

Council, 7 February 2013

Proposal for regulating adult social care workers in England

Executive summary and recommendations

Introduction

At its meeting on 4 December 2012, the Council discussed a paper on regulating adult social care workers in England, which incorporated a draft policy statement. The Council approved the policy statement subject to minor amendments. The statement was published on the HCPC website.

Marc Seale, Chief Executive and Registrar recently met with Dr Dan Poulter MP, Parliamentary Under Secretary of State for Health who has responsibility for regulation. As a result, we were asked for more information about how adult social care workers in England might be regulated for the Government to consider.

The attached proposal has been put together by the Executive, building upon the policy statement previously agreed by the Council. This has been submitted to the Department of Health.

The proposals would require both legislation and funding to implement. The decision about whether or how this group should be regulated is one for Ministers and, ultimately, for parliament.

Decision

This paper is to note; no decision is required.

Background information

- The published policy statement can be found on the HCPC website here: www.hcpc-uk.org/aboutregistration/aspirantgroups/
- The HCPC's proposals have received some press attention in recent weeks. In particular, a 'negative register' has been suggested (as part of speculation about the findings of the public inquiry into failings in care at Mid Staffordshire NHS Foundation Trust) as a means of strengthening the accountability of NHS managers and as a way of regulating healthcare support workers.
- The Chair of Council and members of the Executive have continued to meet with relevant stakeholders in the adult social care sector to discuss the HCPC's proposals. To date, the proposals have generally been positively received.

Resource implications

There are no resource implications as a result of this paper.

Financial implications

There are no financial implications as a result of this paper.

Appendices

See papers.

Date of paper

28 January 2013

Proposal for regulating adult social care workers in England

1. Introduction

- 1.1 The 2011 Command Paper ‘Enabling Excellence: Autonomy and Accountability for Healthcare Workers, Social Workers and Social Care Workers’ committed that the Department of Health would explore the scope for the HCPC ‘to establish a voluntary register of [adult] social care workers [in England] by 2013’.¹
- 1.2 This paper sets out a proposal for how adult social care workers in England might be regulated. This paper focuses on a proposed ‘negative registration scheme’ (‘the Scheme’) for adult social care workers in England. The Scheme includes a statutory code of conduct which would apply to adult social care workers in England.²
- 1.3 This proposal has been developed to achieve the following objectives.
 - To enhance public protection through a proportionate, targeted and cost-effective approach to regulation of this workforce.
 - To support the delivery of high quality services in the care sector and the responsibility of individuals and organisations for those services.
 - To complement other sector-led initiatives aimed at assuring and improving quality.
- 1.4 Appendix 1 to this paper sets out in outline the legislation required to implement the proposals summarised in this paper. Appendix 2 examines the financial implications.
- 1.5 This proposal has been written in light of specific Government policy regarding the regulation of adult social care workers in England. However, the proposed model outlined may potentially be appropriate and scale-able to other parts of the workforce (e.g. to other parts of the social care workforce or to healthcare support workers).
- 1.6 If the Government considered that these proposals would meet its policy objectives, further work would be required.

¹ Department of Health (2011). Enabling excellence: Autonomy and accountability for healthcare workers, social workers and social care workers.

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124359

² This paper uses the terms ‘negative registration scheme’ and ‘negative register’ to refer to the proposed model of regulating adult social care workers in England. Please note that these are working terms at this stage.

2. Limitations of voluntary registration

2.1 Our preliminary view is that there are significant shortcomings in a voluntary register being held by a statutory regulator which have the potential to affect their effectiveness and their ability to command public confidence. They include the following.

- Although an employer might make registration a condition of employment, there would be no legal compulsion for an individual to be registered.
- The regulator would be unable to demand information or compel witnesses as part of fitness to practise proceedings.
- A registrant removed from a voluntary register owing to serious concerns about their conduct or competence could remain in practise.
- There is potential for public confusion generally around the status of voluntary and statutory registers being held by the same organisation.

