

# UKREMT

## Fitness to Practice Procedure

2018/19



Document:	Fitness to Practice	Year:	2018 / 19
Version:	2.1	Author:	G. Darling-Parkes
Adopted:	31 <sup>st</sup> December 2017	Review:	December 2018

## UKREMT Fitness to Practice Procedure

### 1. Introduction

- 1.1 The Fitness to Practice of a registrant will be called into question if their behaviour, competence or health status causes concern in relation to their suitability to be a registered professional or work in an area of related health or social care practice.
- 1.2 The UKREMT Fitness to Practice procedure covers all registrants applying or on level 2 or 3 of the register which involves patient or service user contact, and/or allows for registration to practice as a professional.
- 1.3 Standards of Conduct, Performance and Ethics are set out by the Nursing and Midwifery Council (NMC) and the Health and Care Professions Council (HCPC) who also provide guidance for the application of those standards for registrants in a healthcare professional setting. Additionally, the Career Development Institute (CDI) publishes a Code of Ethics, and the British Acupuncture Council (BACc) publishes a Code of Professional Conduct. **All of which have been used to write the UKREMT fitness to practice procedure.**

### 2. Scope and purpose of the Procedure

- 2.1 The HCPC professional body document mentioned above in particular, defines the professional standards which we have determined are of course best practice not just for the HCPC and its registrants but also for those UKREMT registrants on level 2 & 3 of the register, and the current procedure outlines the processes to ensure these standards are maintained while on the register.
- 2.2 The over-riding principles underpinning this procedure are:
  - Protection and safety of service users and the public.
  - The declaration and upholding of appropriate standards of professional conduct by our registrants.
  - Maintaining public confidence in the profession, and in the UKREMT.
  - Maintaining public confidence in registrants of the EMT profession.
- 2.3 Reported unacceptable behaviour can be considered under this procedure whether it has taken place either while performing the duties as per the register or even if not during work or voluntary roles, this can still be considered under the UKREMT Fitness to Practice procedure.
- 2.4 Behaviour which is covered under this procedure cannot be considered under a breach of the UKREMT's Terms and Conditions. The Fitness to Practice procedure will always take precedence, and if the T&Cs is breached with respect to behaviour which is subsequently seen to fall under fitness to practice, the T&Cs breach process will immediately be terminated and action under this procedure will be taken instead.

### 3. Responsibility for this policy

- 3.1 The Membership Director has overall responsibility for this procedure but has delegated day-to-day responsibility for overseeing its implementation to the UKREMT Audit Team.

### 4. Professional standards and expectations of registrants

- 4.1 As with all Professional bodies, for example the NMC, we the UKREMT determine the acceptable standards of conduct within the profession, and it is required that all registrants adhere to the professional standards set by their relevant professional body as well as the UKREMT. It is the registrant's responsibility to be aware of the professional standards set by their other professional body they also may belong to (i.e. Paramedics also registered with the HCPC).
- 4.2 All registrants in the UKREMT will sign a Directional Statement of Conduct Principles (Appendix 1) every two years on renewal, which clarifies the expected behaviours of our registrants. The process of signing the declaration reinforces that registrants should be clear of the expectations upon them.

### 5. Application of the Fitness to Practice Procedure

- 5.1 Precise standards vary between professions, however, in general Fitness to Practice has four elements, the UKREMT as adopted all four:
- Suitable health.
  - Suitable competence.
  - Suitable conduct.
  - Suitable character.
- 5.2 Suitable Health - Issues of health are not typically considered under this procedure as each employer will have an occupational health process which determines if a registrant is fit to practice in relation to their health status and employability. In exceptional circumstances, it may be deemed necessary that issues around suitable health are considered under this procedure.
- 5.3 Suitable Competence - Registrants' skills and competencies are demonstrated through our audit of submitted certificates, competences and the applicant's CV as well as professional references as well as any other material we seem fit to ask for to prove competence of an applicant. Registrants via our corporate scheme will have additional ad-hoc audits on top of the corporate scheme compliance for individual's grades.
- 5.4 Suitable Conduct and Character - The intended use for this procedure is to review cases where a registrant's behaviour calls into question whether their conduct and/or character are suitable for the profession and at the grade they have applied. Investigation into any alleged behaviour or misconduct by a registrant will assess whether this conflicts with the professional standards. A registrant that is also a member of the HCPC, NMC or GMC will also have the relevant body informed as a matter of course.
- 5.5 Misconduct is any behaviour or action which breaches the Directional Statement of Conduct Principles and/or professional standards set by the relevant professional body

applicable to the registrant. Examples of the types of behaviours that can be considered under this procedure are available in appendix 2.

