

**General
Pharmaceutical
Council**

Managing concerns about pharmacy professionals

Our strategy for change 2021-26

July 2021

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Foreword

It is an important time for healthcare regulation in general. More specifically, it is an important time for how healthcare regulators manage fitness to practise (FtP) concerns, as we apply what we have learnt from recently published reports and look forward to changes in the law to help reform regulation. We have the opportunity to review areas of our current approach and change things for the better.

A pharmacy professional may not be fit to practise for a number of reasons. For example, their behaviour may be putting patients at risk, they may be practising in an unsafe way, or their health may be affecting their ability to make safe judgements about their patients. We have a responsibility to make sure that we manage these types of concerns in a way that gives patients and the public better protection while being fair to pharmacy professionals.

We need a robust approach that:

- upholds standards
- maintains public confidence, and
- protects patients by taking action quickly when serious issues arise

But the approach also needs to enable professionals to achieve the standards required, by giving them an opportunity to put things right and learn and improve when it's right to do so. Some of the changes needed can be achieved partly through changes in the law. But changes to regulations can be slow, so our strategy describes the steps we can take now that don't need changes to our legislation.



The recent pandemic has reminded us all of how important it is to consider the wider context when understanding the nature of a concern about a pharmacy professional and identifying the appropriate outcome or action. Often an individual professional's behaviour may point to there being a wider system failing. The pandemic has also highlighted how much patients and the public rely on the professionalism of people providing care in the face of new challenges and different ways of working. As pharmacy and healthcare continue to evolve, and demands on pharmacy increase, we need to enable professionals to continue to practise safely.

We need to challenge ourselves by asking fundamental questions about the purpose of fitness to practise, and what it means to the public we protect and the professionals on our register. We have therefore developed a strategy that will clearly set out what we will do in the coming years.

This is part of our programme for change as we work towards legislative reform and begin to deliver **our Vision 2030**. This is an ambitious 10-year vision for safe and effective pharmacy care at the heart of healthier communities. We have also published our **strategic plan 2020–25**. This describes the work we plan to do in the coming five years to help us achieve our 10-year vision, including:

- delivering effective, consistent and fair regulation, and
- shifting the balance of our approach towards more anticipatory, proportionate and tailored approaches to regulating pharmacy.

We have also recently published a consultation on our *Delivering equality, improving diversity and fostering inclusion: Our strategy for change 2021–26*. This FtP strategy aligns with the objectives set out in that document and we are committed to demonstrating how our approach to fitness to practise will support our ongoing equality, diversity and inclusion (EDI) work.

Our strategy for change

We have a responsibility to make sure that our fitness to practise work remains relevant and that we continue to deliver our main objective of protecting the public. We want to move away from a process which can be adversarial and slow, and can have an unintended adverse impact on the people involved. Instead, we want to take quick action to protect patients when that is needed, while at the same time promoting and encouraging a learning culture that allows pharmacy professionals to deal with any concerns and go back to practising in appropriate circumstances.

This strategy will build on improvements we've already made to the way we manage concerns, and has taken account of the following:

- stakeholder engagement that took place in the summer of 2019. For example, we spoke to patient organisations, professional bodies, legal defence organisations, representative bodies, employers and other health regulators
- a review into how a number of regulators from within and outside of healthcare regulation have changed their approaches to managing concerns. This includes views on the future of regulation as set out by Social Work England (SWE)
- a number of reports, including the Professional Standards Authority's (PSA) **Lessons Learned report** into the Nursing and Midwifery Council's handling of the cases relating to the Morecambe Bay maternity deaths (May 2018); the findings of the **report** into patient deaths at Gosport Memorial Hospital (June 2018); the **Williams review** into gross negligence manslaughter (June 2018); and the PSA's **report** *How is public confidence maintained when fitness to practise decisions are made?*
- the PSA's published guidance *Right-touch reform: A new framework for assurance of professions*
- what we learnt from our own response to the impact of the COVID-19 pandemic, including the use of remote hearings
- the improvement programme we are carrying out so that we meet the PSA's Standards of Good Regulation, including improving the time it takes to investigate concerns
- the proposals for reform to fitness to practise set out in the Department of Health and Social Care's consultation document *Regulating healthcare professionals, protecting the public*
- the recent public consultation and engagement exercise on our draft strategy