2.2 In addition, we consider that there would be considerable costs involved in establishing a voluntary register and paying for its operating costs until a critical mass of registrants had been achieved and the register reached a self-financing position. We have concluded that we would not be minded to establish a voluntary register for adult social care workers in England at this stage.

3. Adult social care workers in England

3.1 The adult social care workforce in England has been estimated as numbering 1.63m individuals, with the majority working within the independent sector. 888,000 were estimated as working in locations regulated by the Care Quality Commission (CQC). The number of jobs in adult social care in England is projected to grow by between 24 per cent and 82 per cent between 2010 and 2025.³

3.2 This is a large, often low paid and transient workforce with significant numbers of part time workers. This poses challenges for the proportionality and cost-effectiveness of any approach to regulating this workforce. The diversity of this workforce is such that it may not be feasible to regulate it in the same way as single professions which have limited and well defined routes of entry and scopes of practice.

3.3 We have concluded that full statutory regulation for the whole of this workforce is unlikely to be viewed as a proportionate or cost-effective regulatory response. We have instead explored other options which, although not offering the same level of protection as full statutory regulation, would nonetheless enhance public protection.

³ Skills for Care (2012). The size and structure of the adult social care sector and workforce in England, 2012.

www.skillsforcare.org.uk/research/research_reports/Size_and_structure_2012.aspx

4. Negative registration scheme

- 4.1 A negative registration scheme for adult social care workers in England, incorporating a statutory code of conduct, is proposed as a model of regulation which would enable the regulator to effectively deal with the small minority of individuals who are unsuitable to work in adult social care, but without placing a disproportionate regulatory burden on the remainder of the workforce.
- 4.2 This model draws upon a similar scheme in place in New South Wales, Australia.⁴ Further detail about the provisions of legislation required to implement such a scheme is set out in appendix 1.

Rationale for proposed model

- 4.3 The typical model for statutory professional regulation in the UK requires every practitioner within a relevant profession to be registered and for the right to practice to be linked to continuing registration and compliance with additional obligations, such as undertaking continuing professional development. Each registrant must periodically renew their registration and pay an annual registration fee.
- 4.4 At the heart of that regulatory process are proficiency standards which the regulator is required to establish for the profession in question. The regulator derives those standards from the established body of knowledge of the relevant profession. These standards are normally met through a significant period of education and training which is quality assured by the regulator.
- 4.5 Similarly, the regulator must operate a fitness to practise process to investigate and adjudicate on complaints about the conduct or competence of registrants.
- 4.6 That model is entirely dependent upon there being an established body of professional knowledge and skills which can be embedded within those standards by the regulator.
- 4.7 As a regulatory model, negative registration sits on a continuum of regulation between voluntary registration and full statutory regulation but is more targeted, less restrictive and less costly than the latter. It provides the regulator with the ability to remove those whose conduct makes them unsuitable to remain in the workforce, but without imposing an undue burden on the honest, ethical and competent majority. A negative registration scheme of this kind does not restrict entry to practice, but allows effective action to be taken against a person who fails to comply with proper standards of conduct.

⁴ New South Wales Health Care Complaints Commission
www.hccc.nsw.gov.au/

Summary of proposed model

4.8 In summary, the model would work as follows.

- **A statutory code of conduct** would be set for adult social care workers in England, based upon core principles such as respect for patients; confidentiality; infection control; honesty and integrity, and so on. This code could draw upon the code of conduct for healthcare support workers and adult social care workers in England recently developed by Skills for Health and Skills for Care.⁵
- There would be no requirement for adult social care workers in England to be registered but a **'negative register'** would be maintained of those who had been found unfit to practise as an adult social care worker in England.
- **Employers would be expected to resolve low level complaints**, with an emphasis on re-training and remediation.
- Those cases involving **more serious complaints**, particularly where service users were placed at risk, would be reported to the regulator for investigation and, if appropriate, adjudication.
- The adjudication process would enable those unfit to practise as adult social care workers in England to be **prevented from doing so by being made subject to a 'prohibition order'** and included in the negative register. Public warnings could also be issued.
- It would be a **criminal offence** to engage in adult social care in England whilst subject to negative registration.

