

# ANNUAL REPORT 2004-2005

## FITNESS TO PRACTISE



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## FOREWORD

Welcome to the second Fitness to Practise Report of the Health Professions Council (HPC) covering the period 1<sup>st</sup> April 2004-31<sup>st</sup> March 2005. This report provides information about the HPC's work in considering allegations about the fitness to practise of registrants.

We have done much work this year to ensure that the Health Professions Council meets its key obligations of protecting the public, whilst at the same time balancing this with the rights of registrants. We have produced brochures to ensure an increased accessibility to the process. Furthermore, members of the Council have drawn a distinction between their strategic role and the decision-making process in individual cases by ceasing to chair fitness to practise panels. We have continued our work in interpreting the Health Professions Order 2001 and the rules made under it in the form of practice notes and this work will be continuing with the production of a Fitness to Practise Benchbook. The Fitness to Practise department has also started work on the implementation of a witness support programme and has written to all NHS Trusts to ensure a greater awareness of the role of HPC in Fitness to Practise proceedings. We are also developing protocols with key stakeholders such as the NHS Counter Fraud Service to ensure an effective exchange of information.

This report presents to you the ways in which Practice Committee Panels have handled the cases brought before them. It gives an insight in to the use of the range of sanctions used by Panels and provides you with insights from those involved in the HPC fitness to practise process.

One of the key aims of the HPC is openness and transparency in our proceedings. This can be illustrated by the information that is made publicly available on our website [www.hpc-uk.org](http://www.hpc-uk.org).

I hope you find this document interesting and useful in understanding more about the role of the Health Professions Council.

**Professor Norma Brook**  
**President**

## About the Health Professions Council

The role of the Health Professions Council is to protect the health and well being of people who use the services of the health professionals registered with us. At the moment, we register members of 13 professions. We only register people who meet our standards for their professional skills, behaviour and health.

The professions that we regulate are as follows:

<b>Profession</b>	<b>Abbreviation</b>
Arts Therapists	(AS)
Biomedical Scientists	(BS)
Chiropodists	(CH)
Clinical Scientists	(CS)
Dietitians	(DT)
Occupational Therapists	(OT)
Operating Department Practitioners	(ODP)
Orthoptists	(OR)
Paramedics	(PA)
Physiotherapists	(PH)
Prosthetists and Orthotists	(PO)
Radiographers	(RA)
Speech and Language Therapists	(SL)

### What is Fitness to Practise?

Fitness to Practise involves more than just competence in a registrant's chosen profession. When we say that registrants are fit to practise, we also mean that they have the health and character, as well as the necessary skills and knowledge to their job safely and effectively. We also mean that we trust our registrants to act legally. Our main responsibility is to protect the public and if a complaint is made, we will explain what will happen at every stage of the process.

### Who can make an allegation?

Anyone can make an allegation about a registered health professional. We receive allegations from fellow registrants, other health professionals, patients and their families, employers, managers and the police. The types of complaint we consider are about whether a registrant's fitness to practise is impaired by reason of their:

- misconduct
- lack of competence
- conviction or caution for a criminal offence (or a finding of guilt by a court martial)

- physical or mental health
- being the subject of a determination by another healthcare regulator

We can also consider allegations about whether an entry to the HPC register has been made fraudulently or incorrectly. There is no time limit within which an allegation has to be made and all we ask for is that the allegation is made in writing and provides as much detail as is possible. In 2005-2006 we will be further developing our allegations procedure to ensure that it is as accessible as possible. Brochures explaining the fitness to practise procedure and the procedure for making an allegation are now available.

### What types of allegations can the HPC Consider?

The HPC can only consider allegations about individuals who are on our register, on one of the grounds set out above. The role of the HPC is to protect the public rather than punish registrants. The standards that HPC registrants are required to uphold are set out in the Standards of Conduct, Performance and Ethics and the Standards of Proficiency. The Standards of Conduct, Performance and Ethics set out the kinds of behaviour we expect of registrants and the Standards of Proficiency set out the threshold level competences we expect a registrant to meet. These Standards are not an exhaustive list but will be taken into account when considering whether a registrant's fitness to practise is impaired. We will always consider every case referred to us individually and on its merits.