Our present approach to fitness to practise and the issues we want to address

The fitness to practise process is still seen as being overly legalistic and adversarial. It is largely rigid and reactive when it needs to be flexible and proactive. To the patients, families, witnesses and professionals involved, the present approach can be confusing, inconsistent and slow. For employers, it's not always clear what amounts to a concern that should be referred to the regulator.

Investigations into concerns about professionals take a long time and can be frustrating for everyone involved. How we contact people, and the method and tone of our communications, can lead to unintended consequences such as an adverse impact on the mental health of the people we are investigating. Vulnerable people can find it hard to get support.

We need to make more progress on cutting down the time it takes to conclude cases. We accept that in the interests of fairness, some cases need more in-depth investigation. This will inevitably take time. But we need to find a balance and make efficiencies where we can, taking no longer than necessary to achieve the right outcome.

We have already started to make improvements to the way we manage concerns. To make sure we focus our resources on the right concerns, our assessment of new concerns now involves people at a more senior level in the GPhC. This has given us an extra assurance that we are progressing concerns, or closing them, using the most appropriate route. We also use new 'threshold criteria' to help us decide which

concerns should be referred to our Investigating Committee.

We have begun work to help people better understand our fitness to practise processes and the possible outcomes from them. This includes improving our communications with people involved in the process and improving the reasons we give for our decisions.

We need to better understand why we get a higher number of concerns about black, Asian and minority ethnic (BAME) professionals than we ought to expect statistically. Also, when we progress a concern, we need to be sure that we are minimising and dealing with the risk of potential biases in our decision-making.

We need to understand more about the impact of a professional not having legal representation or not attending a hearing, as our analysis shows this can result in a more serious outcome. We need to explore what we can do to help professionals understand the support available during the process and make use of it.

We have also been talking to stakeholders about managing concerns about pharmacy students and trainee technicians. Professionalism is an important cornerstone for future pharmacy professionals too. Understanding what it means to be a professional in the early stages of their pharmacy careers will help students prepare for the future and manage any potential concerns better.

We want to build on these improvements to deal with the wider issues we have identified through our strategy development work.

Our strategic aims and how we will achieve them

We explain below what we mean by each strategic aim, and what we will do to achieve each one.

Strategic aim 1: Keeping patients and the public safe, and maintaining public confidence in pharmacy, by using our full range of regulatory tools to prevent, anticipate and resolve concerns

Fitness to practise is about patient safety and public protection, as well as public confidence, and we will act quickly to uphold these when a serious issue arises. We realise that there will be situations when the only outcome can be restrictions on a pharmacy professional's practice or their removal from practice. But we don't think that these cases are the norm. We will make sure that only the most serious concerns, and those that are disputed, reach a hearing.

We will only use formal fitness to practise processes when it is absolutely necessary. When we can, we will aim for early solutions and remediation (giving the professional the chance to put things right). Most pharmacy professionals who have difficulties in their practice are willing and able to improve and put the problem right. Managing certain types of health and performance concerns differently will allow a pharmacy professional – who has remediated, learnt and reflected – to return to safe practice as soon as it is right for them to do this. To help with this, pharmacy professionals will be encouraged to be open about what has happened and to talk to us as early as possible about what they have done to put things right.

Local investigations which are focused on learning and reflection, rather than blame, can manage risks better and lead to improvements to patient safety. Employers may often be best placed to recognise and manage some concerns.

There may be some concerns which don't present an ongoing risk or where the risk to the public has already been removed. It may be that these concerns do not need to be investigated. It may be in the public interest to take a 'restorative' approach: allowing the pharmacy professional to continue working or return to work, whenever this approach can be managed safely.

