Council, 20 October 2011

Voluntary registration of students – impact assessment and consultation

Executive summary and recommendations

Introduction
The GSCC maintains a voluntary register of social work students in England. The government has announced that it intends to provide for the transfer of this register to the HPC, 'pending full consideration of the best approach to assuring the safety and standards of social work students'.

The Health and Social Care Bill 2011, which is currently before parliament, includes powers which would allow the HPC to set up voluntary registers of students studying on programmes which lead to registration. The HPC can only set up a voluntary register after it has published an assessment of the likely impact of doing so and held a public consultation.

At its meetings in March 2011 and May 2011 the Council agreed to undertake a preliminary impact assessment looking at the voluntary registration of students and to consult on that impact assessment.

The following documents are attached.

- A draft of the 'first stage' impact assessment (which would be published on the HPC website alongside the consultation document).

- A draft of a consultation document.

The following documents are also appended.

- Annex A is a paper explaining more about impact assessments and setting out the approach the Executive has taken in this exercise.

- Annex B explains the Executive's approach to gathering more evidence in this area, and includes a research brief. Prime R&D Ltd have been commissioned to undertake a literature review.

- Annex C outlines the revised timetable for this work.

Decision
The Council is invited to discuss and approve the 'first stage' impact assessment and consultation document for publication (subject to minor editing amendments and any changes as a result of the Council's discussion).

Background information

- At its meeting on 8 September 2011, the Education and Training Committee discussed drafts of the impact assessment and consultation documents. The Committee's comments have been incorporated into the documents wherever possible.

  The Committee did suggest whether questions 9 and 10 in the consultation document might be amended – in particular to remove a separate and specific question about the voluntary register of social work students in England.

  The Executive suggests in the attached draft that a separate question on the register of social work students in England should be retained and has instead made some minor amendments to these questions to improve their clarity.

- The GSCC were invited to comment on both documents on any matters of factual accuracy, and where possible and appropriate, these comments have been incorporated into the draft of both documents.

- The impact assessment includes two drafting notes ('DN') which indicate small areas where the document may be revised slightly prior to publication on the HPC website.

Resource implications
Resource implications include those associated with updating the paper, running the consultation and analysing the responses. These have been accounted for within Policy and Standards Department planning for 2011/2012.

Financial implications
Financial implications include those associated with running the consultation, analysing the responses and the commissioned research. These have been accounted within budgeting for the project to bring social workers into registration with the HPC. These costs are met by government funding.

Appendices
Annex A: Student registration and impact assessments
Annex B: Student fitness to practise and registration – research
Annex C: Revised timetable

Date of paper
10 October 2011

IMPACT ASSESSMENT (FIRST STAGE)

Student fitness to practise and registration

1. Introduction

1.1 This document has been prepared with reference to Clause 212 of the Health and Social Care Bill 2011 (currently before parliament), having regard as appropriate to the relevant guidance on impact assessment.

1.2 It outlines the first stage in the process of assessing the potential or likely impact of the different options for assuring the fitness to practise of students, including student registration and, specifically, the voluntary registration of social work students in England.[1]

About impact assessments

1.3 Impact assessment is an approach and tool widely used in government as an integral part of the policy development and implementation process. A formal impact assessment is published at key stages in the policy cycle, such as when the government consults on a proposal or when a piece of legislation is introduced.

1.4 Impact assessment is described as:

- a **process** to help policy makers fully think through and understand the consequences of possible and actual policy decisions; and
- a **tool** to enable the government to weigh and present evidence on the positive and negative effects of policies.[2]

1.5 The Department for Business Innovation and Skills 'Impact Assessment Toolkit' says that impact assessment is a 'continuous process' and sets out a number of key stages in the impact assessment process, which are not

[1] Social workers and social work students are separately registered by their respective regulators in Scotland, Wales and Northern Ireland. This impact assessment therefore relates to England only in the case of social work students.
[2] Adapted from Department for Business, Innovation and Skills, Impact Assessment Guidance (December 2010)
http://www.bis.gov.uk/ia

necessarily sequential. The following describes the key points of those stages that are relevant to this work.[3]

1.6 The **Development stage** focuses on the following.

- Definition and assessment of the policy problem or issue.
- Rationale for intervention.
- Identification of objectives.
- Gathering of evidence.

1.7 The **options stage** focuses on the following.

- Identification of options that may address the policy challenge.
- Qualitative discussion of costs and benefits (as a minimum requirement).
- Initial estimates of costs and benefits associated with the different options.

1.8 The **consultation stage focuses** on the following.

- 'Firming up' the options considered and the analysis to inform them – in an attempt to quantify the costs and benefits of each option.

1.9 The **final proposal stage** focuses on the following.

- The costs and benefits of the preferred option – i.e. the preferred intervention over and above the 'do nothing' or 'maintain the status quo' option.

1.10 The following stages relate to implementation and reviewing the impact of an intervention.

1.11 This document is a 'first stage' impact assessment, focusing on the development and options stages identified above, with regard to the relevant published guidance on impact assessment. A consultation will be held to gather the views of stakeholders.

This document

1.12 This document has been produced by the HPC. Every care has been taken to ensure that any third party information and data included is accurate at the time of publication and is fairly represented. However, any omissions or errors of fact remain our responsibility.

[3] Department for Business, Innovation and Skills, Impact assessment toolkit: A guide to undertaking an Impact Assessment and completing the IA template http://www.bis.gov.uk/assets/biscore/better-regulation/docs/i/11-518-impact-assessment-toolkit.pdf

2. Summary: Intervention and options

What is the problem under consideration? Why is intervention necessary?

2.1 The General Social Care Council (GSCC) is due to be abolished and responsibility for regulating social workers in England transferred to the Health Professions Council (HPC) (subject to the parliamentary approval of the Health and Social Care Bill 2011 ('the Bill')).

2.2 The GSCC currently maintains a register of social work students. The HPC does not register students. The government has indicated that it intends to provide for the transfer of the register maintained by the GSCC to the HPC. The HPC is undertaking an impact assessment and consultation process on this issue.

2.3 The HPC Council has determined that student registration should be considered across the existing HPC regulated professions. The issue under consideration is therefore to consider the most effective and appropriate means of assuring the fitness to practise of students, including whether the existing register of social work students in England should be maintained.

What are the policy objectives and the intended effects?

2.4 The proposed policy objectives and intended effects are as follows.

- To ensure that the public are adequately protected from the potential risk of harm posed by students.
- To ensure that concerns about students are adequately dealt with so that only someone who is fit to practise completes a programme with an award that leads to eligibility for registration.
- To ensure that students are aware of the duties, responsibilities and standards expected of them as future registrants.
- To ensure consistency and equity of regulatory approach across the HPC register, wherever possible and appropriate.
- To ensure that any voluntary register of students is feasible on a self-financing basis, avoiding cross-subsidisation from the HPC's statutory functions.

What policy options are being considered, including any alternatives to regulation?

2.5 This stage of the impact assessment process is about exploring the options in this area prior to a decision being made about student registration. Therefore **no preferred option is specified**.

- **Option 1**: No change. Maintain the HPC's current approach across the whole register. Social work students in England would not register with the HPC (base case).

- **Option 2**: Register social work students in England on a voluntary basis (could be considered in combination with option 3).

- **Option 3**: Establish a voluntary register(s) of students for some or all of the existing HPC regulated professions (could be considered in combination with option 2).

2.6 Option 1 is different from the 'do nothing' option normally considered in impact assessments as the base case. The HPC does not register students so for the existing professions regulated by the HPC this option would represent the 'do nothing' base case. However, the GSCC already maintains a register of social work students and therefore option 1 would represent a change for stakeholders in the social work field. Therefore, the potential benefits and costs arising from option 1 compared to option 2 are outlined.

2.7 We have considered other options for the purpose of this stage of the impact assessment. We had considered the option that the register of social work students in England or of other professions might be maintained on a compulsory basis. However, registration as a social work student in England is not currently compelled in law. Further, compulsory registration is a decision for government and might be inconsistent with the government's stated policy as outlined in 'Enabling Excellence: Autonomy and accountability for health care workers, social workers and social care workers'[4] and the discretionary powers for voluntary registration of students included in the Bill. However, voluntary registration, if introduced, could potentially be encouraged or compelled through other means, for example, through quality assurance arrangements for education providers.

[4] 'Enabling Excellence: Autonomy and accountability for health care workers, social workers and social care workers' (2011) http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124359

2.8 The option of student indexing has been considered. This arrangement is similar to registration but is primarily focused on reducing the potential risk of 'programme hopping'. The regulator would maintain a database of every student enrolled on an approved programme and would use it to track information, so that an education provider could check whether an applicant to their programme had previously been removed from another programme owing to concerns about their conduct.[5] The regulator would therefore not make health and character decisions about students at entry to programmes or hear cases of poor conduct about students. As this arrangement does not exist in the GSCC or the HPC and, at least on its own, has been assessed as only partially addressing the proposed objectives, it has not been considered further in this impact assessment.

[5]For example, the Nursing and Midwifery Council is establishing an index for nursing and midwifery students:
www.nmc-uk.org/Get-involved/Consultations/Student-indexing/

3. Background and context

3.1 This section provides a qualitative discussion of the following.

- The policy context of this document.
- The policy objectives that the options are being considered against.
- The existing approaches of the GSCC and the HPC to student registration and fitness to practise.

Policy context

3.2 In July 2010, the Department of Health published 'Liberating the NHS: Report of the Arm's Length Bodies Review'.[6] The report announced the government's intention to abolish the GSCC and transfer the regulation of the social workers in England to the HPC. The report said that the government considered that there would be: '…potentially significant benefits from putting the regulation of social workers on a similar footing to the regulation of health professions. This involves the regulator being funded through registration fees charged to those registered, set at a level to cover the regulatory functions.'

3.3 The report acknowledged the differences between the regulatory models operated by the GSCC and the HPC including that:

'…unlike the General Social Care Council, the Health Professions Council do not register students, though as part of the approval process the Health Professions Council requires all Higher Education Institutes delivering pre-registration courses to operate a fitness for practice system for students.'

3.4 In January 2011, the government published the Health and Social Care Bill 2011 ('the Bill').[7] This includes provision to abolish the GSCC and transfer their regulatory functions to the HPC. The Bill does not expressly provide for the transfer of the register of social work students from the GSCC or the registration of social work students by the HPC.

3.5 The government will publish a transfer order prior to the opening of the Register to cover practical matters related to the transfer of regulatory functions. On 29 March 2011 during the scrutiny of the Bill by the Public Bill Committee, Paul Burstow, Minister of State for Care Services said the following.

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[6] Department of Health (July 2010), Review of the Arm's length bodies review
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117691

[7] Health and Social Care Bill 2011
http://services.parliament.uk/bills/2010-11/healthandsocialcare.html

'To ensure that there will be no gap in the assurance of the standards of social work students, we intend to provide for the transfer of the voluntary register of social work students to the Health and Care Professions Council, pending full consideration of the best approach to assuring the safety and standards of social work students. In other words, we have a voluntary arrangement in the GSCC and we intend to transfer that lock, stock and barrel to the HCPC in future. The HPC wrote to me following a meeting I had with it last week, and it committed to undertake a review of the risks in relation to students of all the professions that it regulates, including social work students. That process will result in it setting out the risks and issues relating to social work students.'[8]

3.6 The purpose of the current exercise is therefore, in part, to begin the process of considering whether the register of social work students in England held by the GSCC should be maintained.

