

Communications Committee 4 November 2010

Transfer of regulatory functions from the General Social Care Council

Executive summary and recommendations

Introduction

This paper is intended to provide the Communications Committee with information about the proposed communications activities in relation to the transfer of regulatory functions from the General Social Care Council. It sets out the communications work plan as part of the overall project plan and updates the Committee on the work that has been undertaken so far.

Decision

The Committee is invited to discuss the attached documents.

Background information

See introduction

Resource implications

All communications activities associated with this project will be accommodated through the project plan budget.

Financial implications

As above.

Appendices

- Report on the transfer of social workers to the HPC register: communications update.
 - Appendix 1: a selection of social work media coverage to date
 - Appendix 2: some examples of social work parliamentary activity
 - Appendix 3: list of social work stakeholder groups
- Extract from the HPC project plan

Transfer of regulatory functions from the General Social Care Council

Introduction

This paper is intended to provide an update to the Communications Committee on communications activities to date in relation to the transfer of regulatory functions from the General Social Care Council.

Background information

In July 2010, the Coalition Government published the report 'Liberating the NHS: report of the arms-length bodies which stated that 'the regulation of social workers would be transferred to the HPC which will be renamed to reflect its new remit'.

A project plan has been drafted and the project group formally met on 20 October. This initial project meeting focused on policy issues as well as an overview of the GSCC and its functions and was an opportunity for team members to update on work that had been undertaken so far in respective departments. Future meetings will be held on a regular basis.

Communications activities to date

Top level communications activities have been incorporated into the HPC project plan, which is attached to this report, and progress will be monitored and reported through the project group. The communications team will also develop a comprehensive external and internal communications strategy which will identify key issues and messages, key audiences, objectives, risks and mitigations and set out detailed plans for communications activities. All members of the communications team will be involved in the project and will meet regularly to review progress. The Director of Communications sits on the project group and will attend meetings on behalf of the communications team.

Set out below are some of the activities we have undertaken since July.

Liaison with the GSCC

The Director of Communications has met with the GSCC's Head of Communications to update on key areas of work and discuss communication work associated with the transfer. The two heads of department are in regular contact. The Stakeholder Communications Manager has also met with the GSCC's Public Affairs Manager and the Media and PR Manager has liaised with the GSCC's media team regarding the initial position statement post announcement.

Media

In July, we issued a position statement responding to the Government's announcement that the GSCC would be closed and its regulatory functions transferred to the HPC. This position statement is now uploaded to our website. The Media and PR Manager and the Communications Officer (Media and PR) are monitoring social work media activity on a daily basis¹.

Some early themes are emerging from the media coverage to date including: the perception that HPC works to a health model; the importance to social workers of the profile and professionalism of social work; student registration; the difference in fees; the breadth of our FtP powers and processes; and the potential timescale for the transfer. The main themes drawn from the media coverage will enable us to develop key messages which will be set out in our communications strategy and will be central to our communications work. We will continue to monitor coverage and develop messages and relevant position statements throughout the transfer project.

It is essential that we develop good relationships with the professional media. We are in regular contact with reporters from Community Care and the Media and PR Manager has met with the Kirsty McGregor, their workforce journalist, to discuss ideas for future articles and stories. An interview with the Chief Executive has also been featured in Community Care.

Parliamentarians

The Stakeholder Communications Manager and Communications Officer (Stakeholder) are currently monitoring social work related information in parliament through our Dods Monitoring subscription².

We understand the Health Bill may be published in mid December with the first and second readings taking place before Christmas. In preparation, we have drawn up a list of MPs and Peers across all political parties. This list includes those who have an interest in social work as well as parliamentarians who are members of the APPG for Social Care and the Health Select Committee. We have begun to draft a briefing note which we may use once the Health Bill is published, if required, to brief parliamentarians on the HPC and our role in regulation.

The Chief Executive and Chair met with Paul Burstow MP, Minister of State (Care Services), Health, in October to discuss the transfer of social workers to the Register and, as part of our upcoming work with parliamentarians, we will organise meetings with interested MPs and Peers, as required, and publish regular articles and information on ePolitix.com.

¹ See appendix 1 for a selection of media coverage since July

² See appendix 2 for some examples of information gathered through Dods

Stakeholders

The communications team has identified a list of stakeholders³ with which we will need to engage through the course of the transfer project. We will continue to develop this list and develop appropriate communication and engagement strategies for the different categories of stakeholders identified. The broad headings include: the GSCC itself; social workers in England (registered and prospective); the social care regulators in Northern Ireland, Wales and Scotland; key stakeholders including the Social Work Reform Board and Unison for example; professional bodies; employers, parliamentarians; media; education related stakeholders; service users; and HPC employees and council members

To date, introductory letters have been sent to key stakeholder groups including the professional bodies, Unison, the social care regulators in the devolved administrations, the Social Care Institute for Excellence and the Associations of Directors of Social Services and of Children's Services. The purpose of the letter is to introduce the HPC and offer a meeting with the Chair and Chief Executive. There has been a positive response to these letters with meetings currently being set up.

As part of our upcoming work with employers, we will develop a list of employers and consider various activities including an introductory letter with information about the HPC, employer events and articles in relevant professional journals.

Events

Meeting social workers, employers and key stakeholders will be a very important part of our communications work. The Events Manager is currently researching potential social care events where we could have a presence at relevant stages in the transfer project. This could be either taking a stand or giving a presentation.

To date, we have been invited to speak at the Community Care Children and Families Live conference which takes place in London in November 2010. The conference attracts approximately 1000 delegates including social care professionals and providers across the public, private and voluntary sector as well as local authorities and key social care bodies. We are also meeting with the organisers of the annual Community Care Live conference which takes place in London in May 2011. This two-day conference and exhibition is aimed at social care professionals and attracts over 2,000 delegates, most of them practising social workers, and over 80 exhibitors.

Web and publishing

In August, we published an article in issue 30 of HPC In Focus. Titled 'HPC to take over regulatory function of General Social Care Council', it highlighted the Government report and reaffirmed our commitment to working with stakeholders to ensure a smooth handover of regulatory functions. We also published on www.hpc-uk.org our media statement 'HPC responds to Government report title, Liberating the NHS: Report of the arms-length bodies review'

³ See appendix 3 for a draft list of stakeholder groups

As part of our upcoming work, the Publishing Manager will continue to publish articles in HPC In Focus and will manage the publication process for the SOPs and SETs. The Web Manager will be responsible for ensuring there are new pages and up to date information throughout the course of the project.

HPC Employees

To date, two articles have been published in HPC Update – issue 10 published in September and issue 11 published in November. Both articles contained information about the transfer and updates on the formation of the PLG and the project group.

Employees have also been briefed in the all employee meetings on key activities being undertaken, for example the two senior management teams meeting, the Chief Executive's attendance at the Oversight project meetings and other relevant stakeholder work.

Next steps

Following the communications committee meeting and strategy workshop, the communications department will identify and discuss the key areas of work that will be required for the department over the course of next year. This will be incorporated into the department's 2011-12 workplan and the communications strategy for the transfer of social workers to the Register.

A selection of social work media coverage from July – October 2010

JULY

26/07/10 Community Care, Sector leaders shocked and surprised by abolition of GSCC

26/07/10 **Children & Young People Now, General Social Care Council**, Social workers will become the 16th profession to be regulated by the HPC, which is set to be renamed to take into account its new social role

26/07/10 **Community Care, Sector leaders shocked and surprised by abolition of GSCC**, Fran Fuller, chair of the British Association of Social Workers said she was “gobsmacked” and “I have my reservations; it could be out of the frying pan into the fire”

26/07/10 **General Social Care Council, GSCC response to ALB review**, ‘Effective and mature regulation is vital in building social work as a profession. The needs of those who use social work services and the professional integrity of social workers must be paramount in the new regulatory arrangements’

27/07/10 Children & Young People Now, Loss of GSCC could weaken professional voice, warns BASW

28/07/10 Community Care, GSCC to be scrapped

29/07/10 **Community Care, A leap into the unknown**, The abolition of the General Social Care Council has sent shock waves through the sector

29/07/10 **Community Care, What this could mean for professionals**, Cost? Post-registration learning? Education standards? Conduct? Codes of practice? Students?

29/07/10 **Community Care, GSCC makes conduct progress**, ‘This was a key recommendation from the independent review, by the Commission for Healthcare Regulatory Excellence, which said it would bring the GSCC more in line with healthcare regulators and enable it to more effectively improve practitioners competence’

29/07/10 **Community Care, GSCC to be scrapped in quango shake-up**, GSCC chair Rosie Varley responded “We were surprised by this decision. We recognise the economic imperative behind the proposal...”

30/07/10 Community Care, Call to appoint social workers to Health Professions Council, The Health Professions Council should immediately

appoint qualified social workers to senior positions to prove its commitment to the profession, a leading sector figure said

AUGUST

05/08/10 **Community Care, *New regulator promises social care staff have nothing to fear***, Marc Seale is interviewed by Community Care magazine

05/08/10 **Community Care, *GSCC abolition: Is there anything to fear?***, Leading social care figures ponder the pros and cons of the transfer of the its functions to the HPC.

05/08/10 **Community Care, *The GSCC was reformable***, The abolition of the GSCC puts in question the ability of social work to be properly regulated and for the public to be protected – says Melanie Henwood, lay member for the GSCC

12/08/10 **Community Care, *Reactions to the Health Professions Council taking on social work regulation***, ‘I think it is a poor move, HPC registers what I call support services, social work is a qualitatively different profession’

SEPTEMBER

02/09/10 **Community Care, *Thompson aiming for strong legacy after plan to reform GSCC is dashed***, interview with Penny Thompson, Chief Executive, General Social Care Council

06/09/10 **Community Care, *Professionals would have paid £300 fee under GSCC***, Paul Burstow warns of fee increase if the General Social Care Council had stayed

06/09/10 <http://news.basw.co.uk>, ***BASW’s concern at social work regulation plans***, BASW has voiced concerns that the government is pressing ahead with its plans to transfer the regulation of social work in England to the HPC without its involvement

16/09/10 **Community Care, *Workforce bodies face shake-up***, an article that looks into the government’s plan to review the roles and funding of the workforce development bodies supporting the social care sector in England

09/10 www.communitycare.co.uk, ***Care services minister on the GSCC, cuts and worker morale***, Q and A with Community Care workforce Editor and Paul Burtsov, Care Services Minister and Liberal Democrat MP, at Liberal Democrats’ conference in Liverpool

30/09/10 **Community Care, Minister: Registration could have cost £300 under GSCC**, Care service minister says annual fee would have had to rise tenfold to make GSCC financially independent

30/09/10 **Community Care, Care services minister reveals admiration for social workers**, Daniel Lombard asks Paul Burstow about caseloads, the decision to axe the GSCC and eligibility thresholds

OCTOBER

18/10/10 **Care magazine, Smooth transfer of social work register from GSCC To HPC pledged**, The man charged with overseeing the removal of the social care register from the General Social Care Council has assures social workers they should not notice significant changes during the transition process

18/10/10 **Community Care magazine, Transfer of GSCC conduct functions 'will not disrupt social work practice'**, Harry Clayton, chair of the oversight group set up to manage the handover to the Health Professions Council, said the healthcare regulator was "experienced in managing these kinds of changes"

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Sector leaders shocked and surprised by abolition of GSCC

Jeremy Dunning
Monday 26 July 2010 17:23



The head of the General Social Care Council has said she was "surprised" at the government's decision today to scrap the body and is seeking an early meeting to discuss its implications.

Chair Rosie Varley said there had been no discussion of the costs, benefits and consequences of the plan to abolish the GSCC and transfer its powers to the Health Professions Council. She said she wanted to ensure the sector's "professional integrity" remained paramount in the new arrangements.

Her reaction has been echoed across the sector, which is slowly digesting the news that the GSCC is to be abolished as part of a widespread review of "arm's-length bodies" within the Department of Health.

Varley said: "We were surprised by this decision. We recognise the economic imperative behind the proposal. However discussions have yet to take place about how this will work, including the costs, benefits and wider consequences. We are seeking an early meeting with the Health Professions Council and the government."

Fran Fuller, chair of the British Association of Social Workers, said she was "gobsmacked".

She said: "I have my reservations; it could be out of the frying pan into the fire."

She said she was concerned that the HPC worked to a health model, "which is very different to a social care model", and added that a decision should have been delayed until the new College of Social Work, which is currently being developed, had been formed.

In justifying the decision, the government said that the HPC's current charge for registrants – of £76 a year – was far less than social workers would be charged if plans to make the GSCC self-funding were taken forward. However, it is more than double the current GSCC charge of £30 a year, which is subsidised by government funding.

Helga Pile, Unison's national officer for social work, said: "Many social workers will balk at the prospect of the annual registration fee more than doubling at a time of pay freezes and rising living costs. Too few employers reimburse this and it is hard to see what added value there will be for social workers."

"We will be looking at the implications of these cuts and whether conflicts of interest may arise."

Richard Jones, president of the Association of Directors of Adult Social Services, said it was a "pity" because after a "difficult birth" the body seemed to have turned the corner.

However, he saw the GSCC's abolition as an opportunity for the College of Social Work, provided that it did not imply any downgrading of the government's wider programme to improve and reform social work.

He said: "I don't think this is downgrading the profile of social work itself. [The HPC] is saying it can do it [registration and regulation] more efficiently, which social workers would welcome. I would be really concerned about the profile of social work if we started to see a row back on the Social Work Reform Board's work."

Anna van der Gaag, chair of HPC, said: "The HPC acknowledges the work that GSCC has done in regulating social workers in England and in bringing about changes to regulation which reflect changes in the wider world of social care."

