



The role of seriousness in fitness to practise proceedings in social work in England

Final report

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ice

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2 Executive Summary

This research consisted of three activities, a literature review, a case analysis and engagement of employees involved in the fitness to practise (FtP) process across regulators and within Social Work England.

Insights came from 20 employees working across different health and social care regulators and 20 employees from Social Work England.

Findings show strong consensus on behaviours universally regarded as serious, such as criminal convictions, abusive behaviour, breaches of confidentiality, and crossing professional boundaries, all of which breach public trust, place service users at risk, and are incompatible with professional standards.

However, defining and applying seriousness in more nuanced cases remains challenging. The absence of clear definitions and thresholds can result in inconsistent and sometimes subjective decisions. This can reduce the perception of transparency in the process and risk public confidence.

A further difficulty for Social Work England alongside other regulators is the disconnect between professional judgments and public expectations of seriousness, with media influence often amplifying or distorting perceptions. However, public expectations can vary between individuals and cases which highlights the need to better understand public views so that FtP decisions are more closely aligned with public protection and trust.

Regulators also face the challenge of balancing flexibility with consistency. While discretion allows decision makers to respond to the nuances of individual cases, unclear guidance can weaken transparency and credibility by leading to inconsistent decisions that have different justifications.

Opportunities for improvement include providing clearer, operational definitions and guiding principles for key concepts in decision making strengthening engagement with the public to align expectations and making case law and internal guidance more accessible for decision makers. However, any changes must be sensitive to the needs and responsibilities of individual regulators, as a one-size-fits-all approach is not suitable. For Social Work England in particular, future guidance on seriousness should reflect the specific context and realities of social work practice to ensure fair and trusted outcomes.

3 Acknowledgements

We would like to thank our partners at Social Work England, including but not limited to team members Aidan Worsley, Rebecca Mulvaney and Ben Redmond, for their support during this project. Thank you to all participants across health and social care regulators who took time to share their views and experiences. Without their contributions, this research would not be possible.

4 Introduction and objectives

4.1 Introduction

Fitness to practise (FtP) processes are a requirement for health and social care regulators to ensure that professionals meet the standards required to provide safe, effective, and ethical care. Determining and acting upon seriousness within these processes safeguards public trust, protects service users from harm and reinforces the integrity of the professions. However, there is no formal definition of seriousness across any of these regulators. Instead, they each provide their own guidance on what amounts to seriousness and how seriousness is considered alongside contextual, aggravating or mitigating factors.

Social Work England commissioned ICE Creates to explore the concept and role of seriousness in FtP proceedings, specifically within social work. The seriousness of the concern is a key factor assessed during an FtP proceeding, it can inform whether the regulator investigates a concern, if there are findings of impairment or whether interim orders are needed to uphold public safety and trust. Additionally, when a concern has been raised and found to be serious this influences the outcome and sanction, ensuring they are proportionate to the seriousness.

As the sole regulator for social workers in England, Social Work England aims to make a unique contribution to the development of social care regulation by ensuring that the specific context of social work is fully considered. While there are useful lessons to draw from other health and social care regulators, this research focuses on understanding seriousness within the distinctive context of social work FtP proceedings.

Social Work England's understanding of the concept of seriousness should support clear and consistent decision-making, while still allowing for consideration of the nuanced context of each case. Findings from this research can help provide a clearer understanding of the role of seriousness in FtP procedures which has the potential to inform more consistent and refined applications of seriousness.

4.2 Aims and Objectives

The aim of this project is to explore how the concept of seriousness influences FtP proceedings and outcomes, specifically in social work in England. The key objectives to achieve this are to explore:

- How various health and social care regulators, and the Professional Standards Authority (PSA) define seriousness throughout and how this has evolved over time.
- How seriousness is understood and interpreted within complex aspects of FtP such as misconduct, dishonesty and public interest.
- The role of human factors, such as the workplace environment, in determining seriousness in FtP cases.
- How Social Work England has described and applied the concept of seriousness in FtP outcomes.
- How decision makers use concepts, guidance and case law related to seriousness throughout Social Work England's FtP proceedings.

4.3 Research Activities

To achieve the research objectives, four separate research activities were conducted. This included:

- A literature review
- A case analysis
- Qualitative interviews with health and social care regulators
- Focus groups with Social Work England FtP employees.

The literature review and case analysis are written as separate documents and are available upon request.

5 Methodology

This research drew upon qualitative methods to capture rich, in-depth perspectives. In total 40 participants took part comprising of 20 representatives from different health and social care regulatory bodies and 20 Social Work England employees from across the FtP process.

Previous activities that informed this research included a literature review and a case analysis.

5.1 Literature review

The conceptualisation of seriousness across regulatory guidance, academic journals and case law were examined and compared. Publicly available guidance in relation to seriousness was identified from health and social care regulators. Where relevant, internal Social Work England guidance was examined.

This allowed for the identification of any conceptual gaps or differences between regulators' understanding of seriousness. The findings from this literature review formed the foundation for subsequent workstreams.

5.2 Case analysis

A case analysis of twelve cases was undertaken to further understand and explore how differences between regulators can impact the FtP and decision-making process. The types of cases analysed were informed from findings from the literature review. This included cases related to drink driving, personal life conduct, communication in public and private, and dishonesty.

The inclusion criteria for cases were:

- FtP cases that have more nuance and debate around their seriousness, including drink driving, personal life conduct, communication in public and private, and dishonesty.
- Timescale: 2019-2025 (aligning with Social Work England becoming responsible for the regulation of social workers in England)
- Publication: publicly available case studies, tribunal decisions, and outcomes
- Social Work Regulators: Social Work England

Cases were analysed to identify the factors that are considered in relation to the 'seriousness' of each case and its influence on outcomes. This enabled the identification of key trends, recurring rationales, and shifts in interpretation across decisions from Social Work England.

5.3 Qualitative interviews with health and social care regulators

We engaged 20 people from various health and social care regulators. For a detailed breakdown of the regulators interviewed and their roles, please see Appendix, 11.1 and 11.3.

Interviews were conducted virtually via MS Teams; paired interviews were utilised where appropriate. Additionally, a survey was distributed to regulators who were time poor and could not offer an interview.

Data from the interviews and survey were carefully reviewed to identify the main themes and ideas. Differences between the various regulators were teased out where they occurred while internally findings were grouped by FtP stage. These ideas were then refined to ensure they accurately represented meaningful patterns in the data, contributed new insights to the results, and supported the development of a clear overall story.

5.4 Qualitative focus groups with Social Work England employees and partners

We engaged 20 Social Work England employees and partners whose roles sit across the FtP process. For a more detailed breakdown of the stages and roles represented, please see Appendix, 11.2. Social Work England employees were recruited from one of four teams:

1. Triage
2. Case examiners
3. Adjudicators
4. FtP leads

This ensured representation across FtP decision makers to help identify where there is consistency and where there might be differences or misalignment.

Focus groups were conducted virtually on MS Teams and ranged from 2-6 participants in each group. All groups were recorded for analysis purposes.

Thematic analysis was used to identify patterns that highlighted both consistency and variation in the decision-making process throughout the different stages of the FtP procedure. Themes revealed underlying nuances in interpretation and approach between regulators and different stages of the process. These findings were then integrated with earlier insights from other health and social care regulators to inform the final findings.

Data was thematically analysed to identify the key themes that best described the data. This was then segmented to compare findings between the different stages of the FtP process. Finally, this research activity has been brought together with findings from interviews with external regulators to inform the final findings within this report.

5.4.1 Limitations / Considerations

It is important to recognise that this research draws on the views of a relatively small sample of individuals across regulators and within Social Work England's FtP process. While participants spoke from the perspective of their regulator, their insights reflect their own experiences and interpretations, creating the potential for bias. Therefore, findings should be seen as illustrative of regulatory perspectives, rather than a definitive representation of each regulator and their understanding and application of seriousness.

5.5 Layout of the findings

The key findings across the qualitative interviews and focus groups have been brought together to build an overall narrative for how the concept of seriousness influences FtP proceedings and outcomes, specifically in social work in England.

Differences between different health and social care regulators are highlighted where they occur. The final section explores whether there is alignment across the different stages of the FtP process within Social Work England.

A conceptual grid was created to highlight each of the themes, and which regulators this was applicable to. This can be found in the Appendix, Section 11.5.

6 Key insights

This section will explore the broad areas of consensus across health and social care regulators, as well as highlighting any key differences in the interpretation and application of “seriousness” in FtP proceedings. These differences relate not only to how certain behaviours are interpreted, but also to the context in which seriousness is assessed, how decisions are made, and what factors are weighed at different stages of the FtP process. This section draws out insights that were more prevalent in some regulators, contrasted or contradicted approaches taken by others, or revealed structural or contextual variations that influence decision-making.

6.1 Understanding seriousness and core concepts

This section explores the types of FtP cases that are widely recognised as serious across health and social care regulators, as well as those that generate more uncertainty, debate, or even contradiction. By examining both ends of this spectrum, we gain insight into how “seriousness” is currently understood and applied, highlighting not only difference in interpretations, but also areas where regulatory approaches may diverge or conflict in practice.

6.1.1 Types of cases which are clearly serious across regulators

We asked participants across various regulators which types of FtP cases are clearly serious. As discussed below, most regulators identified a set of case types that are consistently treated as serious across FtP contexts. While details of the cases can vary, they typically involve one or more concerns related to a clear breach of public trust, direct risk of harm to service users, or behaviours that are seen as fundamentally incompatible with professional practise.

6.1.1.1 Criminality and harm as indicators of seriousness

Though criminality is often initially viewed by regulators as inherently serious, further reflection reveals a more nuanced understanding. Criminal behaviour is considered particularly serious when it breaches professional standards or undermines public confidence, such as offences involving violence or sexually motivated conduct, e.g. murder, manslaughter, sexual harassment, child pornography. The relevance of specific criminal convictions often depends on their connection to the professional context. For instance, a theft conviction may be seen as more professionally significant for a social worker than an offence relating to a “Just Stop Oil” environmental protest because it directly undermines trust, integrity, and the safety of vulnerable service users, whereas protests may occur entirely in a social workers private life and not impair professional duties.

"It's not a blanket position... it is a bit more nuanced in relation to the direct relevance to the role that someone's undertaking."