Health and Social Care Bill 2011

3.7 The Bill provides powers which would allow the regulators[9] to establish voluntary registers of students.

3.8 The HPC will be able to set up voluntary registers of students studying on programmes leading to becoming:

- a registrant, including social workers in England;
- an unregulated health professional or unregulated health worker; and
- an unregulated social care worker in England. (Clause 212)

3.9 These powers are subject to undertaking an assessment of the likely impact of establishing a register and holding a public consultation.

3.10 The HPC has no powers to establish a voluntary register of students until the Bill is approved by parliament and comes into force.

[8] House of Commons Public Bill Committee, Health and Social Care Bill, Tuesday 29 March 2011 (Morning)
http://www.publications.parliament.uk/pa/cm201011/cmpublic/health/110329/am/110329s01.htm

[9] The regulators overseen by the Council for Healthcare Regulatory Excellence (CHRE): General Chiropractic Council, General Osteopathic Council, General Medical Council, General Optical Council, Pharmaceutical Society of Northern Ireland, General Pharmaceutical Council, General Dental Council, Nursing and Midwifery Council, Health Professions Council

Policy objectives

3.11 The proposed policy objectives recognise the two regulators' differing approaches and that there are a range of potential regulatory options which all aim to achieve similar objectives.

Risk of harm

3.12 The first objective is about ensuring that the public are adequately protected from the potential risk of harm posed by students.

Dealing with concerns

3.13 The second objective is about ensuring that concerns about the conduct or performance of students are adequately dealt with during pre-registration education and training, so that only someone who meets the regulator's standards for conduct and competence is able to complete an approved programme and become registered. The aim is consistency of approach and consistent decision making across education providers.

Awareness of standards

3.14 The third objective is about students being aware of the expectations placed upon them whilst studying on a programme leading to registration, and once they become registered. This includes being aware of the standards of conduct and ethics expected of them both within and outside the education and practice learning environment.

Consistency and equity across the Register

3.15 The fourth objective is based on the principle that there should be consistency and equity of regulatory approach across the HPC Register, wherever possible and appropriate. The HPC is a multi-professional regulator, regulating the members of 15 diverse professions working across health and social care. The regulation of these professions is governed by a single piece of legislation. Wherever appropriate, it uses standards and processes for regulation which are common across the Register. For example, the standards of conduct, performance and ethics apply to all the professions. This approach supports fairness and consistency, for example, when making decisions about complaints or whether to approve an education and training programme.

3.16 This means that there would need to be clear evidence to deviate from this approach – for example, evidence that a particular approach was necessary for a particular group but not for others, owing to, for example, the characteristics or risk profile of a particular profession.

Self-financing

3.17 The fifth objective is about how a voluntary student register would be financed. The regulation of social workers in England is being transferred to the HPC so that it is funded on a 'cost-recovery basis'. With reference to the powers in the Bill to establish voluntary registers of professional and occupational groups, the HPC Council has recently agreed the principle that: 'After development and initial set-up, all voluntary registers will be operated on a full cost-recovery basis.'[10]

3.18 The objective is that any voluntary register of students should be capable of being financed on a full cost-recovery basis. This is based on the principle that a public body's statutory functions should not cross-subsidise its voluntary functions. This would also mean that qualified practitioners in one profession would not be cross-subsidising the costs of student registration in another profession.

Student registration and fitness to practise

3.19 Amongst the nine regulators currently overseen by the Council for Healthcare Regulatory Excellence (CHRE), only the General Optical Council currently registers students. The four UK care Councils,[11] including the GSCC in England, all maintain registers of students studying on programmes which lead to registration as a social worker. Registration is required prior to commencing practice placements.

3.20 In 2006, 'Good Doctors, Safer Patients' recommended registration of medical students on the basis that it would increase engagement and understanding of regulation and would ensure that performance, health and conduct issues were identified and addressed at an early stage.[12] Medical students have not subsequently become registered, with the General Medical Council focusing instead on increased engagement with medical students and guidance for education providers on fitness to practise procedures.[13]

3.21 The parallel report: 'The regulation of the non-medical healthcare professions' said that further work would be needed to consider what the regulatory costs

[10] 'Establishing voluntary registers and making recommendations for statutory regulation', HPC Council meeting, 7 July 2011
http://www.hpc-uk.org/aboutus/committees/archive/index.asp?id=535 (enclosure 05)
[11] Care Council for Wales, General Social Care Council, Scottish Social Services Council, Northern Ireland Social Care Council
[12] Department of Health (2006), Good Doctors, Safer Patients
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4137232
[13] General Medical Council, 'Student Registration', Undergraduate Board, 10 May 2011
www.gmc-uk.org

and benefits of extending registration to other groups would be.[14] The Government concluded in 2007 that each regulatory body should examine the case further, on the basis of the risk presented to patients by trainees and students in particular professions.[15]

3.22 In 2007, the CHRE provided advice to the Secretary of State for Health on this issue, concluding that the aim of ensuring that students develop a working knowledge of professional behaviour, ethics and values was not necessarily (best) achieved through registration.[16]

3.23 The arguments advanced for student registration in summary have included the following.

- The risk of harm posed by students to service users, particularly in professions where students are said to have direct, unsupervised access to vulnerable service users. Student registration might be a means of mitigating this risk of harm by ensuring accountability and by dealing with instances of poor conduct.

- The potential risk of 'programme hopping' – a student removed from a programme because of poor conduct being able to move to another education provider. Student registration might prevent this from taking place.

- The need for students to be engaged with the standards and responsibilities expected of them, and to understand the purpose of regulation, at an early stage. Student registration might be a means of promoting awareness of standards and an understanding of professionalism.

- The need for consistent decision making – with respect to decisions about admission to approved programmes and in identifying and dealing with 'student fitness to practise' cases. Student registration might ensure that decisions are consistently made, better ensuring that students are fit to practise when they complete their programmes and become registered.

[14] Department of Health (2006), The regulation of the non-medical healthcare professions http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4137239

[15] Department of Health (2007), Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_065946

[16] Council for Healthcare Regulatory Excellence (2007), Advice on student registration http://www.chre.org.uk/satellite/120/

3.24 The arguments advanced against student registration have included the following.

- Registering students would involve duplication of effort with, for example, education providers also undertaking health and character checks on admission to a programme and conducting fitness to practise hearings where appropriate.

- Registration might not be a proportionate response to risk in every profession.

- The same benefits ascribed to registration could be achieved more effectively and with less cost by other means, for example, through quality assurance of education providers by regulators.[17]

3.25 In its advice on this topic, the CHRE concluded overall (but with specific reference to the nine regulators within their remit) that there was 'insufficient evidence' that student registration was 'necessary to protect patients and the public'. They made the following recommendations.

- Professionalism and regulation should be integral to the curriculum.

- The expectations of students should be made clear from the outset, recognising the different risks that might be involved in different practise environments.

- There should be arrangements ('student fitness to practise committees' or similar) for dealing with profession-related concerns about students.

- There should be a code of conduct for students.

[17] See, for example:
Health Professions Council response to the Department of Health on student fitness to practise (January 2008)
http://www.hpc-uk.org/aboutus/consultations/external/index.asp?id=58

Registration of social work students in England

3.26 The GSCC registers social workers and social work students in England. There are currently 84,346 social workers and 16,641 social work students registered by the GSCC.[18] The GSCC approves programmes delivered by Higher Education Institutions (HEIs) which lead to registration as a social worker.

3.27 Students apply to the GSCC having met the professional, academic, health and character related requirements of the education provider and having been offered a place on a programme. The GSCC assesses the health and character the applicant to determine their suitability to be registered as a social work student. They are able to register students with conditions if appropriate.

3.28 The register of social work students in England is not compulsory in law. However, the GSCC is involved in distributing funding for practice placements to education providers based on numbers of registered students studying at each institution, so there is an incentive for the education provider to ensure that students are appropriately registered prior to contact with service users on placements. (This function is due to move to the College of Social Work when the GSCC is abolished.) The GSCC has reported that student registration levels are around 95%.[19]

3.29 Under its registration rules, the GSCC is able to remove individuals from the register of social work students if they are no longer participating in a programme – such as when the student has withdrawn from their course for personal, academic or health reasons.[20] This can also apply to cases where the student has withdrawn or been removed by the education provider for suitability reasons (e.g. they have been removed as a result of poor conduct or a conviction). If an individual removed from the register subsequently seeks readmission, the circumstances of their previous removal will be considered by the GSCC.

3.30 The GSCC can also consider conduct cases about students at hearings and is able to admonish, suspend or remove registration. The GSCC's requirements for programme approval include that the education provider should have its own 'suitability' arrangements in place. This would include what are sometimes referred to as 'student fitness to practise committees' or similar to consider matters related to the conduct of students.[21] The Code of Practice for Social Care Workers applies to students.[22]

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[18] Figures correct as of 5 August 2011
http://www.gscc.org.uk/page/32/Registration+processing+times.html (accessed 10 August 2011)
[19] General Social Care Council (2011), Submission for Health and Social Care Bill – Second Reading, 31/01/2011
http://www.gscc.org.uk/news/30/Health_Bill_a_chance_to_embed_high_standards_in_social_work_regulation.html
[20] GSCC Registration Rules (2008)
[21] General Social Care Council, Accreditation of universities to grant degrees in social work (2008)

3.31 The GSCC has made specific arguments for the continued registration of social work students in England, including the following.

- Social work students have access to vulnerable service users, in their own homes, often without direction supervision.
- Education providers may not be best placed to monitor students' conduct on placements as systems to do so are not 'universally effective and consistent'. Concerns from employers and external examiners that programmes are reluctant to exclude unsuitable candidates because of the financial penalties involved.
- Registration brings to students' attention their responsibility for high standards, enhancing public protection.
- Registration means the code of practice is binding. The code is often used to initiate debates about ethical issues or used by education providers as the basis of a contract with a student. This is important for the professionalisation of social work.

3.32 The GSCC recently conducted a poll in its Social Work Connections newsletter, asking whether students should be continued to be subject to 'full regulation' or whether 'supervision and monitoring by universities' would be 'sufficient'. 84% of those who responded indicated that they considered that students should be registered.[23]

HPC and student registration

3.33 The HPC regulates 15 professions and registers 215,095 professionals.[24] It approves programmes which lead to eligibility to apply for registration, many which are delivered or validated by Higher Education Institutions (HEIs), but some which are delivered by employers, private providers and professional bodies.

3.34 It does not register students and has no existing legislative powers to register students.

3.35 The HPC adopts the following approach in this area.

3.36 Standards of conduct, performance and ethics[25] describe public and professional expectations of behaviour and apply both to registrants and to

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http://www.gscc.org.uk/page/130/Social+work+degree+documents.html

[22] General Social Care Council, Code of practice for social care workers http://www.gscc.org.uk/codes/

[23] 'Poll shows support for regulation of social work students' (March 2011) http://www.socialworkconnections.org.uk/features/213/

[24] Year-end figure for 2010/2011

students. Applicants for registration have to sign a declaration to confirm that they have read and will abide by the standards if registered. The HPC also publishes guidance on conduct and ethics for students, building on these standards.[26]

3.37 Standards of education and training ('SETs')[27] are used in approving education and training programmes and are common across all the regulated professions, including the following standards.

- Conduct and ethics. A standard ensures that students become aware of the standards during their pre-registration education as an integral part of the curriculum (SET 4.5)

- Admissions. Standards ensure that education providers have robust arrangements in place for admission to the programme. (SETs 2.3, 2.4, 2.5). Guidance is also produced for education providers about applicants to approved programmes who declare convictions, cautions and other relevant information.

- Practice placements. Standards ensure that the approach to placements including levels of supervision ensure student to fitness to practise. This includes the education provider and placement provider managing concerns effectively about students whilst on placement. (SETs 5.1, 5.13.)