Sometimes a concern will reveal a wider system failure and a future public-protection issue. We will consider all the relevant factors and risks around what went wrong, including assessing whether there are underlying system failures.

How we will achieve this

Making more enquiries when we first receive concerns

We will make more enquiries in the early stages of our process after receiving a concern. This will help us make sure we investigate the right concerns, and that those that can be resolved through other means are dealt with more quickly. This will include the test and enquiries set out in appendix A.

We will also introduce a further check at this early stage. We will introduce a requirement for employers to notify us whether the professional they are referring, or one that has been referred by a colleague working on the same premises, has themselves recently raised a concern with their employer. This will add to our wider



understanding as to why some concerns have been raised and will help contribute to a just culture that encourages people to speak up.

Using this approach will help us take action quickly on the most serious concerns. We will be able to quickly identify any risk to patient safety and either refer these for immediate investigation or consider an interim order of suspension. It will also help us understand what influences people to make the referrals we receive.

It's not our role to resolve complaints or disputes. But we recognise there are some concerns, which don't call into question a professional's fitness to practise or present a risk to patient safety, where we could do more to help the person who raised the concern to resolve it locally. We will explore what more we can do to support informal local resolution when it is appropriate and beneficial to do so.

Introducing a flexible range of outcomes to manage some concerns outside our formal processes

Once we finish our enquiries we may, depending on the circumstances of the concern, ask the professional to complete a **learning and review statement**. This will be specifically related to the nature of the concern, if there are health and performance issues, and will promote reflection and learning. For example, we may ask the professional to tell us how they intend to deal with some shortcomings in performance or what they have learnt from a particular matter. We would aim to involve the employer so that everyone in the working environment can learn from it. This will be a distinct and separate exercise to reflection at revalidation. We will develop guidance and a

process to support this approach and ensure that genuine learning and reflection has occurred, and has been shared with the wider pharmacy team in appropriate circumstances.

We will raise awareness about **voluntary agreements**. We use these to support professionals to voluntarily deal with issues so they can remain in practice while making sure that any potential risk doesn't develop into a future patient-safety issue.

We will introduce an **information pack** for professionals who have health issues that don't pose a risk to patient safety. The pack will include material to support professionals with health issues, and detailed advice on where to go for support: for example, Pharmacist Support. There will also be learning points from professionals who have managed similar concerns.

We will produce guidance on when we will consider using **voluntary removal** from the register. This will allow professionals who want to, to be removed in appropriate cases. This would only apply to cases where there was no public interest in pursuing the concern through normal fitness to practise processes: for example, if there was a serious mental health or personal issue.

Supporting employers making referrals

We will work with employers to develop and publish guidance, referral tools, templates and case studies for employers. This will help them:

- understand which cases they should refer to us, and
- decide when they are better placed to manage and resolve concerns quickly at local level when there is no immediate risk to patient or public safety

Strategic aim 2: Taking a person-centred approach that is fair, inclusive and free from discrimination and bias

Taking a person-centred approach will help us recognise that everyone is an individual with different needs. It means we will be able to better understand the concern about the pharmacy professional. And it will help us understand the impact of our approach on the people directly affected: patients, their families and carers, as well as the wider public and pharmacy professionals.

We have a responsibility to make sure that everyone understands our FtP process so they have a clear expectation of what it can, and should, do for them and what it cannot do. If we are open and clear about this – and treat everyone involved with dignity, respect, empathy and compassion – this will help maintain public confidence in pharmacy and how we regulate it.

We know that when a concern is raised about a pharmacy professional it can have an impact on their mental health, particularly if an investigation continues for a long time. A more person-centred approach, including resolving concerns as promptly as we can, can help

reduce the impact an investigation has on pharmacy professionals.

