

Northern Ireland

Social

Care

Council

Fitness to Practise Year End Report

April 2023 – March 2024
2023/24 Business Year

Fitness to Practise – Report Contents

Section	Page number
Section 1 Introduction	3
Section 2 Suitability Assessments	4
Section 3 Fitness to Practise Activity	7
Section 4 Business Performance against Key Performance Indicators	17
Section 5 Committee Management	19
Section 6 FTP Team Highlights	22
Section 7 Reflections and Insights	25
Section 8 The Year Ahead	27

Section 1 – Introduction



As the workforce regulator, the Social Care Council has an important role to play in protecting the public and upholding proper standards of conduct and practice amongst its registrants. While the majority of social workers and social care workers undertake their work roles safely and effectively, the conduct and practice of some registrants will at times fall below the required standard. This may result in a referral being made to the Social Care Council to investigate the concerns about the registrant and decide

whether any action needs to be taken in respect of their fitness to practise and ongoing registration.

During the business year 2023/24, the Social Care Council continued to deliver its Fitness to Practise function, ensuring that all allegations made about registered workers were investigated in a timely manner and in accordance with agreed rules, policies and procedures and best regulatory practice.

This end of year report sets out:

- **How we dealt with concerns raised with us;**
- **The numbers and sorts of cases we looked at and what happened in those cases;**
- **Learning and insights gained;**
- **The steps we are taking to improve and develop the Fitness to Practise function within the Council.**

It is helpful to consider this 2023/24 report alongside the ten year analysis report of Fitness to Practice referrals involving social care workers which the Council produced in 2023, as this provides a detailed analysis of referral patterns and trends on a more longitudinal basis.

Section 2 – Suitability Assessments

All applicants for registration are required to make declarations regarding their health, character and conduct (including any criminal records and/or disciplinary records or proceedings) when applying for and renewing registration. The Fitness to Practise team will carry out enquiries necessary to determine an applicant's suitability to be included on the Social Care Register. This forms an important gatekeeping role in relation to the Register in ensuring that only those applicants who are fit to practise are registered.

As of 31/03/2024, the Social Care Council had a total register of **46,418** registrants. This consisted of **6622** social workers, **39,033** social care workers and **763** social work students.



From 01/04/2023 to 31/03/2024, the Social Care Council received **12,373** new applications for registration (this included **2930** restorations/re-registrations) and **4879** renewal applications resulting in a total application activity of **17,252**.

Suitability Assessment Activity

As part of the application/renewal process, the Registration team referred a total of **388** applications/renewal applications to Fitness to Practise for further enquiries and assessment. This represents **2.2%** of all applications/renewals received. The majority of suitability assessment referrals related to Part 2 applications (n=**322**) with **49** relating to Part 1 applications and **17** to student applicants. In addition to the **79** suitability assessment cases brought forward from the previous year, this gave a total of **467** applications/renewals requiring assessment for the year. This year we experienced a **13.4%** rise in applications referred to Fitness to Practise for assessment against last year.



25% of declarations made by applicants were about criminal offences, followed by **21%** of applications which related to failure to maintain registration. **18%** of declarations related to health. **9%** of applications related to a combination of declarations.

Suitability assessments that were concluded

The Fitness to Practise team concluded **366** suitability assessments in respect of both new and renewal applications during the year. The outcomes of these assessments are outlined in the table below.

Suitability Assessment Outcomes

Register	
<ul style="list-style-type: none"> 1 – Registration Committee decision 40 – Council Officer decision 	41
Register with Concerned Letter	234
Register with Conditions	7
<ul style="list-style-type: none"> 5 – Registration Committee conditions 2 – Council Officer level conditions 	
Registration Refused (Registration Committee)	2
Renew	13
Renew with Concerned Letter	35
Application Cancelled	34
<ul style="list-style-type: none"> Endorsement withdrawn by applicant Non engagement from applicant Not participating in degree course Applicant deceased Removed by FTP Committee Removal by Agreement Applicant applied for incorrect register sub-part 	

97.81% of all application/renewal applications considered were able to be concluded without referral to a Registration Committee, the majority by way of issuing a 'Concerned Letter', the purpose of which is to highlight to an applicant where their previous conduct has fallen short of the required standards and reminding them of the need to adhere to the Standards of Conduct and Practice going forward.

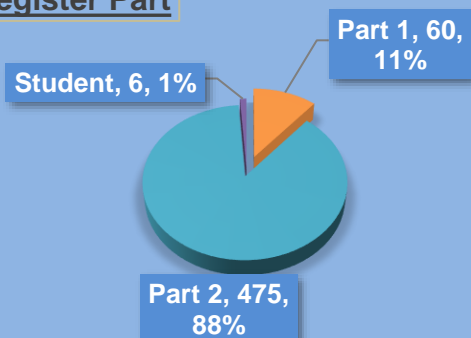
Eight **(2.18%)** applications were heard by the Registration Committee who refused registration for **2** applications, registered **1** applicant and imposed Conditions on the remaining **5** applicants. In total, **97.26%** of assessments were dealt with at Council Officer level with only **2.18%** having a decision imposed by a Registration Committee.

