Council, 3 December 2015

Understanding the prevalence of fitness to practise cases about paramedics and social workers in England

Executive summary and recommendations

Introduction

Paramedics and social workers in England are the professions most over-represented in the fitness to practise cases we consider. The attached is a draft research brief proposing research to explore why this is the case.

The proposed research would consist of a literature review; surveys, focus groups and/or interviews with stakeholders; a substantial review of fitness to practise cases in each profession; and a deliberative methodology which brings together key stakeholders in order to identify possible actions.

The idea is that the research will help to identify preventative actions that all those involved in practice, education, employment, representation and regulation might take.

Decision

The Council is invited to discuss and approve the attached research brief.

Background information

None

Resource implications

Resource implications include reviewing research proposals and working with the research team. There will also be a small resource impact of the Fitness to Practise Department to support the research, including facilitating access to data. These are accounted for / will be accounted for in Policy and Standards Department and Fitness to Practise Department planning for 2015-2016 to 2017-2018.

Financial implications

Proposed research budget of up to c.£100,000, to be paid in two instalments over two financial years – 2016-17 and 2017-18. These implications will be accounted for in Policy and Standards Department budgeting for 2015-2016 and 2016-17.

Appendices

None

Date of paper

20 November 2015.

INVITATION FOR RESEARCH PROPOSALS

Understanding the prevalence of fitness to practise cases about paramedics and social workers in England

1.1 Paramedics and social workers in England are over-represented in the fitness to practise cases handled by the Health and Care Professions Council (HCPC). The purpose of this project is to help us in understanding why and to help identify what preventative action could be taken to tackle this trend.

1.2 The research aims are as follows.

- To understand why the HCPC receives disproportionately more fitness to practise concerns about paramedics and social workers in England.
- To gain insight into the characteristics / themes of fitness to practise cases in order to identify any particular issues which are prevalent to these professions.
- To identify and make recommendations about the steps that might be taken to prevent problems occurring which lead to fitness to practise concerns in these professions.

1.3 We expect as core components that the research will include the following.

- A literature review.
- Surveys, focus groups and/or interviews with key stakeholders.
- A review of (a sample of) fitness to practise cases in each profession.
- A deliberative methodology which brings key stakeholders together in order to identify possible actions.

1.4 A budget of up to **£x** is available for this work (depending on the scope of the research). The deadline for proposals is **26 February 2016**.

2. About the HCPC

2.1 The Health and Care Professions Council (HCPC) is an independent multi-professional regulator set up to protect the public. We register the members of 16 professions. We set and maintain standards which cover education and training, behaviour, professional skills and health; approve and monitor education 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 were set up in 2002 and now regulate 16 health and care professions (c. 320,000 registrants) including, for example, biomedical scientists, hearing aid dispensers and occupational therapists. 15 of these professions are regulated on a UK-wide basis. Social workers are regulated on an England only basis, with separate regulators in the other UK countries.

3. Background to the research

The fitness to practise process

3.1 The fitness to practise process is the way in which we can consider whether the fitness to practise of one of our registrants is impaired (negatively affected) in some way. We consider concerns about registrants on a case-by-case basis to decide whether we need to take any action to protect the public. Key stages in the fitness to practise process include the following.

- A concern raised with us will not become a fitness to practise allegation until we have decided whether it meets our 'standard of acceptance' for allegations. This sets out a modest and proportionate threshold for acceptance of cases, ensuring that we only take forward concerns which require further investigation and which may require regulatory action.

- Fitness to practise allegations are considered in private by Investigating Committee panels (ICPs) who consider all the information gathered during the investigation, including any response from the registrant to the allegation made about them. They decide whether there is 'case to answer' – whether there is a realistic prospect that the fitness to practise of the registrant will be found impaired.

- If a case to answer decision is made, the allegation will be referred to be considered at a public hearing by the Conduct and Competence Committee (cases about misconduct, lack of competence and convictions/cautions) or the Health Committee (impairment by reason of physical or mental health). The Investigating Committee continues to consider cases where an allegation has been made that an entry in the Register has been fraudulently procured or incorrectly made.

