Ulster University

Systematic Narrative Review
To Consider the Contribution of
Professional Regulation on the Health
and Social Care Workforce.

**Name: Caroline McGonigle
Job Title: Social Care Governance Manager
Employer: Northern Health and Social Care Trust**

Evidence Informed Practitioner and Organisation

Faculty of Social Sciences

Course Module SWK751

May, 2017

Acknowledgements:

Contents Page

Summary

Context:

This Systematic Narrative Review was conducted to ascertain the contribution of professional regulation on the Health and Social Care Workforce.

Initial scoping of the existing evidence base including Cochrane and Campbell Systematic Reviews indicated a paucity of empirical research regarding professional regulation. Grey literature available emphasised the importance of evaluating and rethinking regulation in the current changing service and workforce landscape. Given the integrated Health and Social Care system in Northern Ireland (NI) and potential to learn internationally from other professional groups, the review question was constructed to encompass the Health and Social Care Workforce.

The review question is particularly important given the context of service reform in NI and on a worldwide basis. The introduction of skill mix, extended roles and responsibilities requires an associated shift in regulatory practice.

This Systematic Narrative Review is intended to inform an on-going evaluation of the impact, value and effectiveness of professional regulation in Social Care, being conducted by the Office of Social Services (OSS,Northern Ireland), NISCC and Social Care Institute of Excellence (SCIE), to support regulatory development and improvement.

Methods employed in the review:

Two key concepts:

regulation/professional regulation AND the Health and Social Care Workforce

facilitated an advanced search on the following four databases:

- Social Care On Line
- Medline
- PsycInfo
- Cummulative Index to Nursing and Allied Health Literature (CINAHL)

Additional hand, citation searching and expert contact ensured a rigorous search strategy generating relevant, peer reviewed empirical research. Studies were included for synthesis based on a quality threshold. Data was extracted and quality appraised to facilitate a narrative synthesis of 26 research articles to answer the review question.

Findings:

Analysis of studies within the synthesis indicated that overall professional regulation has a positive contribution on the Health and Social Care Workforce.

Benefits evidenced include:

- Enhanced professional status and identity.
- Professional competence, increased training and skills development.
- Accountable practice, agreed Codes of Conduct and Practice to govern practice and behaviours.
- Safeguarding the public through removal of unsuitable persons from the profession.

Dilemmas were however noted in respect of accountable practice and the associated potential for defensive practice and vexatious reporting. Further qualitative research was recommended to attain an understanding of why staff engage in mis-conduct and the impact of related organisational issues, to inform training and ethical practice. The importance of employer assurance systems such as induction, supervision and training was considered imperative to support best practice.

Conclusions:

On-going collaborative evaluation and measurement is essential to ensure professional regulation continues to be effective, supporting the workforce and contributing to positive outcomes for Service Users/Carers. Further developments or improvements in regulatory practice must be shaped through collaboration and informed by evidence based practice. Further research is therefore recommended with Service Users/Carers as Co-researchers, fully involved in field work, analysis, discussion and dissemination of findings.

Context of the role

Promotion of evidence based practice and research is an integral component of the Social Care Governance Manager's role within the Northern Health and Social Care Trust (NHSCT). This contributes to a culture of excellence, quality Social Care Services and positive outcomes for Service Users and Carers.

Social Care Workforce by definition encompasses both professionally qualified Social Work staff and the Social Care staff, who provide support to Service Users and Carers in their own homes, Day Centres, Supported Living or Residential settings and do not require a professional qualification.

Supporting the NHSCT Social Care Workforce to continually improve practice is another component of this role. This entails enabling staff engagement with current strategies i.e. DOH (2012-2022), Improving and Safeguarding Social Wellbeing, The Strategy for Social Work in Northern Ireland, HSCB & DHSSPS (2015-2020), Social Work Research and Continuous Improvement Strategy and DOH, Quality (2020) to embed related principles into practice.

The Social Care Workforce engage with individuals, carers, families, and other professionals to provide holistic care in complex and diverse circumstances. The Northern Ireland Social Care Council (NISCC) was established in 2001 under the Health and Personal Services Act Northern Ireland (NI) to protect the public through regulating the Social Care Workforce. "NISCC maintain a register and set standards for the conduct, practice and training of Social Care Workers to ensure the quality of care provided to Service Users and Carers is of a high standard" (NISCC, 2016).

Since 2005 Social Workers in NI must be registered with NISCC to practice and all Social Care staff must be registered with NISCC by March end 2017. NI will be the first country in the UK and Europe to have full registration of the Social Care Workforce, other countries may not necessarily adopt this approach. Ensuring the fitness to practice and appropriate regulation of the Social Care Workforce in the NHSCT is another vital aspect of my role. As a Social Worker and leader of Social Care staff, it is imperative to examine the evidence base for professional regulation to support the continued development of a "skilled and effective Social Care Workforce impacting positively on people's well-being" (Improving and Safeguarding Social Wellbeing Progress Up-date Paper, 2016).

Why the review question is important

The Department of Health (DOH, 2016), "Health and Well-being Delivering Together Report" acknowledged the dedicated Health and Social Care Workforce as NI's greatest strength but emphasised, "the need to support staff to develop their skills and expertise to provide safe and high quality care which keeps up with the fast pace of innovation and Health and Social Care Developments" (DOH, 2016, p.6). The Expert Panel of Health and Social Care Professionals informing the Bengoa Report (2016), "affirmed effective workforce engagement is a key enabler to health and social care transformation" (DOH, 2016, p.6).

The pivotal role the Social Care Workforce play in improving the wellbeing of individuals and supporting the Health Care System reform was acknowledged in reports by DHSSPS (2011), Transforming Your Care and the DHSSPS (2014) Donaldson Review. However, the importance of the Health and Social Care Workforce is explicitly referenced by Bengoa (2016, p. 28), "without a radical review of the workforce in NI the ambition to deliver co-ordinated care around the patient need at population health level, local community and individual level, the required transformation will not be possible". The Reform of Adult Social Care informed by the Domiciliary Care Review will consider the nature, size and skills of the workforce needed to deliver Social Care in the future.

Within the current context of Social Care practice there is a focus on holistic, relationship, rights and strengths based based Person Centred Practice. Co-production, collaboration, partnership with other professionals, communities and individuals considered experts in planning their care, is essential. Obtaining Service User and Carer views to

facilitate improved outcomes and shape service delivery is paramount.

These key priority areas for improvement in Social Care practice are synonymous with the principles underpinning the reform of Health and Social Care Services, outlined in recent policy and strategic papers, i.e. Transforming Your Care, (DHSSPS, 2011), Systems Not Structures, (Bengoa, 2016) and Health and Wellbeing, Delivering Together (DOH, 2016). Bengoa (2016, p.22) articulates this transformation will require a "shift from traditional, hierarchical or silo approaches in roles and responsibilities and an associated shift in regulatory practice", emphasising, "for a workforce that maintains patient safety, professional regulation will always remain a pre requisite to protect the public". Although NI is the first country in the UK to extend regulation to Social Care staff, Scotland and Wales have expressed similar intent.

The Professional Standards Authority (PSA, 2015) which oversees regulatory bodies for Health Professionals and Social Workers in England called for a rethink of regulation, arguing that regulation requires a radical overhaul to support required changes in Health and Social Services. There has been limited research in the NI context regarding the impact of professional regulation. Reviewing relevant national and international research to consider the contribution and evidence base of regulation is important to inform future policy and strategic thinking in a changing workforce landscape.

The Social Work Research and Continuous Improvement Strategy (HSCB & DHSSPS, 2015-2020) encourages Social Workers in this changing practice context, "to recognise and value the contribution of research and evidence and its integration at all levels of policy, commissioning and practice" (Pgs. 2 & 3).

Given the investment in professional regulation the Office of Social Services (OSS) supported by NISCC and The Social Care Institute for Excellence (SCIE) commissioned an evaluation of the evidence base regarding regulation. Initial policy intentions when regulating the Social Care Workforce were to:

- Strengthen public protection and safety;
- Improve the quality of service provision;
- Exclude unsuitable persons from the workforce; and
- Promote the value of Social Care within an integrated context in NI.

Whilst other factors arguably impact on policy aims, a number of strands to evaluate professional regulation are planned. This evaluation will consider anticipated policy intentions and expected outcomes enshrined within the Office of Social Services (OSS) Logic Model. NISCC's planned registrants' surveys with newly registered staff and employers' surveys will generate workforce information regarding regulation, supporting evaluation of the effectiveness of the NISCC registration process. Anticipated questions regarding regulation of the Social Care Workforce are planned in The DOH Annual Survey, designed to ascertain the public's views about wellbeing issues. Consultation will enable Service User and Carer views to shape policy and improvement, assuring collaboration and co-production in on-going regulatory service reform.

Contribution to the Social Care evaluation of professional regulation and enrolment on the Evidence Informed Practitioner and Organisation (EIPO) Module was agreed as part of the NHSCT Social Care Governance Manager's Job Plan 2016/2017. Collaboration with David Teeman, Senior Research Analyst and Evaluation Manager, Social Care Institute for

Excellence (SCIE) will support dissemination and publication of relevant findings.

Given the integrated Health and Care System within NI, joint regulation of Social Workers with Allied Health Professionals in England and opportunity to learn internationally from other professional groups; it was agreed this Systematic Narrative Review should consider what contribution professional regulation makes to the Health and Social Care Workforce. This question may inform future policy regarding regulation of the Social Care Workforce in NI and wider practice context.

The review question including aims and objectives

Effective collaboration and scoping the existing research evidence base facilitated construction of the review question. Conducting initial scoping of Campbell and Cochrane Libraries and data base searches in partnership with a peer student reviewing the impact of regulation on services, ensured respective questions were distinct but complimentary.

To maximise analysis, evaluation and reflection on professional regulation from a workforce perspective, the review question is structured as follows: *Systematic Narrative Review To Consider the Contribution of Professional Regulation on the Health and Social Care Workforce.*
The aim is to consider the international and national empirical research evidence base to determine the contribution of regulation on the Health and Social Care Workforce, encompassing professional and support staff.

The objective of the review is to provide a robust analysis of the contribution of professional regulation for the Health and Social Care

Workforce. There will be a particular focus on implications for the Social Care Workforce, with an objective of shaping on-going improvement in practice and reform within the Health and Social Care System.

The review question is important given the focus on contemporary regulation referenced in recent Northern Ireland Policy and Strategic Delivery Reports (Delivering Together, 2016-2026, Bengoa, 2016). The importance of analysing regulatory frameworks and developing the workforce is emphasised. "Extended roles supported by appropriate training and regulation are considered imperative to providing safe, effective and quality care" (Bengoa, 2016, p.26).

Consideration of the existing evidence base supported construction of the review question. No related Systematic Reviews were generated in the Campbell Library. A Systematic Review entitled, "Effectiveness of External Inspection Compliance with Standards in Improving Healthcare Organisational Behaviour, Healthcare Professional Behaviour or Patient Outcomes" (Flodgren et al, 2011) was identified in the Cochrane Library. Another Systematic Review was noted in the Cochrane Library, "Audit and Feedback Effects on Professional Practice and Health and Care Outcomes" (Ivers et al, 2012). However, neither Systematic Review addressed the contribution of professional regulation on the workforce, identifying a potential gap in the knowledge base and justifying the review question.

Further consideration of the existing evidence base indicated a perceived dearth or paucity of research in this subject area, emphasising the importance of the review question. Quick (2011) conducted a Scoping Study on the effects of Health Care Professional Regulation on those regulated and noted a lack of systematic knowledge. Cornes et al (2007) recommended the importance of empirical evidence to evaluate professional and wider workforce regulation. Ownes et al (2016)

articulated the need for continued scrutiny and research to ensure improved quality and effectiveness of professional regulation.

Recommendations of a recent Northern Irish study and literature review by Fleming (2016) also affirmed the importance of the review question. Fleming (Learning and Development Officer, NHSCT, 2016) explored, "The perceptions of staff of the implications of the NISCC Registration for the Domiciliary Care Workforce within the NHSCT". Fleming (2016) concluded, "the benefits of NISCC registration were wide ranging on the whole for staff, the organisation and most importantly for the Service User", but "recommended this subject area would benefit from further exploration to reflect on the importance of registration and regulation of Scial Care staff".

The search strategy with reference to Appendix 1 on detailed search formula.

Given an early recognition that more articles, papers and grey literature existed than research in this subject area; a rigorous search strategy was considered essential to elicit robust empirical research studies. Initial scoping searches using a variety of data bases facilitated an informed selection of the most effective data bases to answer the review question. Four bibliographic databases were selected to ensure robust, methodical and systematic identifation of relevant peer reviewed articles within a specific date range, 2005-end December 2016. This period was selected as compulsory regulation of Social Work staff commenced in NI in 2005 and analysing literature to the end December 2016 ensured a contemporary review of professional regulation. As envisaged given databases use a variety of platforms, although some duplicate research articles were obtained, each database yielded some unique research articles.

Two key concepts:

- Regulation/professional regulation

  and

- The Health and Social Care Workforce

constituted an advanced search strategy in each database.

Whilst databases had different indexing systems, search tools and tips, both concept groups were recognised and facilitated index term searches. In respect of Social Care staff additional text term searching was required to capture various international terminology. Boolean Algebra, truncation and wild card tools were used to explode and narrow searches as required. Articles were further refined using additional publication limits where possible, to select English language, human focused, peer reviewed research.

