with other regulators;
- recruit and train additional cases managers and hearing officers as HPC's case increase. This will include an 2 extra case mangers in 2005-2006 and 1 hearing officer 2005-2006;
- provide case managers with further training in:
 - presentation skills;
 - general law and procedure;
 - registration appeals procedure.

As an example of the documentation which needs to be developed as part of the case management strategy, operational guidelines for case managers in

relation to investigations conducted prior to presenting a case to an Investigating Committee Panel are set out below.

Case Investigation Guidelines

The function of the HPC case manager at the investigating stage is NOT to conduct an investigation with a view to proving that an allegation is well founded, but to gather evidence in a fair and balanced manner from all parties and present it in a format which will assist an Investigating Panel to discharge its statutory functions and reach a decision as to whether or not there is a case to answer.

Article 26(2) of the Health Professions Order 2001 provides that:

“where an allegation is referred to the Investigating Committee, it shall ... take such ... steps as are reasonably practicable to obtain as much information as possible about the case”.

Case managers should assist the Committee to discharge this obligation by considering whether the information already available is likely to be sufficient to enable a Panel to reach a fair and informed decision on the case and, if not, take appropriate steps to gather further relevant information. This may include making further inquiries of the complainant or registrant or seeking information from third parties.

In gathering further information for this purpose, case managers who have been designated as HPC Investigators may exercise the powers provided under Article 25(1) of the Health Professions Order 2001. It should be noted that the registrant who is the subject of the allegation cannot be compelled to provide any information or required to take part in an interview.

Investigations which extend beyond gathering documents and materials, such as interviews, must be recorded in a form which enables the registrant to comment upon them and included in the case documents and materials. In some instances the case manager may need to provide evidence in the form of a witness statement.

Once any investigation has been completed, the case manager should prepare an investigation report in the standard format which:

- summarises key information relating to the registrant, the complainant and the allegation ;
- provides a synopsis of the allegation and any further investigations which have been carried out.
- identifies all of the documents and other materials received by HPC relating to the allegation, full copies of which **MUST** be attached to the report; and
- sets out any recommendations which the case manager may wish to make, particularly in relation to whether it would be appropriate to seek an interim order against the registrant under Article 31 of the Health Professions Order 2001 (but, if such an order is already in place that fact must NOT be included in the report).

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