Being fair and inclusive at all times is important. This isn't just because this is a statutory and regulatory requirement, but because we as a regulator can – and do our best to – make sure all aspects of pharmacy training, employment and service provision are fair, appropriate and inclusive. We do not want there to be any barriers in dealing with us once a concern has been raised. Nor do we want there to be any when someone has a concern they want to self-report, such as a health issue.

We acknowledge that pharmacy professionals from BAME backgrounds are overrepresented in fitness to practise proceedings, and that this is because there are more referrals to us – across a range of sources – affecting these groups. We need to make sure that we are minimising and dealing with the risk of potential biases in our decision-making. We also need to better understand why we receive a disproportionate number of referrals in the first place. We deal with this point below under strategic aim 4.



How we will achieve this

Our website and communications

We are currently updating our website. As part of this work we will provide better information on the type of concerns we deal with and how we deal with them. We will also improve the section of our website that people use to submit concerns, including the online facility for submitting concerns.

We have already started work to revise all our 'template' communications in line with our tone of voice and style guide, and learn from people who have been involved with a concern. We will introduce other templates when we identify gaps: for example, specific templates for communicating with people who have raised, or self-referred, health concerns.

Our service promises

To help us provide a high level of service to the people we come into contact with throughout the process, we will introduce some service promises. These promises will be published in a *Being person-centred in fitness to practise* document that shows how these promises will be built into a number of areas including: communications, giving reasons for decisions, and supporting vulnerable people. These promises demonstrate our commitment to putting the person at the centre of what we do. You can see the promises in appendix B.

Timeliness

Managing concerns promptly is an important part of being person centred. We will take action to improve the timeliness with which we conclude concerns. We will:

- make sure our staff have the right skills and access to specialist knowledge to act quickly and adapt to meet future changes in pharmacy and the needs of the public
- continuously improve the efficiency with which we manage the complexity and changing nature of our caseload, using enhanced technology to improve efficiency and customer experience

An 'assessment of needs' once we receive a concern

We will introduce an *assessment of needs* to make sure that people are at the centre of the concern once it is received.

This will be a short assessment that records the needs of any person involved in the concern: for example, whether the person that raised the concern is a family member of someone that has been harmed; or whether the professional has a mental health issue or specific communication needs. It will also alert us early on to whether there are any potentially vulnerable witnesses who we need to treat more sensitively.

Being inclusive

We will speak to professional and representative bodies and pharmacy professionals to improve our understanding of the potential barriers that may prevent groups and individuals being able to engage effectively with us because of one or more protected characteristics. This will help us identify effective ways to deal with these barriers.

We are looking at providing lay advocacy services for patients, carers or witnesses who may need them. We are also exploring options for providing independent emotional support

for witnesses by looking at the services that some other regulators are using.

We will produce guidance for professionals on the importance of being represented, including information on sources of support and organisations that provide representation services. We will work with other organisations, such as the Association of Pharmacy Technicians UK, to make sure professionals are aware of the importance of support and where they can access it. We will look at how we can target locum pharmacy professionals and tailor support materials for this group.

We have successfully held some hearings remotely by video link during the pandemic. We had the consent of everyone involved, and the response has been positive while public protection has been maintained. It is clear that remote hearings bring some benefits, including reducing the time off that professionals have to take from work, and reducing travel by members of the public to and from London. It is also clear that decisions on whether to have a remote hearing should be made on a case-by-case basis to take account of the specific needs of the person involved. It is also important to understand the potential implications of the difficulties some people may have in using the technology, and the impact on non-verbal communications of using a video link. We also need to take account of people with vision or hearing impairments.

We will continue during the pandemic to hold a blend of in-person and remote hearings on a case-by-case basis. We will use the responses from our recent consultation to help us decide about how much we might use remote hearings beyond the end of the pandemic.

Dealing with discrimination and eliminating bias

We have recently published our equality, diversity and inclusion strategy which takes account of the challenges highlighted in this strategy about managing concerns. We will continue to work with EDI colleagues to gather data, enhance understanding and provide solutions. This includes taking appropriate action when concerns are raised about discriminatory behaviour by pharmacy professionals, taking relevant external expert advice when we need to.