- Student fitness to practice. A standard ensures that education providers have in place a process for dealing with concerns about students related to professional conduct, with a focus on ensuring that only someone who is fit to practise (including both the proficiency and ethical components) will become eligible to apply for registration (SET 3.16).

3.38 Health and character checks take place at entry to the Register. Applicants are required to provide a character reference, declare any convictions and cautions and declare any health related issues that may affect the safe practise of their profession. Where a declaration is made, this may be referred to a registration panel to consider whether that person should be registered.

3.39 The HPC also has arrangements which mean that where relevant information is received about an individual prior to registration this can be kept on record and considered if they subsequently apply for registration.

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[25] Health Professions Council (2008), Standards of conduct, performance and ethics
http://www.hpc-uk.org/aboutregistration/standards/standardsofconductperformanceandethics/
[26] Health Professions Council (2010), Guidance on conduct and ethics for students
http://www.hpc-uk.org/publications/brochures/index.asp?id=219
[27] Health Professions Council (2008), Standards of education and training
http://www.hpc-uk.org/aboutregistration/standards/sets/

4. Evidence and data

4.1 This section provides an outline of some of the evidence and data salient to the issue of student fitness to practise and student registration. The evidence is drawn from published research and data from the GMC, GSCC and HPC.

4.2 The evidence provides information about the following.

- Some evidence about the potential nature, scale and importance of the policy problem being considered.
- Data from the GMC, GSCC and HPC indicating patterns, trends and proportions in matters considered about students and applicants.

4.3 The evidence and data overall provides information which is either of a more general nature, for example, about potential risk, or about the inputs (e.g. policies) or outputs (e.g. trends) of processes. Further evidence and data (if available) needs to be gathered about the relative effectiveness of the different options.

Risk of harm

4.4 One of the policy objectives is about ensuring the public is protected from the potential risk of harm posed by students. This might include the potential risks of poor practice including poor advice, therapy, treatment or other interventions performed by students and the risk of poor conduct.

4.5 There is some evidence identifying the nature of these potential risks. One study, looking at student fitness to practise referrals in an education provider, revealed cases involving plagiarism, criminal convictions, mental health and other health problems.[28] In its report looking at student fitness to practise committees, the CHRE lists issues about students that they propose may be relevant to the regulator, including drug or alcohol misuse; breaching patient confidentiality; and failure to observe appropriate boundaries with patients.[29]

4.6 Research in the United States with specific reference to the medical profession has indicated that there may be a link between conduct during pre-registration education and subsequent fitness to practise action when registered. One study looked at the comments made about ex-students in their medical school files and found that there was a significant relationship between three behaviours in medical school and subsequent disciplinary

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[28] David TJ, Bray SA. 2009. Fitness to practise procedures for undergraduate healthcare students. Education Law Journal. 102-112
David TJ, Bray SA. 2009. Healthcare student fitness to practise cases: reason for referral and outcomes. Education Law Journal. 196-203

[29] Council for Healthcare Regulatory Excellence (2010), Student fitness to practise: Should the regulators receive the outcomes of student fitness to practise committees? http://www.chre.org.uk/satellite/166/

action by a state medical board – poor reliability and responsibility; lack of self-improvement and adaptability; and low levels of initiative and motivation.[30] However, it has been observed that the comments made had a 'low sensitivity and high specificity, so the majority of medical students who received comments about unprofessionalism were not disciplined as practising doctors'.[31]

Registration of social work students

[DN: The GSCC may provide updated data for this section prior to publication]

4.7 There is some evidence which may help to identify the nature and scale of the potential risk posed by social work students, including number and types of cases considered and their outcomes. In 2010/2011, the GSCC received 4723 referrals about social workers and social work students, 788 of which (6%) were referred for further investigation.[32] The GSCC has provided further data about the register of social work students on which the following information is based.

4.8 Table 1 below shows that between 1 September 2010 and 31 March 2011, 6,075 applications were made to the GSCC to join the student register, 975 (16%) of which declared health and character information. Of these declarations, 125 related to health issues (13%), 93 (10%) to disciplinary matters and 757 (78%) to criminal offences.

Table 1: GSCC - number of applications and declarations by students – 1 September 2010 to 31 March 3011

	Number	**% of total**
Applications	6072	N/A
Declarations*	975	16%
Signed-off	262	4%
Further investigation	713	12%

*If a student made multiple declarations (i.e. a conviction and a health issue) these have been separately recorded as part of the total figure.

[30] Teherani A, Hodgson CS, Banach M, Papadakis, MA. Domains of unprofessional behaviour during medical school associated with future disciplinary action by a state medical board (2005). Academic Medicine, 80, 17-20.
[31] Morrison, J. Professional behaviour in medical students and fitness to practise (2008). Medical Education, 42, 118-120.
[32] General Social Care Council, Annual report and accounts 2010-2011 http://www.gscc.org.uk/page/113/Annual+reports+and+plans.html

4.9 Between 2005 and 2011, the GSCC has refused registration to 9 social work students and registered another 7 with conditions.[33] These cases related to matters of good character / conduct. The conditions have included requiring a student to disclose their criminal record to a placement provider and providing confirmation from their education provider that their conduct had not caused concern during the remainder of the programme. The GSCC has advised that the cases where it has refused registration have tended to date from the opening of the student register and that close working with education providers has ensured a clear understanding of respective roles in making decisions about the suitability of applicants.

4.10 As of 31 March 2011, the GSCC was investigating 47 registered social work students. Table 2 provides a breakdown of these cases by complainant type – at that time 80% of the cases under investigation had come from education providers, the student themselves or from an employer.

Table 2: GSCC - student social worker cases under investigation by complainant type – 1 September 2010 to 31 March 2011

Source of referral	Number of referrals	% of total
Higher Education Institution	26	55%
Self-declaration	9	19%
Current employer	3	6%
Member of the public	3	6%
Anonymous	1	2%
Relative / friend / carer	1	2%
Other	4	9%
Total	47	

4.11 There were 8 cases about social work students considered at a GSCC conduct hearing in 2010/2011. They involved fraud, dishonesty, abuse or convictions for violent behaviour. Table 3 overleaf outlines the cases considered at a GSCC conduct hearing in 2010/2011.

[33] Figures taken from GSCC evidence submission to the second reading of the Health and Social Care Bill 2011

Table 3: GSCC student social worker cases considered at conduct hearings in 2010/2011

Summary of allegation	Outcome
Formed an inappropriate relationship with father of two children for whom she was the allocated social worker. Allowed the relationship to influence her professional judgement.	Removal
Policy caution for Battery; failure to disclose to employers	2 year admonishment
Failure to disclose to university civil proceedings in relation to money laundering.	Misconduct not proved
Conviction for assault on a police officer.	2 year admonishment
Conviction for fraud, sentenced to 18 month imprisonment, reduced on appeal to 8 months	Removal
Conviction for benefit fraud, sentenced to 60 hours community service	5 year admonishment
Policy caution for harassment without violence	3 year admonishment
Drink Driving	4 year admonishment

4.12 Data is not available about whether the outcomes of these cases were different from the outcomes of any action taken by the education provider, as this would depend on how the suitability issue was referred to the GSCC.

4.13 Table 4 below includes data from the GSCC which indicates that the proportion of cases considered about applicants and registrants for students may be higher than for qualified social workers.

Table 4: GSCC number of open cases as of 4 March 2011

Applicant/registrant type	Open cases	% of register	Number on the register
Student registrant	46	0.3%	
Student applicant	247	1.4%	
Total	293	1.6%	17,958
Qualified registrant	606	0.7%	
Qualified applicant	226	0.3%	
Total	832	1.0%	87,381

HPC data

4.14 It is not possible to provide directly comparable data for the HPC because the HPC does not register students and because different organisations collect and report on data in different ways. However, data is available on the information declared to the HPC by applicants for registration and registrants.

4.15 Table 5 overleaf shows the number of health and character declarations made by applicants and registrants the HPC dealt with in 2010/2011. This includes declarations of criminal convictions / cautions, disciplinary proceedings or health issues on first admission to the Register; on readmission to the Register; on renewal of registration; and 'self-referrals' made by existing registrants. The data includes declarations made by applicants who have successfully completed an approved programme, as well as applicants via the grandparenting and international routes to registration.

Table 5: HPC - Health and character declarations 2010/2011

	Total	Rejected / referred to FTP*	% rejected / referred
Renewal	4	0	0%
Readmission	74	14	19%
Admission	334	7	2%
Self-referral*	149	60	40%
Total	561	81	

*Self-referrals made by registrants prior to 1 January 2011 were considered as health and character issues first, and a decision made about whether they should be referred to the fitness to practise process for further consideration.

4.16 In 2010/2011, 334 health and character declarations were made by applicants for first admission to the Register. 2% of these declarations resulted in a decision to reject the application for registration. In excess of 80% of these declarations were about criminal convictions or cautions.

4.17 14,047 applications for admission and readmission to the register were made in 2010/2011. 2.9% of these applications involved a health or character declaration with 0.15% of the total number of applications resulting in a rejection.[34] This compares to 0.38% of registrants who were the subject of a fitness to practise allegation in the same period.[35]

Student fitness to practise committees

4.18 There is some data from education providers' own student fitness to practise committees which provides further information about the potential nature or incidence of fitness to practise concerns about students.

4.19 Table 6 overleaf includes data provided by medical schools to the General Medical Council (GMC) about the number of fitness to practise concerns by type of concern. Most cases concerned conduct issues.

[34] This figure has been adjusted to remove 1,577 hearing aid dispensers transferred from the Hearing Aid Council, another statutory regulator, in April 2010.
[35] Health Professions Council (2011), Fitness to practise annual report 2011 http://www.hpc-uk.org/publications/reports/index.asp?id=499

Table 6: Medical schools – cases by fitness to practise concern (GMC EAR, 2010)[36]

Type of fitness to practise concern	Number
Conduct	391
Conduct; conviction / caution	15
Conduct; conviction/caution; other	9
Conviction	19
Health	60
Health, conduct, conviction/caution	4
Health/conduct	74
Total	572

4.20 Where cases had reached an outcome, the most frequently reported outcome was support for the student, with expulsion from the programme reported in 11 cases. The data is not related to the total number of students (although, as an indicative figure, there are in excess of 30,000 medical students across all years of programmes).

4.21 In another study looking at the first 50 cases considered by a student fitness to practise committee for healthcare students, around a fifth of the cases resulted in students leaving the programme, either voluntarily or because of the action taken by the education provider.

4.22 A suggested potential risk is that a failure to deal properly or consistently with concerns about students would lead to someone who was unfit to practise becoming registered, and the attendant potential risks of harm to service users arising from their practise.

4.23 There is some evidence of variation between education providers. In medicine it has been noted that whilst all medical schools have student fitness to practise committees in place, there is variation in way in which they are constituted.[37] Currer (2009) found wide variation in the written 'suitability' procedures and policies put in place by universities delivering social work education in England, with differences in the name of the procedures; their focus and scope; the staff involved; and the possible outcomes.[38] Unsworth (2011) similarly found inconsistency in the nursing profession, comparing the

[36] Source: General Medical Council - Student fitness to practise information from the 2010 enhanced annual report (EAR) from Medical Schools Council (2011), Student Fitness to Practise Summary Report
http://www.medschools.ac.uk/Pages/default.aspx

[37] Aldridge, J., Bray, SA, David, TJ (2009). Medical student fitness to practise committees at UK medical schools. BMC Research notes, 2:97

[38] Currer, C (2009). Assessing student social workers' professional suitability: comparing university procedures in England. British journal of social work, 39, 1481-1498.

written fitness to practise procedures in place to those used by the regulator.[39] Both these studies focused on the content of the written policies rather than the consistency of decision making about cases.