Section 3 – Fitness to Practise Activity

Referrals

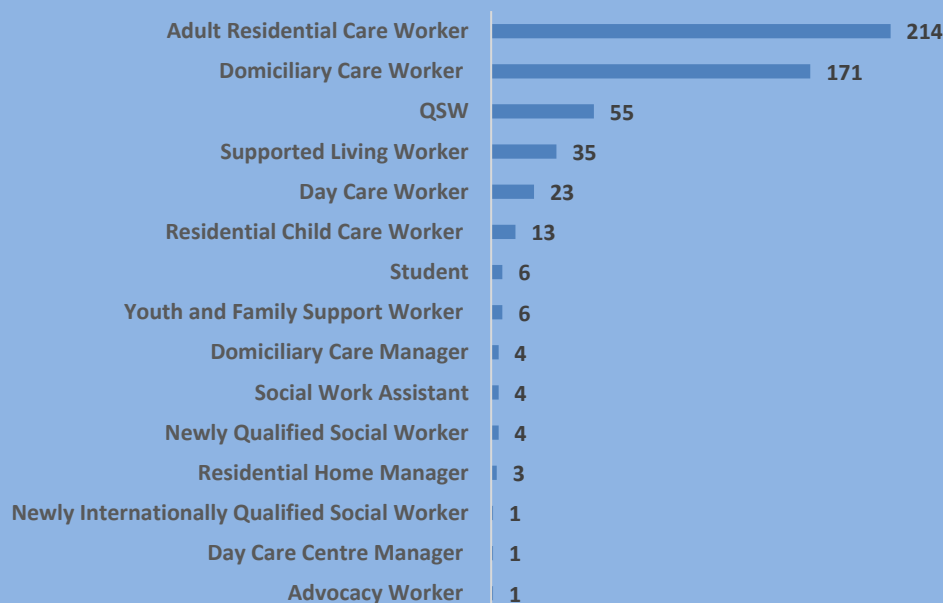
During 2023/24, we received a total of **541** referrals in respect of social workers, social care workers and social work students. This means that concerns were raised about **1.16%** of registrants on our total register of 46,418. The rate of referrals averaged at **45** per month against an average of **41** referrals per month in the 2022/23 business year. The total number of referrals received this year increased by **48 (9.73%)** against the number of referrals received last year.

Referrals by Register Part



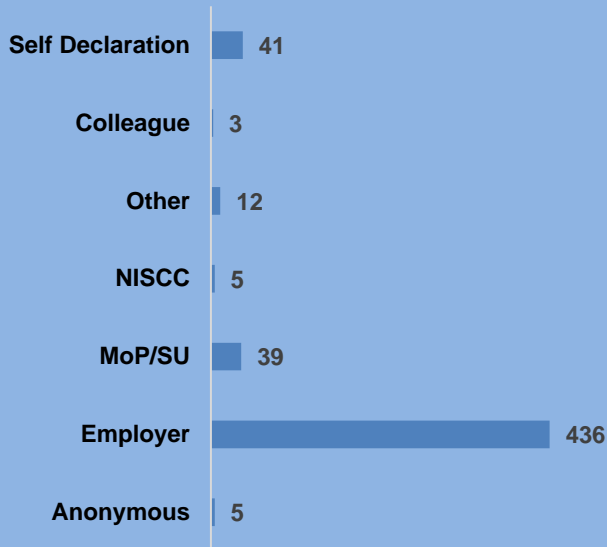
This chart illustrates the break-down of the referrals we received by part of the Register.

Referrals received by Sub Part of the Register



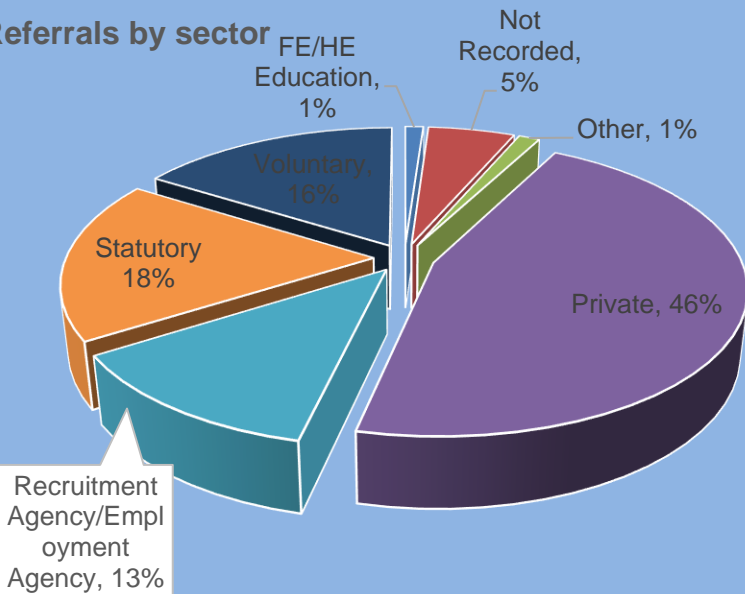
The highest number of referrals we received were about adult residential care workers (**39.5%**) followed by domiciliary care workers (**31.6%**). Adult residential care workers represented **34.6%** of the overall registered workforce whilst domiciliary care workers represented **31.5%**. Referral rates are therefore relatively proportionate to these workforce categories on the Register.