- 5.6 If the UKREMT is made aware that a registrant is under current criminal investigation by the police or any prosecuting authority, the UKREMT and the Chair of Fitness to Practice will be notified. The UKREMT reserves the right to either suspend or continue with the process under this procedure in cases where the police investigation has been ongoing, suspended or discontinued.
- 5.7 The UKREMT's typical policy is to support all registrants involved in police investigation in continuing to work safely, and abiding by any bail conditions that may have been placed on them. The UKREMT will help them ensure their own safety, the safety of others and/ or to comply with any bail conditions. However, the safety of service users is paramount, and registrants may therefore be removed or suspended from the register as we seem fit.
- 5.8 If a criminal investigation is concluded with a conviction or caution, this will be reviewed and after due diligence a decision will be made about registration. If a criminal investigation is concluded without a conviction or caution, an audit manager will review the facts of the case and decide if this procedure needs to be implemented due to the professional suitability of the registrant being brought into question.
- 5.9 Unacceptable behaviour must be addressed and if a registrant has a disability their behaviour will be addressed under this procedure. A claim that a registrant is mentally or physically unwell, under stress, or that a disability caused them to behave in an unacceptable way is not a defence in relation to fitness to practice. Additionally, it is not a defence to claim that behaviour was caused or influenced by drugs or other substances, even if prescribed for a recognised medical condition.
- 5.10 The UKREMT will, however, take a registrant's circumstances into account when investigating incidents, and when deciding a course of action. All efforts will be made to support registrants with disabilities whilst they are under investigation. The Mental Health and Wellbeing team will be informed of the investigation if a registrant's mental health is considered to be affected or in question. Registrants who are registered with any Disability and Dyslexia Service (DDS), or who the UKREMT considers having emerging mental health difficulties, can expect the UKREMT to consider their personal circumstances in the application of this procedure.
- 5.11 The UKREMT will also make reasonable adjustments to this procedure for registrants with disabilities, or other relevant protected characteristics under the 2010 Act, where appropriate. Registrants should discuss the appropriate adjustments with the UKREMT.
- 5.12 All UKREMT staff and registrants are responsible for reporting unacceptable behaviour which they witness or of which they have evidence. Registrants who have signed the Directional Statement are expected to self-declare any cautions, criminal convictions, investigations or pending child safeguarding issues in which they may have become involved.

## 6. Referral to Fitness to Practice

- 6.1 All UKREMT registrants who either witness or become aware of a report of unacceptable behaviour through some other means (e.g. if the behaviour is reported to them in person or by email) will typically ensure that the matter is reported to the relevant Director within 24 hours of the incident. If the incident causes concern for service user and public safety the Director should be informed immediately so that a decision can be taken in consultation, on whether the registrant should be suspended from the UKREMT.
- 6.2 The relevant Director in the first instance will assess if an informal resolution can be found, if it is initially decided that a referral is to be made to Fitness to Practice then staff or registrants should not undertake any investigative action. The purpose of informal resolution is to attempt to resolve the issues that are straightforward, and that require little or no investigation. The aim is to put matters right quickly. To facilitate this, issues raised at this stage can be handled by either a direct phone call or face-to-face discussion between the registrant and the relevant Director, or by asking an appropriate member of staff, for example a senior member of the audit team to deal with the matter. Registrants have an opportunity to quickly raise their perspective at grass-roots level and feel that they have been listened to. Resolution might be achieved by providing an on-the-spot explanation of why a fitness to practice issue occurred and/or an apology and explanation of what will be done to stop an analogous situation happening again.
- 6.3 If an attempt at an informal resolution is made, the Director will take the decision, in discussion with the registrant. If an attempt at putting an informal resolution in place is not successful within five working days, then a referral to the Fitness to Practice Procedure should be made.
- 6.4 Referrals to Fitness to Practice are to be made in writing and submitted to the Fitness to Practice Administrator and UKREMT Office by sending a Fitness to Practice Referral Form (appendix 3) to [FTP@ukremt.org](mailto:FTP@ukremt.org). Relevant documentary evidence is to be submitted with the referral where appropriate. Once a referral has been made, all staff with prior involvement should refrain from discussing the case with the registrant until any subsequent actions under the procedure have been concluded.
- 6.5 Typically, anonymous referrals and witness statements will not be accepted. Individuals may request confidentiality if they do not wish for their personal details to be available to the registrant or registrants involved in the procedure. The UKREMT Office will determine, in consultation with the Chair of the Fitness to Practice, whether the incident form or witness statement can be accepted confidentially. If the report or statement cannot be accepted it will not be considered under the procedure, and the individual who has requested confidentiality will be informed why the report or statement has been rejected. If a report or statement is accepted confidentially the Fitness to Practice Administrator will redact the document and attach a short statement of reasons provided by the UKREMT Office or Chair of Fitness to Practice, to the casefile.
- 6.6 Occasionally, referrals may be made through other channels, such as cases that have been referred following another professional bodies hearing about a registrant.