'Programme hopping'

4.24 There is limited information to assess or quantify the scale of the potential risk of 'programme hopping'.

4.25 In their 2007 report on student registration, the CHRE noted 'anecdotal' evidence relating to the risk that a student removed for misconduct from one programme might move to another programme but concluded: '…without evidence it is difficult to understand the size of the potential problem.'

[39] Unsworth, J (2011). Student professional suitability: Lessons from how the regulator handles fitness to practise cases. Nurse Education Today, 31, 466-471.

5. Summary of costs and benefits

Summary of affected groups

5.1 The following groups may be affected.

- Students
- Education providers
- Members of the public
- Employers

5.2 The most direct impact will be on students because students would need to pay for the cost of student registration (options 2 and 3). The regulator will incur costs in setting up and maintaining the Register but these would be paid for by the cost of registration.

5.2 There could be an impact upon education providers if failing to retain registration for student social workers (option 2) or introducing student registration for other professions (option 3) necessitated changes to programmes or administrative arrangements (e.g. checking that students were registered prior to placements). However, there is a lack of currently available evidence to verify or quantify this.

5.3 There could be an indirect impact on service users and on employers if different approaches to assuring the fitness to practise of students led to different outcomes in terms of the fitness to practise of students whilst they are training and once they become qualified. However, there is a lack of currently available evidence to verify or quantify this.

Summary of costs and benefits (non-monetised)

5.4 Tables 7 and 8 outline the main areas of potential benefit and cost (both non-monetised at this stage) for each of the options. This is based on the different arguments made for and against student registration; there is a lack of currently available evidence to quantify the potential costs and benefits.

5.5 Option 1 'no change' is considered as the base case. As option 1 does not represent a 'do nothing' option for social work stakeholders, the potential costs of option 1 compared to option 2 are outlined. The key costs which can be estimated at this stage - set-up costs for the regulator, and the financial costs associated with registration - are separately outlined.

Table 7: Potential benefits (non-monetised) by option

Option 1 (compared to option 2)	**Option 2**	**Option 3**
No one-off set up cost to the regulator	Maintaining the existing registration arrangements would avoid any additional costs if education providers have to change their programmes as a result of option 1 (over and above any potential changes necessary to meet the HPC's standards of education and training)	Reduced risk of students 'programme hopping' and the attendant potential risks to service users.
No cost of registration for students.	Reduced risk of social work students 'programme hopping' and the attendant potential risks to service users.	Reduced risk of inconsistent decision making at admission to programmes, reducing risk of registrants who are unfit to practise (if HPC standards and processes are not effective).
No costs associated with administering registration.	Reduced risk of inconsistent decision making at admission to social work programmes, reducing risk of registrants who are unfit to practise (if HPC standards and processes are not effective).	Reduced risk of harm to service users (if HPC standards and processes are not effective).
No costs associated with students attending fitness to practise hearings.	Reduced risk of harm to service users (if HPC standards and processes are not effective).	Reduced risk of students completing a programme and not able to register at the end (and therefore reduced costs to the students and to the taxpayer where programmes are funded).
	Reduced risk of social work students completing a programme who are unable to register at the end (and therefore reduced costs to the taxpayer where programmes are funded).	Economies of scale if taken in combination with option 2.

Table 8: Potential costs (non-monetised) by option

Option 1 (compared to option 2)	**Option 2**	**Option 3**
Costs to social work education providers if they have to make changes to their programmes as a result of discontinuing registration (over and above any changes that might be necessary to meet the HPC's standards of education and training).	One-off set up cost for the regulator	One-off set up cost for the regulator.
Increased risk of social work students 'programme hopping' and the attendant potential risk to service users.	Cost of registration for students	Cost of registration for students.
Increased risk of inconsistent decision making at admission to social work programmes leading to registrants who are unfit to practise (if HPC standards and processes are not effective).	Costs associated with administering registration.	Costs associated with administering registration
Increased risk of harm to service users (if HPC standards and processes are not effective).	Costs associated with students attending fitness to practise hearings.	Costs associated with students attending fitness to practise hearings.
Increased risk of social work students completing a programme who are unable to register at the end (and therefore increased costs to the taxpayer where programmes are funded).	Disincentive to students to train if unable to pay fee.	Disincentive to students to train if unable to pay fee

Key monetised costs

5.6 The key monetised costs identified at this stage of the impact assessment relate to setting-up and running a system of voluntary registration.

[DN: The exact way in which the monetised costs described in this section are presented in the final published copy may change slightly. The Executive is seeking advice on the most consistent way of interpreting the relevant guidance about financial estimates used in impact assessments]

One off set up costs for the regulator

5.7 The one-off 'set-up' costs for the regulator are estimated below.

- Option 1 does not involve establishing a student register or any additional costs that would not normally be paid for through the basic HPC registration fee.

- The set-up costs associated with Option 2, it is assumed, would be accounted for within transitional funding associated with the transfer of regulatory functions from the GSCC to the HPC.

- Option 3 would involve setting-up a voluntary register of students relating to some or all of the existing HPC regulated professions. Set-up costs would include amendments to internal technology systems, including the registration database and associated systems and are estimated at around £75,000. This is estimated as a one-off cost whether some or all students were registered.

- The above does not include one-off costs related to overheads or resources.

Financial costs associated with registration

5.8 This section outlines an initial assessment of the likely financial costs associated with registering students.

Option 1

5.9 Option 1 does not involve registering students. The HPC's approach is funded through its registration fee of £76 per year. Applicants for registration who have completed an approved programme also pay a one-off £53 scrutiny fee. Applicants from approved courses receive a 50% discount on the registration fee for the first two years. The HPC is self-financing. As the register of social work students would not be maintained in this option, there would be a cost saving of £10 per student for social work students, or £166,410 per annum (based on current student numbers and fee levels).

Student registration

5.10 There are a number of variables which would affect the likely costs associated with registration. They include the following.

- The exact way in student registration was managed, including whether the regulator heard conduct cases about students or relied upon the decisions of education providers, focusing instead on minimising the potential risk of 'programme hopping'.

- The basis upon which a register was held. Any register of students maintained by the HPC would be 'voluntary'. However, registration might potentially be encouraged or compelled through other means or by others. For example, if there was some kind of continued link between practice placement funding and registration of social work students. This would affect the numbers of students who are likely to register.

- The number of students who register, including whether students were registered in some or all of the existing HPC registered professions. There may be economies of scale that would accrue from maintaining multiple student registers. The per unit costs of registration may be lower if more students are registered and therefore the costs spread over a larger population.

- The exact way in which registration on a 'cost-recovery basis' was to be achieved. For example, whether this included some or all overheads and staff costs.

5.11 This is a first stage impact assessment prior to a decision being made about whether the HPC should intervene, including decisions about the registration of social work students and student registration for some or all of the existing HPC registered professions. Therefore, at this early stage of the impact assessment and policy development cycle, this first stage assessment comprises mainly of qualitative discussion and estimates based on available data. However, following the consultation, should a policy decision be made to register students, a more detailed modelling exercise would need to be undertaken to increase the reliability and sensitivity of the estimates in this area.

Option 2

5.12 Option 2 would involve establishing a voluntary register of students on a cost-recovery basis. The GSCC currently charges £10 per student with no application fee. The GSCC's functions are partly funded by Government. One of the policy objectives is that any voluntary registers must be capable of being maintained on a cost-recovery basis (i.e. they should not be cross-subsidised). Therefore, this option is likely to entail an increase in the student registration fee compared to the current fee paid by social work students.

5.13 Assuming that the register was maintained on a similar basis to that of the GSCC, the costs associated with maintaining the student register would include processing applications for registration; considering declarations

which may question suitability for registration, for example, criminal convictions and cautions; considering and investigating complaints; and holding fitness to practise hearings. The costs would include staff and legal costs.

5.14 There is limited external data about the cost of student registration. The General Optical Council (GOC) currently charges £20 per year for student registration.[40] The Department of Health impact assessment which accompanied 'Good Doctors, Safer Patients' estimated the cost to the General Medical Council (GMC) of registering medical students as £1m per year.[41] This has been estimated as approximately £30 per student per year.[42]

5.15 When introduced, the one-off HPC scrutiny fee payable by applicants from approved courses, currently £53, was determined by the HPC based on a detailed analysis carried out by PKF (accountants and business advisors). The fee was set at a level to cover the costs of processing applications and some of the costs of approving programmes, including overheads.[43] This might provide an initial proxy estimate for the potential cost of registration.

5.16 At this stage there is a lack of direct benchmark data on which to estimate the cost of registration for social work students if registration is to be maintained on a cost recovery basis. The figures given in paragraphs 5.14 and 5.15 would give estimates of between £20 per student, per year (or £332,820 per annum) and £53 per student, per year (or £881,973 per annum). Both of these figures are however proxies in the absence of more detailed data analysis at this stage. Please see paragraphs 5.10 and 5.11.

5.15 There are, however, some initial estimates that might be made on some of the direct costs involved in administering registration, which might form part of the assumptions included in any future modelling. The average cost of a HPC fitness to practise hearing in 2010/2011 was £4,000.[44] This figure includes panel, venue hire, witness travel and other associated costs but excludes legal costs and employee costs. In 2010/2011 there were 8 cases about social work students that reached a GSCC conduct hearing.

[40] General Optical Council
http://www.optical.org/en/our_work/Registration/Registration_fees_and_forms/index.cfm
[41] Department of Health (2006), Initial Regulatory Impact Assessment – Good Doctors, Safer Patients
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4137232
[42] 'Should undergraduate medical students be regulated? No', British Medical Journal, 2010; 340:c1806
http://www.bmj.com/content/340/bmj.c1806.full
[43] See Health Professions Council (2006), 'Our fees' for an explanation of the charging approach
http://www.hpc-uk.org/aboutus/consultations/closed/index.asp?id=36
[44] Health Professions Council, [Draft] Fitness to practise annual report 2010/2011, HPC Council meeting, 7 July 2011
http://www.hpc-uk.org/aboutus/committees/archive/index.asp?id=535 (enclosure 10)

5.16 We could project that the average cost of a hearing for a student might be lower because the average length of hearing is likely to be shorter. The data indicates that cases generally concern matters related to convictions and cautions, and few complaints are received by members of the public, indicating that cases may be less complex than those for qualified registrants and therefore the average cost would be lower. If we assume that that there would be a 25% decrease in average costs of student cases, this would be an annual cost to the regulator of £24,000 excluding investigation costs, staff costs and overheads. This does not include any potential costs to students of appearing before panels.

Option 3

5.17 Option 3 is registering some or all students in the existing HPC regulated professions.

5.18 The following provides an estimate of the numbers of students on programmes leading to HPC registration. In 2010/2011, 11,122 individuals applied for registration with the HPC having completed an approved programme – it is estimated that around 8,000 of these became registered for the first name (with the remainder readmitting to the register). The average length of an approved programme is around 3 years. The total number of students studying on programmes leading to HPC registration, including social work students in England, is estimated as c.40,000 students.

5.19 However, at this stage, no decision has been made about whether some or all students in the professions regulated by the HPC should be registered. Please see paragraph 5.10 for an outline on the factors likely to affect the cost of registration. The costs of this option would be dependent upon the numbers of students registered and whether option 2 was adopted.