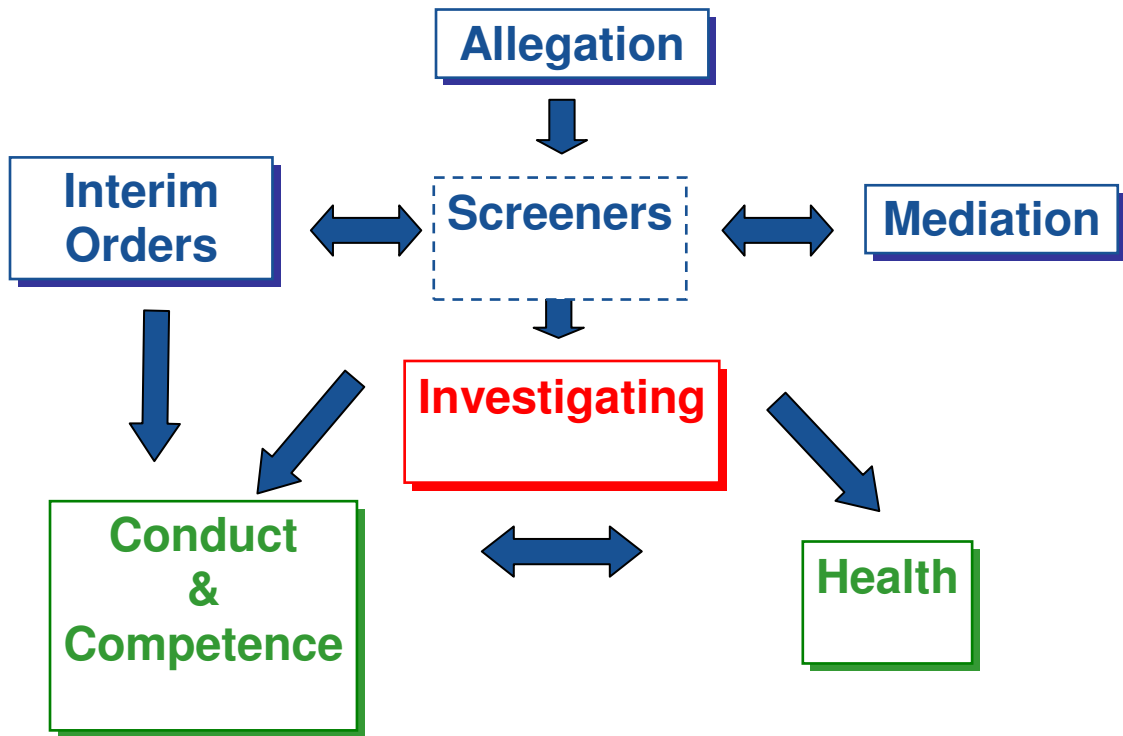
### What happens to an allegation?

When an allegation is received, we carry out an investigation in to the allegation and provide the registrant with an opportunity to respond to the allegation. We will then send the allegation to a panel of the Investigating Committee to determine whether there is a case to answer. This panel will meet in private and consider on the available documents whether we need to take any further action. If the panel believes there is a case to answer, the case will be referred to another panel to determine whether the allegation is well founded. That will be a panel of:

- **the Conduct and Competence Committee** for cases about misconduct, lack of competence and convictions and cautions.
- **the Health Committee** for cases where the health of the registrant may be affecting their ability to practise.
- another panel of **the Investigating Committee** for cases where an entry to the register may have been obtained fraudulently or made incorrectly.

The diagram below shows how the process works

The fitness to practise process



## PARTNERS

HPC has appointed nearly 350 “partners” to help it carry out its work. Working as agents (not employees) of HPC, partners provide the expertise the HPC needs for its decision making. The Fitness to Practise department use panel members to sit on its panels and legal assessors are appointed to give advice on law and procedure at hearings. There are 12 Legal Assessors. One of them provides an insight into the role of a Legal Assessor below.

### A VIEW FROM A LEGAL ASSESSOR

Being a legal assessor is somewhat akin to being a referee. I am not a part of the Committee who are deciding the case, but I have an important role in the conduct of the proceedings and the wording of any decision. The legal responsibility rests with me. It is my duty to ensure that the proceedings are fair and that all parties are heard. I also make sure that the Committee apply correct legal principles and I give advice to all parties when appropriate. This advice is impartial and factual.

The proceedings are relatively informal and the rules of evidence are relaxed. Unrepresented applicants are encouraged to participate fully. At the completion of the evidence, the Committee retire to consider their decision. They may request legal advice, in which case it is repeated in front of the parties. The legal assessor has no input into the decision, but does importantly assist in the drafting of the decision notice to ensure that it reflects the evidence given and contains cogent reasons.

Legal assessors are present at panels of the Conduct and Competence Committee, Health Committee and at Interim Orders. Each Committee has its own procedure rules, as do legal assessors and it is clearly stated that any advice tendered does not have to be accepted BUT a Committee has to give reasons if they choose not to accept the advice.

The role is both interesting and challenging and it is a privilege to be a part of a regulatory system which is newly formed and developing to meet the needs of an expanding organisation.

