



Dishonest behaviour by health and care professionals: exploring the views of the public and professionals

New research report

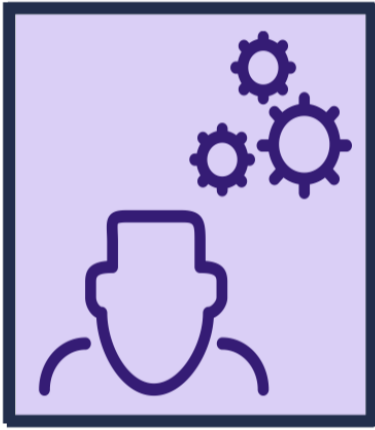
We put our trust (and often our wellbeing) in the hands of health and care practitioners so the issue of dishonesty and dishonest behaviour cuts to the heart of public perceptions of integrity

9 scenarios* were considered involving dishonesty in relation to:

-  patient records
-  convictions or previous identity
-  qualifications or employment history
-  theft from patients or colleagues
-  registration status or indemnity insurance
-  patient interactions
-  working at another job
-  (tax fraud) outside the immediate context of professional practice
-  lying about relationships with colleagues or patients to conceal inappropriate practice

We commissioned this research** because we found that, in many of the decisions about practitioners that we review and go on to appeal, dishonesty has not been properly taken into account.

The research reveals some interesting attitudes to dishonesty in health and social care

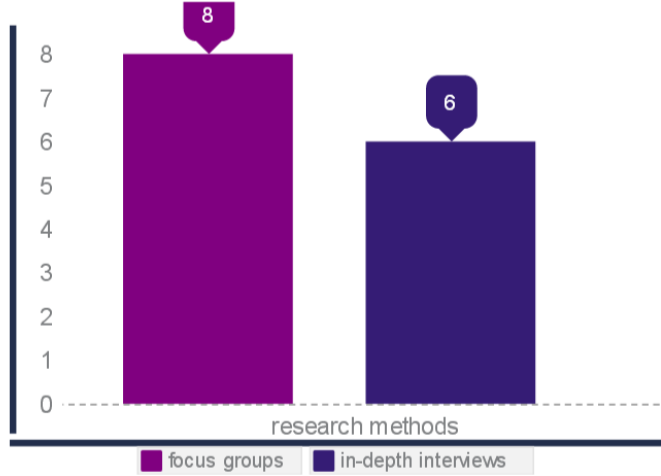


- There were some clear gender and generational differences, especially in cases involving professional boundaries or which contained a sexual element.
- Both public and professionals have a shared moral compass through which they view dishonesty by health and care professionals
- Although there were some variations, both public and professionals have a shared view of what constitutes aggravating and mitigating factors in professional dishonesty
- A consensus that premeditated, systematic or longstanding abuse of professional trust or dishonesty in the context of financial gain or sexual exploitation should be grounds for rapid deregistration
- The majority took a pragmatic and tolerant view with an emphasis on behaviour change and learning and rehabilitative and constructive outcomes, which allowed registrants to continue in the profession.

Qualitative research methods

Four groups each of public and professionals

8 focus groups



-  4 for public/consumers
-  4 for professionals, including those in other regulated professions eg architecture
-  held in Belfast, Cardiff, Glasgow, London in February 2016
-  6 in-depth interviews held with older consumers living in care homes/or dependent on carers

Public and professionals' perceptions on outcomes of fitness to practise panel hearings



Both the public and professionals appeared to be focused far more than the regulators on whether the case implied what they saw as either a direct risk to public safety or a significant risk to public confidence in the professions and professional standards.

Find out more about the research and the work of the Professional Standards Authority at:

www.professionalstandards.org.uk

*The scenarios were drawn from real life Fitness to Practise (FtP) cases that had been appealed or considered by the Authority, though some were adapted to simplify presentation.
 **The research was carried out by independent research agency Policis, using qualitative methods to explore responses to a number of scenarios based on real-life cases of professional dishonesty. The full report 'Dishonest behaviour by health and care professionals: Exploring the views of the general public and professionals. A report for the Professional Standards Authority for Health and Social Care', Policis, June 2016 can be downloaded from the Authority's website