"We are committed to establishing good working relationships with the social work profession, employers, education providers, user groups and other stakeholders as well as our colleagues in the regulatory councils in Northern Ireland, Scotland and Wales."

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GSCC to be scrapped

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General Social Care Council to be scrapped

Children & Young People Now
26 July 2010

The General Social Care Council (GSCC) is to be scrapped, with responsibility for regulating social workers transferred to the Health Professions Council (HPC).

Social workers will become the 16th profession to be regulated by the HPC, which is set to be renamed to take into account its new social care role.

The move is part of a major overhaul of the Department of Health's (DoH) arm's length bodies, which is aimed at cutting costs.

In its *Report of the Arm's Length Bodies Review*, the DoH said there was "no compelling reason" for the GSCC to continue.

The review concludes that a review of social care regulation is needed due to the major differences in the functions of the GSCC and HPC.

For example, the GSCC registers students, which the HPC does not. Also, the HPC is solely responsible for setting standards in training, whereas the Secretary of State for Health is in control of the training required for social work. Legislation is also needed to scrap the GSCC.

Health Secretary Andrew Lansley said: "In order to secure every possible means to promote greater value for money and efficiency, we have acted decisively to ensure that our arm's length bodies sector remains fit for purpose and affordable."

Membership to the HPC costs £76 a year and the body already has more than 200,000 professionals, including chiropodists, hearing aid dispensers and occupational therapists, registered to it. The current annual fees charged by the GSCC are £30 for social workers and £10 for students.

In November last year the GSCC was criticised in a review into a backlog in handling misconduct cases. The review followed the discovery of 203 unallocated misconduct cases. Around one in 10 of these had public protection concerns.

GSCC chair Rosie Varley said she was surprised by the decision. "We recognise the economic imperative behind the proposal. However, discussions have yet to take place about how this will work, including the costs, benefits and wider consequences. We are seeking an early meeting with the HPC and the government."

She added that the needs of those who use social work services and the professional integrity of social workers must be paramount in the new regulatory arrangements.

"I'm very proud of GSCC staff who have worked tirelessly over the past year to strengthen public protection and contribute to the reforms coming out of the Social Work Task Force.

"We will go on building on our recent progress in strengthening both the regulation of social workers and of social work education. We will continue to work with the government, employers, universities, social workers and service users to strengthen the profession and ensure public confidence in it." Varley added.

HPC chair Anna van der Gaag said: "The HPC acknowledges the work that GSCC has done in regulating social workers in England and in bringing about changes to regulation which reflect changes in the wider world of social care.

"We are committed to establishing good working relationships with the social work profession, employers, education providers, user groups and other stakeholders as well as our colleagues in the regulatory councils in Northern Ireland, Scotland and Wales."

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Sector leaders shocked and surprised by abolition of GSCC

Jeremy Dunning
Monday 26 July 2010 17:11



The head of the General Social Care Council has said she was "surprised" at the government's decision today to scrap the body and is seeking an early meeting to discuss its implications.

Chair Rosie Varley said there had been no discussion of the costs, benefits and consequences of the plan to abolish the GSCC and transfer its powers to the Health Professions Council. She said she wanted to ensure the sector's "professional integrity" remained paramount in the new arrangements.

Her reaction has been echoed across the sector, which is slowly digesting the news that the GSCC is to be abolished as part of a widespread review of "arm's-length bodies" within the Department of Health.

Varley said: "We were surprised by this decision. We recognise the economic imperative behind the proposal. However discussions have yet to take place about how this will work, including the costs, benefits and wider consequences. We are seeking an early meeting with the Health Professions Council and the government."

Fran Fuller, chair of the British Association of Social Workers, said she was "gobsmacked".

She said: "I have my reservations; it could be out of the frying pan into the fire."

She said she was concerned that the HPC worked to a health model, "which is very different to a social care model", and added that a decision should have been delayed until the new College of Social Work, which is currently being developed, had been formed.

In justifying the decision, the government said that the HPC's current charge for registrants – of £76 a year – was far less than social workers would be charged if plans to make the GSCC self-funding were taken forward. However, it is more than double the current GSCC charge of £30 a year, which is subsidised by government funding.

Helga Pile, Unison's national officer for social work, said: "Many social workers will baulk at the prospect of the annual registration fee more than doubling at a time of pay freezes and rising living costs. Too few employers reimburse this and it is hard to see what added value there will be for social workers.

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Anna van der Gaag, chair of HPC, said: "The HPC acknowledges the work that GSCC has done in regulating social workers in England and in bringing about changes to regulation which reflect changes in the wider world of social care."

"We are committed to establishing good working relationships with the social work profession, employers, education providers, user groups and other stakeholders as well as our colleagues in the regulatory councils in Northern Ireland, Scotland and Wales."

Responding to the changes, shadow health secretary and Labour leadership contender Andy Burnham said: "It is essential that social workers are appropriately regulated and that the functions of GSCC are not watered down in the move to the Health Professions Council."

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GSCC to be scrapped

Health Secretary transfers social care regulation in quango blitz



Monday, 26 July 2010

The regulation of social workers will be transferred from the General Social Care Council to the Health Professions Council as part of a shake-up of health quangos, the government has announced.

The review by Health Secretary Andrew Lansley also concluded that the Care Quality Commission should be retained as a quality inspectorate across health and social care.

The CQC will operate a joint licensing regime with Monitor, which will act as an economic regulator. The Commission will in addition become the host organisation for HealthWatch, a new consumer body that is intended to play a key role in the revamped NHS.

Also being retained is the National Institute for Health and Clinical Excellence, which will have an expanded scope to include social care standards.

Under the proposals, the number of health-related arm's length bodies (ALB) will be reduced from 18 to between eight and ten.

Key developments include:

- The abolition of the Health Protection Agency, which protects the health and wellbeing of the population. Its functions will be transferred to the Secretary of State as part of the new Public Health Service.
- The removal from the sector of the Council for Healthcare Regulatory Excellence, which oversees professional regulators. It will be turned into a self-funding body with an extended role to set standards and quality assure voluntary registers.
- The retention of the NHS Litigation Authority, which handles negligence claims and works to improve risk management practices in the NHS. An industry review will be commissioned to see if there are potential opportunities for greater commercial involvement.

The Health Secretary said: "Over the years the ALB sector has grown to the point where overlap between organisations and duplication of effort have produced a needless bureaucratic web. By making sure that the right functions are being carried out at the appropriate level, we will free up significant savings to support frontline NHS services."

Lansley also unveiled a consultation paper – *Regulating Healthcare Providers* – on plans to free up foundation trusts.

The proposals include making it easier for a foundation trust to merge or take over another trust, and giving more flexibility to foundation trusts to allow greater staff and patient involvement "with the possibility of some smaller organisations being led only by employees".

The consultation paper also proposes removing the statutory private income cap to give trusts opportunities to expand the services they offer to patients "but ensuring that they remain focused on providing NHS services". Statutory borrowing limits that are not imposed on voluntary or private providers will also be removed.

Lansley said: "In order to improve health outcomes and the service the NHS gives to patients, it must be free from the shackles of central control."

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GSCC response to ALB review

26/07/2010

Commenting on the DH's announcement that the GSCC's functions will be transferred to the Health Professions Council (HPC), Chair Rosie Varley said:

"We were surprised by this decision. We recognise the economic imperative behind the proposal. However discussions have yet to take place about how this will work, including the costs, benefits and wider consequences. We are seeking an early meeting with the Health Professions Council and the government.

"Effective and mature regulation is vital in building social work as a profession. The needs of those who use social work services and the professional integrity of social workers must be paramount in the new regulatory arrangements.

"I'm very proud of GSCC staff who have worked tirelessly over the past year to strengthen public protection and contribute to the reforms coming out of the Social Work Task Force. We will go on building on our recent progress in strengthening both the regulation of social workers and of social work education. We will continue to work with the government, employers, universities, social workers and service users to strengthen the profession and ensure public confidence in it."

We have produced a frequently asked questions (FAQs) section to answer any queries.

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Loss of GSCC could weaken professional voice, warns BASW

By Lauren Higgs

Children & Young People Now

27 July 2010

The abolition of the General Social Care Council (GSCC) risks weakening the professional voice of children and families' social workers, the British Association of Social Workers (BASW) has warned.

The GSCC is to be scrapped by April 2012 and responsibility for regulating social workers will transfer to the Health Professions Council (HPC). This follows a review of the Department of Health's arm's length bodies, designed to cut costs.

But Nushra Mansuri, professional officer at BASW, told *CYP Now* that the loss of the GSCC could make it harder for children and families' social workers to maintain a strong professional voice.

"There is sadness to see the institution set up for social workers being usurped by the health regulator," she said. "It begs the question of what exactly that is going to mean for social workers."

Mansuri added that the creation of the Care Quality Commission (CQC), the regulator for health and social care services, posed many challenges for the profession, some of which could be repeated when the GSCC is absorbed into the HPC.

"There were difficulties with merging health and social care with CQC," she explained. "We need to learn lessons from that."

Matt Dunkley, vice-president of the Association of Directors of Children's Services, argued that the scrapping of the GSCC makes the establishment of the National College of Social Work even more urgent.

But he said the loss of the GSCC could be tolerable, if the cash saved by such a move is reinvested into the ongoing programme of social work reforms.

"If the changes announced this week free up resources to invest in the wider reforms to build a more confident and skilled profession then they must be welcomed," he explained.

"As important, if not more so, than getting regulation right, is that the reforms and investment recommended by the social work taskforce are fully implemented."

But Roger Kline, social care officer at children's services union Aspect, warned that the abolition of the GSCC could pose big problems to the sector.

"It's hard enough to push through the social work reforms," he said. "We could really do without this. The HPC has no experience of dealing with social work."

He added that the HPC would find it harder to make decisions on the misconduct of social workers than it would health professionals, since social work is based on relationships rather than scientific facts.

"The challenges of regulating social work are very different," he explained. "Especially post Baby P."

Posted Comments

There are currently no comments.

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Role of the Health Professions Council and changes to quangos

Jeremy Dunning

Tuesday 27 July 2010 12:43

The Health Professions Council regulates 15 health workforces and was set up in 2001.

Among the professions it regulates are arts therapists, biomedical scientists, chiropodists and podiatrists, clinical scientists, dieticians, hearing aid dispensers, occupational therapists, physiotherapists, practitioner psychologists, radiographers, and speech and language therapists.

Its main purpose is to "safeguard the health and well-being of persons using or needing the services of registrants".

The council's role is to set registration standards, approve education and training programmes, maintain a register of people who successfully complete such programmes and take action if standards are not met.

It has the statutory power to make recommendations to the health secretary on the regulation of new groups.

As part of the review, there will be changes to many quangos, with ones in the care sector particularly affected. These include:

National Treatment Agency for Substance Misuse

- Responsible for improving the accessibility and effectiveness of drug treatment and helping people become drug free.
- Abolished and functions transferred to new Public Health Service by April 2012.

Care Quality Commission

- Responsible for regulating health and social care services.
- Will lose responsibility for assessing NHS commissioning but social care role likely to remain the same.

National Institute for Health and Clinical Excellence

- Provides guidance on public health and clinical practice in healthcare.
- Remit extended to social care, taking functions from the Social Care Institute for Excellence

Monitor

- Assesses NHS foundation trusts.
- Will become economic regulator for health and adult social care with responsibility for ensuring best use of resources.

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GSCC to be scrapped

Jeremy Dunning
Tuesday 27 July 2010 12:41



The General Social Care Council is to be scrapped as part of a government review of quangos.

In future, regulation of social workers will be carried out by the Health Professions Council, which regulates 15 professions including occupational therapists and psychologists, though this is to be renamed.

The government made the announcement today as part of a widespread review of "arm's-length bodies" within the Department of Health, which will see the abolition of up to 10 quangos saving up to £180m by 2014-15.

Explaining its decision, the DH said it saw "no compelling reason" to retain the GSCC and instead saw "potentially significant benefits from putting the regulation of social workers on a similar footing to the regulation of health professionals".

The government said the decision was in line with the wider reforms set out in the health White Paper, *Equity and Excellence: Liberating the NHS*, namely to cut cost and remove duplication and burdens on the NHS.

It said it would be cheaper for social workers to register with the HPC, which currently charges £76 a year. The government said this is less than the likely fee if the GSCC were to operate alone on a full-cost recovery basis.

However it accepted there were differences between the two bodies, which will need to be explored through a review of social care regulation.

Among these the HPC is solely responsible for setting education and training standards, while it is for the health secretary to decide what training is needed to become a social worker.

The HPC does not register students, unlike the GSCC, nor does it approve post-registration courses apart from in a small number of cases.

The changes will require primary legislation, though this is dependent on discussion with the HPC and the GSCC.

The decision goes further than the previous government's plans, which involved transferring the GSCC's social care functions to another body, leaving the GSCC as a regulator for social workers.

A DH spokesperson said discussions had been undertaken between the GSCC and the department last week at policy level, though Community Care understands that many staff were shocked by the decision.

It is uncertain what will happen to GSCC staff, while the future of Skills for Care and the Social Care Institute for Excellence still remains open.

Commenting on the arm's-length review, health secretary Andrew Lansley said: "Over the years the sector has grown to the point where overlap between organisations and duplication of effort have produced a needless bureaucratic web.

"By making sure that the right functions are being carried out at the appropriate level, we will free up significant savings to support front-line NHS services.

"I know that the uncertainty created by this review has been difficult for staff. The constructive support of the chairs and chief executives of all the organisations has been invaluable throughout this process. We will be supporting them to carry on their essential work during and beyond the period of transition."