- 6.7 All accepted incident reports will be forwarded by the Fitness to Practice Administrator to the relevant audit manager. The audit manager will review the case within two working days and decide if the case is to be taken forward under this procedure and whether the registrant needs to be suspended from registration during the investigation. The audit manager will consider any previous formal warnings (or letters of advice under the Registrant Disciplinary procedure) given to the registrant in judging whether to investigate.
- 6.8 If the audit manager decides that the alleged behaviour could be considered as misconduct and the continued enrolment of the registrant creates a significant risk to the registrant, services users, other registrants, and/or staff; the registrant should immediately be removed from patient contact following discussion with the UKREMT Director and/or the Chair of Fitness to Practice. In addition, if necessary, a request is to be sent to the Director of the Registry for the temporary suspension of the registrant from the UKREMT, until the Fitness to Practice procedure is concluded.
- 6.9 The audit manager will not investigate a case if:
- The report consists only of hearsay.
  - The registrant is under criminal investigation.
  - The behaviour has been addressed satisfactorily by another process and it is not deemed necessary to review under the Fitness to Practice procedure.
  - The behaviour can be addressed at an informal level.
- 6.10 An audit manager who has taken no action under the Fitness to Practice procedure may nevertheless initiate the Fitness to Practice process or pass a suitable report to other UKREMT services, or a patient contact provider, who will take action to support the registrants involved in the incident. Where a case has been closed without taking action under the UKREMT's Fitness to Practice procedure, the individual who made the referral will be informed.
- 6.11 If an investigation is undertaken by the audit manager, the registrant's trust or organisation will be informed of the Fitness to Practice referral. This will not include any specific details without the registrant's permission, however, the trust or organisation retain the right to remove a registrant from patient contact if specific details are requested and the registrant refuses to allow this information to be shared. This includes situations where an informal resolution is sought by the UKREMT Director.

## **7. Fitness to Practice Investigation**

- 7.1 The audit manager will conduct the investigation in a timely manner, and normally within 21 working days of the date of the Fitness to Practice referral being made. If the registrant has been suspended, then a rapid resolution of the investigation is particularly necessary to allow the registrant to return to work. The UKREMT reserves the right to extend this period during busy periods of operation.

7.2 As part of the investigation the audit manager will:

- Interview the registrant(s) alleged to have conducted themselves unacceptably, this may be in person or via online methods including skype or email & telephone conversations.
- Identify any other relevant witnesses and either interview these individuals or obtain written witness statements.
- Seek documentary evidence where appropriate (e.g. emails, logs from relevant systems, providers, the public or other relevant evidence).
- Write a full report at the end of their investigation and submit this with a copy of the full investigation file to the Fitness to Practice Administrator at [ftp@ukremt.org](mailto:ftp@ukremt.org)

7.3 The process for conducting investigation interviews of registrants and witnesses is set out in Appendix 4.

7.4 Where a registrant is invited to an investigatory interview, the audit manager will write to the registrant at least seven working days in advance inviting the registrant to the interview and explaining the reason for the interview and the allegations made against the registrant.

7.5 The audit manager will provide a copy of the current Fitness to Practice procedure with the letter and remind the registrant of the seriousness of the situation and the potential outcomes should the allegations prove to be correct.

## 8. Companions at meetings

- 8.1 The registrant has the right to be accompanied by either a fellow registrant or a representative of a Registrants' Union to all meetings under this procedure. The registrant must provide to the audit manager the names, postal and email addresses (for the circulations of papers) of the chosen companions (if any) in good time before any meetings.
- 8.2 The companion may take notes on registrant's behalf, make representations at the interview and ask their own questions, confer privately with the registrant but may not answer any questions on the registrant's behalf.
- 8.3 The UKREMT has the right to ask the registrant to choose another companion for the meeting if the registrant or their companion is unavailable to attend a meeting on two or more dates suggested by the UKREMT.
- 8.4 The UKREMT may also ask the registrant to choose a different companion if the UKREMT believes that the chosen companion may cause a conflict of interest or if their presence may prejudice the meeting.
- 8.5 The UKREMT may, at its discretion, allow the registrant to bring a companion who is not a fellow registrant or a representative of a Registrant Union where e.g. this will help the registrant overcome any difficulty caused by a disability.

## 9. Concluding investigation

- 9.1 If at the end of the investigation, the audit manager considers that, based on the evidence available, there are reasonable grounds to believe that the alleged behaviour or misconduct took place, the audit manager will invite the registrant to a professional conduct meeting within 10 working days of completion of investigation.

## 10. Professional Conduct meeting

- 10.1 The process for conducting Professional Conduct meetings can be found in Appendix 5 of this procedure.
- 10.2 Part 8 of this procedure in relation to companions also applies to this stage of this procedure.
- 10.3 Following the professional conduct meeting the audit manager will consider whether they believe the allegation to be proven.
- 10.4 If at this stage the audit manager decides that the allegation is not proven, the audit manager will take no further action, and the case will be closed.
- 10.5 If the allegation is considered to be proven, depending on the nature of the misconduct, the audit manager will within seven working days of the Professional Conduct meeting either:
- Place conditions on the registrant with an action plan to allow for the registrant to improve their conduct, which will be reviewed within 2 months of being issued.
  - Issue the registrant with a formal warning.
  - Refer the case to be considered by a Fitness to Practice Panel (see Appendix 6 for the Fitness to Practice Panel Terms of Reference and process).
- 10.6 If a registrant has previously received a formal warning, the audit manager will have discretion to forward the case to the Fitness to Practice Panel, if it is deemed that another formal warning should be issued for the current case.
- 10.7 During the decision process, the audit manager will consider:
- Whether action has already been taken by another body (such as a patient contact provider).
  - Whether there is evidence of contrition on the part of the registrant (for instance evidence that they have apologised, made restitution or improved their behaviour since the incident).
  - The professional body standards that apply to the registrant.
- 10.8 When issued, a formal warning will:
- Be given in writing.
  - Clearly notify the registrant that they have been given a formal warning about their conduct which will be live for a set period of time, normally 6 months.



