
Experiences of the fitness to practise process

Introduction

In 2019 we commissioned Surrey University to undertake research to explore the experience of registrants who had engaged our fitness to practise processes. Our intention in commissioning this work was to use the findings, along with intelligence we have gathered through stakeholder feedback and in-house research, to make the fitness to practise process less stressful and to better support our registrants.

The School of Health Sciences at Surrey University, led by Professor Jill Maben, undertook semi-structured in-depth interviews with 15 HCPC registrants who had engaged our fitness to practise processes in the preceding 12 months. The registrants represented a range of professions, case-stage, and outcomes, and gender, age and career stage. Some had been through the Health Panel and others had been through the Conduct and Competence Panel.

The final report of this research project, 'Health and Care Professions Council Registrants: Experiences of the Fitness to Practice Process', is attached at Appendix A. The Executive accepts the findings of the report and is committed to ensuring significant improvements are established as soon as possible.

How we will use the findings

The FTP department is currently undergoing a comprehensive transformation programme which is intended to address many of the themes highlighted in this report; namely timeliness, customer service and support. This is driven by a comprehensive, long-term plan which will deliver improvements to: systems and processes; quality; staff training and development; culture; and reporting and oversight.

This will be reinforced through a new Registrant health and wellbeing strategy and action plan, intended to deliver a more human-centred approach, covering not only fitness to practise, but all our regulatory functions. The Registrant health and wellbeing strategy and action plan will seek to establish short, medium and long term objectives to ensure we establish swift but effective, meaningful change.

Decision Council is asked to reflect on the attached research report and highlight any areas it would like the Executive to consider in the development of the Registrant health and wellbeing strategy and action plan, over and above those discussed at the workshop on 2 July 2020.

Previous consideration	Council discussed the findings of this research at its workshop on 2 July, along with initial thoughts for a Registrant health and wellbeing strategy and action plan.
Next steps	Publish the research report to the website and develop the Registrant health and wellbeing strategy and action plan
Strategic priority	The strategic priorities set in 2018 are no longer current. We are developing a new strategy that we aim to confirm at the end of 2020.
Risk	<p>Strategic Risk 1, 3 & 5 - failure to deliver effective regulatory functions, failure to be a trusted regulator and meet stakeholder expectations, failure of leadership, governance or culture.</p> <p>Risk Appetite consideration - Public protection The Council takes a minimal approach to public protection risks. Public protection is our aim and our strategy and processes are intended to provide this. Compliance - The Council takes a minimal approach to compliance and regulatory risk. We will meet the law, regulations or standards in place to protect the public and employees and to protect data.</p>
Financial and resource implications	The financial and resource implications of the registrant wellbeing workstream in 2020-21 are accounted for within the current budget.
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Health and Care Professions Council Registrants: Experiences of the Fitness to Practice Process

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1. Introduction

1.1. Introduction and background

The National Health Service (NHS) is the UK's biggest employer, employing nearly 1.6 million people (Cornwall & Fitzsimmons, 2017). The NHS needs healthy, motivated staff to provide high quality patient care; however, in recent years increasing workload due to societal demand for healthcare services, combined with increasing external scrutiny of their work, has been associated with a high prevalence of stress and poor well-being amongst staff. Due to budget constraints and staff shortages, pressure is building in the health and care system and this is taking its toll on staff as well as patients (Ham, 2016). Some commentators have described staff as *"running on empty"* (personal communication Pearson commission 2018) and the *"shock absorbers in a system lacking [the] resources to meet rising demands"*, and because staff are people, not things, the current situation is unsustainable (Ham, 2016). Health Care Professions Council (HCPC) registrants are no different and these 16 professions¹ can be on the front-line of societal care needs – for example all professions such as paramedics, physiotherapists, occupational therapists, and social workers, are expected to do more with less and to absorb the knocks and shocks of the work. There are growing demands on paramedics for example, *"to supply psychosocial support, conflict management, or to intervene in quasi-legal situations (for example, attending at an injury involving domestic abuse) highlights the changing nature of that profession's focus"* (Austin et al 2018) with a significant evolution in societal expectations for these professions.

These high societal expectations can result in staff being referred to the HCPC fitness to practice (FTP) processes to account for their decisions and practice. This can be a very stressful time for HCPC registrants; and the HCPC were keen to improve their processes and thus the experiences of all registrants going through the FTP processes including those removed from the register (although these registrants were not included in this research). The majority of registrants are exonerated and not removed from the register and there is a need for them to remain connected to the profession and if suspended, re-enter it. The HCPC wanted to better understand the experiences of registrants going through the FTP process to inform how they could best support registrants in this situation. They had previously undertaken surveying of registrants to assess their understanding of the process, but wanted more in-depth engagement of registrants to understand their experiences and the impact this has had on them in more detail.

¹ Now 15 professions. Social work was regulated by the HCPC when we started the project and since 2012 but Social Work England took over from the HCPC as England's social work regulator on 2 December 2019.

This project therefore focused on interviewing HCPC registrants in order to understand the experience and challenges of registrants going through the process of being reported to the HCPC and attending fitness to practice hearings, to explore what the HCPC can do to make this less stressful and better support registrants in this situation.

Drawing on previous work, the research team sought to understand the experiences of registrants going through the HCPC fitness to practice process through in-depth interviewing. The research team have drawn on their experience and expertise in sensitive interviewing and their work interviewing lung and breast cancer patients, creating a composite film of their experiences to share with staff (Tsianakas et al 2012 a,b), to draw out the emotional highs and lows of registrants' experiences to generate a narrative account of those experiences which is reported here and which has also been collated into a film to be shown to the HCPC board. A film script was created following analysis of the interview data (see appendix 1). The aim of the film was to allow the findings to be brought to life; this, it was felt, would have the most impact within the organisation (HCPC) as well as externally to wider stakeholders. It is also anticipated to encourage greater engagement and, we hope, start a conversation with HCPC together with employers and registrants to drive positive change.

1.2. Aims and Research Questions

Overarching aim: To better understand the experiences and challenges of registrants being reported to the HCPC and attending fitness to practice hearings; and to identify how the HCPC can make this less stressful and better support registrants when experiencing fitness to practice processes.

Objectives:

1. Undertake in-depth interviews with HCPC registrants experiencing fitness to practice processes;
2. develop a film of their experiences to share with the council and more widely and;
3. produce recommendations for the council regarding how they can best support registrants going through this process.

2. Methods

2.1. Interviews with HCPC fitness to practice registrants

To the meet objectives outlined above we undertook semi-structured in-depth interviews with 15 registrants who had been through the Fitness to Practice (FTP) process in the past 12 months. The sample was gained through an opt-in method. Registrants were identified and initially approached

through an email invitation by the HCPC and asked to contact the research team if they were willing to participate.

2.2. Sample

To gain our sample of 15 registrants we used the following sampling criteria:

- Must be currently registered with the HCPC and have been through the FTP process (completed) within past 12 months²
- Range of registrants:
 - from across the 16 different professional groups (to avoid dominance from any one profession)
 - who have been through FTP to ‘Investigating Committee’ stage and/or to ‘Panel Hearing’ stage
 - who have been through ‘Health’ panel and ‘Conduct and Competence’ panel
 - with one of the following outcomes at ‘Panel Hearing’ stage: No case to answer, Caution, Conditions of Practice, Suspension
- Exclusions:
 - Registrants not eligible to take part are those who:
 - are seen by the Investigating Panel re fraudulent registrations
 - have appealed the outcome and the case is ongoing
 - have been struck off the register

2.3. Contacting Registrants

Using the sampling criteria above, colleagues in HCPC prepared a spreadsheet of a potential sample of participants. The researchers prepared an email invitation and Participant Information Sheet which was sent by the HCPC to an initial sample of registrants (n= 50) in August 2019 and a second round of recruitment was targeted at underrepresented registrant ‘groups’ in November 2019 (n=41). Registrants were asked to contact the independent research team directly and the team were careful not to disclose any details of who was taking part in the interviews to the HCPC.

The first batch of invitations were sent on 12th August 2019 to a random selection of HCPC registrants covering all professional groups [n=50] who had been through the FTP process in the past 12 months and who met the criteria above. A reminder was sent on the 26th August 2019. The number of participants recruited from this batch of emails was nine. There was underrepresentation from

² although ‘last 12 months’ was the criteria used by HCPC to identify a sample, not all our final sample had been through the process in this time scale due the length of time the process took for most of them.

paramedics, radiographers, speech and language therapists and social workers as well as underrepresentation from those with ‘caution’ outcomes at panel stage.

Therefore a second batch of invitations sent were sent on 4th November 2019 to a purposive sample of paramedics, social workers, speech and language therapists and radiographers [n=41] who met the other recruitment criteria. We also oversampled for those receiving ‘caution’ as an outcome. From this second sample we recruited six participants.

Table 1: sample of registrants responding to initial email invitations

	N
Number of participants contacting researchers to express interest in taking part in the research	23
Number of participants who agreed to interview	18
Final number of interviews conducted	15
Number of participants who dropped out*	3
Participants contacting researchers once quota for interviews already reached (thanked for interest in study, but told we already had our full number of required interviews)	2
* Reasons for drop out: two participants decided they did not want to re-live their experience of going through the fitness to practise process; one participant expressed an interest in taking part but then never replied to the interviewer’s emails to set up an interview	

Given the sensitive nature of the experience, interviews were all held face-to-face. Topic guides for interviews were informed by the literature and the objectives of this research and were semi-structured to enable other non-anticipated topics or issues to emerge from participants (see appendix 2). Interviews were audio-recorded with permission and transcribed verbatim for analysis. All participants were allocated an ID number and transcripts were anonymised. The Framework analysis method (Gale et al, 2013) was used to analyse the data thematically, facilitating investigation of patterns within and between individual participants, and to generate themes to answer the aim and objectives. Further details of the analysis process can be found in table 2 and appendix 3.

Further analysis continued in the write up of the findings which resulted in themes being revised and re-ordered by all team members, to create the findings below.

Table 2: Framework data analysis steps

Stage of analysis process	Analysis procedures
Stage 1: Transcription	Audio recordings were transcribed verbatim.
Stage 2: Familiarisation	One member of the team (LH) reviewed all of the transcripts to develop ideas for the initial codes, other team members (JM, CT, MZ) read a sample of transcripts.
Stage 3: Coding	An initial coding structure was created based on the interview guide and the initial review of all transcripts (LH). Three transcripts were selected to illustrate a range of different participant experiences and the initial codes were applied to each of these transcripts by LH with one other member of the research team for each transcript (JM, CT, MZ).
Stage 4: Developing a working analytical framework	The research team met to discuss the initial codes and the outcome of these discussions generated a working analytical framework of codes grouped into categories.
Stage 5: Applying the analytical framework	The analytical framework was used to identify sections of the transcripts that were thought to be relevant to each of the codes and these were cut and pasted from the transcripts into an excel spreadsheet (LH).
Stage 6: Charting into the framework matrix	This spreadsheet was reviewed to summarise the data for each participant which was re-organised to identify themes (LH). The emerging themes were discussed with the project lead (JM).
Stage 7: Interpreting the data	This summary of the data by themes was used together with the extracted sections of the transcripts to draft the findings section of the report (LH) which was then discussed with the research team, resulting in themes being re-ordered.