Among other bodies set to be scrapped is the National Treatment Agency for Substance Misuse, which is focused on providing treatment for people who misuse drugs.

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BASW responds to planned abolition of GSCC

BASW has responded to the Westminster government's surprise decision to abolish the General Social Care Council and fold its regulatory work into a wider healthcare body, by insisting that the new entity must strongly recognise social work in its title and its focus.

News of the planned demise of the GSCC in April 2012 emerged today in the Department of Health's 'Review of arm's length bodies (ALBs) to cut bureaucracy'. The document revealed details of a plan to reduce ALBs – organisations working at national level, but at 'arm's length' from a government department – from 18 to between eight and ten, securing projected savings of over £180m by 2014/15.

Announced by health secretary Andrew Lansley the review outlines a plan to 'transfer the regulation of social workers to the Health Professions Council, which will be renamed to reflect its new remit.'

A Department of Health source suggested to BASW England joint manager Ruth Cartwright that the new body could be titled the 'Health and Care Profession Commission', a name at odds with a call from BASW chief executive Hilton Dawson for the new regulatory organisation to be known as 'the Health Professions and Social Work Council'.

Expressing concern at the absence of consultation ahead of the sudden announcement, he said "it is essential that BASW is fully consulted and involved in the construction of this new body".

He added: "While BASW has advocated with the new government that regulation of the profession must be much leaner and fitter we are concerned that this announcement has come out of the blue.

"The further development of regulation must allow for a statutory role for the UK College of Social Work and we envisage that the enabling legislation which will be required to fulfil this announcement will provide the occasion for the Social Work Act of Parliament for which BASW has been lobbying."

The proposed April 2012 closure of the GSCC coincides neatly with the planned formal launch of the College of Social Work in March 2012, although how the GSCC's work – in regulating the social work profession and monitoring standards of higher education provision – will be divided up in the future remains uncertain.

The shift of regulatory responsibility could have an impact on the fees social workers pay to register. The Department of Health source suggested to Ms Cartwright [see blog <http://baswengland.tumblr.com/post/861584721/the-demise-of-the-gscc-world-and-the-difficulties-ahead>] that fees could rise from £30 a year to as much as £76, in line with fees paid by comparable health sector personnel.

Clearly shocked by the announcement, the GSCC's chair Rosie Varley said: "We were surprised by this decision. We recognise the economic imperative behind the proposal. However discussions have yet to take place about how this will work, including the costs, benefits and wider consequences. We are seeking an early meeting with the Health Professions Council and the government."

The 'Review of arm's length bodies' also contained news for the Care Quality Commission, which currently regulates health and adult social care provision. The review recommends retaining the CQC and potentially assuming certain functions from such disparate organisations as the Human Tissue Authority and Human Fertilisation and Embryology Authority.

BASW welcomed the retention of the CQC but insisted that before assuming new responsibilities it had to demonstrate its effectiveness in monitoring social care services. Ruth Cartwright said: "The CQC has some way to go to show a good understanding of social work and social care – BASW is always ready to assist it in gaining this increased understanding and urges it to work positively with us and with those who are developing the College."

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COMMUNITYcare

COMMENT

A LEAP INTO THE UNKNOWN



**Bronagh
Miskelly
Group Editor**

The abolition of the General Social Care Council has sent shock waves through the sector. Many had predicted changes to the regulator's responsibilities but the government's decision to remove a body that has been an important plank of the social work reform process has left social work leaders "gobsmacked".

The GSCC has been far from perfect but in recent months it has seemed to overcome its growing pains and start to make real progress as a mature player in maintaining the professional standards of social work.

No longer was the conduct system struggling under the weight of a heavy backlog – and, indeed, the GSCC was looking forward to refining the system and the sanctions it imposes. Great strides have been made in the open assessment of university-based social work education with the publication of inspection reports for the first time and the GSCC has been a significant player in the work to implement the recommendations of the Social Work Task Force.

How exactly all this activity is

**"We need to know
what will happen to
those GSCC functions**

carried forward under the umbrella of the Health Professions Council and what happens to the expertise built up by GSCC staff requires a lot more detail than the six paragraphs devoted to it in the Department of Health quango report.

Stumbling in the dark

We know the HPC operates a fitness-to-practise model which could help with the reforms of the social work conduct system. And while a registration fee of around £80 is more than social workers pay at present, it is a lot less than the figures banded around for an independent GSCC. What we don't know is if that will come with a lower level of service.

In fact there is a great deal that it seems nobody knows at present – including the leadership of the revised HPC. The decision has an air of the cart before the horse. The change is happening so now the profession and the regulator have to work out how it will happen. Those negotiations must not throw away the best of the GSCC's legacy.

We need a social work regulation and registration system that builds on the work of the GSCC rather than starts from scratch. We need a transition period that recognises the expertise of GSCC staff and that the social care sector is not "just like health".

And finally we need to know what will happen to those of the GSCC's current functions that do not fit within the HPC's remit.

In short, there is much to be done if social work's professional development is to stay on course.

→ See opposite

**that do not fit with-
in the HPC's remit"**

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What this could mean for professionals

Cost

The government has said it will be cheaper for social workers to register with the Health Professions Council, which currently charges £76 a year, than it would have been to register with an independent social work regulator. However, this is more than double the £30 social workers currently pay to register with the government-subsidised GSCC.

Post-registration learning

Registration with the HPC is linked to continuing professional development, but it approves only a "small number" of post-registration qualifications. The GSCC approves all courses offering a formal post-qualifying award.

Education standards

Responsibility for regulating education will transfer to the HPC. The GSCC recently began publishing inspection reports of undergraduate and postgraduate social work degree programmes. Similarly, the HPC publishes "approval visit reports" for education providers.

Conduct

The HPC operates a fitness to practise system, which looks at professional competence as well as conduct. Both the Social Work Task Force and the Council for Healthcare Regulatory Excellence have previously backed a similar model for social work.

Codes of practice

The GSCC has been reviewing its codes of practice for social care workers and employers in the context of work being done by the Social Work Reform Board to develop a national standard for employers. The HPC sets out mandatory "standards of proficiency" for its registrants, which will now be developed for social workers.

Students

The HPC does not register students, suggesting there is "insufficient evidence" that it is necessary to protect the public. Yet this is an important part of the GSCC's remit, because social work students can be placed in frontline teams soon after starting a course.

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GSCC makes conduct progress

The General Social Care Council has made progress in turning round its failing conduct function, according to a report published on the day its abolition was announced.

The regulator identified a backlog of 201 cases in June 2009, prompting the government to order an independent review which went on to identify systemic failings in the management and risk assessment of conduct cases. The review demanded an overhaul of the system to improve public protection.

In its progress report, the GSCC confirmed that it had met a government target to clear the backlog by March. It said that since then there had been no unallocated conduct cases, while risk assessments were being undertaken immediately on new cases.

However, plans have stalled to change GSCC conduct rules to establish a fitness to practise system that would enable the council to assess social workers' professional competence, as well

as their conduct, and impose conditions on their practice.

This was a key recommendation from the independent review, by the Commission for Healthcare Regulatory Excellence, which said it would bring the GSCC more in line with healthcare regulators and enable it to more effectively improve practitioners' competence.

Plans to consult on rule changes in May and implement them in October were set out in a GSCC progress report to ministers in April.

However, ministers are yet to approve GSCC proposals to reform the conduct rules meaning the consultation has not taken place, and it is not known what impact the abolition of the regulator and the transfer of its functions to the Health Professions Council will have.

The establishment of a fitness to practise regime was one of three areas identified as requiring further progress against the CHRE's recommendations.

Bonfire of the quangos underway

National Treatment Agency for Substance Misuse

- Responsible for improving the accessibility and effectiveness of drug treatment and helping people become drug free.
- Abolished and functions transferred to new Public Health Service by April 2012.

Care Quality Commission

- Responsible for regulating health and social care services.
- Will lose responsibility for assessing NHS commissioning but social care role likely to remain the same.

National Institute for Health and Clinical Excellence

- Provides guidance on public health and clinical practice in healthcare.
- Remit extended to social care, taking functions from the Social Care Institute for Excellence.

Monitor

- Assesses NHS foundation trusts.
- Will become economic regulator for health and adult social care with responsibility for ensuring best use of resources.

THE HEALTH PROFESSIONS COUNCIL

The Health Professions Council, set up in 2001, regulates 15 workforces. Among the professionals it regulates are arts therapists, biomedical scientists, chiropodists and podiatrists, clinical scientists, dieticians, hearing aid dispensers, occupational therapists, physiotherapists, practitioner psychologists, radiographers, and speech and language therapists.

Its main purpose is to "safeguard the health and well-being of persons using or needing the services of registrants".

The council's role is to set registration standards, approve education and training programmes, maintain a register of people who successfully complete such programmes and take action if standards are not met.

It can make recommendations to the health secretary.



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POLICY

GSCC to be scrapped in quango shake-up

**Social care responsibility
to be taken on by health
workforce regulator**

jeremy.dunning@rbi.co.uk

The General Social Care Council is to be scrapped as part of a government review of quangos.

Regulation of social workers will in future be carried out by the Health Professions Council, which regulates 15 professions including occupational therapists and psychologists, although the body will be renamed.

The government made the announcement on Monday as part of a review of "arm's-length bodies" within the Department of Health, which will see the abolition of up to 10 quangos saving up to £180m by 2014-15.

The DH said it saw "no compelling reason" to retain the GSCC and instead saw "potentially significant benefits from putting the regulation of social workers on a similar footing to the regulation of health professionals".

GSCC chair Rosie Varley responded: "We were surprised by this decision. We recognise the economic imperative behind the proposal. However, discussions have yet to take place about how this will work, including the costs, benefits and wider consequences. We are seeking an early meeting with the Health Professions Council and the government."

The government said it would be cheaper for social workers to register with the HPC, which currently charges £76 per year, than the likely fee if the GSCC were to operate alone on a full-cost recovery basis.

The government accepted there were differences between the two bodies, which will need to be explored through a review of social care regulation.

Among these is the HPC's sole

responsibility for setting education and training standards while the health secretary decides what training is needed to become a social worker.

The HPC does not register students, unlike the GSCC, nor does it approve post-registration courses.

The changes, which require primary legislation, go further than the previous government's plans, which involved transferring the GSCC's social care functions to another body, leaving it as a regulator for social workers.

It is uncertain what will happen to the GSCC's staff. The National Treatment Agency for Substance Misuse, which is focused on providing treatment for people who misuse drugs, is also set to be scrapped, while the future of Skills for Care and the Social Care Institute for Excellence remains unclear.

Health secretary Andrew Lansley said: "Over the years the sector has grown to the point where overlap between organisations and duplication of effort have produced a needless bureaucratic web."

Fran Fuller, chair of the British Association of Social Workers, said she was "gobsmacked" by the GSCC's planned abolition.

"I have my reservations; it could be out of the frying pan into the fire," she said.

She added that she was concerned that the HPC worked to a health model, "which is very different to a social care model", and added that a decision should

have been delayed until the new College of Social Work, which is currently being developed, had been formed.

Richard Jones, president of the Association of Directors of Adult Social Services, however, saw the GSCC's abolition as an opportunity for the college, provided that it did not imply any downgrading of the government's wider programme to improve and reform social work.

→Join the debate at bit.ly/bxPRgd



Rosie Varley: Surprised by the government decision



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Call to appoint social workers to Health Professions Council

Daniel Lombard
Friday 30 July 2010 14:36

The Health Professions Council should immediately appoint qualified social workers to senior positions to prove its commitment to the profession, a leading sector figure said.

David N Jones, former general secretary of the British Association of Social Workers and an Ofsted inspector until this year, also called on the HPC to change its name to reflect the importance of social work in the organisation.

Jones, now a consultant, was recruited in 2007 by Ofsted, which suffered criticism over its lack of social care experience. Referring to the problems after responsibility for children's social care inspections were transferred from the Commission for Social Care Inspection to Ofsted in April 2007, Jones said: "The key lesson for the new systems is that there's got to be more than lip service in the new regulator to the significance of social work."

He cited the way education for looked-after children was assessed as an example of how social care could become marginalised.

"If you look at the criticisms of both the Care Quality Commission and Ofsted, it's clear that social work and social care were not reflected in senior positions from the beginning and the social work voice was not taken into account strongly enough," said Jones.

"The main consequence of this was that it wasn't felt too much on the frontline but, for example, in discussions about the significance of education for looked-after children in Ofsted. That was a very difficult debate which became predominantly about education."

Jones also criticised the "arrogance" of the Department of Health for failing to consult unions and other bodies in the sector over the changes.

Under plans laid out in a review of arm's-length bodies, published earlier this week, the General Social Care Council will be abolished by 2012 and transfer responsibility for regulating social care to the Health Professions Council.

"The way the announcement was made and the insulting lack of consultation showed a complete lack of understanding about the history and the way in which the GSCC was formed.

"It was arrogant and suggests a lack of willingness to listen to the profession."

Helga Pile, national officer for Unison, said she was surprised and disappointed that England's largest social workers' union was not consulted over such a big decision.

• What do you think about the decision to scrap the GSCC? Join the debate on [CareSpace](#)

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[Sector leaders shocked and surprised by abolition of GSCC](#)

EXCLUSIVE

New regulator promises social care staff have nothing to fear

Chief executive says the Health Professions Council will adapt to social workers

klrsty.mcgregor@rbi.co.uk

Social work has nothing to fear from the Health Professions Council, the body's chief executive has insisted, as it takes over responsibility for regulating the profession.

In an exclusive interview, Marc Searle promised to listen to views from the sector and adapt the HPC's conduct and registration systems to benefit social workers.

