

**SPECIAL PROCEDURE TO INVESTIGATE SERIOUS IMPAIRMENT OF
FITNESS TO PRACTISE AS A CHILD PSYCHOTHERAPIST**

1. Paragraph 1 ii of the Association's Code of Ethics provides that where a Member's fitness to practise is so seriously impaired by reason of a physical or mental disability (including addiction) as to imperil his/her patients s/he should cease practising. Failure to do so is a breach of the Code that can be dealt with under the normal provisions of the Disciplinary Procedure as can any associated conduct that may bring the profession into disrepute. Any Member of the Association, who is aware of a person continuing to practise in circumstances where their fitness to do so is seriously impaired should promptly draw the matter to the attention of the Association's Chair.
2. The Association is empowered to take action as described below to protect existing and prospective patients in addition to that envisaged by the Disciplinary Procedure.
3. Any member who receives by any means whatsoever information which indicates that:
 - a. a Member's fitness to practise is seriously impaired by reason of:
 - i. a physical or mental disability (including addiction);
or
 - ii. an illness; and
 - b. the Member has or is about to have an active private and/or NHS practice; and
 - c. the impairment to fitness to practise is or may be of a nature that could imperil the physical or mental health of a patient

should report that information to the Chair of the Registration Committee (or the Chair of the Ethics Committee if he/she is unavailable) who will consult with the Chair of the Ethics Committee forthwith (or another member of that Committee if he/she is unavailable or is deputised in place of the Ethics Committee Chair under this procedure) and determine whether a serious impairment investigation should take place. If an investigation is deemed to be warranted, the Chair of the Registration Committee will hand the procedure over to the Ethics Committee.

4. The normal presumption is that there will be such an investigation. That may be rebutted, for example, if it is clear that the information is false, out of date or an otherwise wholly insufficient basis on which to initiate such an investigation.
5. If an investigation is merited, the Member shall be notified immediately of the decision in writing and the reasons for undertaking the investigation will be given in sufficient detail to enable them to understand the concerns about them and respond meaningfully. Where it is possible to do so (without breaching a confidence, for example) the Member will be given any documentation provided to the Association that relates to the matters set out at paragraph 3 above. The Member will be told that they will have an opportunity to make representations in person and in writing before any decision is made that would impact upon their practice.
6. The Chair of the Ethics Committee shall convene a fitness to practise panel meeting at which they and at least two members of the Ethics Committees shall be present and form the panel. This meeting shall be convened as expeditiously as possible. The Member whose fitness to practise is being investigated shall be invited to attend and given as much as notice as possible and no less than three working day's notice. When notified of the meeting, the Member shall be told that they can attend with a friend or representative and can also make written representations in advance of the meeting or submit

evidence that goes to the question of their current fitness to practise and any associated risk to patients.

7. At its first meeting, the fitness to practise panel shall consider:
 - a. the information received that goes to the matters listed at paragraph 3 above;
 - b. whether any impediment to fitness to practise may be overcome by the making of adjustments by the member, any employer or others;
 - c. any representations received from the Member;
 - d. any medical evidence available; and
 - e. the extent to which other information that is not available would be of assistance.
8. If the Member is present, the fitness to practise panel members shall then confer in private and then put to the member any decision they are minded to take under paragraph 9 below and consider the Member's comments before reaching it.
9. The fitness to practise panel may decide at its first meeting to:
 - a. take no further action;

- b. request that the Member supplies further information to them as to their fitness to practise within a set time frame;
- c. seek the Member's consent to any employer or GP's disclosure of information to the fitness to practise panel;
- d. seek the Member's consent to undergo an independent medical examination by a medical or mental health specialist as recommended by the Association and at the Association's expense;
- e. in circumstances where there appears to be a real risk of the Member imperilling the physical or mental health of a patient over the course of the following 21 days, temporarily suspend the Member's membership for up to 21 days while steps 9 b., c. or d above is or are being taken;
- f. notify any colleagues, employer or known patients of the Member of the fact of any temporary suspension and that the Member is not permitted to practise while it is in place; or
- g. accept undertakings from the member as to the basis on which they will practise or refrain from practicing while taking steps to address the impact of a disability or illness that impacts on their fitness to practise safely.