- Remind the registrant of her (or his) duties under the UKREMT T&Cs and the Fitness to Practice Procedure.
  - In some circumstances, advise the registrant to apologise or make appropriate restitution to named parties, and may request a copy of any letter of apology or restitution for the case file.
- 10.9 Once a formal warning has been given (and any letter of apology has been received) the case will be considered closed and the individual who made the referral will be notified accordingly.
- 10.10 The fact that a formal warning has been given may be disclosed by the UKREMT to a third party where authorised by the UKREMT Office.

## 11 Fitness to Practice Panel

- 11.1 When a case is referred to the Fitness to Practice Panel (the “Panel”), the case file will be reviewed by all members of the Panel.
- 11.2 The registrant will be invited to attend the Panel, with a companion (as detailed in part 8 above) and sent copies of all the relevant documents and the names of the Panel members at least seven working days before the Panel meeting. The letter invite will also clearly set out potential outcomes.
- 11.3 The registrant will also be given an option to present their case to the Panel either in person or in writing if the registrant prefers to do so. All written document from the registrant or their companion must be received at least five working days prior to the Panel meeting.
- 11.4 Having reviewed the case file and recommendation, and on hearing the registrant’s representation, the Panel will make one of the following three decisions:
- Where the case file shows that the investigation has not been conducted properly and fairly, the panel will quash the investigation, and identify another audit manager to investigate the issue afresh.
  - Where the investigation has been conducted properly and fairly but the continuation of the registrant on his or her course constitutes no risk to the safety of service users in patient contact settings, a formal warning will be issued as in section 5.
  - Where the investigation has been conducted properly and fairly and the continuation of the registrant on the registrants represents an unacceptable risk to the safety of service users in patient contact settings, or the registrant’s character and/or conduct is considered too seriously impede their Fitness to Practice, the Panel will make a decision to exclude the registrant permanently.

## 12 Decision to exclude

- 12.1 When the Fitness to Practice Panel makes a decision to exclude a registrant, it will notify the Director of the UKREMT of the decision. The Director will action the exclusion and write to the registrant informing them of the exclusion.
- 12.2 It shall **not** be considered confidential that the registrant has been excluded by the UKREMT from the register and the register will be updated to show, “excluded” in the registrant type section. This will remain so until either re-registration or to the given expiry date when by default the whole entry will be removed.
- 12.3 On the closure of all Fitness to Practice cases, the registrant, the registrant’s Host Trust or organisation, the relevant Head of Department and Course Director, and the individual who made the referral will be notified of the outcome, in all cases.

## 13 Review

- 13.1. If the registrant is dissatisfied with the Fitness to Practice procedure outcome, they have one month (30days) to request a Review by the Director of the UKREMT against the decision.
- 13.2 Requests for a Review will be granted on limited grounds:
- a) a review of the procedures followed at the formal stage;
  - b) consideration of whether the Fitness to Practice outcome was reasonable in all the circumstances; or
  - c) new material evidence which the registrant was unable, for valid reasons, to provide earlier in the process.
- 13.3 The registrant needs to submit requests for a Review by email or letter or by having someone submit such a request on their behalf where written consent is provided. The registrant should set out their concerns clearly and succinctly and provide evidence to substantiate the issues raised (where possible) and outline what outcome they are seeking. The receipt of the request will normally be acknowledged within five working days of receiving it.
- 13.4 At Review we will consider whether:
- a) the relevant procedures were followed during the formal stage;
  - b) the Fitness to Practice outcome was reasonable in all the circumstances;
  - c) the registrant received clear reasons for the outcome at the formal stage; and
  - d) (in cases where a registrant wants to rely on new evidence) the evidence was not available as evidence earlier?
- 13.5 The outcome of Review will be that we either uphold the outcome(s) made at the formal stage, or makes a different finding which overturns the outcome. Decision taken by the UKREMT at the Review stage is final. If the outcome of Review is favorable to the registrant, it will be communicated to the registrant by letter within 28 days of the Review outcome being made. The registrant can, however, request the UKREMT to provide the registrant with a Completion of Procedures Letter (a “COP”) within 30 days of the date of the outcome letter. Where the outcome of the fitness to practice process

is unfavourable to the registrant, the outcome will be communicated to the registrant by a COP automatically within 28 days of a Review outcome being made.

- 13.6 If this deadline is not deliverable, the UKREMT will contact the registrant to explain the delay and set a new deadline for the response. The UKREMT reserves the right to extend the period it needs for response during busy periods of operation.

#### **14 Independent external review**

- 14.1 Once the Review stage has been completed, and within twelve months of the date of the Completion of Procedures Letter, the registrant is entitled to ask any other healthcare registry body to review the UKREMT's handling of the registrant's complaint under this procedure.

# Appendix 1:

## Directional Statement of Conduct Principles

### U.K Register of Emergency Medical Technicians All Level 2 and 3 Grades

#### Directional Statement of Conduct Principles for Registrants

##### Introduction

The following statement has been formulated with the explicit aim of providing registrants on level 2 and 3 of the framework within which to determine their professional and academic responsibilities and conduct. The Statement identifies a number of documents to which registrants should refer these are documents we refer to in relation to best practice in pre- hospital and hospital care.