The search strategy formulae referenced above, based on two concepts was sufficiently robust to yield sufficient, quality empirical research across selected databases. The specific rationale for selecting each database is noted below.

Social Care on Line: An independent search on The Social Care On Line Database, managed by SCIE was completed to satisfy module requirements and to inform collaboration with SCIE in the evaluation of professional regulation. Taylor et al (2015) articulate, "as Social Care on Line covers nearly 700 peer reviewed journals related to Social Care, including Social Work and contains about 200,000 records, it is useful for material that is specific to the UK, policies, services and concepts" (p.48). Given the context of the review question, use of this database was imperative. As there were no tools to select peer reviewed journals only or

refine within specific time periods, additional manual shifting through information obtained was required. Adding filters to enhance database searching was identified as a potential database improvement for SCIE's consideration. As part of the evaluation of professional regulation SCIE conducted some initial searches on a variety of databases using both concepts groups referenced above. This laterally supported addiditional hand and citation searching for relevant research.

Medline: Ovid Platform, "is considered one of the highest quality databases from a user perspective" and contains "over 19 million records abstracted from over 5,500 peer-reviewed journals including high quality Social Work journals" (Taylor et al, 2015, p.47). This database was used given its clear definitions and wealth of information regarding empirical research into health related topics. Effective filters enabled prompt selection of all available evidence, facilitating the identification of current empirical peer reviewed research, particularly regarding professional regulation within the Health Care Workforce.

PsycInfo: Ovid platform was used as, "it contains over 3 million records from 2,500 peer reviewed journals including many of relevance to Social Work. It is particularly useful when considering experimental studies to underpin practice or research concerning psycho social constructs… and is one of the highest quality databases from a user perspective" (Taylor et al, 2015, p.47). Given its psychological focus PsycInfo readily recognised the concept of professional regulation and alternative terminology such as professional licensure, professional standards, professional accreditation, professional certification, making the search simpler. It provided international research, with effective publication limits. The option to filter peer reviewed journals only also supported identification of empirical research.

Cumulative Index to Nursing & Allied Health Literature (CINAHL PLUS):

EBSCO platform is the primary database for Nursing, Allied Health Professionals and also denotes Social Work as a profession. As Social Workers in England are regulated with Psychologists and Allied Health Professionals, it yielded relevant research regarding regulation of professional staff and Health and Social Care staff, who do not hold a professional qualification. This database was straightforward to use, mapping index terms readily to key concepts. As another, "large, international database of nearly three million records that abstracts from about 3,000 peer-reviewed journals, including many of interest to Social Work", similar to Medline, it is useful for topics that interface with Healthcare" (Taylor et al, 2015, p.47).

A final database search was run on 4th January 2017. Results are detailed in Appendix 1. In addition to database searches, hand searching through relevant research was conducted in collaboration with SCIE, NHSCT Librarian, OSS, HSCB and NISCC. Additional citation searching and contact with lead authors, ensured an extensive and systematic search of relevant literature (Refer to Appendix 1 for deailed search strategy information).

Method of data extraction with reference to Appendix 2 Data Extraction Table

Extracting key aspects of relevant studies is an essential first step toward inclusion in any type of synthesis. Establishing a robust search strategy with key concepts, terms and criteria, transferable across databases, facilitated a comprehensive and less biased selection of relevant articles. Additional citation searching and expert contact ensured an

extensive number of empirical research articles were selected for synthesis.

The titles of identified articles were initially considered, followed by scrutiny of abstracts to determine relevance to the review question. Methodological searching and analysis of generated articles ensured selection of robust, quality articles which answered the review question. Understanding of Quality Appraisal methods and an element of critical judgement determined eventual inclusion in the review.

Threshold considerations for inclusion in synthesis were:
- relevance to question
- robust and appropriate research design
- contemporary/recent study
- offers national/international perspective
- representative of various staff groups within the Health and Social Care Workforce.

A hierarchy of evidence rank orders evidence when considering quasi-experimental research studies to measure the effectiveness of planned interventions ranging from Systematic Reviews down to Expert Opinion (McNeese &Thyer, 2004, NICE, 2005). Case studies are placed just above Expert Opinion in this Hierarchy of Evidence. While case studies are considered to be less robust, Shuttlewort (2008) suggests they are of value where practice is developing, arguing that while generalisation is limited, this should not preclude sharing innovation with a particular group, making possible links with other developments and suggesting innovation.

A Data Extraction Table was used to support extraction of relevant information from the 26 research studies included in the synthesis. Consideration of Data Extraction Templates illustrated in Taylor et al (2015, p. 62) and Fisher et al (2006) supported construction of a Data Extraction Table (Refer to Appendix 2). The following headings were used to identify key aspects of the research, to support quality appraisisal, literature mapping and synthesis:

- First Author and Title
- Country
- Year
- Design
- Participants
- Method of Analysis
- Key Findings
- Implications for Practice
- Limitations
- Strengths
- Additional Commentary/Link to Policy

In summary 26 research articles including,13 qualitative studies, 12 quantitative studies and 1 case study were included in the synthesis. Research studies ranged in date from 2007-2016, with the majority conducted within the last five years to ensure a contemporary and international analysis of the contribution of professional regulation on the Health and Social Care Workforce.

Summary of appraisal with reference to Appendix 3

Assuring the quality of the empirical research included in the synthesis was imperative to effectively answer the question and consider the contribution of professional regulation on the Health and Social Care Workforce.

Given the question is constructed to develop a deeper understanding of the contribution of professional regulation and ascertain workforce views a predominance of surveys and qualitative research was expected and obtained.

A variety of methods are available to apprasise the quality of research e.g. The Critical Appraisal Skills Programme (CASP). SCIE developed the acronym TAPUPA to appraise the quality of research in terms of Transparency, Accuracy, Purposivity, Utility, Propriety, Accessibility (Taylor et al, 2015, p.17).

Taylor et al (2015) developed three Quality Appraisal Tools to facilitate appraisal and selection of research studies based on quality and design. Each tool asks the same generic questions to appraise rationale, study design, sampling strategy, ethical issues, method for data collection, data analysis, presentation of research findings, credibility of findings, discussion, conclusion and transferability to other settings. Each tool has separate sub headings depending on the research design being appraised. The QAT-E enables appraisal of quasi-experimental Studies. The QAT-S facilitates appraisal of surveys with the QAT-Q supporting quality appraisal of qualitative studies.

As evidenced in Appendix 3 both the QAT-S and QAT-Q were used to appraise two research articles. The use of both Quality Appraisal Tools enhanced appraisal skills and supported critical reflection and analysis of articles in the synthesis, enabling discussion regarding considerations for practice and policy.

Method of synthesis and rationale

Synthesis defines the process of combining and analysising research findings to consider implications for practice, supporting improvement based on evidence. There are three methods of synthesis, meta-synthesis, meta-analysis and narrative synthesis. Meta-synthesis describes where the findings of qualitative studies are combined using the principles of qualitative research. Meta-Analysis describes where the results of quantitative studies are combined quantitatively using explicit statistical purposes. Narrative Synthesis was considered most appropriate to answer this review question as it combines the findings of studies whether qualitative, quantitative or mixed methods into a narrative in terms of their main conclusions. "Where a narrative is part of a review that has explicit methodology for identification of relevant research, or for identification of quality appraisal or both, the term Systematic Narrative Review is used to define the process" (Taylor et al, 2015, p.115).

This succinctly defines the methodological approach and quality appraisal of included studies undertaken within this Narrative Synthesis Review, to analyse research findings, answer the review question and reflect on implications for practice in the following synthesis and discussion sections.

Synthesis of included studies

The following Narrative Synthesis examines the evidence base to consider the contribution of professional regulation on the Health & Social Care Workforce. Analysis of research findings in the Discussion Section are intended to contribute to on-going regulatory development; suggesting areas for consideration to strengthen professional regulation. Gaps in the evidence base requiring further research will also be identified to support ongoing continuous improvement, outcome and evidence based contemporary regulatory practice for the Social Care Workforce in the context of Northern Ireland.

A total of 26 research studies are included in the synthesis,13 qualitative, 12 quantitative and 1 case study. The synthesis is structured to illustrate dominant and emergent themes within included research studies to answer the review question, considering the contribution of professional regulation on the Health and Social Care Workforce.

Studies included in this synthesis broadly consider professional regulation to have three separate functions:
- Protect Service Users and the public
- Control the workforce
- Raise the status of the profession.

Baumann et al (2014, p.130) in a small scale qualitative study in Canada evidenced Regulatory Bodies agreed a, "triad of accountability" exists to the public, the government and their members".

Within this synthesis, analysis of the contribution of professional regulation on the Health & Social Care Workforce therefore includes some consideration of the impact of regulation on relationship based practice with Service Users, workforce systems (e.g. Employing Organisations), the changing workforce landscape, context and culture of practice. Themes emerging in included studies are structured under the following Synthesis Headings.

Synthesis Headings:

- Professional Status and Identity
- Professional Development
- Accountable and Transparent Practice
- Safeguarding, Strengthening Public Protection and Excluding Unsuitable Persons From the Workforce
- Employer's Responsibilities, Governance and Assurance Mechanisms:
- Engagement and Collaboration shaping continuous improvement (Service Users/Carers/Registrants/Organisations)

Professional Status and Identity:-

Whilst terms used to describe professional regulation in the studies varied (e.g. licensing, licensure, registration), the majority of studies considered professional regulation to be of value to the workforce, enhancing professional status and identity via agreed values and standards for practice and conduct.

Roland et al (2011) in an extensive quantitative study of 1891 Doctors in the United States and 1078 Doctors in the UK, used multivariate logistic

regression to compare responses to identical questions in two surveys. Findings strongly indicated Doctors in the US and UK (90%) supported agreed values, standards and Codes of Ethics espoused by their professional bodies. The researchers concluded that, "a significant core of professional values were common across the two countries, but acknowledged the national context of care may influence how these values are expressed" (Roland et al, 2011, p. 5 & 6).

Similarly, 91% of Social Workers in a robust American study of 223 Graduate Social Workers overwhelming, affirmed the importance of licensing for Social Workers. Participants completed an on-line survey questionnaire based on 13 Likert-type statements with opportunity to provide qualitative comment, enhancing the richness of data obtained. Social Workers articulated that professional regulation increased the value of the Social Work profession, providing an agreed set of Standards for Practice and Conduct. "Professional validation and credibility" associated with professional regulation was the dominant theme emerging (Millar et al, 2015, p.1000). One respondent's response crystallized this theme, "I wouldn't want an unlicensed Physician or Surgeon. If the profession wants to be perceived as equal or greater than other professions, licensing is necessary to validate Social Work" (Millar et al, 2015, p. 999).

New Zealand Social Workers in Beddoe's Study (2013) also considered professional regulation to enhance the status of the profession. Beddoe concluded, "registration brought more powerful markers of the professionalization that had been missing in New Zealand Social Work, bringing Social Workers into line with other professions and compelling employers to provide resources" (p12). Forty Social Work Practitioners participated in this qualitative study following the introduction of professional registration in New Zealand. Researchers selected a

qualitative design to enable participants to share both pre-existing and post registration views. Participants drawn from multiple service areas considered registration had a positive impact on strengthening the standing of the profession, validating Social Work, aligning the profession with other health disciplines.

Enhanced professional legitimacy was a benefit of professional regulation also noted by participants in a large quantitative study of 337 Israeli Social Workers. Doran et al (2008) examined attitudes regarding the1996 Act which regulated the Social Work Profession in Israel. To strengthen robustness the questionnaire was initially piloted on a sample of 20 Social Workers and validated by experts in Law and Social Work. Findings corresponded with those of Beddoe (2013). Doran et al (2008) concluded, "the enactment of The Social Worker's Act in Israel was a major step forward in the acquisition of professional status by professional Social Workers and in granting the Social Workers the normative authority necessary as a raison d'etre" (p.20).

Lightfoot et al (2016) in a small qualitative study used semi-structured interviews with 35 American Community Practice Social Workers from a large metropolitan region to ascertain their views regarding professional identity and professional regulation. Findings indicated that licensed practitioners more readily identified as a Social Worker, perceiving professional identification and agreed ethical standards to increase their validity as a professional in others' eyes. Lightfoot et al (2016) cited the use of multiple researchers (12 MSC Students) and purposeful sampling methods with a small pre-set number of respondents, as study limitations which reduced generalisation of findings. Whilst theoretically sampling until saturation achieved would have enhanced robustness, this study contained similar findings to Beddoe (2013) and Doran et al (2008), with

important messages for the Social Work profession and regulatory practice.

In Lightfoot et al (2016) study although positive themes emerged regarding the benefits of licensing, negative themes were prevalent. Researchers clarified three quarters of respondents reported licensing was not mandatory and using a cost/benefit ratio considered costs outweighed benefits. These authors recommended a revamping of the current licensing system to ensure equity. Finding ways to make the licensing process more accessible, relevant and affordable could also support Social Workers feel more connected to the profession and claim a Social Work Identity.

Professional Development:-

An enhanced skills and knowledge base was another workforce benefit associated with professional regulation in a number of studies within the synthesis. Roland et al's (2011) study suggested professional development enhanced practice. Almost all Doctors both in the UK and USA, "reported that they had changed their practice in the previous three years after familiarising themselves with a practice guideline (p.6).

