

UK Public Health Register

Fitness to Practise:
Investigations and evidence
gathering guidance

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Introduction

1. This guidance supports UKPHR staff and the Registrar in carrying out investigations and evidence gathering (Stage 2 of the FtP process) in a fair, consistent, and proportionate way. It explains the process for gathering information and evidence when a concern has passed the initial triage stage, the decisions available to the Registrar at the conclusion of an investigation, and the standards that apply throughout.
2. This guidance should be read alongside the Fitness to Practise Rules and UKPHR's other FtP guidance documents. Where this guidance refers to the Rules, the Rules take precedence.

Purpose of the investigation stage

3. When a concern has passed the initial triage stage and warrants further investigation, the aim will be to:
 - Clarify the facts of the concern and how they relate to Good Public Health Practice (2024).
 - Identify whether there is a real prospect that a Fitness to Practise Panel could find the facts proved and impairment established.
 - Assess current and future risk to the public and to public confidence, including whether an interim order is required in the public interest and for public protection, including the protection of the profession and the registrant.
4. The investigation should be an investigative rather than a punitive process and proportionate to the seriousness and complexity of the concern. It should be conducted fairly and without undue delay.

Planning the investigation stage

5. Before gathering evidence, the Registrar (with support from UKPHR staff) should:
 - **Define the issues:** identify the specific allegations or concerns being investigated, including relevant dates, people involved, key behaviours, and any omissions.
 - **Identify the questions to answer:** for example, what happened, why it happened, whether professional standards were breached, whether the concern indicates an ongoing risk, and whether there is evidence of insight or remediation.
 - **Identify potential sources of evidence:** including the person who raised the concern, the registrant, the registrant's employer or commissioner, colleagues, and relevant documentary records.

- **Set a timetable:** establish realistic deadlines for gathering evidence, with reference to UKPHR's obligation to progress cases without undue delay.
6. A brief investigation plan should be produced and recorded on the case file at the outset, covering the issues identified, the evidence to be sought, and the proposed timetable. The plan should be reviewed and updated as the investigation progresses.

Notifying the parties

7. At the start of the investigation, UKPHR staff should:
- Write to the person who raised the concern to acknowledge that the matter has passed triage and is now being investigated, and provide a named contact at UKPHR;
 - Write to the registrant to notify them of the concern, explain what will happen next, and invite their written response within a specified timeframe (normally 28 working days); and
 - Notify the registrant's employer of the concern, unless the employer is the person who raised it, or unless there is a specific reason not to do so at that stage (for example, because notification could prejudice the investigation or put the registrant at risk).
8. All correspondence should be clear, neutral, and factual. UKPHR staff should set out what information is being requested, why it is needed, and by when it is required. Parties should be given a reasonable opportunity to respond before decisions are taken.
9. Where the registrant is represented, correspondence should normally be directed to their representative.

Types of evidence to be gathered

10. The portfolio of documents produced at this stage for the Registrar should normally include a balanced set of material from several sources. Not every type of evidence will be needed in every case, but the decision not to seek a particular type of evidence should be noted on the case file with reasons.

a. Case records and documents such as:

- Relevant case files, project documentation, emails or correspondence, reports, meeting minutes, risk assessments, and decision logs.
- Internal incident reports, complaints, or HR investigations where these relate directly to the concern.
- UKPHR documents (e.g. the original concern form, triage outcome, any interim order decision, and previous relevant UKPHR decisions).

b. Professional standards and policies

- Good Public Health Practice (2024) and any specific standards relating to the concern.
- Employer or commissioner policies, local procedures, ethical frameworks, or national guidance in place at the time of the relevant events.
- Codes or standards from other regulatory bodies where relevant, for example where the registrant holds dual registration.

c. Witness accounts

- A clear account from the person who raised the concern, where possible, including a chronology and specific examples.
- Statements from colleagues, managers, or other professionals who witnessed relevant events.
- Where appropriate, statements from service users or community stakeholders who are directly affected.