6. Equality and Diversity impact

6.1 We have made an initial assessment of the equality and diversity impact of the different options, namely whether some groups are likely to be more affected than others on the basis of their age, ethnicity, gender, disability, sexual orientation and religion.[45]

6.2 The relevant guidance is clear that proportionality and relevance are two key factors in preparing an equality and diversity impact assessment. Three areas of potential impact are identified and discussed in this section. This is a initial assessment at an early stage of the policy development cycle prior to any firm proposals for intervention being advanced in this area.

6.3 As options 2 and 3 are about registering students, they may have some differential impact – namely that the requirement to register may affect certain age groups more than others, because each profession may have a 'typical' age profile of a student or trainee. However, the regulator would only make registration decisions in relation to individuals who have already achieved a place on a programme and would not be directly involved in making admission decisions itself or in otherwise influencing the age profile of students or practitioners.

6.4 The cost of registration if set at a prohibitive level might deter students less able to pay from entering training and might potentially affect some age groups or underrepresented groups more than others. There is no evidence that registration of social work students in England or elsewhere has had a deterrent effect to date. However, as outlined in the impact assessment, registering students on a cost-recovery basis is likely to increase the cost of registration.

6.5 At this early stage of policy development, this impact assessment does not outline or consider in detail exactly how a student register might be administered. However, one potential area of impact in relation to options 2 and 3 are any health related requirements put in place for registration.

6.6 With reference to option two, the GSCC currently asks students applying for registration to make a declaration about whether they have a physical or mental impairment, learning disability or health condition that may affect their ability to undertake their social work duties safely. Consent is also sought for the GSCC to request a health report if necessary. These arrangements are similar to those in place for applicants for HPC registration – the previous requirement to provide a health reference was removed in 2011 in line with the guidance of the CHRE and the Disability Rights Commission.

[45] Equality and Human Rights Commission (2009), Equality Impact Assessment Guidance www.equalityhumanrights.com

6.7 Separate guidance has been published by the HPC addressing the purpose of the health reference; and, separately, to explain registration and the HPC's standards and what they mean for people wishing to train as professionals. This guidance, and case by case consideration of information declared, helps to mitigate any potential for disabled people to be adversely affected by a health requirement linked to registration.

6.7 Therefore, option 2 would not involve any additional impact upon disabled people. However, nonetheless, if option 2 was adopted, careful consideration would need to be made about the nature and purpose of any health reference requirement and the potential for adverse impact.

6.8 Option 3, registering some or all students in the professions currently registered by the HPC, would amount to a new requirement which does not currently exist in these professions. Again, at this early stage of policy development, this impact assessment does not outline or consider in detail exactly how a student register might be administered. If option 3 was adopted, careful consideration would need to be made about the nature and purpose of any health reference requirement and the potential for adverse impact.

6.9 This section has set out an initial assessment of what we consider at this early stage to be the likely areas of potential impact. However, the consultation will seek further information and data in this area, including seeking the views of stakeholders about the potential impact of student registration upon different groups of service users who have contact with students whilst training or who will use the services of students once qualify; and whether the options would have a positive impact on any particular group in society.

Consultation on student fitness to practise and registration

A consultation seeking the views of stakeholders on the most effective way of assuring the fitness to practise of students, including the voluntary registration of social work students in England.

1. Introduction

1.1 We are the Health Professions Council (HPC). This document seeks the views of stakeholders on the most effective way of assuring the fitness to practise of students, including the registration of social work students in England. We are seeking views in a number of areas and we do not make any specific proposals in this document.

1.2 This consultation will be of particular interest to education providers offering programmes approved by the HPC and by the General Social Care Council (GSCC); students studying on programmes that lead to registration; professional bodies; and employers offering practice placement opportunities.

1.3 The consultation will run from **date/month/2011** to **date/month/2012**.

1.4 Social workers and social work students are separately registered by the Care Council for Wales, Scottish Social Services Council and the Northern Ireland Social Care Council in each of these countries. Therefore in respect of social workers and social work students this consultation applies to England only.

About the Health Professions Council (HPC)

1.5 We are a regulator and were set up to protect the public. To do this, we keep a register of professionals who meet our standards for their professional skills and behaviour. Individuals on our Register are called 'registrants'.

1.6 We currently regulate 15 professions:

– Arts therapists

– Biomedical scientists

– Chiropodists / podiatrists

– Clinical scientists

– Dietitians

– Hearing aid dispensers

– Occupational therapists

– Operating department practitioners

– Orthoptists

– Paramedics

– Physiotherapists

– Practitioner psychologists

- Prosthetists / orthotists

– Radiographers

– Speech and language therapists

About the regulation of social workers in England

1.7 Social workers in England are currently regulated by the General Social Care Council (GSCC). The GSCC maintains registers of social workers and social work students in England, issues and enforces a code of practice for social workers and approves social work education programmes.

1.8 Last year, the Department of Health published 'Liberating the NHS: Report of the arm's length bodies review'. The report said that the regulation of social workers in England would move from the GSCC to the HPC. At that time, the HPC is due to be renamed the 'Health and Care Professions Council' to reflect its enlarged remit.

1.9 We currently anticipate that the HPC register for social workers in England will open in July 2012. However, the necessary legislation to allow this to happen has not yet been approved by parliament and therefore this date may change.

1.10 **Please note that the GSCC will continue to be responsible for registering social workers and social work students in England until such time as the necessary legislation has been approved by parliament and comes into force.**

About voluntary registration of students

1.11 The GSCC currently maintains a register of students studying on programmes which lead to registration as a qualified social worker. Although registration is not compulsory in law, the GSCC is responsible for distributing funding for practice placements to education providers and will only fund the practice placements of those students who are registered.

1.12 The HPC does not have any existing powers to register students and currently registers at the point someone has successfully completed an approved qualification. The government has indicated that it intends to provide for the transfer of the GSCC register of social work students in England to the HPC, and has noted that the HPC would consider this issue through a consultation process.

1.13 In addition, the Health and Social Care Bill 2011 ('the Bill'), which is currently before parliament, would in future allow the HPC to set up voluntary registers of students studying on programmes which lead to registration.

1.14 A voluntary register means that it would not be a compulsory legal requirement to register. However, registration, if introduced, might be encouraged through other means, for example, through funding arrangements or standards.

1.15 Opening a voluntary register would be subject to undertaking an assessment of the likely impact of setting up the register and holding a public consultation. The HPC has no powers to establish a voluntary register of students until the Bill is approved by parliament and comes into force.

About this consultation

1.16 We are holding this consultation to seek the views of stakeholders across the existing HPC regulated professions, and for social workers in England, on a number of different options for assuring the fitness to practise of students on programmes which lead to registration with the HPC.

1.17 This includes seeking views on student registration, including whether the existing register of social work students in England should be maintained.

1.18 We have published an initial assessment of the likely or potential impact of the different options considered in this document, which is available on our website. This initial impact assessment has informed this consultation document. At the end of the consultation, we will consider the responses we receive and revise the impact assessment, as necessary.

1.19 In this consultation we do not make any specific proposals – for example, we are not proposing that students should or should not be registered in any of the professions, including social work. However, the responses to the consultation will inform our decisions about student fitness to practise and registration, including whether:

- the HPC's current approach to student fitness to practise should be maintained across the Register; or
- the HPC should maintain a voluntary register of social work students in England; and/or
- the HPC should establish any voluntary registers of students for some or all of the existing HPC regulated professions.

About this document

1.20 This document is divided into three sections.

- **Section one** introduces the document.
- **Section two** provides some background information about student fitness to practise and registration.
- **Section three** discusses some of the key areas and asks a number of consultation questions.

Consultation questions

1.21 We would welcome your response to our consultation and have listed some questions to help you. The questions are not designed to be exhaustive and we would welcome your comments on any related issue. Please provide reasons alongside your answers where possible.

1.22 The questions are incorporated in section three of this document. However, they are also listed below.

Q1. Do you agree that these are the correct objectives to consider? If not, what other objectives should be included?

Q2. Is there any evidence of the risk of harm to service users currently posed by students in your profession? What is its likelihood and severity?

Q3. Is there any evidence of substantial differences in the risk posed by students in different professions?

Q4. How effectively are supervision arrangements in mitigating the potential risk of harm to service users?

Q5. Is there any evidence that 'programme hopping' is a recurrent problem in your profession? Do you have any information about where this has occurred?

Q6. How can the HPC best ensure that students are engaged with the standards required of them during training and when they become registered? Please give reasons for your answer.

Q7. Is there any evidence of inconsistency in the student fitness to practise decisions of education providers?

Q8. How might the HPC improve consistency in fitness to practise decisions by education providers – e.g. standards for education providers? guidance? student registration? Please give reasons for your answers.

Q9. Should the HPC set up any voluntary registers of students for the professions it currently regulates?

- If yes, why? In which professions?
- If no, why not?

Q10. Should social work students in England be registered by the HPC?

- If yes, why? Would any other arrangements achieve the same benefits? Why not?
- If no, why not? What alternative arrangements could be put in place instead?

Q11. What is the likely impact (costs and benefits) of each of the options for students; education providers; members of the public; and employers?

Q12. Do you think that any of the options would have a negative impact on any particular group in society?

Q13. Do you think that any of the options would have a positive impact on any particular group in society?

How to respond to the consultation

1.23 The consultation closes on **date/month/2012**.

1.24 We have prepared a consultation response form which you are encouraged to use to submit your response. You can find the consultation response form and further copies of the consultation document on our website: www.hpc-uk.org/aboutus/consultations/

1.25 Please send your response to:

Consultation on student fitness to practise and registration
Policy and Standards Department
The Health Professions Council
Park House
184 Kennington Park Road
London
SE11 4BU

Email: consultation@hpc-uk.org
Fax: +44(0)20 7820 9684

1.26 Please note that we do not normally accept responses by telephone or in person. We normally ask that consultation responses are made in writing.

However, if you are unable to respond in writing please contact us on +44 (0)20 7840 9815 to discuss any reasonable adjustments which would help you to respond.

Please contact us to request a copy of this document in an alternative format, or in Welsh.

1.27 Once the consultation period is completed, we will analyse the responses we have received. We will then publish a document which details the comments received and explains the decisions we have taken as a result. This will be available on our website.

1.28 If you would prefer your response not to be made public, please indicate this when you respond.

1.29 We look forward to receiving your comments.

2. Student fitness to practise and registration

2.1 This section provides some background information to the consultation, including the existing approaches of the GSCC and the HPC to student registration.

What is student fitness to practise?

2.2 For registrants, we say that a professional is fit to practise when they have the skills, knowledge, health and character in order to practise their profession safely and effectively.

2.3 Until they have completed their programmes, students are developing the skills and knowledge they need so that they can practise safely and effectively in the future.

2.4 'Student fitness to practise' relates to students having the necessary health and character so that they will be able to practise safely and effectively once they become registered. It is also about students' ability to act appropriately with those they come into contact with when they are training, including service users.

2.5 As this consultation is about assuring the fitness to practise of students, we are interested in the most effective and proportionate ways of doing this, for example, the most effective way of ensuring that concerns about a student's behaviour are adequately dealt with so that only someone who is fit to practise is able to register once they qualify.

Student registration

2.6 The topic of student fitness to practise has been debated for a number of years. Whilst some regulators have introduced a student register, others have focused on ensuring that education providers have robust arrangements for dealing with concerns about the fitness to practise of students, for example, by issuing standards and guidance.

2.7 The four UK care Councils (see paragraph 1.4), including the GSCC, all maintain registers of students studying on programmes leading to registration as a social worker. Amongst the nine regulators overseen by the Council for Healthcare Regulatory Excellence (CHRE), including the HPC, only the General Optical Council currently registers students.

