

Investigating Committee – 12 February 2009

Case to Answer Practice Note

Executive summary and recommendations

Introduction

A number of practice notes exist to provide guidance to panels and those involved in fitness to practise proceedings. The case to answer practice note was originally approved by the Committee in April 2008.

As part of our on-going review of all practice notes, and taking account of requests from panels for further guidance, we have made some additions to this practice note. This is particularly in relation to the third part of the test which considers impairment of fitness to practise. The amendments are underlined.

Decision

The Committee is asked to discuss and approve the amendments to the attached practice note.

Background information

All practice notes are placed on the HPC website and provided to stakeholders where required. Reference to the appropriate practice notes is provided in standard correspondence.

Resource implications

None

Financial implications

None

Appendices

Practice Note - "Case to Answer" determinations by Investigating Committee
Panels

Date of paper

22 January 2009

PRACTICE NOTE

“Case to Answer” determinations by Investigating Committee Panels

This Practice Note has been issued by the
HPC Investigating Committee for the guidance of its Panels

Introduction

Article 26(3) of the Health Professions Order 2001¹ provides that, where an allegation is referred to the Investigating Committee, it shall consider, in the light of the information which it has been able to obtain and any representations or other observations made to it, whether in its opinion, there is a “case to answer”.

The “realistic prospect” test

In deciding whether there is a case to answer, the test to be applied by a Panel is whether, based upon the evidence before it, there is a “realistic prospect” that the Council will be able to establish at a hearing that the registrant’s fitness to practise is impaired.

That test (which is also known as the “real prospect” test) is used in other proceedings and is relatively simple to understand and apply. As Lord Woolf MR noted in *Swain v Hillman* [2001] 1 All ER 91, 92:

“The words ‘no real prospect of succeeding’ do not need any amplification, they speak for themselves. The word ‘real’ distinguishes fanciful prospects of success... or, as [Counsel] submits, they direct the court to the need to see whether there is a “realistic” as opposed to a “fanciful” prospect of success.”

Applying the test

In determining whether there is a case to answer, the Panel must decide whether, in its opinion, there is a “realistic prospect” that the Council (which has the burden of proof) will be able to establish that the registrant’s fitness to practise is impaired.

The test does not call for substantial inquiry or require the Panel to be satisfied on the balance of probabilities. The Panel only needs to be satisfied that there is a realistic or genuine possibility (as opposed to remote or fanciful one) that the Council will be able to establish its case.

¹ SI 2002/254

In reaching its decision, the Panel:

- must recognise that it is conducting a limited, paper-based, exercise and should not seek to make findings of fact on the substantive issues;
- may assess the overall weight of the evidence but should not seek to resolve substantial conflicts in that evidence. The assessment of the relative strengths of the evidence can only be properly undertaken at a full hearing.

It is for the Council to prove its case. Registrants are not obliged to provide any evidence but many will do so voluntarily and any such evidence should be considered by the Panel. However, it will rarely resolve matters at this stage, as it will typically conflict or compete with the Council's evidence and need to be tested at a hearing.

In applying the test the Panel need to take account of the wider public interest, including protection of the public and public confidence in the profession concerned and the regulatory process.

The test applies to the whole of the allegation, that is:

1. the facts set out in the allegation;
2. whether those facts amount to the "ground" of the allegation (e.g. misconduct or lack of competence); and
3. in consequence, whether fitness to practise is impaired.

In the majority of cases, the evidence will relate solely to the facts and, typically, this will be evidence that certain events involving the registrant occurred on the dates, and at the places and times alleged.

It will be rare for separate evidence to be provided on the "ground" or the issue of impairment and these will largely be a matter of inference for the Panel, such as where the factual evidence suggests that the care provided by the registrant fell below the standard expected of a reasonably competent practitioner or that the registrant's actions constitute misconduct when judged against the established norms of the profession. In reaching that decision the Panel may wish to have regard to the HPC Standards of Proficiency or Standards of Conduct, Performance and Ethics.

Impaired fitness to practise

In deciding whether there is a realistic prospect that fitness to practise is impaired panels should consider the nature and severity of the allegation.

People do make mistakes or have lapses in behaviour and HPC would not be enhancing public protection by creating a 'climate of fear' which leads registrants to believe that any and every minor error or isolated lapse will result in an allegation being pursued against them.

Determining, on the basis of a limited, paper-based exercise, whether the Council has a realistic prospect of establishing impairment can sometimes be difficult. A useful starting point for Panels is to consider whether the Council's case includes evidence which, if proven, would show that the registrant does not meet a **key requirement** of being fit to practise, in the sense that the registrant:

- is not competent to perform his or her professional role safely and effectively;
- fails to establish and maintain appropriate relationships with service users, colleagues and others; or
- does not act responsibly, with probity or in manner which justifies the public's trust and confidence in the registrant's profession.

A presumption of impairment should be made by Panels in cases where the evidence, if proven, would establish:

- serious or persistent lapses in the standard of professional services;
- incidents involving:
 - harm or the risk of harm;
 - reckless or deliberate acts;
 - concealment of acts or omissions, the obstruction of their investigation, or attempts to do either;
- sexual misconduct or indecency (including any involvement in child pornography);
- improper relationships with, or failure to respect the autonomy of, service users;
- violence or threatening behaviour;
- dishonesty, fraud or an abuse of trust;
- exploitation of a vulnerable person;
- substance abuse or misuse;
- health problems which the registrant has but has not addressed, and which may compromise the safety of service users;
- other, equally serious, activities which undermine public confidence in the relevant profession.

No case to answer

A decision that there is "no case to answer" should only be made if there is no realistic prospect of the Council proving its case, for example, because there is insufficient evidence to substantiate the allegation or the available evidence is manifestly unreliable or discredited. In cases where there is any element of doubt, Panels should adopt a cautious approach at this stage in the process and resolve that conflict by deciding that there is a case to answer.