Northern Ireland Social Care Council

There is also strong consensus that any behaviour, criminal or not, that results in harm or increases the risk of harm to others (such as, but not limited to, physical, emotional and financial abuse) is clearly serious and warrants regulatory attention. Additionally, cases related to sexual misconduct but do not result in a criminal outcome are also viewed as inherently serious due to harm to service users or to public confidence.

"I would always look at harm and risk of harm that's been caused by the actions or omissions of the practitioner."

Social Work England

6.1.1.2 Abuse of power and trust at work

Regulators agreed that abuse of power and trust at work, for example breaching professional boundaries and the duty of candour¹, is consistently serious. In addition to these cases having a negative impact on public confidence, regulators highlight that these types of behaviours are very difficult to remediate, and therefore there is a higher risk of repetition. This is because they are often considered reflective of "deep underlying attitudinal problems".

"We look at abuse of positions of trust and violation of the rights of people who use services as behaviour which is more serious than others."

Scottish Social Services Council

6.1.2 Types of cases which are increasingly serious in social work and social care regulators

In the context of social work and social care, some behaviours carry amplified seriousness due to the specific nature of the work and the vulnerability of the people

¹ The duty of candour is a legal obligation for healthcare providers, especially in the NHS, to be open and honest with patients when care goes wrong, informing and supporting them and their family about any harm caused.

being supported. The following section highlights where and why these issues are often considered more serious in social work than in other regulated professions.

6.1.2.1 Abuse of power and professional boundaries

Cases involving inappropriate relationships or the abuse of power were considered serious across regulators. However, both Social Work England and the Scottish Social Services Council emphasised that these breaches are especially serious in social work, given the context of professional relationships with service users often being intense.

“We’re often working with people who are vulnerable. Any breaches of professional boundaries in social work are much more serious than in other careers.”

Social Work England

This contrasts with other professions, where patient relationships may be less likely to involve the same level of dependency. In social work, these dynamics heighten the risk of harm and make even borderline cases more serious in the eyes of regulators.

6.1.2.2 Abusive or aggressive behaviour

Several regulators agreed that abusive behaviour, for example towards colleagues or service users, is serious. However, for social work, this is particularly serious due to the profession’s core responsibility to recognise and use responsibly the power and authority when working with people to ensure that interventions are always necessary, the least intrusive, proportionate and in people’s best interests.

“If a social worker is involved in any form of abusive behaviour. Especially serious due to nature of social workers working with vulnerable populations, including children.”

Social Work England

While abusive conduct would be taken seriously in all professions, it may not carry the same level of perceived risk or systemic harm in roles such as dentistry or optometry, where professional duties are more technical and less likely to have frequent contact with service users, especially within their own home.

Additionally, healthcare providers often see service users infrequently for short appointments in contrast with social workers who have frequent contact with service users that requires a longer-term professional relationship. This highlights the differences in power, vulnerability and opportunity between social workers and service users compared to other registrants due to often being in a vulnerable person’s home.

6.1.2.3 Confidentiality and data integrity

Breaches involving confidential information or inappropriate access to records were also considered more serious in the social work context compared to health regulators. Social Care Wales highlighted that social workers and care workers often have extensive access to deeply personal and sensitive information, including about family dynamics, child protection, or mental health.

"We often see cases where care workers have checked on members of the public. They may be friends, neighbours or family members. They might think they're doing the right thing and having a look at the case files. Compared to other professions, I don't think you would have the same level of consequences because of the sensitivity of social services involvement."

Social Care Wales

This concern was less prominent among some health regulators, where access to personal data is more standardised and often limited to clinical need.

6.1.3 Types of cases with more uncertainty and debate across regulators

In contrast to the above, some cases prompt more debate among regulators due to their context-dependent nature. These cases raise questions about proportionality, intent, and public interest. This section explores where assessments of seriousness are less clear-cut and are associated with increased debate.

6.1.3.1 Blurred boundaries between personal life, professionalism and bias

Regulators have observed specific cases that raise debate among FfP decision makers. These are behaviours and issues that happen in registrants' personal life, such as drink-driving, recreational drug use, family court proceedings, and the right to protest. The debate is centred around some decision makers believing this behaviour has an impact on registrants' professionalism, whereas some do not.

What further complicates these decisions is the potential influence of personal bias from decision makers. Several regulators noted that differing views among decision makers, alongside those who raise a concern may stem from subjective beliefs about what they deem to be personally acceptable rather than fitness to practise concerns. In some instances, concerns have been raised not because of demonstrable professional risk, but due to perceptions of registrants' lawful activities in their private lives, such as, engaging in political protests. Such scenarios illustrate how personal values can sometimes influence judgements of seriousness, both in those that raise the concern and those making decisions about it, thus underscoring the need for consistent evidence-based decision-making.

"Behaviour can still be serious behaviour outside of professional context. But regulators need to check themselves on whether it's a really serious fitness to practise concern."

Health and Care Professionals Council

Bias is a complex issue for regulators because all decision makers will bring their own personal background, values, experiences and assumptions to the process. These factors can influence how they approach decisions during FfP proceedings. Regulators currently rely on policies and guidance to help ensure concerns are assessed consistently and fairly. Providing regular training and support to help decision makers recognise and reflect on their own biases could strengthen this further. While bias cannot be eliminated, increasing decision makers awareness of how it might shape their judgements and can improve the quality of fairness of decisions.

6.1.3.2 Uncertainty around public interest and perceptions of seriousness

Public perception adds a level of complexity for regulators, and regulators highlighted this as ambiguous and evolving. Despite public interest often being a core justification for regulatory action, especially in high-profile cases, its meaning is often unclear and inconsistently interpreted. This is because regulators must infer what the public find concerning. One participant from the Health and Care Professionals Council described a case involving a registered professional who was reported to be engaging in drug use and sex work, while her children were in the house. Although there were no concerns about her professional performance, the case sparked internal debate about what the public interest was in the case. Decision makers are responsible for acting on the behalf of the public. This case highlighted the ongoing uncertainty around the boundaries of public interest and its role in determining seriousness.

"Sometimes there is no clear examples of what the public interest actually is other than our panel. We often decide on the public's behalf what we think they need, what action we think they need us to take to uphold but there is difficulty finding that balance. The main source of what public interest is from high profile cases "

Health and Care Professionals Council

Another participant, working at the Scottish Social Services Council, highlighted the complexity around public interest by noting that even when a concern is unrelated to a professional's practise, the perceived severity in the eyes of the public may compel regulatory involvement. This reflects the tension regulators face between maintaining public confidence and respecting boundaries between personal and professional conduct.

"If the public interest is just too great, then those cases are the ones that we then would have to become involved in, despite it being behaviour that's not related to their professional practise."

Scottish Social Services Council

However, this relationship is not straightforward, and the public can sometimes view regulatory decisions as disproportionate. For example, *Arora v the GMC*¹ a doctors' licence was suspended for one month on the grounds of dishonesty after telling the IT department she had been promised a laptop. In reality, she had been told none were currently available, but her interest was noted. This decision was criticised for being overly harsh given the low-level nature of the allegation and the tribunal's lack of compassion, prompting a review. This illustrates that regulators' judgments about public interest are not always accurate, highlighting the need for more research into public perceptions. The GMC acknowledged the need for a review of the case for learning and ensure that future cases are handled more compassionately².

"In the case of Arora & GMC public outcry led to the decision being overturned and a review was triggered."

External Lawyer

These examples also echo the concerns raised in the previous section, where decision makers reported concerns of having to rely on subjective beliefs or personal morality in the absence of clear regulatory thresholds. In both cases, individual assumptions about public expectations, may influence decisions, further complicating what is considered serious.

6.1.3.3 Dishonesty is a complex spectrum

As determined by *Ivey v Genting Casinos [2017]*³, case law states that dishonesty should be determined first by finding the actual state of the individual's knowledge or beliefs of the facts and whether these are genuinely held. Secondly, it also needs to be determined whether the conduct is dishonest when the objective standards of dishonesty of ordinary decent people are applied. Regulators widely recognise dishonesty as a marker of high seriousness, particularly when it involves risk of harm, breaches of trust, or behaviour that directly undermines public confidence and professional values.

"Dishonesty is very serious – it undermines individuals' ability to provide safe care and support."

Social Care Wales

However, regulators agreed that cases including an element of dishonesty are often subject to increased uncertainty and debate. This is because many believe that dishonesty is not inherently or uniformly serious. Instead, it exists on a spectrum, and so, alongside the case law, it must be assessed in relation to:

- Intent (deliberate deception vs. careless error)
- Impact on service users, the public, and professional trust
- Context (e.g. pressure at work, isolated incidents, personal circumstances)
- Remediation and insight (whether the professional has reflected, learned, and is unlikely to repeat the behaviour)

"Dishonesty cases are sometimes unclear. Lots of cases where it's not very obvious where the action needs to be taken."

Professional Standards Authority

Cases of serious dishonesty typically involve sustained or deliberate deception with clear risk of harm or professional breach. However, some cases, such as minor overclaiming of expenses or taking advantage of system loopholes, are increasingly viewed by decision makers as lower on the spectrum, particularly when insight is demonstrated and no direct harm occurred.

"Dishonesty used to be clearly serious – but is contested. It used to be the case that behaviour involving dishonesty is serious, but that's not my personal view. Sometimes I think I might be holding people to quite a platinum standard of being the perfect citizen."

Health and Care Professionals Council

This evolving understanding reflects a broader tension of how to uphold professional standards without applying unrealistically rigid expectations, especially when the behaviour reflects poor judgment rather than malicious intent.

6.1.3.4 Discrimination

Regulators highlighted that cases involving discrimination often generate debate and uncertainty in the FtP process. While Social Work England identifies the difference between the legal definition of discrimination and the general term. Cases involving discrimination can still sit in a grey area, where public opinion heavily influences how serious the behaviour is perceived to be by decision makers. One participant noted that while discriminatory actions can be deeply harmful and serious, they may also stem from cultural misunderstandings or lack of awareness, raising questions about whether the appropriate response should be regulatory

action or remedial support. The evolving public discourse on issues like racism and equality further complicates decisions, as shifts in societal views can shape both perceptions of seriousness and regulatory policy and can create tension for decision makers when determining whether a behaviour was discriminatory. This suggests it could be beneficial to provide more clarity and guidance on the legal definition of discrimination during FtP proceedings to aid decision makers to decide whether a behaviour was discriminatory or not. This could help decision makers make more consistent decisions and reduce the influence of biases and public perceptions.