Note that witnesses attend hearings voluntarily. UKPHR has no power to compel the attendance of witnesses or the production of documents. Where a party fails to produce relevant documents or make witnesses available, this will be taken into account by the Registrar and, if the case proceeds, by the Fitness to Practise Panel when considering the weight to be given to that party's case.

d. Registrant response and supporting material

- The registrant's written response to the concern, including any relevant documents they wish to provide.
- Evidence of insight and remediation, such as reflective accounts, supervision notes, records of additional training, CPD records, testimonials, or evidence of changes in practice.
- Information about the registrant's current role, supervision arrangements, and any safeguards or conditions already in place.

e. Contextual or pattern information

- Where there have been previous concerns of a similar nature, whether on UKPHR's records or appropriately disclosed by employers.
- Information about organisational or system factors, such as workload, resourcing, role clarity, or governance arrangements, where these are relevant to understanding the concern.

f. Health-related information (where relevant)

- Health information may only be sought with the registrant's written consent.

- Where consent is refused, this should be recorded on the case file and taken into account in risk assessment and decision-making.
- Where health information is provided, it should be handled sensitively and shared only with those who need to see it for the purposes of the investigation.

g. Specialist or expert input (where needed)

- In more complex or technical matters (e.g. epidemiological methods, data handling, research ethics, complex governance) it may be appropriate to seek specialist advice to assist the Registrar in understanding the standard expected of a reasonably competent public health professional in similar circumstances.
- Any specialist or expert input should be documented and included in the portfolio of documents for the Registrar.

Conducting the investigation

11. When gathering evidence, UKPHR staff should be clear, neutral, and factual in all correspondence, setting out what information is being requested, why it is needed, and by when.

12. They should also:

- give registrants and other parties a reasonable opportunity to respond and to provide relevant material, including mitigating evidence;
- keep a clear record of all enquiries, responses, and follow-up actions on the case file;
- handle all information in line with data protection and confidentiality requirements, requesting and retaining only information that is necessary and proportionate to the concern; and
- progress the investigation without undue delay, keeping parties informed of progress at reasonable intervals.

13. Where new or serious information emerges during the investigation that suggests a heightened risk to the public or to public confidence, the Registrar should consider whether an interim order is needed or should be varied, in line with UKPHR's interim orders guidance.

Complex Case Panel

14. The Registrar may convene a Complex Case Panel to provide advice at any stage of the investigation, particularly where a case raises difficult or novel issues, where the facts are complex, or where the Registrar is considering whether to agree a programme of remedial action.

15. The Complex Case Panel provides advice only. Responsibility for all decisions under the Fitness to Practise Rules remains with the Registrar
16. Where a Complex Case Panel is convened, its advice and the Registrar's reasons for the decision taken should be recorded on the case file.

Referral to a Fitness to Practise Panel hearing

17. In making a decision on whether a case should be closed after investigation or referred to a Fitness to Practise Panel hearing, the Registrar will consider three key questions as part of the case-to-answer test:
 - a. **Is there a real prospect that a Fitness to Practise Panel could find the alleged facts proved on the balance of probabilities?**
 - b. **If those facts were to be proved, is there a real prospect that they would amount to a statutory ground of impairment (for example misconduct, deficient performance or competence, a health concern, or a conviction or caution)?**
 - c. **If grounds of impairment could be established, is there a real prospect that a Panel would find current impairment such that some restriction (conditions or suspension) on registration might be needed in the public interest?**
18. When applying the above three key questions, the Registrar will also consider whether honesty or integrity is in doubt, whether there are any health conditions affecting safe practice, and whether the concern is an isolated incident or part of a pattern. The level of harm or potential harm to the public, as well as what action the registrant has taken to remediate or prevent recurrence, will also be considered.
19. Factors such as a single low-level incident, strong evidence of early and effective remediation, and clear evidence that the registrant now poses minimal risk and that public confidence can be maintained without a hearing will be considered.
20. There are factors that UKPHR will consider that may indicate the case should be taken to a Fitness to Practise Panel hearing. These include serious or repeated failings, significant harm or risk to public protection, dishonesty or abuse of trust, criminal behaviour, concerns about sexual misconduct or violence, concealment, and lack of insight or remediation.
21. The Registrar may decide to convene a Complex Case Panel if further guidance is required in order to determine whether there is a "case to answer" in relation to the raised concern and whether it should proceed to a Fitness to Practise Panel.