We will support people to make non-discriminatory regulatory decisions, across all parts of our organisation, by having a new programme of equalities-related training sessions. These will include tailored sessions on different types of prejudice and discrimination.

We will also carry out a pilot project to test if there is a way to minimise unconscious bias in decision-making. This will involve removing references to personal characteristics such as race and ethnicity from documents seen by the Investigating Committee.

Managing concerns about pharmacy professionals with mental health conditions

We will train staff to understand the nature of mental health issues and manage conversations sensitively when a concern is raised, or a professional self-refers. As part of our initial enquiries we will consider whether an issue can be resolved appropriately outside the formal FtP processes while still managing any risk to patient safety. This could be through a voluntary agreement, asking the professional to complete a review and learning exercise, giving them an

information pack, or through local support measures organised by an employer.

However, if a pharmacy professional's conduct calls into question their fitness to practise and they also have a mental health condition, their behaviour may need to be addressed by FtP processes as well as support.

Personal experience statements

It is important that the patient or family member has a chance to say how they have been affected by a concern and is listened to during the fitness to practise process. We will introduce personal experience statements to improve our understanding of the impact a concern has had on the people involved. This will help us understand the physical and emotional harm that they might have suffered and the seriousness of any concern.

We understand there are complicated and sensitive issues to consider in collecting and using personal experience statements in a way that is fair and inclusive to everyone involved. So we will engage further with stakeholders to develop our approach. We aim to introduce this approach once the new legislative framework is in place and, subject to consultation, we move to using a 'case examiner' model.

Strategic aim 3: Promoting professional values and behaviours that encourage openness, learning and improvement in pharmacy

Our conversations with stakeholders clearly showed that there was:

- a perception of punishment and blame attached to the FtP process, and
- a reluctance among professionals to contact the regulator.

This means pharmacy professionals are likely to be concerned about how the regulator will view their fitness to practise, no matter what the nature of any concern is. For example, they may be reluctant to report a dispensing error or self-report a health concern.

If professionals conceal, or don't report, incidents this can affect patient safety. It also does not promote a professional culture of openness, learning and improvement.

We want pharmacy professionals to understand that learning and reflective practice is a basic part of professionalism. We know that when professionals are open and honest, and demonstrate that they have learnt from mistakes, it helps to promote a professional, just culture that will contribute to improving patient safety.

How we will achieve this

Knowledge hub for case studies, insights and sharing learning

To help promote a culture of learning, reflection and improvement when something has gone wrong, we will develop a 'knowledge hub' to share insights and learning from a number of aspects of fitness to practise. This will include

case studies for employers about referrals, actions taken to avoid the need for a referral, and the things we learn from the concerns we see. We will also publish anonymised cases where we haven't taken any regulatory action, because:

- effective local action or remediation measures were taken, or
- they are examples of good learning when something has gone wrong.

Continuous improvement

We will include people who have been involved in a concern in helping us to improve. We will ask for their feedback. This will include anonymised feedback and feedback gathered by third parties we commission, at various points and from various participants, including witnesses. As part of this, we will ask for feedback after the end of a case. This will make sure we continuously evaluate and improve the approach we take and the information we share.

Engagement with educators and employers

We want to help prevent things going wrong in the first place. We will do this by promoting a better understanding of the purpose of fitness to practise, and of professionalism and the importance of learning and reflection. We will introduce a programme of engagement with professionals, employers, educators, students and trainees to support a broad understanding of professionalism and fitness to practise. This will include webinars on professionalism and fitness to practise tailored for different audiences.

Strategic aim 4: Taking account of context and working with others to address problems in the pharmacy and healthcare systems

We need to look beyond the individual and see the wider context when we assess concerns. Regulatory action against an individual professional may not be enough, or even needed, to make sure that a wider problem and a future public-protection issue has been dealt with. The root cause of an incident may be a wider system failing rather than an individual professional's behaviour. It is important that we consider all the relevant factors and risks around what went wrong, including assessing whether there are underlying system failures.