Searle was speaking to *Community Care* days after the Department of Health announced that the General Social Care Council would be scrapped and its functions, including the registration of 80,000 social workers in England, transferred to the HPC by 2012.

Sector leaders were left shocked by the decision, made without consultation and announced just four months after the previous Labour government recommended the creation of a "General Social Work Council".

Professional profile

But Searle attempted to reassure practitioners by saying: "By bringing social work in line with the regulation we've got here, the professional profile will be raised. It's absolutely not going to hinder it."

Responding to fears raised on CareSpace – *Community Care's* online forum – that social work would become dominated by healthcare models of regulation, Searle said he would not attempt to "shoehorn" social workers into the HPC.

"I think we'll find things in the world of social work where we'll actually be able to improve what we do for the existing professions," Searle said. "But also where things work for those professions, we can bring that to social work."

In a wide-ranging interview, he explained the integrated approach



"As a regulator, if we set our standards or processes without asking people first, we're doomed"

MARC SEARLE, CHIEF EXECUTIVE, HPC

to regulation would also help universities, but raised doubts whether social work students would continue to be registered with the HPC, as they are under the GSCC.

Searle was confident, for example, that the HPC could offer social workers a better, less "punitive" conduct system by applying the fitness to practise model it currently uses for the professions it regulates.

Searle said this system, which includes the power to impose conditions for practice on professionals, would be applied to social work as soon as the GSCC's functions were transferred to the HPC.

"At the end of the day, a profes-

sional might be able to redeem themselves and potentially come back onto the register," he said. "We have to balance protecting the public with the human rights of the registrant: it's not a punishment process."

Student supervision

This mirrors the conduct system recommended by the Social Work Task Force and the Council for Healthcare Regulatory Excellence in separate reports. The GSCC had hoped to introduce a similar system.

Searle was not convinced that social work students needed to remain on the register, however, and said higher education institutions could monitor their behav-

KEY MESSAGES

- The HPC will adapt to social work, not the other way round.
- It can offer social work regulation independence from government at and lower fees than GSCC.
- Under its licence to practise system, the HPC will be able to impose conditions on social workers who are found guilty of professional misconduct.
- The HPC does not register students, relying instead on higher education institutions to monitor their behaviour.
- The wider social care workforce will not be a priority for registration.

our on their own. The GSCC has argued that they should be, because students can be placed in frontline teams within weeks of beginning a course.

But Searle explained: "We say to universities: 'If you're running a programme, you have to make sure the students are behaving on the course and on practice placements'. If they don't do that we can withdraw approval from the programme."

While doctors and nurses are regulated by the General Medical Council and the Nursing and Midwifery Council respectively, the HPC, established in 2002, regulates 15 other healthcare professions such as paramedics, physiotherapists and chiropodists.

Searle said the profile of those fields had been raised by their involvement with the HPC, and pledged to do the same for social work.

While much of the detail will be worked out over the coming months before the transfer of functions begins this summer, Searle said there would be opportunities for social workers to have their say as part of the HPC's ongoing cycle of updating and improving its standards.

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EXCLUSIVE

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kirsty.mcgregor@rbi.co.uk
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what we do for the existing professions," Searle said. "But also where things work for those professions, we can bring that to social work."

In a wide-ranging interview, he explained the integrated approach to regulation would also help universities, but raised doubts whether social work students would continue to be registered with the HPC, as they are under the GSCC.

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“As a regulator, if we set our standards or processes without asking people first, we’re doomed”

MARC SEARLE, CHIEF EXECUTIVE, HPC

NEWS

REGULATION

GSCC abolition: Is there anything to fear?

Leading social care figures ponder the pros and cons of the transfer of GSCC functions to the Health Professions Council

The coalition's decision to abolish the General Social Care Council and transfer its functions to the Health Professions Council is the latest in a series of moves to give health bodies responsibility for social care functions.

Last month's health White Paper also extended the remit of the National Institute for Health and Clinical Excellence to producing quality standards for social care. It will take over functions from the Social Care Institute for Excellence. In addition, Monitor, which regulates foundation trusts, will become an "economic regulator" for health and social care.

Past examples of social care functions being absorbed into other bodies may give cause for concern.

Lord Laming, in his 2009 report on child protection,

said expertise in inspecting safeguarding was lost when Ofsted took responsibility for assessing children's social care from the Commission for Social Care Inspection in 2007.

A similar concern was raised by outgoing CSCI chair Denise Platt when the Care Quality Commission took responsibility for regulating health and social care in 2009, because many CSCI managers did not transfer to the new body.

Community Care asked leading figures from across social care whether the sector has anything to fear from the latest plans.

→ What do you think of the GSCC abolition? Join the debate at www.communitycare.co.uk/care-space-gsccab



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MADLINE MOON, Labour MP for Bridgend and former south Wales social worker

Social work has never been valued as a professional orientation in its own right. The problem is that healthcare works on a medical model where the priority is the needs of the hospital and the doctor, rather than the needs of the client or the patient.

The social work profession always operates on the basis of the best interests of the individual.

My worry is that, without careful management, we will lose that focus on the individual social welfare needs of the client.

They should have protected



the focus on social work in regulation, especially at a time when social work is under such attack and it needs to develop a more

stable and confident workforce. You're not going to get that when social work is seen as a handmaiden to health.

PETER BERESFORD, professor of social policy at Brunel University and chair of service user network *Shaping Our Lives*

Health and social care's separate development means they have become more like chalk and cheese than sympathetic buddies.

While health is still too often narrowly medically based, seeing the root of most problems in



account of the individual in her or his environment, community and social context.

The over-medicalised nature of mental health policy and

individual illness and pathology, social care has benefited from a much broader social approach that takes

provision is a warning of the problems to expect when medical models predominate.

Worse is the David and Goliath problem, with health bodies granted more funding, credibility and respect, reinforcing social care's inferior status. Social care must have its own bodies to safeguard its own distinct role and contribution - otherwise these will be at risk.

DES KELLY, executive director,
National Care Forum

Greater alignment of health and social care is clearly desirable for people receiving services.

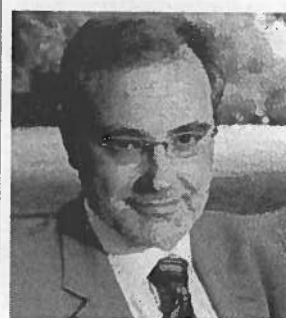
Therefore, bringing together bodies that exist to support the delivery of service may seem logical. But health and social care are not joined up.

There is a real risk that merging improvement bodies will lose the distinctive contribution of social care. Social care provision, although still largely a publicly-funded service, is different from the NHS, with more than 40,000 employers and with even greater diversity as personalisation develops new services and employers.

The drive to reduce the budget deficit is being used



as a justification and the only surprise is how easy it all seems to have been. But there will be significant consequences, including the risk that resources are wasted in rearranging structures and dismissing the benefits existing ones can deliver.



DAVID N JONES, a former Ofsted inspector (2007-10) and previous general secretary of the British Association of Social Workers

There has to be a clear demonstration that the new workforce regulator will cover the whole of social work.

Some social workers are in healthcare settings, others are in, say, criminal justice and children's services, so there has to be a huge change in the healthcare body to engage with the whole spectrum.

Social work is crucial to supporting health and education but, because social work is a small profession, has fewer people involved and only deals with some of the most difficult cases that come before universal services, there's a risk that it becomes dominated by the other professions.

The other issue is that structural change in regulation and services can increase the risk to children. Maria Colwell died in 1973 during the implementation of the Seebohm reforms which created social services departments, for example.

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JILL MANTHORPE, director of the social care workforce research unit, King's College London

Not surprisingly, there is anxiety among some in social work about the cost-benefit equation of moves into health bodies. Less fear has been expressed in the wider social care community. The question perhaps is not so much whether social care functions are safe but whether interests, values and priorities can survive.

Social care functions may be better serviced by the resource bank of healthcare regulators. Look, for example, at the comparative funding of the professional regulators in health and in social care; and how funding does seem to help the health system. Think how the NHS locally supports the involvement of clinicians in the running of their royal colleges.

Further, we may be able to learn from health about how professionals can influence their



workload and safety levels.

Lastly, the government is also planning to transfer health functions – public health specifically – to local government. Social care and social work have much to offer here, on prevention, protection and personalisation. What a seismic change this might be.



MARION DAVIS, president, Association of Directors of Children's Services

There is no doubt that the transfer of responsibility for inspecting children's social care was logistically and professionally challenging for Ofsted.

The challenge lay in developing an inspection framework that took into account social work values and practice, rather than assessing compliance with processes. To assist in this, each profession should have a strong and coherent organisation, such as the proposed national college, to develop clear professional standards.

Regulators and inspectors should then use these standards to hold organisations and individuals to account.

THE GSCC WAS REFORMABLE

The abolition of the GSCC puts in question the ability of social work to be properly regulated and for the public to be protected



Melanie Henwood

The much heralded “bonfire of the quangos” has begun with the publication of the review of arm’s-length bodies by the Department of Health.

The review found “no compelling reason” why the GSCC should remain as an executive non-departmental public body. The regulator should be funded by registration fees, it argued, and thereby registrants would “buy into their professional standards”. To this end the GSCC is to be abolished and regulation of the social care workforce transferred to the Health Professions Council.

There is no awareness in the review that the GSCC had itself reached similar conclusions about the desirability of independence of government and has already developed plans for this. It does not require a transfer of functions to another body for this to be satisfied.

There are significant differences between health and social care but there is no recognition of this. The Health Professions Council will be renamed to reflect its new remit, but this is about much more than a name change. Social care has its own ethos and model of understanding which is very different from the medical model which characterises

“Social care has its own ethos and model of understanding”

many health professions.

In addition the GSCC currently registers social work students as well as qualified practising social workers; the Health Professions Council does not register students. There is a vital public protection role in registering social work students who work alone with vulnerable service users, unlike other health professions where students are always supervised.

The abolition of the GSCC fails to address many of its wider roles or to take on board key recommendations from the Social Work Taskforce.

In particular, there are questions about the regulation of social work education, the assessed year in employment and about supervision. Furthermore, how will these changes affect the newly established College of Social Work?

There are significant risks that in the quest for efficiency and reduction of bureaucracy there will be unintended consequences that reduce public confidence and – most importantly – public protection.

After a period of turbulence last year over its handling of conduct proceedings the GSCC had got things back on track. There is a real danger that the prospect of abolition will have a major impact on morale and on the capacity to continue to deliver an efficient and effective regulation system and to ensure public protection. Is that a price worth paying?

Melanie Henwood was a lay member of the General Social Care Council from 2002 to April 2010 and its vice chair from 2008.

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Reactions to the Health Professions Council taking on social work regulation

mexican bandit: "I think it is a poor move. First, the HPC registers what I call support services – art therapists, occupational therapist, physiotherapists and others. Social work is a qualitatively different profession to these, with responsibilities more on a par with teachers and doctors."



cb: "I think trying to create a 'hierarchy of professions' – oh look, 'we' are 'better' than this or that other profession – doesn't really do us service to be honest. Occupational therapists and psychologists can become approved mental health professionals (and nurses, of course) who hold a similar role to the one approved social workers previously did. It isn't a competition, we are all working together."

Reggie: "I am becoming increasingly exasperated with the negative comments about the GSCC. Okay it has made some mistakes in the past and I understand that as a regulator of the profession it will have made many enemies, especially those who have been subject to complaints investigations and conduct hearings – but it was set up to ensure social workers meet professional standards and to hold to account those who do not."

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EXCLUSIVE

Thompson aiming for strong legacy after plan to reform GSCC is dashed

In her first interview in the role, the GSCC's chief urges its successor body to adapt to meet social work's needs

kirsty.mcgregor@rbi.co.uk

The General Social Care Council will strive to leave a strong legacy for the sector's workforce when the organisation is disbanded in 2012, its chief executive has said.

In her first interview since taking over in March, Penny Thompson said she was disappointed not to be able to implement her GSCC reform plans.

But she vowed the GSCC would continue to uphold standards among England's workforce until its functions are transferred to the **Health Professions Council (HPC)** in two years.

The regulator employs about 230 staff in London and Rugby and trade union Unite has expressed concern about their uncertain futures.

But Thompson said the message she has given them is to "keep calm and carry on".

"Our priorities are continuing to run a safe and effective function now, while we're still the regulator," Thompson said.

TRUBLESHOOTER

The coalition government announced in July it was scrapping the GSCC as part of a review of arm's-length bodies overseen by the Department of Health. Regulation of social workers will be carried out by the HPC, which oversees 15 health-related professions, including occupational therapists and paramedics.

"I'd understood the way forward was for [the GSCC] to become independent over a number of years by becoming more efficient and effective," Thompson said.

"My corporate plan and business plan were geared towards achieving that over a period of

time, so I was surprised by the announcement."

Thompson, who has a reputation as a troubleshooter, was brought in as the permanent replacement for Mike Wardle after he was sacked in November 2009 following a damning review of the GSCC's conduct system.

She was adamant that the work led by her and the two interim chief executives before her, Paul Philip and Paul Snell, would not be wasted.

For example, the GSCC has been developing a fitness to practise model of regulation to replace its conduct system. This could make the transfer of functions easier, because the HPC already has such a model in place.

"We'll want to discuss with the HPC how we would have sought to bring the best of modern fitness to practise to bear," Thompson said.

Although the HPC and GSCC are broadly agreed on the benefits of fitness to practise, they remain divided over the question of whether to register students.

In addition to 85,000 social workers having to register, all 15,000 social work students must do likewise, meaning they have to pay £10 a year and abide by the code of practice.