2.4. Film from interview data

As part of the analysis one member of the team (LH) identified 16 summary themes which were used by another team member to draft and structure our film script (JM) into six themes (see Appendix 1). Two team members (JM and CT) worked with the film-maker to develop a narrative structure that held interest, was explanatory and which was emotionally powerful. Careful thought was given to the content in order to be balanced and included quotations of positive experiences where possible, as

well as negative. Eight actors (five women and 3 men) were recruited to voice the registrants' experiences, which was important to protect the anonymity of the registrants who agreed to be interviewed. The actors were recruited by Simactors to reflect the workforce diversity (accents; ethnicity, gender), and the film was created by Eleanor Stanley Health Communications (see appendix 1 for film script).

2.5. Ethical approval

Ethical approval was obtained from the University of Surrey Research Ethics Committee (ref: UEC/2019/041/FHMS) prior to commencing the work. We have been fully compliant with data protection (GDPR) and have received informed consent from all participants for participation in interviews, and for the use of their data for the purpose of the film and this report.

3. Findings

3.1. Participants

The 15 health care professionals who participated in interviews worked in a range of health care professions (Table 3). They were all motivated and committed and all described enjoying their jobs, for example, one described her passion to make a difference: *"I am passionate about my job... I really enjoyed what I was doing... I can make such a difference for these young people"* (Sophie-12). They were motivated to take part in the study by a combination of the desire to improve the experience of those going through the process in the future and a need for closure: *"I'm seeing this as sort of like the final chapter and my closure, but if my experience makes other people's experience less horrific... it's worth it. If we don't learn from history we're doomed to repeat it"* (Samuel-01).

Table 3: Description of participants

	N
Gender	
Female	8
Male	7
Profession	
Art therapist	2
Biomedical scientist	1
Clinical Psychologist	1
Clinical Scientist	1
Dietician	1
Operating department practitioner	3
Paramedic	2
Radiographer	1
Social worker	3
Time in profession (years)	
1-9	3
10-19	4
20-29	7
30+	1

Age (years)	
30-39	3
40-49	3
50-59	7
60+	2
Duration of interview (mins)	
40-59	6
60-79	1
80-99	3
100+	5

Participants had experienced a range of different stages of the Fitness to Practice (FTP) process which lasted between 1 and 4 years. Four had their case discussed at the investigating committee panel (ICP) who determined that there was a case to answer, one of these attended two interim hearings (Table 4). The remaining eleven were referred by the ICP to either the conduct and competence (CCC) or health panels and ten of these attended at least one hearing, these participants experienced a wide range of final outcomes. Many had already been through demanding investigations within their organisations before being referred to HCPC so were already stressed before entering the HCPC process. Some had either resigned or been off work for extended periods: *“I was in a very very poor mental state at the time... it was incredibly stressful...And so I came off sick then, I was actually off sick for about a year”* (Isabel-08). For some the referral to HCPC came as a complete shock and finding out about referral was an emotional time: *“I had been back at work for 5 months and I get a letter from HCPC... And it’s like ‘What investigation, I didn’t know that there was an investigation by HCPC”* (Robert-10).

Table 4: Participant’s details and experience of the fitness to practice process

Pseudonym-ID	Referred by	Referred for	Panel referred to ^a	Process length (yrs)	Hearings attended	Outcome ^b
Samuel-01	Employer	Competence	CCC	2.5	Final, review	COP
Steven-02	Employer	Conduct	CCC	1	None	NFA
Amy-03	Self	Conduct	CCC	2.5	Final	NFA
Susan-05	Employer	Competence	CCC & Health	4	2 Final	COP
Lucy-06	Self	Conduct	ICP	2.5	None	NCTA
Laurence-07	Employer	Conduct	Health	3	Multiple	Suspension
Isabel-08	Employer	Conduct	CCC	2	Interim, final, review	COP
Robert-10	Employer	Conduct	CCC	2	Interim, final	Suspension
Esther-11	Service user	Conduct	ICP	2	None	NCTA
Sophie-12	Service user	Conduct	CCC	3	Final	Caution
Donald-13	Self	Mental health	ICP	1.5	None	NCTA
Sandra-14	Employer	Conduct	CCC	2	Final	NFA
Alex-15	Employer	Competence	CCC	3.5	Final	NFA
Ethan-16	Self	Conduct	CCC	1	Final	Caution
Eleanor-18	Self & Employer	Competence	ICP	2	2 Interim	NCTA

a CCC=conduct and competence, ICP = investigating committee panel

b NFA = no further action, COP = conditions of practice, NCTA = no case to answer

3.2. Participants experience of FTP

3.2.1. Description of the process

3.2.1.1. *The overall process*

Most participants found the FTP process difficult: *“The whole process was an absolute nightmare, it really was”* (Sophie-12); *“it was horrible, absolutely horrible”* (Susan-05). A few had an extremely negative opinions about HCPC: *“it’s not fit for purpose... it’s a very failed service... it just does not work”* (Eleanor-18); *“the HCPC should be disbanded”* (Alex-15). All interviewees with such negative views about HCPC had suffered major material (e.g. home or job) or psychological (e.g. reputation) losses. Several participants highlighted the contrast between the way they were treated by HCPC and the behaviour expected from registrants: *“HCPC does not care about people who care”* (Alex-15);

“whenever I left a message it could be a week before someone got back to me... I was absolutely flabbergasted that they could take so long... it was inexcusable. If I was to do that in my practice now I’d be straight back in front of the HCPC for Fitness to Practice” (Donald-13).

In contrast, some found the process to be more objective than the investigation within their organisation: *“the HCPC were much more objective, independent and dispassionate”* (Isabel-08); *“balanced and sensible...absolutely solid... they were weighing things in the balance”* (Lucy-06). Those who found the process reassuring were more likely to have self-referred, which one participant being motivated by a desire to: *“have some sensibility in this judgement, there could be a bigger lens through which to look at it”* (Amy-03). However, for many registrants the only positive aspect of the process was the final outcome (note: five registrants in our sample had ‘no case to answer’ and four registrants ‘no further action’): *“The only positive was despite being ignored, finally receiving a letter and the documentation pack saying that I had no case to answer...That pretty much was the only positive out of the whole process.”* (Donald-13).

3.2.1.2. *The referral and investigation*

Many participants described different aspects of the process that were particularly challenging. Being notified about the referral and receiving the associated paperwork was particularly difficult for several participants: *“I felt absolutely devastated. I mean just thinking about it now I felt totally totally gutted, I cannot tell you – it felt like my life had ended.”* (Susan-05).

“The referral letter, it felt horrendous. It’s like you know I’d been back at work for 5 months, my life was back to normal...I’m getting back on with work, you know. (Then the letter came). It was overwhelming, it was horrific. The worst ... like I’d been hit by a bus.” (Robert -10).

The uncertainty experienced during the investigation stage of the process was difficult for all participants: *“all the waiting is like the worst part I suppose”* (Sandra-14);

“A day feels like a week, a week feels like ... a month... And when it drags on and drags on and really you get no feedback – we’re just going through a process, we’re just going through a process, we’ll let you know” (Steven-02).

There was also evidence of variation in participants’ experiences during the investigation stage: *“it’s caused a humungous amount of stress in peaks and troughs”* (Esther-11);

“it went in sort of three stages...The after-shock... it was kind of like well it’s different... Then there was the middle bit through the summer which was just torturous... the punishment was having its effect basically, and I found that very difficult...And then there was the end bit where I started to build back up again... then things got better...I think that started maybe 4 weeks before the hearing.” (Ethan-16)

3.2.1.3. *The hearings*

The hearings were described by many as formal and lacking emotion:

“It’s incredibly formal... it’s slightly like a court hearing, you can only speak when you’re spoken to... I was just like crying... at which point ‘Okay well we should stop’, and I was like ‘Actually no I’m fine to continue’... at the time I thought they just don’t want emotion in here” (Amy-03).”

Several participants commented on the impact of this environment, that they did not feel ‘heard’ or listened to and that the court like processes impacted on their ability to have their say: *“it makes you feel nervous to begin with and it makes you like stop saying what you want to say”* (Laurence-07). But more than half of the participants found the hearings to be an opportunity to have their say and described the panel members as respectful and friendly:

“it is horrific the whole process until the hearing itself...it was just so bizarre, the difference between the two... I’ve got nothing but praise for the hearing and the review hearing ... they couldn’t have taken my situation more into account... (it) was quite empowering... I found it quite cathartic in the end...I came out of it feeling like a giant to be honest.” (Samuel-01)

All participants found the hearings challenging, even if they found the panel members respectful and they felt they had an opportunity to have their say: *“the Panel were respectful and they listened ...Obviously I felt a little bit attacked by a couple of questions, but I suppose that’s the nature of the beast isn’t it?”* (08-Isabel). Some, even those who accepted that challenges were inevitable, found the experience very traumatic, for example, Isabel continues:

“I was in bits, I was absolutely terrified, not eating...I was just throwing up all night...that is a stress response that I have developed on that day and I still have it now...I had to ask my barrister to excuse me because I had to just rush to the bathroom. I took beta blockers to try

to help with the physiological signs of my anxiety. Not eating, shaking, crying – it was awful” (Isabel-08).

