

Fitness to practise fact sheet

What is a fitness to practise investigation?

When concerns are raised about a registrant which are in the remit of the Health and Care Professions Council (HCPC), we open an investigation into the concerns.

The purpose of the investigation is to understand as much as possible about the concerns. This helps us decide if the concerns and the information we have gathered about them amounts to an allegation that the registrant's fitness to practise may be impaired.

What is happening now?

The case will be allocated to a case manager who is responsible for planning and conducting the investigation. They will write to the participants in the case to introduce themselves and provide their contact details. The case manager will keep you updated on the progress of the investigation. You can contact them to ask questions about the investigation process at any time.

The case manager is independent and does not take anyone's side. They can explain our processes and help you understand any requests for information we may make. Case managers can also tell you about sources of support or information during the fitness to practise process. However, they cannot provide legal advice.

During their investigation, the case manager will collect information about the concern. Depending on the concern raised, this may include collecting documents, reports, an account of events, or witness statements. To do this, they may write to other individuals and organisations to ask them to provide information relevant to the concern. Any information which is provided to the investigation, including in emails or phone calls, may be used as part of fitness to practise proceedings.

The case manager will provide a date for the information requested to be provided. This helps us to plan and progress our investigation as quickly as possible.

What will happen next?

The information collected during the investigation will be used by a senior decision maker to decide if the concerns meet our threshold policy. They will also consider the information obtained in line with our standards of conduct, performance and ethics and our standards of proficiency. The case manager is not involved in this decision.

If threshold is not met

If the senior decision maker decides that the threshold is not met, they will write a closure decision form; this happens in around half of cases. The closure decision form is a document which explains our investigation and how we made our decision to close the case. The case manager will share

the closure decision with the registrant, complainant, and the registrant's employer.

A closure decision means that the case will be closed, and no action will be taken against the registrant. These cases do not proceed to the Investigating Committee Panel (ICP).

If threshold is met

If the senior decision maker decides that the threshold is met, the case will be considered by an Investigating Committee Panel (ICP). The case manager will send a Case investigation report (CIR) to the registrant. This report contains formal allegations and explains the information which we have gathered during the investigation. The registrant is also provided with a copy of the papers which have been gathered and invited to respond before the panel meeting. The registrant will have 28 days to **respond to the allegations**. After this time has passed, all of the information gathered will be prepared for the committee to review. The case participants will be told the date that the committee will meet to consider the case.

The ICP is formed of a Chair, a lay member and a registrant member from the same profession as the registrant. The panel's task is to look at the specific details in the allegations and decide if there is a realistic prospect of proving the facts, the grounds and current impairment of the registrant's fitness to practise. The Investigating Committee meet in private and make their decision on the basis of the papers before them.

The outcome of the Investigating Committee meeting will be one of the following:

- the case will be referred for a final hearing ("case to answer");
- the case will be closed with no further action ("no case to answer"); or
- the case will be sent back to the case manager to get more information before a decision is made.

The panel may also change (amend) the allegation. If the panel change the allegation significantly, the amended allegation will be sent to the registrant for a further opportunity to comment. It will then be submitted to a new Investigating Committee for consideration.

If the registrant has had a previous "no case to answer" decision in the last three years, the previous allegations and relevant papers will also be provided to the panel as part of the bundle for them to consider. The panel will be invited to decide if, in light of the new concern, there is now a "case to answer" for the previous concern. If the panel decide there is "no case to answer" for the previous concern, it will remain closed and will not be referred to a final hearing. If the panel decide there is now a "case to answer" for the previous concern, it will be included in the current allegation and referred to a final hearing alongside any other new concerns which the panel have decided should be referred.

After the committee meeting, the case manager will share the outcome with case participants within two working days. The case manager will also provide a copy of the panel's decision to the registrant and complainant. However, if the allegations relate to the registrant's health, only the registrant will be sent a copy of the panel's decision.

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How long does the decision take?

We aim to have the ICP consider a case within 33 weeks of receiving the concerns. However, sometimes this could take longer depending on the time taken to obtain the information we need. The case manager will update you regularly throughout the investigation.

Support available

We recognise that our fitness to practise process can be difficult. **Our website** has information about support available. You can also contact your case manager if you have questions, require support, or want to discuss adjustments which could help you during the process.

Jargon buster

Allegations

An allegation is a claim that is made against the registrant. After a concern is investigated and we decide that it meets our threshold test, it becomes an allegation of impairment. The allegation is made up of three parts:

1. The facts, which set out what is said to have happened.
2. The grounds on which the allegation is based. This will be one of the 5 statutory grounds.
3. In consequence, that the registrant's fitness to practise is impaired.

Case investigation report (CIR)

A document which details the HCPC's investigation, including the evidence obtained in relation to the allegation(s).

Case manager

Each case has a named case manager. Case managers are neutral and do not take anyone's side. They can answer questions about the process and provide updates. They cannot provide legal advice.

Complainant

This is the person who told us about the concerns.

Concerns

Information about a registrant which suggests they may not have the skills, knowledge or character to practise safely and effectively.

Employer

This is the person or organisation that a registrant works for or was working for around the time of the alleged complaint. We sometimes need to write to an employer to help us find a person on our Register.

Impaired fitness to practise

A concern about the conduct, competence, health or character of a registrant. The concern must be serious enough to suggest that the registrant is unfit or unsafe to practise without restriction, or at all.

Impairment

When we say someone's fitness to practise is impaired, we mean that they lack the skills, knowledge and/or character to practise as a health and care professional, either without restriction or at all.

The panel will consider impairment right now - not if the registrant's practice was impaired at the time of the incident, but if it is likely to be impaired currently.

Investigating Committee Panel (ICP)

An independent panel of three people who are responsible for reviewing cases. Each panel is made up of three members: a Chair, someone from the relevant profession of the registrant who is under investigation, and a lay person who is not from any of the professions we regulate. This panel meets in private and does not make a decision about whether the allegation is proven, but only whether there is a realistic prospect that the HCPC will be able to establish the allegation at a final (substantive) hearing.

Realistic prospect

This means that something is more likely than not.

Senior decision maker (SDM)

An employee of the HCPC who is responsible for reviewing cases and deciding if the concerns meet the threshold to be considered by the Investigating Committee Panel.

Threshold policy

A policy which explains our approach to investigating concerns about professionals on our Register, or decision-making process, and how we apply our threshold criteria. You can read the full policy on our **website**.

Papers

The documents or evidence that have been gathered during the investigation, usually compiled into a bundle.

Participants

The people or organisations involved in a case. The participants may be the complainant, the registrant and/or their employer.

Registrant

A health and care professional who is on our Register.

Standards of conduct, performance and ethics

They set out, in general terms, how we expect our registrants to behave. They can be found on our **website**.

Standards of proficiency

They set out the minimum standards we consider necessary to protect the public. There are a specific set of standards of proficiency for each profession we regulate. The standards of proficiency can be found on our **website**.