However, Marc Seale, chief executive of the HPC, has previously said registration of students is not necessary to protect the public.

But Thompson said: "The HPC's position has been that, in the areas they regulate, they don't see a reason to regulate students partly because, for example, they don't have access to users of services without supervision.

"Student social workers do have unsupervised access to users of services."

The HPC encourages higher education institutions to monitor students' behaviour, but Thompson said universities might not be able to handle

15,000 social work students.

"The government may want to take a view on what they would require of the regulator and the HPC will have to think about what they're managing in relation to social work," she said.

Ultimately, she said, the HPC needed to understand the differences between social work and the other professions it regulates.

"Social work is conducted with individuals and families in often troubling and trying circumstances. It involves the identification of significant risk and sometimes the use of authority in a way that a number, if not all, of those other [15 professions] don't."

Many social workers have expressed concern that the transfer of functions to the HPC will result in social work losing its identity as a distinct profession.

The HPC can address these concerns in several ways, Thompson said, including changing its name and ensuring its standards reflect social work and use the right language.

"You don't want language that's focused entirely on using words such as 'patients'," she said.

An independently-chaired advisory group will be set up in September to oversee the transfer to the HPC. "That'll provide the architecture for early conversations," said Thompson. "But we're a long way from the detail."

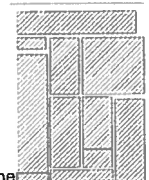
→ *Community Care* interviewed Penny Thompson in conjunction with www.personneltoday.com

"I'd understood the way forward was for the GSCC to become independent"

PENNY THOMPSON



The wartime slogan, "Keep calm and carry on", is one Penny Thompson (right) wants to impress on GSCC staff



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You are in: News

'Professionals would have paid £300 fee under GSCC': Burstow Burstow warns of £300 fees if GSCC had stayed

Daniel Lombard
Friday 03 September 2010 15:41



Social workers in England would have faced registration fees of up to £300 had ministers decided to retain the General Social Care Council.

The current annual fee of £30 could have gone up ten times to meet the cost of making the organisation financially independent of government, as confirmed by care services minister Paul Burstow in a letter seen by *Community Care*.

Burstow raised concerns that this was "not sustainable" in a letter to senior academic Hilary Tompsett, explaining the reasons behind the Department of Health's shock decision to scrap the GSCC.

"We explored the possibility of maintaining an independent social work regulator funded by the profession," Burstow wrote. "However, if the GSCC was to become independent of government and self-funding it is currently forecasting that its fees would need to rise to around £250-£300 per social worker per year. We are concerned that this cost is not sustainable."

Instead, the GSCC is being abolished and its regulatory functions transferred to the Health Professions Council, which currently regulates 15 professions such as clinical scientists, dietitians and hearing aid dispensers. Registration fees at the HPC are currently £76 per year.

A spokesperson for the GSCC said Burstow's forecast was "an estimate at the higher end based on our current operating costs".

"However, we had been discussing with DH our business strategy aimed at making fees considerably more affordable by driving down our costs through a programme of reform rolled out over two to three years."

Burstow pointed out that the HPC is an experienced regulator with a "proven track record" of providing "effective, safe and value for money regulation" at a cost of £76 per year for each professional.

He insisted the government remains committed to the regulation of social workers in order to protect the public and uphold the status and standards of the profession.

However, the Lib Dem minister stressed that regulators must be independent of government, and raised concerns about the GSCC's financial model relying on public funding.

This echoed a recommendation from the Council for Healthcare Regulatory Excellence published in a report last November, which said the GSCC should become financially self-sufficient to bring the organisation into line with healthcare regulators.

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BASW's concern at social work regulation plans

BASW has voiced concerns that the government is pressing ahead with its plans to transfer the regulation of social work in England to the Health Professions Council (HPC) without its involvement.

In a letter sent in early September, the care services minister Paul Burstow sets out the rationale for abolishing the General Social Care Council (GSCC) and moving its functions to the HPC and says he will set up a group to oversee the transfer.

But in a written response, copied to care councils across the UK, BASW chief executive Hilton Dawson said he had hoped BASW would be invited to join the group.

The group will be chaired by the chief executive of the Council of Healthcare Regulatory Excellence, Harry Clayton, who will advise the Department of Health and Department for Education on issues including how to retain the 'distinctiveness of the social work profession' within the HPC regime.

Mr Dawson said BASW has worked with chief executives of the GSCC on 'numerous occasions to try to help them change an organisation which was oppressive as well as inefficient into something better'.

Mr Dawson also cautioned that the £76 annual fee that social workers will be expected to pay the HPC, an increase of more than 150%, may impact on the willingness of practitioners to also pay for membership of a future College of Social Work.

'Social work is not a health profession. It will be completely unacceptable for the HPC to take on the regulation of something as universally significant as the social work profession without substantial changes to its operating procedures and culture,' he warned.

'This should be reflected in a change of name to the Social Work and Health Professions Council. There is no way that you will achieve your aim of maintaining the confidence of the profession without taking this small but significant step,' he added.

He also commented on suggestions that social work students would no longer be registered once regulation is transferred to the HPC, describing this as inconsistent with the policies of care councils in Northern Ireland, Scotland and Wales, and leaving the public in England less protected.

BASW has no confidence in the ability of a higher education sector, which has admitted to us that it has passed students who should have not been allowed to qualify as social workers, to regulate itself. We insist that the Social Work and Health Professions Council continues with the registration and regulation of social work students." Mr Dawson wrote.

[Hilton Dawson's letter to minister](#)

Produced by JIG Media on behalf of BASW Online

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Workforce bodies face shake-up

Review into funding and roles of Scie, Skills for Care, and skills academy launched

daniel.lombard@rbi.co.uk

The government is reviewing the roles and funding of the workforce development bodies supporting the social care sector in England.

The review is focusing on bodies such as Skills for Care, the Social Care Institute for Excellence, and the National Skills Academy for Social Care, which receive together £18m from the Department of Health each year. Changes are set to be announced in the government's strategic vision for social care, expected in November.

A DH spokesperson said: "The department will be considering the roles and funding of workforce development bodies in the context of the development of its strategic vision for social care."

A report commissioned by the Labour government and seen by *Community Care* under the Freedom of Information Act described England's national workforce bodies as expensive, incoherent and confusing to service users and other professions.

The review also found the organisations:

- Risked duplicating services.
- Lacked overall leadership and



Kelly: Backs merger of skills councils

responsibility, slowing change.

- Carried a high risk of failing to deliver on workforce change.

The review of Scie, General Social Care Council and Skills for Care was completed in 2009 but ministers shelved it because it failed to offer clear solutions to the problems it raised.

The change of government has brought a £15m budget cut for the Children's Workforce Development Council and notice that the GSCC is to be abolished in 2012, with regulation of social workers transferred to the **Health Professions Council**. Scie is due to have some functions transferred to the National Institute for Health and Clinical Excellence.

But the structures of the other

bodies remains untouched, leading experts to predict further reform.

Nick Johnson, chief executive of the Social Care Association, said it was important that services were not duplicated across organisations. "The functions still need to be carried out, but we don't want them to be carried out twice," he said.

Des Kelly, executive director of the National Care Forum, suggested merging Skills for Care with Skills for Health, the skills council for the UK's healthcare workforce.

"We have exhortations from government for the sectors to work together – the creation of the Care Quality Commission [formed through a merger of the health and social care inspectorates], for example – so it would make more sense for both skills councils to join together," he said.

Sharon Allen, chief executive of Skills for Care, said the social care sector was "a complex world", adding: "We are all working hard to clarify the different and complementary roles of organisations within the sector.

"Skills for Care has a central role to play in making sure that we create products that employers can use on the frontline and make sure the voice of 40,600 social care establishments is heard at a strategic level."

GROUPS UNDER REVIEW

Skills for Care

Government funding for 2010-11: £11m

Remit: to work with employers in adult care to improve training and workforce standards in England.

Key services: workforce data for employers; national induction standards for social workers; support programme for newly qualified adults' social workers.

Social Care Institute for Excellence

Government funding for 2010-11: £3.8m

Remit: to identify and spread best practice across social services in England, Wales and Northern Ireland.

Key services: guidance videos on the Scie TV channel online; e-learning resources; knowledge reviews on key topics.

National Skills Academy for Social Care

Government funding for 2010-11: £3m

Remit: to develop leadership and promote excellence in workforce training in the sector in England.

Key services: courses on leadership and commissioning; developing a kitemark for training courses in the wider social care market.



You are in: News

Care services minister on the GSCC, cuts and worker morale

Daniel Lombard

Wednesday 22 September 2010 16:35

Community Care caught up with Paul Burstow, care services minister and Liberal Democrat MP, at the Liberal Democrats' conference in Liverpool. We asked for his views on the spending cuts affecting local government, his handling of the decision to abolish the General Social Care Council and the morale of social workers.

Q: Research by *Community Care* has shown eight in 10 councils in England will not meet adult service users' moderate care needs. Do you think councils will continue to raise eligibility thresholds as the massive spending cuts in local government take hold?

A: Let's start with a different proposition: local government does not know what the spending review decisions are going to be. Some directors are already being prudent in advance of the review but they don't know the answer until 20 October [when the spending review will be published]. Every local authority has a responsibility to do its best to make efficiencies and protect the frontline - there are better ways they can do this than salami-slicing and slash and burn. There are huge variations in how much they are spending on residential care - some councils spend 70% of their budget, others spend 30%. Preventive services such as telecare can drive up efficiency.

Q: One in six social workers holds a caseload of more than 40, according to *Community Care's* recent survey of practitioners, and there are major concerns about general working conditions. How would you describe the mood and morale among social workers in England at the moment?

A: I have the utmost admiration for social workers. Too often they get a tough deal with the media when things go wrong. The Social Work College is a great idea; we think that's a really good way to strengthen the status and standing of social work. The Big Society is giving social workers the opportunity to go back to the jobs they used to do. They can play a part in developing community and support groups.

Q: The Social Work Task Force reported last year that social workers feel vulnerable to being "done to" by government due to the lack of leadership in the profession, but you apparently took the decision to close the General Social Care Council and transfer the regulation of their profession to the Health Professions Council without consulting anyone in the sector. What do you say to social workers who might feel you're no better than the Labour government in implementing top-down reform without any concern to their views?

A: I think social workers would not have thanked the government if we had allowed the GSCC to continue in its role and the same financial model, which would have meant them having to pay £400 for their annual membership instead of the £70-something it will cost them with the Health Professions Council. The choices we have to make are between spending money on bodies like these and spending them on the frontline, and I don't think social workers would have thanked me if we had diverted money away from the frontline.

Q: How will you ensure that social work is not marginalised in the process of transferring regulation to the Health Professions Council?

A: By changing the name and by making sure that the transition has real input from the likes of Moira Gibb [chair of the Social Work Reform Board] to ensure that the council understands the nature of the social work role.

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WORKFORCE

Minister: Registration could have cost £300 under GSCC

Care services minister says annual fee would have had to rise tenfold to make GSCC financially independent

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Social workers in England would have faced registration fees of up to £300 had ministers decided to retain the General Social Care Council.

The current annual fee of £30 could have gone up 10 times to meet the cost of making the organisation financially independent of government, a letter from care services minister Paul Burstow, seen by *Community Care*, has confirmed.

Burstow raised concerns that this was unsustainable in a letter to vice chair of the GSCC Hilary Tompsett, explaining the reasons behind the Department of Health's shock decision to scrap the GSCC.

"We explored the possibility of maintaining an independent

social work regulator funded by the profession," Burstow wrote. "However, if the GSCC was to become independent of government and self-funding it is currently forecasting that its fees would need to rise to around £250-£300 per social worker per year. We are concerned that this cost is not sustainable."

Instead, the GSCC is being abolished and its regulatory functions transferred to the Health Professions Council, which currently regulates 15 professions such as clinical scientists, dietitians and hearing aid dispensers. Registration fees at the HPC are currently £76 per year.

A spokesperson for the GSCC said Burstow's forecast was "an estimate at the higher end based on our current operating costs".

"However, we had been discussing with the DH our business strategy aimed at making fees considerably more affordable by driving down our costs through a

programme of reform rolled out over two to three years."

Burstow's letter said that the HPC was an experienced regulator with a "proven track record" of providing "effective, safe and value-for-money regulation" at a cost of £76 per year for each professional.

He insisted the government remained committed to the regulation of social workers in order to protect the public and uphold the status and standards of the profession.

However, Burstow stressed that regulators must be independent of government, and raised concerns about the GSCC's financial model relying on public funding.

This echoed a recommendation from the Council for Healthcare Regulatory Excellence in a report last November, which said the GSCC should become financially self-sufficient to bring the organisation into line with healthcare regulators.



Care services minister reveals admiration for social workers

Daniel Lombard asks Paul Burstow about caseloads, the decision to axe the GSCC and eligibility thresholds

Q *Community Care* research has shown eight in 10 councils in England will not meet adult service users' moderate care needs. Will councils continue to raise eligibility thresholds as cuts take hold?

A Local government does not know what the spending review decisions will be. Some directors are being prudent in advance of the Comprehensive Spending Review but they will not know until 20 October.

Every local authority has a responsibility to do its best to make efficiencies and protect the frontline – there are better ways they can do this than salami-slicing and slash and burn.

There are huge variations in how much they spend on residential care – some councils spend 70% of their budget, others 30%. Preventive services such as tele-care can drive up efficiency.

Q One in six social workers holds a caseload of more than 40. How would you describe the mood and morale of social workers?

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standing of social work. The Big Society is giving social workers the opportunity to go back to the jobs they used to do. They can play a part in developing community and support groups.