The wider context also includes changes in the role of the pharmacy professional, the scope and location of pharmacy practices, and how pharmacy services are delivered. Technological innovations, such as a shift to online services, and professionals working together as multi-disciplinary teams more often, show that pharmacy is still evolving. We need to anticipate the impact of these changes and be prepared to manage any new issues that appear.

When it is appropriate, we need to work with others to tackle wider system issues. For example, we are working with a range of other regulators to make sure we each play our part in ensuring that online pharmacy services are regulated effectively. We are not the only regulator facing challenges in developing good practice in how we consider equality, diversity and inclusion. Other regulators are facing similar challenges. We need to learn from the concerns referred to us, and share this with others within pharmacy and the broader

healthcare sector, to influence them and find solutions to shared problems.

How we will achieve this

Consider the wider pharmacy context

When we assess a concern, we will consider the wider context within which the professional is working and decide on the most appropriate way of managing the concern. This will help us understand if there is any alternative action we could take, or any action we could take alongside our usual process.

Working environments and other factors in the background to a concern can play a key role in concerns or have a considerable impact on pharmacy professionals' behaviours and practise. It is important to understand the context in which the professional was working when we are deciding what regulatory action to take. This is particularly important as the role of the pharmacy professional evolves and with the formation of multi-disciplinary teams.

We will use all available sources of information when assessing the risk to patient and public safety. This includes making sure that public protection risks are managed effectively by the right people, including our team of inspectors. We will do this by taking action focused on ending any risk caused by the way a pharmacy is operating.

Once a concern concludes we will share information we gather about the wider context with employers to support our work in developing a culture of openness, learning and improvement.

Work with other regulators

We will adopt, as part of our initial enquiries, a requirement for us to share information that is relevant to another regulator or investigatory body.

We will also learn from and share good practice with other regulators on building EDI into our approach to fitness to practise. This will include learning from related reports, for example: the *Fair to refer* report published by the GMC, and the NMC's *Ambitious for change* report. And we will explore opportunities for joint working when they're in the interests of public protection.

We will improve our understanding of why we get a disproportionately high number of concerns about BAME professionals, and the context in which these are made. We will collect more data about the sources of concerns, including the profile of those that raise concerns, the role and setting of the professionals in question and the nature of these concerns, to help us take the appropriate action to deal with any bias that we discover.

We will:

- assess and improve the diversity data we collect in fitness to practise and routinely publish diversity data that relates to each part of the process, to support transparency, visibility and intelligence sharing

- use our diversity data to identify and monitor any disproportionate impacts on different groups, and take steps to understand and address potentially discriminatory outcomes – for example, through initiatives such as the anonymous decision-making pilot

We will work with other organisations facing similar challenges. We want to learn and adopt the best practices for dealing with this disproportionate representation, both when concerns are raised and throughout the process.

We will continue to improve our understanding of the impact of our approach and learn more about the approaches taken by other regulated healthcare professions. This will help us improve and be consistent where we can. For example, we will work with other regulators to understand and learn about what they do in supporting professionalism and prevention. As we work through the proposals for regulatory reform, we will also continue to share regulatory good practice and bring our approach into line with other regulators, when we can.

We will use our data to find trends and factors that often appear in concerns. We will share these with others, including employers and other regulators, through our knowledge hub and newsletters, to help prevent issues happening, or happening again. We will also share with other regulators what we learn from concerns when there is multi-disciplinary team-working, or when pharmacy professionals work in what for them are relatively new settings – for example, general practice.

Our strategic outcomes and how we will evaluate the impact of the strategy

This strategy sets out our ambitions over a period of five years. We will report on our progress against yearly priorities, and we aim to evaluate the short-term impact of the strategy once the changes have bedded in. Our priorities are flexible in case we need to adapt our approach to meet our strategic aims and outcomes. This will also help make sure that initiatives are built fully and effectively into our work and the impact is clearly measured.