10. In the event of a decision to take any of the steps mentioned at 9 b. – e. above, a fitness to practise panel shall convene for a second meeting at which at least two of the panel members that attended the first must be present. Again, this should be prioritised and, where a temporary suspension of membership has been imposed, the fitness to practise panel shall meet before that suspension lapses if at all possible. The Member whose fitness to practise is being

investigated shall be invited to attend and given as much as notice as possible and no less than three working day's notice. When notified of the second meeting, the Member shall be told again that they can attend with a friend or representative and can also make written representations in advance of the meeting or submit evidence that goes to the question of their fitness to practise and any associated risk to patients.

11. At its second meeting, the fitness to practise panel shall reconsider the matters listed at paragraph 7 above and any other relevant information including the results of any inquiries made and report requested.

12. The fitness to practise panel may decide at its second meeting to:

- a. take no further action;
- b. extend the time for any of the inquiries and requests listed at 9 b. – d above to be concluded if there are good reasons to do so;
- c. in circumstances where there appears to be a real risk of the Member imperilling the physical or mental health of a patient over the course of the following 21 days, temporarily suspend the Member's membership for up to 21 days while any of the steps contemplated by 12 b above is or are being taken;
- d. accept undertakings from the member as to the basis on which they will practise or refrain from practising while taking steps to address the impact of a disability or illness that impacts on their fitness to practise safely; or

- e. in circumstances where there appears to be a real risk of the Member imperilling the physical or mental health of a patient and no other means of reasonably minimising or eliminating that risk, withdraw Member status;
- f. notify any colleagues, employer or known patients of the Member of the fact of any temporary suspension or withdrawal of Membership decision and the fact that the Member is not permitted to practise while either remains in place.

13. In the event that a fitness to practise panel needs to meet for a third time, it shall convene that meeting in the same way as the second one, but its decisions shall be limited to:

- a. taking no further action;
- b. accepting undertakings from the member as to the basis on which they will practise or refrain from practicing while taking steps to address the impact of a disability or illness that impacts on their fitness to practise safely; or
- c. in circumstances where there appears to be a real risk of the Member imperilling the physical or mental health of a patient and no other means of reasonably minimising or eliminating that risk, withdraw Member status; or
- d. notifying any colleagues, employer or known patients of the Member of the withdrawal of Membership and the fact that the Member is not permitted to practise while it remains in place.

14. A clear written record shall be made of any decision taken by a fitness to practise panel under paragraphs 9, 12 or 13 together with the reasons for it and this should be provided to the member as soon as possible and in any event within 10 working days of any meeting at which such a decision was made. When Membership status is withdrawn, the Member shall be offered the option of remaining as a Retired Member (without prejudice to the appeal and reconsideration processes below). In the event they take this option, the remaining proportion of their Member subscriptions paid for the current year shall count towards their Retired Member subscriptions.
15. Anyone whose Membership status has been withdrawn by a fitness to practise panel may apply:
- a. within three months of the decision to withdraw, to appeal against that decision on any grounds; and /or
 - b. within two years of a decision to withdraw, for their membership to be reconsidered on the basis that new information or evidence is available that has come into being since the meeting at which the withdrawal of Membership status decision was made or could not reasonably have been presented to that meeting.
16. An application for an appeal or reconsideration shall be made in writing.
17. Any such appeal or reconsideration shall be considered by a meeting of all members of the Ethics Committee save for those who were members of the relevant fitness to practise panel. Five members of the Ethics Committee will for these purposes form a quorum.

18. The applicant will be invited to supply to the Committee in advance of the hearing any documents in support of his/her application.

19. The applicant will be entitled to be present and to address the Ethics Committee in person and/or to be accompanied by a friend or representative. The application will be heard in private. The applicant or his/her representative may make any representations which they wish and may produce or refer to any documents. The members of the Ethics Committee may ask the applicant and/or his/her representative questions. The applicant and/or his/her representative may then address the Committee in closing.

20. The Committee will then withdraw to consider its decision. The decision may be majority decision. The Committee will inform the applicant and the Registration Committee in writing of its decision. The decision of the Ethics Committee will be final.

21. Nothing in this procedure shall be taken to sanction unlawful discrimination against a disabled person contrary to the Equality Act 2010.

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