Scope of the proposed scheme

4.9 Appendix 1 sets out the legislation required to implement the Scheme and this would affect the number of groups of adult social care workers in England brought within its remit. It would be possible to introduce the scheme on an incremental basis.

4.10 In developing this model further, it might be necessary to consider how any regulatory arrangements can be extended to the personal assistant workforce. Stakeholders have raised concern with us about the growing numbers of these workers, who are employed directly by service users in receipt of personal budgets to provide personal care. The absence of an employer or a managed environment might lead to the conclusion that this is potentially a higher risk part of the workforce.

⁵ www.skillsforhealth.org.uk/about-us/press-releases/training-standards-and-code-of-conduct/

Benefits and costs

4.11 The following describes some of the potential benefits of the proposed scheme.

- This approach would be proportionate and targeted by putting in place a statutory code of conduct for all, whilst avoiding the cost and burden of seeking to register all adult social care workers in England.
- There would be an effective mechanism for considering serious complaints and taking effective action to prevent continuing harm to service users.
- The Scheme would support rather than replace the responsibility of employers for the quality of their services.
- The Scheme would increase confidence in these workers, helping to assuage the concerns sometimes expressed by registered professionals about delegation to unregulated workers.

4.12 Preliminary estimates are that establishing a negative registration scheme will involve a one-off cost of approximately £3m, with on-going operating costs of approximately £5-6m per annum. Appendix 2 provides further information about these projections.

Statutory regulation of CQC registered managers

5.1 All service providers registered by the CQC must have a registered manager for each of the 'regulated activities' they carry out.⁶ Although some registered managers may be statutory regulated professionals, others will not. There are 24,610 registered managers for the CQC regulated activities which are most directly related to social care.⁷

5.2 The CQC registration requirements ensure that individuals have the qualifications and experience necessary to manage the regulated activities but they do not put in place a binding code of conduct and ethics. The recent Winterbourne View Hospital serious case review acknowledged this, referring to establishing registered managers as a profession with a regulatory body to enforce standards.⁸

⁶ www.cqc.org.uk/organisations-we-regulate/registering-first-time/regulated-activities

⁷ Source: CQC, December 2012. Figure quoted comprises of the number of registered managers in the following regulated activities: 'Accommodation for persons who required nursing or personal care' and 'Personal care'.

⁸ Margaret Flynn (2012). South Gloucestershire Safeguarding Adults Board. Winterbourne View Hospital: A serious case review

www.southglos.gov.uk/Pages/Article%20Pages/Community%20Care%20-%20Housing/Older%20and%20disabled%20people/Winterbourne-View-11204.aspx

5.3 In addition to a negative register for the remainder of the workforce, we are proposing that CQC registered managers in adult social care in England should be statutory regulated. This would put them on the same footing as other regulated professions.

5.4 The potential benefits of this approach are as follows.

- The pivotal role that these particular managers play in influencing the standards, culture and behaviour of their employees would be recognised.
- This approach would build-on the existing arrangements, increasing accountability by putting in place a binding and enforceable code of conduct and ethics.
- This approach would be proportionate and targeted by registering those individuals with direct responsibility for CQC regulated activities, rather than all those with a managerial or supervisory role.

6. Links to other arrangements

6.1 Negative registration and statutory regulation of CQC registered managers would complement the important roles of the Disclosure and Barring Service (DBS) and the CQC.

6.2 The Scheme would complement the role of the DBS in barring individuals from working with vulnerable children and/or vulnerable adults. There are some key differences between the schemes.

- The Scheme entails a statutory code of conduct which would apply to the whole of the adult social care workforce in England.
- The decision for the DBS is about whether or not to bar. Under the Scheme public warnings could also be given.
- The Scheme would be about considering whether someone should be allowed to work in adult social care in England. The threshold for barring operated by the DBS is much higher because it is about whether an individual should be prevented from working with vulnerable children and/or vulnerable adults.
- The Scheme would allow conduct issues relating to social care such as appropriate care; treating service users with dignity and respect; and breaches of confidentiality to be dealt with effectively.