##### Professional suitability

As individuals responsible for the safety and wellbeing of patients/clients/service users. It is necessary that registrants follow programs of professional CPD during the period of registration and understand and comply with the standards and values of pre-hospital care. This means that registrants must be able to not only demonstrate the achievement of practice and theoretical learning outcomes and comply with the CPD requirements of the registration. Registrants are expected to demonstrate these standards of behaviour at all times when in contact with patients/clients/service users, careers and other health and social care professionals.

##### Context

The activities and behaviours that impact on professional suitability are those normally associated with the demonstration of commitment, understanding and competence in practice. Therefore, you must demonstrate:

1. Effective communication, both professionally and between registrants, the UKREMT and your employer or clients.
2. Punctual time-keeping and attendance on all contracts and employment.
3. A professional demeanor in public life (both appearance and behaviour towards patients/ clients/service users, employers and clinical staff) and in personal life; there are public expectations that attach to a health/social care professional and it is important to remember that members of the public may be encountered in a professional context at a future date.
4. Mutual respect with regard to the needs and priorities of the working environment, colleagues, patients.
5. In relation to social media, registrants are reminded that this too should remain professional

at all times, the UKREMT has the right to check social media profiles for inappropriate behaviour.

### **Expected behaviours**

1. All registrants must ensure that honesty, integrity and respect for themselves and other people forms part of their personal and professional ethos.
2. All registrants must abide by the policies of the patient contact employer, agency or trust and should comply with the guidance given to them by their clinical supervisor.
3. All registrants are expected to acknowledge responsibility for the health and safety of themselves and other people with whom they may be in contact during their patient contact.
4. Registrants should also acknowledge any limitations in their knowledge or expertise.
5. All registrants are required to access their associated email account (this is the one given to us on the registration form) on a regular basis and respond to communication from the UKREMT in a timely manner. Also, to inform us if this email address changes.
6. All registrants must ensure that all information relating to patients/clients/service users, colleagues and the affairs of the patient contact shall be kept confidential at all times.
7. All registrants have a duty of care and must declare in writing any cautions, criminal convictions, any situation where they are the focus of a criminal investigation or any pending child protection issues.
8. All registrants have a professional duty of candor and the need to be open and honest when things go wrong.
9. All registrants have a duty of care and must declare any changes in their health status that occur during their registration period.
10. All registrants must act without delay to report appropriately any concerns that they have observed, or risks that have been reported to them, which could adversely affect those in their care, registrants, staff or the overall standards of care or practice.

The above Directional Statement should be read in conjunction with any Guidelines and requirements laid down by any other relevant professional and regulatory bodies which you also belong and are designed to ensure public protection.

### **Definitions of unsuitable behaviours**

Professional unsuitability is demonstrated through any actions or omissions, which could be judged to endanger public safety or bring the registrant, the UKREMT or the profession into disrepute. The following list, though not exhaustive, sets out specific examples:

- Failure to comply with the guidelines, codes of practice and policies of the relevant professional and regulatory bodies in promoting and maintaining standards of professional behaviour.
- Consistent failure to communicate with the UKREMT.

- Failure to comply with professional guidelines, codes of practice and policies
- Failure to exercise due consideration for the safety and welfare of service users/clients and colleagues
- Failure to demonstrate consistent and safe application to the development of professional skills (through appropriate participation in CPD learning)
- Unacceptable behaviour in any environment which may reflect badly on you and which may compromise the reputation of the UKREMT. This includes Trusts, Health Service, Local Authorities, Independent Bodies, Voluntary Bodies and their professions. Any behaviour that leads to a justified formal complaint from a service provider or a practice patient contact area
- Any action leading to a disciplinary procedure, either on the part of the UKREMT or a practice patient contact area

**Issues associated** with the professional suitability of individual registrants will be considered and agreed through the Fitness to Practice Procedure following consideration of available evidence. Thereafter the following sanctions, dependent on circumstances may be applied:

- Fitness to Practice procedures invoked
- Specific written warning letter following inappropriate behaviour which remains on registrant's file for a specified length of time
- Delay in re-registration (requirement to make up additional CPD)
- Termination of registration
- Withholding registration

## **Appendix A**

- Clinical and procedural policies provided in each health/social care agency within which registrants may also be registered or acquire clinical experience.
- HCPC Guidance on Conduct and Ethics for Registrants
- Nursing and Midwifery Council. Guidance on professional conduct for nursing and midwifery registrants, London, NMC.
- Data Protection Act 1988
- Freedom of Information Act 2000
- Other policies of the UKREMT that become updated and relevant as we develop.

**Registrant agreement to this directional statement of conduct principles for registrants on level 2 and 3 of the UKREMT register**

*I confirm that I have read and agree to abide by the Definitions and Expected Behaviours outlined above in this "Directional Statement of Conduct Principles" for Registrants on level 2 and 3 of the UKREMT Register.*

Name (in capitals)

---

Registrant number

---

Grade

---

Signature

---

Date

---

Please sign and return this pages 15 and the next page 16 for UKREMT records, this is one of the T&Cs of registration to the UKREMT and to remain on Level 2 or 3 of the register.

