

Health Professions Council
1 March 2006
Managing fitness to practise: a guide for registrants and employers

Executive Summary and Recommendations

Introduction

A consultation was held between 1st July 2005 and 9th September 2005 during which the Council sought the feedback of its stakeholders on a draft document entitled 'Managing fitness to practise: a guide for registrants and employers'. This document stems from the work undertaken on health, disability and registration and provides guidance for registrants and employers about managing fitness to practise.

Following the consultation on the draft, a document has been produced which summarises the responses and explains the changes we have made to 'Managing fitness to practise' in light of the feedback. The summary of consultation responses can be found at appendix 1.

The new version of the document incorporating the amendments can be found at appendix 2. The document has undergone plain English editing by the Plain English Campaign.

Decision

The Council is asked to agree the following:

- to publish the consultation responses as summarised in the attached document, online;
- to publish the amended document online and in hard copy (pending any final minor amendments by the Plain English Campaign).

Background information

The original consultation document can be accessed at:
www.hpc-uk.org/aboutus/consultations/closed/

Resource implications

None

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Financial implications

Sending copies of the new guidance document to those who responded to the consultation.

Producing document in hard copy:

Estimated cost including layout and production based on 1,000 copies is £2296.00

Background papers

None

Appendices

Appendix 1: Managing fitness to practise: a guide for registrants and employers – Responses to our consultation

Appendix 2: Managing fitness to practise: a guide for registrants and employers

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1. Managing fitness to practise: a guide for registrants and employers

2. Responses to our consultation

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14. Introduction

We consulted on our draft document entitled 'Managing fitness to practise' from 1st July 2005 to 9th September 2005.

Managing fitness to practise: a guide for registrants and employers has been produced in order to explain how registrants' fitness to practise can change over time and how this can be effectively managed by registrants and employers. We consulted on this document so that we could assess whether you found it useful and to ask for your feedback as to how we could improve it.

You can download our original consultation document from our website: www.hpc-uk.org/aboutus/consultations.

When we had received all of the responses, we considered each response in order to assess the overall opinions of the document and the areas in which it might be amended or improved.

(a) *This document*

In this document, we firstly consider the general views expressed about the consultation document. We then go on to consider the more specific responses to the document and the amendments or additions to the document we have made as a result.

Any reference to page numbers or paragraphs is a reference to the original consultation document.

We will now publish this document having taken account of the feedback. The document will undergo plain English editing before publication.

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15. Your responses

(a) Key themes

Most of those who provided their feedback were very supportive of the general approach taken in the consultation document.

The Association of Child Psychotherapists commented that they were ‘impressed by the scope and the simplicity of the guide.’ The National Blood Service said that the document was ‘clear and accessible’. The Joint Royal Colleges Ambulance Liaison Committee said that the guide was ‘in general both practical and sensible’.

We received a number of responses which were broadly in agreement with the aims and content of the document. The Welsh Scientific Advisory Committee said that they were ‘encouraged by the well-balanced approach that the Health Professions Council have taken as regards these issues’; The Association of Clinical Scientists and the Institute of Physics and

Engineering in Medicine concluded: ‘We believe that this is a useful document and would support the wide circulation of the document to registrants and employers.’

‘1. It is very clearly written almost to the point of simplicity.

2. It emphasises the onus on the individual practitioner to reflect on their own practice.

3. The examples are useful.

4. All explanations are clear.’

Those who responded generally felt that the document was useful for a wide audience. NHS Education for Scotland felt the document had a broader audience

beyond registrants and employers and would be useful to providers of education programmes in order to develop provision which was ‘responsive to the needs to registrants’. Others felt that the document focused too much on the concerns of registrants and not enough on the employer. A number of people and organisations felt that the ways in which the self-employed could manage their fitness to practise was overlooked in the document. A number of others questioned the clarity of the document for members of the public.

The document’s focus on the need for individuals to effectively manage their own fitness to practise was generally well received. The Society and College of Radiographers commented that: ‘The emphasis on individual practitioners’ responsibility for their own fitness to practise is we feel the most appropriate message for professionals at this time.’ However, some raised concern about situations where a registrant lacks insight and whether there were appropriate systems in place to recognise and deal with such problems.

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The majority of those who responded were happy with the style and layout of the document. The plain English style of the document was well received, although some warned against ‘over-simplification’ in some places. Others suggested ways in which the clarity of the document could be improved by the addition of more examples or by making the referencing to other HPC documents and the HPC website clearer. Whilst most felt that the document would be well received by registrants, The College of Occupational Therapists reported that some registrants had found the tone of the document to be ‘threatening’.

16. Comments on the Introduction

A number of respondents felt that the introduction to the role of the HPC needed clarification.

‘HPC benefits registrants through the confidence gained through being registered. Registration indicates maintenance of a high standard of practice. Only people who are fit to practise remain on the register’ - National Blood Service

The Royal College of General Practitioners commented that it was difficult to identify the powers of the Health Professions Council and that it was unclear whether ‘registration is voluntary or compulsory.’

The National Blood Service felt that it would be useful to emphasise the HPC’s role in maintaining the ‘integrity of the register to protect patients’. They also felt that the HPC’s role compared to that of the professional body needed emphasis for greater clarity.

The College of Occupational Therapists and British Psychological Society commented that they had concerns about the use of the term ‘health professional’. The College of Occupational Therapists commented: ‘The HPC needs to recognise that many registrants such as occupational therapists work in social care [and] insurance industries and may not be regarded as health professionals.’ The British Psychological Society felt that the use of the term ‘may act as a barrier to those do not fall within that description from understanding and applying the useful help and guidance in this document to themselves.’

Two respondents felt that there should be more explanation as to what was meant by ‘standards’ in the second paragraph and where these standards could be obtained. It was further suggested that a reference to the HPC website would be helpful. Another respondent noted that we should ensure that the professions on page 1 were listed clearly in alphabetical order for the purposes of clarity.

(a)

(b) *Our comments*

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The term ‘health professional’ appears in many of our documents and in our rules. When we say health professional, we are referring to anyone who appears on our register. We tend to prefer to use this term rather than ‘registrants’ as it is clearer to members of the public and most clearly explains our role and the types of people who are registered with us.

We understand, however, the concerns expressed about the use of the term. We prefer a broad definition of the term health professional to describe a person on our register, who meets our standards and is fit to practise, and whose work is concerned with assisting or promoting the health and wellbeing of patients, clients and users in a variety of different roles and settings. We will explain what we mean by health professional in the document in the section ‘About us’.

In response to your comments, we will add a further reference to our website and make some minor changes to the layout and the way in which our role and powers are explained to make the document clearer.