- 6.3 We make referrals to the DBS as part of our existing remit where we consider they meet the referral criteria and to date only 36 per cent of our referrals have resulted in a barring decision being made.⁹ Cases where a decision not to bar has been reached have included serious cases involving sexual assault of patients and inappropriate sexual relationships with vulnerable service users. This illustrates the differences in thresholds which would be applied and the necessity for an approach which would ensure that effective action was taken in relation to those who are unsuitable to work in adult social care in England.
- 6.4 The Scheme, which would apply to individuals in the workforce, would complement the CQC's role in ensuring quality of service provision in a similar way to statutory regulation of individuals in existing models. With reference to the statutory regulation of CQC registered managers, it is envisaged that the regulator would set a code of conduct; consider applications for registration; undertake health and character checks at entry to the Register and at renewal; and investigate cases of poor conduct and practice. These arrangements would work alongside an important continuing role for the CQC in ensuring that an individual has the qualifications and experience to be appropriate as the registered manager for a particular service provider / facility and the regulated activity or activities they perform.

7. Stakeholder engagement

- 7.1 We have met with a number of different stakeholders to begin to discuss the issues in this area and our initial proposals and this has informed the content of this paper. These have included professional associations; voluntary sector organisations; public bodies; and employers / service providers.

8. Conclusions

- 8.1 This paper has outlined a proposal for a proportionate and targeted approach to regulating adult social care workers in England to enhance public protection. We consider that this regulatory model might be more effective than relying on purely voluntary or self-regulatory arrangements alone. It provides an important 'safety net' whilst building on other initiatives focused on assuring and improving quality in this sector.

⁹ Figure includes referrals made by the General Social Care Council (GSCC) prior to the transfer of the regulation of social workers in England to the HCPC. Figure correct as of November 2012.

Negative registration scheme for adult social care workers in England – legislation

1. Introduction

- 1.1 This appendix looks at the legislation required to implement a negative registration scheme ('the Scheme') for adult social care workers in England, including the basis for legislating under the Health and Social Work Professions Order 2001 and an overview of the likely content of the legislation in some key areas.

Precedents

- 2.1 The proposed scheme draws upon a similar approach in place in New South Wales (NSW), Australia.
- 2.2 The NSW scheme was introduced by the Health Legislation Amendment (Unregistered Health Practitioners) Act 2006. The key elements of the scheme are as follows.
- The regulator has the power to issue a statutory code of conduct, which applies to all unregistered health practitioners. The Code is not as detailed as practice standards but rather sets broad-based, high level principles and provides a framework against which the conduct of unregistered health practitioners can be objectively assessed.
 - The regulator also has the power to investigate and adjudicate upon complaints about unregistered health practitioners, based upon alleged breaches of the Code of Conduct, if necessary, issuing a "prohibition order", either banning or restricting the person's practice. The regulator may also issue public warnings about practitioners who have breached the Code.
 - It is a criminal offence for a person to practise in breach of a prohibition order.
- 2.3 In the UK, there is a precedent for regulation by prohibition. Under the Estate Agents Act 1979, the Office of Fair Trading (OFT) has the power to make an order prohibiting a person from estate agency work if they have committed certain specified offences (e.g. dishonesty or violence), have committed racial or sexual discrimination in the course of estate agency work, or have failed to comply with the requirements placed on estate agents by the Estate Agents Act 1979, and are unfit to carry on estate agency work.
- 2.4 The OFT also has the power to issue a notice warning a person about their conduct and that repetition will result in them being banned.