Some participants felt exposed and vulnerable, imagining a public hearing meant in practice there would be a public gallery and anyone could and did attend:

“Well they told me they could... it’s open to the public, it’s a public arena, anybody can walk in. I said well that means all the family can walk in – yes they can, you can’t have any protection but she (complainant) can (have protection and is anonymous) (12-Sophie)

In addition to these variations in the experience between and within individuals there was also evidence of variation in the nature of the hearings, particularly in terms of the approach of the people involved. One participant compared his experience of the interim and final hearings:

“the difference between the two panels was astonishing. I was just like completely blown away by it... the first time the HCPC solicitor, was very much you know quite laid back... it wasn’t a pleasant experience but it was very amicable... Whereas the final hearing it was completely different, there was one person in charge, and that was the HCPC solicitor...So every time I argued, or every time I tried to put my case she shouted me down...So I just had to sit there and let this person basically character assassinate me” (Robert-10)

One participant compared her experience of the ‘health’ and the ‘conduct and competence’ panels and found the former to be: *“more respectful, it wasn’t adversarial, it was... completely different” (Susan-05),* although another said the health panel *“treat you like a hostile witness, it’s bloody horrible” (Laurence-07).* It was suggested that the variation between panels was often due to *“the personalities in the room” (Robert-10),*

3.2.2. Impact on registrant’s wellbeing

All participants reported that going through the FTP process had impacted negatively on their mental wellbeing, most mentioned anxiety or stress, several people talked about the constant worry: *“it did worry me every day... this panic was unreal, this panic on a daily basis... I was like a swan, and then underneath my legs were going just to try and keep myself together” (Eleanor-18).* Several participants were shocked when notified that they had been referred to HCPC before other emotions took over: *“at the very beginning it was more I was ... it was shock, I was upset – as in crying – and it really really bothered me..., and then really it’s been anger ever since” (Esther-11).* Others described feelings of disbelief *“I felt that I was in some sort of process that felt like Alice in Wonderland...I didn’t believe that I’d done anything wrong” (Susan-05),* or described the process as *“fear led from start to finish” (Sophie-12).*

Several participants described severe mental health issues: *“I couldn’t get a job, and I got really really depressed, tried to slash my wrists, because my house was going down the pan” (Laurence-07); “I had*

frequent suicidal thoughts" (Isabel-08). Residual anxiety and PTSD were mentioned by a number of participants: *"the experience with the HCPC has been so bad that I have major trigger points and flashbacks to the experiences... as soon as I see HCPC anywhere I cower"* (Alex-15). Receiving the referral paperwork was particularly traumatic for several participants: *"I had nightmares about the feelings (I had)... I've never felt what I felt sat on those stairs – it was like taking a bullet, reading this bundle of information"* (Eleanor-18). The hearings were also traumatic for some, a number of participants described having breakdowns the night before or during the hearing:

"Sophie actually had a breakdown on the day... The night before when we were in the travel lodge (Sophie's) body just went, it just totally shut down... she was physically sick, (her)whole body clamped up – we didn't sleep that night at all" (Sophie's husband-12).

Loss of confidence was mentioned by several participants: *"my confidence went from being okay to (being) on the floor"* (Eleanor-18). More than half of participants talked about feelings of shame or said that they felt like a bad person: *"I just thought I'm the dregs, you know I'm a bad person, I'm not worthy of consideration"* (Lucy-06). Several participants mentioned the impact of these feelings on their willingness to talk about their experience: *"I wasn't open, I was ashamed"* (Samuel-01); *"because there's so much shame attached to it and how it can damage your career, that there's no benefit from the learning...from a real inside perspective... it just isn't happening"* (Amy-03).

In addition to the mental health impacts some participants described physical health problems or impacts on their sleep: *"When my barrister first met me I was more or less just sat in a corner scratching, because I get really bad psoriasis – I'd scratch till I bled"* (Samuel-01); *"many a night I'd get an hour of sleep"* (Steven-02). Finally, several participants mentioned impacts on the wellbeing of other members of the family: *"my daughter was just in floods of tears, and she kept saying 'Mum I'm so sorry, I'm so sorry' you know this (bundle of papers) is what they've sent again"* (Sophie-12).

Although going through the process had a negative impact on the wellbeing of all registrants' the final letter from HCPC had a positive impact on several registrants: *"So receiving that final letter sort of... I mean my colleagues could tell me I wasn't a bad person, but that's not the same thing [as hearing it from the HCPC]"* (Lucy-06); *"they did write me a letter after the hearing... actually they found me to be very empathetic and very understanding... 'She shows great insight into what she has done', I was like... I sound amazing!"* (Sandra-14). The final outcome was a positive experience for many: *"a huge relief... fireworks going off in my head"* (Ethan-16).

3.2.3. Other personal impacts

Many participants were unable to work in their chosen profession while undergoing investigation and experienced significant financial losses: *“financially it’s just horrendous, we could barely make ends meet...I have lost my livelihood through this”* (Isabel-08);

“I was unemployed, I was unable to gain employment in my profession – I had to take a massive salary drop...I’d just gone from being on a professional salary to now having no money...My whole life stopped – my professional status, my job, my income – I’d lost everything” (Eleanor-18)

“I basically lost my job of 22 years... it’s almost like a divorce... or a bereavement... I went from a position where I was like an older statesman of the department... and that’s a loss for me as well as for them.” (Robert-10)

Others had a reduced income and lost their homes as a result: *“I was getting £38,000 a year, and now I’m on £15,000 a year minimum wage job..... it’s not the job that I want to be doing... I lost about £100,000, because I sold (my house) quickly, and came down here”* (Laurence-07); *“we had to move home as a family because we couldn’t afford to live where we were”* (Alex-15). For some there were significant costs during the fitness to practice process that registrants incurred (see section 3.3.5).

In addition to the financial losses several participants described negative impacts on relationships with their colleagues: *“People ostracising me...you’ve got colleagues that are throwing as many bananas on the floor as they can, antagonising you as much as they can”* (Steven-02); *“This process is a bully’s charter...those undergoing this process have pariah status within their departments... Everyone knew and started to treat me like the proverbial injured bird – I felt I was being pecked to death.”* (Susan-05). The two participants who were referred to the HCPC by service users described negative impacts on their perception of others: *“I did not want to see any patients, because I didn’t trust any of them”* (Esther-11); *“It’s made me feel very vulnerable actually that you know tomorrow a service user could pick up the phone and make a complaint”* (Sophie-12).

Although registrants were primarily focused on what they had lost as a result of going through this process a few described personal development benefits or positive changes in their lives: *“it was like a massive learning experience and has put a lot of other things in perspective... I went through the whole process and came out... with a very different perspective and understanding of me and also the regulatory body”* (Ethan-16); *“one of the paradoxical joys for me of the whole investigation ... (was) getting you to see your own... cognitive distortions that had led to this place”* (Amy-03);

“In a lot of ways our lives are better because we’ve made it that way... So we’ve turned what is a negative process into something positive...We’ve made a lot of decisions that we wouldn’t have made otherwise –” (Samuel-01)

While Ethan and Amy self-referred other registrants who thought they had benefited in some way from going through the process did not express any anger towards the individuals or organisations who had referred them to HCPC.

3.3. Main issues identified

3.3.1. The process

Almost all participants found aspects of the process difficult; inflexible; disproportionate and with no road map. Several participants described the process as alien:

“you enter a foreign world that feels very precarious, and there’s land mines everywhere. You never feel you’ve got quite enough knowledge to help you navigate where the landmines are or aren’t... And it’s just like you’re dealing with a machine, it feels quite Kafkaesque” (Amy-03).

It was described as disproportionate by a number of participants: *“my supervisor who is a seriously high ranking professional...said ‘I was constantly just baffled by...the level that HCPC were taking this to’... ‘it just seemed utterly disproportionate’”* (Amy-03). The idea that it was disproportionate was linked to the perception that HCPC were using: *“a process they can follow step by step by step...here’s our train tracks, we’ve got two wheels that can’t move off of those train tracks ... we are not a car or a bike that can move in different directions”* (Steven-02). The inflexibility in the process was particularly obvious to a participant who referred himself following a criminal conviction and felt that having to respond to the allegations in his own referral was unnecessary: *“there were some parts of the process that were just nonsensical... There was a whole chunk of it [that] didn’t need to happen”* (Ethan-16).

More than half of participants thought that the process was punitive: *“they’re all being dealt with in the same forum in this very very judicial environment and it’s very punitive – criminalising environment”* (Susan-05); *“It was like somebody standing over you with a rod knowing they’re going to hit you, but you’re not quite sure how hard you’re going to be hit”* (Sophie-12). There was also a common perception that the main aim was to strike registrants off rather than providing them opportunities for learning and support: *“The impression that the HCPC give is that they are there to strike people off”* (Donald-13) and that HCPC treated registrants as: *“guilty till proven innocent”* (Laurence-07). This perception was supported by reports that the HCPC representative announced at the beginning of the hearing that in their opinion the registrant should be struck off: *“he wants me to be struck off – he wants me taken off the register”* (Eleanor-18).

This perception of the process as punitive was linked to the idea that HCPC could not be challenged: *“they’re not answerable to anybody at all... the impression we got is that they are God and they will*

*do whatever they want to do, there's nothing you can do about it" (Sophie's husband-12); "we would fear the ability to whistle blow against the professional body(sic)³...because we feel it would be used against us" (Alex-15); "everyone is s**t scared of the HCPC" (Susan-05).*

In addition to this perception that the process was inflexible and punitive some participants believed that the process was unfair and that HCPC: *"had more engagement with my employer than with me"* (Amy-03); *"it's almost like they only believe the patient...And that it couldn't possibly be that the patient is not being truthful"* (Esther-11). It was also suggested that HCPC failed to take into account contextual evidence during the investigation, that was later considered relevant at the hearing: *"My barrister wanted to go down a health route...they refused...But they were quite sympathetic to the health issues during the hearing...in fact they've stated directly that it was likely caused because of my health problems"* (Samuel-01). Others were concerned about how effectively the evidence was reviewed during the investigation: *"the HCPC solicitor didn't see the inconsistencies – it's there in black and white...so their system of going through evidence isn't very thorough"* (Eleanor-18). This participant also felt that HCPC were not effectively safeguarding service users by delaying restrictions on risky practices until the investigations were completed: *"saying you're not risky enough to stop right now today...we'll put measures on your practice in a year's time"* (Eleanor-18). She felt that her concerns about whether she was safe to practice during this period increased her stress levels and led to her leaving her job.

3.3.2. Time taken and uncertainty

All participants were unhappy about the time taken by the investigation, the majority were under investigation for at least 2 years (Table 2): *"It's a long time to be in purgatory. Particularly for people with health conditions"* (Samuel-01). Participants found the associated uncertainty surrounding their registration and future employment prospects difficult: *"Three and a half years is a long time to not know what's going to happen"* (Isabel-08); *"I didn't have anything else that I could do, because that's all I've done all my life"* (Laurence-07);

"they took forever and a day to decide whether this was going to go to their fitness to practise or not. And I'm still hanging on and... when you're actually the subject of that investigation a week seems like a year. And when potentially it's your registration, and with that your career that's on the line—a career that I adore...the stress levels were just astronomical." (Steven-02).

Many participants described being in limbo and unable to plan: *"Cos there's the Damocles sword hanging above your head and you don't know where to go, you can't make plans at all."* (Isabel-08);

³ HCPC is a regulator and not a professional body.