- If, following consideration of all the evidence at a public hearing, a registrant's fitness to practise is found impaired, panels have a range of options. These include taking no further action or imposing a caution, making their registration subject to conditions of practice, suspending their registration, or, in the most serious of cases, striking them off so that they can no longer practise.

3.2 More information about the fitness to practise process is available on our website.

Fitness to practise cases about paramedics and social workers in England

3.3 Paramedics and social workers in England are the two professions most over-represented in the fitness to practise cases we receive. Table 1 in appendix 1 outlines the trends over the last three years in fitness to practise cases in these professions. The percentage of registrants subject to a fitness to practise concern is significantly higher in each of these professions – in 2014-15, 1.09 per cent for paramedics and 1.42 per cent for social workers in England, compared with 0.66 per cent for the register as a whole. For social workers in England, in the last year we received more than twice the number of concerns than might be expected by the proportion of this profession in the Register.

3.4 This appears to be a sustained trend in these professions. For paramedics there are signs that proportionately the rate of concern is declining over time – with 1.41 per cent subject to a fitness to practise concern in 2011-12, compared to 1.09 per cent in the most recent year. However, the percentage of registrants subject to a concern still remains above average in this profession and is the second highest of all professions.

3.5 Table 2 in appendix 1 gives the breakdown of cases in 2014-15 in each of these professions by complainant type. For social workers in England, more than half of all concerns are from members of the public. For paramedics, the highest source is self-referrals from paramedics. The next highest is members of the public and employers.

3.6 Table 3 in appendix 1 gives the percentage of cases considered at a final hearing in 2014-15 per profession, compared with the proportion of each profession in the Register. For both professions, the trend of disproportionate numbers of fitness to practise concerns is sustained. Paramedics accounted for approximately 14 per cent of final hearings in 2014-15 compared with 6 per cent of total registrants. For social workers in England, the profession accounted for approximately 44 per cent of final hearings compared with 27 per cent of total registrants.

Reasons for concerns about paramedics and social workers in England

3.7 Our fitness to practise annual reports give statistical information about fitness to practise concerns in each financial year. However, the reports are not designed to provide an in-depth analysis of trends in specific professions, and this research will help by identifying in a rigorous methodological manner the characteristics / themes in fitness to practise cases in these two professions.

3.8 In discussion with stakeholders we often discuss why these professions may feature disproportionately in fitness to practise cases. With respect to paramedics, this is often ascribed to the following.

- **The nature of the role of the paramedic**. Paramedics typically work outside of the hospital environment, dealing with urgent and emergency situations where on-the-spot professional judgement is required. They often work with patients who are seriously ill, vulnerable or distressed.

- **Professionalisation**. In the past paramedic training was based on an in-service model delivered by NHS ambulance trusts. The majority of pre-registration education and training is now delivered in the higher education sector and the profession is moving towards an undergraduate degree for entry to the profession (Allied Health Solutions, 2013). It has been suggested that the higher proportion of fitness to practise concerns might be reflective of ongoing professionalisation, with a significant proportion of the existing workforce having qualified via in-service routes.

- **Professional acculturation**. It has been suggested that professional cultures in paramedic practice might be a factor which accounts for the higher level of fitness to practise concerns and that these might take time to change as the move to education and training in higher education changes the profile of the profession.

3.9 With respect to social workers in England, this is often ascribed to the following.

- **The nature of the role of the social worker**. Social workers often come in to contact with people at times of their lives where they are distressed or vulnerable and in some areas of work, such as child protection, service users may not value social work involvement in their lives. Social workers are involved in decisions which can have a profound impact on peoples' lives – for example, decisions about whether someone should be sectioned under mental health legislation. We find that concerns raised by members of the public will often be prompted by dissatisfaction with these decisions and often concern multiple social workers they have had contact with.