- 2.5 OFT Adjudicators issue and determine prohibition and warning notices. An appeal from a notice or warning can be made to the First-tier Tribunal (Estate Agents), which forms part of the General Regulatory Chamber of the First-tier Tribunal.
- 2.6 It is a criminal offence, punishable by a fine, to practise as an estate agent in contravention of a prohibition order.
- 2.7 The Estate Agents Public Register provides details of those who are currently prohibited from engaging in estate agency work or have received a formal warning under the Estate Agents Act 1979. Currently, there are about 150 people named on the Register

3. Legislation to implement a negative registration scheme

- 3.1 Section 60 of the Health Act 1999 (which enables provision to be made for the regulation of health professions, social workers, other care workers etc. by means of Order in Council) provides, at s.60(1)(bc) that:

“(1) Her Majesty may by Order in Council make provision:...

(bc) regulating social care workers in England who appear to Her to require regulation in pursuance of this section,...”

- 3.2 Consequently, it would be feasible for a negative registration scheme to be introduced for social care workers in England without the need for primary legislation.
- 3.3 The same approach could not be adopted for health care workers, as the *vires* of section 60 does not extend to that workforce. Whilst such a scheme might also be a viable means of regulating health care assistants, such regulation would require primary legislation.
- 3.4 In terms of creating a scheme, many of the provisions of the Health and Social Work Professions Order 2001 ('the 2001 Order') would not apply to a scheme of this kind. Therefore, it might be more appropriate to create a 'stand-alone' section 60 Order for the regulation of social care workers in England but which also amends or modifies the application of the 2001 Order as necessary.
- 3.5 In terms of the HCPC's functions, it would be necessary to modify or amend Article 3(3) of the 2001 Order to provide for the Council to establish from time to time the code of conduct for social care workers and to have the other, additional, functions which are conferred upon it by the new section 60 Order.

- 3.6 The Scheme would:
- be based upon breaches of a broad-based Code of Conduct; and
 - only allow action to be taken where the breach was so serious that a prohibition order should be made (i.e. an order leading to the entry of that individual in the 'negative register').
- 3.7 As result, it is expected that complaints would be much simpler to investigate and adjudicate than typical fitness to practise allegations. On that basis, the disciplinary processes adopted should be as simple as possible.
- 3.8 The intention is that minor breaches of the Code and most competence-based issues should be addressed by employers or, if they are referred to the HCPC, be resolved by administrative means (e.g. the issue of advisory letters).
- 3.9 Decisions on whether there is a 'case to answer' would also be an administrative task, based upon an assessment of the realistic prospect of proving that:
- the Code had been breached; and
 - the alleged breach was so serious that imposing a prohibition order is appropriate.
- 3.10 This is a deliberately high threshold which is consistent with the purpose and aims of the Scheme.
- 3.11 Where there is a case to answer, the matter would be referred for determination by single, legally qualified, adjudicators.
- 3.12 As the adjudicators would be appointed by, and act on behalf of, the Council, to provide separation of functions, receiving complaints and making case to answer decisions should be functions exercised by or on behalf of the Registrar.
- 3.13 The legislation would need to provide:
- that, where the Registrar receives a credible complaint about an social care worker (SCW) in the form prescribed by the Council, the Registrar must:
 - send the SCW a copy of the complaint and any supporting documents;
 - invite the SCW to submit written representations within 28 days of notice; and
 - taking account of any such representations, consider whether there is a 'case to answer' (as set out above).
 - that, if having considered a complaint:
 - the Registrar considers that there is no case to answer, to either take no further action in relation to the complaint or to issue an advisory letter to the SCW;

- the Registrar considers that there is a case to answer, to refer the complaint for adjudication;
- that the Registrar must inform the SCW of that decision and the reasons for it, and provide a copy to the complainant and the SCW's employer;
- for the Registrar to be able to:
 - pursue, in the public interest, anonymous complaints or complaints where the complainant does not wish to proceed further;
 - withdraw a complaint at any stage in the process if it appears to the Registrar that the matter should no longer proceed to a hearing; and
 - re-open and pursue a case which it has previously withdrawn where further information comes to light.