As previously referenced whilst negative themes were evident in Lightfoot et al (2016) a number of Social Workers were positive about training and "the credibility associated with professional licencing". These respondents considered, "licensure to enhance the profession, evidencing the skill level and knowledge level developed", with licensing considered to demonstrate their calibre as a professional. "Respondents indicated that the most tangible benefit for getting a Social Work license was improved employment prospects" (Lightfoot et al, 2016, p.142).

These themes were echoed in Millar et al (2015) in a larger study of Social Workers. Respondents articulated that licensing was important as it demonstrates competence, qualification, knowledge and skill, with a credible knowledge base to use as a Social Work professional. Licensing was also considered to enhance employment opportunities. "Participants noted that having a license makes one a more attractive candidate, creates opportunities, opens doors to practice and leads to more stable employment" (Millar et al, 2015, p. 999).

Strong links between Social Workers educational aspirations and beliefs about the status of the professional were also evidenced in Beddoe's (2013) qualitative study regarding continuing education, registration and professional identity in New Zealand. Requirements for continuing education within professions are often a formal expectation set by regulatory and professional bodies. Beddoe (2013) reflected that surprisingly little had been written regarding the impact of registration considering a commitment to on-going refreshment and development of knowledge and skills is a requirement to retain professional regulation. Participants reflected on the impact of registration, considering the profession was validated by registration and it provided opportunity, "to grow Social Work knowledge and skills". Social Workers in the study perceived continued education linked to professional regulation, "as a tool to achieve greater professional standing for Social Work in contested spaces".

Vandenhouten et al (2015) in a cross sectional study of 912 American Public Health Nurses (PHNs) reported that lack of consistency in terms of both educational and registration requirements affected how the nursing workforce viewed the impact of professional regulation.

Vandenhouten et al (2015) concluded that PHNs were motivated to seek certification by the foillowing three overarching themes:

- professional competence
- personal satisfaction
- financial incentives.

Analysis of respondents' views identified that, professional competence factors, i.e. validation of specialized knowledge, increased professional credibility, competence and commitment were motivators most likely to encourage PHNs to become certified. The most frequently cited barrier to PNH certification was lack of awareness regarding certification eligibility criteria. Lack of information regarding cost and perceived lack of value by the employer were other barriers noted. However PHNs in the study viewed certification as an effective means of demonstrating competency and quality in nursing practice.

A number of research studies pertaining to the Health and Social Care Workforce who do not require a professional qualification for their role, also indicated regulation enhanced the workforces' knowledge base and skill set. Gospel and Lewis (2011) in a qualitative replication study clearly evidenced that regulation improves the training profile of registrants. Semi-structured interviews were held with over 200 Social Care Managers and staff in 2003 and replicated in 2008, following the introduction of National Minimum Standards establishing regulatory and training requirements.

Participants interviewed between 2003 and 2008 attributed an increase in qualifications to professional regulation. Participants and employers articulated as a result they were clearer about their responsibilities and

how to deliver quality care. Whilst financial constraints and practicalities of rescheduling rotas can impact on staff accessing training, there was support for a whole systems approach for workforce development. Both staff and employers were positive about regulation, considering it an "effective vehicle for workforce development" and improved practice (Gospel and Lewis , 2011, p. 619).

Accountable and Transparent Practice:-

Professional regulation is considered to support accountable and transparent practice to safeguard Service Users/Carers, the workforce and their employing agencies. McGivern & Fisher (2010 & 2012) explored how regulatory transparency effected Health Care Professionals. The concept of transparency is a policy ideal designed to open practice to public scrutiny to improve the quality of care. "Transparency affects the way professionals think about and interpret the world. Reactivity refers to the idea that people change their behaviour in reaction to being evaluated, observed or measured" (McGivern & Fisher, 2012 p. 289).

In a 2010 qualitative study McGivern & Fisher conducted interviews, (18 in total) with 8 GP's, 4 Psychiatrists, 3 Medical Regulators, a representative for a patient organisation, Psychologist and national agency representing Doctors. A "narrative" or "storytelling" approach facilitated data analysis to establish how doctors perceive, socially construct and react to transparent forms of regulation.

Four themes emerged:
1) An increasingly legalised regulatory environment where Doctors feel guilty until proven innocent, and in which, consequently, both individuals and organisations practice more defensively.
2) Increasing regulatory bureaucracy

3) "Spectacular Transparency" focusing on rare but high profile scandals, at the cost of day to day practice.

4) The "blame business", in which the media, Lawyers and some patient groups feed a culture of blame"

(McGivern & Fisher, 2010, p. 607).

McGivern and Fisher (2012) conducted a larger qualitative study, conducting semi-structured interviews with 51 staff developing or affected by transparent regulation. Participants in this study included 5 Health Regulators, 2 representatives of Patient Organisations, 8 GP's, 4 Psychiatrists, 32 Counsellors, Therapists and Psychologists. Narrative and thematic analysis again facilitated 'sense making of experiences and perceptions.

These authors found evidence of anxiety about regulation, with "trials by media", "inquisitions" and "scape-goating" preoccupying some clinicians. Researchers rationalised findings through definition of a new defensive consultation model, where clinician's focused less on actual patient's needs and more in terms of representing practice in standardized terms. Participants valued clinical supervision but articulated at times it was weighted towards robust risk management with a limited focus on reflection or consideration of innovation in practice.

McGivern & Fisher (2012) proposed further research was required to test out the 'model of reactivity mechanisms associated with regulatory transparency, to ascertain if similar reactivity mechanisms and effects were evident in other professions dealing with complex and high risk clients, "in Social Work for example where media speculation about the deaths of Victoria Climbie and Baby P implied that British Social Workers were to blame or in Social Care, where the media have also recently reported the

abuse of challenging and vulnerable clients" (McGivern & Fisher, 2012, p. 296).

Safeguarding, Strengthening Public Protection and Excluding Unsuitable Persons from the Workforce:-

Wiles (2011) analysed Student Social Worker's views about professional regulation in the context of transparent practice. Vignettes were used in focus groups to obtain student's perceptions about registration and fitness to practice issues. Wiles (2011) concluded that regulation has benefits for Service Users and professionals, but its implementation involves difficult ethical decisions. Participants in Millar et al (2015) also viewed professional regulation as effective in terms of strengthening public protection in terms of removing, "less than stellar" or unsuitable persons from the workforce. Wiles (2011) articulated, reading about departures from professional conduct as regularly reported in the press and in regulatory body websites it is hard to argue about the benefit of regulation. Wiles (2011) like McGivern and Fisher (2010 & 2012) recommended further research regarding transparent practice and Fitness to Practice issues.

The primary aim of regulation is to safeguard the public by ensuring registrants adhere to Standards of Conduct and Practice. Analysis of the evidence base to establish the contribution of regulation on the Health & Social Care Workforce must also therefore consider the Health & Social Care Workforce's views regarding Fitness to Practice Concerns and Conduct Hearings.

Bismark et al (2014) conducted a quantitative multivariate analysis and thematic review of mandatory reports regarding the competence and conduct of registered Australian Health Practitioners between 1 November

2011 and 31 December 2012. Over 60% of the "notifiable conduct" allegations during the study period related to perceived departures from professional standards. Supporters of Mandatory Reporting believe that it facilitates the identification of dangerous practitioners, communicates a clear message that patient safety comes first, encouraging employers and clinicians to address poor performance, improving threats to public safety.

Critics consider mandatory reporting fosters a culture of fear, deters help seeking, fuels professional rivalries and vexatious reporting. The highest number of notifications were in respect of Doctors and Nurses (89%) 80% of notifications were received from a member of the same profession with 46% of notifications made by employers. Bismark et al (2014) concluded the data suggested "some of the adverse effects and manifest benefits forecast by critics and supporters respectively have not yet materialized." Researchers speculated this may be because mandatory reporting is still in "its infancy", recommending further research to consider the effects of mandatory reporting on whistle blowing and help seeking behaviour. Bismark et al, 2014, p. 403).

McLaughlin et al (2016) in a recent study examined the State of Regulation in England using a quantitative cross sectional survey design. McLaughlin et al (2016) triangulated research findings in their study to that of Leigh (2013 & 2014). They considered regulation to be an important mechanism to protect the public interest but cautioned, "there is a danger particularly in Social Work that individual Social Workers could be held accountable for failings that are ultimately rooted in a more systemic or organisational problems such as high caseloads, inadequate resources and poor staff supervision as well as being situated with a defensive blame culture" (p. 839). As a percentage of all professions registered Social Workers were the fourth most complained about profession. McLaughlin et al (2016)

acknowledged a rise in complaints made to the HCPC from Social Work agencies regarding systemic issues, recommending further research to consider the effects on the workforce.

Furness (2015) in another cross sectional research study entitled, "Conduct Matters", provided an analysis of General Social Care Council Conduct Hearings between April 2006 and July 2012. This study considered characteristics of appellants along with the types of sanction and proven misconduct. The conclusions were that men were being referred 18 times the rate of women, black Social Workers at 1.7 times the rate of white Social Workers, twice the rate of referrals to those aged 40 – 49 compared to 20 – 29 or 60 – 69 year olds and Social Workers with a disability are 1.5 times as likely to referred to non-disabled Social Workers. The highest percentage of conduct cases regarding men and women concerned criminal convictions or cautions. Sanctioned females tended to commit fraudulent behaviour in their private lives while fraud and theft offences committed by males predominately occurred in the workplace. These findings demonstrate the importance of how behaviour in private life has consequences for professional life.

Some appellants blamed organisational factors on their ability to carry out statutory visits or maintain records whilst others deliberately tried to cover up their mistakes. Furness (2015) noted, "the failure to safeguard others is surprising given Social Workers have a duty to act in the best interest of Service Users and not to jeopardise their safety and wellbeing", an indicator in itself of the need for further research in this area to inform training (p. 873).

Boland Prom (2009) conducted a cross sectional survey examining the unprofessional behaviour of licensed Social Workers, to inform Social

Work training in order to enhace public protection. In total 874 conduct referrals collected from 27 American states were analysed to obtain information about gender, education, licence level, violation and sanctions issued. In contrast to Furness (2015) & McLaughlin et al (2016) a higher number of females were sanctioned than males (48.3% - 36.2%) with the majority of conduct issues arising 5 years post qualification. Boland Prom (2009) stresses the importance of sharing information about fitness to practice issues and sanctions in the interest of education and training to support improved practice.

Kirwan et al (2015) conducted a cross sectional survey design to examine themes emerging from 72 Fitness to Practice Hearings from 2011 across England, Scotland, Wales, Republic of Ireland and Northern Ireland. The researchers hearalded the establishment of a Social Work Register in the Republic of Ireland as a landmark in regulatory practice and in safeguarding the public through accountable, transparent practice.

Two main categories of mis-conduct emerged:

1) Criminal abusive or inappropriate acts

2) Poor professional practice or behaviour

When determining the seriousness of misconduct relevant factors included:

- the level of abuse of power
- extent of misconduct and
- criminal justice implications.

Kirwan et al (2015) recommended more research in this subject area, to consider the impact on Service Users and learning to prevent similar occurrences.

In all these studies data analysis provided no insight into the reasons why people behaved unethically. Further qualitative research is recommended to enhance training and support mechanisms to develop resilience and ethical practice. Furness (2015) considered training, on-going support and supervision as particularly relevant in Social Work practice where Social Workers often face conflicting issues and competing demands, balancing ethical dilemmas, agency procedures, professional standards and values. Decisions taken by Social Workers and agencies can lead to different outcomes, which could constitute misconduct whether intentional or otherwise. Furness (2015) argues the insight of the worker in future research is essential to inform on-going regulatory development.

McGivern and Fisher (2010 & 2012), Wiles (2011), McLaughlin (2016), Furness (2015), Bismark et al (2014) all recognise the importance of a transparent regulatory system to deter other professionals from unprofessional behaviour. Melvile-Wiseman (2016) in a cross sectional survey design analysed Fitness to Practice Cases relating to the sexual abuse of vulnerable people by Social Workers. Melville-Wiseman (2016) argues understanding such regulatory issues are important, "in terms of dealing with the aftermath and impact on colleagues, teams and their ability to provide services" (p. 2200). The researcher concludes regulatory sanctions and breaches of conduct have a significant impact on the workforce warning, "it may not be a safe assumption for employers that effective care or treatment can be effectively provided by former colleagues who remain loyal to their colleague or associate victims themselves" (Melville-Wiseman p.2200).

Employers must be alert to the need to provide support to the workforce so they can whistle blow or participate in disciplinary and conduct investigations as appropriate. The importance of training on complex

boundary issues, supervision to support the workforce and further research to ascertain Service User's views to inform regulatory development was evidenced in the study.