6.1.3.5 Distinguishing human error from misconduct is complex

Regulators noted the difficulty in distinguishing honest mistakes from misconduct, particularly when errors occur in complex or pressured contexts. One off incidents, such as clinical errors may appear serious but do not always reflect poor character or ongoing risk. Insight, intent and remediation are considered key in distinguishing human error from misconduct. However, the complexity of making such judgments is often intensified by procedural limitations within regulatory systems. For example, one participant described a case involving a nurse who made several medication errors after returning from leave. The employer terminated the nurse's employment and referred the case to the regulator. Because she was no longer employed, she felt she had no opportunity to demonstrate how she had reflected and had insight as to the failings. This reflects how registrants are often uncertain how to approach the FtP or fear the regulator during the process, meaning they are unlikely to respond during initial stages of a case. This contributed to the case progressing to a full FtP hearing, after which the nurse left the profession due to the stress of the process.

Another noted the importance of looking at patterns and professional insight when assessing risk, reinforcing the need for a more nuanced and flexible approach.

"There might be a medication error that's happened once – which might be a low to medium risk. However, if it happens in multiple occasions and there is a pattern, that can be a different matter. Individuals' engagement, insight and response is a massive factor in risk and about whether something is a medium risk or higher risk score."

Social Care Wales

6.2 Factors shaping judgement about seriousness

The key factors which were deemed to shape judgement about seriousness across regulators were context, the registrant's pattern of behaviour leading up to the event, the registrant's behaviour after the event, and the outcome of the event. This section explores how each of these factors influences decision-making and

contributes to the complexity of assessing seriousness in FtP proceedings. The latter part of this section also highlights the key differences between regulators in the factors that shape judgement about seriousness, such as engagement with the FtP process and the impact of organisational pressures

6.2.1 Context

Context was considered a crucial factor in assessing seriousness, with various regulators emphasising that identical behaviours can carry different implications depending on the surrounding circumstances. Factors such as staffing levels, role clarity, training, and the working environment can significantly influence how a case is judged, even if professional regulators can only assess the actions of individuals rather than workplaces. As one participant from the Professional Standards Authority noted, expectations for clinical competence were adjusted during COVID due to the extreme working conditions, making some errors more understandable and less likely to warrant regulatory action. However, workplace context may be more directly relevant to some regulators than others. For example, Social Work England may face challenges understanding context given that registrants may practise across varied and less clearly defined settings.

"The context is important. During the COVID pandemic people were working in very taxing environments. During that time, the bar was raised for clinical competence cases."

Professional Standards Authority

One participant from the General Pharmaceutical Council explained that cases associated with the Electronic Prescribing Services (EPS)² used to be considered serious without exception. However, in line with increased use of EPS, regulators have evolved whereby they now consider each case's specific context to determine proportionality. While context is consistently acknowledged as important, it remains unclear whether certain contextual factors carry more weight than others. What is clear is that regulators increasingly favour a case-by-case approach over rigid application of standards.

² The EPS is an NHS system that enables the electronic transfer of medical prescriptions from doctors or other prescribers to pharmacies and other dispensers, thus contains very sensitive and confidential information.

6.2.1.1 Diverse perspectives on how seriousness should be judged

Whilst regulators consistently acknowledge the importance of context in FtP decision-making, participants had different views on how and when contextual factors should influence judgments about seriousness.

A small number of participants described an approach in which the seriousness of the behaviour is assessed first, independently of any mitigating or aggravating circumstances. From this perspective, contextual factors such as workload pressures or personal issues are considered only after the behaviour is deemed serious, typically when determining the appropriate sanction.

Others, such as participants from Northern Ireland Social Care Council, suggested that contextual factors begin to influence judgments about seriousness at later stages of the FtP process, but not at the initial triage stage.

“At the initial triage stage, the environment wouldn't influence assessment of seriousness, because it's only as you start to unpick further that the influence of context shows itself.”

Northern Ireland Social Care Council

In contrast, the more common perspective from participants across different regulators was a more fluid, spectrum-based understanding of seriousness, where the assessment evolves throughout the process, shaped by emerging contextual information. From this perspective, seriousness is not fixed, but fluid - continuously informed by both conduct and context.

Notably, there was no clear pattern in terms of profession or regulatory role that determined whether participants viewed seriousness as a binary or a spectrum-based concept. While these differing approaches do not appear to significantly affect final outcomes or sanctions, they do introduce potential variability in how concerns are screened, investigated, and explained.

These inconsistencies raise important questions about the definition, application, and usefulness of the concept of “seriousness” within regulatory settings. One participant highlighted that the term itself can be unhelpful, particularly in high-volume screening contexts, where the label “serious” may not reflect the nuance of each case.

“Our experience has been that the language of seriousness for our screening colleagues who are dealing with those hundreds of cases that come in every month [has] not been terribly helpful. Because every concern that's raised with us is serious to the person who's raising it.”

The Nursing and Midwifery Council

The participant suggested that it would be beneficial to shift the language from focusing on seriousness to risk. This will allow seriousness to be judged by the level of ongoing risk rather than having to determine whether something is serious or not serious to help screen cases out that are highly unlikely to result in impaired fitness to practice.

6.2.1.2 Behaviour leading up to the event

Regulators highlighted that the seriousness of a concern is often shaped by the behaviour leading up to the incident. Factors such as whether the behaviour was a one-off or part of a pattern, and how recently similar issues occurred, can influence decision-making. For example, drink-driving may result in a warning in isolated cases, but could escalate to a referral to a hearing if it forms part of repeated or reckless behaviour, such as driving with service users in the vehicle.

“The same type of behaviour can have different implications depending on the nature of it.”

Social Care Wales

This highlights the importance of viewing conduct in a wider behavioural context rather than assessing incidents in isolation.

6.2.1.3 Level of responsibility and seniority

Regulators highlighted that their perception of seriousness can be influenced by a professional's level of responsibility. Social workers can have different levels and types of responsibility. Those in roles responsible for managing finances or mental health orders, are often held to higher standards, especially when working with vulnerable people. Additionally, those who have more regular contact with service users will have more responsibility for safeguarding concerns. Therefore, the same behaviour may be judged more seriously when committed by someone in a position of greater responsibility, and this can vary.

Similarly, when social workers have a higher level of seniority they are expected to work at a higher standard and will receive less leniency for errors compared to a student or newly qualified social worker.

This suggests that outcomes can differ based on decision makers perception of the social workers individual responsibility and seniority, reinforcing that seriousness is shaped not just by actions, but by role, responsibility, risk and accountability.

“If someone is in a position of trust, the level of trust and potential for abuse of trust can flip the seriousness up, e.g. if the service user has mental health capacity vs someone who doesn't.”

Social Work England

6.2.1.4 Behaviour after the event

Regulators consistently highlighted that a professional's response to an incident can significantly influence how serious a concern is judged. Factors such as insight, honesty, and early engagement often shape outcomes just as much as the original behaviour itself.

For example, two similar cases of poor record keeping by social workers were treated differently: one involved a defensive, senior practitioner who denied responsibility, while the other involved a junior social worker with health issues who accepted fault and lacked support. The latter case was seen as less serious due to mitigating factors and their admittance of fault and accepting responsibility. This allowed them to engage in remediation within the process and demonstrates that they have awareness and reduce the risk of the behaviour being repeated.

Efforts to remediate, reflect, and express remorse were seen as important indicators of future risk and often reduced the perceived seriousness of concerns. Conversely, covering up mistakes or failing to be open with the regulator, especially where dishonesty is introduced post-incident, can escalate concerns dramatically.

“The incident is very rarely as serious as their response to the incident. Bringing in dishonesty can aggravate it to really, really serious.”

General Pharmaceutical Council

6.2.1.5 Outcomes

Another key factor influencing how serious a FtP concern is judged is the outcome of the behaviour, particularly in terms of harm or potential harm caused.

Social Work and Social Care regulators emphasised that seriousness increases when the behaviour results in actual harm, especially to vulnerable individuals such as service users or members of the public. Even in the absence of actual harm, the risk of harm, depending on the context and role, can be enough to raise the level of concern. For example, the same action may be judged differently depending on whether it involved a colleague, a member of the public, or someone particularly vulnerable.

One participant shared a case where a social worker caused a fatal car accident. Although the charge was for careless rather than dangerous driving, the outcome, a

death, elevated the seriousness, even though the act itself may not have been malicious.

6.2.2 What are the key differences between regulators in the factors that shape judgement about seriousness?

6.2.2.1 Engagement with the FtP process

Engagement with the FtP process is a key factor in shaping outcomes as it can be one of the key mitigating factors leading to reduced sanctions. However, participants from Social Work England highlighted that this is difficult because social workers may feel that they do not receive sufficient support through the FtP process. This may make it difficult for social workers to feel confident and to trust the process which can restrict them from being able to demonstrate the insight and remediation required to lessen the seriousness and consequent sanction. Recent research has found that engagement with the FtP process was one of the biggest factors associated with the seriousness of regulatory outcomes for the GMC in the UK⁴. This definition of engagement included registrants' attendance and whether they had legal representation.

Research has shown that legal representation was seen as important for GMC registrants because legal advice could support and guide registrants through the FtP process, which can be complex and legalistic. Legal advice was seen as important in aiding registrants to understand regulators expectations, especially for insight and remediation⁵.

This suggests social workers may benefit from receiving clear information about regulators expectations of each stage of the FtP process to enable them to fully engage.

“Someone really engaging in the process can impact other people who were also impacted – and they are interested in the outcome. Example – someone's made a really serious clinical error of judgement that's had significant outcomes for a patient. Insight and remediation can humanise the registrant.”

Health and Care Professionals Council

It important to note that Social Work England currently provides additional support for social workers going through the FtP process, such as clear information about what to expect. However, a knowledge gap, access issue, or tension between the regulator and social workers may be limiting uptake of this support. While this could not be fully explored in this research, it should be examined further to ensure social workers receive adequate support throughout the FtP process and know what is expected of them at each stage.

6.2.2.2 Impact of organisational pressure

Decision makers might have different perceptions on the weight they give to the role of organisational pressures as a mitigating factor within the FtP procedure. While some decision makers might see organisational pressures or demands such as high caseloads and unsafe organisational cultures as an explanation for poor behaviour, it does not make the behaviour itself less serious. While more weight was given to organisational pressures during COVID, this was due to exceptional circumstances, current organisational pressures are considered in isolation. Therefore, in these cases, organisational pressures in isolation rarely impact the final sanction. Instead, it is considered alongside other factors such as whether the behaviour was deliberate, involved dishonest, abusive, discriminatory behaviour and the risk of repetition.