Source of referrals



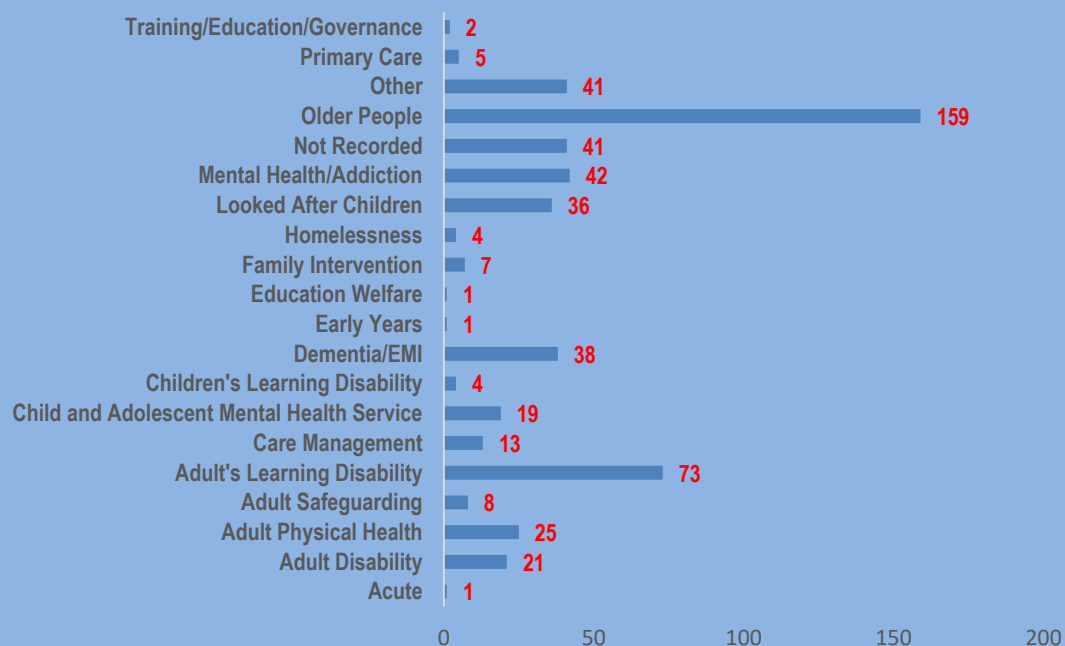
The majority of referrals continue to come from employers (**80%**). Referrals from members of the public/service users overall continue to be relatively low at just over **7%** although it should be noted that many of the employer referrals we receive stem from concerns that were raised with them by service users and carers. It is interesting to note that the majority of service user referrals received (**94.87%**), relate to social workers and are primarily about family and child care issues.

Referrals by sector



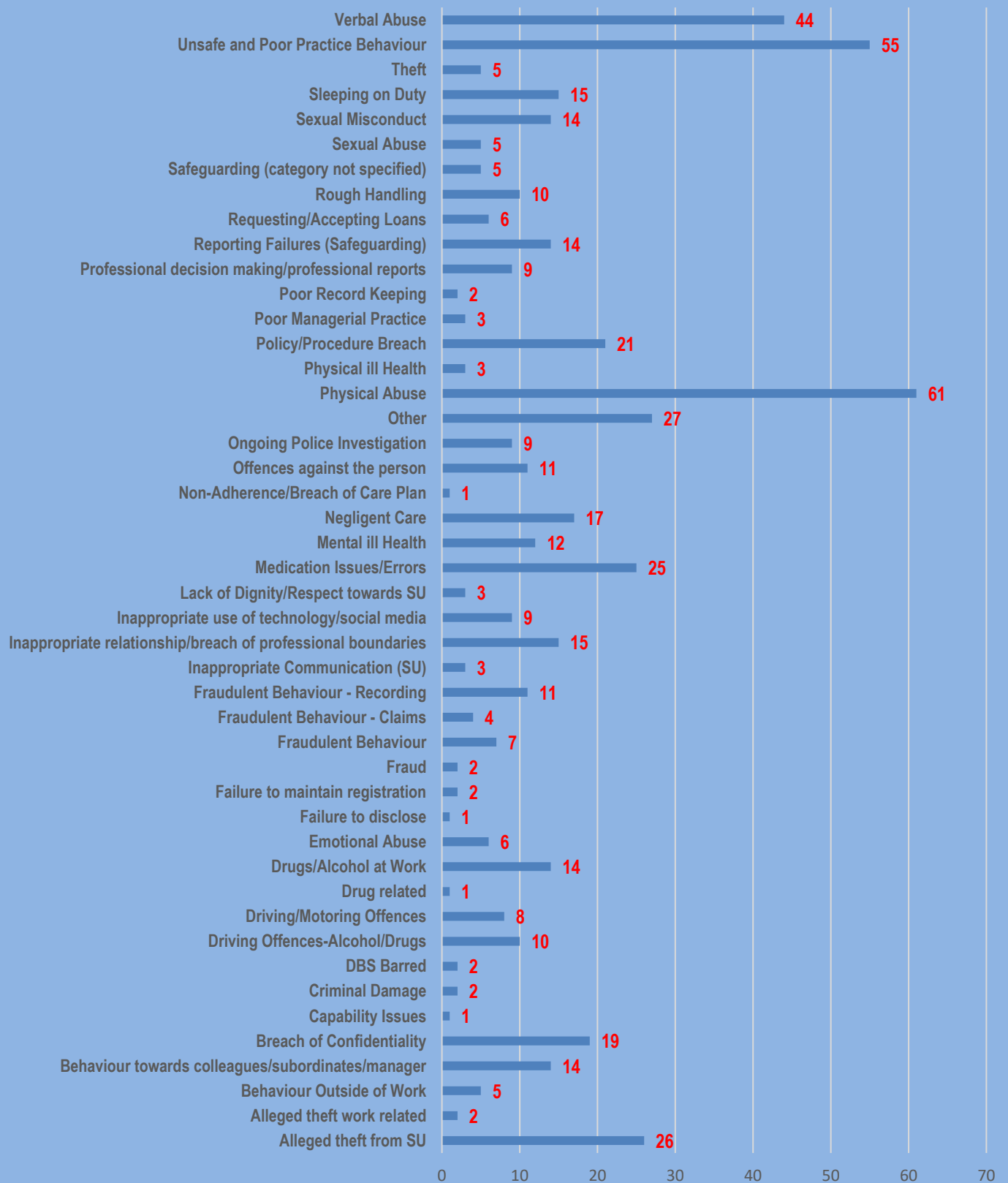
Referral rates by sector were relatively proportionate to representation on the overall Register apart from the statutory sector where referral rates are proportionately significantly lower (represent **34%** of the Register but only **18%** of referrals). In relation to the overall Register, **39%** of registrants are employed in the private sector; **16%** in the voluntary sector; **11%** are employed by recruitment agencies.