Sarah Breach  
Legal Assessor

### Panel Chairman

In December 2004 Council passed a resolution which stated that, in order to ensure a separation between those who set Council policy/strategy and those that make decisions in relation to allegations about fitness to practise,

Council members no longer chair fitness to practise panels. We are now recruiting partners to chair fitness to practise panels.

## ALLEGATIONS

### Number of Allegations

This year we have again received an increase in the number of allegations about health professionals.

Table 1.1 Total Number of Allegations

Year	No of Allegations Made
July 2002-June 2002	77
July 2003-March 2004	119
April 2004-March 2005	172

Table 1.2 Total Number of Allegations

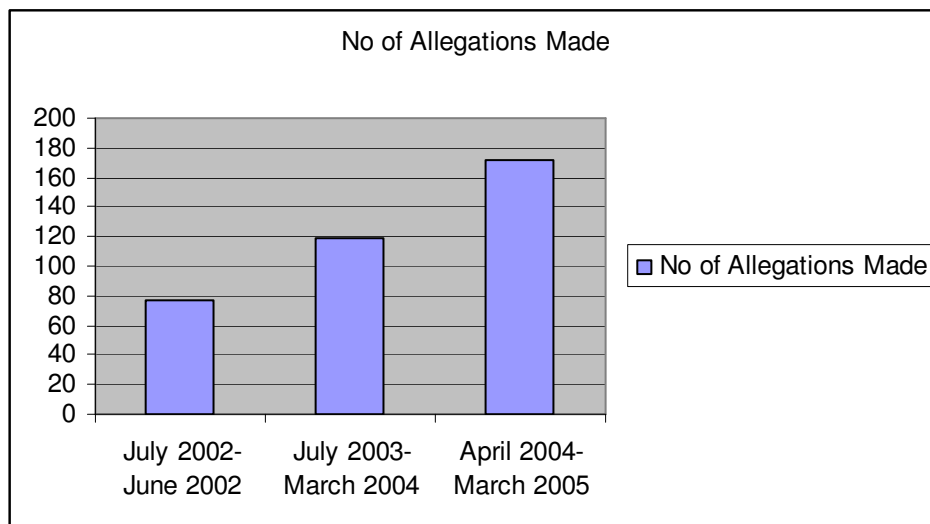


Table 1.3 Source of Allegations in 2004-2005

	2004									2005			2004/5
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Totals
<b>Allegations Made</b>	14	15	13	10	13	12	25	8	14	16	19	13	172
<b>Employer</b>	9	8	6	4	10	2	3	3	6	7	7	7	72
<b>Public</b>	3	3	5	4	2	4	0	0	0	4	2	2	29
<b>Conviction/Caution</b>	1	4	2	0	1	2	1	3	6	3	4	2	29
<b>Co-Worker</b>	1	0	0	0	0	0	0	0	0	0	0	0	1
<b>Professional Body*</b>	0	0	0	0	0	0	10	0	0	0	0	0	10
<b>Registrant</b>	0	0	0	0	0	0	2	0	0	1	4	2	9
<b>Other</b>	0	0	0	1	0	1	0	0	0	0	0	0	2
<b>Article 22(6) Allegations**</b>	0	0	0	1	0	3	9	2	2	1	2	0	20



\*The Operating Department Practitioners became the 13th profession that the HPC regulates on 18<sup>th</sup> October 2004. As part of this process HPC became responsible for the allegations that were previously being considered by the professional body (the Association of Operating Department Practitioners)

\*\*When HPC becomes aware of a concern about a registrant's fitness to practise (this may be, for instance through an anonymous allegation or a newspaper report) the Council may make an investigation into the fitness to practise of the person concerned. This provision is set out in Article 22(6) of the Health Professions Order 2001 which states that 'If an allegation is not made under paragraph (1) but it appears to the Council that there should be an investigation into the fitness to practise of a registrant or into his entry in the register, it may refer the matter in accordance with paragraph (5) of this Order shall apply as if it were an allegation made under paragraph (1). This power has been delegated by Council to the Chief Executive and Registrar.