3.14 In respect of adjudicators, the legislation should provide for:

- the Council to appoint appropriately qualified persons to act as adjudicators for the purpose of hearing cases against SCWs;
- adjudicators to hold and vacate office in accordance with the terms of their appointment (the terms of which would need to be sufficiently secure to be compatible with Article 6(1) ECHR); and
- the Council to be able to make rules concerning the procedure to be followed by adjudicators.

3.15 A right of appeal would need to be provided from a decision of an adjudicator, to a county court. In any such appeal:

- the Council should be the respondent; and
- the Court should have broad disposal options which include:
 - dismissing the appeal;
 - allowing the appeal and quashing the original decision;
 - substituting any other decision the adjudicator could have made; or
 - remitting the case to the Council to be disposed of in accordance with the directions of the court.

3.16 Separate provision should also be made for revocation applications, enabling a SCW to apply to the Council (rather than the court in the first instance) for a prohibition order to be set aside after a specified period.

3.17 A key element of the scheme would be that engaging in social care work whilst subject to a prohibition order would need to be a criminal offence. The offence would relate to performing one of the functions which comprise social care work rather than misuse of a protected title. What constitutes social care work is already defined in s.60 Health Act 1999. In addition, knowingly permitting a person to engage in such work in breach of an order should also be offences. In line with the 2001 Order, these should be summary offences

for which a person is liable on summary conviction to a maximum fine of level 5 on the standard scale.

Financing a negative registration scheme for adult social care workers in England

1. Introduction

- 1.1 The purpose of this paper is to estimate the financial resources that will be required by the Health and Care Professions Council (HCPC) to establish and maintain a negative registration scheme ('the Scheme') for adult social care workers in England.
- 1.2 Unlike the UK system for statutory regulating health and care professionals, these proposals do not envisage a register of all members of the occupation. Rather, a small register will be maintained of those who have failed to adhere to a statutory code of conduct and who have been deemed unsuitable to work in adult social care in England.
- 1.3 Over the last 12 years the HCPC has acquired considerable experience of successfully opening new registers for various groups including operating department practitioners and practitioner psychologists. It has also taken over regulatory functions from two other regulators the Hearing Aid Council (HAC) and the General Social Care Council, (GSCC). In addition, in 2001 the regulation of 12 professions was transferred from the Council for Professions Supplementary to Medicine (CPSM) to the Health Professions Council (HPC). More recently, in 2012 it opened a suitability scheme for student social workers. The financial estimates contained in this paper are based on this experience.
- 1.4 The costs associated with running the Scheme would be dependent upon legislation and the number of adult social care workers in England which are brought within its remit. This paper uses a figure of 500,000 workers as the basis for cost projections.¹
- 1.5 Overall, preliminary estimates are that establishing the Scheme will involve a one-off cost of approximately £3m, with on-going operating costs of approximately £5-6m per annum.

¹ This approximation has been based on the figure of 412,000 'adult home care workers' given in the 2011 Command Paper 'Enabling Excellence'. Department of Health (2011). Enabling excellence: Autonomy and accountability for healthcare workers, social workers and social care workers. Paragraph 6.9.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124359

2. Comparisons with full statutory regulation

- 2.1 If the HCPC was to establish a traditional statutory register to regulate adult social care workers in England along similar lines as physiotherapists or social workers in England it is assumed that the cost per registrant would be the same as for the existing professions. At £76 per care worker annual costs would be in the order of almost £40m. In addition, start-up financing would be required but it should be noted that this will be considerably smaller for an established regulator compared to creating an entirely new organisation.

3. Key Assumptions

- 3.1 To estimate the costs of establishing the Scheme a number of key assumptions have been used. They are as follows.
- Financial forecasts are required for the initial stage of setting up the Scheme. Once the Scheme is operational a forecast of the annual costs will also be required.
 - The HCPC will establish a separate team to manage the Scheme. (Please see section six of this paper.)
 - The Scheme will operate from the same location as the HCPC's existing functions.
 - The HCPC will not cross subsidise the costs of the Scheme from its existing statutory responsibilities.
 - The costs to the HCPC of establishing and maintaining the Scheme will be lower compared to an entirely new regulator establishing a similar register.