However, regulators such as the General Pharmaceutical Council, who regulate pharmacies alongside pharmacists are more likely to give weight to environmental and organisational factors. This is due to the differences in regulatory powers where those regulating the workplace can act to prevent wider risk of harm as they have the power to do so.

“Considering whether it’s individual vs systems. If a concern comes in that’s around something going on within a pharmacy that means there could be a risk. We have a lot of engagement with our inspection team to determine whether an action is a one off or not due to the environment, then we do need to take action against the individual.”

General Pharmaceutical Council

6.3 How does the application of seriousness evolve at different stages of the process?

As discussed in the previous section there are some suggestions that seriousness is not a fixed concept. Instead, it is reassessed throughout the different stages of the FtP process. This should allow for flexibility and ensure that only the most serious concerns reach the hearing stage and that final outcomes are proportionate. However, it is important to assess how this is currently working in practise.

To understand how the application of seriousness evolves at different stages we asked participants whether seriousness gets reassessed or reinterpreted at any stage of the FtP process.

6.3.1 Fluidity of seriousness

Seriousness is not static but evolves throughout the FtP process. At triage, limited details mean risk is assessed at face value. Following the investigation stage, as the case progresses to the examiner stage, fuller information and more evidence allows

for a more accurate understanding of risk, which can alter the assessment of seriousness. This makes ongoing reassessment essential; premature judgements risk disproportionate outcomes.

"It starts from the referral and can be escalated or de-escalated throughout the whole process up until the point of either closure or hearing outcome."

Social Work England

This flexibility shows that seriousness is context-dependent, shaped by risk and emerging evidence rather than fixed at referral. It enables escalation or de-escalation to ensure decisions remain proportionate. However, as discussed in section 6.2.1.1, there is debate about whether this flexibility affects the seriousness of the concern itself, or only the eventual outcome and sanction.

6.3.2 Risk reassessed with new information

As previously discussed, all regulators regularly reassess risk as new information is obtained. In Social Care Wales, formal reviews occur at least every six months, however, any new information, particularly third-party findings, employer responses, or changes in employment status can trigger earlier reassessment, including for whether an interim order for the most serious cases.

Across other regulators, including Social Work England, any new information gathered is often related to new evidence, professional insight and other contextual factors surrounding the case. These factors help decision makers to filter out the concerns that are less serious and do not require further regulatory action. This ensures that only the most serious cases go to a final hearing or receive an accepted disposal and that there is flexibility throughout the process and that final outcomes are proportionate.

"Through the process you filter things out...and you're just left with the most serious that go to a final hearing."

Health and Care Professionals Council

The threshold for seriousness increases throughout the process with the threshold for seriousness being lower in early stages. Thresholds are especially low at triage, due to the limited information available, making it difficult to fully assess the seriousness of the concern. Therefore, decision makers are more likely to escalate concerns to avoid missing anything potentially serious. These early judgements are cautious but as the case progresses the threshold increases, with seriousness being continually reassessed by investigators, case examiners, and legal teams. This staged approach reflects the increased threshold that needs to be met to justify decisions on the seriousness of the concern and the required outcome as cases progress.

6.3.3 Key differences in the application of seriousness and how it evolves throughout the FtP process

Some regulators have different structures for how their FtP process operates and consequently apply seriousness at various stages. Differences between Social Work England and other regulators have been highlighted where they occur.

6.3.3.1 Differences in thresholds

The General Dental Council applies a much lower threshold at the triage stage compared to other regulators, including Social Work England, with seriousness becoming a clearer focus only during the assessment phase. Therefore, seriousness evolves only as more evidence is gathered to build a case about the concern. This can result in less serious cases going through to assessment, increasing the workload for decision makers in the process.

“At the General Dental Council our threshold is very low for the triage into assessment stage. Initially we just ask whether harm has or may have caused public confidence.”

General Dental Council

6.3.3.2 Re-evaluating seriousness

While there seems to be a consensus from regulators that risk or potential risk, is continuously assessed through the FtP process to help determine the seriousness, participants from Social Work England and The Nursing and Midwifery Council (NMC) suggested that reflection points are not used consistently. These are important because it allows decision makers to look at the evidence so far to determine whether the seriousness has escalated or deescalated and reduces the number of lower-level cases entering hearings. This was especially important as the case escalates from case examiners to hearings for Social Work England employees while those from the NMC thought it was key from triage to case examiners.

“I think because Social Work England don't conduct a full investigation before it goes to the case examiners and the statement taking is done post case examiners. It doesn't really give the investigators much of an opportunity to really think about it.”

Social Work England

The participant who provided this quote noted that the time taken to reflect on triage decisions as cases enter investigation has improved but emphasised the need to continue encouraging decision makers in investigation to reassess the evidence from triage as these decisions are often made quickly.

However, participants from both Social Work England and NMC highlighted that time constraints can make it difficult to reflect on a case and on the decisions being made about its seriousness. This can lead to a lack of ongoing reassessment of cases, missed opportunities to balance seriousness and a risk of making incorrect decisions as new information emerges, due to a lack of flexibility and reflection.

6.4 How the judgement of seriousness can impact the outcomes of the investigation

As per section 6.2.1.1, decision makers often perceive seriousness on a scale rather than viewing it as a binary concept. This allows there to be judgements about seriousness in relation to contextual factors and consideration for how this impacts the outcomes of an investigation. This section will explore cases that have been escalated through triage, deemed to be potentially serious and are more likely to result in a more severe sanction than a warning or caution.

We asked participants when a concern is deemed serious, how does this judgement influence the potential outcomes to find out how seriousness influences final outcomes.

6.4.1 Higher risk of impairment and sanction

If a case is deemed serious and enters the FtP process, decision makers are more likely to continue to escalate the case rather than question the initial seriousness of the case. Cases considered to be serious may be more likely to meet the threshold for a finding of impairment. Impairment arises when a social worker's conduct, competence, or health indicates an ongoing risk to the public or a potential to undermine confidence in the profession and its standards. In such cases, regulatory action beyond case closure is often required to protect the public, uphold professional standards and maintain confidence in the social work profession. This seriousness signals elevated risk and prompts regulators to pursue appropriate sanctions based on established guidance, aligning the outcome with the severity of the concern.

"Invariably, if something is serious, it is something that requires some kind of outcome beyond closure"

General Dental Council

6.4.2 Seriousness impacts the escalation/duration of the process

If a concern is deemed serious during triage it will be referred to investigators to further investigate the facts and risks involved in the case. Interim orders (e.g. suspension or conditions on practise) may be imposed early to mitigate ongoing risk and to protect public safety and maintain confidence while an investigation is

being carried out. Once a concern has entered this stage, the case will be thoroughly investigated and is less likely to be closed without further regulatory action.

When cases are serious enough to require an interim order there may be pressure for the cases to move quickly and be resolved. This urgency could potentially pose risk in there being fewer reflection points throughout the process to assess the seriousness and determine the appropriate outcome and sanction. Cases that become high profile or gain public interest and attract media coverage can create and escalate pressure. In these cases, it is important to uphold and prioritise thorough analysis and fair decision making above the speed of the process.

“Because if it's a serious case, then there's a time pressure to get that case resolved so that it can get to a hearing and get resolved quickly especially if it involves interim measures, but there is a risk that things get rushed”

Social Work England

In contrast, some serious cases may take longer due to the complexity of securing robust evidence, especially in high stakes matters like allegations of sexual misconduct.

“When something is deemed serious – it can mean that things take longer. We don't want to be risking something concluding without trying to secure the evidence”

Health and Care Professional Council

6.4.3 Procedural adjustments triggered by seriousness

When a concern is deemed serious, it prompts key procedural adjustments in the FTP process. For example, serious cases are more likely to be escalated to senior staff early for input, ensuring quality and consistent decision making.

Additionally, investigations may be delayed if other bodies such as the police or regulatory agencies need to be involved for cases that are more serious and require additional investigations, especially surrounding criminal charges. FTP investigations become less of a priority and can only progress when external investigations have concluded. This can influence decision makers on the seriousness of the case and the appropriate sanction.

Serious cases are more likely to proceed to adjudications or a final hearing. This ensures that allegations are adequately pursued, and decisions are guided by formal sanction frameworks, ensuring serious cases are appropriately addressed.

6.4.4 Evidence-based and contextual judgements are key

However, judging seriousness requires a careful, evidence-based approach to ensure that decisions about the outcomes are fair and proportionate. By prematurely labelling a concern as serious it can lead to the unnecessary escalation of a concern and inappropriate sanctions, especially in nuanced cases where decision makers are more likely to be cautious.

Unless a case is so serious an interim order is needed, seriousness should only be determined after a thorough investigation, including for an accepted disposal, drawing on diverse professional perspectives, across the decision-making process to ensure balanced decisions are made. Thus, even in serious cases, mitigating factors, such as the registrant's insight, remediation efforts, and contextual circumstances, can justify more proportionate outcomes, with panels guided, but not necessarily bound, by sanctions frameworks.

"If a serious case results in a lesser sanction this is usually because there are powerful mitigating factors in play, and some relevant context. The registrant's attitude and remediation efforts do affect the sanction even in serious cases."

Professional Standards Authority

6.5 How have concepts of what is considered serious evolved over time?

As previously discussed, seriousness is not a fixed concept. We asked participants how concepts of what is considered serious have evolved over time to explore where changes have occurred and what factors have contributed to changes. The first part of this section highlights areas of broad consensus regarding the evolution of seriousness, and the latter section explores key differences across regulators.

6.5.1 Consensus across regulators in the evolving understanding of seriousness

6.5.1.1 Improved internal understanding of what is and isn't serious

Regulators reported that over time they have developed clearer, more proportionate internal understanding of seriousness. This has been shaped by regulators' experience of handling cases, increasing thresholds of seriousness to meet the demand of an overwhelming number of cases and a desire to reduce unnecessary harm caused to registrants from over-investigation.

Over time, thresholds for what is considered serious have increased. For example, a participant from the General Dental Council highlighted that lower-level concerns are now redirected back to employers to address. This shift reflects a move away from past practises where nearly all concerns were treated as serious and instead

focuses on the medium to high-risk concerns that are serious. This is particularly beneficial due to the increasing number of referrals, allowing regulators to focus their attention only on the most serious concerns. This is perceived to help maintain the trust in regulators and prevents the process from feeling punitive of low-level behaviour from registrants.