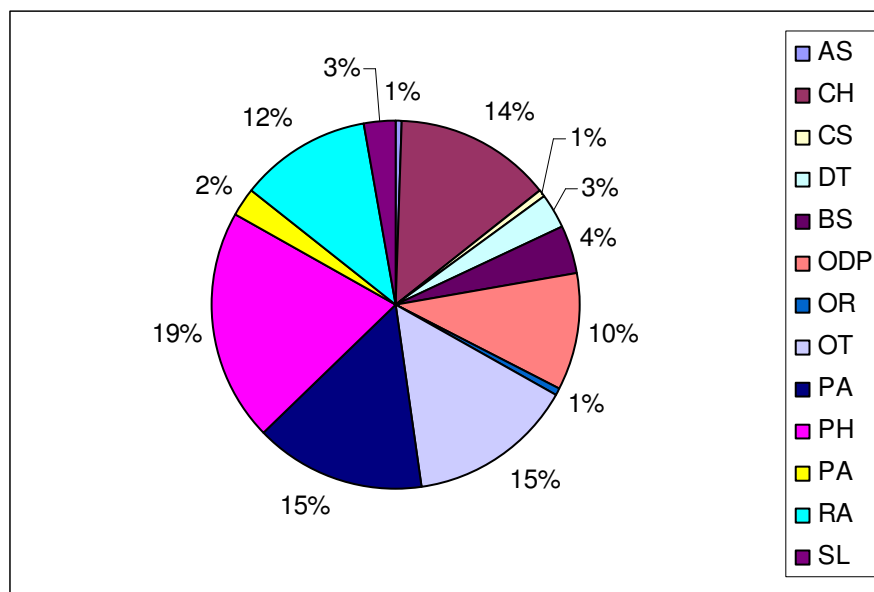
## Allegations by Profession

The largest number of allegations were made about physiotherapists. This is to be expected as they are the largest profession that HPC regulates. We are currently managing a large number of Operating Department Practitioner cases. This number includes 10 cases that were transferred to the HPC by the Association of Operating Departing Practitioners on 18<sup>th</sup> October 2004. The highest percentage of allegations relative to numbers on the register relate to the Prosthetists and Orthotists. It can be seen that the total percentage of allegations against the total number of registrants is quite low. HPC will, however, ensure that when we receive an allegation about a health professional, it is thoroughly investigated.

Table 1.4 Allegations by Profession

Profession:	Number of Allegations	% of Total Allegations	Number of Registrants	Total % of registrants with allegation
AS	1	1%	1960	0.05
CH	24	14%	10554	0.23
CS	1	1%	3672	0.03
DT	5	3%	5679	0.09
BS	7	4%	20937	0.03
ODP	18	10%	7482	0.24
OR	1	1%	1279	0.08
OT	25	15%	26204	0.09
PA	26	15%	11130	0.23
PH	35	19%	36620	0.1
PO	4	2%	821	0.49
RA	20	12%	22195	0.09
SL	5	3%	10267	0.05
<b>Total:</b>	172		158800	0.11

Table 1.5 Allegations by Profession



### Where are registrants located?

Of the allegations made, the highest proportion are made about health professionals whose registered address is in England. This statistic is to be expected as 77% of registrants are located in England.

Table 1.6 Allegation by registered address

Location	Number of Allegations	% of Total Allegations	% of Register
England	156	90.7	77%
Scotland	11	6.4	10%
Wales	2	1.16	6%
Northern Ireland	0	0	3%
Other*	3	1.74	4%
<b>Total</b>	<b>172</b>	<b>100%</b>	<b>100%</b>

\*Address not in the 4 UK Home Countries

Of the allegations made, the highest number of allegations are about registrants who have a UK approved qualification.

Table 1.7 Allegation by route to registration

How Qualified	Number of Allegations
UK	124
International	22
Grandparenting	9

AODP Transfer	17
Total	172

## The Investigating Committee

In 2004-2005 Investigating Committee Panels met 31 times and considered 172 cases. When considering an allegation panels must determine whether there is a 'case to answer'. At this stage, the panel will also draft the allegation to which the registrant must respond at a final hearing. In some instances panels may decide that they have insufficient information to make a decision and, if so, will request further information. They may also make a no case to answer decision. There are a number of reasons why there may not be a case to answer. The panel take account of all the available information, including the registrant's observations on the matter. The types of cases which are closed at investigating panel stage relate to cases which do not call the registrant's fitness to practise into question. Minor motoring offences often fall into this category. With regards to drink driving offences, panels often require details of the time of the offence, the blood alcohol measurement and whether the registrant was working on call at the time of the offences.