(c) *Our changes*

After the first paragraph we will insert:

‘When we say health professional we mean a person whose work is concerned with improving and promoting the health and wellbeing of their patients, clients and users in a variety of different ways and in a variety of different settings.’

After the third paragraph in the ‘This document’ section we will add the following paragraph:

‘Any reference to our standards in this document is a reference to our Standards of Conduct, Performance and Ethics and Standards of Proficiency. These are the standards that we expect health professionals on our register to meet and to maintain through their registration. Our standards documents can be found on our website. Please see ‘More information’ on page 13.’

The professions we regulate will be amended to be listed alphabetically. To ensure that it is clear that anyone practicing one of the professions we regulate must be regulated with us, the paragraph under the subheading ‘protected titles’ will read as follows:

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‘Each of the professions has at least one professional title which is protected by law, including those shown above. This means, for example, that anyone using the titles ‘Physiotherapist’ or ‘Dietitian’ must be registered with us.

It is a criminal offence for someone to claim that they are registered when they are not, or to use a protected title that they are not entitled to us. We will prosecute people who commit these crimes.’

17. Comments on ‘Fitness to practise’

A number of those who responded to the document felt that further clarity was needed to ensure that the document could be used and understood by the self employed.

Unison pointed to the sentence on page 2 of the document which reads: ‘In most cases, fitness to practise can be managed by employers and health professionals and we do not need to be involved.’ They commented that this ‘...reads as if it is a matter for professionals who are employed’ and ask: ‘could this be rewritten to ensure it applies to self-employed professionals?’

The British Psychological Society, amongst others, felt that the document could be improved by adding further examples. In particular, they noted that the examples given on page 2 both refer to health issues and suggested that an example of failing to maintain skills would be useful.

The British Paramedic Association suggested a small number of amendments which were intended to make clearer the support that could be gained from the professional bodies. They suggested that the following sentence should be added to the end of paragraph 2 on page 3: ‘You may wish to seek advice or support from the professional body responsible for your profession.’

Placing greater emphasis on the support available from the professional body in managing fitness to practise was a suggestion from many of those who responded to the document.

Another organisation felt that the reference to a health professional being a ‘danger to the public’ in the final paragraph of page 3 was a difficult term to interpret and suggested that this was reworded. Another respondent felt that telephone and e-mail contact details should be given rather than asking people to write to us.

(a) *Our comments*

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We have made a number of changes to ensure that this section of the document is accessible to both self-employed and employed registrants.

We note that many responses requested further examples. We will add further examples of failing to maintain skills and examples which are relevant to independent practice later in the document.

If someone has concerns about a registrant we need them to be raised in writing before we are able to investigate. This is because we will need to use that information as evidence and provide the registrant with a copy of the information we receive. We will, however, amend this paragraph to advise individuals who are still concerned to contact us. The ‘more information’ section will then provide further details.

(b) Our changes

The paragraph beneath the examples given on page 2 will be amended to read:

‘In most cases, fitness to practise can be managed by health professionals themselves, whether they are working in private practice, in isolation or for a large organisation. Employers also have an important role to play in managing the fitness to practise of registrants.’

After the end of the second paragraph on page 2, the following sentence will be added:

‘If you are a member of a professional body, you may wish to contact them for further advice and support.’

The final paragraph will now read:

‘If you have read this document, and you are still concerned about the fitness to practise of a registered health professional, then you should contact us. Please see the section ‘More information’ on page 13.’

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18. Managing fitness to practise – Information for registrants

(a) Comments on ‘Why manage your fitness to practise?’

There were few comments on this section of the document.

The Association for Perioperative Practice felt that the fifth paragraph of page 4 was unclear and suggested that it be reviewed to ensure clarity. Another respondent felt that this paragraph was ‘awkwardly worded’.

The Royal College of General Practitioners were concerned that the section assumed that all health professionals were assessed by an employer when some may be in private employment or employed in roles where they work in isolation.

(i) Our comments

This section is intended to refer to the importance of all registrants managing their own fitness to practise. We feel that this principle is applicable to all registrants, regardless of the setting in which they work. However, we do realise that a proportion of registrants are self employer or work in settings where they have little or no day to day supervision or contact with other professionals. We will make changes later in the document to clearly illustrate the relevance of the document to the self-employed.

We have to consider every complaint that is made to us individually to make a decision about whether we need to take any action. We have reworded this section to ensure that this is clear to registrants.

(ii) Our changes

The fifth paragraph of page 4 will be reworded to read:

‘Managing your fitness to practise locally by following the steps described here will mean that you are acting professionally and in the best interests of your patients, clients and users.

You should be aware, however, that we have to consider every complaint referred to us individually. Taking the steps described above will not guarantee that a complaint will not be made about you. However, if you take steps to manage your fitness to practise so that you are practising safely and effectively, any action you have taken will be taken into account if a complaint is made about you.’

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(b) *Comments on ‘Professional self-regulation’ and ‘Professional self-regulation and our role as a regulator’*

‘The tone of the information for registrants is reassuring [...] and clearly explains the likelihood of local solutions being found to address this in most cases. The examples of steps which the individual can take to address their own concerns, as part of professional self-regulation, are particularly helpful’
Association of Clinical Biochemistry

Whilst most of those who responded to the document found this section to be helpful, a number of people and organisations felt that there needed to be greater emphasis on the necessity to seek support and advice from professional colleagues. The Association of Clinical Biochemistry felt that this would be ‘particularly beneficial for those working single handed or outside the infrastructure of a major organisation and for those who are self

employed.’

The importance of providing clear advice which could be applicable to the self employed was further highlighted in the response from The Institute of Chiropractors and Podiatrists who recognised that: ‘A self-employed registrant has no negotiation powers with employers or human resource departments with whom they can liaise to do alternative work.’

A number of those who responded felt that the need for clinical supervision and peer review was notably missing in this section. The Royal College of Speech and Language Therapists commented: ‘Peer review would cover clinical supervisions and could fit into the registrant section and employer section as within the clinical governance agenda clinical supervision is a given.’ Others pointed to the importance of performance review and annual appraisal in effectively managing fitness to practise.

Another organisation questioned whether adjustments to working place conditions would always be possible. They commented that such adjustments ‘may not always be feasible’ given considerations such as targets and workload. Given this, it was suggested that amendments to the document could be made to address circumstances in which healthcare professionals and employers are unable to reach agreement.

The British Dietetic Association expressed concern about the first paragraph of page 6 in which it is acknowledged that registrants may not wish to discuss certain information with colleagues. Whilst recognising that it is an individual’s responsibility to manage their fitness to practise, they expressed concern that there was ‘no requirement to seek any outside

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opinion of their fitness’. They said that service managers have the right to be aware of any factor which might affect service delivery or might put patients at risk.