To help us evaluate and measure the success of any changes we make, we have identified the following strategic outcomes. This is what we aim to achieve by taking action as a result of this strategy:

- Patients and the public receive safe and effective care because pharmacy professionals are safe to practise and can get the right support they may need to help them meet our standards.
- Professionals understand the importance of being open and honest, and that if they acknowledge, and address, any mistakes quickly this may minimise the need for a fitness to practise investigation.
- It is clear when to raise a concern, and easy to raise it, and to understand the process and what it means to everyone involved.
- Our decisions are clear, timely, free of bias, proportionate and deal with the cause of the regulatory concern.



- Professionals, patients, the public and any witnesses feel confident and supported to take part in the process.
- Our stakeholders are confident we are taking appropriate action to deal with concerns, even if we do not start a formal fitness to practise investigation.
- More concerns are resolved safely at an earlier stage through support, reflection and learning, without the need for a hearing.
- Only the most serious concerns reach a hearing.

Appendix A: Our test and initial enquiries

The test

Once we have finished our enquiries we will use the following test to decide if the concern should be referred for an investigation or whether an alternative is appropriate in the circumstances:

Does the information suggest a pharmacy professional's fitness to practise may be currently impaired?

Our enquiries

The enquiries we make will look at:

- the impact of the concern on patient and public safety
- the impact of the concern on colleagues or the wider pharmacy team
- the need to maintain public confidence or uphold professional standards
- the likelihood of the behaviour being repeated
- whether there is evidence that the behaviour has been remediated (put right)
- whether there is enough evidence to support an allegation of impaired fitness to practise
- whether the concern suggests a pharmacy professional has failed to meet relevant published professional standards or guidance
- the outcome of any investigation by another body such as an employer or the police
- whether the pharmacy professional has any history of fitness to practise concerns
- whether the matter appears to be part of a wider pattern of concern
- whether the concern needs to be shared with another investigatory body
- whether there are any wider systems issues or contextual factors that may have had a bearing on the concern
- if the professional is being referred by an employer, or by a colleague working on the same premises, whether the professional themselves has recently raised a concern with that employer.



Appendix B: Our service promises

Communicate with you clearly and tailor our communications to your needs

We recognise that communication is a two-way process and we want to make it as easy as possible for you to understand all aspects of the fitness to practise process.

We will listen to you and adapt our communication methods based on your needs, accessibility requirements and preferences.

We will try to contact you at a time and place that suits you.

If you have a concern raised about you, or you have raised concerns about someone else, you will have a dedicated member of staff assigned to you. They will be your main point of contact to answer any questions you may have.

We will tell you the likely timescales at the start of the investigation and keep you up to date throughout the process.

Explain what you can expect from us

We want to help you resolve your concerns appropriately and effectively. However, sometimes there may be a concern that we can't deal with directly. When this happens, we will explain clearly why this is the case and will help point you in the direction of an organisation who can help.

Handle your information with care

We will keep all personal and sensitive information confidential in line with data protection legislation. We will take extra care

when handling information about health and protected characteristics.

We may share health-related information with other organisations who can offer further support, but we will discuss this with you before we do that.

Act with professionalism, kindness and respect at all times

Our staff are trained to act with courtesy, empathy and professionalism to help make sure concerns are managed appropriately and effectively.

Provide an accessible service to everyone involved

We want everyone involved to have a high-quality, transparent and accessible service, and feel that our fitness to practise processes are efficient and effective. In line with our Equality, Diversity and Inclusion commitment, we will make sure that our services are accessible and appropriate for everyone involved.

Listen and respond to feedback and use this to learn and improve our services

We are committed to providing a high-quality service. But if something goes wrong or we fall short of expected standards we want you to tell us about it. This will help us learn from our mistakes and improve our standards. We see this not as a nuisance, but rather as valuable feedback on the quality of our services. Equally, if you have experienced great service from our organisation, or you feel someone deserves praise, we encourage you to let us know.



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