## Decisions of Panels of the Investigating Committee 1<sup>st</sup> April 2004-31<sup>st</sup> March 2005

Table 2.1 Decisions of Panels of the Investigating Committee

Profession	Heard	Further Information Requested*	Conduct and Competence	Investigating**	Health	No case to Answer
AS	0	0	0	0	0	0
BS	12	1	7	1	0	3
CH	29	7	7	0	2	11
CS	3	0	1	0	0	2
DT	3	0	1	0	1	1
OR	1	0	0	0	0	1
OT	29	4	10	0	1	14
ODP	4	0	3	0	0	1
PA	18	2	10	0	1	6
PH	41	6	23	0	0	13
PO	7	1	3	0	0	3
RA	18	2	5	0	1	9
SL	7	0	5	0	0	2
<b>Total</b>	<b>172</b>	<b>23</b>	<b>75</b>	<b>1</b>	<b>6</b>	<b>66</b>

\*\*Investigating Committee panels also consider cases of incorrect or fraudulent entry

## Source of Allegations

Of the cases that have been considered by panels, the breakdown by complainant and the action taken is as follows:

Table 2.1 Breakdown of Decision by Complainant

	Further Information	Referred	No Case to Answer
<b>Employer</b>	5	54	13
<b>Member of Public</b>	5	5	18
<b>Conviction/Caution</b>	5	10	20
<b>Co-Worker</b>			2
<b>Professional Body</b>		4	2
<b>Other Registrant</b>	2		3
<b>Article 22(6)</b>	6	9	8

## Interim Orders

In certain circumstances panels of all of the Council's Practice Committees, may impose interim conditions of practice orders or interim suspension orders on health professionals who are the subject of a fitness to practise allegation. This power is used when the nature and severity of the allegation is such that, if the health professional remains free to practise without restraint, they may pose a risk to the public or to him or herself.

### Figures - April 2004-March 2005

Table 3.1 Interim Orders by Profession

Profession	Interim Orders Applied for	Interim Orders Granted
AS	0	0
CH	2	1
CS	1	1
DT	1	0
BS	4	4
ODP	1	1
OR	0	0
OT	1	1
PA	2	1
PH	5	4
PO	1	0
RA	2	2
SL	0	0
<b>Total</b>	<b>20</b>	<b>15</b>

Interim orders are sometimes imposed after a final disposal decision has been taken in order to give immediate effect to that decision. The table above provides details about interim orders that are imposed before a final disposal decision has been taken.

## Public Hearings

The HPC is obliged to hold hearings in the home country of the registrant concerned. A large number of our hearings take place in London at the HPC's offices and at other locations in the capital. In 2004-2005, hearings also took place in Darlington, Durham, Hull, Liverpool, Manchester and Newcastle. In Wales, hearings took place in Cardiff, Swansea, Wrexham and Mold. In Scotland, hearings have taken place in Edinburgh, Glasgow, Inverness and Aberdeen. We are also obliged to hold our hearings in public unless the panels are satisfied that, in the interest of justice or for the protection of the private life of the health professional, the complainant, any person giving evidence or of any patient or client, the public should be excluded from all or part of the hearing. If a hearing is held in private, the announcement of the decision and any order made in the case is still announced in public. We have a policy of publishing all decisions on our website. However, we do not issue press releases in health cases. In 2004-2005 102 hearings took place. The breakdown is as follows:

Table 4.1 Type of Public Hearing 2004-2005

Type of Hearing	Number of Cases Considered
Interim Order and Review	25
Conduct and Competence	57
Investigating* Health	1
Review Hearings	8
	11
Total	102

### What powers does a panel have?

At final hearings of the Conduct and Competence Committee and Health Committee, the first role of the panel is to determine whether the allegation that a registrant's fitness to practise is impaired is well founded. If it is, they will then decide what further action should be taken to protect the public.

Any action the panel takes is intended to protect the public and is not intended as a punishment. The panel will always consider the individual circumstances of a case and take into account what has been said by all those at the hearing before deciding what to do.

In hearings of the Health Committee or where the allegation relates to lack of competence, the panel will not have the option to strike off at the first hearing. This is because the law recognises that in cases where ill health has impaired fitness to practise, or where competence has fallen below expected standards, it is possible for the situation to be remedied over time.

## Types of Orders imposed

The options (also known as sanctions) available to final hearing panels are:

- 1) to take no further action.
- 2) to send the case for mediation
- 3) to impose a caution order. This means that the word 'caution' will appear against the registrants name on the register. Cautions orders can be between 1 and 5 years in length.
- 4) to place some sort of restriction or condition on the registrant's registration. This is known as a conditions of practice order. This might include requiring the registrant to work under supervision or to undertake further training.
- 5) to suspend registration. This may not be for longer than 1 year.
- 6) to order the removal of the registrant's name from the register. This is known as striking off Order.

## MEDIATION

Article 26(6) of the Health Professions Order 2001 provides that, where an Investigating Committee Panel concludes that there is a case to answer in relation a fitness to practise allegation (but not a fraudulent or incorrect register entry allegation), it may, instead of referring the matter to the Conduct and Competence Committee or the Health Committee, undertake mediation.

