

Responding to fitness to practise concerns

This form is for:

- responding to the HPAC where we have informed you about a referral we have received about your conduct as a registrant

Please provide responses to each concern listed in the description area, as well as any documents relevant to the investigation and in support of any new concern/s that you may be raising via a self-referral.

About you

Your full name

HPAC number

Your grade

Case number

Details about the concern

Person who made this referral

Referee occupation

Details about the concern continued

Date of alleged incident

Location of alleged incident

What evidence has been supplied?

Is this considered to be a crime?

Have the police been informed?

Have other authorities been informed? If yes please provide details

Details about any local actions and outcomes (e.g. local restrictions, investigations, Local Area Designated Officer (LADO) involvement, practice reviews, or HR/disciplinary process)

Patient safety concerns (as transposed from concerns form)

Did the referee state that any other concerns about patient safety against the registrant within their, or any other organisation had been raised, i.e. that patient safety or care is being compromised by the practice of colleagues or the systems, policies and procedures in the organisation in which they work?

Yes ☐ No ☒

If yes please provide more information

Were the concerns investigated or are they currently being investigated? Yes ☐ No ☒

List of supporting information in regard to the patient safety issue(s) raised and any investigation or explanation if the concern was not investigated.

Are there any additional concerns that have been reported? Yes ☐ No ☒

Description of additional concerns.

Your response to this concern

Do you believe these concerns are factual?

Yes ☐ No ☐ Partially ☐

Please provide a detailed response to the concern/s raised against you.

Ensure you respond to each concern. Be concise, professional and use plain english, keeping your response factual and focussed on addressing the concern/s. Avoid the use of slang terminology, unless you are providing a quote or defining a colloquialism relevant to your response.

Your response to this concern (continued)

Do you have evidence to support your statement in this section?

Yes ☐ No ☐

You can provide your evidence files as attachments in your email containing this response. To ensure we know what to expect and receive it all, please briefly describe what evidence you are sending (e.g. 3 x photos, 1 x statement from employer, 1 x training day certificate)

Declaration

In accordance with my duty as an HPAC registrant, and to the public interest, I confirm that all information I have provided is true and accurate to the best of my knowledge

About your knowledge regarding this referral

Your date of birth

(Please enter for verification)

Were you aware that a referral would be made against you?

Yes

☐☐

Are there any local or national actions and/or outcomes for you regarding this concern/s (e.g. police investigation, another regulator has or is investigating you, local restrictions, other investigations, Local Area Designated Officer (LADO) involvement, practice reviews, or HR/disciplinary process)

Your full name

Signature

Date