Employer's Responsibilities, Governance and Assurance Mechanisms:
Provision of supervision to support on-going professional development was cited as a benefit associated with professional registration for registrants and employing agencies in a substantial number of studies. (Millar et al 2015, Lightfoot et al 2016, Donaldson et al 2014, Craftman et al 2014). Hanna & Lyons (2016) in a qualitative study to examine the challenges facing International Social Workers cited the importance of professional supervision and peer support to enable Social Workers with the "steep learning curve". A number of International Social Workers (28) and Social Work Managers (15) with experience of managing International Social Workers were interviewed using semi-structured interviews. Participants originated from South Africa, Zimbabwee, USA., India, New Zealand, Canada, Australia, Romania and Germany. Supervision, training and induction linked to regulation was considered essential to support professional adaptation and integration to teams. Hanna & Lyons (2016) purport "findings suggest National Registration Bodies and International Professional Associations have a responsibility to ensure that managers are sufficiently resourced and prepared to enable International Social Workers to make the best use of the skills and knowledge they bring from their countries of origin"
(p.731)

Within Gospel and Lewis' (2010) study, supply and demand of the Social Care Workforce was discussed with an increasing reliance on immigrant workers referenced. International research from a Social Care perspective suggests regulation has a positive impact on the workforce. Cohen et al

(2013) in a quantitative study compared regulation, working and living conditions of "Foreign Home Attendants" in the following seven countries, United States, Canada, Israel, Singapore, Germany, Spain and the United Kingdom". Whilst there was considerable variance noted among countries, regulation supported contentment among the workforce with fair wages, work conditions and treatment by employers.

Kontos et al (2010) conducted a two year qualitative study from 2007 – 2009 with 26 Professional Support Workers (PSW) and their supervisors. PSW is a generic label to capture job roles such as Home Health Aides, Personal Attendants, Certified Nursing Assistants and Health Care Assistants. Qualitative data was obtained using focus groups and in-depth interviews. Respondents in the study were supportive of regulation and committed to delivering person-centred care. However, there was a degree of anxiety regarding balancing practice to meet regulatory standards and providing flexible person centred quality care in institutions. Respondents noted supervision and training was imperative to support reflective and ethical deliberations to influence the nature and quality of care. This research has important messages regarding the importance of supervision in supporting the wider role out of regulation for Social Care staff in Northern Ireland, to enhance the quality of care provision.

Cherry et al (2007) conducted a qualitative study using semi-structured interviews with 38 Nurse Aides and Charge Nurses in Long Term Care, concluding these workers viewed regulation positively and considered it enhanced the quality of care. Doctors based in the UK in Roland et al (2011) were supportive of guidance, supervision and standardised approaches to care articulated by UK Bodies such as the National Institute for Health and Clinical Excellence. Craftman et al (2014) in a qualitative study of 19 Home Care Assistants concluded that Health and Social Care

depends on delegation, training and supervision arrangements. Craftman et al (2014, p.207) argued, "accepting delegation to administer medications has become an implicit perquisite for Social Care Staff", the importance of effective governance arrangements was recognised.

Based on successes noted within a case study analysis of 13 students supported by a Health and Social Care Trust (UK) to undertake a Foundation Degree in Health and Social Care, Thurgate et al (2010) recommend the upskilling of Health and Social Care Staff who do not require a professional qualification for their role, but have experience of care and potential for development to enhance service provision. Whilst case study limitations have already been recognised the findings concur and add cumulative weight to the findings of Gospel & Lewis (2010) and Kelly et al's (2013) qualitative cross sectional design study analysing training requirements for Home Care Workers across 50 American states. Thurgate et al (2010) argue, "there is a need for national registration and agreed benchmarks for programmes of training / education for this gap that reflects changes occurring in the Health & Social Care Sector" (ps. 659 & 660).

<u>Engagement and collaboration shaping continuous improvement (Service Users/Carers/Registrants/Organisations):-</u>
The importance of engaging with the workforce regarding regulatory requirements is a theme emerging in a number of studies. (Baumann et al, 2014, Vandehouten et al, 2015,Lightfoot et al, 2016). Baumann et al (2014) proposed websites offer an effective mechanism for regulatory bodies to share information, engaging with Service Users, employers and registrants.Stanley et al (2011) conducted a qualitative study of 60 professionals employed statutory sector Nursing, Social Work and Teaching posts across England, Scotland and Wales. Participants varied in

their understanding of Fitness to Practice Standards for their profession. Most participants expressed confusion about registrant's responsibilities regarding disclosure of disability and criticised regulatory bodies for a lack of specificity and transparency. Stanley et al (2011) emphasised the importance of information, in terms of enabling professionals to make rational decisions influenced by perceptions of potential benefits and losses, conceptualised as, "a rational transaction model". (p.38)

Donaldson et al (2014) analysed licensure requirements across all American states to consider implications for "Macro Social Work Practice". Being quantitative in design, this research did not yield workforce views but articulated the importance of further research to obtain such views. A strength in qualitative studies by Lightfoot et al (2016) and Millar et al (2015) was their cognisance and analysis of former research to identify knowledge gaps and formulate research questions to address these. Like Donaldson (2014) both noted lack of standardisation in licensing requirements led to confusion and in areas where licensing was not mandatory, some ambivalence towards professional regulation among Social Work Practitioners. Donaldson et al suggested, "Supporters of Macro licensure may view licensure as a formal method of professionalizing practice, opponents may view it as exclusionary and unnecessary" citing "Licensure standards should be equally inclusive" (Donaldson et al, 2014, p.61). Donaldson et al concluded conversations with the workforce are crucial to further understand the impact and contribution of professional regulation to practice.

Discussion

As reflected in the studies included in this synthesis, regulation in Health & Social Care is a multi-layered complex subject area with variations across professions, regulatory bodies and international landscapes.

Health Professionals such as Doctors, Nurses, Midwives and Allied Health Professionals are generally professionally regulated world-wide. Social Work as a profession is not subject to mandatory professional registration on a world-wide perspective, with variance in registration requirements noted even within countries, such as within American States. Contemporary regulation includes extension to non- professional staff as alluded to in recent DOH Northern Ireland Policy and Government Strategic Delivery Papers, with all Social Care staff in Northern Ireland now registered with NISCC.

This Systematic Narrative Review was conducted to ascertain the contribution of professional regulation on the Health and Social Care Workforce. Whilst initial intentions were to consider the implications of professional regulation for the Social Care Workforce, expansion of the review question to include the Healthcare Workforce yielded a higher volume of robust research studies, offering international and national perspectives to inform changing regulatory practice.

Findings from this narrative review will inform part of an on-going evaluation of professional regulation in Social Care being undertaken by the OSS, supported by NISCC and SCIE. The evaluation is to ascertain the impact of registration in terms of meeting original policy intentions to:

- strengthen public protection and safety

- improve the quality of service provision

- exclude unsuitable persons from the workforce and

- promote the value of Social Work within an integrated context in NI.

The use of a methodological search strategy using two key concept groups: regulation/professional regulation and Health and Social Care Workforce across databases, supplemented by additional hand and citation searching generated quality empirical research. Awareness of potiential bias was considered pertainent by the reviewer in the identification of relevant research. By virtue of role, Governance Managers are likely to consider professional registration to benefit the workforce, which could be construed as a limitation in this review. Extensive database searching across four data bases combined with a clear quality threshold selection for inclusion in the synthesis mitigated against any potiential for bias. Research articles included in the synthesis offered a balanced perspective of the evidence base regarding the impact and contribution of professional regulation on the workforce, within a changing service and workforce landscape.

A total of 26 studies were included in the synthesis, 13 qualitative studies, 12 quantitative studies and 1 case study. Inclusion of both quantitative and qualitative findings may be considered a strength of the review, offering a composite range of findings. Qualitative findings however tended to offer a more indepth perspective of workforce views regarding the contribution of professional regulation.

A number of included studies were large scale, particularly Roland et al (2011), Vandenhouten et al (2015) and Millar et al (2015), strengthening the validity and generalisability of findings. Inclusion of international research

originating in various continents including New Zealand (Beddoe, 2013), America (Lightfoot et al 2016, Millar et al, 2015) and Israel (Doran et al, 2008), balanced with UK research is another strength of the synthesis. This could be considered to provide the review with external validity. However as evidenced within the synthesis, the impact and contribution of professional regulation on the workforce is effected by differing legislative jurisdictions, mandates and policies.

Generally there was a consenus in the majority of studies that professional regulation is of value to the Health and Social Care Workforce. Medical, Nursing and Social Work Professionals affirmed that professional regulation enhanced professional status, credibility and identity. (Roland et al, 2011, Millar et al 2015, Beddoe 2013, Doran et al 2008, Lightfoot et al 2016).
Professional regulation is considered to support enhanced professional development, skills and competence in the workforce. (Roland et al 2011, Millar et al 2015, Beddoe 2013 and Vanhouten et al 2015).

Conversely a number of studies noted dilemmas associated with professional regulation in terms of accountable and transparent practice. Fisher and McGovern (2010 & 2012) proposed whilst transparency is intended to improve patient care by exposing practice to public scrutiny, it can result in defensive practice. Given these studies were moderate in size, additional research in this area was considered essential, particularly within high risk practice areas such as Social Work.

The need for for further research was a recurring theme throughout all studies, whether quantitative or qualitative in design. Quantitative studies such as (Furness, 2015, McLaughlin et al 2016, Kirwan et al 2015, Boland Prom 2009) provided information regarding misconduct patterns but could

not offer any insight to why staff behaved unethically. Further qualitative research was recommended by these researchers to obtain an understanding of contributing factors in breaches of conduct and standards of practice. Furness (2015) McLaughlin et al (2016) and Kirwan et al (2015) emphasised future research should consider the impact of organisational factors as well as exploring the insight and thought processes of sanctioned staff, to inform on-going development and training to strengthen ethical practice.

While the focus of this study was to consider the contribution of professional regulation on the Health and Social Care Workforce, discussion in research articles evidenced professional regulation is essential to safeguard Service Users. The importance and effectiveness of regulation in strengthening public protection through removal of unsuitable persons from the workforce was particularly apparent in studies by Wiles (2011), Miller et al (2015) and Melville-Wiseman (2016).

Bismark et al's (2014) study regarding whistleblowing also emphasised the pivotal role of organisations in fostering a culture of safety to enable appropriate whistle-blowing activity. Vexatious reporting, potential for scape goating of individuals for organisational failures was identified as a regulatory concern by some researchers (McGivern and Fisher, 2010 & 2012). Futher research is recommended so regulation has the right touch to balance its triad of accountabilities, to safeguard the Service User, meet legislative requirements, governance mandates and support registrants. (Baumann et al, 2014).

Studies recognised the benefit of supervision and other employer's assurance mechanisms such as induction and training to support accountable practice and enhanced service provision. (Miller et al, 2015,

Lightfoot et al 2016, Donaldson et al, 2014, Craftman et al 2014, Hanna & Lyons 2016). Kontos et al (2010), Cherry et al (2007) importantly emphasised the pivotal role supervision and training play, supporting reflective and ethical deliberations to influence the quality of care, improvement and service reconfiguration.

Findings in the extensive qualitative replication study conducted by Gospel and Lewis (2003 and 2008) considered regulation increased levels of training, strengthening workforce competence, improving practice and care delivery. Validity and generalisation of findings are strengthened by virtue of the scale and qualitative replication design, providing evidence to support the compulsory registration of the Social Care Workforce in N.I. Thurgate et al (2010) lends support to the concept of compulsory registration, citing a need for national registration, agreed standards and benchmarks for training, reflective of changes in service demands and delivery.

Engagement with all stakeholders, Service Users, registrants and employers was considered important. (Baumann et al, 2014;Boland Prom, 2009; Furness, 2015; Stanley et al,2011; McLaughlin et al, 2016 and Kirwan et al, 2015). Baumann et al (2014) considered websites are an effective mechanism for regulatory bodies to increase visability, share standards and engage with the public, employers and registrants.

Lightfoot et al (2016) and Donaldson (2014) identified that lack of standardisation in licensing requirements led to confusion and in areas where licensing was not mandatory, some ambivalence towards professional regulation among Social Work Practitioners. Addressing the negative image of Social Work was also considered imperative to enhance professional status and identity. The Social Work Strategy entering phase

II of its delivery offers an effective mechanism to raise the profile of the profession. Stanley et al (2011) also emphasised the importance of engagement with the workforce so registrants were clear regarding registration responsibilities.

The relevance of this Systematic Narrative Review question is evident given the current policy and strategic vision for service re-configuration in NI and focus on extended roles.

Analysis of studies within this synthesis indicates that overall professional regulation has a positive contribution on the Health and Social Care Workforce.

Benefits evidenced include:

- Enhanced professional status and identity
- Professional competence, increased training and skills development.
- Accountable practice- agreed Standards of Conduct and Practice to govern practice and behaviours.
- Safeguarding the public-through removal of unsuitable persons from the profession.

Appraisal of the international research evidence base in this synthesis indicates professional regulation offers registrants, employers, regulatory bodies and Service Users a degree of assurance that the workforce is competent to meet legislative requirements and to deliver a quality service.

Studies in this synthesis were methodologically selected and included only if a quality threshold met to ensure robust and rigourous findings. Generalisation of findings may therefore be extended to NI, suggesting

initial policy intentions regarding regulation are being met.

Social Care in NI should be commended for leading internationally in terms of achieving full registration of the Social Care Workforce. The importance of introducing skill mix to facilitate access to quality care is now being recognised on a worldwide perspective (Freund et al, 2015).

The role of professional regulation in supporting a World Class Health and Social Care System is emphasised in Delivering Together (DOH, 2016-2026) which sets out the Northern Ireland Policy Agenda and associated population outcomes. Continued service improvement will require a focus on safety, regulation, evidence building, data analysis, information sharing and Service User Involvement. The need for continuous improvement and outcomes based practice underpins The Social Work Strategy for Northern Ireland (DOH, 2012-2022, "Improving and Safeguarding Social Wellbeing), The Social Work Research and Continuous Improvement Strategy (HSCB, 2015-2020) and the Quality (2020) DHSSPS Strategy. Further research is recommended to enhance the evidence base in respect of professional regulation to improve outcomes for Service Users/Carers, registrants, their employers and regulatory bodies.