- **The context of social work practice**. Linked to the nature of the work performed by social workers, is the sometimes high media profile of some of this work, particularly when things go wrong or when outcomes are unexpected. In some social work working environments, it is suggested that lack of resources and high case loads might lead to stress, burnout and errors in professional judgement.

- **Professionalisation**. All degree qualification in social work was introduced in 2003. Since then there have been concerns raised by some stakeholders about the quality of qualifying education and training, including the calibre of entrants to training and whether they are equipped to be effective social workers when they qualify. (We started regulating social workers in England in 2012 and have recently completed a programme of visits to pre-registration programmes to confirm their ongoing approval against our standards.)

Fitness to practise trends in context

3.10 Amongst the other regulators, the General Medical Council (GMC) has previously commissioned research in order to understand why fitness to practise concerns are being raised about doctors by members of the public. This was prompted by an increase in the number of concerns received, a trend which other regulators have also experienced. The research concluded that increasing complaints from the public about doctors could be ascribed to wider social trends; the high profile of the medical profession and the GMC's efforts to increase its profile; the use of social media to share experiences; and higher expectations of patients (Archer *et al* 2014).

3.11 We have seen a gradual increase overall in the level of fitness to practise concerns we receive relative to the size of the Register, but this has been less marked compared to other regulators (see GMC 2014). This research is not focused on the wider social trends that might drive complaints. Instead, we are commissioning this research to help us to understand why we receive disproportionately more fitness to practise concerns in these particular professions relative to the others that we regulate. One benefit of this is that it will give us a more evidence-based answer to question of 'why?'.

Prevention

3.12 This research follows on from recent research – 'Preventing small problems from becoming big problems in health and care' (HCPC 2015). The research provides insight into how registrants may become disengaged with professional practice and how this can lead to fitness to practise issues later. We are using the research to start a conversation with registrants, employers and others about how we might prevent disengagement.

3.13 The research will also help us to continue to meet the Standards of Good Regulation published by the Professional Standards Authority (PSA). The PSA oversees the work of the HCPC and the other independent UK

regulators of health and care professions. The PSA undertakes a performance review of each of the regulators each year, against its Standards.

3.14 As part of that review, the PSA asks us to reflect on how learning from areas such as fitness to practise has influenced other areas of our work. In particular, we are required to demonstrate how in developing guidance and standards we have taken into account a range of evidence, including learning from other parts of our work.

3.15 This research will allow us to review in-depth the cases in the two professions where proportionately we receive the most concerns, with the intent of using this learning to focus on preventative actions.

4. Scope of proposed research

4.1 This section outlines the scope of the proposed research.

Literature review

4.2 The literature review will inform the primary data collection. We anticipate a targeted review of relevant literature, ensuring that the research is focused on the core objectives and that sufficient resources are dedicated to subsequent research components.

4.3 We anticipate that such a literature review might include (but may not be limited to) the following content.

- Literature looking at professional conduct, practice, complaints, regulation, structural organisation, professional cultures and professionalisation in each of the professions, where it is relevant to the research objectives.
- Literature about the characteristics, profile and prevalence of complaints / concerns in health and social care generally.
- Any relevant literature on measures to prevent complaints or fitness to practise concerns in health and social care or in other sectors.

Primary research

4.4 We anticipate that the surveys, focus groups and/or interviews with stakeholders will be informed by the literature review and will focus on exploring views and perceptions of the prevalence and nature of fitness to practise concerns in these professions.

4.5 We expect this group of stakeholders to include (but may not be limited to):

- educators;
- employers;
- professional bodies;
- registrants; and
- service users and carers (or organisations / individuals advocating on their behalf).

4.6 This phase of the research should ensure that every effort is made to engage with stakeholders across the four countries. (Although social workers are regulated by the HCPC in England only, the experience of the regulators / other stakeholders in those countries might provide useful insight.)

4.7 We will work with the appointed research team to help facilitate this part of the research – for example, by providing contact information for stakeholders or by emailing out a survey to registrants, as necessary.

