

People like us?

Understanding complaints about paramedics and social workers¹

van der Gaag, A.², Gallagher, A.², Zasada, M.², Lucas, G.², Jago, R.³, Banks, S.⁴, Austin, Z.⁵

Research aims

- To improve understanding of the number and nature of complaints to the HCPC about paramedics and social workers in England.
- To consider what actions might help prevent complaints in these professions.

Research methods

- Literature review (n=698 entries)
- Delphi consultation with international experts (n=14)
- Interviews (n=26) and four focus groups (n=23) with UK experts including service users and carers
- Review of a random sample of fitness to practise cases over two years across the three stages of the process: initial stage; Investigating Committee Panel (ICP); and final hearing (n=284)

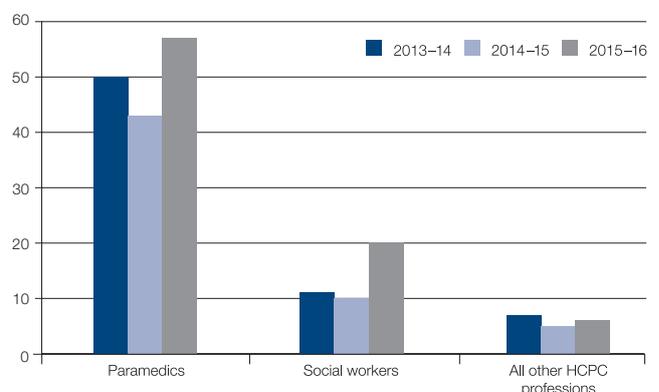
Possible reasons behind complaints

- Public and societal expectations
- Challenging practice
- Pressurised work environments
- Evolving nature of the two professions

Summary of findings

- Little published evidence exists on the prevalence of complaints in these professions. There is a higher proportion of complaints in these professions than for other HCPC registered professions.
- A disproportionate number of cases did not meet the threshold for further investigation. Many social worker cases came from family members frustrated with decisions about contact with children. Paramedics had a large number of one-off incidents.
- Self-referral cases for paramedics were much higher than for other professions. There may be some misunderstanding of self-reporting requirements amongst paramedics and their employers.

Self referrals 2013–16



¹ The HCPC regulates social workers in England. Social workers are separately regulated in Scotland, Wales and Northern Ireland. Paramedics are regulated UK-wide.

² School of Health Sciences, University of Surrey

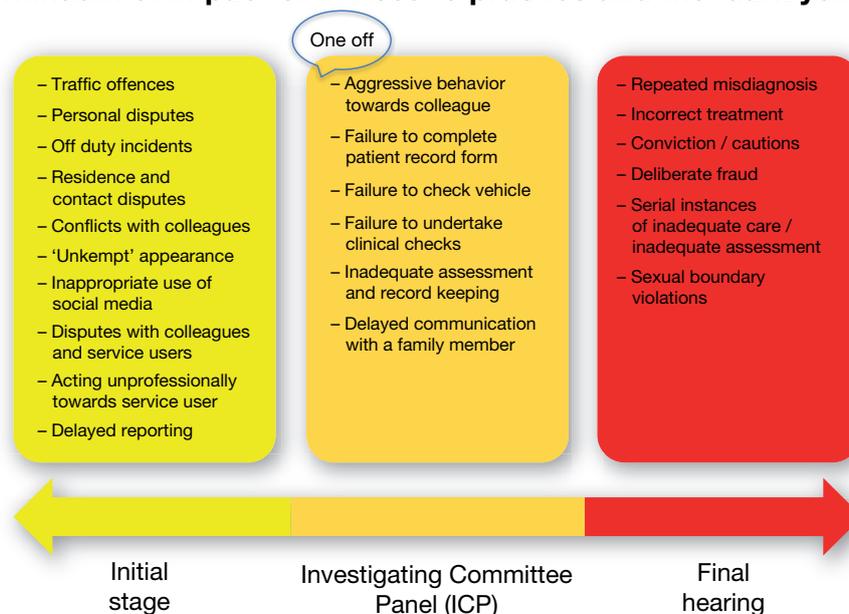
³ School of Law, Royal Holloway, University of London

⁴ School of Applied Social Sciences, Durham University

⁵ Koffler Chair in Management, University of Toronto

- There are few clear-cut distinctions between the nature of the cases considered at the different stages of the fitness to practise process. A complex mix of factors appeared to be ‘precursors’ of a referral to the regulator.
- There is a continuum of impact on fitness to practise captured through a football refereeing analogy of the ‘yellow’, ‘dark yellow’ and ‘red’ card. The ‘dark yellow card’ represents a cohort of cases in the case sample which, if one-off and acknowledged by the registrant, typically led to no further action. Where there was evidence of deliberate harm to service users, a lack of insight or repeated behaviour, a sanction was more likely.

The continuum of impact on fitness to practise and the ‘dark yellow card’



- If any of these ‘precursor’ behaviours can be identified and addressed early on, then there may be a higher likelihood of preventing harm.
- There was a strong consensus that everyone involved – including employers, professional bodies, educators, regulators and professionals – has a role to play in learning from and preventing complaints.
- Suggested actions for the regulator include producing materials for educators based on case studies, a focus on early resolution and further targeted engagement with stakeholders including the public and employers on when to make a referral or self-referral.

Conclusions

- This is the first study of its kind to look in detail across the different stages of the HCPC fitness to practise process.
- The perception of complaints to the regulator is often that they are about individuals who are exceptions and unlike the vast majority of professionals. This is true of a cohort of cases, but there are many more complaints about ‘people like us’ than people who appear to differ significantly from expected professional norms in their motivations, circumstances and actions.
- The complex influences on practice in these professions, and the recommendations for helping prevent referrals, could equally be applicable to others who work in health and care.
- The role that professional regulation plays in setting and upholding standards is not challenged by the findings. A more nuanced set of regulatory tools is indicated with greater emphasis on local, employer-led interventions.

For the full report visit www.hcpc-uk.org/publications/research