# U.K Register of Emergency Medical Technicians

## All Level 2 and 3 Grades

**Declaration of health status and good character – to be completed and sent in with page 14.**

Name:

---

Registrant number *(office use only)*:

---

Grade *(office use only)*:

---

Qualification:

---

Date of Highest Pre-Hospital Qualification:

---

Number of claimed CPD Hours undertaken in the previous 12 months:

---

I confirm that the declarations I have made regarding my health status and good character have been to the best of my knowledge, both complete and truthful.

I confirm, that should I have become aware of any meaningful change in my health status, which occurred during my period of registration with the UKREMT, I will notify you immediately.

I confirm, that I have declared any criminal caution and/or convictions during my initial of registration with the UKREMT.

I understand that such changes if they have occurred, may affect my ability to remain on the register.

Furthermore, I understand that should I have failed to declare such changes this may affect my application to register with other relevant professional and regulatory body.

Signature of the registrant

---

Date

---



## Appendix 2: Example behaviours and conduct for Fitness to Practice referrals

These are examples (not limited to) of typical behaviours and conduct that could result in a Fitness to Practice referral:

- Investigation of a criminal offence that does not result in a conviction or caution, but if proven, would still call into question the registrant's fitness to practice.
- Conviction of a criminal offence by any court of criminal jurisdiction.
- Deliberate or intentional conduct which is violent, aggressive, disruptive, abusive, intimidating, indecent, dishonest or corrupt.
- Using this procedure to make a frivolous or malicious report about a registrant or registrants.
- Any action which places the safety of service users or staff in the patient contact setting at risk.
- Persistent behavioural issues that have not be resolved through local attempts where the registrant's behaviour is deemed too seriously impede their fitness to practice, or continuation on the registry could pose a threat to service users, the registrant and/or other registrants.
- Claiming for CPD hours that have not been completed.
- Persistent failure to follow procedures or processes.

## Appendix 3: Fitness to Practice referral form

When completing this form please give as much detail as possible in relation to the concerns/incident that led to the referral. Please also send all evidence with the completed form to [ftp@ukremt.org](mailto:ftp@ukremt.org)

Your name		
Your registration		
Name of witness (if not you)		
Date of Incident (if applicable)	Time of Incident (if applicable)	Location of Incident (if applicable)
Does this report need to be treated in confidence, if yes, please explain why below: (if completing this form for another individual please confirm this with them)		
If you request confidentiality we will not give your name or any other details about you to anyone else. If we cannot fairly investigate your complaint without breaching your confidentiality we will write to you to explain that we will not investigate.		
Name and ID number (if known) of registrant being Referred		
Date of this form		
Please describe the incident/cause for concern in your own words below		
<ul style="list-style-type: none"> <li>• Please list the incidents/concerns in chronological order</li> <li>• Please indicate how each incident/concern is linked to a potential breach of professional code and/or the UKREMT Directional Statement of Conduct Principles</li> <li>• Please give as much detail as possible</li> </ul>		

Use this form to report any incident of unacceptable conduct by a UKREMT registrant

## Appendix 4:

# Interviewing of registrants and witnesses and obtaining statements

Interviews are undertaken as part of a audit manager's investigation into an allegation of misconduct. Interviews (electronic or in person) will be held with the registrant(s) against whom the allegation has been made and if necessary any staff or registrants who may be usefully called as witnesses, alternatively written statements can be obtained from witnesses.

The purpose of the interview process is to gather evidence relating to the alleged incidents and to ensure that the registrant understands the allegations against them. Registrants and witnesses are always interviewed individually by may be accompanied by either a fellow registrant or a representative of a Registrants' Union, as described in this procedure.

### **Interviewing the registrant(s).**

Prior to the interview the Fitness to Practice Administrator and the audit manager should:

- Consider whether the audit manager, or any colleague they may wish to invite to the meeting as a note taker, could be considered to have a conflict of interest, and if there is a conflict of interest ask another suitably qualified person to act as note taker. The role of the note taker is only to take notes of the meeting, the individual is not involved in any other part of the investigation or the decision-making process.
- Consider whether any reasonable adjustments may be required for the registrant.
- Arrange a suitable confidential space for the interview(s), if several interviews are to be held close together, it should be ensured that registrants do not have to wait together.
- Write to the registrant at their postal and email addresses, giving at least seven working days' notice of the date, time and location of the interview.
- Outline in the letter what the allegations are against the registrant.
- Provide the registrant with a copy of this procedure.
- Explain to the registrant that the companion may take notes on registrant's behalf, make representations at the interview and ask their own questions, confer privately with the registrant but may not answer any questions on the registrant's behalf.
- Explain to the registrant the UKREMT's right to ask the registrant to choose another companion for the interview if the registrant or their companion is unavailable to attend the interview on two or more dates suggested by the UKREMT.

*Prior to the interview the registrant shall:*

- Tell the audit manager who the chosen companion is (if any), in good time before the hearing.

*At the interview the audit manager should:*

- Arrange for an accurate note (but not a verbatim note) of the interview to be taken.

- Introduce themselves, any note-taker they have invited to the interview, the registrant, and the registrant's companion.
- Confirm that the purpose of the interview process is to gather evidence relating to the alleged incidents and to ensure the registrant understands the allegations against them.
- Inform the registrant of the alleged offence.
- Question the registrant about what they did, saw, or heard in relation to the alleged offence.
- Invite the registrant to make a statement that can be submitted in writing within three working days of the interview. It will not be appropriate at this stage to attempt explain or to extenuate the misconduct, or to mitigate any possible penalty, but there may be relevant matters relating to what the registrant did, saw, or heard which were not in the audit manager's list of questions.
- Invite the registrant to name any additional witnesses who may be relevant to the matter, and to present any other evidence they may have.
- Advise the registrant of the next stage of the process.
- Conclude the interview.