“And one’s life is in sort of suspension at that time, it’s seriously seriously difficult... it’s very difficult to apply for jobs, it’s difficult to sort of plan your finances for the year...I might not have a job in a year, I might be... stripped of my professional qualifications, you can’t plan sort of financially to do things – that was very difficult.” (Amy-03)

One participant said that the time taken had an impact on his wellbeing which in itself constituted a large part of the punitive nature of the process:

“the psychological burden would have been a lot less...cos it’s that whole thing about moving forwards isn’t it, when you feel like you’re stuck...Even though that process isn’t there to punish, it inadvertently ends up punishing you by making you wait.” (Ethan-16)

A few participants felt that although the time taken was difficult to cope with the delays had worked in their favour by allowing time for reflection or recovery: *“it was to my benefit to be honest, because all of this time, although it was terrible, it afforded me time to reflect and to work through the emotions so that I wasn’t a wreck (at the hearing)” (Eleanor-18).* One other issue about timescales raised by several participants was the short notice given of hearing dates and being sent large amounts of information with little time to process it: *“We’re going to decide on Monday whether you’re fit to practice in this interim period. Come to London, this is our address, 7pm Friday’ – they sent it me” (Eleanor-18).*

3.3.3. Communication: information provision and interactions with staff

The uncertainty experienced during the long investigation period (see section 3.3.2 above) was compounded by the difficulty in obtaining clear information and the nature of the interactions with HCPC staff.

3.3.3.1. Information provision

Almost all participants were unhappy about the lack of clear, case specific information about the process or timelines: *“the information that you get from HCPC, says that the preliminary investigation is 3 to 4 months. The preliminary investigation didn’t finish until ... a year later” (Esther-11).*

“the information we were receiving from HCPC wasn’t specific to the allegation that Sophie was accused of... We’ve got to the stage we thought okay you might lose your job, if you lose your job what does that mean to us as a family. You know we’ve got a mortgage to pay, our eldest daughter was going to get married ... and suddenly to start thinking of I might lose my career and my job, that was horrible. And the reality was Sophie was never going to lose her job for what she had done wrong” (Sophie’s husband-12).

Many participants complained that they were given no clear timeline: *“I wondered how long I was going to have to wait as well, because... there were no timelines at all” (Susan-05)*

Another problem with information provision was the volume and clarity of the paperwork provided about participant’s cases: *“it arrived in a bundle of 650 odd pages of allegations and supporting evidence...the way that they put together the case...it was utterly confusing...it took me some days to*

process everything ... because there were so many allegations and so many of them were just really confused” (Susan-05); “I was getting bundles of paper that were repeating themselves. And they were all mixed up and ... you know I was having to sit there, sort them all out, it was just awful” (Sophie-12); “the page numbers didn’t correlate with the contents page, it wasn’t in order – it was just like mismatched” (Eleanor-18).

The lack of information provided by HCPC about progress during the investigation was a major problem for almost all participants: *“it wasn’t always quite clear what was happening” (Susan-05);*

“they changed the case manager a few times as well which didn’t help so there was no consistency there...And there’s very little contact at all, and most of it was me chasing...emails didn’t get answered, phone calls wouldn’t be returned, and it was just infuriating... it would take weeks and months to get responses” (Samuel-01).

This lack of information about progress combined with the time taken, led participants to feel they were being kept at arm’s length: *“the whole thing was so long and drawn out, and there was no comment about any of this stuff I was sending them, so I just felt like I was ... what’s that film, Gravity is it? – I felt like I was on some long string, you know, floating about the universe” (Isabel-08).* Several participants highlighted the fact that the absence of information from HCPC caused considerable anxiety: *“panic on a daily basis whilst I was waiting for HCPC to get in contact with me and tell me what I’d done” (Eleanor-18); “not having any acknowledgement for...3 to 4 weeks... was a massive worry, especially at my most fragile” (Donald-13).*

Although most participants were frustrated by the lack of response from HCPC one participant thought communication was good: *“I know that when my solicitors (contacted them) they always got back” (Isabel-08).* A few participants suggested that *“being ignorant to an extent was bliss” (Steven-02)* or reported being ambivalent about being kept updated *“this is my double-edged sword thing, because part of me wanted to know, because I just thought what on earth is going on – but there was another part of me that didn’t want to know” (Esther-11).* Others avoided contact with HCPC *“because that would prejudice the thing” (Lucy-06)* or for fear of providing conflicting evidence that would *“make me look like I lack integrity” (Ethan-16).*

Several participants complained that they were not given guidance about how to prepare their reflective piece for the hearing: *“but it really gave me no indication as to what was required” (Isabel-08); “I’d asked them what they are looking for, and it was ‘Well we can’t tell you that’” (Samuel-01).*

3.3.3.2. Interactions with staff

In addition to the lack of information provided by HCPC during the investigation about half of the participants felt that the absence of face to face contact meant that they were not heard or understood: *“there was no face to face contact at all. It was all electronic or written...I wanted them*

to see and hear me as a person, not as a written word” (Steven-02); “I phoned various different times and I’ve always got the kind of like ‘We don’t really want to have any kind of conversation with you, it’s all in the letter” (Robert-10). Others felt that the restrictions imposed on direct contact with HCPC by their legal advisors inhibited their ability to explain their case “it was really difficult to communicate with them and try and explain to them what was going on, because my solicitor at the time...was saying you can’t communicate directly with them... because ...any information you share with them on the phone they’ll use it against you” (Sophie-12). Although many participants thought the lack of direct contact hindered their opportunity to have their say, a few thought that: “letters are probably easier... at work I can’t always answer the phone” (Sandra-14).

The lack of empathy and understanding of the registrant’s position was an issue raised by almost all participants: *“I didn’t feel they wanted to know the real ins and outs of what went on from my perspective” (Steven-02); “they have no ... just no concept of what we go through... I don’t think I’ve been treated with any respect. I think there’s a been a complete lack of sensitivity” (Alex-15); “[I was] barely treated like a human to be perfectly honest” (Samuel-01).*

“the tone was pretty much a very sort of objective ...not inhumane, but it there was absolutely zilch empathy or warmth or care demonstrated by some of the people that I spoke to ... in the initial stage of the inquiry I was given somebody who I felt typified or exemplified that sort of cold detached style”. (Amy-03).

Although the majority of comments about interactions with staff during the investigation were about the lack of empathy, variation was noted and this same registrant noted examples of more sensitive treatment *“I spoke one time to (my key contact’s) manager... and he was very warm actually...he did it in a warm way with a very good sense of empathy” (Amy-03).*

Many participants thought the panel members at their hearing were friendlier and more empathic than the staff they encountered during the investigation: *“very friendly, very welcoming, asked good questions but did it in a non-hostile manner which is great, because that gives you the chance to give your side of things without being defensive...” (Samuel-01). Several participants found the clerks to be particularly supportive “the clerk was very sympathetic as well... she was the loveliest person, the nicest and most supportive person and respectful...it made all the difference actually” (Susan-05). Others experienced the hearing as antagonistic, the HCPC representatives were perceived as particularly difficult: “they just go there to rip you apart” (Laurence-07); “a rottweiler attacking you” (Robert-10). One participant felt that HCPC did not appear to acknowledge the action he had taken to address their concerns: “they’ve like mapped out what they need me to do, and I’ve done it – and they’re still not happy with it. So I don’t know what I’m supposed to do now” (Laurence-07).*

Another issue mentioned by some participants was the formality and lack of clarity in communications: “it was *tremendously formal*” (Lucy-06); “*in terms of the content – it’s not my language, I don’t understand that language*” (Alex-15). One participant was poorly prepared for his hearing partly because: “*It was confusing to me because I got ... in the space of two, three weeks, I got 6 or 7 letters*” (Robert-10). One final issue which several participants commented on was the communication of the final outcome by post: “*I mean even giving me the positive outcome ... that there was no case to answer... there was no warmth or acknowledgement of any emotion*” (Amy-03).

3.3.4. Public exposure and reputation

One of the most important issues for several participants was the impact of the process on their reputation within their profession and the wider community which in turn impacted on their ability to maintain or change jobs:

*“one of the biggest... frustrations... (which) really...hurt me because I thought after everything I’ve done ... regarding my career...it just sort of tarnished my career...it really did...I’m coming to the tail end of my career, and... I was feeling so good about my career – I don’t feel so good about it anymore. When I go...it will be on a bad note in the sense that I’ve got **this** attached to my name”* (Sophie-12).

There were several ways in which information about participant’s involvement in the HCPC process was made available to others. The publication of information about cases on the HCPC website was an issue for many participants: “*they expose you on the website for everybody to see*” (Alex-15); “*the whole thing about just typing in my name onto the HCPC website and getting that kind of information...is the worst thing*” (Robert-10). Another participant was concerned that: “*the complainant is anonymous right the way through (the paperwork)... referred to as ‘Patient A’ while my name is plastered all the way through it*” (Esther-11). Another said:

“my biggest complaint ... is that the person I had allocated to look after my case...told me that I should tell every person who I have a professional contract with... that I’m under investigation... It was later... the barrister said you know you don’t need to tell people – no, absolutely not you know... but I’d already done it, the job had already been done, I’d already told a stack of people” (Amy-03).

For others it was the fact that the hearings are open to the public that was most distressing: “*the public can come in and sit on them - that’d be horrendous*” (Laurence-07), or the risk that other people might open their letters: “*The HCPC ...send document after document after document to your home address... and if it gets wet it opens up and people can read it*” (Alex-15).

3.3.5. Costs

Not only were registrants struggling financially (because of reduced income; see section 3.2.3 above) there were also considerable costs incurred by some participants including the cost of legal representation: *“I had to spend my life savings literally on trying to defend myself about £40,000 over the 4 year period”* (Alex-15); *“The barrister that she brought in, I got an estimate ... it was around about £40,000 – there’s no way I can do that”* (Samuel-01) *“To prepare my evidence and my bundle, my counter bundle, it honestly took me more hours than a full time job... I calculated the cost... The impact has been ... well above £60,000. It’s horrific”* (Eleanor-18). Other described the costs of attending hearings or training courses:

“I was required to go to London for a week... it cost us in excess of £1000 which is a lot of money if you’re not earning...The HCPC offices are in a prime location... you have to stay somewhere that’s not exactly cheap...My order asked for me to do a couple of courses... The only course that I found... was again down in London, it was three days. The course fee was £1500” (Isabel-08).

3.4. Support

3.4.1. Support from HCPC

Opinions were equally divided between those who felt that: *“they (HCPC) need to be supportive because I think they’ve got a responsibility to the registrants... you know when you pay all these fees and stuff you expect some support back”* (Sophie-12), and those who did not see the provision of support as part of the HCPC role: *“It never occurred to me that they would provide support”* (Lucy-06). Whatever their expectations, most participants felt that they did not receive any support from the HCPC: *“nobody from HCPC was there to help me as a registrant”* (Steven-02); *“there’s nothing really in the whole process that supports people’s wellbeing”* (Amy-03).

“You know there should be more back-up from a registry body I think, that if you’re going through any kind of issues with your registration that you should be able to get more information, more contact, more support – and I don’t think there’s that” (Robert-10).