“Over time, I think the bar got too low at General Pharmaceutical Council. We considered any concern from a patient as serious – tried to be too much for everybody. Trying to reverse that now.”

General Pharmaceutical Council

Regulators are now likely to rely less on external legal advisors and more on their own case experience when determining whether something is serious. This is important as some participants suggested external lawyers may have reduced understanding of the nuances of seriousness within specific professional contexts. This has been informed by regulators exposure to a broad range of cases, working closely with internal legal teams and developing their own targeted policies. Taking this approach allows regulators to set their own guidance relevant to their registrant's practise and accounts for nuances within their own regulation. Additionally, this has allowed regulators to develop their own internal expertise and set and uphold clear guidance, creating consistency in decision-making.

“We're depending less on external legal advisors which is beneficial. On some occasions external legal providers have said something is serious and we don't think it is. A lot of real understanding comes from seeing the biggest breadth of cases in your own organisation.”

General Pharmaceutical Council

6.5.1.2 Communication in public and private

Regulators noted a growing complexity in how seriousness is assessed when conduct occurs outside the workplace. A key challenge is determining when freedom of expression of personal views tips into conduct that risks discrimination or undermines public confidence. As discussed earlier, decision makers must distinguish between conduct that meets the legal definition of discrimination and behaviour that may feel discriminatory to individuals but does not meet that threshold.

Regulators noted that they felt social media has increased this challenge by blurring the boundary between a social worker's professional and private life. Views that previously would have remained private can now be widely shared and brought to the regulator's attention through public complaints. This increased visibility may have

heightened scrutiny of potentially discriminatory beliefs and contributed to a rise in cases that relate to discrimination but may not meet the legal definition.

While discriminatory concerns have always been serious, regulators note an increase in public awareness and interest in these topics. This has largely been influenced by the amplification of the debate on social media platforms, bringing private opinions and beliefs into the public domain. These shifts in public attitudes have also been influenced by legal developments and high-profile cases such as the *Meade v Westminster City Council* and *Social Work England v Beckwith v SRA*.

These cases, alongside shifts in public perception have led to more nuanced assessments for what is considered serious, including further evaluation of the context and tone of how these views are expressed and the actual harm or risk caused to the public and service users. This evolving tension between a social worker's right to freedom of expression, their duty to avoid discrimination, and their responsibility not to undermine public confidence is shaping ongoing legal debate, training, and adaptation in regulatory approaches.

6.5.1.3 New behaviours challenge FtP frameworks

Recent years have seen the emergence of new behaviours and contexts that can create challenges for FtP frameworks. Examples include cases linked to modern slavery, the use of AI, and the implications of working from home. These situations were rarely part of the regulatory landscape before, and decision makers have fewer resources to draw upon. As a result, cases are often more nuanced and generate increased debate about what constitutes impairment of fitness to practise.

Alongside new behaviours, the expansion of regulation to cover new professional groups has also introduced unfamiliar issues into FtP processes. For example, regulators such as the Scottish Social Services Council (SSSC) and Social Care Wales have taken on responsibility for care workers. As one participant reflected:

"We're seeing other types of behaviour being referred to us that we wouldn't have in the past just because that registered role wasn't there before."

Scottish Social Services Council

Participants consistently noted that both new behaviours and the regulation of new roles can stretch FtP frameworks, requiring regulators to adapt quickly and often without clear guidance to help decision making.

6.5.1.4 Shifts in societal and political landscape and public perceptions

Additionally, regulators noted that societal movements such as Black Lives Matter and the #MeToo campaign have influenced how seriousness is understood,

particularly around issues like racism, sexual misconduct and balancing perceived and legal discrimination.

"Misconduct cases towards colleagues are now viewed as just as serious as those which concern patients which was not the case until probably 3 or 4 years ago. The #MeToo movement and Surviving in Scrubs may have contributed to greater awareness."

Professional Standards Authority

While these issues have always been serious, regulators noted that there is now greater awareness and lower tolerance for such behaviours. Cases involving discriminatory attitudes or misconduct toward colleagues are increasingly taken as seriously as those involving service users, reflecting the need to maintain public confidence in the profession and to uphold trust in the regulator's ability to protect the public.

These shifts reflect broader cultural and political changes that have raised expectations around accountability, inclusion, and professional conduct, especially in roles involving vulnerable individuals. Additionally, they highlight the importance of regulators being flexible in their approach to seriousness and being able to adapt with societal shifts to maintain public safety and confidence. This provides a challenge for regulators for how they can keep up with public perception to assess cases appropriately, ensuring alignment with maintaining public safety and confidence.

6.5.2 Key differences across regulators in the evolving understanding of seriousness

Regulators often rely on their own experiences and previous cases to inform how they interpret seriousness, and this can lead to variation between regulators in how their understanding has developed over time. One important factor is the age of the regulator itself. More established regulators such as those in medicine, nursing, or dentistry have significantly more resources to draw upon. In contrast, regulation of social work across the UK is comparatively recent, and Social Work England, having only been established in 2019, has had only a few years to build its case law and experience. This difference may help explain why the evolution of what is considered serious has been particularly visible at Social Work England.

6.5.2.1 Regulators set their own standards

Regulators set their own guidance for what types of behaviour constitutes professional misconduct or that might initiate a FfP investigation. This is important due to the variation in the roles and responsibilities of registrants and differences in the consequences of their poor practise on the public. This can lead to changes in

what is considered serious over time as regulators adapt their standards and guidance to ensure that decisions made within the FtP procedures remain aligned with what is most important for each regulator and meet their objectives. This is advantageous as it allows for the consideration of the nuances of each regulator and ensures standards and guidance are relevant to the work of registrants.

"Professional misconduct and poor professional performance have had different definitions across different professions and legislation."

CORU

Participants suggest that when Social Work England was first established in 2019 and took over the regulation of social workers in England, they took a cautious approach to FtP cases. Additionally, they had a limited evidence base to make decisions from, once more increasing their risk aversion. However, as time has gone Social Work England have built their experience, allowing them to become less risk averse since having more example cases to draw upon makes for more informed decision making. This reflects Social Work England's increased confidence in distinguishing between concerns that are serious or not. This has also allowed their interpretation of what is serious to evolve and reduce the number of low-level cases that are escalated through the FtP process.

"We were more cautious at the beginning and more risk averse. However, with time and experience – our interpretation has changed. Potentially realising people don't need restrictions on their practice for certain things, or we've got more evidence to base certain decisions on."

Social Work England

6.5.2.2 More in-depth reporting

Participants from Social Work England reported significant improvements in the depth and quality of information gathered at the triage stage. Compared to older, less detailed decision-making, the current triage process involves more thorough evidence collection and clearer rationale behind why a case is or isn't escalated. This shift is attributed to increased team capacity, experience, and better understanding of what constitutes strong evidence. As a result, more cases are appropriately closed earlier, reducing unnecessary investigations and improving efficiency. Additionally, this helps make the decision-making process clearer and more thoroughly justified.

"I have seen some older decisions made at the outset and they were a lot sparser in decision making drafts – now at triage stage the notes are more detailed – I wonder

whether that results in closure earlier in the stages. But interesting because they have changed dramatically."

Social Work England

However, it is important to consider that at the triage stage decision makers are unable to investigate and collect evidence themselves. This results in them being reliant on the evidence presented to them from local investigations, such as those conducted by the employer, or from engagement and insight from the registrant. This evidence can be limited due to confusion from employers about the role of the regulator and registrants being disengaged or unaware of their role in the investigation.

6.5.2.3 Prediction that the view of criminal activity will become more nuanced

Some participants from Social Work England acknowledged that perceptions of criminal activity are becoming more nuanced. While serious offences like violence remain clear-cut, there is growing debate around offences such as cautions related to protest (e.g. Just Stop Oil) and capturing the balance between a social workers' right to protest and protect their private life. This has created a shift towards taking a more nuanced approach to criminal convictions and balancing context alongside initial charges and reducing the number of cases that result in automatic removal or lower-level cases entering the case examiners stage.

6.6 Challenges associated with defining seriousness in FtP proceedings

The following section highlights the common challenges associated with defining seriousness in FtP proceedings across regulators, providing insight into how ambiguity, subjectivity, and contextual nuance create challenges in ensuring consistent and proportionate decision-making. The latter part of this section highlights key challenges specific to social work and social care regulators.

6.6.1 Lack of clear definition in guidance

A key challenge for regulators in FtP proceedings is the lack of a clear or definitive definition of "seriousness." While guidance is provided, it is intentionally non-exhaustive to allow flexibility across a broad and diverse range of cases. For example, a participant from the General Dental Council explained that although their organisation publishes examples of conduct likely to be referred for investigation, fixed definitions would risk excluding emerging serious behaviours. However, this flexibility creates uncertainty for both regulators and registrants.

“Seriousness is not fully defined – working with a broad spectrum of cases makes defining seriousness difficult. In the disposal’s guidance, seriousness is not fully defined.”

Professional Standards Authority

One participant from Social Work England highlighted a gap in formal frameworks. They noted that impairment is well-defined in guidance, yet there are no equivalent legislative or practical tools for assessing seriousness. This means that panels have fewer resources to draw from, potentially leading to inconsistency in outcomes.

The challenge lies in striking a balance: the current lack of definition allows flexibility but also leads to ambiguity and potential inconsistency, both for professionals and those making FtP decisions.

6.6.2 Subjectivity and risk of bias

Assessing seriousness involves individual judgement, particularly due to the lack of clearly defined criteria.

Despite actions to help reduce such risks, such as panels reaching consensus and drawing on a mix of perspectives, e.g. including both lay members and registrant members to provide balance, assessing seriousness still involves individual judgement. Even when cases appear similar in nature, one panel or decision maker may come to a different conclusion to another.

“Seriousness can be very subjective and what might be serious to one person may not be as serious to another.”

Professional Standards Authority

This subjectivity can lead to inconsistency across decisions and introduces a risk of bias. For example, Social Work England identified inconsistency in how cases are labelled “serious,” often without clear justification. Audit findings also showed overrepresentation of ethnic minority and older practitioners at every stage of the FtP process⁶. The two issues are connected: inconsistent assessments of seriousness, possible bias within the process, and how practitioners engaged with the investigation were identified as contributing factors to this disproportionality.