A significant number felt that the examples given in this section and in that on scope of practice could be effectively supplemented by examples of self assessment of competency rather than disability or health. It was further felt that examples which were relevant to those in private or independent practice would be helpful.

The British Psychological Society felt that a reference to Continuing Professional Development (CPD) or life long learning could be added, to stress the importance of continued learning in managing fitness to practise. They also felt that this could be mentioned in the section for employers to remind employers of ‘their responsibility to assist employees in maintaining their skills, enabling them to remain on the Register’.

(i) Our comments

We recognise the importance of registrants seeking appropriate advice and support from their peer group in managing their own fitness to practise. This might include speaking to local colleagues or contacting their professional body. We have made changes to the document to reflect this.

We understand that making adjustments to working conditions could be problematic. Employers (and other organisations) have responsibilities under the Disability Discrimination Act to ensure that they do not unfairly discriminate against disabled people. We register individuals and although we think it is appropriate to provide information and guidance on certain topics for employers, we ultimately have no powers to ensure that employers comply with their duties under the law. As such, we don’t feel that it would be appropriate for us to offer any further guidance in this area.

Some medical conditions can be private and we wished to acknowledge the difficulty of discussing these with employers and peers. However, informing and discussing matters with professional colleagues is certainly important and is one way in which registrants can demonstrate appropriate insight and understanding. We believe that informing an employer is professionally responsible and have made changes to this section to reflect this.

In response to the comments we received, we will add an example of a self employed practitioner managing their fitness to practise to the end of the section. We feel that this will better demonstrate how the document is also applicable to those in independent practice.

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We recognise the importance of undertaking education and training in the process of maintaining fitness to practise. In particular, we address in the section on scope of practice in relation to moving into other areas of practice. However, we feel that continuing professional development is better dealt with in other publications.

(ii) Our changes

In the list of possible ways in which fitness to practise could be managed, add beneath ‘seeking medical help or other support as appropriate’:

‘Seeking the advice and support of professional colleagues or your professional body.’

The first paragraph on page 6 will be rewritten as follows:

‘As a responsible professional, you should inform your employer (if you have one) of any steps you are taking or any issues which might affect your fitness to practise. Although some matters may be personal, discussing these issues with an employer or another registered colleague could enable you to reflect on your scope of practice and to get someone else’s input on whether you can practice safely and effectively. If you are concerned about talking to your employer, you might wish to contact a union or professional body for advice. You can also contact us.’

An example will be added after paragraph 2 on page 6:

‘Example

A Physiotherapist has worked in private practice as a sole practitioner for a number of years. Because he has tended to specialise in other areas he has not performed ultrasound therapy for some time. He finds that number of patients have visited him recently where this treatment is indicated. He is not satisfied that he is up to date with best practice in this area so he refers these patients to a colleague in another practice to continue that area of their treatment.

He contacts his professional body for advice and decides to go on a course to update his skills. In the meantime he restricts his practice to those areas where he is happy that he is able to practise safely and effectively.

In this example, the registrant has reflected on their practice to ensure that are practising safely and effectively. They have also sought appropriate guidance.’

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(c) *Comments on 'Your scope of practice'*

The section entitled 'Your scope of practice' was broadly well received. One of those who responded commented that the section was 'useful and reassuring' and that the issues were effectively demonstrated with reference to a registrant moving in to management or education.

The British Psychological Society felt that the first paragraph of page 8 could be clarified so that it was clear that 'it was acceptable not to maintain some of the general areas of competence required of new registrants, provided the registrant did not practise in areas in which they had not maintained their competence'. They felt that clearer reasons should be given for the statement that 'A changing scope of practice is not necessarily a cause for us to take action or a cause of concern'.

The Society and College of Radiographers felt that this section should go further in encouraging those registrants engaged in non-clinical areas, such as education, to maintain their fitness to practise within their given scope and to maintain their registration wherever possible.

A number of those who responded felt that the need to undertake continuing professional development in order to manage scope of practice (and fitness to practise generally) was missing from the document. NHS Education for Scotland said that: 'Integral to the registrants responsibility for professional self regulation when scope of practice extends or changes, is seeking access to education programmes/ support in order to maintain their fitness to practise.' The College of Occupational Therapists considered that reference should be made to the professional bodies as sources of guidance and assistance for registrants when considering their scope of practice.

(i) Our comments

In response to the feedback received, changes have been made to the paragraph which addresses changing scope of practice. It is acceptable for registrants not to continue to meet all of the standards of proficiency because they have specialised. The most important thing is that registrants do not practise outside of their scope of practice without undertaking appropriate training and experience to enable them to do so safely and effectively.

(ii) Our changes

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Instead of 'A changing scope of practice is not necessarily...' at the end of the first paragraph on page 8, insert:

'As long as a registrant ensures that they are capable of practicing safely and effectively within their given scope of practice and does not practice in the areas where they are not able to do so, a changing scope of practice will not normally be a cause for us to take action or a cause for concern.'

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19. Managing fitness to practise: information for employers

(a) *Comments on 'If you have concerns about an employee, when should you inform the HPC?'*

The Board of Community Health Councils for Wales felt that the first sentence of the 6th paragraph on page 9 needed to be strengthened. The sentence in the consultation document reads: 'You can contact us before, during or after any action which you take to help remedy a problem with an employee'. It was felt that this implied that referral to HPC was not necessary and rewording from 'can' to 'must' was suggested.

A number of those who responded objected to the use of the terms 'complain' and 'complaint'. One respondent suggested that this could be amended to 'raising a concern' to avoid negative connotations. Another suggested that complaining could be changed to 'informing'. The College of Occupational Therapists felt that the document overly focused on complaints and that this could be confusing given it was about managing fitness to practise.

Both Unison and the Chartered Society of Physiotherapy felt that the issues discussed in this and subsequent sections could be better clarified by the addition of a frequently asked questions section.

(i) Our comments

In the section for employers we aim to describe the sorts of local measures that can be adopted to manage fitness to practise without the need to refer to us. We would not wish to discourage people and organisations from reporting concerns to us but we appreciate that some problems can be resolved locally. Local resolution can be an effective way of dealing with matters and can be less stressful for all those involved.

For example, many employers have established capability procedures which enable them to assess a registrant whose competence is called into question, whilst providing further training, supervision and support to try and resolve the problem.

We have, however, made changes to the following section 'fitness to practise and an employer's disciplinary procedures' in order to better explain when we should be informed.