Referrals by work focus



The majority of referrals (**29%**), relate to those working in older people's services (which constitute **48%**) of the total Register) followed by adult learning disability (**13%**) (which constitute **19%** of the overall Register).

Referrals by allegation type



The highest number of allegations received related to physical abuse (**61**) constituting **11.2%** of all referrals. Over half (**50.8%**) of physical abuse related referrals concerned adult residential care workers, **14.7%** related to supported living workers and **13.1%** to domiciliary care workers. **Two** allegations of physical abuse were made in relation to social workers.

The next highest number of allegations were about unsafe and poor practice constituting **10.1%** of all referrals. Unsafe and poor practice includes allegations relating to poor standards of personal care, non-adherence to care plans placing a service user at risk of harm or injury and failure to provide care in a timely manner.

Referrals received about social workers represented **11.09%** of all referrals received. The top 3 concerns raised about social workers were - breach of policies/procedures, professional decision making/content of professional reports and behaviour outside of work.

Referral rates over the last 5 years

Reporting Period	No of Referrals	% increase or decrease in referrals against the previous year	Total No of Registrants	% of referrals against total Register
2019/20	467	1.52%	44796	1.02%
2020/21	439	-5.99%	51718	0.84%
2021/22	430	-2.05%	44999	0.95%
2022/23	493	14.65%	45445	1.08%
2023/24	541	9.73%	46418	1.16%

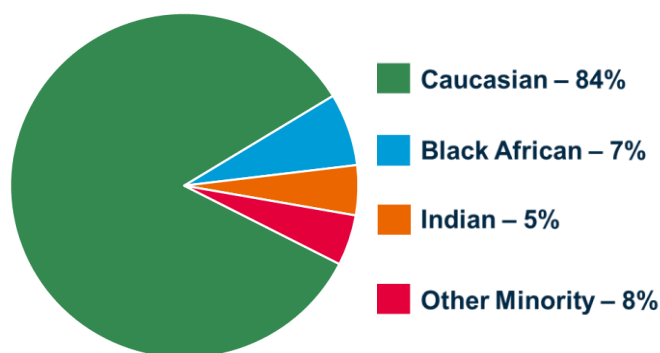
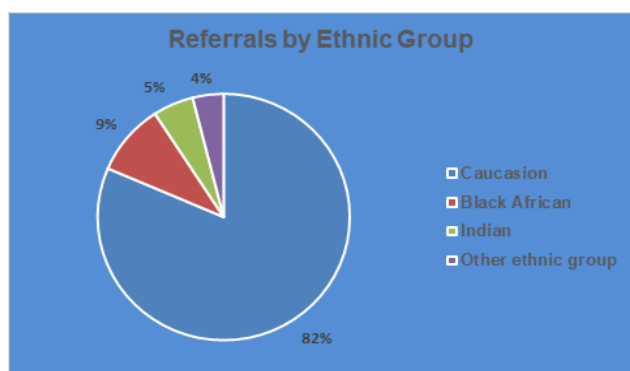
The table above illustrates the number of referrals we received each year over a period of 5 years along with the percentage increase or decrease against the previous year. We can see that during the Covid pandemic period (2020-2022) there was a reduction in the number of referrals received in both years. This may be attributable to the workforce pressures within social care during this period. On average, approximately **1%** of registrants are referred to Fitness to Practise in any given year. This figure is consistent with that reported by other health and social care regulators.

Gender Profile of Registrants who have had a concern raised about them



Of the 541 referrals received, **188 (34.7%)** of concerns raised were about male registrants and **353 (65.2%)** were about female registrants. When these figures are viewed as a percentage of males and females on the Register overall which is composed of **16.15%** males, **83.8%** females and **0.05%** identifying as other, it shows we continue to receive a disproportionate number of referrals received in relation to male registrants.

Ethnicity of Registrants who have had a concern raised about them



The pie chart on the left shows the breakdown of referrals in relation to ethnicity. The chart on the right shows breakdown in relation to the Register as a whole. The referral rates are proportionate in relation to each of the ethnic groups. Sixty one (**11%**) of the total number of Fitness to Practise referrals received did not have a recorded ethnicity in relation to the individual's registration record. Whilst registrants from ethnic minorities constitute **14%** of the overall Register, they constitute **16%** of referrals.

Triage – Screening referrals against the Standard of Acceptance

All **541** referrals received were triaged with the following outcomes:

- **81 (14.9%)** referrals did not meet our Standard of Acceptance for regulatory investigation;
- **126 (23.2%)** referrals were opened as a provisional enquiry to obtain further information in order to determine if the Standard of Acceptance was met;
- **334** referrals met the Standard of Acceptance and were opened as a Fitness to Practise case. Of these, **18** were triaged as 'high risk' necessitating consideration of an Interim Order application; **305** as 'medium risk' and **11** as 'low risk'.