3.4.2. Other sources of support

The majority of those who attended hearings had legal representation which they thought was essential to allow them to cope with the process: *“I cannot fault the solicitors. And the barrister, she’s fantastic ... they were morally supportive”* (Susan-05). Some of the participants who did not have legal representation found the hearings particularly difficult and aggressive: *“no one could get ... a word in ... the whole feel ... was dominated by the solicitor’s kind of ‘grrr’ (aggression) against me”* (Robert-10). Although one participant, who chose to represent himself, because: *“There was no one going to*

say it better than I thought I could say it" (Ethan-16) found the hearing to be challenging but respectful and not argumentative. Many participants thought that professional support was essential:

"The barrister ... was wonderful, he said a solicitor friend and I will do a pro bono for you, cos we think you're just going to get absolutely railroaded otherwise, you're not going to be able to do it on your own." (Samuel-01)

Although all of those who used legal advisers thought they were helpful, opinions about the support provided by unions and professional bodies were mixed: *"My professional body has been brilliant"* (Esther-11); *"I'm not paying for these (union) idiots to look after me"* (Laurence-07). In addition some participants found the negative opinion that their advisers had about HCPC undermined their faith in HCPC and the support they were receiving: *"I wasn't confident of the support I was getting because the solicitor was saying 'Sophie I've been dealing with the HCPC for many years, they do what they want to do'"* (Sophie-12).

GPs, counsellors and other medical professionals were a valued source of support. Friends and family were also mentioned by all participants, one described them as his: *"rock"* (Steven-02) and another said: *"they really got me through it"* (Sophie-12), although some felt reluctant to burden others: *"I don't want to talk about it at home"* (Esther-11); *"you don't want to worry other people"* (Samuel-01).

Of those specifically asked, two participants thought peer support, through talking to registrants who had been through the process, would help: *"I think I would have found it very reassuring...So just somebody who'd been there too and knew what it felt like to be going through this process"* (Lucy-06);

"It was difficult to identify somebody who you could talk to... I didn't really know how to go about finding someone else who had been through the process. Because it's not the sort of thing you want to put on social media and say 'Hi, just asking for a friend' (laughs). It would have been good to speak to someone that had been through it...the union reps...they wouldn't tell you, I don't think, the same things a registrant would that's been through it" (Ethan-16).

Others were unsure and wondered if the specificity of each case might make speaking to other registrants less useful: *"possibly other registrants, but then because all the cases are so different... so I don't know if I personally would have made use of somebody else"* (Isabel-08). One participant thought it might even make the experience worse: *"I'm not sure it would have helped to be perfectly honest...They're going to project their feelings and thoughts about the process onto it, so ... particularly somebody suffering from anxiety I think that would have just made it worse"* (Samuel-01).

3.4.3. Individual coping strategies

There was considerable variation between participants in the coping strategies they used: *"I started to read every single thing that was out there about what this process is and what its purpose is"* (Ethan-16). Others avoided reading or thinking about it: *"I have a couple of friends...they looked up previous*

HCPC cases, really just to inform themselves. And I never could – I couldn't face it" (Isabel-08); "not to think about it – that's how I coped" (Sandra-14). The need for resilience was mentioned by several participants: "I think it was because of my own resilience that I carried on" (Sophie-12).

The most frequent advice given by participants for other registrants facing this process was to get support and be open and honest with others: "Get as much advice as possible from the right sources... People within the legal profession... See your GP... Speak to your family, be open about it" (Samuel-01); "Try and stay sane, try and hope that one day this will all be over... talk to people, talk to your friends, talk to your family and be honest with people" (Robert-10).

3.5. Suggested improvements

3.5.1. Improving the overall process

The majority of participants made suggestions about how the process could be improved although a few thought the process itself did not need changing: "I don't think there is anything I would change about the process you know. I think it works" (Ethan-16). Several participants thought there should be a review of whether the current approach is appropriate for all cases, they felt this could be used to make the process kinder, more flexible, quicker and less expensive: "so they've just got to tone down their approach to registrants if it's not a criminal act... if you're not being suspended you should not be treated like a criminal" (Alex-15);

"perhaps they need to look into their hearing process – are there too many hearings, is it too overburdensome on its members – are there things that they're classing as worthy of a hearing that shouldn't be... was my hearing delayed because there was a lot of hearings that were just unnecessary or could have been done a different way" (Samuel-01).

One participant suggested "mediation" as an alternative approach which she thought "would certainly be cheaper" (Susan-05) than the current legal approach to all cases:

"Well if you had some kind of process like this, like they send somebody out to your house before all this and sit you down and say 'This is what we're going to be looking at and what have you done, is there anything you want to ask me?' – but they didn't give me any of that" (07-Lawrence).

Several participants felt similarly and suggested improving the effectiveness of the process by taking contextual factors into account: "they need to consider the context in which mistakes and poor practice happen" (Susan-05); "talking to you about your career, listening to where you've been, your journey through the work and what led you to what happened, rather than just looking at the incident in isolation and not taking anything into account" (Sophie-12). One participant was concerned about what it is to be a professional and the stress on employees:

“dialogues need to happen between HCPC, between workplaces, and between professional bodies... about what is reasonable, what is expected....what are professional standards? I think (there’s) this sort of sandwiching of employers’ expectations and HCPC expectations ... I think that needs some serious thought” (Amy-03).

3.5.2. Improving communication

Clearer, case specific, (as opposed to generic) information about how the process works and accurate timelines were requested by several participants: *“to say well actually given the nature of the allegation the worst-case scenario is a 3-year caution or whatever it might be – that would have been helpful. Then at least that would have avoided us thinking ‘Oh my God you may lose your job”* (Sophie’s husband-12);

“at the first point of contact with the registrant make them aware of the process and the estimated timeframe... if somebody would have told me at that point it takes roughly this long to get to this stage, it takes roughly this long to get to this stage, it would have been a completely different experience. Because it would have been ... I would have been a little bit back in control of my life – I could have planned my life.” (Eleanor-18).

A general suggestion about improving communication was that HCPC should be mindful of the impact of their communications on registrants:

“in terms of communication it’s something that drastically needs tightening up on...it was lawyer-speak and very very foreboding...So that would be the biggest thing I think actually over everything is to be mindful of what is in a communication, and as to whether that is helping or hindering the process.” (Samuel-01).

Another request was for HCPC to be more responsive and provide information during the investigation process:

“But as I say, we’re human, I’m human, I need to know what’s going on... The HCPC wants something – it’s got to be in by this date – but they don’t reciprocate by letting you know, and I think that’s one of the big ones. It’s a two-way thing – they want us as registrants to supply them with information – they should give us the courtesy by replying and letting us know as well.” (Donald-13).

Specific requests about information provision included clarification of the allegations made and reassurance that new extra allegations would not be made or the investigation expanded:

“I never heard from HCPC, I heard it from my barrister a year down the line into my investigation ... the events and the circumstances for which I was called into question ... and I think that was a huge source of anxiety for me, you know I’ve done one thing wrong – what else might they shine a light on And I think to have information saying this is ... we’re ringfencing this investigation, you know it’s about this” (Amy-03).

Concern about expanding allegations were often at the heart of registrants fearing speaking to HCPC and appeared to be behind the advice of union reps and legal representatives not to speak to HCPC,

for fear of saying something ‘wrong’ which might have implications for their case. Others were concerned that the case paperwork should be: *“compiled correctly, that the page numbers are on correctly, they correlate to the contents page, that it’s in order”* (Eleanor-18). Samuel asked for better guidance when producing the reflective piece *“Don’t just say we need a bundle of evidence – it’s not really helpful – what type of evidence are you looking for specifically? ... just to give people a clue as to what the bloody hell they’re doing”* (Samuel-01).

Many participants suggested that face to face meetings would provide registrants with more opportunity to be heard: *“an investigation meeting... somebody can actually see you and see your emotion and read your body language...to present your case in the beginning to the investigating officer”* (Steven-02); *“they (could) send somebody out to your house before all this and sit you down and say ‘This is what we’re going to be looking at and what have you done, is there anything you want to ask me?’”* (Laurence-07). It was also suggested that a discursive element in panel hearings would be helpful because it’s absence *“doesn’t help people necessarily feel that they’re fully heard, it doesn’t help relax people to feel that they can have a conversation about something... You can only speak when you’re spoken to. There was no opportunity to say ‘Wait a minute, I want to contest that.’ They treat you like a hostile witness. It was horrible not to have a voice”* (Amy-03).

One specific request for those going through multiple review panels was for some continuity:

“If it was the same panel from beginning to end that are all seeing your case through then that would be a lot better I think, cos then you’d know them, you’d see them the next time you came. They’d say ‘Ah you’re looking a lot better” (Laurence-07).

The final aspect of communication that many participants thought could be improved was empathy: *“Have some compassion... specially on the mental health side. Registrants are in a very fragile position”* (Donald-13);

“they need to be mindful that they’re dealing with a human, and somebody that will be going through a hard time... It’s completely alien... just looking at that ... consider how you would want to be treated in that same situation – that’s how you should be treating the other people.” (Samuel-01).

Two participants suggested that this could be achieved by involving those who have been through the FTP process: *“people who themselves have been under investigation... In some way the service users need to be involved I think with HCPC”* (Amy-03); *“needs to listen more to the registrants’ experiences – almost like post incident have the registrant write an impact statement – how has this experience impacted on you”* (Alex-15).

3.5.3. Improving timescales

Setting clear timelines was something that several participants suggested:

“they should be given target dates that they need to contact the person within so many days, they need to be dealt with by so many weeks – they should not be allowed to carry this on without a time limit – that’s not fair at all... it has to be within a timescale that’s not going to damage the individual involved...It’s not fair to say well you know we’ll get to you when we get to you... they need to have a timescale. And that timescale should be transparent to everyone” (Sophie’s husband-12).