Q You apparently took the decision to close the General Social Care Council and transfer the regulation of social work to the Health Professions Council without consulting the sector. Is it the

case that you're no better than the Labour government in implementing top-down reform without listening to social workers' views?

A Social workers would not have thanked the government if we had allowed the GSCC to continue in its role and the same financial model, which would have meant them paying £400 for their annual membership instead of the £70-something it will cost with the HPC. The choices are between spending money on bodies like these and spending on the frontline, and I don't think social workers would have thanked me if we had diverted money away from the frontline.

Q How will you ensure that social work isn't marginalised in the HPC?

A By changing [its] name and by making sure that the transition has real input from the likes of Moira Gibb [chair of the Social Work Reform Board] to ensure that the council understands the nature of the social work role.



Burstow: "Social workers get a tough deal from the media"

EXCLUSIVE

Transfer of GSCC conduct functions 'will not disrupt social work practice'

Official overseeing transfer of social work regulator sets out plans for change

kirsty.mcgregor@rbi.co.uk

The man charged with overseeing the removal of the social care register from the General Social Care Council has assured social workers they should not notice significant changes during the transition process.

Harry Cayton, chair of the oversight group set up to manage the handover to the Health Professions Council, said the healthcare regulator was "experienced in managing these kinds of changes".

"The HPC is an efficient organisation and I expect it to manage reasonably well in taking on the register and other technical issues," he said in an interview with *Community Care*.

CONDUCT FUNCTIONS

Cayton is chief executive of the Council for Healthcare Regulatory Excellence (CHRE), which oversees the work of nine health regulators, including the HPC.

He was appointed by ministers to lead the transfer of the GSCC's registration and conduct functions after the government announced in July it was scrapping the regulator, following a Department of Health review.

The decision went further than the previous government's plans, which involved transferring the GSCC's social care functions to another body and making the GSCC an independent, self-funded regulator for England's 86,000 qualified social workers.

Care services minister Paul Burstow said this would have resulted in an "unsustainable" hike in fees from the existing charge of £30 to around £250-

£300 per social worker per year. However, the GSCC disputed his figures.

Instead, social workers are expected to be charged £76 by the HPC, the amount currently paid by members of 15 health-related professions including occupational therapists and paramedics which are overseen by the IIPC, when, under the plan, they join in early 2012.

During the transfer, some of the ongoing conduct cases involving social workers will continue to be heard under GSCC rules, while others will move to the HPC.

"The people involved in those cases need to be confident that fairness will prevail," Cayton warned.

The government has set a relatively tight timescale for the transfer, but Cayton said the oversight group would not allow rushed decisions.

"We're determined to do the job properly, and that's more important than the timetable," he said.

LONGER TERM CHANGES

However, Cayton confirmed that the transfer was likely to result in some major longer term changes to social work regulation.

As previously announced, the HPC is likely to move social work to a fitness to practise model of regulation, where social workers are held accountable for their professional competence as well as their conduct - as used in the health professions.

The appeals process is also likely to change, Cayton said. Appeals against decisions of the GSCC's conduct committee are currently heard by the First-tier (Care Standards) Tribunal.

But Cayton said appeals should be heard by the High Court, again bringing social work in

line with the nine health profession regulators overseen by the CHRE.

"From the CHRE's point of view it creates consistency and we think consistency across regulation is important," said Cayton.

This would also allow the CHRE to challenge the HPC's decisions in relation to social work, particularly if it thought the regulator had been unduly lenient in individual cases.

Unions and social workers have raised concern about this drive to bring social work, which focuses on human relationships, in line with more clinically-orientated professions.

"The HPC does regulate people already who are in the 'human behaviour' professions, not just the purely physical health professions," argued Cayton.

"That said, I understand and believe it's legitimate for social workers to raise those questions and it's up to the HPC to demonstrate that it is capable of understanding and responding to particular issues around social work."

As well as changes to the regulation system, some of the GSCC's other functions are likely to be split off and transferred to other bodies, such as the College of Social Work. Cayton said functions such as workforce planning were outside the specific remit of a regulator.

Separating workforce planning from regulation would move the approach in England away from those taken in Scotland, Northern Ireland and Wales. Cayton admitted this could cause some "differences and tensions" over time.

The HPC has written to a group of social work organisations and stakeholders and has set up a professional liaison group to consult on the proposed changes.

Cayton said he expected to update Burstow on the oversight group's progress within the next few weeks.

"We are determined to do the job properly, and that's more important than the timetable"

HARRY CAYTON

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↓ MEMBERS OF THE OVERSIGHT GROUP

- Harry Cayton, chief executive of the Council for Healthcare Regulatory Excellence
- Penny Thompson, chief executive of the General Social Care Council
- Marc Seale, chief executive of the [Health Professions Council](#)
- Moira Gibb, chair of the Social Work Reform Board
- Representatives from the Department for Education and the Department of Health.



The GSCC's non-conduct functions will be given to other bodies

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Smooth transfer of social work register from GSCC to HPC pledged Exclusive interview with Harry Cayton

Kirsty McGregor
Monday 18 October 2010 17:15



(Picture, chair of oversight group Harry Cayton, credit John Behets)

The man charged with overseeing the removal of the social care register from the General Social Care Council has assured social workers they should not notice significant changes during the transition process.

Harry Cayton, chair of the oversight group set up to manage the handover to the Health Professions Council, said the healthcare regulator was "experienced in managing these kinds of changes".

"The HPC is an efficient organisation and I expect it to manage reasonably well in taking on the register and other technical issues," he said in an interview with *Community Care*.

Conduct functions

Cayton is chief executive of the Council for Healthcare Regulatory Excellence, which oversees the work of nine health regulators, including the HPC.

He was appointed by ministers to lead the transfer of the GSCC's conduct and registration functions after the government announced in July it was scrapping the regulator, following a Department of Health review.

The decision went further than the previous government's plans, which involved transferring the GSCC's social care functions to another body and making the GSCC an independent, self-funded regulator for England's 86,000 qualified social workers.

But care services minister Paul Burstow said this would have resulted in an "unsustainable" cost with fees rising from the existing charge of £30 to around £250-£300 per social worker per year. The GSCC disputed his figures.

Instead, social workers are expected to be charged £76 by the HPC, the amount currently paid by members of 15 health-related professions including occupational therapists and paramedics which are overseen by the HPC, when it is expected they join in early 2012.

During the transfer, some of the ongoing conduct cases involving social workers will continue to be heard under GSCC rules, while others will move across to the HPC.

"The people involved in those cases need to be confident that fairness will prevail," Cayton warned.

The government has set a relatively tight timescale for the transfer, but Cayton said the oversight group would not allow rushed decisions.

"We're determined to do the job properly, and that's more important than the timetable," he said.

Long-term change

However, Cayton confirmed that the transfer was likely to result in some major longer term changes to social work regulation.

As previously announced, the HPC is likely to move social work to a fitness to practise model of regulation, where social workers are held accountable for their professional competence as well as their conduct - as used in the health professions.

The appeals process is also likely to change, Cayton said. Appeals against decisions of the GSCC's conduct committee are currently heard by the First-tier (Care Standards) Tribunal.

But Cayton said appeals should be heard by the High Court, again bringing social work in line with the nine health profession regulators overseen by the CHRE.

"From the CHRE's point of view it creates consistency and we think consistency across regulation is important," said Cayton.

This would also allow the CHRE to challenge the HPC's decisions in relation to social work, particularly if it thought the regulator had been unduly lenient in individual cases.

Unions and social workers have raised concern about this drive to bring social work, which focuses on human relationships, in line with more clinically orientated professions.

"The HPC does regulate people already who are in the 'human behaviour' professions, not just the purely physical health professions," argued Cayton.

"That said, I understand and believe it's legitimate for social workers to raise those questions and it's up to the HPC to demonstrate that it is capable of understanding and responding to particular issues around social work."

As well as changes to the regulation system, some of the GSCC's other functions are likely to be split off and transferred to other bodies, such as the College of Social Work. Cayton said functions such as workforce development were outside the specific remit of a regulator.

Separating workforce development from regulation would move the approach in England away from those taken in Scotland, Northern Ireland and Wales. Cayton admitted this could cause some "differences and tensions" over time.

The HPC has written to a group of social work organisation and stakeholders and has set up a professional liaison

group to consult on the proposed changes.

Cayton said he expected to update Burstow on the oversight group's progress within the next few weeks.

Members of the oversight group

- Harry Cayton, chief executive of the Council for Healthcare Regulatory Excellence
 - Penny Thompson, chief executive of the General Social Care Council
 - Marc Seale, chief executive of the Health Professions Council
 - Moira Gibb, chair of the Social Work Reform Board
 - Representatives from the Department for Education and the Department of Health
-

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**Appendix 2: some examples of social work parliamentary activity
(monitored through Dods Monitoring)**

Written Parliamentary Answers – Social Work

Meg Munn: To ask the Secretary of State for Health what plans he has to consult social workers on proposed changes to arrangements for their registrations.

Paul Burstow: The proposed changes to the arrangements for the registration of social workers were announced in July 2010 as part of the Department's arm's-length bodies review *Equity and Excellence: Liberating the NHS*. This review contains indicative timescales for implementation, which will require primary legislation and be subject to the legislative timetable.

More detailed plans will be developed in discussion with all interested parties, including the Social Work Reform Board. These plans will be determined by the need to maintain public protection, professional confidence and ensure that people are treated fairly and with respect.

Meg Munn: To ask the Secretary of State for Health if he will take steps to ensure that the proposed new body for the regulation of social workers include the term social work in its title.

Paul Burstow: An oversight group has been established to support the transfer of **General Social Care Council** (GSCC) functions to the **Health Professions Council** (HPC). This group which includes the chief executives of both the GSCC and the HPC has been asked to advise Ministers on an appropriate name for the new organisation. The Social Work Reform Board and other key partners in the sector are being engaged in discussions about the transfer, including the name of the new of body. However, it will ultimately be for Parliament to approve any proposed new name.

Appendix 3: Draft list of social work stakeholder groups

Employers

[Primarily in local authorities](#)

Independent organisations (residential care homes)

Charities (NSPCC, Banardos)

Some also work for the NHS (hospitals, mental health trusts, and community-based settings)

Professional bodies

[British Association of Social Workers](#)

Tel: +44 (0)121 622 3911

Email: info@basw.co.uk

The British Association of Social Workers (BASW) is the national organisation representing social workers.

[The College of Social Work](#)

Tel: +44 (0)20 7089 6840

Email: collegeadmin@scie.org.uk

The College of Social Work is being established following a major review of adults' and children's social work services in England by the Social Work Task Force.

[Association of Directors of Children's Services Ltd](#)

Tel: +44 (0)161 838 5757

Email: info@adcs.org.uk

The Association of Directors of Children's Services Ltd - ADCS - is the national leadership association in England for statutory directors of children's services and other children's services professionals in leadership roles.

[Association of Directors of Adult Social Services](#)

Tel: +44 (0)20 7072 7433

Email: team@adass.org.uk

The Association of Directors of Social Services (ADASS) represents all 179 directors of social services in England, Wales and Northern Ireland.

[Social Care Association](#)

Tel: +44 (0)20 8397 1411

Email: web@scaed.demon.co.uk

The Social Care Association (SCA) is the association for all staff groups in the social care service.

Education stakeholders

[Social work recruitment campaign](#)

Tel: 0845 604 6404

The Department of Health's website for all the information you need on starting a career in social work or social care.

[Social Work Admissions System/University and College Admissions Service](#)

Tel: +44 (0)870 1122211

Applications for social work courses are made through the Social Work Admissions System (SWAS), part of UCAS. UCAS is the central organisation that processes applications for full-time undergraduate courses in UK universities and colleges.

[Education Development International](#)

Tel: +44 (0)8707 202 909

Education Development International offers a range of NVQ courses in health and social care.

[Social Work Education Participation](#)

Email: swep@scie.org.uk

Social Work Education Participation is a website for service users, carers, staff of higher education institutions, practice educators, students and all organisations and individuals who want to ensure that user and carer involvement in social work education is of a consistently high standard.

Professional media

[Community Care](#)

Tel: +44 (0)20 8652 4861

Visit Community Care for the latest news, features, debates and legal updates for all areas of the social care profession.

[Society Guardian](#)

Visit Society Guardian for rolling news coverage, comment, special reports on social care and health, child protection, and other issues in public services.

[Children and Young People Now](#)

News, features, and comment for everyone working with children and families.

[Local Government Chronicle](#)

For the latest news and developments across local government.

[Sourceuk](#)

Sourceuk is the leading internet journal for public sector managers includes an official news and information service.

[Practice](#)

Practice is an online journal in social work practice.

Other key stakeholder groups (eg DoH, Unison)

[Social Work Reform Board](#)

Email: information.swrb@dcf.gov.uk

As part of the Government's response to the Task Force report, which accepted the recommendations and undertook to take them forward, Ministers announced a new Social Work Reform Board. Meeting for the first time in January 2010, this board comprises representatives from social work education, employers, the profession and Government, and is chaired by Moira Gibb, Chair of the Task Force.

[Health, Education and Social Care Chamber of the First-tier tribunal](#)

Tel: +44 (0)20 7960 0660

[Email](#)

The Health, Education and Social Care (HESC) Chamber of the First-tier Tribunal holds the jurisdictions of Mental Health Review, Care Standards and Special Educational Needs and Disability.

[Unison](#)

Tel: +44 (0)845 355 0845

Unison is Britain's biggest trade union with over 1.3 million members and includes those working in the social care and health services.

[Aspect](#)

Tel: +44 (0)1226 383428

Email: info@aspect.org.uk

The Association of Professionals in Education and Children's Trusts is the only professional association and trade union exclusively representing professionals working in children's services.