Summary and conclusions

A summary of the essence of each research study has been analysed within this Systematic Narrative Review to answer the question. Commonalities, differences, rigour and generalisations of findings were discussed as appropriate. This review was completed to satisfy module requirements, while in full-time employment, with inherent limitations in terms of time and word constraints. Research studies included provided a broad overview of the contribution of regulation on the Health and Social Care Workforce, with a specific focus on Social Care to draw conclusions

for Social Care Practice in Northern Ireland.

Application to Northern Ireland Social Work

Reflections and Implications for Practice:

Whilst professional regulation was considered to be of value to the workforce, there were some suggestions to further improve practice.

On-going focus required on raising the profile of Social Work.
Whilst professional regulation was considered to enhance professional status and identity, some researchers articulated a positive image of the Social Work role is required to promote the value of the profession.

M*oving forward to further strengthen the Workforce-*
Social Care Training Strategies should address the competence and expertise required to deliver services safely, linked to registration requirements within specified timeframes.

Regular Supervision and Employer guidance is imperative in terms of supporting accountable, transparent person centred practice-
Opportunity exists for regional frameworks to inform supervision, strengthening internal and external governance assurance. Reflection to support continuous improvement and outcomes based practice is critical.

Engagement with registrants, employers and service users is essential-
To ensure awareness of regulatory requirements and to inform on-going regulatory development in this transparent outcomes based climate.
In summary, further research regarding professional regulation was a

recommendation in all studies. Further research would facilitate, a stronger evidence base, more rigorous debate and reflection to inform on-going improvement and repositioning of contemporary regulation.

Additional research is particularly recommended within the NI context to obtain Service User views about the benefit of registration, actions, effects of particular decisions or behaviours, associated outcomes and impact on their well-being. Qualitative analysis of the worker's rationale and ethical decision including process, would develop understanding of individual practice to support training and on-going professional development of the workforce, to ensure fitness to practice.

Further developments or improvements in contemporary professional regulation must be shaped and informed in partnership by Service Users/Carer's,registrants, employers and regulatory bodies. Service Users must be Co-Researchers, fully involved in field work, analysis, discussion and dissemination of findings.

On-going collaborative evaluation and measurement is essential to ensure professional regulation continues to be effective, positively contributing to the workforce, quality of care/services to ensure optimum outcomes for Service Users and Carers.

References:

Baumann A., Norman P., Blythe J., Kratina S. & Deber R. (2014) "Accountability: The Challenge for Medical and Nursing Regulators". HealthCare Policy Vol. 10 Special Issue 2014 pp 121-131.

Beddoe L. (2013) "Continuing Education, Registration and Professional Identity in New Zealand Social Work". Journal of International Social Work. 58 (1 June 2013).

Bengoa, R. (2016, ps. 6, 22 & 28) "Systems Not Structures". Expert Panel Report and Executive Summary Report.

Bibus, A. (2007) "Destination Deferred: A Report to the Minnesota Board of Social Work on the Exemption of Mandatory Licensing for Social Workers in Minnosota County Social Services". Cited in Millar J.J., Deck S.M., Grise-Owens E. and Borders K. (2015) "Exploring Graduate Student's Perceptions about Social Work Licensing". Social Work Education. The International Journal. (2015) Volume 34. Issue 8. pp-986-1004.

Bibus, A., & Boutte-Queen, N. (2011) "Regulating Social Work: A Primer on Licensing Practice. Cited in Millar J.J., Deck S.M., Grise-Owens E. and Borders K. (2015) "Exploring Graduate Student's Perceptions about Social Work Licensing". Social Work Education. The International Journal. (2015) Volume 34. Issue 8. pp-986-1004.

Bismark M., Spittal M.J., Pleckhahn T.M. & Studderty D.M. (2014) Medical Journal Australia (2014): 201. Pp-399-403.

Boland-Prom K.W. (2009) "Results from a National Stdy of Social Workers Santioned by State Licensing Boards". Journal of Social Work. (2009) Volume 54. Number 4. Pp- 351-360.

Cherry B., Ashcraft A. and Owen D. (2007) "Perceptions of Job Satisfaction and the Regulatory Environment Among Nurse Aides and Charge Nurses in Long Term Care". Journal of Geriatric Nursing. Volume 28, Issue 3, May-June 2007, pp 183-192.

Cohen-Mansfield J., Garms-Homolova V. & Bentwich M. (2013) "Migrant Home Attendants: Reglation and Practice in 7 Countries". American Journal of Public Health (2013): Washington 103.12 pp-30-39.

Condie (1978) "How the Public Views Social Work". Cited in Lightfoot E., Nienow M., Moua K. N. L., Colbrn G. & Petri A. (2016). "Insights on Professional Identification and Licensure from Community Practice Social Workers". Journal of Community Practice. (2016) 24 (2). pp. 123-146.

Cornes, Dr. M, Manthorpe, J, Huxley P & Evans, S. (2007). "Developing Wider Workforce Regulation in England: Lessons from Education, Social Work and Social Care".Journal of Interprofessional Care, 21:3,241-250.

Craftman A. G., Hammar L., Strauss, E., Hilleras P. and Westerbotn, M. (2014) "Unlicensed Personnel Administering Medications to Older Persons Living at Home: A Challenge for Social and Care Services". International Journal of Older People Nursing. 10. 201-209.

Dennison (2007) "Student's Perceptions of Social Work: Implications for Strengthening the Image of Social Work Among College Students". Cited in Lightfoot E., Nienow M., Moua K. N. L., Colbrn G. & Petri A. (2016).

"Insights on Professional Identification and Licensure from Community Practice Social Workers". Journal of Community Practice. (2016) 24 (2). pp. 123-146.

DOH (2016, p.6) Improving Health and Wellbeing Delivering Together" n.i. gov.uk/topics/health/policy/ Accessed 7th April 2017.

DOH Annual Report. n.i. gov.uk/topics/health/policy/ Accessed 7th April 2017.

DHSSPS (December, 2014) Donaldson Review. "The Right Time. The Right Place". n.i. gov.uk/topics/health/policy/ Accessed 7th April 2017.

DHSSPS (2011) "Transforming Your Care.n.i. gov.uk/topics/health/policy/ Accessed 7th April 2017.

DOH, Quality 2020 n.i. gov/uk/topics/health/policy/ Accessed 7th April 2017.

DOH (2010-2020) "Social Work Strategy- Improving and Safeguarding Social Well Being – A Strategy for Social Work in Northern Ireland". www. Health.ni.gov.uk/articles-social work strategy

DOH Improving and Safeguarding Social Wellbeing Progress Paper. p.7. www.health-ni.gov.uk/publications/health

Donaldson L.P., Hill K., Fergson S., Fogel S. & Erickson C. (2014) "Contemporary Social Work Licensure: Implications for Macro Social Work Practice and Education. Journal of Social Work. (2014) 59 (1): pp- 52-61.

Doran I. Rosner Y. & Karpel M. (2008) "Law, Social Work and Professionalism: Israeli Social Worker's Attitudes towards the 1996 Social Worker's Act". Journal of Social Welfare and Family Law. 2008. Volume 30, Issue 1. pp- 3-16.

Fisher, M, Qureshi H, Hardyman W & Homewood J. (2006) "Using Qualitative Research in Systematic Reviews: Older People's Views of Hospital Discharge". www.scie.org.uk.

Fleming, K. (2016) "The Perceptions of Staff of the Implications of the NISCC Registration for the Domiciliary Care Workforce within the Northern Health and Social Care Trust". (Unpublished)

Flodgren, G., Pascale Pomey, M. Tober, S. & Eccles, P. (2011) "Effectiveness of External Inspection Compliance with Standards in Improving, Healthcare, Organisational Behaviour, Healthcare Professional Behaviour or Patient Outcomes". Cochrane Library.

Freund T., Everett C., Griffiths P., Hudon C., Lucio N., Laurant M. (2015) International Journal of Nursing Studies 52(2015) 727-743.

Furness S. (2015) "Conduct Matters: The Regulation of Social Work in England". British Journal of Social Work (2015) 45, 861-879.

Gibelmann, M. (1999) "The Search for Identity: Defining Social Work- Past, Present, Future". Cited in Lightfoot E., Nienow M., Moua K. N. L., Colbrn G. & Petri A. (2016). "Insights on Professional Identification and Licensure from Community Practice Social Workers". Journal of Community Practice. (2016) 24 (2). pp. 123-146.

Goldstein, E. (2007) "Social Work Education and Clinical Learning: Yesterday, Today and Tomorrow". Cited in Millar J.J., Deck S.M., Grise-Owens E. and Borders K. (2015) "Exploring Graduate Student's Perceptions about Social Work Licensing". Social Work Education. The International Journal. (2015) Volume 34. Issue 8. pp-986-1004.

Gospel H. & Lewis P.A. (2011) "Who Cares about Skills? The Impact and Limits of Stattory Regulation on Qualifications and Skills in Social Care". British Journal of Indstrial Relations. (2011) Vol. 49. Issue pp- 601-622.

Hanna S. & Lyons, K. (2016) "Challenges facing International Social Workers: English Manager's Perceptions". Journal of International Social Work (2016) 59 (6): pp-722-733.

Ivers, N. Jamtvedt, S.F.,Young,J. Odgaard-Jenson, J. French, S., O'Brian M., Johansen, Grimshaw J. and Oxman,A (2012) "Audit and Feedback Effects on Professional Practice and Healthcare Outcomes". Cochrane Library.

Kelly C.M. , Morgan J., Craft J. & Kendra J. (2013) "Home Care Workers: Interstate Differences in Training Requirements and their Implications for Quality". Journal of Applied Gerontology (2013) 32; (7) pp- 804-832.

Kirwan G. & Melaugh B. (2015) "Taking Care: Criticality and Reflexivity in the Context of Social Work Registration". British Journal of Social Work (2015) 45 (3): pp- 1050-1059.

Kontos P.C., Miller K.M., Mitchell G.J., Cott C.A. (2010) "Dementia Care at the Intersection of Regulation and Reflexivity: A Critical Realist Perspective". The Journals of Gerontology (2010) (1): pp-119-128.

LeCroy, C & Stinson, E. (2004) "The Public's Perception of Social Work: Is it what we think it is"? Social Work, 49, 164-17.

LeCroy, C & Stinson, E. (2004) "The Public's Perception of Social Work: Is it what we think it is"? Social Work, 49, 164-17. Cited in Lightfoot E., Nienow M., Moua K. N. L., Colbrn G. & Petri A. (2016). "Insights on Professional Identification and Licensure fro

Leigh J. (2013) "The Process of Professionalization: Exploring the Identities of the Child Protection Social Worker". Cited in McLaughlin K. , Leigh J. and Wortsley, A. (2016) "The State of Regulation in England: From the General Social Care Council to the Health Care Profession's Council". British Jouirnal of Social Work. (2016) 46 (4): 825-838.

Leigh, J. (2014) "The Story of the PPO Queen: The Acceptance and Development of a Spoiled Identity". Cited in McLaughlin K. , Leigh J. and Wortsley, A. (2016) "The State of Regulation in England: From the General Social Care Council to the Health Care Profession's Council". British Jouirnal of Social Work. (2016) 46 (4): 825-838.

Lightfoot E., Nienow M., Moua K. N. L., Colbrn G. & Petri A. (2016). "Insights on Professional Identification and Licensure from Community Practice Social Workers". Journal of Community Practice. (2016) 24 (2). pp. 123-146.

Millar J.J., Deck S.M., Grise-Owens E. and Borders K. (2015) "Exploring Graduate Student's Perceptions about Social Work Licensing". Social Work Education. The International Journal. (2015) Volume 34. Issue 8. pp-986-1004.

Melville-Wiseman J. (2016) "The Sexual Abse of Vulnerable People by Registered Social Workers in England: An Analysis of the Health and Care Professions Copuncil Fitness to Practice Cases." British Journal of Social Work (2016) 46 (8): pp 2190-2207.

McGivern G. and Fisher M.D. (2010). "Medical Regulation, Spectacular Transparency and the Blame Business". Journal of Health Organisation and Management (2010) 24 (6): pp-597-610.

McGivern G. and Fisher M.D. (2012) "Reactivity and Reactions to Regulatory TYransparency in Medicine, Psychotherapy and Counselling". Journal of Social Science and Medicine (2012) 74 pp- 289-296.

McLaughlin K. , Leigh J. and Wortsley, A. (2016) "The State of Regulation in England: From the General Social Care Council to the Health Care Profession's Council". British Jouirnal of Social Work. (2016) 46 (4): 825-838.

McNeese & Thyer (2004), cited in Taylor, BJ, Campbell, K. & McGlade A. (2015) "Understanding and Using Research in Social Work". Sage Publications: London.p.103.

NICE (2005), cited in Taylor, BJ, Campbell, K. & McGlade A. (2015) "Understanding and Using Research in Social Work". Sage Publications: London.p.103.

NISCC (November, 2016, p.4) Consultation Document. "Review of NISCC Code of Practice for Employers of Social Care Workers".

Ownes, G, Erlene, O, Miller L & Justin J. (2016) "Recasting Licensing in Social Work: Something More for Professionalism". Journal of Social Work Education, 2016. 52(sup 1): S126-S133.

