



Department
of Health &
Social Care

From the Rt Hon Matt Hancock MP
Secretary of State for Health and Social Care

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Dr Sarah Wollaston MP
Chair, Health and Social Care Committee
House of Commons
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Dear Sarah,

Thank you for your letter dated 29 July setting out your concerns regarding the Professional Standards Authority's (PSA's) oversight of consensual disposals by Social Work England (SWE) and the operation of PSA accredited voluntary registers.

As you may well be aware, SWE will operate with powers to consensually dispose of fitness to practise cases where the registrant and regulator agree on the findings and outcome required to properly protect the public.

Four of the health and care regulators (General Dental Council, General Medical Council, General Optical Council and Nursing and Midwifery Council) already have powers enabling them to dispose of cases through undertakings. Undertakings are similar to SWE's consensual disposal powers in terms of process in that they require the consent of the registrant and do not require a full panel hearing. This enables these regulators to agree undertaking measures with a registrant which are put in place to address specific problems in a registrant's practice that pose a current risk to patients. We are not aware of any evidence of there being a public protection problem in the way that undertaking powers have been used, despite having asked the PSA to provide such information for consideration.

SWE's powers go further and will provide its case examiners with a broader range of outcomes which it can agree consensually with a registrant without the need for a full fitness to practise hearing. The Government is committed to providing full consensual disposal powers to all health and care regulators as set out in our recent response to the *Promoting professionalism, reforming regulation* consultation.

This approach is in line with the findings of a number of reports, including the PSA's own work on right touch regulation, which have emphasised the benefits of shifting

away from adversarial and burdensome fitness to practise hearings towards a more proportionate system that robustly protects the public.

During the passage of the Social Workers Regulations 2017, the Government committed to introduce a legislative change to provide the PSA with oversight of consensual disposal decisions made by SWE. We have been working closely with the PSA, Department for Education and SWE to develop a mechanism which provides this oversight in a proportionate way. Our intention is for this to be introduced as part of our proposed legislation to reform the fitness to practise and operating framework of the health and care regulators. The timetable for this is dependent on Parliamentary time though it is clear that the legislation will not be in place when SWE takes over the regulation of social workers in England from the Health and Care Professions Council in December 2019.

We have been working very closely with the PSA and other parties to develop an interim solution to cover the time between SWE becoming operational and the legislative change providing the PSA with oversight of consensual disposal decisions being in place. Officials continue to work with all parties to find an acceptable solution and we remain hopeful that a solution will be in place when SWE assumes its regulatory role in December.

With reference to your concern about the current inability of voluntary registers accredited by the PSA to access or receive information from the Disclosure and Barring Service (DBS), this would, as you describe, require changes to multiple pieces of legislation, which do not fall under the jurisdiction of the Department of Health and Social Care, as well as amendments to legislation owned by the devolved administrations.

The Department is considering the scope of the current legislation including the interaction with the voluntary nature of the registers. It is also assessing whether it would be appropriate to include some, or all, of the professions covered by accredited voluntary registers in the DBS system and the benefits that inclusion of these professions would bring to the scheme that would justify the potential legislative time and cost involved. The PSA has been asked to provide further information to assist with our assessment.

Yours ever,



MATT HANCOCK