*After the interview the audit manager should:*

- Decide whether to interview any witnesses that may have been suggested by the registrant.
- Review and finalise the note of the interview.
- Forward the note of the interview to the registrant, normally within 10 working days.
- Permit the registrant to comment on the note of the interview, but not permit them to edit or change it in any way. The final record of the interview shall consist of the note and any comments submitted by the registrant.

### **Interviewing witnesses or obtaining statements**

Prior to the interview the Fitness to Practice administrator and the audit manager should:

- Consider whether any reasonable adjustments may be required for the witness.
- Arrange a suitable confidential space for the interview(s), if several interviews are to be held close together, it should be ensured that witnesses do not have to wait together.
- Contact the witness and arrange a suitable date, time and location for the interview, or alternatively, if suitable, ask the witness to submit a written statement.
- Inform the witness in writing what the allegations are against the registrant being investigated.
- Inform the witness that the notes of the meeting and any witness statement given will not typically be treated as confidential, and that the registrant under investigation may receive a copy.
- Provide the witness with a copy of this procedure.
- Advise the witness that they have the right to be accompanied by a fellow registrant or a Registrants' Union representative (if appropriate) if they attend an interview.

*At the interview the audit manager should:*

- Arrange for an accurate note (but not a verbatim note) of the interview to be taken;
- Introduce themselves, any note-taker they have invited to the interview, the witness, and the witness's companion.
- Confirm that the purpose of the interview process is to gather evidence relating to the alleged incidents.
- Inform the witness of the alleged offence against the registrant being investigated.
- Question the witness about what they did, saw, or heard in relation to the alleged offence.
- Request that the witness provides a written statement within three working days of the interview. It will not be appropriate at this stage to attempt explain or to extenuate the misconduct, or to mitigate any possible penalty, but there may be relevant matters relating to what the witness did, saw, or heard which were not in the audit manager's list of questions.
- Invite the witness to name any additional witnesses who may be relevant to the matter, and to present any other evidence they may have.
- Inform the witness of the next stage of the process.
- Conclude the interview.

*After the interview the audit manager should:*

- Decide whether to interview any further witnesses that may have been suggested by the witness.
- Review and finalise the note of the interview.
- Forward the note of the interview to the witness, normally within 10 working days.
- Permit the witness to comment on the note of the interview, but not permit them to edit or change it in any way. The final record of the interview shall consist of the note and any comments submitted by the witness.

## Appendix 5:

# Procedure for conducting professional conduct meetings

Professional conduct meetings are undertaken when the audit manager, having conducted the relevant interviews and considered all the available evidence, considers that, based on the evidence available, there are reasonable grounds to believe that the alleged behaviour or misconduct took place.

The purpose of the professional conduct meeting is to ensure that the registrant against whom an allegation has been made has the opportunity to understand and, if necessary, rebut all the evidence against them and also has the opportunity to explain or to extenuate their misconduct, or to mitigate any possible penalty.

Registrants are always met with individually, even if the allegation has been made against a group.

*Prior to the professional conduct meeting the audit manager should:*

- Consider whether they themselves, or any colleague they may wish to invite to the meeting as a note taker, could be considered to have a conflict of interest, and if there is a conflict of interest ask another suitably qualified person to take over the investigation if available. Colleagues will not be considered to have a conflict of interest merely because they interview the registrant at an earlier stage in the process, but any other involvement with the registrant is likely to be considered a conflict of interest.
- Consider whether any reasonable adjustments may be required for the registrant.
- Arrange a suitable confidential space for the meeting.
- Write to the registrant at their postal and email addresses, giving at least seven working days' notice of the date, time and place of the professional conduct meeting.
- Invite the registrant to attend the meeting.
- Confirm that the registrant is required to attend the meeting.
- Provide to the registrant a copy of the current Fitness to Practice procedure with the letter and remind the registrant of the seriousness of the situation and the potential outcomes should the allegations prove to be correct.
- Provide to the registrant the complete file of evidence gathered to date, including all witness statements and the names of the panel members at least seven working days in advance of the meeting. It may be appropriate to redact witness statements in the evidence pack sent to the registrant in certain cases to remove the names of witnesses or other individuals. Any proposal to redact more than a name, or to remove any evidence from the pack, is potentially a violation of the registrant's right to natural justice and must be agreed in advance by the UKREMT Office.
- Specify in that letter what the allegations are, and what outcomes are available under this procedure.
- Refer the registrant back to the documents provided for the original interview (e.g. this procedure and any other relevant professional body documents).

- Explain to the registrant the role of the companion.
- Explain to the registrant the UKREMT's right to ask the registrant to choose another companion if the registrant or their companion is unavailable to attend the interview on two or more dates suggested by the UKREMT.

*Prior to the interview the registrant must:*

- Tell the audit manager who the chosen companions are (if any), in good time before the hearing.