Registration of social work students in England[1]

2.8 The GSCC currently maintains a register of students studying on programmes which lead to registration as a social worker in England.

2.9 Students apply to the GSCC having met the professional, academic, health and character related requirements of the education provider and having been offered a place on a programme. The GSCC assesses the health and character of the applicant to determine their suitability to be registered as a social work student. They are able to register students with conditions if necessary.

2.10 The register of social work students in England is not compulsory in law. However, the GSCC is involved in distributing funding for practice placements to education providers based on numbers of registered students studying at each institution, so there is an incentive for the education provider to ensure that students are appropriately registered prior to contact with service users on placements. (This function is due to move to the College of Social Work when the GSCC is abolished.) Student registration levels are currently around 95%.

2.11 The GSCC is able to remove individuals from the social work student register if they are no longer participating in a programme – for example, if a student decides to withdraw from their course for personal, academic or health reasons. This can also apply to cases where the student has withdrawn or been removed by the education provider for suitability reasons (e.g. they have been removed as a result of poor conduct or a conviction). If an individual removed from the register subsequently seeks readmission, the circumstances of their previous removal will be considered by the GSCC.

2.12 The GSCC can also consider conduct cases about students at hearings and is able to admonish, suspend or remove registration. The GSCC's requirements for approving social work programmes include that the education provider should have its own 'suitability' arrangements in place. This would include what are sometimes referred to as 'student fitness to practise committees' or similar to consider matters related to the conduct of students. The Code of Practice for Social Care Workers applies to students.

HPC and student registration[2]

2.13 The HPC does not register students. The HPC's existing approach is outlined below.

2.14 The HPC's standards of conduct, performance and ethics describe public and professional expectations of behaviour and apply both to registrants and to students. Applicants for registration have to sign a declaration to confirm that they have read and will meet the standards if they are registered. The HPC also publishes guidance on conduct and ethics for students building on these standards.

[1] See www.gscc.org.uk for more information
[2] See www.hpc-uk.org for more information

2.15 Standards of education and training ('SETs') are used in approving education and training programmes and are common across all the regulated professions. They include the following standards.

- Conduct and ethics. A specific standard ensures that students become aware of the standards during their pre-registration education as an integral part of the curriculum (SET 4.5)

- Admissions. Standards ensure that education providers have robust arrangements in place for admission to the programme. (SETs 2.3, 2.4, 2.5). Guidance is also produced for education providers about applicants to approved programmes who declare convictions, cautions and other relevant information.

- Practice placements. Standards ensure that the approach to placements including levels of supervision ensure student to fitness to practise. This includes the education provider and placement provider managing concerns effectively about students whilst on placement. (SETs 5.1, 5.13.)

- Student fitness to practice. A standard ensures that education providers have in place a process for dealing with the concerns about students related to professional conduct, with a focus on ensuring that only someone who is fit to practise (including both the proficiency and ethical components) will become eligible to apply for registration (SET 3.16).

2.16 Like the GSCC, health and character checks take place at entry to the Register. Applicants are required to provide a character reference, declare any convictions and cautions and declare any health related issues that may affect the safe practise of their profession. Where a declaration is made, this may be referred to a registration panel to consider whether that person should be registered.

2.17 The HPC also has arrangements which mean that where relevant information is received about an individual prior to registration this can be kept on record and considered if they subsequently apply for registration.

3. Discussion and consultation questions

3.1 In this section, we explain more about why we are consulting and seek the views of stakeholders in a number of key areas.

Why are we consulting?

3.2 We are consulting to gain the views of stakeholders on a number of different options for assuring the fitness to practise of students on programmes which lead to registration with the HPC.

3.3 As social work students in England are currently registered, and the HPC will soon have discretionary powers to establish voluntary registers of students, we thought it was an appropriate time to review the issues around student fitness to practise to inform our approach in this area.

3.4 As a multi-professional regulator we work to a single piece of legislation and have many common standards and processes. Therefore, although we have asked a specific question about the registration of social work students in England, we are consulting with all our stakeholders and across all the different professions we regulate now and will regulate in the near future.

3.5 A number of arguments have been made in the past both for and against student registration and for and against other approaches. This consultation is about gathering evidence, particularly about the effectiveness of different approaches, so that we can make an informed decision about the best approach to adopt going forward.

3.6 In the consultation we are seeking the views of stakeholders so that we can understand more about the following.

- The potential risks posed by students to service users.
- The effectiveness of different approaches to assuring student fitness to practise.
- The benefits of different approaches to assuring student fitness to practise.
- The costs of different approaches to assuring student fitness to practise.
- How the different approaches might affect different groups.

What options are we considering?

3.7 There are three main options we are considering in this consultation.

- Maintaining the HPC's current approach to student registration across the whole register. Social work students in England would not register with the HPC.

- Maintaining a voluntary register of social work students in England.

- Establishing a voluntary register of students for some or all of the existing HPC regulated professions.

What objectives do we want to achieve?

3.8 We have developed the following five objectives that we want to achieve by our approach to student fitness to practise.

- The public should be adequately protected from the potential risk of harm posed by students

- Concerns about the conduct and performance of students should be adequately dealt with during pre-registration education and training so that only someone who is fit to practise is able to complete an approved programme and become registered.

- Students should be aware of the standards expected of them whilst studying on a programme leading to registration, and once they become registered.

- There should be consistency and equity of approach across the HPC register, wherever possible or appropriate.

- Any voluntary register of students should be capable of being financed on a cost-recovery basis.

Q1. Do you agree that these are the correct objectives to consider? If not, what other objectives should be included?

Risk

3.9 We want to ensure that any approach we put in place is proportionate and effective in managing risk so we need to build-up a picture of the nature and severity of the risk of harm that might be posed by students to service users and how that risk is currently managed.

3.10 It has been suggested that students in some professions might pose a greater risk to service users than others because of the vulnerability of certain client groups or because of differing levels of supervision. For example, in some practice learning environments students might be more likely to work under direct or small group supervision, whereas in others supervision arrangements for students might be managed more remotely. The level and type of supervision a student receives might also change as a student progresses through their programme.

3.11 Student registration has been suggested as one way of mitigating this risk, by ensuring that students are accountable for their practise and behaviour and by dealing with instances of poor conduct. Alternatively, these risks could be mitigated through effective supervision arrangements and education providers' arrangements for dealing with conduct issues, assured through the regulator's standards and programme approval process.

3.12 One of our objectives is to ensure consistency and equity wherever possible and appropriate across the HPC register. Therefore we would be particularly interested in any information or evidence to support whether the risk of harm from students varies between different professions.

Q2. Is there any evidence of the risk of harm to service users currently posed by students in your profession? What is its likelihood and severity?

Q3. Is there any evidence of substantial differences in the risk posed by students in different professions?

Q4. How effective are supervision arrangements in mitigating the potential risk of harm to service users?

Moving between programmes

3.13 A potential risk that is sometimes identified is that of 'programme hopping' – a student dismissed from one programme owing to concerns about their conduct moving to another programme. Student registration has been suggested as one way in which this might be prevented.

3.14 There have been arguments made based on anecdote that this occurs in other professions. However, we do not have any evidence that this occurs in the professions regulated by the HPC. We would be interested in any views about whether 'programme hopping' is a risk and particularly any information or examples about where this has occurred.

Q5. Is there any evidence that 'programme hopping' is a recurrent problem in your profession? Do you have any information about where this has occurred?

Student engagement

3.15 We want to ensure that students are aware and engaged with the expectations placed upon them whilst studying on a programme leading to registration and once they become registered. This includes being aware of the standards of conduct and ethics expected of them both within and outside of the practice learning environment.

3.16 Student registration has been suggested as one way in which students' attention can be drawn to their responsibilities whilst studying and once qualified, promoting an awareness of standards and an understanding of professionalism. Alternatively, this might be achieved through teaching about conduct and ethics on pre-registration programmes and standards and guidance published by the regulator.

Q6. How can the HPC best ensure that students are engaged with the standards required of them during training and when they become registered? Please give reasons for your answer.

Handling concerns about the conduct of students

3.17 One of the objectives is about ensuring that concerns about the conduct or performance of students are adequately dealt with during pre-registration education and training, so that only someone who can meet the regulator's standards for conduct and competence is able to complete an approved programme and become registered. The aim is consistency of approach and consistent decision making across education providers.

3.18 Student registration has been suggested as a way of ensuring consistency as ultimately the regulator can make decisions to remove a student's registration. Alternatively, this might be achieved through standards and guidance to ensure that education providers have arrangements in place for dealing with concerns about students. Health and character requirements at entry to the Register might further ensure that only someone who is fit to practise can register.

3.19 A potential risk is that a failure to deal properly or consistently with concerns about students would lead to someone who was unfit to practise becoming registered. There is some evidence of differences between the processes put

in place by education providers but little clear evidence of differences in the outcomes reached or evidence that students who are not fit to practise are successfully completing programmes and becoming registered.

Q7. Is there any evidence of inconsistency in the student fitness to practise decisions of education providers?

Q8. How might the HPC improve consistency in fitness to practise decisions by education providers – e.g. standards for education providers? guidance? student registration? Please give reasons for your answers.

Student registration

3.20 Social work students in England are currently registered by the GSCC. This register is not compulsory in law, but the GSCC's role in funding practice placements has meant that the majority of students are registered. The HPC does not currently register students. (See paragraphs 1.10 to 1.11 and 2.8 to 2.17.)

3.21 If we decided to decide to register students, we could only do so on a voluntary basis - i.e. it would not be compulsory in law for students to register. We will not have any future role in distributing practice placement funding for social workers. However, individuals could potentially be encouraged or compelled to register through other means, for example, through quality assurance arrangements for education providers.

3.22 We would be interested in hearing the views of stakeholders about whether the register of social work students in England should be maintained when the GSCC register transfers to the HPC next year. We are also interested in hearing the views of stakeholders about whether the HPC should consider voluntary registration of students in any of the existing regulated professions.

Q9. Should the HPC set up any voluntary registers of students for the professions it currently regulates?

- **If yes, why? In which professions?**
- **If no, why not?**

Q10. Should social work students in England be registered by the HPC?

- **If yes, why? Would any other arrangements achieve the same benefits? Why not?**
- **If no, why not? What alternative arrangements could be put in place instead?**

Impact – costs and benefits

3.23 We want to know more about what stakeholders anticipate the costs and benefits of the different options we are considering are likely to be. In particular, the impact upon students; education providers; members of the public; and employers, including practice placement providers.

3.24 One particular area of potential impact is the financial cost of student registration if this was maintained for social work students in England and/or introduced for other HPC professions. The GSCC currently charges £10 a year per student for registration. The GSCC's functions are partly funded by government whereas the HPC is entirely funded through registration fees and receives no government funding. Therefore, should the register of social work students in England be maintained, the cost of registration is likely to be higher.

3.25 One of the objectives is that any voluntary register should be capable of being maintained on a 'cost-recovery basis'. This means that the fees charged for registration should cover the costs involved. This would mean that the HPC would not be using its 'statutory fees' to pay for a voluntary arrangement.

Q11. What is the likely impact (costs and benefits) of each of the options for students; education providers; members of the public; and employers?

- 1. Maintaining the HPC's current approach to student registration across the whole register. Social work students in England would not register with the HPC.
- 2. Maintaining a voluntary register of social work students in England.
- 3. Establishing a voluntary register of students for some or all of the existing HPC regulated professions.

Equality and diversity

3.26 We are also seeking the views of stakeholders on whether the different options would affect some groups more than others. For example, on the basis of their age, ethnicity, gender, disability, sexual orientation or religion.