Similarly, Article 29(4) of that Order provides that, where a Conduct and Competence Committee or Health Committee Panel finds that an allegation is well founded but does not consider that it is not appropriate to take any further action by way of sanction, it may undertake mediation.

Those powers provide an effective mechanism which enables Practice Committee Panels, if they are satisfied that further steps do not need to be taken in order to protect the public, to resolve outstanding issues between the registrant concerned and any complainant or other third party.

As mediation is essentially a consensual process, any decision to mediate needs to be supported by both the registrant concerned and the other party. Clearly, there can be no guarantee that mediation will always achieve a mutually acceptable resolution and therefore, before determining that mediation is appropriate, the Panel must be satisfied that it does not need

to take any further steps to protect the public, irrespective of the outcome of the mediation.

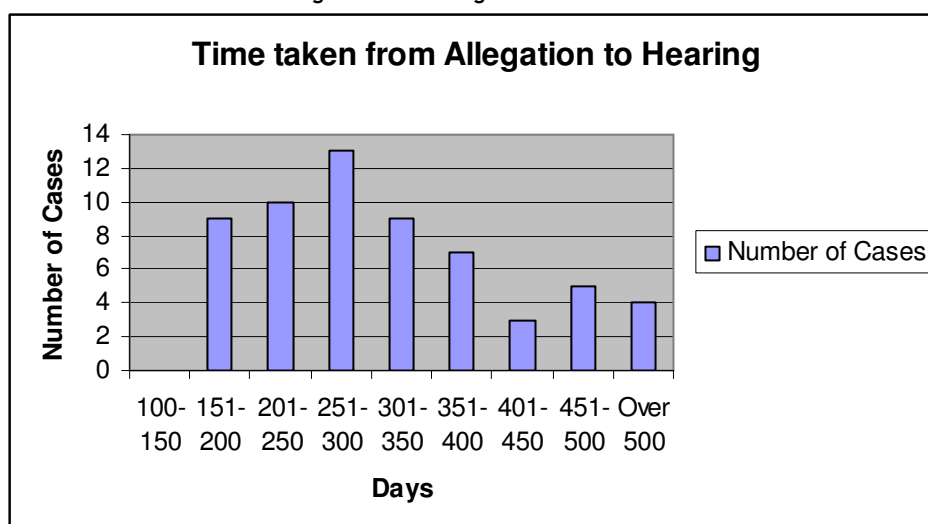
In practice mediation is not undertaken by the Panel itself but by a trained mediator appointed to act on its behalf. The Council has standing arrangements with a mediation provider (ADR Group) for the appointment of mediators throughout the UK at the request of Practice Committee Panels.

In 2004-2005 no allegation was referred by panels of the practise committees for mediation.

### Time taken for an allegation to be heard

Of the hearings that reached final hearing in the year 2004-2005, it has taken an average of 292 days or just under 10 months from receipt of allegation for the case to reach a final hearing.

Table 4.2 Time taken from Allegation to Hearing



HPC is obliged to manage its case load expeditiously. Some cases take longer to process than others for a number of reasons. The reasons include requests for adjournments, complexity of the evidence, the number of witnesses involved and sometimes a need to seek information from overseas. However, HPC will endeavour to ensure that cases are managed in a way that meets its primary function of protecting the public.

### Action taken at final hearings:

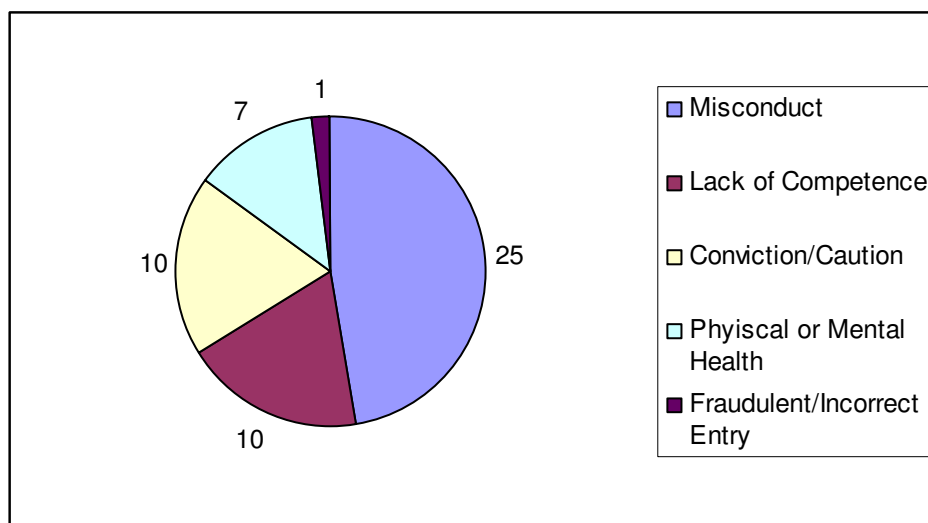
All HPC determinations are published on our website at [www.hpc-uk.org](http://www.hpc-uk.org). If you would like more information regarding one of the cases listed below please look at our website.



