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# Understanding the prevalence of fitness to practise concerns

## Outline

- Data, intelligence, prevention?
- Research – social workers and paramedics
- Emerging findings
- Learning and future actions

## Data – intelligence – prevention?

‘...preventing and reducing harm, promoting professionalism, improving quality and encouraging compassionate care require a coordinated approach by regulators, employers, educators and professional bodies.’

Professional Standards Authority, Regulation rethought (2016)

- Focus on preventing and reducing harm
- Increasing fitness to practise numbers in some professions
- Systematic analysis at high volumes
- Data versus intelligence
- Using our data more intelligently and working with others

## Physiotherapist cases – 1 April 2015 to 31 March 2017

- **Breaches of professional boundaries** – inappropriate behaviour with colleagues; inappropriate relationships with patients; sexually motivated behaviour with patients
- **Dishonesty** – failure to declare criminal convictions; financial dishonesty
- **General performance issues** – poor communication; poor clinical skills; failure to refer patients; record keeping
- **Criminal convictions** – indecent / sexual assault; drink driving; fraud

## Paramedics and social workers

Profession	Complaints per 1000
<b>Paramedics</b>	<b>10.7</b>
<b>Social workers in England</b>	<b>12.6</b>
Biomedical scientists	2.1
Occupational therapists	2.6
<b>Physiotherapists</b>	<b>2.7</b>
Practitioner psychologists	6.8
Radiographers	2.9
<b>All professions average</b>	<b>6.2</b>

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## Research



- Literature review (n=698 entries)
- Delphi consultation with international experts (n=14)
- Interviews (n=26) and focus groups (n=21)
- Case review (n=284)
- Workshops to explore the findings
  
- Explore a persistent trend – qualitative and quantitative
- Empirical evidence to test our assumptions
- Prevention: ‘So what?’

## Emerging findings

- Very little robust, comparative data on prevalence
- Themes:
  - Complex and challenging environments
  - Operational pressures
  - Public perceptions and expectations
  - Professionalism and professional identity (paramedics)
  - Social and emotional vulnerability (social work)

## Possible tools for prevention

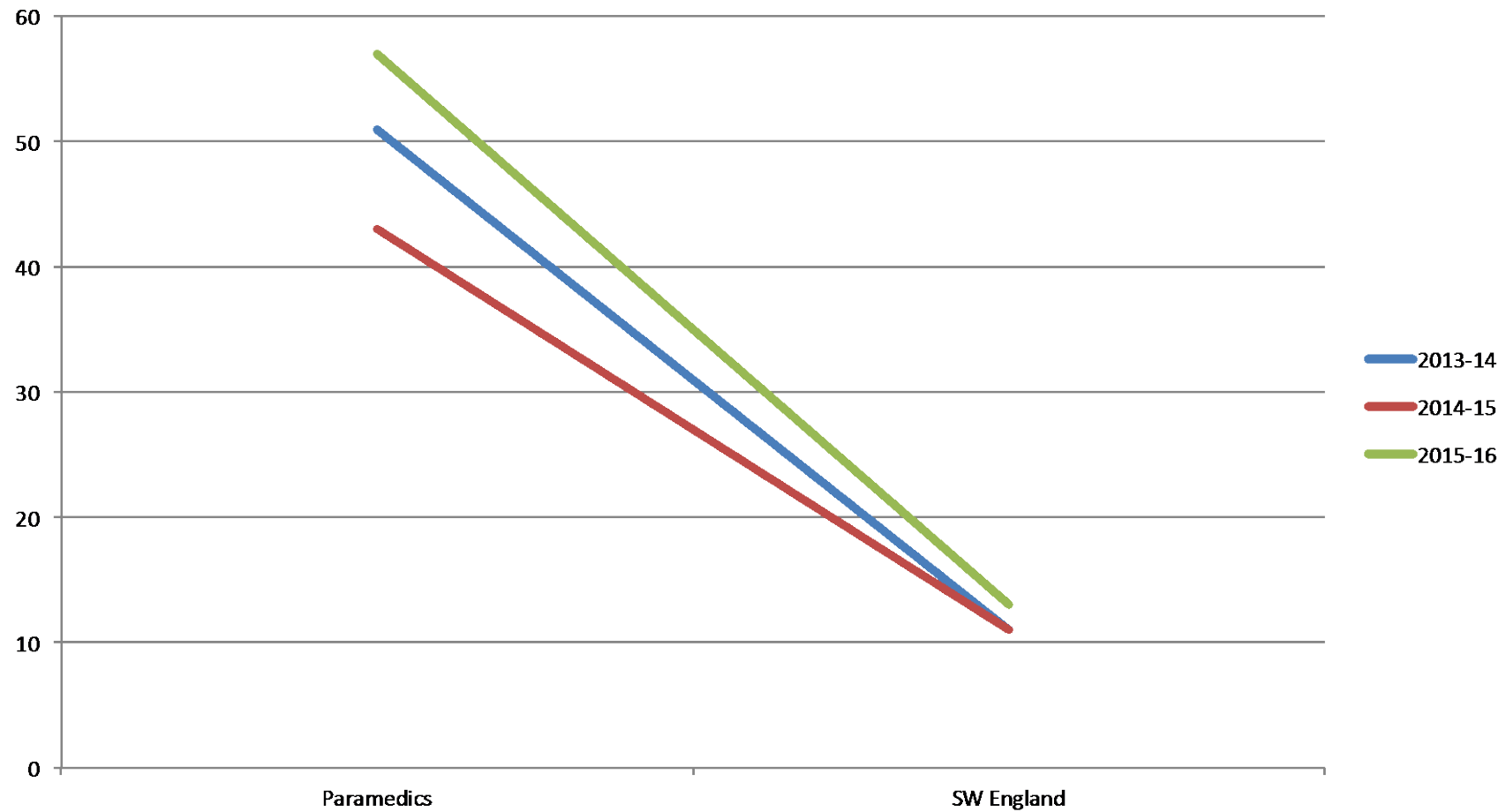
- **Individual level** – selection, training/education, supervision and development of individuals
- **Organisational level** – factors such as leadership, workload, staff development provision, resources & support
- **Societal/Political level** – public attitudes and expectations, educate the public, media & regulatory activities, research to deepen understanding



## Emerging findings from the case review

	Closed at initial stage	Closed by Investigating Committee	Final hearing	Total
Paramedics	30	9	13	52
Social workers (England)	173	28	31	232

## Paramedics and self-referrals



## Learning and future actions

- Final report in September 2017
- Communication, engagement and dissemination will be crucial (and challenging)
- Some 'quick wins'
- Value in looking at cases at all decisions points to generate learning
- Development and testing of a typology of cases for routine data collection
- In-house analysis of cases looking at particular themes, characteristics or professions, with a focus on action

**Thank you for listening**

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