Preconceived beliefs and external pressures can also influence how seriousness is interpreted. One participant shared a case in which a panel appeared to minimise the impact of sexual harassment based on their assumptions about the complainants’ resilience.

“I have seen cases where panels have downplayed the seriousness of misconduct due to possible preconceived ideas or beliefs. For example, in a case involving

sexual harassment of seven female social workers the panel identified as a mitigating factor the fact that the social workers could continue to do their job despite the registrant's behaviour. This was not a mitigating factor, and it was quite shocking to see this in the sanction decision."

Professional Standards Authority

6.6.3 Gaps between regulators and public expectations

A challenge across many regulators is aligning professional judgments about seriousness with public expectations. The concept of "public confidence" is considered difficult to define, often relying on speculation about how the public might perceive certain behaviours.

"What's missing is the public perspective. Sometimes we're having to guess where the public would sit."

Social Work England

Several examples illustrated how media attention can shift perceptions of seriousness, influencing public response and regulatory outcomes. In one case, highlighted by Social Care Wales participants, social care staff made inappropriate comments in a WhatsApp group. Initially seen as low-level misconduct, the case escalated in seriousness after media coverage revealed the content and its impact on children in care, highlighting how public exposure can amplify perceived seriousness.

This highlights how public exposure can shift perceptions of harm and reinforce the need for transparent, justifiable decisions. At the same time, participants warned that regulatory and public views can diverge, particularly in safeguarding cases or when reputational risk is high.

"The concept of what is serious and what is not, is specific to the individual profession and there can be a different view of what is serious between professionals and members of the public."

CORU

6.6.4 Case complexity and demands on resources

There was agreement between regulators that no two cases are the same, meaning that standardised responses are challenging. There are many intersecting factors to consider, including risk of harm, repetition, engagement, aggravating or mitigating circumstances, and case law. One regulator likened it to a "spider diagram" of complexity, requiring careful, case-by-case analysis.

"No two cases are the same and each case turns on its own merits. Every case is so nuanced, and so our consideration has to be nuanced as well."

Northern Ireland Social Care Council

This lack of uniformity and the need for detailed judgment make applying seriousness resource-intensive and time-consuming, making it difficult to guarantee consistency.

6.6.5 What challenges are specific to regulators in social care and social work?

6.6.5.1 Evidentiary ambiguity/limitations

FtP cases often involve allegations without clear or consistent evidence, making it difficult to assess seriousness, impact, and credibility. This is especially challenging when vulnerable individuals are involved, raising concerns around fairness and proportionality.

While other regulators may also face evidentiary issues, this appears particularly relevant for social workers because their work typically takes place in complex, interpersonal settings, relying heavily on witness accounts and contextual information. As a result, non-engagement, delays, and poor witness quality can significantly undermine fact-finding and lead to uncertainty in assessing seriousness.

"We do have cases which appear serious, and we can't take them forward for evidential reasons. We had one where a worker allegedly put a dressing gown cord around someone's neck, but there was concern around how good the witness was. You have debate about that, as you don't have the full facts."

Social Care Wales

6.6.5.2 Ambiguity in case law and standards

The limited case law in social work, compared to professions with a longer history of regulation can offer little precedent to guide decisions, especially in nuanced areas like dishonesty.

"Social Work has only been regulated for a short period of time. Unlike GMC and the General Dental Council, there is a lack of established case law. Case law in other regulatory professions doesn't often provide a lot of helpful practical insight to the type of dishonesty seen in social work cases."

Social Work England

Furthermore, the case law that does exist is can be perceived as inaccessible, with the language criticised for being "archaic". This creates challenges when working

with the concept, as decision makers do not relate to words such as “deplorable” and may inconsistently interpret it.

One participant from Social Work England highlighted that due to the absence of another professional body for social workers that can provide ethical guidance, support and interpretation of standards, Social Work England may need to take this role. This would include ensuring that guidance is comprehensive and clear, especially for students or social workers early in their career. This participant felt that due to the current guidance continuously developing, it can make it difficult for these social workers to understand expectations and for the regulator to fairly hold them to account. They noted:

“When we are starting to criticise social workers for not understanding and complying with the standards, we have to look at ourselves and say, ‘what guidance are we giving to social workers themselves around the standards?’”

Social Work England

6.7 How to improve the understanding and application of seriousness

This section outlines the current strategies that help regulators improve how they understand and apply the concept of seriousness, as well as highlighting areas where further clarity, consistency, and cross-sector alignment could enhance decision-making.

6.7.1 Case driven rather than process driven

Regulators emphasised a case-driven approach to assessing seriousness, shaped by the specific circumstances of each case rather than fixed checklists or rigid processes. Factors such as risk of repetition, potential harm, public interest, and the registrant's engagement and insight were cited as central to judgement.

“We try and keep it person-led instead of process-led.”

General Pharmaceutical Council

This flexible approach allows seriousness to be evaluated dynamically as the case unfolds, supporting proportionate, context-sensitive decisions.

6.7.2 Drawing on established resources

Existing resources like sanctions guidance, case law, internal audits, and thematic reviews were considered helpful in refining judgement, offering a foundation for consistent decisions, particularly in more contentious areas like dishonesty, sexual misconduct, or data breaches.

“We've done a thematic review on contentious types of cases (e.g. drink-driving, breaching GDPR) to look for patterns and help bring consistency in decision-making.”

Social Work England

These resources serve as starting points, rather than fixed rules, helping regulators apply professional standards in a flexible, proportionate way.

6.7.3 Seeking sector expertise

Accessing sector-specific expertise, especially when cases involve behaviours that might be misinterpreted without professional context, was a key enabler to making fair FtP decisions. Some regulators commonly consult clinical or professional advisors early in the process to ensure that judgements align with real-world practice.

“It's slightly easier for us [the General Optical Council], as we have clinical and optical advisors right at the beginning of the case who can review what's gone wrong.”

General Optical Council

This input helps clarify whether a behaviour genuinely deviates from expected norms and avoids unnecessary escalation of concerns.

6.7.4 Collaborative discussion and challenge

Open, respectful debate and reflection between decision makers were seen as essential when assessing seriousness. Several regulators described the importance of creating space for challenge, especially when decisions are finely balanced or potentially influenced by implicit biases of decision makers.

“It's important to challenge each other... to be open to having difficult conversations.”

Social Work England

6.7.5 Clarifying key elements of seriousness

While most participants agreed that a single definition of seriousness is unlikely to emerge, especially for complex or “grey” cases, they called for greater clarity on core factors such as dishonesty, risk of harm, and abuse of trust. Consistency in reasoning and alignment with professional standards were seen as key.

“We're never going to give a definitive answer, but we can at least ensure people are thinking about the same factors.”

Social Work England

Workforce training, clearer guidance, and regular updates can all contribute to better decision-making and improved understanding across the system.

“We send out regular bulletins, and have engagement sessions with the workforce... It helps with proportionate and fair decisions.”

Scottish Social Services Council

6.7.6 Building a shared understanding of public confidence

Public confidence remains a central, yet often ambiguous, concept in fitness to practise decisions. Some regulators have conducted research or cross-sector dialogue to better understand how the public perceives seriousness, and how these views should shape regulatory outcomes.

“We did work on public confidence some years ago – we didn't feel there was an understanding of it or how it should be applied.”

Professional Standards Authority

Participants agreed that aligning internal understanding with public expectations is essential for transparency, accountability, and trust.

6.7.7 What strategies are specific to social care and social work regulators?

6.7.7.1 Collective and tiered decision making

Both Social Work England and the Scottish Social Services Council described using a tiered and collective approach to resolve debate around seriousness, especially in complex or unclear cases. At the triage stage, Social Work England may refer cases to a Decision Making Group (DMG), bringing together staff from social work, legal, and triage backgrounds, to form a shared view. If uncertainty continues, cases are escalated to case examiners (with input from professional advisors), and ultimately to FtP panels for final decisions where seriousness is ultimately determined through submissions, registrant responses, and panel deliberation. This multi-layered process allows for careful consideration, encourages consistency, and helps manage risk across different decision points.

Although it is likely other regulators have mechanisms to pull on others' viewpoints when facing nuanced cases, this was only discussed by Social Work and Social Care regulators, suggesting a potentially stronger emphasis within these professions on collaborative decision-making and reflective practice when assessing seriousness.

“For the debate to be resolved - the case worker might discuss the case with their seniors/senior solicitor to decide a way forward. If it can't resolve, it will go to a manager for discussion with other managers – asking where do we as an

organisation and as a regulator want to sit with this type of behaviour? If we're still unsure we will refer it to an independent FtP panel. And then it would be up to the panel how they resolve the issue and make a decision or not."

Scottish Social Services Council

6.7.7.2 Provide additional support to social workers, supporting them to engage in the FtP process

Social Work England regulators highlighted that an important way to ease the challenges of applying seriousness in FtP cases is to provide more structured support to social workers, particularly early in the process. While Social Work England provide registrants with support during the FtP process, this suggests that there might be room to develop the support offered.

Trade unions and professional bodies such as the British Association of Social Workers (BASW) exist to offer representation, however, membership is optional and not automatic. In practice, a relatively low number of social workers are members of these organisations, meaning many enter FtP processes without independent support, which can make the process feel intimidating and isolating. Without independent support and guidance, they can fear removal and disengage or deny impairment even when open to learning and reflection.

Given the limited number of social workers represented by a professional body (e.g. 22,000⁸ out of 104,857⁹ social workers are represented by the BASW compared to over 190,000⁷ out of 390,000¹⁰ medical professionals represented by the BMA), some participants noted an expectation for Social Work England to fill this gap by offering clearer ethical guidance, explaining what is taken seriously, and setting expectations early, such as through student engagement and improved standards guidance. This support could ultimately lead to better-informed, fairer FtP outcomes.

6.7.7.3 Bridge the gap between public perception and regulatory understanding

Another challenge in applying seriousness is the disconnect between how the public, social workers, and employers perceive the regulatory process and how regulators understand and approach it.

Many social workers and employers lack a clear understanding of the role and authority of the regulator, sometimes viewing FtP as optional or administrative rather than a serious statutory process. This can result in disengagement or delays in responding to regulator requests. Additionally, social workers often know little about Social Work England's function, despite being registered and paying fees.

"I don't think employers always appreciate how serious it is when someone's in the FtP process. Increasing awareness of why we're asking for these things would lead to better understanding of FtP."