(b) *Comments on 'fitness to practise and an employer's disciplinary procedures'*

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There were many comments about this section. A number of these felt that there needed to be clearer guidance on when it was appropriate to report to the HPC.

One respondent commented that the section lacked clarity. In particular they felt that the document ‘seemed to go straight into the available sanctions without enough introduction into this issue, and [was] then followed by real examples of fitness to practise situations and outcomes without clearly stating what the general guidance is.’

Others made similar comments. The British Dietetic Association asked: ‘Should the HPC be informed at an early stage of all concerns relating to an individual and where they have had, or have themselves, placed restrictions on their practice?’ The Association of Operating Department Practitioners concluded: ‘we think firmer guidance should be given on when to involve the HPC, this is vital for public protection.’

The College of Occupational Therapists felt that HPC should not seek to consider every complaint about a registrant. They commented: ‘One would [...] not wish to see the HPC

‘In the section written for employers of registrants, the document helpfully suggests taking local action to improve a registrant’s performance where the danger to the public is likely to be small. We also approve of the caveats contained within this section about staff that may move to other employers.’

British Association of Prosthetists and Orthotists

inviting complaints that are straight forward and could be more ably dealt with locally, particularly as registrants will ultimately bear the cost.’ It was also felt that the employer’s own responsibilities and procedures in dealing with complaints should be acknowledged.

Thames Valley Strategic Health Authority felt that there should be more emphasis and clarity about continuing to report a

registrant if they are not employed by you. They felt that this was important to ensure that the public are protected from unfit practitioners.

There were a small number of other comments on this section. One respondent felt that the reference to time keeping as being outside of the HPCs remit at the top of page 11 was inappropriate given the consequences of such an action. Another organisation felt that the word ‘remove’ was preferable to the term ‘striking-off’ in the list of sanctions given on page 10.

The Society and College of Radiographers suggested changes to the example given on page 10 in order that it would look ‘less generic’. The Chartered Society of Physiotherapy felt that more information about the fitness to practise process and HPC’s powers could be incorporated into the document.

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(i) Our comments

In response to your feedback we have made changes to this section. In particular, we have tried to show more clearly how an employer's disciplinary procedures can work in conjunction with ours to effectively protect patients, and ensure registrants are fit to practise. We have also provided further guidance on when employers should inform us.

We recognise that there are some issues which may be relatively minor or outside of our remit which are better dealt with locally. However, we don't want to discourage employers (or others) from informing us of their concerns and feel that it is important that employers feel able to inform us at any stage.

Issues such as time keeping are normally not relevant to us as they don't relate to the fitness to practise of registrants. However, we take decisions on information we receive on a case by case to decide whether we need to take any further action.

Our fitness to practise process is explained in more detail elsewhere and we have added a reference to our brochures in this section and in our 'More information' section.

We prefer the term 'Striking-off' as this is the term used in our legislation.

(ii) Our changes

Under 'Fitness to practise and an employer's disciplinary procedures' add the following paragraph:

'We believe our fitness to practise process and your own disciplinary procedures should work together to ensure that the public are adequately protected.'

In place of 'Our panels have a range of sanctions available to them' it will now read:

'If an allegation that a registrant's fitness to practise is impaired is found proven, our panels have a range of options available to them:

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After the list of sanctions it will now read:

‘Any action a panel takes is intended to protect the public. We publish brochures which explain our fitness to practise process for those who wish to complain and for registrants who are the subject of a complaint. Please see ‘more information’ for more details.’

In order to take into account of the suggestions from the Society and College of Radiographers we will change the example to read ‘therapy radiographer’ and ‘treatment records’.

At the top of page 11 (before the paragraph about matters which are not relevant to us) we will add the following example to clearly demonstrate the sorts of things employers need to think about when deciding whether to inform us:

‘Example:

An employer has concerns about the competence of a basic grade dietitian in the areas of patient assessment and record keeping. The employer decides to manage her fitness to practise through their capability process. They provide the registrant with increased supervision, mentoring and further training.

Scenario 1) The registrant resigns halfway through the capability procedures. Her employers still have concerns that her practice is unsafe in some areas. They inform us of their concerns.

Scenario 2) The capability procedures are completed. After further training, supervision and regular assessment of her skills the employer is satisfied that the registrant is working safely and effectively as a basic grade dietitian. The employer does not have any concerns about her fitness to practise so does not inform us.’

In place of the second paragraph on page 11:

‘Whether you need to inform us will depend on the circumstances of a particular case and how successful local resolution has been. As a guide, however, you should always tell us if you dismiss an employee or if an employee resigns during a disciplinary or capability process. You should also tell us if you downgrade an employee to a level below that of a registered health professional. For example, if you downgrade an employee to an assistant or technician role following concerns about their conduct or competence. If you are in any doubt you should always contact us.’

(c) *Comments on ‘Insight and Understanding’.*

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This section was generally well received. The Royal College of General Practitioners concluded: ‘We approve of the section on ‘Insight and Understanding’ and think that this should aid employers’. The College of Occupational Therapists also agreed with the content of the section.

Unison suggested that we add an example which could clearly demonstrate insight.

(i) Our comments

We feel that a number of examples in the document are applicable to the issues of insight and understanding. We will however add to the example on page 12 to show how this is explicitly an example of insight and understanding.

(ii) Our changes

After ‘In the example above, the employee has identified areas of work’ in the second paragraph of page 12 insert:

‘By doing this he has demonstrated appropriate insight and understanding into his condition and the possible effect this could have on his practice and those who use his services’.

(d) *Comments on ‘Making adjustments to a registrant’s working conditions’ and ‘Referring to our standards’*

The National Blood Service expressed concern about the onus placed on the registrant to inform their employer of factors affecting fitness to practise. They expressed particular concern with reference to the example in this section of a practitioner suffering from clinical

‘There is an argument that if a registrant’s health is impaired to the extent that it impairs their fitness to practise, they should be obliged to seek the opinion of a suitable qualified professional as to their fitness and the possible impact on patients or clients.’

British Dietetic Association

depression. They concluded: ‘... this is the sort of condition that a lot of employees would prefer not to let their employer know about – given the continuing stigma associated with mental health problems.’ They raised the problem that occurs when registrants with such conditions are not aware that they are ill or that their condition is affecting their ability to practise safely and

effectively. The British Dietetic Association also recognised situations that may occur where a registrant would be incapable of realistically assessing their own practice.

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Unison asked: ‘Could some reference be made to the proposed changes in the DDA from 2006 that will affect registration bodies?’

The Royal College of General Practitioners wanted the Disability Discrimination Act mentioned in the section for registrants. They also felt that the fourth paragraph on page 12 which deals with the Act implies that this is the only legislation that needs to be adhered to in this area. They drew attention to the requirements placed on employers by health and safety legislation.