*At the meeting the audit manager should:*

- Arrange for an accurate note (but not a verbatim note) of the meeting to be taken.
- Introduce themselves, any note-taker they have invited to the meeting, the registrant, and the registrant's companion.
- Check that registrant has read and understands this procedure and any other relevant policies (such as the relevant Standard of Conduct, Performance and Ethics).
- Inform the registrant that any information provided must be truthful or additional professional conduct allegations may result.
- Remind the registrant of the alleged offence.
- Confirm that the purpose of the meeting is to ensure that the registrant has the opportunity to understand and, if necessary, rebut all the evidence against them and also has the opportunity to explain or to extenuate their misconduct, or to mitigate any possible penalty.
- Review those parts of the evidence which, which make the audit manager believe that misconduct may have taken place, so that the registrant has a full understanding of the case against them.
- Permit the registrant to challenge any evidence and to submit any additional evidence which they now wish to submit.
- Invite the registrant to make a written statement to be submitted within three working days of the meeting. It will now be appropriate for the registrant to attempt to explain or extenuate the misconduct, or to mitigate any possible penalty.
- Conclude the interview.
- It is to be noted that if the registrant does not attend the Professional Conduct meeting, the audit manager may deal with the misconduct and impose a penalty in the registrant's absence.

*After the interview the audit manager should:*

- Decide what account to take of the representations made by the registrant at the meeting.
- Review and finalise the note of the meeting.
- Decide on an outcome or (if appropriate) a recommendation.
- Write to the registrant, normally within 10 working days, including the note of the meeting, and (if appropriate) the outcome of the process and the penalty that has been imposed. If a formal warning is to be given by the audit manager, this letter will constitute the formal warning.

- If a recommendation has been made to the Fitness to Practice Panel the initial letter will include the note of the meeting and inform the registrant that a recommendation has been made.
- Ensure that any outcome letter clearly explains the decision, the reasoning behind the decision, and the critical evidence on which that reasoning was based.
- Ensure that the outcome letter reminds the registrant of the relevant review route under this procedure.
- Indicate that the audit manager will not enter into any further correspondence about or discussion of the matter, except as arising from a review.



## Appendix 6:

# The Fitness to Practice Panel

### Membership

The Chair of the Fitness to Practice panel will be appointed by the UKREMT.

*Any Fitness to Practice Panel shall consist of a minimum of 3 members:*

- The chair, who shall be a current member of UKREMT and ideally a Fellow of the Register.
- At least one member will be on level 2 of the register and a second the same grade as the person coming before the panel.
- An external clinical member of staff that is not employed at the same organisation where the registrant is employed.
- Where registrants who have an identified disability are considered, a member of any external Disability and Dyslexia or Mental Health and Wellbeing Team will be allowed if possible to be part of the panel.

The administrator for the Fitness to Practice procedure will be the secretary for the panel. In periods of absence this will be covered by the Director of the UKREMT.

The Panel shall be quorate provided that the Chair and at least three other members are present, and provided that at least one member of the relevant professional grade is present.

### *Terms of Reference:*

- Appoint audit managers to investigate cases where a previous investigation has not been conducted properly or fairly.
- Issue formal warnings to registrants in proven cases of misconduct.
- Make decisions for the exclusion of registrants where appropriate.

### *Prior to the Fitness to Practice Panel:*

- A panel will be arranged with the relevant members and an appropriate date will be set.
- The registrant will be invited to attend the panel with a companion, and the registrant will have three working days to confirm the name of the individual accompanying them and provide their postal and email addresses for the circulation of papers.
- All panel members, the registrant and their companion will receive the full case file to be considered at least ten working days prior to the panel meeting.
- The registrant will be given the opportunity to submit new evidence to the panel and address the panel in writing prior to the panel, all documentation must be received at least five working days prior to the panel meeting.

### *At the Fitness to Practice Panel:*

- The Fitness to Practice Administrator will attend to take notes but will not be an active

part of the panel.

- The panel members will meet to discuss the case file, any further documentation provided by the registrant and the audit manager recommendation.
- The registrant, if in attendance, will then address the panel, accompanied by their companion.
- The panel will ask the registrant any questions they may have in relation to the case.
- The panel alone will then consider the registrant's companion and make a decision on whether to have the case reinvestigated if due process was not followed, issue a formal warning, or recommend the exclusion of the registrant to the UKREMT.

*After the Fitness to Practice Panel:*

- The registrant will be informed of the outcome of the Fitness to Practice panel in a letter that will be sent to both their postal and UKREMT email addresses. This will be as soon as possible, and typically within five working days of the panel. If there is a delay in being able to communicate the outcome, the registrant will be informed.
- If the registrant has been given a formal warning, the letter will clearly state the outcome and the reasoning behind the decision made by the panel based on the evidence available.
- The outcome letter will constitute a formal warning and will remind the registrant of the professional standards expected of them.
- If the panel decide that the registrant be excluded from the registry, the UKREMT Director will be notified of the decision and action the exclusion. The Director will inform the registrant in a letter, sent to their postal and UKREMT email addresses, that they have been excluded from the register.
- This letter will inform the registrant of the reasoning behind the decision made by the panel to exclude the registrant from the register based on the evidence available.
- Outcome letters will also remind the registrant of the ways in which they can request a review under this procedure.