[Department of Health](#)

Tel: +44 (0)20 7210 4850

Email: dhmail@dh.gov.uk

The Department of Health is the General Social Care Council's sponsoring Government department. Visit their website for the latest developments, guidance, policy, and publications on health and social care.

[Children's Workforce Development Council](#)

Tel: 0113 244 6311

Email: info@cwdcouncil.org.uk

The Children's Workforce Development Council (CWDC) aims to improve the lives of children and young people.

[Care Quality Commission](#) (formerly the Healthcare Commission, Commission for Social Care Inspection and the Mental Health Act Commission)

Tel: 03000 616161

Email: enquiries@cqcc.org.uk

The Care Quality Commission is the new health and social care regulator for England. Their position is to look at the joined up picture of health and social care.

[Social Care Institute of Excellence](#)

Tel: +44 (0)20 7089 6840

Email: info@scie.org.uk

The Social Care Institute of Excellence (SCIE) develop and promote knowledge about best practice within social care.

[Skills for Care](#) (formerly Topss England)

Tel: +44 (0)113 2451716

Email: info@skillsforcare.org.uk

Skills for Care (formerly Topss England) forms a strategic overview of training needs in social care.

[Community Service Volunteers](#)

Community Service Volunteers (CSV) is a national charity organising full-time volunteer placements across the UK all based in social care and health settings.

[The Recruitment and Employment Confederation](#)

Tel: +44 (0)20 7462 3260

The Recruitment and Employment Confederation (REC) supports and represents recruitment professionals, businesses and agencies in the UK.

Regulators in the devolved administrations

[Care Council for Wales](#)

Tel: 029 2022 6257

Email: info@ccwales.org.uk

Care Council for Wales (CCW) is the General Social Care Council's equivalent body in Wales.

[Scottish Social Services Council](#)

Tel: 0845 6030 891

Email: enquiries@sssc.uk.com

Scottish Social Services Council (SSSC) is the General Social Care Council's equivalent body in Scotland.

[Northern Ireland Social Care Council](#)

Tel: 02890 417600

Email: info@nisocialcarecouncil.org.uk

Northern Ireland Social Care Council (NISCC) is the General Social Care Council's equivalent body in Northern Ireland.

DRAFT PLAN

ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names	05 Oct '10		11 Jan '10		19 Apr
							27	13	30	15	03
0	On Boarding Social Workers (NP 5.0)	50.29 days?	Fri 09/07/10	Wed 01/06/11							
1	1 LEGISLATION (DEPARTMENT OF HEALTH)	227 days?	Mon 02/08/10	Fri 13/05/11							
24	2 TRANSFER OF REGULATORY FUNCTION TO HPC	254 days?	Mon 19/07/10	Wed 01/06/11							
25	2.1 HPC PROJECT MANAGEMENT	254 days?	Mon 19/07/10	Wed 01/06/11							
26	2.1.1 Starting up Project	5 days?	Mon 19/07/10	Fri 23/07/10							
32	2.1.2 Initiating Project	41.43 days?	Wed 21/07/10	Fri 10/09/10 29							
37	2.1.3 Closing Project	16 days?	Thu 14/04/11	Wed 04/05/11 644							
41	2.1.4 Report on Project	29.14 days?	Wed 27/04/11	Wed 01/06/11							
46	2.1.5 Project Budget	35.43 days?	Mon 19/07/10	Wed 01/09/10							
51	2.1.6 HPC/GSCC Start up Communication	1 day?	Mon 09/08/10	Mon 09/08/10							
52	2.1.6.1 Exchange Contact Lists	1 day?	Mon 09/08/10	Mon 09/08/10		HPC					
53	2.1.7 HPC Assessment of Project Needs	15 days	Wed 18/08/10	Tue 07/09/10							
56	2.1.8 Weekly Project Board Meetings	193.71 days	Mon 09/08/10	Mon 11/04/11							
93	2.2 END OF PROJECT EVENT	1 day?	Wed 27/04/11	Thu 28/04/11 644FS+20 days							
94	2.3 POLICY	00.29 days?	Wed 01/09/10	Tue 10/05/11 50							
95	2.3.1 HPC Registration & Fees Rules Change	53.57 days?	Wed 01/09/10	Wed 17/11/10							
99	2.3.2 Consultation Process	58.29 days?	Mon 11/10/10	Tue 10/05/11 6SS							
118	2.4 SETTING STANDARDS	143 days?	Mon 04/10/10	Fri 01/04/11 50							
119	2.4.1 PLG Set up	24.14 days?	Mon 04/10/10	Tue 02/11/10							
131	2.4.2 SOPs Consultation	18.86 days?	Tue 02/11/10	Fri 01/04/11 6SS,127		PLG					
149	2.4.3 SETs Consultation	18.86 days?	Tue 02/11/10	Fri 01/04/11 6SS,127							
167	2.5 REGISTER OF STUDENTS	61 days?	Tue 17/08/10	Mon 01/11/10							
169	2.6 REGISTRATIONS	176 days?	Wed 01/09/10	Mon 11/04/11 50							
170	2.6.1 Renewal Cycle	31.14 days?	Wed 01/09/10	Thu 09/12/10							
188	2.6.2 Place Application Forms and Guidance Notes on HPC website	1 day?	Thu 09/12/10	Thu 09/12/10 187,178		REG,COMMS					
189	2.6.3 Employee training	7 days?	Fri 01/04/11	Mon 11/04/11 303							
193	2.7 FITNESS TO PRACTICE	70.43 days?	Wed 01/09/10	Mon 04/04/11 50							
194	2.7.1 FTP Legislation Mapping Exercise	1 day?	Wed 01/09/10	Wed 01/09/10							
195	2.7.2 Liaison work with GSCC regarding outstanding cases	1 day?	Thu 02/09/10	Thu 02/09/10 194		FTP					
196	2.7.3 Meetings with GSCC	145.57 days	Thu 02/09/10	Mon 07/03/11 195							
205	2.7.4 Determine Resourcing Requirement Plan	5 days?	Thu 02/09/10	Thu 09/09/10 195		FTP					
206	2.7.5 Paper to Council to approve FTP transferral process	0 days?	Fri 31/12/10	Fri 31/12/10 195		FTP					
207	2.7.6 Council Approve FTP Transferral Process	0 days?	Thu 10/02/11	Thu 10/02/11 206		Council					
208	2.7.7 Determine transfer approach for GSCC FTP hearings	2 days?	Mon 11/10/10	Tue 12/10/10 6SS		FTP					
209	2.7.8 Determine transfer approach for GSCC FTP Cases	2 days?	Mon 11/10/10	Tue 12/10/10 208SS,6SS		FTP					
210	2.7.9 Prepare Standard Letters	3 days?	Mon 03/01/11	Wed 05/01/11							
211	2.7.9.1 Update Existing letters with New Profession	1 day?	Mon 03/01/11	Mon 03/01/11 206,208,209		FTP					
212	2.7.9.2 Prepare Letter Specific to GSCC Cases	1 day?	Mon 03/01/11	Tue 04/01/11 211		FTP					
213	2.7.9.3 Write joint letters for 'in progress' FTP cases & suspended registrants	1 day?	Tue 04/01/11	Wed 05/01/11 212		FTP					
214	2.7.10 Prepare Other Communications	1 day?	Mon 11/10/10	Mon 11/10/10							
215	2.7.10.1 Update referral Forms	1 day?	Mon 11/10/10	Mon 11/10/10 6SS		FTP					
216	2.7.10.2 Update Brochures	1 day?	Mon 11/10/10	Mon 11/10/10 6SS		FTP					
217	2.7.11 Apply For HPC to Replace GSCC in the Notifiable Occupations Scheme	1 day?	Fri 01/04/11	Fri 01/04/11 19FF		FTP					
218	2.7.12 Employee training	74.29 days?	Mon 03/01/11	Fri 01/04/11 206							
222	2.7.13 Trade Union FTP Discussions	20 days?	Mon 11/10/10	Wed 03/11/10 6SS		FTP					
223	2.7.14 Receive case files from GSCC	1 day?	Tue 12/10/10	Wed 13/10/10 209		FTP					

Page

Project: On Boarding Social Workers (Date: Tue 26/10/10)

Task Progress Summary External Tasks Deadline

Split Milestone Project Summary External Milestone

Page 1

DRAFT PLAN

ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names	05 Oct '10		11 Jan '10		19 Apr
							27	13	30	15	03
224	2.7.15 Validate existing case files	1 day?	Tue 02/11/10	Wed 03/11/10	223,445	FTP					
225	2.7.16 Enter data into FTP database	1 day?	Mon 04/04/11	Mon 04/04/11	586	FTP,IT					
226	2.7.17 Protection of Title	58.43 days?	Thu 02/09/10	Fri 01/04/11							
227	2.7.17.1 Liaison work with GSCC regarding outstanding cases	1 day?	Thu 02/09/10	Thu 02/09/10	195SS	FTP					
228	2.7.17.2 Paper to Council to approve Prosecutions Policy	0 days	Mon 31/01/11	Mon 31/01/11	206SS	FTP					
229	2.7.17.3 Council Approves Prosecutions Policy	0 days?	Thu 10/02/11	Thu 10/02/11	228	Council					
230	2.7.17.4 Prepare Standard Letters	2 days?	Mon 03/01/11	Tue 04/01/11							
231	2.7.17.4.1 Update Existing letters with New Profession	1 day?	Mon 03/01/11	Mon 03/01/11	206,208,209	FTP					
232	2.7.17.4.2 Prepare Letter Specific to GSCC Cases	1 day?	Mon 03/01/11	Tue 04/01/11	231	FTP					
233	2.7.17.5 Employee training	74.29 days?	Mon 03/01/11	Fri 01/04/11	206						
237	2.7.18 Receive case files from GSCC	1 day?	Thu 18/11/10	Thu 18/11/10	209SS,461	FTP					
238	2.7.19 Validate existing case files	1 day?	Wed 13/10/10	Thu 14/10/10	223	FTP					
239	2.7.20 Enter data into database	1 day?	Mon 04/04/11	Mon 04/04/11	238,586	FTP					
240	2.7.21 Archives	1 day?	Fri 19/11/10	Fri 19/11/10							
241	2.7.21.1 Prepare GSCC Closed Cases for Archives	1 day?	Fri 19/11/10	Fri 19/11/10	237	FTP					
242	2.7.22 Deliver Panel Training	1 day?	Fri 18/02/11	Mon 21/02/11	397	FTP					
243	2.8 EDUCATION	74.43 days?	Wed 01/09/10	Fri 08/04/11	50						
244	2.8.1 Operational Processes	51.14 days?	Wed 01/09/10	Thu 10/03/11							
252	2.8.2 Approved Education Providers & Programmes	51.14 days?	Wed 01/09/10	Thu 10/03/11	244SS						
260	2.8.3 Education & Training Communications Activities	28.57 days?	Thu 02/09/10	Wed 06/10/10	245						
261	2.8.3.1 Public Meetings for HEI Providers	28.57 days?	Thu 02/09/10	Wed 06/10/10							
262	2.8.3.1.1 Plan Agenda	2 days?	Thu 02/09/10	Fri 03/09/10		EDU					
263	2.8.3.1.2 Plan Public Meetings	5 days?	Fri 03/09/10	Fri 10/09/10	262	EDU					
264	2.8.3.1.3 Hold Public Meetings	21.57 days?	Fri 10/09/10	Wed 06/10/10	262,263						
265	2.8.3.1.3.1 Public Meeting 1 for HEI Providers	1 day?	Fri 10/09/10	Fri 10/09/10	262,263	EDU					
266	2.8.3.1.3.2 Public Meeting 2 for HEI Providers	1 day?	Fri 10/09/10	Fri 10/09/10	262,263	EDU					
267	2.8.3.1.3.3 Public Meeting 3 for HEI Providers	1 day?	Wed 06/10/10	Wed 06/10/10	262,263	EDU					
268	2.8.3.2 Mailings	3 days?	Thu 02/09/10	Mon 06/09/10							
269	2.8.3.2.1 Draft Introductory Mailing Letter with GSCC to Education Providers and	2 days?	Thu 02/09/10	Fri 03/09/10	245SS,253SS	EDU,GSCC					
270	2.8.3.2.2 Send out Introductory Mailing Letter to Education Providers and Other	1 day?	Fri 03/09/10	Mon 06/09/10	269	EDU					
271	2.8.3.2.3 Draft Detailed Mailing Letter to Education Providers and Other Stakeho	2 days?	Thu 02/09/10	Fri 03/09/10		EDU					
272	2.8.3.2.4 Send out Detailed Mailing Letter to Education Providers and Other Stak	1 day?	Fri 03/09/10	Mon 06/09/10	271	EDU					
273	2.8.3.3 Web Site	4 days?	Thu 02/09/10	Tue 07/09/10							
274	2.8.3.3.1 Update HPC Web Site with FAQ for Social Workers	2 days?	Thu 02/09/10	Fri 03/09/10		EDU					
275	2.8.3.3.2 Update HPC Web Site with Detailed Information for Social Work Educat	2 days?	Thu 02/09/10	Fri 03/09/10	274SS	EDU					
276	2.8.3.3.3 Manually Input New Approved Programmes onto Public HPC Web Site	2 days?	Fri 03/09/10	Tue 07/09/10	275	EDU					
277	2.8.4 Revise Standard E-mail Communications for 16 Professions	5 days?	Mon 28/03/11	Fri 01/04/11	644FS-5 days?	EDU					
278	2.8.5 Manually Input Education Information into Net Regulate	2 days?	Wed 01/09/10	Thu 02/09/10		EDU					
279	2.8.6 Training	58.43 days?	Wed 08/09/10	Fri 08/04/11							
280	2.8.6.1 Visitor Training	30.29 days?	Wed 08/09/10	Mon 21/02/11							
283	2.8.6.2 Employee Training	3 days?	Thu 09/09/10	Mon 13/09/10	247,254						
286	2.8.6.3 Operational Handbook	3 days?	Wed 30/03/11	Fri 01/04/11							
288	2.8.6.4 Administrative Updates	08.43 days?	Fri 19/11/10	Fri 08/04/11							
293	2.9 COMMUNICATIONS - CORPORATE	33.57 days?	Tue 17/08/10	Thu 07/04/11	50						
294	2.9.1 Start up Work	2 days?	Wed 01/09/10	Thu 02/09/10							
295	2.9.1.1 Brief GSCC Devolved Administration	1 day?	Wed 01/09/10	Wed 01/09/10		COMMS					