Social Work England

6.7.7.4 Strengthening decision-making through improved frameworks and guidance

Social Work England decision makers suggested that assessing seriousness would be easier and more consistent with stronger frameworks and clearer guidance to support decision-making. Participants said a formal framework could help establish a baseline understanding of seriousness that is tailored to social work, reducing reliance on individual judgment and the risk of unconscious bias. While the sanctions guidance offers some direction on how serious a case must be to warrant a particular outcome, there is currently limited guidance on defining or interpreting seriousness itself. More robust tools and examples would support more confident and consistent decision-making across the FtP process.

6.7.7.5 The need for clearer standards to support consistency in decision making

Some Social Work England decision makers involved in this research want there to be a firmer position taken by Social Work England for specific issues to help increase the consistency of their decision making, especially for cases related to criminal convictions. These decision makers felt that there is currently contention about when a social worker should refer themselves to their regulator, whether at arrest, charge or another point as different views exist, leading to potential inconsistency.

To address this a few Social Work England decision makers, suggested it would be beneficial for the regulator to set a clear, definitive standard on when a social worker should refer themselves to the regulator, reducing the reliance on individual interpretation. These decision makers feel it is important that this guidance is written to guide decision making and offering ways to reflect on the evidence rather than providing a strict and rigid list of what is or isn't serious. Doing this could allow for transparency in decision making and allow decision makers to demonstrate the thought process behind their decisions and its impact on the outcomes.

"Without clear standards or expectations about what outcome is likely to result in what, we just leave the door open for each individual to have incredibly different views on the extent to which we hold people to account."

Social Work England

7 Differences across Social Work England decision-makers

This section explores similarities and differences in how seriousness is understood and applied by Social Work England employees who work at different stages of the FtP process from triage to investigations, hearings and appeals.

7.1 Impact of personal biases and subjectivity

Insights from decision-makers across different stages of the FtP process suggest that bias and subjectivity are influenced more by individual beliefs and assumptions than by the specific stage of the FtP process. Bias can be present in the original referral made to the regulator and during triage. While the impact of bias might manifest differently across the process, for example the weight decision makers place on a registrant's insight or remediation compared to factors such as harm or intent, these may all lead to inconsistency in decision making.

7.2 Ambiguity in language and variation in the application of seriousness

We discuss the challenge associated with ambiguity in case law and standards, in Section 6.6.5.2. In this section, we explore how inconsistency in language, unclear expectations, and limited guidance shape how seriousness is understood and applied across different stages of the FtP process.

Case examiners highlighted that Social Work England's sanctions guidance uses varying terms, such as *serious*, *particularly serious*, and *very serious*, without clear distinctions. They noted that this variation appears to reflect writing style rather than intentional legal distinctions, which can be confusing when they are expected to rely on this language to inform decisions. As a result, case examiners expressed a strong desire for more consistent and structured guidance to support informed and defensible decisions.

These concerns were primarily raised by case examiners. Other groups (e.g. adjudicators and legal advisors) did not raise this theme to the same extent, though one senior lawyer did note a lack of case law to guide interpretation, and quality assurance colleagues pointed to the unclear definition of "social work practise" as an added challenge.

Case examiners concluded that strengthening decision-making through improved frameworks and clearer guidance would help address the ambiguity around

defining seriousness. While Social Work England's current sanctions guidance provides some direction on the seriousness required for some sanctions, it offers less clarity on how to interpret what is or is not "serious" in the first place, a gap that contributes to variation in how cases are assessed.

7.3 Considering seriousness earlier in the process

One theme that emerged, particularly from adjudicators, was the desire for seriousness to be more clearly considered and documented earlier in the process. As one adjudicator reflected:

"I wonder if we should be looking at seriousness earlier - when referrals come in, from the onset. We think about it as a panel, but should we have a thought about it earlier on?"

Social Work England, Adjudicator

This view suggests that seriousness sometimes feels like a late-stage consideration, rather than a consistent thread running through the process. The same adjudicator noted that earlier clarity around seriousness could lead to greater assurance in panel decision-making, clearer evidence, and more awareness of how time has affected a case:

"I would feel more assured, wouldn't have conversations of "is this even serious". Evidence would be clearer, and/or an acknowledgement that it's taken a while to get here, and the person has been practising the whole time. I don't see that in the written stuff."

Social Work England, Adjudicator

While seriousness is assessed at triage, for example, to determine whether a referral meets the threshold for investigation, these insights suggest that this may not be clearly visible to those at later stages. This may indicate a lack of shared understanding about how early-stage decisions are made and recorded.

8 Discussion

8.1 Strengths and limitations

Strengths

This research gathered rich, qualitative insight that captured the complex, evolving and subjective interpretation of seriousness across different regulators and different stages of the FtP process at Social Work England. In addition to the depth of the insights we managed to uncover a broad range of comparative insights across different health and social care regulators and different stages of the Social Work England FtP process. This allowed the identification of patterns and differences, focusing on nuances where they occurred.

Limitations

The primary limitation of this research was the small number of representatives from each regulatory body within our sample. By only having one or two representatives from each regulator, it is difficult to make generalisable findings or claim representativeness across the profession or sector. This can limit generalisability further as the focus groups demonstrated that there can be differences internally between the different stages of the FtP of the interpretation of regulatory guidance and of seriousness itself.

Additionally, relying on interviews and focus groups might reflect interpretations rather than objective truths. However, this is reflective of the subjective nature of the FtP process itself.

Finally, the aim of this research was not to produce generalisable findings, but to explore perceptions and identify key themes in how seriousness is understood and applied. Despite the small sample, the qualitative insights offer valuable reflections on the complexity of FtP decision-making and highlight areas for further inquiry and improvement.

8.2 Considerations

The insights gathered through engagement with health and social care regulators highlight both shared challenges and differences in defining and applying the concept of seriousness in FtP proceedings. This section reflects on and discusses the key themes and considers the potential implications for regulatory practice, decision-making consistency, and opportunities for greater clarity and alignment across the sector.

Most regulators identified a common set of behaviours that are consistently treated as serious, typically involving a clear breach of public trust, direct risk of harm to service users, and misconduct fundamentally incompatible with professional practise. However, cases which include increased nuance, often including less overt breaches of professional conduct, highlight a need for clearer support to guide proportionate and consistent decision-making. Limited shared definitions or agreed thresholds is linked with subjective and inconsistent outcomes, particularly in professions like social work where contextual nuance is unavoidable and important in the FtP process.

The insights highlight ongoing tension between the value of flexibility in FtP decisions and the risks associated with a definition of seriousness. For example, on the one hand, regulators agree that having a broad concept of seriousness enables panels to respond to the nuances of each case. However, they also note that this is a source of ambiguity which can undermine consistency. This dilemma can be understood through the idea of bounded discretion - the principle that decision-makers should have space to exercise judgment, but within a framework of clear parameters that protect against inconsistency. Applying this lens suggests that the challenge is not whether to permit discretion, but how to structure it. Further thought and discussion remain on the best way to balance these competing priorities, including contemplation of introducing a framework of core factors to guide decision making.

Another issue raised relates to the language used when describing seriousness. It seems that some decision makers across regulators view seriousness on a spectrum influenced by context and mitigating factors, others view seriousness as a binary term, with another spectrum applied to sanctions. It is possible these differences can cause confusion across decision makers, potentially leading to inconsistent approaches. This raises questions about the best way to strengthen alignment, for example would clearer internal communication or further training be useful for decision makers?

Differences in how seriousness is interpreted and applied due to diverse judgement and unconscious bias raise questions about fairness, credibility and consistency in outcomes. Insights highlight value in encouraging collaborative decision making which include challenge and diverse perspectives across decision makers, but there is limited evidence in the extent that these support fair, consistent outcomes. Further thought and discussion about further techniques to address bias is required to improve confidence in FtP decisions.

A recurring theme was the disconnect between professional interpretations and public expectations of seriousness. In some cases, media coverage has escalated the perceived seriousness of a case, while in others, regulators struggle to predict

how the public view certain behaviours. Despite public confidence being a cornerstone of FtP, regulators still feel that this is an elusive concept. Further discussion should focus on how regulators can improve transparency and accountability without over-reliance on the media and highlight the need to undergo research with the public to better understand how societal values align with regulatory decisions.

Due to the variation in approaches to seriousness across regulators, this raises the possible value in developing shared principles or frameworks to guide application. Although full standardisation may not be appropriate, common reference points could support fairness, transparency and shared learning across regulators.

Social Work England participants recognised that many social workers may not fully understand the FtP process and find it overwhelming. Although some registrants disengage from the process, seeing it as optional, others can fear it signals the end of their career. This suggests a need for earlier, clearer communication about the role of the regulator, and what behaviours are taken seriously. Due to the evolution of seriousness, it might be that this communication occurs throughout or during education, continuing throughout registrants' careers.

Due to Social Work England being a relatively new regulator, some perceived the guidance as potentially confusing for students and social workers early in their career due to it being continuously developed. This created concern that registrants are held to expectations they don't fully understand. This points to a need for future research with Social Work England registrants and students to understand the extent of confusion or uncertainty around the guidance and to explore how this may affect perceptions of fairness and trust in the FtP process.

Furthermore, FtP decision-makers highlight that case law is often limited and somewhat inaccessible. While some suggested the value of supporting decision makers to consistently interpret case law, what are the best ways to translate legal precedent into digestible, meaningful guidance that resonates with the social work context.

While commissioned by Social Work England, the insights from this research have wider relevance across health and social care regulation. Challenges such as inconsistent definitions of seriousness, balancing flexibility with consistency, and varied interpretation are sector-wide issues. Addressing these will require continued dialogue and collaboration between regulators to support fairer and more consistent FtP outcomes.

9 Conclusion

The insight in this report builds on the findings from the literature review and case analysis and further highlights the complexity and subjectivity of how seriousness is understood and applied within FtP processes, with a focus on social work. While there is broad agreement across regulators in some behaviours that are clearly serious, there appears to be significant variation in how seriousness is interpreted and applied in nuanced cases.

The findings highlight the challenges that risk consistency and transparency in FtP, as well as what is currently working well and potential implications for regulatory practice, decision-making consistency, and opportunities for greater clarity and alignment across the sector. The findings therefore contribute to strengthening public protection and ensuring a fair and consistent process for registrants.