Although it was acknowledged that this would not be easy to achieve but it was suggested that it would reduce the burden on registrants: *“they’re not going to be able to wave a magic wand and make it go faster (but) the psychological burden would have been a lot less” (Ethan-16).*

3.5.4. Improving confidentiality and anonymity

Ensuring confidentiality and anonymity was an important issue for several participants: *“my one thing – the registrant should be anonymous” (Esther-11); “Well I’d like to see (registrant details) not being in the public domain until the decision’s been made...This process needs to be absolutely confidential” (Susan-05); “If you’re not suspended you shouldn’t be exposed on the HCPC website” (Alex-15).*

3.5.5. Reducing costs

Suggestions for reducing costs included using technology and regional offices as an alternative to holding hearings in London: *“I think a lot of stuff could be done remotely nowadays as well... a lot of it could have been done by video conferencing...Or move away from London completely, because ... it’s not the centre of the universe” (Samuel-01); “regionalising it so there were perhaps drop-in points” (Alex-15).*

3.5.6. Improving the provision of support

All of those who thought that it was not HCPCs role to provide support for registrants suggested that HCPC should signpost to appropriate sources of support: *“They can point maybe to big organisations that are used to dealing with it” (Samuel-01).* Those who thought HCPC should be providing more support themselves made various suggestions: *“I think if they were to have some sort of counselling advisory service of their own... I am actually here for you, not for HCPC.” (Steven-02); “Formal support mechanisms have to be put in place to support those going through the process... peer support might be helpful” (Susan-05); “workplace champions as part of the HCPC... that registrants can go to ... as a confidant” (Alex-15); “a contact list of people who are happy to be contacted who’ve been through the process” (Ethan-16); “think about some sort of reconciliation, some sort of healing process at the end for the parties involved in this” (Amy-03).*

4. Summary and discussion

4.1. Summary

Overall, the majority of participants found the process very difficult and some had a very negative view of the process. A few suggested that the HCPC process was more balanced than the investigation within their organisation but still found it a difficult experience. All participants thought going through the process has a negative impact on mental wellbeing, particularly anxiety and shame even if they found the process fair.

Although the original objectives of this study were focussed on how HCPC could best support registrants through the process, the interview data included a lot of discussion about the nature of the process and how that might be changed to improve the experience for registrants. There were a number of points in the process (being referred; receiving the letter from HCPC and attending the hearings) that were particularly challenging and a number of themes that reoccurred throughout the data. These themes identified the main problems with the fitness to practice process which included the:

1. negative impacts on registrants' health and wellbeing;
2. disproportionate, inflexible and punitive nature of the process;
3. perceived assumption of guilty before proven innocent;
4. time taken by the investigation and the associated uncertainty;
5. poor communication; lack of information about the process and timelines (no road map), consistency and responsiveness of key contacts, and a lack of compassion and empathy for registrants
6. public exposure, shame and associated impact on reputation;
7. impact on employment and associated financial losses;
8. high costs;
9. no voice in the process for registrants to provide context and be heard;
10. lack of support; HCPC perceived to be unsupportive and registrants were largely supported by family and friends, medical and legal professionals.

4.2. Recommendations

The most frequent recommendations for improvements were:

- communication: increase empathy and staff continuity; be more responsive, kinder and more compassionate; provide clearer, accurate, case specific information about the process and timelines for completion as well as advise on worst case outcomes;

- initial investigation: face to face meetings and opportunity for registrant to be heard and provide insights into the context of incident(s);
- timescales: to be quicker and with clear timeframes to reduce psychological burden on registrants;
- continuity of care: ideally have access to the same case manager/hearing personnel throughout;
- confidentiality and anonymity: ensure the process is confidential and the registrant anonymous until after the hearing unless registrants are suspended; with registrant details not being in the public domain when no case has been proven;
- hearing processes: kinder; consider alternative processes that are less legal and take context into account (e.g. mediation); allow registrants a voice and develop a range of processes that depend on the nature of the complaint to address the disproportionate nature of the one size fits all process;
- costs: less expensive and less burdensome for registrants; consider access to free legal support and running panels in more regional locations or via online technology;
- registrant voice: Increase opportunities for registrants to be heard e.g. using face to face contact to enable HCPC to hear the registrant's story and thus more contextual details;
- support networks: Increase support for registrants by signposting and creating support networks including peer support or support line;
- reflective piece: requires more guidance, including what type of evidence is required, which reflective approach, suggest a framework or structure.

Less frequently mentioned but no less important, the following issues were also raised by a smaller number of participants:

- There was some individual variation in the desire for face to face contact, regular updates and access to information about previous cases.
- Those with major material (business, house, job) or psychological (reputation) losses and less favourable outcomes at hearings had a very negative view of HCPC.
- None of those who felt they had benefited from going through the process expressed anger towards those who had referred them which may have made it easier for them to reflect on their own role in events. HCPC require registrants to produce a reflective piece to demonstrate their ability to understand their contribution which may be easier for those who do not feel victimised by those at work or service users making a more favourable outcome more likely for these registrants.

- Those who self-referred may need to be considered differently with opportunities for reflection and learning made more prominent.
- Openness was advised by several participants as a coping strategy for other registrants.
- The need for HCPC to learn from registrants' experiences; thus provide a process for feedback debriefing after the fitness to practice process, so that the HCPC can continually learn about the impact of its processes.
- Consider the impact of public exposure on registrant safety, with the issue of how to address shame, which may require a professional awareness campaign.
- One participant suggested that HCPC should:
 - ask whether registrants have legal support to identify vulnerabilities
 - clarify timelines to avoid the anxiety experienced by registrants on a daily basis
 - Consider whether they could categorise cases by severity and respond appropriately.
- Another registrant thought it was important to communicate the outcome of the study to professional organisations
- One interviewee wanted to know whether HCPC will communicate findings to the new social work regulator and thought it would be useful to obtain opinions about the process from those who regularly deal with HCPC (solicitors and panel members).

4.3. Strengths and limitations

There were a number of strengths of the research. The careful purposive sampling created a rich and varied sample, across professional groups and including a variety of experiences of the fitness to practice process as outlined in table 4. However, we were dependant on registrants coming forward to be interviewed and so self-selection bias may mean participants had a different experience of the process than other registrants who did not come forward. It is possible that their experience was more negative but also possible that those with the most negative experience were unwilling to take part. Two of the registrants who contacted the team in response to the invitation to participate decided that they could not face re-living the experience in an interview and so did not take part, which may have been the case for others who did not contact the research team after they were approached.

4.4. Registrants reflections on the process of being interviewed for this study

Registrants reflected on the process of being interviewed for the study at various points during the process, including immediately after interview, and by email on receipt of the film script and in other correspondence (e.g. re travel expenses). Registrants felt the interview had allowed them to tell

their story to someone often for the first time, to be 'heard' and some spoke of catharsis: *"Thank you for allowing me time to tell my story"* (Robert);

"Thank you so much for giving me the opportunity to make my voice heard. It was definitely worth the 5 1/2 hour round trip" (Susan). For some participants it was a draining experience, but one which brought some benefits and catharsis:

"I did feel emotional (and drained, frankly) after I had spoken to you but it was an extremely helpful for me to be able to talk through what happened to me over so many years, in a safe and supportive environment and to feel that what I was saying was valued and heard. Thanks for your kindness and sensitivity" (Susan). She went onto say:

"Actually it was all very cathartic and I slept better for the last 3 nights than I have done for maybe several years. I realised how much hurt and anger that I was still carrying around with me. On Tuesday I was able to offload some of that" (Susan).

This participant further reflected: *"I'm pleased that you felt my contribution was helpful to the study. If it has some positive effect on the HCPC and its future processes, then my experience will not have been in vain"* (Susan).

Alex felt similarly, hoping his experiences will facilitate the HCPC making changes to its processes:

"I am saddened there are many like for like stories and hope my contribution along with the others will assist the HCPC make serious changes to their conduct during FTP allegations and hearings" (Alex).

Susan agreed that there were a lot of similarities in registrants' experiences, and in response to reading the film script she said:

"It seems that we (all the participants) had pretty much the same experience and made some very similar comments. I hope the HCPC takes note and I hope that this is widely distributed amongst all the individual professional bodies" (Susan). Robert reflected further following his interview and had additional concerns about his name appearing on the HCPC website and the implications of this:

"Since seeing you, I have also thought more about the whole "transparency" issue, with the whole world and whoever else, having access to sometimes very sensitive information. What about the safety of the registrant and the families and friends?" (Robert).

On sharing this report with registrants, Amy commented: *"Will we have the chance to hear back from HCPC through yourselves about how the report was received and responded to?"* (Amy). We anticipate providing feedback from the HCPC board to the participants in this research study.

4.5. Conclusion

This study undertook face to face in-depth interviews with fifteen HCPC registrants who had been through the fitness to practice process, the findings of which are which are reported here and in a 20-minute film. Overall, the majority of participants found the long and disproportionate process very difficult, with poor communication; lack of information; and one that had a great impact on their mental health; their personal finances and their careers. Many participants experienced anxiety and shame and felt the process impacted their motivation and enjoyment of the profession they all loved. This report has identified their unmet support needs as well as numerous recommendations and suggestions for improvements of the processes. The registrants who participated in this process hope their experiences will provide an opportunity for learning and reflection for the HCPC so that changes can be made to better support registrants through the fitness to practice process in future.

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6. Appendix 1

Film script

1. Introduction

Actor name	Script
Andrew	I got a call from my boss to come in to discuss mistakes that I had made, and I was suspended. I was told, go home, don't speak to your colleagues, and was put on gardening leave. I cried pretty well the whole way home. I just sobbed my heart out, thinking 'What the hell do I do now?'
Safron	The whole process just seemed utterly disproportionate. My line manager said there had been a data breach, but no patients were harmed at all. An internal investigation happened, I got a slap on the wrist and a warning, and it was left at that. Then, I received a letter from HCPC and everything escalated....
Joanna	The whole process was horrible, absolutely horrible. I was in some sort of Alice in Wonderland process. I felt I was a caring, kind and conscientious person, not a bad person – but I felt criminalised.
Kevin	It's like you enter a foreign world that feels very precarious, and there's landmines everywhere but you never get quite enough knowledge to navigate where they are. Like you're dealing with a machine. It feels quite Kafkaesque. Quite frightening.
Keith	I understand that patient safety is paramount. But the impression is that HCPC is not there to support us – they are there to strike people off.
Safron	To me, it was very much "You are guilty" from the beginning . It came across as all they wanted to do was punish – the only thing they needed to decide, was the severity of that punishment.
Karen	Actually, for <i>me</i> , compared to the trust's disciplinary process, the HCPC was steady: absolutely solid and steady. But the whole thing was so long and drawn out.
Andrew	Yes, the length of time was absolutely horrendous. My case took more than three years.
Etisya	Even though the process isn't there to punish, it inadvertently ends up punishing you by making you wait. Once you hand yourself into that system, you're just treading water, waiting.
Demi	I think I suffer from PTSD caused by my experiences. I have major trigger points and flashbacks. As soon as I see 'HCPC' anywhere, I cower. It's tremendous fear... tremendous emotion.

2. Communication

Kevin	Communication was dreadful. The emails didn't get answered, phone calls wouldn't be returned, and it was just infuriating. It would take weeks and months to get responses.
Joanna	I received this bundle of allegations in the post, without any prior notification. It was just pages and pages – 650-odd pages – of allegations and supporting evidence. It took me days to process everything, and I felt absolutely devastated – it felt like my life had ended.
Andrew	They were overly technical. I didn't know when I was going to be invited to participate, at which stage they wanted my response – it wasn't always quite clear what was happening. There were no timelines at all – it was very, very poor communication.