## Categories of Allegation Considered by Final Hearing Panels in 2004-2005

Of the 53 cases that were closed at a final disposal hearing in 2004-2005 the following categories of allegations were considered:

Table 4.4 Categories of Allegations Considered by Final Hearing Panels in 2004-2005



## Types of Cases Considered

### HEALTH COMMITTEE

A panel of the Health Committee considered its first allegation of impaired fitness to practise in 2004-2005. It went on to consider 6 further cases where it was alleged that the registrant's fitness to practise was impaired by reason of their physical or mental health. In one instance the panel determined that the case should be referred to the Conduct and Competence Committee as it was felt that the allegation related to misconduct rather than to physical or mental health. Of the other 6 cases that were considered, in one instance it was felt that the registrant's fitness to practise was not impaired. However, in 5 cases the allegation was held to be well founded. The types of health cases that were considered were as follows:

- Alcohol Dependency
- Mental Health Issues

In 4 cases, panels of the Health Committee determined that the appropriate sanction to impose on the registrant was a suspension order.

In one other case the panel imposed a conditions of practice order on the registrant, to limit the registrant's practice to areas where they were competent.

There were also a number of interim orders imposed due to concerns about ill health.

## CONDUCT AND COMPETENCE COMMITTEE

There has been a significant increase in the number of allegations that have been considered by panels of the Conduct and Competence Committee since last year.

In 2004-2005 panels of the Conduct and Competence Committee considered 45 cases and made well founded decisions in 42 cases

Table 4.5 Conduct and Competence Hearings

Year	Final Disposal Decision Made
2003-2004	15
2004-2005	45

## CONVICTIONS/CAUTIONS

Panels considered 10 cases where the registrant had been convicted or cautioned for a criminal offence. In all 10 cases, panels determined that the registrant's fitness to practise was impaired. The convictions/cautions that were considered were as follows:

- Indecent assault on a female under the age of 14
- 7 counts of false accounting
- Theft from employer
- Perverting the course of justice
- Failing to provide a specimen of breath/breach of a community rehabilitation order
- Indecent exposure
- Assault and criminal Damage
- Endangering the safety of aircraft
- Assault
- Public indecency

In 3 instances it was felt that the convictions were of such a serious nature that in order to adequately protect the public the registrant needed to be struck off the register. In 2 of the cases concerned, the convictions related to offences of a sexual nature.

On 3 further occasions, registrants were suspended from the register as a result of their convictions. In all these instances, the convictions involved an element of violence/aggression and the panels expressed concerns that the

registrants involved had not maintained the high standards of personal conduct that are expected of registrants and in another instance felt that the registrant had not demonstrated any insight for the reasons for his behaviour.

In 4 cases, a caution order was imposed on the registrants concerned. Panels took into account character references and the nature of the offences.

## **COMPETENCE**

In 2004-2005, panels considered 11 cases which involved allegations to the effect that a registrant's fitness to practise was impaired by reason of their lack of competence. The types of issues that were considered included:

- Unacceptable standards of note taking
- Failure to provide pre and post operative assessments
- Unacceptable patient interventions
- Deficiencies in workload planning
- Failure to meet the standards of a basic grade registrant
- General lack of competence
- Deficient record keeping
- Patient assessment and management
- Ability to perform in a clinical setting

As it can be seen from the types of issues that have been considered, no major trends have developed.

The panels have either used their powers to suspend registrants or have imposed conditions of practise in all instances where it was found that the registrant's fitness to practise is impaired by reason of their lack of competence. 4 registrants were suspended in order to adequately protect the public. In the other 6 instances, conditions of practice orders were imposed.

The panels imposed conditions of practice which aimed to remedy a failing the registrant had displayed or was continuing to display. These conditions included removal from a particular clinical setting, educational components and conditions which required the registrant to undertake a period of supervised practise.

## **MISCONDUCT**

Panels of the Conduct and Competence Committee further found the allegation that fitness to practise was impaired by reason of misconduct in 22 cases. Nine registrants were removed from the register, a further 6 were suspended from the register for periods between 6 and 12 months, 4 registrants had conditions of practice imposed on their registration and a further 4 had a caution imposed against their registration.