Reasons referrals did not meet the regulatory threshold for investigation

Employer Referrals	<ul style="list-style-type: none">• Risk managed by employer• Screened out by safeguarding• No specific evidence to support allegation• Employer investigation not commenced• No safeguarding or PSNI involvement• Concerns already dealt with through employer internal disciplinary process
Service User/Member of Public Referrals	<ul style="list-style-type: none">• No specific impairment concerns identified• Issues can be resolved locally through employer complaints process• Concerns raised had been fully adjudicated upon in the court arena under private law proceedings• No public protection concerns identified
Self-declaration referrals	<ul style="list-style-type: none">• No impairment concerns raised• No risk to service users• Necessary support system managed by employer, no risk identified

Provisional Enquiry Cases

Reasons for opening a Provisional Enquiries Case

On receipt of a referral, it may be necessary to conduct further enquiries to determine if the referral meets the Council's Standard of Acceptance. This year we opened **126** enquiries cases for reasons such as:

- To further liaise with the employer about the allegations made
- Insufficient information provided on initial referral form
- To obtain further clarification from referring organisation
- To establish safeguarding screening decision
- To obtain additional health information
- To obtain further or clarify information provided by a service user or member of public

Provisional Enquiry Outcomes

Following further information gathering, we closed **117** provisional enquiries. On concluding our enquiries, **78 (67%)** of these referrals did not meet the Standard of Acceptance for regulatory intervention with the remaining **39 (33%)** resulting in a Fitness to Practise case being opened.

We were able to conclude **86%** of provisional enquiries within 2 months of opening the enquiry which was slightly below our KPI of **90%** but within a 10% tolerance level. The overall average

time taken to conclude provisional enquiries was **1.08** months with a median of **1** month to conclude.

Fitness to Practise Cases

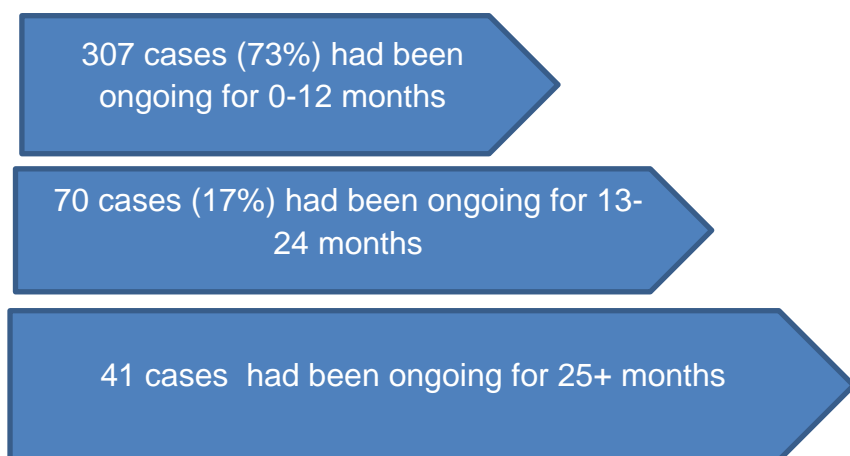
The Council will open a Fitness to Practise case for investigation where the allegation meets the Standard of Acceptance for regulatory intervention. The table below shows the overall case activity for the year.

FtP Cases – Year Activity	Part 1	Part 2	Student	Total
Ongoing cases B/F from 31/03/2023	27	307	0	336
Add New cases opened at triage	16	316	2	334
Add new cases opened from provisional enquiry	3	36	0	39
Less Cases Closed	14	276	1	291
Ongoing cases at close of this accounting period 31/03/2024	34	383	1	418

The Council opened a total of **373** new Fitness to Practise cases for investigation. This included **334** cases we opened at initial triage and **39** opened following provisional enquiries. In addition, we started the year with **336** cases still under investigation in the system as at 01/04/2023, resulting in a total number of **709** cases being investigated during the 2023/24 reporting period.

Active Fitness to Practise Cases

As at 31/03/2024 there were **418** active cases with ongoing investigations.



Case progression is kept under regular consideration and is formally reviewed on a monthly basis at case conference. Factors that have impacted case progression in relation to longer running cases include the following factors:

- Ongoing Joint Protocol investigations
- Muckamore Abbey Inquiry
- Long-running employer investigation
- Criminal/Court/PPS/ PSNI investigation
- Disclosure and Barring Service investigation

Case Closures

The Council had a total of **709** active cases under investigation during the reporting period. We concluded **291** cases during the year which represented closure of **41.03%** of the total active cases. We closed **216 (74.2%)** cases in 15 months or less with the remaining **75 (25.8%)** taking between 16 and 81 months to conclude. The average time it took to close a case was **11.6** months with a median time taken of **8** months. Listed below is a summary of the stage cases were closed at:

Preliminary Investigation

We closed **244** cases at preliminary investigation stage which represents **83.84%** of the total closed. The outcomes of cases disposed of at preliminary investigation are as follows:

No further Action (NFA)

Council Officers closed **126** cases with no further action representing **43.29%** of the overall total. Cases were closed with no further action for reasons such as:

- No evidence to substantiate allegations
- Employer action was sufficient therefore it was proportionate to close with NFA
- The allegation was withdrawn
- The registrant had not maintained their registration and was no longer working in social care

Letter of Advice

There is provision within the Fitness to Practise Rules for the Council to issue advice to a registrant reminding them of the Standards of Conduct and Practice. Council Officers closed **118** cases with a Letter of Advice representing **40.54%** of the overall closed cases.