Karen	They need to understand that we are human beings. It does get frustrating if they constantly ignore us. Their recorded message says 'Your case handler will get back to you within 24 hours.' Well, they don't.
Demi	I felt barely treated like a human, to be perfectly honest. It was really, really dehumanising.
Keith	You're phoning an organisation that basically controls whether you work or not and it's like they don't even want to talk to you. And that's poor. Incredibly poor.
Etisya	For <i>me</i> , the communication was good. I was advised by my solicitor, at the beginning, never to contact the HCPC directly – only to go through them. And I know that when my solicitors contacted the case manager they always got back. There was no problem there at all.
Safron	I needed them to explain 'As this is the allegation, the possible outcomes are A, B or C.' But instead, it was like: 'You could lose your job.' The reality was I was never going to lose my job for what I'd done wrong. But at the time, that was never explained.

3. Exposure and shame

Etisya	At work, people undergoing this process have pariah status. People's attitudes towards me in the department changed. It was as if I was contaminated. Everyone knew, and they started to treat me like the proverbial 'injured bird' – I felt I was being pecked to death. No one offered me any support – or, indeed, really had contact with me – until my health tribunal ended. And then everyone was really sorry and said: 'Oh, we <i>always knew</i> you were a good clinician.'
Joanna	Even before the case starts, all the accusations and allegations are in the public domain should anyone wish to look at them. As soon as you're on the HCPC website as being investigated, your reputation is damaged.
Andrew	If you type my name in the HCPC website, it says 'suspended'. Absolutely anyone can read that. I was horrified by that. The suspension – you can work through, but the public humiliation is the worst thing.
Keith	The person I had allocated to look after my case – she told me that I should tell every person who I have professional contact with that I'm under investigation. That was huge. Later, when my case went to the hearing stage, my barrister said 'You absolutely don't need to tell people.' But by then, it was too late.
Etisya	For me, it wasn't so much the HCPC as the NHS that I found difficult. They were very blaming. I thought the HCPC were much more objective, independent and dispassionate. But it's a wearing process. Three-and-a-half years with the Damocles sword hanging above your head.
Kevin	Finally, I received a letter saying that I had no case to answer. I'd self-referred – and yet that was pretty much the only positive out of the whole process.

4. The hearings

Safron	The night before the hearing, my body just totally shut down. I was physically sick, I didn't sleep at all... In the morning, I couldn't have breakfast, coffee – my husband had to dress me.
Joanna	I was in bits. I took beta blockers to try to help with the physiological signs of my anxiety. Not eating, shaking, crying – it was awful.

Keith	So the hearing, it's slightly like a court hearing. It's incredibly formal. You can only speak when you're spoken to. There was no opportunity to say 'Wait a minute, I want to contest that.' They treat you like a hostile witness. It was horrible not to have a voice.
Andrew	Initially I didn't have any legal representation. I got an estimate – it was around about £40,000. There's no way I could afford that. Then a wonderful barrister and solicitor said they would do it pro bono.
Demi	I was being accused of something I hadn't done. But it completely felt like they believed the patient and not me. And that really hurt. The complainant was anonymous – referred to as 'patient A' – while my name was plastered all the way through it.
Kevin	I felt like a criminal. I didn't feel they wanted to know the real ins and outs of what went on from my perspective.
Etisya	The hearing itself, I've got nothing but praise for them. They acknowledged that I'm not incompetent, and that it was actually my health issues that were the biggest problem. So that gave me vindication. It's what I'd been shouting about for so long.
Karen	At the conduct and health panels, I felt everybody was pretty professional, except the other side's barrister, who was disrespectful. The chair was good and the clerk was very sympathetic. It was so stressful, I was sobbing ... and she was just really supportive. It made all the difference.

5. Impact

Kevin	The impact on me and my family has been huge. I don't think they realise the stress you're under. I was, like, out of a job at the time and I couldn't claim benefits or anything like that. I lost my job, I lost my profession, I lost the house that I'd had for 17 years.
Karen	It's very difficult to manage financially. I had to spend my life savings on trying to defend myself – about £40,000 over a four-year period. At the end of it, I'd lost all my money. We had to move home because we couldn't afford to stay where we were. The losses are huge. It nearly destroyed me.
Andrew	I started having seizures because of the stress of the investigation. I felt so left in the dark.
Joanna	I've spent my whole career caring for other people, but when I had a problem, my regulator never cared for me. Every time I see the word 'HCPC' my blood pressure rises, my heart rate rises. ...Even now, I get very, very emotional about it.
Etisya	I've lost my confidence. My reputation was good – and HCPC took it away. This process broke me – it genuinely did. They need to look at the long-term effects that it has on people's careers. I don't think I'll be able to practise the way I used to, ever again. They've taken that away.
Demi	I've had lots of tearful nights. I think most people would have left the job, and may even have taken the 'ultimate step'. I could have easily have seen myself doing that too – you know, driving off somewhere and doing something stupid. Easily.
Keith	I couldn't afford the mortgage because I couldn't get a job. I was about to lose my house and I was getting really depressed, and I just thought "Right. There's only one way to end this." So I sat there one night and cut my wrists.

7. Learning points/suggestions

Process

Safron	They need to make sure the process is proportionate. Of course, if someone has harmed patients then you may need hearings. But if not, a much shorter process with a face-to-face meeting and mediation, perhaps might be better.
Etisya	I think they need to look into their hearing process. Are there too many hearings? Is it too over burdensome on its members? Can you have a preliminary hearing to see if you need to go any further? It's too expensive for healthcare practitioners, none of them are paid well enough to support that process.
Demi	It would have been so much better if I could have had a face to face with somebody, in the beginning. And explained the situation – to present my case.

Communication

Keith	Communication drastically needs tightening up. There's lots of 'lawyer speak', which is very foreboding. And their emails should just have a bit more humanity in them.
Karen	They need a more realistic timeframe or even just a clear timeline. They should not be allowed to carry this on without a time limit. That's not fair at all.
Demi	I'd have liked much better information about the process and potential outcome – for HCPC to say: "Given the nature of the allegation, the worst-case scenario is a three-year caution." That would have been so helpful.

Compassion

Kevin	There's not enough humanity in the process – it's too legalistic, too adversarial. They need to consider the context in which mistakes and poor practice happen. Maybe mediation would be better.
Joanna	The HCPC need to be a lot kinder. They should tone down their approach – especially if it's not a criminal act.
Safron	The process has to be handled far more sensitively, with an understanding that this is a hugely traumatic process for people to go through.

Support

Keith	Perhaps formal support mechanisms should be put in place. Peer support or a counselling service. To have someone you can phone and say "Look, I'm struggling with this."
Karen	They need to think about some sort of reconciliation: some sort of healing process at the end, for the parties involved. Because it's so damaging.

Privacy

Joanna	The registrant should be anonymous. If you're not suspended, you shouldn't be exposed on the HCPC website, because this starts a whole new ballgame in terms of damaging your reputation and your confidence.
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Openness to learn

Andrew	This interview has been the only opportunity I've had in eight years to be able to tell my story. They need to listen more to the registrants' experiences – have the registrant write a statement saying how the experience has impacted on them.
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Appendix 2

Interview topic guide

Interview topic guide

HCPC registrants experience of the fitness to practise process

Thank you for agreeing to speak with me today about your experiences of going through the fitness to practise process. I work in the Workforce Organisation and Wellbeing team at the University of Surrey.

This research has been commissioned by the Health and Care Professions Council (HCPC) because they are concerned for the wellbeing of their registrants and want to ensure the fitness to practice process is as caring as possible. While we are conducting this research for the HCPC, it is important to say that we are completely independent from the HCPC. We will not tell them that you have taken part in this study.

You have been invited to take part because you have been through the process in the past 12 months. This will form the basis of our discussion today.

Really, I just want to hear your story and your experiences of the process so while I may ask some questions as we go, hopefully they will not interrupt your flow. Before we start, do you have any questions for me?

Great, thanks.

Background/current occupation

1) Tell me about your current role...

PROMPTS:

Current occupation? Length of registration with HCPC?

How long have you been a [insert as appropriate]? When did you qualify?

Have you always worked in the NHS?

Fitness to practice – your story

2) Tell me your fitness to practise story, starting wherever you wish.....

PROMPTS:

When did you become aware that there was a problem?

Were you referred or did you self-refer?

What was/Was there an event that led to the referral?

How were you notified that you had been referred?

Had you been through a disciplinary process at work which triggered this referral?

What was your first reaction; can you remember how it felt?

3) How well informed did you feel throughout the process?

PROMPTS:

Was it clear who you could talk to and how to do that?(e.g., single point of contact)

Did you find it difficult or awkward to speak with relevant staff?

What types of issues did you ask about?

*Did written communications make sense to you?
Were you told about your rights in terms of legal support?
Did you contact any regulatory bodies (beyond the HCPC) for help or support?
Were there particular areas where you could have done with more/less information?
Was there ever contradictory information given to you?
Were you clear about progress and what would happen at each stage?
Do people in situations like this want all of the information – good and bad?*

4) How engaged you were in the process?

PROMPTS:

*Are there any things in which you would have liked more say?
Did you feel you had the opportunity to provide your feedback (thoughts/comments)?
Were you part of the decision-making process?
Did you feel that your voice was heard?
Did you feel listened to?*

5) Your relationships with the staff you met

PROMPTS:

*How many staff did you deal with through the process?
Are there any meetings or interactions that particularly stand out to you?
What was your experience of support in general?
Were there any experiences with staff that prevented or deterred you from raising an issue?
How far would you say you have been treated with respect, courtesy and sensitivity?*

6) Tell me about the experience of the investigation process (if not already covered) and the panel hearing (if applicable)...

PROMPTS:

*What were the emotional highs and lows of the investigation process?
Can you remember how you felt before you went into the hearing [if invited to panel hearing]?
How did you experience the hearing? The staff on the panel?
What was the tone of the hearing like?
Did you feel listened to?
What processes could HCPC do differently that would make the experience better for registrants?*

7) What other types of support did you have?

PROMPTS:

*Professional: Did you have any support from professional groups? To what extent have they been able to play a positive role in helping you deal with the experience? (e.g., community, belongingness/acceptance, information, practical help). Were there any downsides?
Partner, family, friends, fellow workers, peers, etc.: as above.
Fellow registrants: as above. Would it have helped to be able to speak with registrants who had been through the process before you?
What different support could HCPC provide/what things could be done differently that would make the process better for registrants?*

8) How did you cope throughout the process?

PROMPTS:

*What effects has the experience of going through this process had on your health?
(your mood/mental health, behaviour, physical health)*

What advice would you give to other people about how to cope with this process?