The Royal College also felt that it is important that some reference is made to Occupational Health services in the document. Occupational Health Services they concluded: ‘...have a fundamental and extremely important role to play in health issues affecting fitness to practise, both in identification and management.’ They cited the example given on page 12 of the document as one where it is likely that occupational health services would have been involved.

Thames Valley Strategic Health Authority felt that the document should contain some sort of overview of our standards and not just refer to them as available on our website. It was felt that this was important given that employers may be ‘schools or parents – not always big health organisations with HR departments’.

(i) Our comments

This document seeks to explain the context to the ways in which registrants and employers can manage fitness to practise. We appreciate that there are circumstances in which registrants may fail to demonstrate adequate insight. These situations can be dealt with by employers’ disciplinary procedures and occupational health services as well as through our fitness to practise process.

In response to the comments we received, we will add a reference to the Disability Discrimination Act in the section about profession self-regulation.

The Disability Discrimination Act places certain responsibilities upon employers. We also have responsibilities under the Act. ‘Managing fitness to practise’ is part of our response to our responsibility to treat disabled people fairly and sets out ways in which registrants, including disabled registrants, can effectively manage their fitness to practise.

We recognise the role occupational health services can play in effectively identifying and managing problems and assessing insight and understanding. However, the document is

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intended as an overview of issues relating to fitness to practise and is not intended to be an exhaustive list of the ways in which employers can and do manage fitness to practise.

(ii)

(iii) Our changes

In the section for registrants, at the end of the second paragraph on page 6 add:

‘If you are disabled, you have certain rights under the Disability Discrimination Act. You might wish to visit the Disability Rights Commission’s website at www.drc.org.uk for further information.’

(e) *Comments on ‘Complaining to us about a health professional’ and ‘More information’*

The wording and content of this section prompted a number of responses. One person commented that the wording: ‘Any one can let us know that a registrant may not meet our standards’ might be better changed to raising a concern about a registrant. It was felt that this would more accurately reflect that it is HPC who decides whether a registrant meets its standards.

The British Association of Prosthetists and Orthotists felt that the final section was contradictory given the previous emphasis on local resolution. They concluded that: ‘...the final section [is] contradictory in that it suggests that a registrant who finds a colleague is not meeting the appropriate standards must inform HPC. This is entirely contrary to the local action suggested in the previous part of the document.’

Another respondent asked about the consequences if they failed to inform HPC about their concerns about a colleague. They asked: ‘If I should be aware of a problem with colleague is there a penalty if I fail to tell you?’ They further asked what they should do if they were not satisfied that management was dealing with the situation adequately.

The Prince of Wales’s Foundation for Integrated Health recognised the document’s intended audience but felt that it could be accessed by other groups, such as members of the public, who had an interest in this area. They suggest that the ‘More information’ section on the back page could be used to ‘signpost the most appropriate route/action to take, to those who may have concerns about a registrant’.

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(i) Our comments

Whilst local resolution is often appropriate as a first step, we feel that anyone who has concerns about a registrant's fitness to practise should feel able to let us know at any stage.

All registrants have a professional duty to inform a senior professional colleague or us if they have concerns about a fellow professional's conduct or competence. We believe this is an important part of professional self-regulation. If we are not informed about professionals' concerns we can't investigate to ensure that the public are protected.

We have added to our More information section so that reference is made to where other useful publications can be found on our website.

(ii) Our changes

We have made changes to the wording of the first paragraph in response to the feedback we have received.

The first paragraph on page 13 will now read:

'Anyone can let us know if they have concerns about the fitness to practise of a registrant. This can include a colleague, their employer or a patient.'

In place of 'So if you are registered with us, and you believe that a registered colleague does not meet our standards, then you must inform us' insert:

'So if you are registered with us and you have concerns about another registered colleague, you should inform us'.

In the 'More information' section insert after reference to our website:

'We publish two brochures 'Making a complaint about a health professional' and 'What happens if a complaint is made about me?' which explain our fitness to practise process in more detail. These and our standards documents are available from the publications section of our website.

There is also information on our website about past fitness to practise cases and future hearings.

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If you are worried that your fitness to practise may be impaired, or you are concerned about a registered health professional, you should write to our Director of Fitness to Practise at the following address....

You may wish to contact us to discuss any concerns you may have. We can be contacted by telephone on 020 7582 0866.'

20. Respondents

The following is the list of those who provided responses to the consultation.

Where the response has come from an organisation we have attributed this in the text of this document. Where the response comes from an individual we have not.

We received responses from 32 organisations and 3 individuals.

We would like to thank all those who responded to this consultation for their comments.

Association for Perioperative Practice
 Association of Child Psychotherapists
 Association of Clinical Biochemistry
 Association of Clinical Scientists
 Association of Operating Department Practitioners
 British and Irish Orthoptics Society
 Board of Community Health Councils for Wales
 British Association of Dramatherapists
 British Association of Prosthetists and Orthotists
 British Dietetic Association
 British Paramedic Association
 Chartered Society of Physiotherapy
 College of Occupational Therapists
 Eastern Birmingham Primary Care Trust
 General Social Care Council
 Health Professions Wales
 Heart of England Foundation Trust

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Institute of Chiropractors and Podiatrists
 Institute of Physics and Engineering in Medicine
 Joint Royal Colleges Ambulance Liaison Committee
 National Blood Service
 NHS Education for Scotland
 Prince of Wales's Foundation for Integrated Health Professions
 Privy Council Office
 Royal College of General Practitioners
 Royal College of Speech and Language Therapists
 Scarborough, Whitby and Ryedale PCT
 Society and College of Radiographers
 Society of Sports Therapists
 Thames Valley Strategic Health Authority
 Unison
 Welsh Scientific Advisory Committee

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21. Managing fitness to practise: a guide for registrants and employers

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22. Introduction

- (i) About us
- (ii) **We are the Health Professions Council. We are a health regulator, and our job is to protect the health and wellbeing of people who use the services of the health professionals registered with us.**
- (iii) **When we say health professional, we mean a person whose work is concerned with improving and promoting the health and wellbeing of their patients, clients and users in a variety of different ways and in a variety of different settings.**
- (iv) **To protect the public, we set standards that health professionals must meet. Our standards cover health professionals' education and training, behaviour, professional skills, and their health. We publish a register of health professionals who meet our standards.**
- (v) **Health professionals on our register are called 'registrants'. If registrants do not meet our standards, we can take action against them which may**
- (vi) **include removing them from the register so that they can no longer practise.**

Who do we regulate?