Consensual Disposal

The Fitness to Practise Rules make provision for the Council in certain circumstances to dispose of cases consensually. Consensual disposal is a means by which the Council and the Registrant can seek to conclude a case without the need for a contested hearing, by agreeing a sanction of the kind which a Fitness to Practise Committee would have been likely to make in any event. This year, the Council closed **23** cases by consensual disposal which represents **7.9%** of the total cases we closed. The outcomes of those cases closed consensually are shown below.

- Closed with an imposed or agreed Warning **(20)**
- Closed with agreed Undertakings **(2)**
- Closed with Removal by Agreement **(1)**

Fitness to Practise Committee

The Fitness to Practise Committee made determinations on **24** cases during the reporting year. This represented **8.24%** of the total closures. The sanctions imposed were as follows:

- No further action (1)
- Suspension Order (3)
- Removal Order (20^{*})

^{*}1 Suspension Order revoked and Removal Order imposed

Section 4 - Business Delivery against Key Performance Indicators

We measure our business delivery against 2 sets of KPI's – and these are periodically reviewed against industry standards.

Key	R	Target not Met	A	Within 10% of Target	G	Target met or exceeded
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		Cumulative Total
1.	We will triage 100% of new referrals to the Fitness to Practise team within 3 working days of receipt	99.8% 540/541
2.	We will conclude 90% of Fitness to Practise cases within 15 months of opening the case. The Council closed a total of 291 cases within the reporting period. We omitted 51 cases from the KPI due to external factors (safeguarding and criminal proceedings). 219 cases met the KPI, however the Council was unable to close 21 cases within the KPI timeframe. Some of the external factors that impacted progression of the case are listed below: <ul style="list-style-type: none"> • Ongoing employer investigations; • Complex health issues; • Counter fraud and Probity; • Complexity of cases; • Council Solicitor delays. 	91.25% 219/240
3.	We will conclude or refer to a Fitness to Practise hearing, 80% of cases within 7 months of opening the case The Council closed a total of 291 cases within the reporting period. We omitted 92 cases from the KPI due to external factors (safeguarding and criminal proceedings). 145 cases met the KPI. The Council was unable to close 54 cases within the KPI timeframe, however the KPI was within a 10% tolerance. Some of the external factors that impacted case progression are listed below: <ul style="list-style-type: none"> • Ongoing employer investigations; • Complex health issues; • Counter fraud and Probity; • Council Solicitor delays; • Employer Tribunal Appeal; • Awaiting PPS decisions. 	72.86% 145/199
4.	We will conclude or refer to a Fitness to Practise hearing, 85% of cases within 12 months of opening the case	88.84% 207/233
5.	We will conclude 100% of IO hearings within 4 weeks of transfer to Committee Management	100% 34/34
6.	We will conclude or refer to a Registration Committee, 75% of suitability assessments within 2 months of creating the case	84% 294/348

Internal procedures - Key Performance Indicators

		Cumulative Total
1.	We will create cases within 3 working days of receipt for 90% of suitability assessments	96% 372/388
2.	We will create cases within 3 working days of Triage for 90% of new Fitness to Practise referrals (<i>includes non- threshold and provisional enquiry cases</i>)	100% 541/541
3.	100% of complaints/referrals will be risk assessed by the case owner within 10 working days of the case created.	95% 353/373
4.	We will issue 100% of Notices of Decision to registrants within 7 working days of the decision	100% 25/25
5	We will conclude 90% of Provisional Enquiry Cases within 2 months of opening the case	86% 101/117

The Council has undertaken further work this year to agree risk tolerances across all of our KPI's using a standardised risk assessment tool. All of the KPI's within Fitness to Practise fall within agreed tolerance levels.

Section 5 – Committee Management

Meeting and Hearing Days

Committee held **46** meeting days (Interim Orders, Preliminary Proceedings Committee, Registration Committee) and **28** hearing days (Fitness to Practise Committee) giving a total of **74** days for the year 2023/24. In addition, there were **10** Pre-hearing Reviews (PHR's) to agree how cases proceeding to hearing would be managed.

Interim Orders

Imposing Interim Orders is an important way for us to protect the public whilst an investigation is ongoing. There are two types of Interim Order:

- **Interim Conditions of Practice Orders** (ICPO's) which temporarily restrict the way in which a social worker or social care worker can practise
- **Interim Suspension Orders** (ISO's) which temporarily prevent a social worker or social care worker from practising in any role for which registration is required

During the year, the IO Committee considered applications for **34** new Interim Orders. These meetings were held both in-person (8) and by remote access (26). The outcomes were as follows:

- **29** – ISO's imposed
- **3** – ICPO's imposed
- **2** – Adjourned

Committees also reviewed **37** Interim Orders prior to the Order end date. The meetings were held in person (9), remotely (27), and in hybrid (1). The Review Committee outcomes were:

- **1** – Further ICPO imposed
- **28** – Further ISO's imposed
- **1** – ISO continued
- **7** – ISO's revoked

Preliminary Proceedings Committee (PPC)

The role of the PPC is to determine whether there is a realistic prospect that a finding of impaired Fitness to Practise will be found against a registrant and to transfer the case accordingly to a Fitness to Practise Committee. Three cases were considered by PPC during the year, all in relation to registrants on part 2 of the Register. The PPC transferred all 3 cases to the Fitness to Practise

Committee. The high proportion of cases referred under Direct Transfer provisions means that the number of cases which require to be considered by a PPC has decreased significantly since 2016.