3.27 We would be particularly interested in views about whether there would be any differences in the potential equality and diversity impact of the different options for different professions; and whether student registration would lead to any potential equality and diversity impact upon different groups of service users who have contact with students whilst training, or who will use the services of students once qualified.

Q12. Do you think that any of the options would have a negative impact on any particular group in society?

Q13. Do you think that any of the options would have a positive impact on any particular group in society?

Annex A: Student registration and impact assessments

1. Introduction

1.1 At its meeting on 12 May 2011, the Council agreed to undertake a preliminary impact assessment looking at the voluntary registration of students and to consult on that impact assessment. The Council had previously agreed that it would consider the issue of voluntary registration of students across the register ('in the round') with the register of social work students in England as one relevant factor to consider.

1.2 The paper said:

'…the Executive will undertake a preliminary impact assessment looking at the issue of student registration. The impact assessment will then be published in the form of a document for consultation which will outline the Council's preliminary assessment in the key areas, identifying a series of structured questions on which to seek the views of stakeholders.'

1.3 The paper also said that the Executive would 'have regard' to the published guidance on impact assessment – the Executive would 'act reasonably and pragmatically in ensuring the assessment conducted is proportionate and relevant – taking into account the role of the HPC as a professional regulator'.

1.4 This annex provides some further context and describes the approach taken in this particular exercise.

Context

1.5 The Health and Social Care Bill 2011, once enacted, will give the regulators powers to establish voluntary registers, but these powers are subject to undertaking an impact assessment and a public consultation (Clause 212 of the Bill). In particular, the assessment must include an assessment of the likely impact of establishing a voluntary register on:

- prospective registrants;
- employers; and
- service users

1.6 Therefore the Bill envisages that a preliminary or initial decision is made to establish a voluntary register for a particular group. The regulator then has to assess the likely impact of establishing that register and consult publicly with stakeholders (i.e. the regulator decides that there is a proposed voluntary register on which it wishes to undertake an impact assessment).

1.7 The impact assessment would normally look at the benefits and costs of establishing the Register ('the preferred option'). This includes both financial and non-financial costs and benefits. For example, this would include the one-off and continuing costs of registration.

2. What is an impact assessment?

2.1 Impact assessment is an approach and tool widely used in Government as an integral part of the policy development and implementation process. A formal impact assessment is published at key stages in the policy cycle, such as when the Government consults on a proposal or when a piece of legislation is introduced.

2.2 Impact assessment is described as:

- a **process** to help policy makers fully think through and understand the consequences of possible and actual policy decisions; and
- a **tool** to enable the government to weigh and present evidence on the positive and negative effects of policies.[1]

2.3 Impact assessments typically include (but are not limited to) the following.

- Identification of the policy problem or issue and the key policy objectives involved.
- Identifying the range of reasonable alternatives to address a particular policy problem or issue.
- Analysing the costs, benefits and disadvantages of the different alternatives against the policy objectives. This may include qualitative discussion of costs and benefits and/or quantifying the costs involved – for example, the financial costs to individuals and to businesses.
- Considering the equality and diversity impact.

[1] Adapted from Department for Business, Innovation and Skills, Impact Assessment Guidance (December 2010)
http://www.bis.gov.uk/ia

3. Stages of impact assessment process

3.1 The Department for Business Innovation and Skills 'Impact Assessment Toolkit' says that impact assessment is a 'continuous process' and sets out a number of key stages in the impact assessment process, which are not necessarily sequential. The following describes the key points of those stages that are relevant to this work.[2]

3.2 The **Development stage** focuses on the following.

- Definition and assessment of the policy problem or issue.
- Rationale for intervention.
- Identification of objectives.
- Gathering of evidence.

3.3 The **options stage** focuses on the following.

- Identification of options that may address the policy challenge.
- Qualitative discussion of costs and benefits (as a minimum requirement).
- Initial estimates of costs and benefits associated with the different options.

3.4 The **consultation stage focuses** on the following.

- 'Firming up' the options considered and the analysis to inform them – in an attempt to quantify the costs and benefits of each option.

3.5 The **final proposal stage** focuses on the following.

- The costs and benefits of the preferred option – i.e. the preferred intervention over and above the 'do nothing' or 'maintain the status quo' option.

3.6 The following stages relate to implementation and reviewing the impact of an intervention.

3.7 The relevant guidance is clear, however, that impact assessment needs to be undertaken in a proportionate manner – that the depth of the information and analysis necessary is likely to be less for low risk or low impact policy decisions compared to decisions, for example, that might have a significant impact on a large number of people or a significant financial impact on businesses.

[2] Department for Business, Innovation and Skills, Impact assessment toolkit: A guide to undertaking an Impact Assessment and completing the IA template http://www.bis.gov.uk/assets/biscore/better-regulation/docs/i/11-518-impact-assessment-toolkit.pdf

Specifically:

‘As you move through the policy making process and progress the different stages of the accompanying IA, the quality of data being used and depth of analysis should be refined to make it more specific to the proposals, and to improve its accuracy. For example, at the development stage of an IA it may be necessary to use summary data only when identifying and appraising options. However, at later stages of the Impact Assessment process, the rigour of the analysis should increase – especially before committing significant funds or making major regulatory decisions.’

4. Implementing the guidance

4.1 There are a variety of different ways in which government undertakes impact assessments – there is variation in the policy development stages at which impact assessments are published; in the depth of information provided; in the structure in which it is presented; and in whether the analysis is largely descriptive or qualitative in nature or includes quantification of costs and benefits.

4.2 For example, the Executive has observed the following models in two recent exercises.

Example 1

- A formal 'engagement exercise' was undertaken, seeking the views of stakeholders on a wide range of options in relation to a particular problem or initiative. No impact assessment was published alongside the engagement exercise, but the engagement exercise set out the key implications of the various options.

- The responses to the engagement exercise helped narrow down the options under consideration and identify the preferred option. That preferred option (over and above 'do nothing') is to form the basis of an impact assessment which is being prepared to accompany a public consultation on implementation (for example, on legislation or other arrangements to deliver the preferred option; the **'final options stage'**).

Example 2

- A formal public consultation was undertaken seeking views on a wide range of options in relation to a particular problem or initiative. An impact assessment was published alongside the consultation which provided a mainly qualitative discussion of the relevant evidence collected to date and the costs and benefits of different options, with some initial quantitative estimates (**development; options; and consultation stages**.)

- The consultation helped narrow down the options under consideration and identify the preferred option. That preferred option (over the above 'doing nothing') is then to form the basis of an impact assessment which is being prepared to accompany a public consultation on implementation (for example, on legislation or other arrangements to deliver the preferred option; the **'final options stage'**).

5. Student registration

5.1 The impact assessment model is not completely transferable to the exercise the Council is undertaking and the reason for this is described below.

- The context of this work is the transfer of regulatory functions from the GSCC to the HPC and the different approaches these organisations have to ensuring student fitness to practise – the GSCC registers students but the HPC does not. Across the regulators there is commonality in goals in this but no agreement or unambiguous evidence about the extent of the policy 'challenge' or 'problem'; the need for (further) intervention; and the effectiveness of different interventions.

- The Council has agreed to undertake a review to consider the issues of student registration across the register and therefore no initial proposal to establish a voluntary register has been made (or, indeed, a decision not to establish a voluntary register).

- There are a number of arguments that have been made for a number of years both for student registration and for alternative approaches and it might be observed that these is a lack of concrete evidence to choose between the different options. Therefore some of the ascribed benefits of the different options may be hard to quantify in absolute or relative terms.

- The GSCC and the HPC have similar objectives in this area, but each organisation currently achieves them in different ways. Therefore, it is necessary to consider that the exercise being undertaken is more than just one solely limited to 'student registration' as student registration is an option rather than an objective.

- An impact assessment would normally consider the options against a 'do nothing' option – i.e. not intervening. In context of the existing HPC regulated professions, 'do nothing' would constitute not intervening to implement a student register. However, this would not represent the 'do nothing' option for social work stakeholders because a register is already in place and adopting the HPC's approach would represent a change from this.

5.2 Some adaptation is therefore required and the following model has been followed.

- A separate 'first stage' impact assessment document (this is sometimes referred to as a partial impact assessment in Government documents) and a separate consultation document have been produced. The first stage impact assessment document would be published on the HPC website.

- The exercise has been conceived as considering the most effective and appropriate means of assuring the fitness to practise of students, including whether the existing register of social work students in England should continue to be maintained.

- The first stage impact assessment has been modeled on the development and options stages outlined in the relevant guidance and therefore includes the following.

Development

  - Definition of the problem.
  - Rationale for intervention.
  - Identification of policy objectives.
  - Description of (best) available evidence (pre-consultation).

Options

  - Identification of options to address the problem.
  - Qualitative discussion of costs and benefits.
  - Initial estimates of potential costs, particularly in terms of the cost of registration.

- The format and terminology adopted mirrors as closely as possible the impact assessment template used by Government (but with recognition that there is huge variation in layout).

- A 'do nothing' option is not included. Instead a 'no change' option is included which reflects the HPC's existing approach – whilst this is the 'do nothing' option for the 15 existing regulated professions, it is acknowledged that for, the social work field, there may be costs and benefits associated with an option which does not involve continued maintenance of the student register.

- The impact assessment attempts to reflect the different perspectives on this topic, including descriptive information and data where relevant.

6. Consultation

6.1 The first stage impact assessment will inform a public consultation. The responses to the consultation will be considered by the Council.

6.2 When the government undertakes an impact assessment prior to consultation, it will normally then consider the responses before refining the impact assessment. For example, this might include limiting the range of feasible or desirable policy options and preparing an impact assessment appended to legislation which will implement the policy. The starting premise for the exercise is that the government considers it may need or wish to intervene in a given area.

6.3 Should the Council decide, following the consultation, that no intervention is necessary (i.e. no change to the HPC's existing approach), a further impact assessment is unlikely to be necessary. Should the Council decide, following the consultation, that intervention is necessary (i.e. introducing student registration) a revised assessment would need to be produced.

Annex B: Student fitness to practise and student registration – research

Introduction

1.1 The 'first stage' impact assessment highlighted that there appears to be a lack of published evidence and data in this area. Many of the arguments made both for and against student registration appear to be made on the basis of assertion.

1.2 In an attempt to gather any relevant available evidence the Executive has recently commissioned a literature review. The literature review will assist in identifying and appraising the available research literature and evidence about student fitness to practise, including student registration. The full research brief for this work is included for information.

1.3 Alongside the public consultation, it is intended that this will inform the Council's decisions. For example, the literature review might help us to test the veracity of the different arguments made in this area, or allow us to more definitively conclude that the evidence base on which to make our conclusions is rather limited.

Research commission

1.4 The Executive recently sought research proposals for research looking at service user involvement in the design and delivery of education and training programmes approved by the HPC. We received many high quality proposals.

1.5 Prime R&D were shortlisted but unsuccessful in their proposal for that piece of work. They were invited to submit a new research proposal and as a result have been commissioned to undertake the literature review. Prime R&D have previous and ongoing experience of successfully delivering research and policy projects for other regulators.

Next steps

1.6 The final report is due to be submitted to the Executive by the end of January 2012.

INVITATION FOR RESEARCH PROPOSALS

Student fitness to practise and student registration

1. Project brief

1.1 This project is about student fitness to practise and student registration. The aims of the research are as follows.

- To identify and appraise the available research literature and evidence about student fitness to practise, including student registration.
- To assist in building a clearer picture of the risks associated with students in the professions regulated by the HPC and social work, and the effectiveness of different approaches to managing those risks.
- To contribute towards future decisions about the most effective and appropriate means of assuring the fitness to practise of students, including whether the existing register of social work students in England should continue to be maintained.