Panels considered the following type of cases;

- Failure to declare action by another regulator on readmission form
- Abuse of Professional position
- False claims for payment/false representation
- Acting beyond scope of practise
- Failure in communication
- Consumption of Alcohol at work/Intoxicated whilst at work
- False information on application form
- Failure to return patient files
- Lack of understanding of patient confidentiality
- Removal of samples without permission
- Providing misleading information
- Lack of judgement
- Carrying out duties in an ethical fashion
- Maintain high standards of conduct
- Act in best interests of patients/clients and users
- Inappropriate comments of a sexual nature
- Record Keeping - deliberate failure/wilful failure

When making their decision, the panels also made reference to the Standards of Conduct, Performance and Ethics. When an allegation is made against a health professional, we will always take account of these standards in deciding whether the allegation is well founded.

In 2004-2005 particular reference was made to the following standards:

- 3. Registrants must keep high standards of personal conduct
- 13. Registrants must carry out your duties in a professional and ethical way
- 14. Registrants must behave with honesty and integrity
- 16. Registrants must make sure that their behaviour does not damage their profession's reputation

It is a key requirement of the Health Professions Order 2001 that the HPC must 'establish and keep under review the standards of performance and ethics expected of registrants and prospective registrants and give them such guidance as [we] see fit'. The Practice Committees regularly review the Standards and take into consideration the allegations that have been received by the HPC.

## **REVIEW OF CONDITIONS OF PRACTICE/SUSPENSION ORDERS**

If a conditions of practice or suspension order has been imposed it will always be reviewed by another panel shortly before it is due to expire.




## APPLICATIONS FOR RESTORATION TO THE REGISTER

When a registrant has been struck off the register, they may apply for restoration to the register 5 years after the date of removal. The applicant must demonstrate that they are a fit and proper person to be restored to the register. The HPC heard one application for restoration to the register. The individual had been removed from the register in 1996. This application resulted in the practitioner being restored to the register with Conditions of Practice attached to their continued registration.

## PROTECTION OF TITLE

Being registered with the HPC means that you can use a 'protected title'. Each profession on the HPC register has one or more protected title. These titles can only be used by people on our register. Therefore removal from the register now effectively means removal from the profession, as titles are now protected by law.

## OPERATING DEPARTMENT PRACTITIONERS

Operating Department Practitioners became the 13<sup>th</sup> profession the HPC regulates on 18<sup>th</sup> October 2004. In consequence HPC became responsible for the allegations that were previously being considered by the professional body (the Association of Operating Department Practitioners). The number of cases transferred was 10. It has been noted by the Council that an equitable solution must be found to resolve how allegations that are transferred from a voluntary membership organisation to the HPC as a statutory regulator should be paid for.

## COUNCIL FOR HEALTHCARE REGULATORY EXCELLENCE (CHRE)

CHRE is an over-arching body that promotes best practice and consistency in the regulation of healthcare professionals among the nine UK healthcare regulatory bodies, including HPC.

CHRE may also refer a regulator's final decision on a fitness to practise case to the High Court (or its equivalent in Scotland) if they feel that a decision made by the regulatory body is unduly lenient and that such a referral is in the public interest

CHRE has referred one HPC decision to the High Court. The decision was made in the case of a Physiotherapist who had been restored to the register

unconditionally. CRHE appealed this decision. The court held that the Conduct and Competence panel had erred in not imposing conditions of practice on the physiotherapist. The case has now been reheard by a panel of the Conduct and Competence Committee and conditions of practise imposed on the registrant.

## **CONCLUSION FROM THE DIRECTOR OF FITNESS TO PRACTISE**

A large amount of work has been done this year to ensure that HPC continues to meet its primary function of protecting the public. The work that HPC does is paid for by fees from registrants. We have developed brochures, protocols and witness support programmes and will continue to endeavour to make our procedures as open and transparent as possible.

Our Practice Committees (Investigating, Health and Conduct and Competence) have worked extremely hard to get through an enormous workload of allegations. As can be seen, the number of allegations that HPC receives continues to rise and as HPC regulates more professions this will continue.

Thank you for reading this document and I hope you find it of interest.

## Further Information

If you want to complain about a registrant, write to our Director of Fitness to Practise at the following address:

Health Professions Council  
Park House  
184 Kennington Park Road  
LONDON  
SE11 4BU

If you need any further assistance, you can also contact a member of the fitness to practise Team on fax 0207 5824874 or email [ftp@hpc-uk.org](mailto:ftp@hpc-uk.org) or telephone 02078409814.

Unfortunately, we cannot currently accept complaints that are not made in writing. However, you can ask someone to write it on your behalf and have them sign it on your behalf.

If you require any further information about the fitness to practise process, please see our website at [www.hpc-uk.org](http://www.hpc-uk.org)





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