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11 Appendix

11.1 Sample for External Interviews

Regulator	Role	Number
Northern Ireland Social Care Council (NISCC)	FtP Team Manager Head of FtP	2
Scottish Social Services Council (SSSC)	Senior Solicitor FtP	1
Social Care Wales (SCW)	Assistant Director for Regulation FtP Team Lead	2
Capsticks (Law Firm)	Social Work England Advocate	2
Fieldfisher (Law Firm)	Partner	1
Nursing, Midwifery Council (NMC)	Head of Policy and Legislation	1
General Pharmaceutical Council (GPhC)	Chief Enforcement Officer and Deputy Registrar	1
Social Work England	Head of Adjudication Head of Internal Quality Assurance and Governance Senior FtP Lawyer Head of Legal (senior lawyer)	4
Professional Standards Authority (PSA)	Head of Policy Lead Lawyer	2
CORU	Acting Head of FtP / Legal	1
General Dental Council (GDC)	Executive Director of Regulation	1
Health and Care Professionals Council (HCPC)	Head of FtP Legal Services	1
General Optical Council (GOC)	Head of FtP Legal	1

External Interviews Sample (n=20)

11.2 Sample for Internal Focus Groups

FTP stage	Role	Number
Triage and investigations	Case Review Officer	3
	Senior case review officer	
	Triage case officer	
Case Examiners	Professional case examiner (x3)	7
	Lay case examiner	
	Case examiner operations manager (x2)	
	Case review manager	
Adjudicators	Social work adjudicator (x2)	6
	FTP chair	
	Legal adviser	
	Lay adjudicator (x2)	
FTP Leaders	Hearings case manager	4
	Triage lead	
	FTP Triage manager	
	Hearing operations manager	

Internal focus groups (n=20)

11.3 Glossary of Regulators

Regulatory Body	Jurisdiction	Profession Regulated	Responsibilities	Key distinction
Social Work England	England	Social Workers only	Regulating and maintaining the professional register of social workers in England. Ensuring professional standards, education and training are met. Investigating FtP concerns.	Single-profession regulator, focusing solely on social work.
CORU	Republic of Ireland	Multiple health and social care professions (social workers, occupational therapists)	Setting professional standards. Managing registers and approving qualifications. Conducting FtP procedures.	Ireland's equivalent to UK regulators and is a multi-professional regulator.
Northern Ireland Social Care Council (NISCC)	Northern Ireland	Social workers and social care workers	Registering social care workforce. Promoting training, education and professional standards. Handling conduct and FtP concerns.	Regulates social care workers not only qualified social workers.
Scottish Social Care Council (SSSC)	Scotland	Social workers, social work students, and	Registering the social service workforce.	Broad remit across the entire social

		social service workers	Promoting high standards in practise and education. Conducting FtP procedures.	service sector.
Social Care Wales	Wales	Social workers, social care managers, domiciliary and residential care staff	Maintaining a register of social care professionals. Supporting workforce development and improvement. Promoting and upholding standards.	Combines regulation with workforce development and improvement support.
Nursing Midwifery Council (NMC)	UK-wide	Nurses, midwives and nursing associates	Setting education and training standards. Maintaining a professional register. Investigating concerns about FtP (conduct, competence or health).	The UK's largest health regulator, not involved in social work or social care.
General Pharmaceutical Council (GPhC)	England, Scotland and Wales	Pharmacists and pharmacy technicians	Registering professionals and pharmacies. Setting standards and approving education. Handling FtP cases.	Regulates both individuals and pharmacies.

General Dental Council (GDC)	UK-wide	Dentists and dental care professionals	Setting standards for dental professionals. Approving dental education. Investigating FtP issues.	Specialist regulator for the entire dental team, not just dentists.
General Optical Council (GOC)	UK-wide	Optometrists, dispensing opticians, student optometrists	Maintain the registers. Approve education and training. Investigate FtP issues.	Regulates optical businesses as well as individual professionals.
Health and Care Professions Council (HCPC)	UK-wide	15 different health and care professions	Registering professionals and approving training. Setting standards and investigating misconduct.	Used to be responsible for the regulation of social work until 2019.
Professional Standards Authority (PSA)	UK-wide oversight body	Does not directly regulate professionals	Overseeing and assessing the performance of regulators. Accrediting voluntary registers.	Ensures that regulators are effective but do not register or discipline professionals itself.

11.4 Glossary of Roles

Role	Description
Case review officer	Initial reviewer assessing concerns to determine whether a case proceeds.
Triage case officer	Screens incoming cases to quickly assess their seriousness and route them appropriately.
Professional case examiner	Investigator who reviews evidence and case summaries to determine whether a case meets the threshold for a formal hearing.
Lay case examiner	Non-social worker examiner applying similar investigative and decision-making processes as professionals but brings a public/patient perspective.
Case examiner operations manager	Manager overseeing case examiner workflows and maintaining decision quality across the examiner team.
Social work adjudicator	Ensures procedural fairness during hearings involving social worker respondents.
FtP chair	Senior adjudicator who presides over hearings with final authority.
Lay adjudicator	Legally qualified non-social worker who sits alongside the FtP chair to represent public perspective.
Hearings case manager	Administrator responsible for scheduling and coordinating hearings.
Triage Lead	Manager responsible for overseeing triage operations and early decision-making processes.
FtP triage manager	Senior manager coordinating triage as well as funnelling cases into full FtP investigations.

Hearing operations manager	Senior operational lead managing all aspects of FtP hearing logistics and support.
Head of adjudications	Senior regulatory leader accountable for both case examiner and panel decisions within FtP.
FtP Team Manager	Oversees FtP staff, allocates cases, monitors outcomes, ensures timeliness and quality in investigations.
Head of FtP	Senior leader responsible for the entire FtP process, strategy, governance, and tribunal outcomes; upholds public trust and compliance.
Senior solicitor FtP	Leads legal aspects of investigations and hearings, provides advice, drafts legal documents and supports panel processes.
Assistant Director for Regulation	Senior regulator in charge of FtP and registration strategy, policy implementation and stakeholder management.
FtP Team Lead	Manages day-to-day FtP casework: mentors, investigators, ensures case progression, escalation and quality standards.
Head of policy and legislation	Leads development of regulatory policy, legal frameworks and legislative reform.
Chief enforcement officer and deputy registrar	Directs enforcement strategy, leads sanctioning decisions, oversee compliance and regulatory investigations.
Head of internal quality assurance and governance	Ensures FtP processes meet internal/ external standards, audits case quality, and strengthens governance protocols.
Senior FtP lawyer	Acts as in-house counsel in FtP cases, provides legal advice, drafts case documents and ensures legal compliance.
Head of legal	Senior lawyer overseeing all legal functions, advises executives, supports FtP and policy.
Head of policy	Set oversight and regulatory standards for UK health and social care regulators, shapes strategic policy direction.

Executive director of regulation

Senior regulator responsible for FtP, policy, education oversight and safeguarding professional standards.

Head of FtP legal services

Leads in-house legal unit within FtP, manages legal officers, ensures investigations and hearings have robust legal support.

Head of FtP legal

Oversees legal aspects of FtP, manages legal team, ensures fairness in process and compliance with statutory frameworks.

11.5 Conceptual Grid

Themes	NISCC	SSSC	SCW	Social Work England	GOC	NMC	GPhC	GDC	CORU	HCPC	PSA
Cases that are clearly serious											
Criminality	x		x	x		x			x	x	x
Abuse of power and trust at work	x	x	x	x		x	x	x	x	x	x
Abusive or aggressive behaviour		x		x						x	x
Confidentiality and data integrity	x		x	x		x	x	x			
Types of cases with more uncertainty and debate											
Blurred boundaries between personal and professional life	x	x		x						x	x
Uncertainty around public interest and perceptions of seriousness		x			x					x	x
Dishonesty		x	x	x		x				x	x
Discrimination			x	x		x					
Human error vs misconduct			x			x		x			x
Factors shaping judgement about seriousness											
Context		x		x	x	x	x	x		x	x
Diverse perspectives in how seriousness should be judged	x					x		x			
Behaviour leading up to the event		x	x	x							

Themes	NISCC	SSSC	SCW	Social Work England	GOC	NMC	GPhC	GDC	CORU	HCPC	PSA
Attitude and behaviour after the event			x	x			x			x	x
Outcomes		x		x			x				x
Engagement with the FTP process				x						x	
Impact of organisational pressure				x		x	x				
How does application of seriousness evolve at different stages of the process?											
Seriousness is dynamic				x	x		x				
Risk is reassessed with new information	x			x		x	x		x		
Differences in thresholds				x				x			
Re-evaluating seriousness		x	x	x		x					
Need for clearer standards				x							
How the judgement of seriousness can impact the outcomes of the investigation											
Higher risk of impairment and sanction		x		x				x			
Seriousness impacts the escalation and duration of the process				x			x	x		x	x
Procedural adjustments triggered by seriousness			x	x						x	
Evidence-based and contextual judgements are key			x	x			x	x	x	x	x
How have concepts of what is considered serious evolved over time?											

Themes	NISCC	SSSC	SCW	Social Work England	GOC	NMC	GPhC	GDC	CORU	HCPC	PSA
Improved internal understanding of what is / isn't serious		x	x	x			x	x		x	
Communication in public and private			x	x	x		x	x			
Rise of new behaviour		x		x	x						
Shifts in societal and political landscape	x			x	x			x	x		x
Regulators set their own standards				x					x		
More in-depth reporting		x		x							
Nuances in criminal activity				x							
Challenges associated with defining seriousness in FIP proceedings											
Lack of clear definition in guidance			x	x				x	x		x
Subjectivity and risk of bias	x			x			x	x	x		x
Gaps between regulators and public expectations			x	x					x		x
Case complexity and availability of resources	x			x							
Ambiguity of evidence			x								x
Ambiguity in case law and standards				x							
How to improve the understanding and application of seriousness?											
Case driven rather than process driven		x		x			x				
Drawing on established resources				x							x
Seeking sector expertise					x						

Themes	NISCC	SSSC	SCW	Social Work England	GOC	NMC	GPhC	GDC	CORU	HCPC	PSA
Collaborative discussion and challenge				x			x				
Clarifying elements of seriousness		x		x							
Building a shared understanding of public confidence							x				x
What strategies are specific to social care and social work regulators?											
Collective and tiered decision making		x									
Provide additional support				x							
Bridge the gap between public perception and regulatory understanding				x							
Improved frameworks and guidance				x							

make better happen

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