Overall: Best and worst bits of the FTP process

9) Where would you say are the most crucial points in the fitness to practice process?
Moments of truth? The emotional highs and lows for you...

10) What were the worst and best bits of your experience of the process?

11) Crucial touch points? The parts that should be focussed on in the design of this process?

12) If you were able to change or improve three aspects of the process, what would they be;
what would you would do?

13) Is there anything else you would to share with me today?

Thank you for sharing your experiences with me today. It's been really interesting to hear your story and to understand more about your experiences of going through the fitness to practise process. I'm aware that this discussion might have raised some difficult emotions so I just want to check that you're feeling okay at the moment? *[if not, discuss debriefing sheet with signposting to support mechanisms]*

In terms of what happens next, we are speaking with other HCPC registrants about their experiences. We then intend to develop a script for a film for the HCPC using anonymised quotes from these interviews. This will help the HCPC to understand what it is like to go through the fitness to practise process, what support people need, and how the process might be improved. We will also make recommendations to the HCPC in a written report and will include anonymised quotes from the interviews in this (again, you will not be personally identifiable). Finally, we will create a publication to be published in the academic literature so that the results of this study can be understood more widely. We again will use anonymised quotes from the interviews conducted.

Does that all sound okay to you? Would you like to review the film script? *[for assurance of anonymity being maintained]*

Do you have anything else you would like to ask me?

Thanks again for taking the time to speak with me today.

Appendix 3

Coding structure

Final coding structure for analysis of HCPC interview data

Category	Analysis code	Description
1. Participants and interview		
Experience of interview	Motivation to participate	Tell story, improve for others
	Impact of interview	Closure, cathartic, distress
2. Context		
Experience of work	Feelings about workplace	Love job, sad about conflict values
	Motivation to work	Always done job, client focus, good at job, innovator, respected
	Commitment to work	Conscientious
Workplace culture and relationships	Workplace relationships	Abusive, unsupportive, misrepresentation at HCPC, supported, good relationships
	Workplace pressure	Workload, organisational change, professional expectations, stressful
	Workplace culture	Fear of failure, poor policy, no emotional support, participant raise issues, value clash
	Workplace impact	Distress, anger, stress, sickness, depression, burnout
Prior health + life issues	Life issues	Move house, masters
	Prior physical health	Exhaustion, epilepsy, chronic pain, gynae
	Prior mental health	Anxiety, stress, depression, ADHD, dyslexia
3. FTP process		
Precipitating events	Description of precipitating event	
	Employer actions	Suspend, investigate, disciplinary, capability, warning, demote, dismiss, reinstate
	Impact of precipitating event	Shock, distress, anxiety, depression, anger, off sick, humiliation, isolation, acceptance, resign from work, practical issues
4. Participant experience of FTP		
4.1 Description of process		
Description of overall experience	Overall description of process	Horrific, dehumanising, horrendous, nightmare, interesting, satisfactory
	Variation in experience	Investigation-v-hearing
	Low points	Investigation - public exposure, remote, criminalised, receive paperwork / Whole process / Referral - paperwork, delay response, notification that going to full investigation / Hearing
	High points	Hearing - validation/ Outcome - validation / None / Ending / Progress - hearing date
	Overall opinion about HCPC	Objective, sane, bastards, independent, dispassionate, hypocritical, unprofessional,

		effective, unable to challenge, fear of consequences, aim to strike off, contrast HCPC behaviour and expectation of registrants
4.2 Complaints about process		
Nature of process	Process inappropriate	Legal, punitive, formal, inflexible, disproportionate, unfamiliar
	Process efficiency	Cost, not efficient
	Process ineffective	Consider context, safeguarding issues
	Process unfair	Criminalised, assumption of guilt, engage with or believe complainant, biased, not acknowledge actions taken by registrant (e.g. self-referral)
	Time taken	Duration, drags on, postponements, allow employer slow response, provides time to reflect, recover
	Public exposure	Website - delays removing, triumphalist, no review of transcript, inaccurate reporting of referral / Informing others - need to inform / Post - others access/paperwork registrant named
Communication content	Process not explained	Process and timelines unclear, clear flow charts, not case specific
Communication sensitivity	Sensitivity	Dehumanising, punitive, not equal, neutral, cold, warm, empathic, expect impersonal, not take participant schedule into account, compassion
4.3 Outcomes		
Life impact	Losses	Job, business, income, house, profession, friends, respect, reputation, pride, status, everything, control, loss of registrants in profession
	Impact on working practices or relationships	Vigilant, lack of trust, relationships, ostracised, no reconciliation
	Impact on life decisions	Life decisions - delay child
	Cost of process for participants	Attend hearing, job loss, lost income, comply with conditions, legal costs, time to prepare hearing
	Uncertainty	Career, livelihood, house, family, in limbo, can't plan or apply for / change jobs
	Impact on physical health	Seizures, psoriasis, sleep, cardiac, drinking, weight
Wellbeing impact	Impact on wellbeing of registrant and others	Shock, anxiety, PTSD, stress, fear, anger, constant worry, isolated, cathartic, disbelief, identity/ Impact on others - family, foster carer
	Shame	Shame and guilt
	Anything gained	Life decisions (career choice, health, house, wife, child, masters), Personal development (perspective, assertiveness, approach to work, insight, reflection, resilience, knowledge, skills, patience)
Participant response	Approach to process	Open, honest, personal development, avoidance, reflection, challenge, research, determination,

		reasons for gains (positive approach, personal effort)
	Individual coping strategies	Reflection, Research, Determination, Resilience, Distraction
4.4 Experience of referral		
Description of referral experience	Description of referral experience	Referred by (self, employer, service user), no warning
Impact of referral	Impact of referral	Breakdown, seizures, fear, distress, shock, depression, suicidal, off sick, anger, horrified, stress
	Attitude to referral	Acceptance, wrongly accused, harsh, welcome
Complaints about referral process	Referral communication	Delays in information after referral
	Referral paperwork	Volume, confusing, accuracy - redacted mitigating circumstances, confidentiality, not anonymous
4.5 Experience of investigation		
Description of investigation experience	Description of investigation experience	Horrific, horrendous, waiting
	Investigation low points	Public exposure, remote, criminalised, notification of full investigation, receive paperwork
Impact of investigation	Impact of investigation	Impact – breakdown, in limbo, isolated, fear, constant worry, anxiety, paranoia, frustration, uncertainty
Complaints about investigation process – communication method	Communication method and responsiveness	No face to face, email fine, prefer post, restrictions on contact by legal advisor restrict HCPC or participant reluctant, changed contact point of contact and teams, different people, consistent, had to chase , not available, not respond, respond to solicitor
Complaints about investigation process – communication content	Inadequate information during investigation	No progress update, unclear what will happen, unclear allegations and consequences, avoidance (ignorance bliss), inadequate course recommendation, inaccurate advice to tell colleagues
	Nature of communications	Legal, unclear
Complaints about investigation process – communication sensitivity	Lack of sensitivity during investigation	Pleasant, cold, formal, not consider as person, variation, external legal advisor good
	Participant voice in investigation	no opportunity to put my side, unable to challenge, ignore participant request about timescales, legal advisor restricted challenge, able to challenge when external solicitor took over
4.6 Experience of hearing		
Description of hearing experience	Description of hearing experience	horrible, horrific, amicable, intense, challenging

	Variation between hearings	interim-v-final, health v conduct, between panels
	Hearing low points	Receive paperwork, breakdown
	Hearing / outcome highs	Making progress, outcome
Hearing impact	Hearing / outcome impact	empowering, cathartic, relief, traumatic, physically sick, distress, anxiety, insight
	Validation	Validation
	Attitude to outcome	COP reasonable or difficult, suspension difficult, relief, not listen to request to be removed from register, actions not acknowledged
Nature of hearing	Complaints about nature of hearing	Legal, formal, rigid, unfamiliar, like court, biased, unfair, punitive, aiming to strike off
	Complaints about public exposure at hearing	Public attend
	Complaints about short notice of hearing date or appeal deadline	No time to prepare, ability to appeal, duration of hearing
	Hearing effective	Consider context
	Hearing fair	Unbiased
	Hearing facilities good	Room, refreshments
Hearing communication	Complaints about provision of guidance	Unclear requirements, submission instructions
	Guidance clear	Guidance clear in letters
	Lack of sensitivity at hearing	Challenging, HCPC rep aggressive not respectful, panel members changed. foreboding, judgemental
	Participant had no voice at hearing	Unable to challenge witness, difficult to get point across, not heard, actions not acknowledged
	Complaints about outcome communication	By post
	Participant had voice at hearing	Opportunity to put my side, panel listened
	Empathy at hearing	Friendly, clerk and independent legal advisor empathic, panel respectful supportive
5. Support		
Support from HCPC	Expectation of support from HCPC	Not their role to support, should provide information on process, progress, guidance and signpost, responsibility to registrant expect representation more for money paid
	Provision of support by HCPC	Not much, not helpful, clerk supportive at hearing, aim to strike off and attack not support, ineffective signpost
Professional support	Legal support	Required, helpful, undermine or support faith in HCPC
	Union Professional body, Conflict resolution specialist	- not great, brilliant, unsupportive, advised to admit

	Medical	GP supportive, counselling helpful, crisis team mental health PTSD
Other support	Friends and family	
	Colleagues and other registrants	
Support barriers	Practical barriers to obtaining support	Professional membership registration, Cost, How to identify, Short notice
	Attitudes preventing use of support	Ability to represent effectively, Burden to others
6. Improvement recommendations		
Improve process	Change nature of process	Less legal, preliminary hearings, face-to-face meetings, same panel, flexibility (alternative process, separate for non-contested), timeline (reduce time taken, set limits), confidentiality (not on website or named in documents until decision)
	Improve fairness	Consider context, be consistent, no assume guilt, review professional standards
	Reduce cost to participants	Less expensive process, cost for registrants (regional location, technology, later times)
Improve communications	Improve nature of communications	Less foreboding, clear, simplify communications
	Improve provision of information	Notify about referral, clarify processes, case specific outcomes, accurate timelines, clarify allegations, communicate progress
	Improve provision of guidance	Clarify what required, provide accurate guidance
	Improve sensitivity	Empathy, recognise emotion, compassion, warmth, humanity, respect, mindful of impact
	Ensure anonymity for registrants	Registrants anonymous, information on website
	Improve responsiveness	timely response, point of contact (consistent, internal coordination)
Improve provision of support	Signpost to sources of support	Main organisations, registrants with experience of process
	Provide emotional support	Support network, peer support / Recovery - compensation, reconciliation / Provide support - for those not in union, create champions in profession
	Advice for other registrants	Advice re coping strategies - Support (union, legal, family, friends, employers) Approach (open, honest, integrity, self-care, communicate, be strong, challenge HCPC positive, maintain hope, comply with process, be patient)