Professional Standards Authority (PSA, August, 2015) Consultation Paper. "Rethinking Regulation".

Quick, Dr. O. (2011) A Scoping Study on the Effects of Health Professional Regulation on those Regulated". Report submitted to the Council for Healthcare Regulatory Excellence.

Roland M., Sowmya R., Sibbald B., Hann M., Harrison S., Walter A., Guthrie B., Desroaches C., Ferris G. and Campbell e. (2011) "Professional Vales and Reported Behaviours of Doctors in the USA and UK : Quantitative Survey". British Medical Journal, Quality & Safety, 7th March pp 1-7.

Shuttleworth M. (2008) "Case Study Research, Design, Retrival. http://www.experiment-resources. Com Accessed 7th April 2017.

Stanley N., Ridley J., Harris J & Manthorpe J. (2011) "Disclosing Disability in the Context of Professional Reglation: A Qualitative Study". Journal of Disability and Society. (2011) Volume 26, Issue 1 pp- 19-32.
Starr R, Mizrahi, T & Gurzinsky, E (1999) "Where have all the Organisers Gone". Journal of Community Practice, 6 (3), 23-48.

Taylor, BJ, Campbell, K. & McGlade A. (2015) "Understanding and Using Research in Social Work". Sage Publications: London. Ps.17,47,48 & 115.

Thurgate C., MacGregor J. and O'Keefe H. "Meeting Changing Service Need through Role Development: A Case Study for Band 4 Assistant Practitioners". Journal of Nursing Management, 2010, 18, 654-661.

Vandenhouten, C.L., De Vance-Wilson, C.L. and Battin Little, (2015) "Credentialing Public Health Nurses: Current Issues and Next Steps Forward". Public Health Nursing Journal, Vol,32. No. 5,565-576.

Wiles F. (2011) "Blurring Private-Professional Boundaries: Does it Matter? Isses in Researching Social Work Students' Perceptions about Professional Regulation". Journal of Ethics and Social Welfare (March 2011) Vol 5. Number 1, pp- 36-52

Williams, J., Simon, C., & Bell, A. (2015) "Missing the Mark: The Image of the Social Work Profession in the African-American Community". Cited in Lightfoot E., Nienow M., Moua K. N. L., Colbrn G. & Petri A. (2016). "Insights on Professional Identification and Licensure from Community Practice Social Workers". Journal of Community Practice. (2016) 24 (2). pp. 123-146.

Yoon, I. (2012) "Debt Burdens among MSW Graduates: A National Cross Sectional Study Cited in Millar J.J., Deck S.M., Grise-Owens E. and Borders K. (2015) "Exploring Graduate Student's Perceptions about Social Work Licensing". Social Work Education. The International Journal. (2015) Volume 34. Issue 8. pp-986-1004.

Zugazaga, C.B., Surette, R. B., Mendez M., & Otto, C. W. (2006) "Social Work Perceptions of the Protrayal of the Profession in the News and Entertainment Media: An Explorotory Study. Cited in Lightfoot E., Nienow M., Moua K. N. L., Colbrn G. & Petri A. (2016). "Insights on Professional Identification and Licensure from Community Practice Social Workers". Journal of Community Practice. (2016) 24 (2). pp. 123-146.

Appendix 1. Detailed search formulae for each database

Initial scoping searches using a variety of databases supported selection of the most effective data bases to answer the review question. Databases such as ASSIA and Social Services Abstract were ruled as the Health Care Workforce was included in the review question, given their smaller size and very specific Social Work focus.

When developing a search formulae, Taylor et al (2015, p. 59) argue, "the order in which search terms are entered onto databases do not affect the search outcomes", but recommend entering the best established concepts first– i.e. those that are most likely to have Index Terms, then working towards less clearly defined concepts i.e. those requiring text term searching".

Initial scoping searches on Medline including all health professionals and social care professionals generated too many results to consider. To ensure a manageable yet robust search Allied Health professionals were included as a search term. The rationale being that this group of professionals are governed by the same professional regulatory body (Health Professionals Council) as Social Workers in England. Nurses were also selected as a professional group as a considerable number of nurses are employed in Social care settings e.g. Day Centres, Residential Homes etc. and may be registered with the Nursing and Midwifery Council (NMC), NISCC or both (dual registered). Determining relevant search terms to identify staff who do not hold a professional qualification in Nursing/Health Assistant or Social Care posts is essential to capture research regarding the contribution of regulation on this section of the workforce.

Home Health Aide is a key Index Term for the Social Care Workforce (who do not hold a professional qualification) which transfers across Medline, CINAHL and PsycInfo. Given research in respect of this staff group is limited, a variety of alternative terminology was used to capture all relevant research and facilitate a transferable search across selected databases.

Trees within data bases were used to select narrower, broader concepts or explode as appropriate. Boolean Algebra i.e. AND/OR, truncation and wild cards as noted by the symbols below were also used to capture relevant international research.

Use of the Boolean Operator "NOT" was considered as an option to narrow the search by excluding research regarding student's views of professional regulation. Researchers and librarians suggest caution is required when using this term. To ensure quality articles were not inadvertently eliminated, the use of the function "NOT" was avoided.

Where possible articles were further refined by the use of additional limits to select English, human focused, peer reviewed empirical research. Scoping searches ran on 4th Janary 2017 yielded the following reslts.

SOCIAL CARE ON LINE-
The Social Care on line Database managed by SCIE. The database is up-dated regularly and the links to full resources where available is also beneficial. The Social Care Thesaurus is extremely useful to identify relevant terminology to concepts.

For consistency of searching the term regulation will be used, but the thesaurus recognises professional registration as the term most relevant to this concept. Similarly in relation to the workforce; the term Care Workforce is identified as the most relevant term for the Social Care Workforce who do not require a professional qualification.

The following search strategy was used:

- All fields "Health professionals or Social Work" or "Care Workforce" or "Social Care Staff"

- AND – All fields "Professional registration or regulation".

This initial search yielded 835 results. Further manual searching to refine based on relevance to the review question was required as there is no option to select peer reviewed information or select a specific date range.

MEDLINE- OVID PLATFORM SEARCH

- Support worker   523

- Support Staff   1270

- Home Care Worker   190

- Home care staff   69

- Domiciliary Care Worker   1

- Domiciliary Care   264

- Home Health Aides   796

- Social Care Staff   64

- Social Care Workforce   21

- Social Care Workers   38

- Regulation or regulate Health Care Support   27

- Licensure   - Licensure   6574

- Social control, format

- Social Work   14681

- Social Worker   2332

- Social Worker   90

- Physiotherapists   884

- Occupational Therapists   3832

- Physical Therapists   4732

- Explode nurses   81442

- All search terms regarding workforce combined with OR

- All search terms regulation/professional regulation with OR

- Both data sets/ concept groups combined with AND - 1022

- Use of filters to further limit search selecting English language and within specified time frame i.e. 2005 to current . Medline x 5 was selected to ensure new records, not fully implemented were captured – 465

PSYCINFO: Ovid Platform
The same search strategy was used in PsycInfo as used in Medline:
- "Support Worker" – 143 MP

- "Support Staff" – 143 MP

- "Home Care Personnel" or " Home Care Worker" Exploded- 378

- "Home Care Staff" – 33

- "Domiciliary Care Worker" – 0 MP

- "Domiciliary Care"- 72

- "Home Health Aides" – 418 Exploded

- "Social Care Staff" – 68

- "Social Care Workforce"- 2

- "Social Care Workers$ or explode Social Workers"

- "Health Care Support Worker" – 0

- " Professional certification" or professional licensing or licensure" – 3069

- Explode professional certification or professional licensing or licensure" – 4607

- "Social Control" MP – 5176

- "Social Worker"- 25202

- "Social Worker"- 13901

- "Social Worker"- MP 39983

- Explode Physiotherapists/ Physical Therapists

- Explode Occupational Therapy

- Explode Nurses

- Combine all workforce concept search terms with OR- 94199

- Combine professional regulation concept search terms with OR - 4607

- Combine both concept groups with AND- 560

- Add further limits to AND Search, English Language, Human and Peer Reviewed Journals only- 237.

CINAHL PLUS- Cumulative Index to Nursing and Allied Health Professional & Medline Package. EBSCO Platform.
Within CINAHL Plus Database a number of searches directly map to key concepts and are denoted below by the term (MH) This abbreviation represents Medical Subject Heading also denoted as MeSH and used in Medline.
Home Health Aides (MH)
- Support Worker

- Support Staff

- Home Care Worker

- Home Care Staff

- Domiciliary Care Worker

- "Domiciliary Care"

- "Home Health Aide"

- "Social Care Staff"

- "Social Care Workforce"

- "Social Care Worker"

- **"Social Workers" (MH)**

- "Social Work"

- "Physiotherapists"

- "Physiotherapist"

- "Occupational Therapists"

- "Nurses"

- **"Professional Regulation" (MH)**

- **"Licensure" (MH)**

- Select workforce – concepts using OR

- Select professional regulation/regulation selected using OR

- Combine both concept groups with AND

- All results – within data base, 2349,

- Used filter re source types to select Academic Journals to further results to 770.

Table Illustrating Source of Research Studies Included in Synthesis:

Database/Source	Number of studies included in Synthesis
Social Care on Line	7
Medline	7
PSYCINFO	4
CINHAL PLUS	4
Searches ran by NHSCT Librarian SCIE initial searches, Hand Searching, Citation Searching, Expert Contact	4

Duplicates: Four articles were located across all databases.

Appendix 2 table of key data extracted from included studies

First Author and Title	Country	Year	Design	Participants	Method of Analysis	Key Findings	Implications for Practice	Limitations	Strengths	Additional Commentary, Link to policy
Andrea Baumann **Accountability: The Challenge for Medical and Nursing Regulators**	Canada	2014	**Qualitative Research** Semi-structured Interviews.	Chief Executive Officers from the two largest Health Professional Regulatory Bodies in Canada, Medicine and Nursing.	Semi-structured Interviews completed as part of a larger study. Qualitative data supplemented by an electronic review of annual reports and public documents e.g. vision statements & Professional Standards of Practice. 11 nursing regulators and 11 medical regulators participated in 30 minute semi-structured interviews, conducted via person or telephone.	Accountability defined as key concept in regulation, but how it is demonstrated depends on the country, province and government relations inherant in defined regulatory processes. Regulators did not provide a common defination of accountability but all recognised " a triad of accountability constituencies"-the public, government and registrants". Accountablity defined in terms of fairness and transparency, legally defensible processes to support positive outcomes for public. Public interest viewed most important, answerable to public first. Consensus that the public had little awareness of the regulatory presence and function, registrants had a mixed understanding of the regulatory role". Importance of "common indicators"/ standards acknowledged in terms of measuring accountability. Regulators cited balance required in measurement and expressed reservations about increasing fees to pay for additional accountability measures. All stressed the importance of accountability to ensure the public's best interests. Regulators valued the importance of legislation, policy direction but also some autonomy, recognising the tension between competing priorities such as privacy versus transparency, dependant on context.	Need for stakeholders understanding of regulatory parameters.To support accountable practice regulatory bodies must educate the public, employers and registrants about their role. Engagement crucial, Service Users/Carers, staff should be involved in the development of Standards of Practice and Conduct to strenghten awareness of regulatory expectations. Regulatory bodies should support registrants to develop professional development. Reconciling transparency with privacy is a challenge. In interest of transparency information should be made public. Competing pressures to be open and to protect privacy were influenced by provincial policies, legal or regulatory requirements, structures and on-going developments in Social Media. Social Media is also a vechile for Regulatory bodies to increase visability, share standards and engage with the public and registrants.	Substudy with a limited number of health regulators from one country. Findings may not apply to other regulators in other countries.	Interview schedule pre-tested for clarity. Participants provided informed consent prior to data collection.Consent obtained from Ethics Committee. Interviews auditoaped and transcribed verbatim. Transcripts anonymized to preserve confidentiality. NVivo software used to interpret data. Data also thematically analysised.Robust data coding strengthened reliability and consistency of data interpretaton,	Further research considered necessary.

First Author and Title	Country	Year	Design	Participants	Method of Analysis	Key Findings	Implications for Practice	Limitations	Strengths	Additional Commentary, Link to policy
Kim W. Boland-Prom **Results from a National Study of Social Workers Santioned by State Licensing Boards.**	America	2009	**Quantitative Study** Cross Sectional Research Design	Cross Sectional Survey regarding santions of licensed Social Workers from State Regulated Boards in America from 1999-2004. Data analysed in terms of professional mis- conduct, santions imposed, demographic characteristics of santioned Social Workers and length of time regulated.	Study Sample-874 Social Workers employed across 27 state regulatory boards provided information regarding underlying offences or unprofessional behaviour.	Offences in general could be divaded into eight categories. 1)Dual relationships/boundary violations including sexual/non sexual and unspecified 2)License related problems e.g. working with a lapsed or no licence 3) Crimes 4) Poor basic practice 5) Below Standards of care 6) Billing irregularitries 7) Poor supervision 8) Unprofessional unspecified. Majority of santioned Social Workers had been licensed for five years with the next largest group licensed for under a year. A post hoc analysis comparing gender and unprofessional behaviour was not statistically significant. Social Workers in many states were expected to self disclose criminal charges and convictions on their applications or renewal forms. Researchers stated lack of criminal background checks in several states suggests it is hypothetically possible for unsafe convicted criminals to become licensed Social Workers by evading detection.	Issues regarding criminal background checks and professional regulation is a highly complex and legal mindfield. During investigations legal representatives can seek to prevent information being made available to the public. Researchers suggest it is a useful deterrent to other registrants when descriptive information is made available about santioned Social Workers on Regulatory Board's websites.	Generability of study findings considered limited. Interpretation of data affected by the wide variety of reporting procedures.	Ethical approval not considered necessary.	Displaying santions publically informs registrants and public of actions constituting a breach of Standards of Conduct or Practice. This may act as a deterrant to registrants. Consideration required whether publising detailed information is appropriate to ensure rights of service user e.g. to privacy are protected. Displaying information on Websites considered important to support education and training.