The health professionals we regulate at the moment are:

- arts therapists;
- biomedical scientists;
- chiropodists and podiatrists;
- clinical scientists;
- dietitians;

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- occupational therapists;
- operating department practitioners (from autumn 2004);
- orthoptists;
- paramedics;
- physiotherapists;
- prosthetists and orthotists;
- radiographers; and
- speech and language therapists.

We may regulate other professions in the future. For an up-to-date list of professions, please see our website.

Protected titles

(vii) All of the professions have at least one professional title which is protected by law, including those shown above. This means, for example, that anyone using the titles ‘physiotherapist’ or ‘dietitian’ must be registered with us.

(viii)

(ix) It is a criminal offence for someone to claim that they are registered with us when they are not, or to use a protected title that they are not entitled to use. We will prosecute people who commit these crimes.

(x)

(xi) Fitness to practise

(xii) This document is about registrants’ fitness to practise. When we say that someone is fit to practise, we mean that they have the skills, knowledge, character and health to practise their profession safely and effectively. We also mean that we trust them to act legally.

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(xiii) Over any health professional’s career, their skills and the areas in which they can practise will change. Likewise, over their career, there may be times when their fitness to practise is ‘impaired’ (affected in some way), either permanently or for a certain period of time.

Examples

(xiv) A chiroprapist who has been practising safely for many years develops problems with his fine motor skills during his sixties. He notices that his hands shake, and finds he can no longer perform surgery without the danger of harming his patients. This may be a permanent change to his fitness to practise.

(xv)

(xvi) A paramedic’s personal circumstances mean that she is under a large amount of stress, and this is affecting her in the workplace. She is concerned that in an emergency she would not be able to practise effectively. This is likely to be a temporary change to her fitness to practise.

(xvii) In most cases, fitness to practise can be managed by health professionals themselves, whether they are working in private practice, on their own or for a large organisation. Employers also have an important role to play in managing the fitness to practise of registrants.

(xviii) However, if there is a risk to the public, we will have to take action.

The way that we work is based on the important principle of ‘professional self-regulation’. This means that every health professional on our register has a

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personal responsibility to maintain and manage their own fitness to practise, and to make decisions about whether they are fit to practise their profession.

- (xix) This document
- (xx) **To help explain how this works, we have produced this document as a guide. In it, you can read about how registrants can manage their own fitness to practise. It also contains information for employers on when they may need to let us know their concerns about an employee’s fitness to practise.**

As with the other documents we have produced, we have written this document in clear, modern English, so that it is easy to understand what we expect from people on our register. In the section for registrants, ‘you’ refers to someone registered with us, a ‘registrant’. In the section for employers, ‘you’ refers to someone who employs a registrant.

If you are worried about your fitness to practise, or about the fitness to practise of someone you employ, please read the whole of this document. If you are a member of a professional body or union, you may want to contact them for more advice and support.

Any reference to our standards in this document is a reference to our standards of conduct, performance and ethics, and standards of proficiency. These are the standards that we expect health professionals on our register to meet and to maintain through their registration. You can look at our standards documents on our website. Please see the section ‘More information’ on page 13.

Please contact us if you have read this document and you are still concerned about the fitness to practise of a registered health professional. Please see the section ‘More information’ on page 13.

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23. Managing fitness to practise: information for registrants

(i) Why manage your fitness to practise?

Anyone can complain to us at any time if they are worried that a registered health professional does not meet our standards. We look at each complaint carefully to decide whether we can take action, and we look at all the evidence before deciding whether a health professional's fitness to practise is impaired.

However, there are steps that health professionals and employers can take to manage fitness to practise in the workplace before contacting us.

You do not have to take these steps and you can come straight to us at any stage if you would prefer. But you may find that managing fitness to practise locally, with your colleagues, your manager, your employer or by yourself, can be an effective and simple way of making sure that you meet our standards, that the public is protected, and that we do not need to get involved.

If your fitness to practise is impaired, it can be a distressing time for everyone involved, and managing fitness to practise locally might help reduce the stress caused.

Managing your fitness to practise locally by following the steps described here will mean that you are acting professionally and in the best interests of your patients, clients and users.

You should be aware, however, that we have to consider every complaint referred to us individually. So, taking the steps described above will not guarantee that a complaint will not be made about you. However, if you take steps to manage your fitness to practise so that you are practising safely and effectively, we will take account of any action you have already taken if a complaint is made about you.

(ii) What we expect from all registrants

Our standards of conduct, performance and ethics say that, 'You must always... limit your work or stop practising if your performance or judgement is affected by your health' (page 2).

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Our standards of proficiency say that every registrant must ‘know the professional and personal scope of their practice’ (1b.1).

Before registrants start practising, they must consider whether they have the skills and training they need to practise safely. We also expect registrants to:

- assess their own fitness to practise;
- review their own fitness; and
- restrict or adapt their practice if anything (including their health, a disability, their skills or anything else) may affect their fitness to practise.

This is a general expectation which applies to all registrants, not only those who consider themselves to have a health or disability issue, or those registrants who have told us about their health or disability.

(iii) Example

An example of how this might work in practice is taken from section 2b.5 of the standards of proficiency, which says that registrants must do the following:

‘be able to maintain records appropriately

be able to keep accurate, legible records and recognise the need to handle these records and all other clinical information in accordance with applicable legislation, protocols and guidelines.’

A registrant who knows that people cannot usually read her handwriting may take steps to print her notes in block capitals, or to type them up, to make sure that her colleagues can use them effectively. In this way, she is taking reasonable steps to adjust her practice to make sure that she meets the standard.

Other examples of registrants who may make adjustments to meet this standard include a registrant with sight difficulties who needs an assistant or special software to help them take their notes, or a registrant with dyslexia who might prefer to keep electronic notes. In each case, the registrant would have taken reasonable steps to make sure that they met this part of the standards of proficiency.

(iv) Professional self-regulation

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The first stage in managing fitness to practise is individual ‘professional self-regulation’.

Specifically, we expect that if you feel that your fitness to practise may be impaired, either in the long- or short-term, you would take steps yourself first, which might include:

- getting medical help or other support as appropriate;
- getting advice and support from professional colleagues or your professional body;
- negotiating reasonable adjustments to your working conditions with your employer;
- restricting your scope of practice to those areas where you are confident that your practice fully meets the standards of proficiency for your profession;
- removing yourself from practice; or
- removing yourself from the register, if appropriate, while an issue is sorted out.

As a responsible professional, you should tell your employer (if you have one) of any steps you are taking or any issues which might affect your fitness to practise. Although some matters may be personal, discussing these issues with an employer or another registered colleague could help you to reflect on your scope of practice and to get someone else’s opinion on whether you can practise safely and effectively. If you are concerned about talking to your employer, you might want to contact a union or professional body for advice. You can also contact us.