Project: On Boarding Social Workers (Date: Tue 26/10/10)

Task Progress Summary External Tasks Deadline Split Milestone Project Summary External Milestone

DRAFT PLAN

ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names	05 Oct '10		11 Jan '10		19 Apr
							27	13	30	15	03
296	2.9.1.2 Brief Key Stakeholders	1 day?	Thu 02/09/10	Thu 02/09/10	295	COMMS					
297	2.9.1.3 Liaise with GSCC Communications Department	1 day?	Wed 01/09/10	Wed 01/09/10	295SS	COMMS					
298	2.9.2 Internal communication campaign	169 days?	Wed 01/09/10	Fri 01/04/11	294SS						
299	2.9.2.1 Draft Internal Communication Plan	1 day?	Wed 01/09/10	Wed 01/09/10		COMMS					
300	2.9.2.2 Approve Internal Communication Plan	1 day?	Thu 02/09/10	Fri 03/09/10	299FS+1 day?	COMMS					
301	2.9.2.3 Intranet Updates	166 days?	Fri 03/09/10	Fri 01/04/11	300	COMMS					
302	2.9.2.4 Articles in HPC Updates	166 days?	Fri 03/09/10	Fri 01/04/11	300	COMMS					
303	2.9.2.5 Registrations and Other Departments Team Briefings	166 days?	Fri 03/09/10	Fri 01/04/11	300	COMMS,Policy					
304	2.9.2.6 All Staff Meetings	144.57 days	Fri 03/09/10	Mon 07/03/11	300	COMMS					
313	2.9.3 External Stakeholder Communication Campaign	33.57 days?	Tue 17/08/10	Thu 07/04/11	298SS,294SS						
314	2.9.3.1 Draft External Communication Plan	1 day?	Wed 01/09/10	Wed 01/09/10		COMMS					
315	2.9.3.2 Approve External Communication Plan	1 day?	Thu 02/09/10	Fri 03/09/10	314FS+1 day?	COMMS					
316	2.9.3.3 Web site update	170 days?	Fri 03/09/10	Thu 07/04/11							
317	2.9.3.3.1 Create Content for a New Section of the Web Site	170 days?	Fri 03/09/10	Thu 07/04/11	315	COMMS					
318	2.9.3.3.2 Regular Updates of a New Section of the Web Site	170 days?	Fri 03/09/10	Thu 07/04/11	317SS	COMMS					
319	2.9.3.4 Print and Distribute Standards, Types, SOPs, SETs, Conduct, Performance &	59.43 days?	Wed 01/09/10	Fri 01/04/11							
320	2.9.3.4.1 Manage the Publications Process	11.29 days?	Mon 21/03/11	Fri 01/04/11	146SS,164SS						
321	2.9.3.4.1.1 SOPs laid out and artworked and proofed in line with new visual id	3 days?	Mon 21/03/11	Wed 23/03/11	146SS	COMMS					
322	2.9.3.4.1.2 SOPs published on website in Pdf format	0 days	Fri 01/04/11	Fri 01/04/11	147FS+2 days,	COMMS					
323	2.9.3.4.1.3 SOPs sent to printers	1 day?	Fri 01/04/11	Fri 01/04/11	321	COMMS					
324	2.9.3.4.1.4 SOPs printed	0 days	Fri 01/04/11	Fri 01/04/11	323SS	COMMS					
325	2.9.3.4.1.5 SET laid out and artworked and proofed	3 days?	Mon 21/03/11	Wed 23/03/11	164SS	COMMS					
326	2.9.3.4.1.6 SETs published on website in pdf format	1 day?	Fri 01/04/11	Fri 01/04/11	325,165SS+1 d	COMMS					
327	2.9.3.4.1.7 SET sent to printers	1 day?	Fri 01/04/11	Fri 01/04/11	325	COMMS					
328	2.9.3.4.1.8 SET printed	1 day?	Fri 01/04/11	Fri 01/04/11	327SS	COMMS					
329	2.9.3.4.2 Information Mailing to Social Workers	4 days?	Wed 01/09/10	Mon 06/09/10							
330	2.9.3.4.2.1 Liaise with GSCC Regarding Joint Mailing	1 day?	Wed 01/09/10	Wed 01/09/10	297SS	COMMS,GSCC					
331	2.9.3.4.2.2 Draft the Letter	1 day?	Thu 02/09/10	Thu 02/09/10	330	COMMS					
332	2.9.3.4.2.3 Approve the letter	1 day?	Thu 02/09/10	Fri 03/09/10	331	COMMS					
333	2.9.3.4.2.4 Distribute the Letter	1 day?	Fri 03/09/10	Mon 06/09/10	332	COMMS					
334	2.9.3.5 Liaison with Professional Bodies & Agree Communications Activities	160 days?	Fri 10/09/10	Thu 31/03/11	315	COMMS					
335	2.9.3.6 Liaison with Key Stakeholders and Agree Communications Activities	165 days?	Fri 03/09/10	Thu 31/03/11	315	COMMS					
336	2.9.3.7 Publish Articles In-Focus	165 days?	Fri 03/09/10	Thu 31/03/11	315	COMMS					
337	2.9.3.8 Media Activities	58.29 days?	Thu 02/09/10	Mon 04/04/11							
338	2.9.3.8.1 Monitoring and Responding to Media	166 days?	Thu 02/09/10	Thu 31/03/11	294						
339	2.9.3.8.2 Write Articles for Professional Press Including On-line and Print	166 days?	Thu 02/09/10	Thu 31/03/11	294						
340	2.9.3.8.3 Feed Information through RSS and Twitter	166 days?	Thu 02/09/10	Thu 31/03/11	294						
341	2.9.3.8.4 Press release regarding SETs and SOPs	38.14 days?	Fri 10/12/10	Mon 04/04/11							
342	2.9.3.8.4.1 Write Press release regarding SETs and SOPs Consultation	1 day?	Fri 10/12/10	Fri 10/12/10	137FS+1 day,1	COMMS					
343	2.9.3.8.4.2 Sign off regarding SETs and SOPs consultation and news item on w	1 day?	Mon 13/12/10	Tue 14/12/10	342FS+1 day?	COMMS,Policy,M					
344	2.9.3.8.4.3 Press Release Regarding SETs and SOPs Published on HPC Website	1 day?	Fri 01/04/11	Mon 04/04/11	322SS,326SS	COMMS					
345	2.9.3.9 Parliamentary Activities	160 days?	Fri 10/09/10	Thu 31/03/11	1SS						
346	2.9.3.9.1 Liaison with BDB	160 days?	Fri 10/09/10	Thu 31/03/11	1SS	COMMS					
347	2.9.3.9.2 Monitoring and Responding as Required	160 days?	Fri 10/09/10	Thu 31/03/11	1SS	COMMS					
348	2.9.3.9.3 Parliamentary Briefings as Required	160 days?	Fri 10/09/10	Thu 31/03/11	1SS	COMMS					
349	2.9.3.9.4 Regular Information and Updated on e-politx.com	160 days?	Fri 10/09/10	Thu 31/03/11	1SS	COMMS					

Project: On Boarding Social Workers (Date: Tue 26/10/10)

Task Progress Summary External Tasks Deadline

Split Milestone Project Summary External Milestone

DRAFT PLAN

ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names	05 Oct '10		11 Jan '10		19 Apr
							27	13	30	15	03
350	2.9.3.10 Employers	57.29 days?	Thu 02/09/10	Thu 31/03/11							
351	2.9.3.10.1 Establish Database of Social Worker Employers	5 days?	Thu 02/09/10	Wed 08/09/10	297	COMMS					
352	2.9.3.10.2 Prepare a Programme of Articles for Employers	160 days?	Fri 10/09/10	Thu 31/03/11	351	COMMS					
353	2.9.3.10.3 Employer Events	4 days?	Wed 08/09/10	Mon 13/09/10							
354	2.9.3.10.3.1 Plan Agenda	2 days?	Wed 08/09/10	Fri 10/09/10	351	COMMS					
355	2.9.3.10.3.2 Draft Employer Letter	1 day?	Fri 10/09/10	Fri 10/09/10	354	COMMS					
356	2.9.3.10.3.3 Distribute Employer Letter	1 day?	Mon 13/09/10	Mon 13/09/10	355	COMMS					
357	2.9.3.10.4 Hold Events	34 days?	Tue 01/02/11	Mon 14/03/11	353						
358	2.9.3.10.4.1 Hold Event in Birmingham	1 day?	Tue 01/02/11	Tue 01/02/11		COMMS					
359	2.9.3.10.4.2 Hold Event in Bristol	1 day?	Tue 08/02/11	Wed 09/02/11	358FS+5 days?	COMMS					
360	2.9.3.10.4.3 Hold Event in London	1 day?	Tue 22/02/11	Tue 22/02/11	359FS+10 days	COMMS					
361	2.9.3.10.4.4 Hold Event in Newcastle	1 day?	Mon 14/03/11	Mon 14/03/11	360FS+15 days	COMMS					
362	2.9.3.11 Public Information Campaign	180 days?	Tue 17/08/10	Fri 01/04/11	6						
363	2.9.3.11.1 Broadcast and print PR Campaign	180 days?	Tue 17/08/10	Fri 01/04/11		COMMS					
364	2.9.3.11.2 Advertising Campaign	180 days?	Tue 17/08/10	Fri 01/04/11	363SS	COMMS					
365	2.9.3.12 Operational Requirements for Communications	180 days?	Tue 17/08/10	Fri 01/04/11	6						
366	2.9.3.12.1 Re-print of all Banners	180 days?	Tue 17/08/10	Fri 01/04/11		COMMS					
367	2.9.3.12.2 Programme of Re-prints of all Key Publications	180 days?	Tue 17/08/10	Fri 01/04/11	366SS	COMMS					
368	2.9.3.12.3 Web Site update	180 days?	Tue 17/08/10	Fri 01/04/11	367SS	COMMS					
369	2.9.3.12.4 Changes to Registration Logo	180 days?	Tue 17/08/10	Fri 01/04/11	368SS	COMMS					
370	2.9.3.13 Operational Requirements for Name Change	1 day?	Wed 01/09/10	Wed 01/09/10	50	COMMS					
371	2.9.3.13.1 Tender Process for Changes to Visual Identity	1 day?	Wed 01/09/10	Wed 01/09/10		COMMS					
372	2.9.3.13.2 Agree Process & Timetable for Change Over to New Identity	1 day?	Wed 01/09/10	Wed 01/09/10							
373	2.9.3.13.2.1 Winding Down Stock of Old Identity Material	1 day?	Wed 01/09/10	Wed 01/09/10		COMMS					
374	2.9.3.13.2.2 Implementation of New Material, On-line & Registration Logo	1 day?	Wed 01/09/10	Wed 01/09/10	373SS	COMMS					
375	2.9.3.13.2.3 Stakeholder Management	1 day?	Wed 01/09/10	Wed 01/09/10	374SS	COMMS					
376	2.10 PARTNERS	59.43 days?	Wed 01/09/10	Fri 01/04/11	50						
377	2.10.1 Start up Work	1 day?	Wed 01/09/10	Wed 01/09/10							
380	2.10.2 Recruitment Campaign 1	34.29 days?	Wed 01/09/10	Fri 18/02/11							
406	2.10.3 Run Checks to Ensure Lay Members are Not Registered Social Workers	1 day?	Wed 08/09/10	Thu 09/09/10	351						
407	2.10.4 Run Checks to Ensure that Partners are on the Register and no Outstanding FTP	1 day?	Fri 11/02/11	Fri 11/02/11	391	FTP					
408	2.10.5 Recruitment Campaign 2 - Post Project	1 day?	Fri 01/04/11	Fri 01/04/11	378,644FS-1 d	Partners					
409	2.11 INFORMATON TECHNOLOGY	34.43 days?	Wed 13/10/10	Fri 01/04/11	50FS+35 days?						
617	2.12 HUMAN RESOURCES	116 days?	Wed 01/09/10	Thu 27/01/11	50						
622	2.13 FINANCE	70 days?	Wed 01/09/10	Thu 25/11/10	50						
639	2.14 SECRETARIAT	57.29 days?	Wed 01/09/10	Thu 31/03/11	50						
644	2.15 REGISTER FOR SOCIAL WORKERS OPENS	0 days	Fri 01/04/11	Fri 01/04/11		HPC					
645	3 ABOLITION (GSCC Responsibility)	16.29 days?	Fri 09/07/10	Fri 08/04/11		GSCC					
675	4 SOCIAL WORKERS REFORM AGENDA	1 day?	Mon 19/07/10	Mon 19/07/10							

Project: On Boarding Social Workers (Date: Tue 26/10/10)

Task Progress Summary External Tasks Deadline Split Milestone Project Summary External Milestone