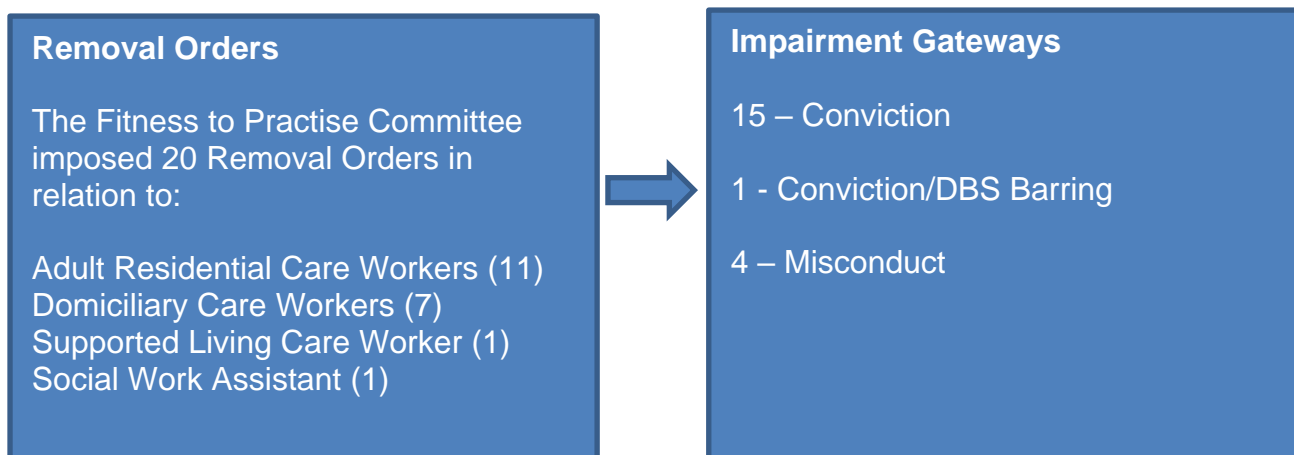
Direct Transfers to Fitness to Practise Committee

The Rules make provision that where an allegation against a Registrant is in relation to a criminal conviction or finding of fact made by a relevant regulatory body or the Disclosure and Barring Service, the Council may transfer the case directly to the Fitness to Practise Committee provided that there is a real prospect of a finding of impairment.

The Council direct transferred **16** cases to the Fitness to Practise Committee during the reporting period.

Fitness to Practise Hearings

FtP Hearings	
Adjourned	2
Case Withdrawn	0
Part Heard	0
Facts not found	0
Impairment not found	1
Warning	0
Conditions of Practice Order	0
Order Allowed to Expire	0
Suspension Order	3
Removal Order	19
Revoke SO & impose RO	1



Registration Considerations

There were **13** Registration Committee days during 2023/24, outcomes as follows:

- **1** case postponed
- **3** cases adjourned
- **1** case registered
- **5** cases registered with conditions
- **2** cases – conditions varied
- **2** cases – registration refused

Appeals made to the Care Tribunal

Registrants and Applicants have the right to appeal any decision taken by the Council in relation to their registration or where a sanction has been imposed. The Registrant or Applicant has 28 days to submit their appeal to the Care Tribunal from the date of the Notice of Decision.

During the business year, **1** registrant submitted an appeal to the Care Tribunal against a Removal Order. At the time of reporting, this appeal has not yet concluded.

Section 6 –Fitness to Practise Team Highlights

Quality Assurance and Improvement

We have worked with Fortesium during the year to develop a new bespoke Fitness to Practise case management system. The system is due to go live in the summer of 2024.



We commissioned our third independent audit of Fitness to Practise decisions from Fieldfisher. This provides independent oversight and assurance of the robustness of our decision-making processes at both Officer and Committee level. The audit report is due to be completed in June 2024.

Along with our colleagues from Committee Management, we undertook an evaluation of remote hearings and developed recommendations for arrangements for hearings going forward.

Learning and Development

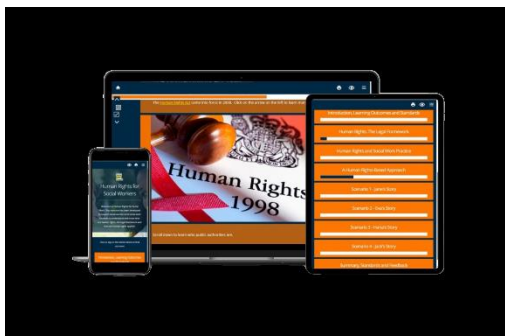
Four Fitness to Practise Officers successfully completed their BTEc Level 5 Certificate in Investigations and Complaints Handling through Bond Solon which means that all 8 Officers are now trained to this level. This offers a benchmark assurance of quality to internal and external stakeholders.

One Officer completed level 3 Mental Health First Aid through St John's Ambulance Service and is now able to support colleagues or registrants who present with any mental health concerns.



One Officer who has a nursing background, along with a social work colleague from our Workforce Development Team, completed the Regional QI in Social Work and Nursing Programme. Their project focused on reducing the number of non-threshold referrals to Fitness to Practise and the interprofessional nature of their initiative was identified as a first for the Programme.