If you need to make major adjustments to your work, you will probably need to have some kind of formal discussion with your line manager, or with the human resources department where you work. (If you are self-employed and can adjust your working conditions yourself, this does not apply to you.) If you are disabled, you have certain rights under the Disability Rights Act. You might want to visit the Disability Discrimination Rights Commission’s website at www.drc.org.uk for more information.

Example

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A physiotherapist has worked in private practice as a sole practitioner for a number of years. Because he has focused on other areas he has not performed ultrasound therapy for some time. He finds that a number of patients have visited him recently where this treatment is indicated. He is not satisfied that he is up-to-date with best practice in this area so he refers these patients to colleague in another practice to continue that area of their treatment.

He contacts his professional body for advice and decides to go on a course to update his skills. In the meantime, he restricts his practice to those areas where he is happy that he is able to practise safely and effectively.

In this example, the registrant has reviewed his practice to make sure that he is practising safely and effectively. He has also got appropriate advice.

(v) Professional self-regulation, and our role as a regulator

We will not necessarily have to take any action if you carry out the steps above. This is because you, as an accountable registered professional, are judging your own fitness to practise, and making professional judgements as appropriate.

Our main concern is where difficulties arise and you are not effectively managing your fitness to practise. For example, we would need to take action if you were continuing to practise even though you could not do so safely.

Your involvement in managing your own fitness to practise is an important part of professional responsibility, and is a vital principle by which professional self-regulation works.

(vi) Your scope of practice

Each profession that we regulate has its own standards of proficiency. You can download these from our website, or contact us to ask for a hard copy. These standards are divided into sections which set out the expectations of a health professional, and the knowledge, understanding and skills needed to practise. Every registered health professional must meet these standards, and must also meet the standards of conduct, performance and ethics.

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When you first apply to come onto the register, we need certain pieces of information from you to make sure that you meet our standards. You need to send us a health reference and a character reference. You must also tell us about any criminal convictions or cautions, or any action taken against you by a professional body or another regulator.

Before you are registered, we also need to know that you meet our standards of proficiency. How we check that you meet our standards of proficiency varies depending on where you trained.

If you completed an approved course in the UK, this means that we have assessed your course, we know that it meets our standards of education and training, and that people who complete that course meet the standards of proficiency for your profession. If you trained abroad, your experience and qualifications are assessed by people from the same profession, to see whether you meet the standards of proficiency.

When you come onto the register for the first time, this means that you meet the whole of the standards of proficiency for your profession.

The exception to this is people applying through the 'Grandparenting' route A, who need to show they have completed three out of the last five years' 'lawful, safe and effective practice' in order to be registered. This route to registration is only open for a limited time, and then closes. There is more information about grandparenting on our website at www.hpc-uk.org.

The standards of proficiency say:

'We do recognise ... that your practice will change over time and that the practice of experienced registrants frequently becomes more focused and specialised than that of newly qualified colleagues, because it relates to a particular client group, practice environment, employment sector or occupational role. Your particular scope of practice may mean

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that you are unable to demonstrate that you continue to meet each of the standards that apply for your profession.

So long as you stay within your scope of practice and make reasonable efforts to stay up to date with the whole of these standards, this will not be problematic.

However, if you want to move outside your scope of practice, you must be certain that you are capable of working safely and effectively, including undertaking any necessary training and experience.'

After you have been registered with us, we recognise that your scope of practice may change so that you can no longer meet the whole of the standards of proficiency for your profession. This may be because of specialisation in your job, a move into management, education or research, or it may be because your fitness to practise in certain areas has become impaired. As long as you make sure that you are capable of practising safely and effectively within your scope of practice, and do not practise in areas where you are not able to do so, a changing scope of practice will not normally cause us concern.

Example

A speech and language therapist's first job after graduating was one where she worked entirely with children. She worked in this area for nearly 10 years, building up considerable expertise.

When the opportunity came to manage a team of speech and language therapists who worked with a variety of different patients, clients and users, she felt that her skills in these areas needed refreshing. With the support of her new employer, she attended training and completed private study to update her skills and make sure that she could safely extend her scope of practice, to effectively practise in her new role.

Your scope of practice is the area (or areas) of your profession in which you have the knowledge, skills and experience to practise lawfully, safely and effectively, in a way that meets our standards and does not present any risk to the public or to yourself. Your scope of practice may change over time, and

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you should be aware of your scope of practice and make sure that you only practise within it. It is closely linked to your 'fitness to practise', but the two are not the same.

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24. Managing fitness to practise: information for employers

This section has been written for people who employ health professionals on our register. You may find this section useful if you are dealing with an employee who you think may not meet our standards.

People on our register work in a wide variety of settings, including large NHS trusts, schools, prisons, local councils and in private practice. Sometimes a registrant will work as part of a large team of people from the same profession as them, sometimes they will be part of a multi-disciplinary team, or they may be the only health professional in their place of work.

Whatever the work environment, as their employer it is important that you understand:

- how their profession is regulated;
- their fitness to practise; and
- how their fitness to practise may change over time.

We have written this section of the document to give you information about how you can help your employee to keep to our standards, and also information about if, when or how you should contact us if a registrant cannot meet our standards.

- (i) When to contact us if you are concerned about an employee

Anyone can make a complaint to us about a registered health professional at any time. (See the section called 'Why manage your fitness to practise?' on page 5 for more information.)

You can contact us before, during or after any action which you take to help sort out a problem with an employee. You may, however, find it useful to take steps to sort out an issue before involving us. This may particularly apply in large organisations with a well-established system for supporting members of staff, and with the resources to cope with staffing needs flexibly. In other,

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smaller places of work, you may find that you need to refer problems to us at an earlier stage.

While each case is unique, there are still some questions which employers often ask about how and when they should let us know if they are experiencing problems with an employee. Below, we have written general guidance which will help you decide whether or when you need to complain to us.

This is only general guidance, however, and if you are in any doubt you should contact us.

(ii) Fitness to practise and an employer’s disciplinary procedures

We believe that our fitness to practise process and your own disciplinary procedures should work together to make sure that the public are protected.

Our fitness to practise process allows us to take action if a health professional does not meet our standards.

If we find that a registrant’s fitness to practise is impaired, our panels can:

- remove the registrant from the register;
- suspend them from the register for up to two years;
- restrict their work in some way by issuing a ‘conditions of practice order’;
- caution the registrant; or
- take no further action.

Any action a panel takes is intended to protect the public. We publish brochures which explain our fitness to practise process for people who want to complain and for registrants who a complaint has been made about. Please see the section ‘More information’ for more details.