Fitness to practise case review

4.8 We anticipate that the findings of the literature review and primary research will inform a review of fitness to practise cases. This will help in profiling and understanding the characteristics and themes of the cases we deal with.

4.9 We expect that this review will include a significant sample of cases including the following.

- Cases closed because they did not meet the standard of acceptance for allegations.
- Cases where the Investigating Committee has made a 'no case to answer' decision.
- Cases concluded at a final hearing.

4.10 We anticipate that the review will be primarily qualitative, but that some quantitative data collection may take place if considered useful.

4.11 We will facilitate this stage of the research by providing the research team with access to case information at our offices in Kennington, London (under a confidentiality agreement).

Conclusions, recommendations and actions

4.12 We anticipate that some of the potential actions identified as a result of the research might not be for us, but might be about how all those involved in practice, education, employment, representation and regulation in these professions can work together.

4.13 The last part of the research should therefore involve some kind of deliberative methodology which might bring together relevant stakeholders to engage them in the conclusions of the research and to begin to identify potential recommendations and actions.

Research governance

4.14 We expect the appointed research team to convene a research advisory board, or its equivalent, with representation from the HCPC to oversee the conduct of the work.

4.15 We expect that all relevant stakeholders, including service users and carers, should be appropriately involved in the conduct of HCPC commissioned research. Proposals should clearly outline how the involvement of relevant stakeholders will be addressed during the research process.

4.16 We expect the appointed research team to report informally on a regular basis to the HCPC lead for the work about the progress of the research. The appointed research team will be required to develop a detailed project plan with key milestones from the outset of the commission. This will be agreed

with the project lead and regularly updated as required for the duration of the research.

4.17 Sign-off from the research lead will be required at key stages including.

- Finalisation of the search strategy for the literature review.
- The text of the surveys / discussion guides for interviews and/or focus groups.
- Finalisation of the sampling and analysis approach for the case review.

Final report

4.18 The final report is likely to include.

- Information about the research methodologies adopted.
- Findings from the research.
- Advice and recommendations to the HCPC in light of the research findings.

4.19 The research team will be required to present their findings to the HCPC Council at its meeting in September 2017 (TBC).

5. Next steps and anticipated timescale

5.1 Proposals for this work should be submitted by email to Jane Tuxford, by no later than **26 February 2016**.

Email: jane.tuxford@hcpc-uk.org.

5.2 For queries about the brief, please contact Edward Tynan.

Email: edward.tynan@hcpc-uk.org

Tel: 020 7840 9126

5.3 There is no prescribed format for submitting research proposals. However, they should include the following.

- A proposal for how the research would be conducted - including (but not limited to):
  - how the literature review will be approached;
  - information about sample sizes; and
  - anticipated arrangements for access to data.
- An outline project plan including key milestones.
- Any ethical considerations or approval needed.
- Arrangements for research governance, including the involvement of relevant stakeholders and for the handling of data.
- Information about the experience of the organisation involved to deliver the project (if applicable).
- The researchers CV(s).
- A breakdown of costs which should include information about daily rates of members of the research team and other non-salary costs.

5.4 We anticipate the following timescales for this work. Please note, in the event that the number of proposals received delays the process of appointing a research team to carry out this work, these dates may change.

Action	Timetable
Invitation for proposals issued	7 December 2015
Deadline for proposals	26 February 2016
Shortlisting	18 March 2016
Interviews / meetings with shortlisted research team(s) (if required)	By 8 April 2016
Research team appointed	Week commencing 11 April 2016
Contract signed and research formally commences	By 6 May 2016
Deadline for final report	Target date for completion is **31 July 2017** (with a draft report available for comment prior to this date).

5.5 We anticipate a budget of up to **£x** (depending on the scope of the research). This budget is inclusive of all costs, including VAT (if applicable) and any contribution to overheads (if applicable).

Shortlisting criteria

5.6 Our decision to shortlist or appoint will be based on the research brief, and on an overall assessment of how far the proposal has addressed the HCPC's needs. We will particularly assess research proposals as to the extent to which they meet or exceed the following indicative criteria.