Preparing the evidence for the Registrar

22. Once UKPHR have gathered the relevant evidence and information, UKPHR staff should compile a portfolio of evidence for the Registrar which includes the following:

- The concern(s) and background;
- The evidence obtained;
- Any key points of agreement or dispute between the parties;
- A succinct analysis of how the evidence relates to Good Public Health Practice (2024) and any other relevant standards;
- Any factors relevant to current impairment and risk, including aggravating and mitigating factors;
- Evidence of insight and remediation where available; and
- A note of any evidence that could not be obtained and the reason why (for example, refusal of consent or non-cooperation by a third party).

23. The Registrar will consider the evidence within 28 working days of it being provided. Where the volume or complexity of the case requires additional time, this should be agreed in advance and noted on the case file.

Decision-making and recording outcomes

24. Following consideration of the evidence presented to them, the Registrar will determine whether there is a real prospect of impairment being found. The decisions available to the Registrar are:

- **No further action** – the threshold for a Fitness to Practise Panel has not been met and the case is closed.
- **Advice** – this means that conduct warrants a response but does not meet the threshold for a Fitness to Practise Panel hearing. Advice is written advice to the registrant about their conduct or practice. It does not appear on the public register but is recorded internally and can be taken into account if further concerns arise. The case is then closed.
- **Remedial action** – invite the registrant to agree a programme of remedial action that UKPHR will monitor. Any programme should be specific, time-limited, and verifiable. If the registrant declines, fails to comply with its terms, or does not respond within a reasonable period, the Registrar may refer the matter to the Fitness to Practise Panel. Examples of remedial action include, but are not limited to:
 - a. Completing specific continuing professional development or training;
 - b. Working under supervision for a defined period, with regular reports to UKPHR;
 - c. A reflective piece or written statement demonstrating insight into what went wrong and what has changed;

- d. A formal appraisal or performance review, with results shared with UKPHR;
 - e. Mentoring by a senior colleague or a period of assessed practice;
 - f. Engagement with occupational health services or regular health assessments by an independent practitioner; or
 - g. Restrictions on certain types of practice pending recovery or remediation.
- **Progress the case to a Fitness to Practise Panel hearing** – where the case-to-answer test is met, the case will be referred to a Fitness to Practise Panel hearing. Further information is set out in UKPHR's Fitness to Practise Hearings guidance.
25. The Registrar will also consider both the aggravating and mitigating factors, including evidence of insight and remediation, pattern of behaviour, and the impact on public confidence, and will provide clear written reasons for the decision, linked to the evidence and to relevant standards, so that both the registrant and the person who raised the concern are informed of the reasons for the decision.
26. The outcome and the reasons for the decision will be communicated in writing within 5 working days of the decision being made to both the registrant and the person who raised the concern.

Interim orders

27. The Registrar may also consider whether an interim order is needed at any stage of the investigation. An interim order may be appropriate where the concern is of a nature that involves a clear or potential risk to public protection or public confidence in the profession, and where it would not be in the public interest to wait for the outcome of the full investigation before placing any restriction on the registrant's practice.
28. An interim order will remain in place only for the period necessary for the concern to be considered by a Fitness to Practise Panel and must not exceed 18 months from the date it is made. All interim orders will be reviewed by the Registrar and potentially a Complex Case Panel within six months of being made and then every six months thereafter, or sooner if new relevant evidence becomes available. The registrant may also ask for an early review.
29. Before an interim order is made or varied, the registrant will be notified and given the opportunity to make representations.
30. Further information on UKPHR's interim orders can be found on the UKPHR website.

Record keeping and confidentiality

31. All documents and correspondence relating to an investigation must be retained on the case file in accordance with UKPHR's records retention policy. The case file should include:
- the investigation plan and any updates to it;
 - all correspondence with the parties;
 - all evidence obtained and considered;
 - any Complex Case Panel advice and the Registrar's response to it;
 - the Registrar's decision and written reasons; and
 - a record of how and when the outcome was communicated to the parties.
32. All information gathered during an investigation is confidential and must be handled in accordance with UKPHR's data protection and confidentiality obligations. Information should be shared only with those who need it for the purposes of the investigation and should not be disclosed to any other person without the prior written consent of UKPHR, except where required by law.
33. Where a concern is ultimately not upheld, particular care should be taken to ensure that confidential information about the registrant is not retained beyond the period required by UKPHR's records retention policy.