1.2 The research will be a literature review.

1.3 This document provides more information about the particular areas of enquiry that we anticipate this research will look at.

2. About the HPC

2.1 The Health Professions Council is an independent professional regulator set up to protect the public. We currently register the members of 15 different professions. To do this, we set and maintain standards which cover education and training, behaviour, professional skills and health, approve and monitor UK educational programmes which lead to registration, maintain a register of people that successfully pass those programmes, and take action if a registrant's fitness to practise falls below our standards.

2.2 We have been in existence since April 2002 and now regulate 15 professions (c. 215,000 registrants), including, for example, dietitians, clinical scientists, practitioner psychologists and orthoptists.

2.3 The number of professions that we regulate will increase in the coming years. In July 2012 we will become responsible for the regulation of approximately 85,000 social workers in England. In addition, the HPC is to become responsible for registering practitioners who dispense unlicensed herbal medicines and might begin voluntarily registering adult social care workers in the future.

2.4 We have an annual income of approximately £15m of which £5.6m is spent on the operations of the fitness to practise function. The HPC is funded entirely from fees payable by the professionals it regulates.

3. Background

About the regulation of social workers in England

3.1 Social workers in England are currently regulated by the General Social Care Council (GSCC). The GSCC maintains a register of social workers in England issues and enforces a code of practice for social workers and approves social work education programmes.

3.2 In 2010 the government announced that the GSCC would be abolished and the responsibility for regulating social workers in England transferred to the Health Professions Council (HPC) (subject to the parliamentary approval of the Health and Social Care Bill 2011 ('the Bill')).

3.3 The government has separately indicated that it intends to provide for the transfer of the voluntary register of social work students in England to the HPC. During the House of Commons Bill Committee scrutiny of the legislation, Paul Burstow MP Minister of State for Care Services announced the government's intention to provide for the transfer of the register 'pending full consideration of the best approach to assuring the safety and standards of social work students'. He further referred to the HPC's commitment to 'undertake a review of the risks in relation to students of all the professions that it regulates, including social work students'.

Student registration

3.4 The GSCC currently maintains a voluntary register of students studying on programmes which lead to registration as a qualified social worker. Although the Register is voluntary, the GSCC uses its role in distributing practice placement funding to encourage registration and estimates that around 95% of social work students are registered.

3.5 The HPC does not register students and currently does not have any existing powers which would allow it do so. The HPC has previously considered the issue of student registration and concluded that the potential risks posed by students can be more effectively and proportionately managed through the HPC's standards, guidance and processes, and in particular, through the supervision and monitoring systems of education providers.

3.6 The topic of student registration has been debated for a number of years. Whilst some regulators have introduced a student register, others have focused on ensuring that education providers have robust arrangements for dealing with concerns about the fitness to practise of students, for example, by issuing standards and guidance, or on increasing their engagement with students to raise awareness of regulation and professional standards.

3.7 Whilst the four UK care Councils, including the GSCC, all register students, amongst the nine regulators overseen by the Council for Healthcare Regulatory Excellence (CHRE), only the General Optical Council currently registers students.

Voluntary registration

3.8 In addition, the Health and Social Care Bill 2011 ('the Bill'), which is currently before parliament, would allow the HPC to set up voluntary registers of students studying on programmes which lead to registration.

3.9 A voluntary register means that it would not be a compulsory legal requirement to register. However, registration, if introduced, might be encouraged through other means, for example, through funding arrangements or standards.

3.10 Opening a voluntary register would be subject to undertaking an assessment of the likely impact of setting up the register and holding a public consultation. The HPC has no powers to establish a voluntary register of students until the Bill is approved by parliament and comes into force.

4. Student fitness to practise

4.1 In light of the regulation of social workers in England from 2012 and the forthcoming legislative powers for voluntary registration, the HPC Council ('the Council') has agreed to undertake an impact assessment and consultation exercise looking at student registration.

4.2 As a multi-professional regulator, a key principle is that our standards and processes are common where possible in order to ensure consistency and equity of approach. We are therefore looking at the issue of student registration 'in the round' and across the existing HPC regulated professions, not just for social workers.

4.3 The issue under consideration is therefore to consider the most effective and appropriate means of ensuring the fitness to practise of students, including whether the existing register of social work students in England should continue to be maintained.

4.4 'Student fitness to practise' is not a term typically used by the HPC. However, it is recognised that although the GSCC registers students, and the HPC does not, the objectives that each organisation seeks to achieve are very similar – student registration is therefore an option to a (potential) problem rather than an objective. Student fitness to practise has been defined as students having the requisite health and character so that they will be able to practise safely and effectively once they become registered. It is also about students' ability to act appropriately with those they come into contact with when they are training, including service users.

Impact assessment and consultation

4.5 A draft impact assessment document and consultation document have been produced and are currently being considered by the Council and the Education and Training Committee.

4.6 Impact assessment is an approach and tool widely used in government as an integral part of the policy development and implementation process. A formal impact assessment is published at key stages in the policy cycle, such as when the government consults on a proposals or when a piece of legislation is introduced.

4.7 Some adaptation has been required to fit the impact assessment process to this particular exercise. Normally an impact assessment starts on the premise of a preliminary decision to intervene. However, in this case no such decision has been made (i.e. no decision has been made, either way, about maintaining a student register or registers).

4.8 The draft impact assessment includes the following.

- The options for intervention, including continuing to maintain the register of social workers in England.
- The policy objectives we seek to achieve in this area.
- The available evidence and data.
- A summary of the potential costs and benefits of each of the options.

4.9 The consultation is focused on gathering more evidence to inform the impact assessment. The consultation will run alongside this research.

5. Scope of proposed research

5.1 This section outlines the scope of the proposed literature review.

5.2 The focus of this research is gathering together the available evidence which might inform our decisions about student fitness to practise and registration. The draft impact assessment, consultation and this research will inform our decisions about whether:

- the HPC's current approach to student fitness to practise should be maintained across the Register; or
- the voluntary register of social work students in England should continue to be maintained; and/or
- the HPC should establish any voluntary registers of students for some or all of the existing HPC regulated professions.

5.3 We have to date found limited published evidence and available data to help us make evidence-based decisions in this area. Many of the arguments made both for student registration, and in favour of alternative approaches to managing student fitness to practise, appear to be based on assertion.

5.4 Much of the evidence we have found relates to the outputs of processes (such as statistics drawn from student registration processes). Some evidence relates to the potential risk involved and the existing approaches to managing student fitness to practise put in place by education providers.

5.5 We are commissioning a literature review on this topic in order to benefit from a systematic approach to identifying and appraising the relevant available literature. This might reveal further evidence which might help us test the veracity of the different arguments made in this area, or to allow us to more definitively conclude that the evidence base on which to make our conclusions is rather limited.

5.6 The literature review will assist in building an increased understanding about the potential nature, scale and importance of the policy problem being considered and the effectiveness of different approaches to managing student fitness to practise. The literature review should cover (but need not be necessarily limited to) the following areas.

- The risk of harm posed by students, including its nature, severity and incidence. We would be particularly interested in any evidence to help us assess whether there are differences in the risk profile of students in different professions – for example, this might include differences in the risks associated with the 'practice' of students, or differences in how those risks are managed – for example, through supervision arrangements whilst on placement.

- The incidence of students dismissed from programmes owing to concerns about their conduct or competence moving between education providers ('programme hopping').

- The different approaches and methods for ensuring that students are engaged with the (regulatory) standards required of them during professional training and when they subsequently become registered.

- The arrangements already put in place by education providers to manage and consider concerns about the conduct of students including processes and outcomes. We would be particularly interested in any evidence about the consistency of education providers in making admission decisions about students who declare convictions, cautions or other potentially adverse information; and any evidence about the consistency of outcomes reached by education providers' student fitness to practise committees or similar.

- The relative effectiveness, costs, benefits and impact of different approaches to managing student fitness to practise, including student registration.

5.7 The literature review should particularly focus on the available published literature relating to the 15 professions currently regulated by the HPC and social work, with a focus on material directly relevant to regulation where possible.

5.8 However, we anticipate that a significant proportion of the relevant literature may be drawn from the medical and nursing professions and we would expect this literature to be included where relevant. The review may also draw upon any evidence from other regulated professions outside of health and care and any international literature, where relevant.

6. Next steps and anticipated timescale

6.1 Please provide a short proposal to cover the following.

- Methodology for undertaking the literature review including search terms and databases to be searched.
- Timescales to include commencement of the literature review and submission of a draft report for comments.
- Breakdown of costs within the stated budget.

6.2 The overall deadline for delivery of the project would be **27 January 2012** with a draft report available for comment prior to this date. Any proposed changes to the overall delivery data to be agreed with the HPC.

6.3 We anticipate a budget of up to **£15,000** for the research (inclusive of all costs and VAT).

7. Contact details

The lead and point of contact for this research is as follows.

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8. References

Council and Committee papers

Voluntary registration of students, Council meeting, 31 March 2011
http://www.hpc-uk.org/aboutus/committees/archive/index.asp?id=533 (click on enclosure 07)

Voluntary registration of students, Council meeting, 12 May 2011
http://www.hpc-uk.org/aboutus/committees/archive/index.asp?id=534 (click on enclosure 06)

Student Registration (includes draft impact assessment and consultation documents), Education and Training Committee, 8 September 2011
http://www.hpc-uk.org/aboutus/committees/archive/index.asp?id=585 (click on enclosure 05)

Other documents

Council for Healthcare Regulatory Excellence (2007), Advice on student registration
http://www.chre.org.uk/satellite/120/

'Enabling excellence: Autonomy and Accountability for Health Care Workers, Social Workers and Social Care Workers' (2011)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124359

General Social Care Council (2011), Submission for Health and Social Care Bill – Second Reading, 31/01/2011
http://www.gscc.org.uk/news/30/Health_Bill_a_chance_to_embed_high_standards_in_social_work_regulation.html

Health Professions Council response to the Department of Health on student fitness to practise (January 2008)
http://www.hpc-uk.org/aboutus/consultations/external/index.asp?id=58

House of Commons, Public Bill Committee, Health and Social Care Bill, Tuesday 29 March 2011 (morning)
http://www.publications.parliament.uk/pa/cm201011/cmpublic/health/110329/am/110329s01.htm

Annex C: Revised timetable

The timetable overleaf has been revised in light of the transfer of regulatory functions from the GSCC, currently expected to take place, subject to parliament approval, in July 2012. The timetable may be subject to change should there be any changes in the anticipated opening date of the HPC register for social workers in England.

The timetable below allows sufficient time for the consultation to ensure that stakeholders across all the registered professions and social work are able to respond, allowing for the Christmas period. The timetable also allows sufficient time for consultation analysis – we anticipate that the consultation will be of wide interest and therefore a large volume of responses is likely to be received.

Where papers will also be considered by the Education and Training Committee this has been indicated below.

Note: *indicates that further work and papers may be required, dependent upon the Council's decision following the consultation in May 2012.

Activity	Timescale
Discussion / approval of consultation document and impact assessment – Council meeting	20 October 2011
Consultation	1 November 2011 to 2 March 2012 (planned; exact dates may change slightly)
Paper to note – impact assessment; consultation; research brief – Education and Training Committee	17 November 2011
Discussion of literature review and verbal update about responses – Education and Training Committee (no decision required)	8 March 2012
Paper to note – literature review – Council meeting	29 March 2012
Discussion / approval of literature review; and consultation responses; decision about student registration and identification of next steps* – Council meeting	10 May 2012
Paper to note – consultation responses – Education and Training Committee	12 June 2012