First Author and Title	Country	Year	Design	Participants	Method of Analysis	Key Findings	Implications for Practice	Limitations	Strengths	Additional Commentary, Link to policy
McGivern, G. **Reactivity and Reactions to Regulatory Transparency in Medicine, Psychotherapy and Counselling**.	England	2012	**Qualitative Study** Semi-structured Interviews	Particants purposively sampled to include staff from regulatory, professional, patient organisations, Medical Professionals, Counsellors and Psychotherapists	51 Semi-structured interviews completed. Data analysed using narrative approach to examine interviewees experiences, feelings and perceptions of regulation.NVivo software facilitated data analysis. Data coding enabled thematic analysis.	Professional's reactivity to transparent regulation considered. Participants recognised the importance of standards and evidence based practice. Concern about making mistakes resulting in risk averse defensive practice. Registrants feared being named and shamed for a mistake. Supervision considered essential to support good practice but tended to focus on risk management, accountability, less on quality imp[rovement and service development.	Regulators must ensure the public are protected but also focus on supporting registrant's to enhance their professional development and not be afraid to consider and try new methods of service delivery or models of practice.	Small sample based in one country, further research required to test if findings generalisable to remainder of UK and other countries.	Robust processes used to cross check codes, revise analytical concepts and theorise findings.	Benefits of registration and skill development framework to support practice and professional decisions should be promoted by regulators.
McGivern, G. **Medical Regulation, Spectacular Transparency and the Blame Business.**	England	2010	**Qualitative Study** Semi-structured Interviews	GPs, Psychiatrists, Psychologist, Medical Regulators, Patient and Professional Organisation Representatives	18 Interviews completed, recorded and transcribed. NVivo software used to code narratives. Coding cross checked by researchers to support thematric analysis.	Four main themes emerged: 1) In an increasingly regulatory environment Doctors feel guilty until proven innocent 2) Doctor's percieved regulation to be over bureacratic, more process than outcomes driven, 3) Spectacular Transparency of practice acknowledged, 4) The Blame Business in which media, lawyers and some patient groups fuel a culture of blame.	In a period of austerity, rising service demands, regulation needs to be effective and not overly bureracratic, to ensure positive outcomes for service users, registrants and their employers.	Small sample based in one country, further research required to test if findings generalisable to remainder of UK and other countries.	Robust processes used to cross check codes, revise analytical concepts and theorise findings.	Regulation needs to have the right balance/touch to ensure positive Service Users/Carer's outcomes and that the workforce is supported through skill development and reducing bureacracy.

First Author and Title	Country	Year	Design	Participants	Method of Analysis	Key Findings	Implications for Practice	Limitations	Strengths	Additional Commentary, Link to policy
Furness, S. **Conduct Matters: The Regulation of Social Work in England.**	England	2015	**Quantitative Study** Cross Sectional Research Design	Analysis of data obtained from the General Social Care Council. (GSCC)	256 cases of Social Workers santioned by the GSCC analysed using SPSS to facilitate thematic analysis.	Analysis of conduct referrals revealed significant over representation of black men aged 40-49 and people who identified themselves as disabled. The highest number of conduct cases for male and female Social Workers concerned criminal convictions or cautions, largely occuring in their personal life rather than the workplace. In this sample a number of male Social Workers were convicted or cautioned for sexual assault or activity with Service Users or minors, no females were reported for committing sexual offences. Failing to safeguard Service Users was a conduct issue for males and females. The study identified a variety of factors affecting decisions in Conduct Hearings. Concern that there may be under reporting of unprofessional behaviour.	Most Social Workers practice in accordance with required standards of practice and conduct. On-going training linked to registration and supervision important to support professional development. Regular review of conduct processes required to ensure equity of treatment and santions. Registrants should be mindful of how behaviour in private life has consequences within professional life.	Researcher used information provided by the GSCC, based on their interpretation of hearings and findings.	Ethical approval considered but not required as all information analysed is in the public domain.	Regular review of Conduct or Fitness to Practice Hearings to support equity in the decision making process.
Miller, L.J **Undergraduate Student Perceptions of Social Work Licensure An Exploratory Study.**	America	2015	**Quantitative Study** Study Design	Social Work Students.	203 Social Work Students completed an online survey incorporating 13 scaled Likert type questions to collect relevant data. Survey also included four open ended questions to provide qualitative information. SPSS statistics software facilitated analysis of data and thematic analysis.	Licensing not mandatory for this group of respondents. Benefits of regulation included increased employment opportunities, provides professional credibility. Professional regulation was considered to legitimase the profession and facilitate improved supervsion opportunities. Negative themes were also evident not relevant to post and not worth the cost. More research in the area of professional regulation considered imperative. (Further information available in Quality Apprisal, refer to Appendix 3).	Conducting more research in the area of professional regulation in Social Work would provide a further evidence base for regulatory practice.	Large sample size adequate for this Exploratory Study supporting generalisation of findings. Survey not piloted before use.	Relevant ethical approval and consent obtained.	Social Work Students should be considered part of workforce as they complete Practice Learning Opportunities and therefore should be regulated.

First Author and Title	Country	Year	Design	Participants	Method of Analysis	Key Findings	Implications for Practice	Limitations	Strengths	Additional Commentary, Link to policy
Wiles F. **Blurring Private-Professional Boundaries: Does it Matter? Issues in Researching Social Work Students Perceptions about Professional Regulation.**	England	2011	**Qualitative Study** Focus groups	Social Work Students.	Two Focus Groups and Vignettes (Short stories about hypothetical characters and situations) facilitated exploration of a sensitive topic.	Students had a clear understanding of professional values and recognised the potential between private and professional identies. Professional regulation is influenced by changes in policy and public opinion. E.g. GSCC recently requested the Health requirement be removed from the Social Work Profession.	Implementing regulation is fraught with ethical dilemmas but is necessary to protect service users. Additional emphirical research would support continued improvement in professional regulation.	Attendance at focus groups disappointing. Researcher attributes this to the timing of focus groups and not related to the topic. Generability of findings limited.	Ethical approval sought and obtained from University. Participants were advised confidentiality could not be maintained following disclosure of a health or conduct issue if not previously reported to University or regulatory body.	Health requirement still in place, further empirical research in this area of professional regulation may be helpful.
Stanley, N. **Disclosing Disability in the Context of Professional Regulation: A Qualitative UK Study.**	England	2011	**Qualitative Study** Semi-structured Interviews	Nursing, Social Work and Teaching Professionals.	Purposiveful sample of 60 individuals with hidden and visable disabilities, representative of professionals and students in England, Scotland and Wales. Face to face or telephone interviews offered, recorded, and transcribed,. Data analysed using NVivo software and thematically analysed.	Participants varied in their knowledge and understanding of Fitness to Practice Standards for their profession. Participants reported information available to them prior to making a disclosure of disability lacked clarity and noted limited feedback often provided following disclosure.	Research recommends if exclusion based on health criteria was lifted, the willingness of practitioners and students to fully disclose disabilities should increase.	Research participants had all disclosed disability, individuals who had not dsisclosed disability harder to access.	Ethical Approval obtained from Unveristy and informed consent sought from participants.	Balance required re ensuring professionals with a disability are supported in workplace but competent to practice.

First Author and Title	Country	Year	Design	Participants	Method of Analysis	Key Findings	Implications for Practice	Limitations	Strengths	Additional Commentary, Link to policy
Doran, I **Law, Social Work and Professionalism: Israeli Social Worker's Attitudes towards the 1996 Social Workers Act.**	Israel	2008	**Qualitative Study** Survey	Social Workers.	337 completed two-part questionnaires /survey facilitating demographic analysis of respondents. Views and attitudes obtained regarding professionalism of Social Work through the Act. Attitudinal questions enabled participants to rank their agreement with each statement.	Professional regulation positively regarded to govern Social Work in Israel.	Further research required to consider impact of the Act on Social Work professionals and on Service Users/carers.	Low level of respondants (36%). Relatively small level of Non Jewish Social Workers, limited generability of findings.	Questionnaire validated by expert Social Workers and Lawyers. Questionnaire tested using a pilot sample of 20 Social Workers.	Recommendation for further research an emerging theme.
Beddoe, L **Continuing Education, Registration and Professional Identity in New Zealand Social Work.**	New Zealand	2013	**Qualitative Study** Group and Individual Interviews	Social Workers.	40 Social Workers participated, 17 individual and 6 group interviews conducted. Interviews were transcribed and coded with the assistance of qualitative software N6.	Registration being considered in New Zealand at time of study. Social Workers felt the profession would be validated by registration and professional development strengthened.	Voluntary registration introduced in New Zealand, mandatory registration seems likely. Professionals positive regarding mandatory registration but recognised on-going debate whether it improves ethical practice, further research in this field recommended.	Small sample, further research would be benefictial.	Study approved by University Ethics Committee.	Further research would support the benefit and impact of mandatory professional regulation. Professional regulation is not an a political activity, with regulatory practice dependant on changes in the socio-political context.

First Author and Title	Country	Year	Design	Participants	Method of Analysis	Key Findings	Implications for Practice	Limitations	Strengths	Additional Commentary, Link to policy
Lightfoot E. **Insights on Professional Identification and Licensure from Community Practice Social Workers.**	America	2016	**Qualitative Study** Semi-structured Interviews	Social Workers.	35 Social Workers practising in community metropolitan areas participated in Semi-structured interviews to ascertain their views regarding licensing. 12 MSW students enrolled in a Research Methods Course were interviewers. Interviews were digitially recorded, transcribed verbatim and thematically analysed.	Half of the respondents had negative views of licensing, only 10% indicated strongly positive views. Although the primary purpose of regulation is to protect the public, less than 10% of respondents viewed public protection as a positive aspect of licensure. Three quarter of respondents viewed licensing as irrelevant to their work, as mandatory registration in America is not required. Many indicated confusion/fear re licensure, with some considering that the costs outweighed the benefits. Respondents argued the greatest benefit of licensing was improved employment opportunities. Licensed respondents tended to view licensure positively enhanced professional identity, legitimizing the profession. Need to engage with public and other professions to clearly articulate the Social Work role also emphasised. Refer to appendix 3 for further information.	Macro licensing which exists in several states was suggested as a way forward. Revamping existing licensing system was considered essential. Exploring ways to make licensing more accessible, relevant and affordable may enable practitioners feel more connected to the Social Work role and professional identity.	Use of multiple researchers can reduce inconsistency of finding. The study however mitigated against this by ensuring consistency of research procedures. Purposeful sampling also used in the study. Ideally interviews should continue until theoritical sampling or saturation has been achieved.	Study indicated that it sought to fill a void in empirical research to obtain the views of community practice Social Workers regarding professional licensure and identificaion.	Regulation is essential to protect Service Users/Carers but sharing benefits to registrants such as professional identity, enhanced training and professional development is important
Thurgate, C. **Meeting Changing Service Need through Role Development: A Case Study for Band 4 Assistant Practitioners.**	England	2010	**Case Study**	Band 4 Assistant Practitioners	Growing provision for accreditation and up skilling of Health and Social Care workers with experience of care and potiential for development recognised.	There is a recognised need for national registration, agreed standards and benchmarks for training also reflective of changes in service demands and delivery.	Further research required to consider the benefit of skill mix and extended roles to ensure a quality service provided to Service Users/Carers.	Case study design considered to be less robust in the Hierarchy of Evidence. (McNeese & Thyer, 2004, NICE, 2005)	Case Studies considered useful research design when practices are developing and resources limited. (Shuttleworth, 2008)	Generalisation of case study results limited but innovative practices should still be shared to contribute to quality improvement.

First Author and Title	Country	Year	Design	Participants	Method of Analysis	Key Findings	Implications for Practice	Limitations	Strengths	Additional Commentary, Link to policy
Gospel,H **Who Cares about Skills? The Impact and Limits of Statutory Regulation on Qualifications and Skills in Social Care**	England	2011	**Qualitative Replication Study** Semi-structured Interviews	Social Care Managers and Social Care Staff	Semi-structured interviews held with managers and staff (2003). Introduction of 2000 Care Act & assocated regulations stipulated registered home owners must assure employees received appropriate training and skills development to enhance care. Registered managers and staff were required to meet set minimum qualification ratios e.g. NVQs . (ie. Target based regulatory framework) Five years later a further series of face to face interviews were conducted to consider the impact of regulatory targets. Seven case studies were selected to cover private, voluntary, local authority provision across Older People, Learning Disability and Children's Services. Interviews taped and transcribed to support thematic analysis.	Results indicated that staff had completed more training than in the past. Social Care staff interviewees attributed the increase in Qualification ratios between 2003 and 2008 to the advent of the Regulatory Framework. All interviewees, managers and workers viewed associated induction standards positively. Within the five years induction training had increased in length, formality and breadth, covering topics such as the principles of care and needs of service users in a more systematic manner. interviewees reported staff were therefore clearer about their resposibilities and what constituted quality care. Respondants articulated training supported career development.	The linking of regulation to training had positive effects on the level of training and qualifications for both Social Care Managers and staff. View that the impact would be strengthened by the development of specific codes of practice and conduct.	Strong study, no real limitations evident.	Very robust study. Generalisation of findings enhanced by consistency of results when study replicated five years later.	Mandatory registration of all Social Care Staff linked to training should enhance quality of care provided.