- The proposal demonstrates understanding of the role of the HCPC as a regulator.
- The proposal demonstrates understanding of the research aims.
- The proposal describes an appropriate methodology which is consistent with the research aims.
- The scope of the proposed research includes an appropriate range of stakeholders.
- The proposal demonstrates that the research team have proven experience and expertise in fields relevant to the subject of the research.

- The proposal represents value for money.

6. References

The following are sources of further information which may be useful.

HCPC references

Information about the fitness to practise process
http://www.hcpc-uk.org/complaints/

Fitness to Practise Annual reports
http://www.hcpc-uk.org/publications/reports/

HCPC (2015). Preventing small problems becoming big problems in health and care.
http://www.hcpc-uk.org/publications/research/index.asp?id=1009

Other references

Allied Health Solutions (2013). Paramedic Evidence Based Education Project (PEEP). End of study report.
http://hee.nhs.uk/wp-content/uploads/sites/321/2014/04/PEEP-Report.pdf

Archer, J. *et al* (2014). Understanding the rise in Fitness to Practise complaints from members of the public.
http://www.gmc-uk.org/static/documents/content/Archer_et_al_FTP_Final_Report_30_01_2014.pdf

General Medical Council (2014). Chief Executive Steering Group Survey 2014.
http://www.gmc-uk.org/CESG_survey_report_2014_final.pdf_60454694.pdf

Professional Standards Authority (2010). Standards of good regulation.
https://www.professionalstandards.org.uk/docs/scrutiny-quality/120720-the-performance-review-standards-(updated)-psa-version.pdf?sfvrsn=0

Professional Standards Authority (2015). Public views on social workers and roles and issues within the profession.
http://www.professionalstandards.org.uk/library/document-detail?id=19cf5a9e-2ce2-6f4b-9ceb-ff0000b2236b

Appendix 1

Table 1: Paramedic and social worker in England fitness to practise cases 2012-13 to 2014-15

Profession / year	Number of cases	% of total cases	Number of registrants	% of register	% of registrants subject to fitness to practise concerns	% of registrants subject to fitness to practise concerns – all profession average
Paramedics						
2014-15	231	10.65	21,185	6.40	1.09	0.66
2013-14	266	12.86	20,097	6.24	1.32	0.64
2012-13	262	15.85	19,373	6.23	1.35	0.53
Social workers in England						
2014-15	1,251	57.65	88,397	26.72	1.42	0.66
2013-14	1,085	52.45	88,946	27.63	1.22	0.64
2012-13*	733	44.34	83,421	26.84	0.88	0.53

*Social workers in England became regulated by the HCPC on 1 August 2012.

Table 2: 2014-15 profile of complainant type in each profession (%)

Profession	Article 22(6) / Anon	Employer	Other	Other registrant	Police	Professional body	Public	Self referral
Paramedics	6.93	22.51	3.96	4.32	0	0.87	18.18	43.29
Social workers in England	2.56	23.58	4.64	2.24	0.40	0.16	55.64	10.79

Table 3: Final hearings by profession in 2014-15

Profession	Total number of hearings	% of total number of hearings	% of Register
Arts therapists	1	0.28	1.09
Biomedical scientists	17	4.84	6.84
Chiropodists/podiatrists	10	2.85	3.90
Clinical scientists	0	0	1.60
Dietitians	4	1.14	2.58
Hearing aid dispensers	4	1.14	0.65
Occupational therapists	21	5.98	10.92
Operating department practitioners	18	5.13	3.68
Orthoptists	0	0	0.42
Paramedics	48	13.68	6.40
Physiotherapists	29	8.26	15.02
Practitioner psychologists	12	3.42	6.35
Prosthetists / orthotists	2	0.57	0.31
Radiographers	17	4.84	9.00
Social workers in England	155	44.16	26.72
Speech and language therapists	12	3.42	4.53
Total	**351**		