Staff with supervision responsibilities in the team participated in our in-house Manager's Leadership Network Programme and co-delivered a number of sessions. The team also provided an overview of Fitness to Practise to colleagues at one of our Town Hall meetings.



We also helped produce a new Learning Zone resource for social workers on Human Rights.

We contributed to a book chapter on our Model of Regulation for an internationally published book on Decision Making, Assessment and Risk in Social Work.

Our Head of Fitness to Practise supported NIPEC in the development of their Leadership Framework for Nursing and Midwifery.

Engagement

Throughout the year, we facilitated 7 information sessions for employers on the Standard of Acceptance and lessons learned from Fitness to Practise. This included sessions delivered to Triangle, Positive Futures, Domiciliary Care Leads within the HSCT's, AYE Leads within the HSCT's as well as a session delivered to social care manager's via Echo.



We presented the findings of our 10 year analysis of social care referrals at two Social Care Manager's Forums and at the 11th Annual Social Work and Social Care Research Conference.

We participated in Five Country Fitness to Practise meetings and supported Social Work England in their development of proposals for the future regulation of care in England.

We participated in the NI Joint Regulator's Forum and helped develop the Shared Intelligence Framework and Emerging Concerns Protocol.

We participated in a national research project led by the OU on identifying the experience of those who had witnessed harm within regulatory processes. This will lead to the development of resources to support witnesses in Fitness to Practise processes.



We participated in the interview process and induction of new legal advisers to support the work of Fitness to Practise Committees.

Our Head of Fitness to Practise continued to act as external reviewer for Social Work England's Decision Review Group as well as participate in a number of regional working groups and networks such as the NI Regional Clinical Ethics Forum.

Section 5 – Insights and Reflections

In reflecting on what our data tells us, it is important to remember that the overwhelming majority of our 46,418 registrants continue to practise safely and effectively. This year however we have seen a 10% increase in referrals to Fitness to Practise. It will be important to monitor this trend going forward particularly in relation to resource implications.

We continue to receive a significant number of referrals, (17%) that do not meet our referral thresholds. Forty percent of these came from employers and 36% from service users. Processing these referrals constitutes a significant workload for the teams and diverts resource away from higher risk cases so it is important that we continue our programme of engagement with employers and enhance the information available to service users to help them better understand what we can and cannot consider within Fitness to Practise. We plan to undertake revisions to our Standard of Acceptance to provide further clarity on the timing of referrals and prevent them being made pre-emptively, for example, before there is a screening outcome for an adult safeguarding referral.

We continue to strive to be a proportionate and risk- based regulator, intervening no more than is necessary to manage risk and protect the public. We closed 84% of cases at a preliminary stage with only 16% of all cases proceeding to sanction stage.

Of the 47 cases where a sanction was imposed, 50% were disposed of consensually and 50% by Committee. The vast majority of cases which proceed to a Fitness to Practise hearing involve criminal convictions where the case has been able to be directly transferred without the need for referral to a Preliminary Proceedings Committee. Eighty three percent of cases considered at a final order hearing resulted in Removal Orders. This figure suggests that cases are being transferred to hearings appropriately.

We need to undertake further EDI analysis to better understand the experiences and outcomes for ethnically minoritised registrants referred to Fitness to Practise. Our experience would suggest that registrants are often referred relatively soon after taking up employment which may indicate issues with selection, recruitment and induction processes. While the Council has limited ability to prevent referrals being received in the first place, it is important that our Fitness to Practise processes ensure equitable and experiences for all.

Section 8 – The Year Ahead

We are due to launch our new Fitness to Practise case management system in the summer of 2024. It will take most of the remaining year to embed the new system and ensure that those wishing to raise a concern are able to easily access the new on-line referral portal. The system will automate many of the required workflows within Fitness to Practise which we hope will realise business benefits particularly in relation to our administrative function.

Within 2024/25, we plan to establish a Decision Review Group similar to that operated by other health and social care regulators. This group will form part of our overarching governance arrangements to ensure that Fitness to Practise decisions taken at both Council Officer and Committee level are effective in protecting the public and reflective of emerging case law and best regulatory practice.

We will develop an action plan to take forward any recommendations arising from the Fieldfisher Audit.

We will undertake further engagement with employers to ensure that our referral thresholds are understood. We will also undertake further enhancement of the Fitness to Practise related content on our website to ensure information on our processes is clear and accessible, particularly for members of the public when they wish to raise a concern.

We will undertake amendments to the FTP Rules to give effect to the recommendations of the remote hearings evaluation and other required identified changes.

We will continue to monitor FTP referral rates and trends to ensure adequate resourcing of the function going forward.

We will actively consider how we can work more effectively with employers and other stakeholders to target upstreaming interventions at those registrants most at risk of referral.



‘Helping stop practitioners from falling in the river is likely to improve services more than reactive downstream endeavours’.

(Worsley, A. BJSW, 2023)

As a regulator with the largest Register across the HSC system, we have a huge and growing repository of data. It is important that we move our data beyond a mere descriptive reporting and develop a more rigorous, data driven, research mindedness approach in our regulatory activity. Performance and responding to conduct and practice issues, should in the majority of cases, be able to be managed within the employment and practice context. We need to consider how we use our knowledge as the regulator to support the system to prevent staff from ‘falling in the river in the first place’. This will require us to adopt a more research orientated, localised approach to how we regulate, working with employers across the system to create safe spaces where staff feel supported to reflect and challenged to improve.