4. Legal Framework

- 4.1 It is assumed that to open the Scheme for adult social care workers in England the UK Government will amend the HCPC's legislation using a Section 60 Order under the Health Act 1999.

5. Provisional timetable

- 5.1 The HCPC will not commit significant operational or financial resources to the project until such time that the legislation is enacted. It is then assumed that it will then take between 12 to 18 months to open the Scheme.

6. Costs to establish the scheme

- 6.1 The costs of establishing and operating the Scheme would need to be financed by Government. To ensure that the costs are separated from the HCPC's other statutory functions and correctly attributed, the HCPC will establish a separate team to operate the Scheme. To keep costs to a minimum and to capture economies of scale, the HCPC will provide the majority of services to the Scheme using existing employees. It is assumed that most of the employees will only work for the Scheme on a part time basis. However, a small number of employees will work exclusively for the Scheme on a full time basis.
- 6.2 Areas requiring funding to establish the new scheme will include the following.
- Communications
 - IT systems
 - Legal services
 - Policy and procedures
 - Project management
 - Recruitment and Training
 - Rule making
 - Standards
- 6.3 It is assumed that the start-up period will last for 18 months and that costs will be approximately 40 per cent of the annual operating costs over that period. The HCPC will require a grant of approximately £3m to open the Scheme.

7. Services to be provided by HCPC

- 7.1 Once the register is opened the HCPC will provide the following services to the Scheme.
- Communications
 - Financial
 - Human Resources
 - IT
 - Office Services
 - Operations
 - Policy and Standards
 - Registration
 - Secretarial
 - Investigation and adjudication

7.2 The following should be noted.

- There will be no costs associated with education and training as programmes will not be approved.
- There will be no CPD standards or audits.
- There will be no requirement to hold professional indemnity insurance.
- There will be no grandparenting scheme.

7.3 It has been assumed that for an occupation of up to 500,000 individuals the HCPC will be able to accommodate its operations within its existing facilities. Beyond these numbers more office space may be required.

8. Communications

8.1 Communicating the new role of the Scheme to stakeholders will be an important task for the new organisation. A budget of £500,000 in addition to the figure given for annual operating expenditure has been assumed.

9. Operating costs of the Scheme

9.1 It has been assumed that the cost of managing the Scheme will be between 15 per cent and 17.5 per cent of the HCPC's existing operational costs. In 2013/2014 the HCPC's operating expenses will be £24m. The costs of the Scheme will therefore equate to approximately £3.6m to £4.2m per annum.

10. Adjudication

10.1 A set of assumptions has been used to estimate the cost of adjudication. As employers will be expected to investigate initial allegations before they are referred to the Scheme, we project that there will be half the number of allegations per 1,000 registrants compared to the HCPC. If there are 500,000 care workers and the Scheme receives one allegation for every 3,000 care workers, then this equates to 166 allegations per year. If it is assumed that 75 per cent result in a hearing then there will be 125 hearings per year. At a cost of £7,500 per hearing this equates to approximately £1m per annum (in addition to the other costs described).

11. Corporate Governance

- 11.1 The HCPC's corporate governance arrangements will apply to oversight of the Scheme.

12. Professional Standards Authority (PSA)

- 12.1 It is assumed that the Scheme will be within the scope of the PSA's responsibilities including its annual performance review of the HCPC.

13. Financial reporting and accounting

- 13.1 Separate accounts will be maintained and published for the Scheme.

14. Management Information

- 14.1 Separate management information will be required for the Scheme. For example, annual budget, five year plan and cash flow forecasts.

15. Funding

- 15.1 The proposals have the advantage that there will be no costs to maintain a register for 500,000 care workers. However, as no annual registration fee can be collected from individual social care workers another approach for funding requirements will be needed, for example an annual grant from Government or via a levy on service providers (e.g. via the CQC licensing fee).