People like us? Understanding complaints about paramedics and social workers

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

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)

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.

Possible reasons behind complaints

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

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](http://www.hcpc-uk.org/publications/research)