Example

A therapy radiographer comes to a hearing where it is claimed that her fitness to practise is impaired. During the hearing, it becomes clear from witness statements that the main problem is her standard of

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record-keeping. The panel could issue a 'conditions of practice order' which says that for one year she would need to get her treatment records signed by a colleague, and during that time she would also need to receive extra training in keeping records. If she kept to these conditions, she could stay on the register.

A conditions of practice order could be similar to any efforts that you make to sort out problems that you are experiencing. You might, for example, make arrangements to supervise an employee whose record-taking was questioned.

An important difference, however, is that our penalties apply right across the UK, wherever that person practises, whereas the conditions an employer makes can only apply in that place of work.

Even if you are taking action which effectively sorts out a problem that you are experiencing with an employee, you may find it useful to consider what could happen if your employee left you and began to work elsewhere, with people who did not know about the problems you had experienced. Would the public be at risk? Could the registrant practise lawfully, safely and effectively? There is also information on page 12 about 'Insight and understanding' which is relevant to questions like these.

Example

An employer has concerns about the ability of a basic grade dietitian in the areas of assessing patients and record keeping. The employer decides to manage her fitness to practise through their capability process. They provide the registrant with increased supervision, mentoring and further training.

Situation 1

The registrant resigns halfway through the capability procedures. Her employers still have concerns that her practice is unsafe in some areas. They tell us about their concerns.

Situation 2

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The capability procedures are completed. After further training, supervision and regular assessment of her skills, the employer is satisfied that the registrant is working safely and effectively as a basic grade dietitian. The employer does not have any concerns about her fitness to practise so does not contact us.

There are some matters which are relevant to the relationship between an employer and employee which are not relevant to us. Examples of these sorts of issues could include timekeeping or negotiations over pay and conditions.

(iii) Whether you need to contact us will depend on the circumstances of a particular case and how successful any solution has been. As a guide, however, you should always tell us if you dismiss an employee or if an employee resigns during a disciplinary or capability process. You should also tell us if you downgrade an employee to a level below that of a registered health professional, for example, if you downgrade an employee to an assistant or technician level following concerns about their behaviour or skills. If you are in any doubt, you should always contact us.

(iv) Insight and understanding

Whether a registrant has ‘insight and understanding’ into their own fitness to practise will be an important factor in deciding whether they can manage their own fitness to practise, or whether we need to take action to protect the public. It may also be useful to you in deciding whether to complain to us about a health professional.

A registrant is judged to have insight and understanding of their fitness to practise if they have a realistic, informed idea of the limits of their safe practice, and they understand the need to remain within their scope of practice, to make sure that their patients, clients and users are not put at risk and that there is not any danger to themselves.

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In almost all cases where the registrant has a good understanding of their impaired fitness to practise, an accurate view of their narrowed scope of practice, insight into their limitations and an informed idea of the steps they should take to stay within their scope of practice, they can stay registered and we do not need to get involved.

You should contact us if a registrant does not have insight and understanding into their fitness to practise and there is possible danger to the public.

- (v) Making adjustments to a registrant’s working conditions

In this document, we recommend that health professionals take an active part in managing their own fitness to practise, and we suggest a number of ways in which health professionals can make sure that they meet our standards. See the section ‘Professional self-regulation’ on page 6 for more information.

One of the ways that a registrant can manage their fitness to practise is by negotiating adjustments to their working conditions with their employer.

Example

A registered occupational therapist is affected by clinical depression, for which he is on medication. His doctor recommends that he changes his medication, and while he is doing this, he experiences difficulties managing his depression. In particular, he finds some aspects of work difficult and distressing. He speaks to his employer, who agrees that until the issue with his medication is sorted out, his rota will be adjusted so that he does not have to work in an area that was causing him particular difficulty.

In the example above, the employee has identified an area of work in which he may not be able to meet our standards. By doing this, he has shown appropriate insight and understanding into his condition and the possible effect this could have on his practice and those who use his services. He has negotiated with his employer, and effectively restricted his scope of practice to reflect the management of his fitness to practise, so that he will only work in areas where he is confident that he meets our standards. So, we do not have to get involved as there is no danger to the public.

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You might find it useful to know that resources to help you make adjustments for an employee may be available from Access to Work. Access to Work is a government scheme that provides funding for disabled employees to pay for the equipment and support they need to help them succeed in their job. For more information, see www.jobcentreplus.org.uk.

We do not place any legal responsibility on you to change your employees' working conditions. We hope that as a good employer you would be flexible enough to support and keep an employee. As an employer, you also have certain duties under the Disability Discrimination Act, which may be relevant depending on the nature of the case. For example, by law, all employers must consider 'reasonable adjustments' for disabled employees. Altering working hours or conditions can be considered a reasonable adjustment.

For more information about your duties under the Disability Discrimination Act, see the code of practice for employers, which is available on-line at www.drc.org.uk.

Referring to our standards

You can download copies of our standards from our website, or you can contact us to ask for a copy.

Our standards will help you to decide whether to complain to us about an employee. If we receive a complaint, and that complaint reaches the stage of a hearing, the panel will refer to these standards. They will hear evidence on whether or not the health professional meets the standards.

25. Complaining to us about a health professional

Anyone can let us know if they have concerns about the fitness to practise of a registrant. This can include a colleague, their employer or a patient.

However, our standards of conduct, performance and ethics say that:

'You must protect patients if you believe that they are threatened by a colleague's conduct, performance or health. The safety of patients, clients and users must come before any personal and professional loyalties at all times.

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As soon as you become aware of any situation that puts a patient, client or user at risk, you should discuss the matter with a senior professional colleague. If you feel that you cannot raise the matter with a senior colleague, you can contact our Registrar.’ (page 3)

‘You must also tell us (and other relevant regulators and professional bodies) if you have any important information about your conduct or competence, or about other registrants and health professionals you work with.’ (page 5)

So, you should tell us if you are registered with us and are concerned about another registered colleague.

More information

You can get more information about us and our role from our website at www.hpc-uk.org.

We publish two brochures – ‘Making a complaint about a health professional’ and ‘What happens if a complaint is made about me’ – which explain our fitness to practise process in more detail. You can get these and our standards documents from the publications section of our website.

There is also information on our website about past fitness to practise cases and future hearings.

If you are worried about your fitness to practise, or you are concerned about a registered health professional, you should write to our Director of Fitness to Practise at:

Health Professions Council
 Park House
 184 Kennington Park Road
 London
 SE11 4BU.

You may want to contact us to discuss any concerns that you may have. Please phone 020 7582 0866.

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