First Author and Title	Country	Year	Design	Participants	Method of Analysis	Key Findings	Implications for Practice	Limitations	Strengths	Additional Commentary, Link to policy
Cherry, B. **Perceptions of Job Satisfaction and the Regulatory Environment among Nurse Aides and Charge Nurses in Longterm Care.**	America	2007	**Qualitative Study** Semi-structured Interviews	Charge Nurses and Nursing Aides/Assistants	38 participants employed in 5 Nursing Homes completed semi-structured interviews with the research team (3 researchers). Questions elicited participant's views about regulation, paperwork, training,quality of communication in work environment, quality of care, regulation, surveys/audits to support thematic analysis.	Generally respondants positively regarded regulation and considered it to contribute to quality care/service provision.	Further research to consider the impact of regulation on Service User's outcomes and quality of care provided required.	Given small sample generalisation of findings may be considered limited.	Offered some insight into perceptions regarding the impact of regulation on the workforce and quality of care/service provided. Further research however required.	Regulatory Framework for Social Care Staff should support personalisation of care and outcomes focus for Service Users/Carers.
Kontos, PC **Dementia Care at the Intersection of Regulation and Reflexivity: A Critical Realist Perspective.**	America	2010	**Qualitative Study** Focus groups and Individual Interviews	26 Personal Support Workers (PSW) an umbrella term for unlicensed personel variously known as Home Health Aides, Personel Attendants, Certified Nursing Assistants, Health Care Assistants. 9 Supervisors.	Qualitative data obtained via focus groups and in depth interviews over a two year period. Intervention provided two hours per week to support PSW, Nurses & Allied Health Professionals, with new approach to Person Centred Care. Theoritical sampling used to select a seperate sub set of PSWs within each facility to interview.	PSWs and Supervisors were supportive of regulation and commited to delivering individualised and person centred care.	Service Users/Carers should be involved in any reviews of Codes of Practice and Conduct to ensure their continued effectiveness in Contemporary Practice.	Robust study, no real limitations evident.	Findings strengthened as research conducted over a two year period.	Service Users/Carers must be given opportunity to shape regulatory practice. Further research to ascertain Service User/Carer views regarding Regulation essential.

First Author and Title	Country	Year	Design	Participants	Method of Analysis	Key Findings	Implications for Practice	Limitations	Strengths	Additional Commentary, Link to policy
Bismark M **Mandatory Reports of Concerns about the Health, Performance and Conduct of Health Practitioners.**	Australia	2014	**Quantitative Study** Cross Sectional Survey Design	Medical Practitioners, Nurses and Midwives, Psychologists, Pharmacists, Dentists, Other Health Practitioners.	Retrospective review and multi-variate analysis of all allegations of notifiable conduct involving Health Practitioners received by the Australian Health Practitioner Regulation Agency (AHPRA)	Psychologists had the highest rates of notifications, followed by Medical Practitioners, Nurses, Midwives. Notifications against men were two and a half times higher than for females, Most notifications were departures from agreed professional standards. Interprofessional reports were common. Concern regarding potential under reporting of mis conduct due to uncertainity about the legal requirement to report, fear of retaliation, lack of confidence and loyality to collegues supporting "gaze aversion".	Importance of organisations creating a culture of safety so staff can report poor practice.	Not possible to compare the incidences of notifications before and after the legislative changes re regulation. Also not possible to ascertain santion information, further research recommended.	Approval obtained, study covers a considerable number of Health Professionals	Regulatory bodies must ensure employers and registrants are clear about their responsibilities.
Melville-Wiseman J The Sexual Abuse of Vulnerable People by Registered Social Workers in England: An Analysis of the Health and Care Professions Council Fitness to Practice Cases.	England	2016	**Quantitative Study** Cross Sectional Survey Design	Information available on the HCPC Website was analysed.	Information in respect of 26 cases was analysed using basic statistical analysis. Narrative analysis supported the identification of emerging themes.	Findings indicated Social Workers struck of the register for sexual misconduct represent a small number of professionals. Variance in information provided suggests more research in this area regarding what details should be made known to the public would be helpful. The majority of Social Workers santioned for sexual misconduct were male, although Social Work is generally a female dominated profession. Blurring and testing of boundaries considered an essential component of Social Work education.	Screening approaches regarding regulation often concentrate on declarations regarding past history. The difficulty of predicting future risk of mis-conduct within the workforce was expressed.	Small sample, further research would be beneficial.	Provided some insight into a very sensitive and difficult subject area.	Further research recommended in the interests of safeguarding Service Users and Carers.

First Author and Title	Country	Year	Design	Participants	Method of Analysis	Key Findings	Implications for Practice	Limitations	Strengths	Additional Commentary, Link to policy
Hanna, S. **Challenges Facing International Social Workers: English Manager's Perceptions.**	England	2016	**Qualitative Study** Semi-structured Interviews	28 International Social Workers (i.e. ISW Social Workers recruited from abroad to work in Family and Child Care Services in London Bourough & surrounding Council Areas. 15 Social Work Managers with current or previous supervisory experience of ISW also interviewed.	Qualitative Study supported by the Nuttfield Foundation. Data gathered via Face to Face interviews guided by Semi-structured Interview templates. Responses audiotaped with participant's permission. Thematic analysis used to interpret data.	ISWs reported a steep learning curve regarding Family and Child Care Pratice in terms of culture, legislation, report writing. ISW's were generally well received by managers in terms of skill and conduct but managers were unsure where to pitch induction and supervision.	Researchers proposed Regulatory bodies e.g. Health & Professional Council should publish consistent National Gidelines with Recruitment Agencies about aims and content of Induction programmes for ISWs. Researchers also suggested International Organisations e.g. International Federation of Social Workers should develop International Protocols to manage professional movement and adaptation of ISWs and support additional research in this area.	Small sample. Further research would develop knowledge regarding Social Work mobility, effective support, regulation and professional development of ISWs to maximise benefits to organisations and Service Users/carers.	Snowball Sampling through relevant contacts used to secure a purposeful sample of ISWs and Managers. Project obtained Ethical Approval.	Given different legislative and policy requirements an International Social Work regulatory frameworks is not feasible. It is accepted the International Social Work definition and nine international generic Social Work Standards may further strengthen the profession.
Kelly, C. **Home Care Workers: Interstate Diofferences in their Training Requirements and their Implications for Quality.**	America	2013	**Qualitative Study** Cross Sectional Survey Design	Analysis of Data from 50 American States.	Data analysed to ascertain requirements for Home Care Workers in terms of licensure, training, competence and supervision requirements.	29 States required a licence for Agencies employing Home Care Workers. 4 States had licensure requirements for Home Care Agencies and Client Employed Providers. In most states providers of Home Care Services were not subject to licensure. 26 States required training but there was variation in terms of training content. 15 states necessitated on site supervision for Home Care Workers.	Researchers positive about licensure for all Home Care Workers. Suggested training and supervision also essential. Core competences recommended to support clear entry levels to employment, with subsequent competence based training. Recommended Core competences should include Agency, policy, standards, information on Personal Care, infection control, abuse, pyschological needs, dementia awareness, risk management, medication etc.	Data obtained from systems, further qualitative research may be helpful.	Given number of states included research study may be considered robust with generalisation of findings appropriate.	Core competencieces could be linked to training and regulatory requirements similar to Pip requirements for Social Workers.

First Author and Title	Country	Year	Design	Participants	Method of Analysis	Key Findings	Implications for Practice	Limitations	Strengths	Additional Commentary, Link to policy
Kirwan, G **Taking Care: Criticality and Reflexivity in the Context of Social; Work Registration.**	Republic of Ireland	2015	**Quantitative Study** Cross Survey Design	Review of Fitness to Practice Hearings from 2011, sourced from Websites of the General Social Care Council, the Care Council for Wales and Northern Ireland Social Care Council.	Review of 72 Fitness to Practice Hearings. Thematic approach adopted. Analysis of cases, cross checking for similarities and differences facilitated thematic analysis.	Two main categories of Mis-conduct emerged. 1) Criminal,abusive or inappropriate acts, ranging from common assault to drug importation. This category also included behaviour incompatible with professional Social Work relationship boundaries e.g. inappropriate or sexually suggestive emails or texts to Service Users. Majority of these cases resulted in severe santion or removal from register. 2) Related to poor professional judgement or behaviour e.g. failed to safeguard, pooor records or risk management. Sparse information was provided regarding the organisational context where misconduct occured.	Measuring seriousness to misconduct was considered difficult but useful. Helpful factors when considering seriousness of misconduct included: 1) level of abuse of power by registrant 2) extent and breadth of misconduct 3) level of insight 4) criminal justice implications. Impact of misconduct on Service Users not always drawn out by regulatory bodies. Further research regarding organisational issues impacting on misconduct.	Given small sample could not consider if gender, age, length of service had any significant impact on conduct. Limited generability of findings.	Useful to identify themes, further research recommended.	Establishing Social Work register in Republic of Ireland a landmark in regulatory practice and ensuring public accountability. Limited research regarding impact of regulation. Paradoxs noted, regulation to enhance services can lead to more bureacracy, defensive rather than service user focused practice. There is limited research reflecting on misconduct to prevent similiar occurances and system issues. Research in this area recommend. Impact on Service User/Carer should be considered when adjudicating misconduct to better align with

First Author and Title	Country	Year	Design	Participants	Method of Analysis	Key Findings	Implications for Practice	Limitations	Strengths	Additional Commentary, Link to policy
McLaughlin K **The State of Regulation in England: From the General Social Care Council to the Health Professionals Council**	England	2016	**Quantitative Study** Cross Sectional Survey Design	Review of Social Work referrals or complaints to the Health and Care Professional's Council. (HCPC)	HCPC reported more complaints about Social Workers than any other profession within its remit. Important to note there are more Social Workers registered with HCPC than any other profession. Focus of HCPC hearings seemed to be on the action and behaviour of the individual Social Worker.	Suggestion that in hearings there is a common failure to take account of wider structural, organisational or procedural factors.	More research required in this area, paticularly regarding why some Social Workers do not attend their Fitness to Practice Hearings.	Limited thematic analysis drawn.	Approval not required as information in the public domain.	Impact of organisations and systems to be considered in Fitness to Practice Hearings,as appropriate.
Donaldson LP **Contemporary Social Work Licensure: Implications for Macro Social Work Practice and Education**.	America	2014	**Quantitative Study** Cross Sectional Survey Design	Analysis of State Licensing across the USA.	Variation in Social Work Licensing across USA. Two core criteria shared by licensing States. 1) Graduation from Clinical Social Work Education Accredited Program 2) Passing licensing exam. For advanced licenses completing 2/3 further years of Post Graduate experience under a credentialed (Licensed Social Worker) is required. An application, University Transcript and fee required, additional supervision, supplementary materials vary.	Researchers argue for a move to Macro Practice and Education. The introduction of formal licensure is recommended as a means of professionalising practice, supporting education and protecting the public.	Further research recommended to ascertain the Workforce's views.	Qualitative information would have enriched findings.	Provided comprehensive review of varying licensing requirements. Reiterated the importance of engaging with the workforce.	Mandatory regulation of Social Work practice recommended to safeguard the public and professionalise Social Work

First Author and Title	Country	Year	Design	Participants	Method of Analysis	Key Findings	Implications for Practice	Limitations	Strengths	Additional Commentary, Link to policy
Vandenhouten C.L. **Credentialing Public Health Nurses: Current Issues and Next Steps Forward**	America	2015	**Quantitative Study** Survey	912 Public Health Nurses (PHN) completed the survey.	PHNs completed the survey, distributed via email. Survey designed to acertain views and attitudes to certification, training, barriers and motivators to inform on-going regulatory development.	The most frequently cited barrier to regulation was lack of awareness of the credential or eligibility criteria. Participants appeared to be motivated to a large extent by professional competence and development factors, (validation of specialized knowledge, increased professional competence, credibility and commitment) rather than personal motivators such as sense of accomplishment.	Researchers suggested clarity of regulation requirements essential. Collaboration with employers essential. Benefits of regulation should be promoted, link to regulation and population health outcomes should be explored.	Robust study, supporting generalisation of findings.	Provided extensive analysis of workforce's views regarding the contribution of regulation.	Futher collaboration with employers, regulators and Service Users/Carers essential to inform on-going regulatory development. Collaborative research provides evidence base and mechamism for measurement and on-going improvement.
Cohen, M **Migrant Home Attendants: regulation and Practice in 7 Countries**	America	2013	**Quantitative Study** Cross Sectional Survey Design	Migrant Home Attendants.	Analysis of regulations regarding working, living conditions and experiences of foreign Home Attendants in 7 countries: Canada, Germany, Israel, Singapore, Spain, UK, and USA.	Regulation improves outcomes for migrant workers, Service Users and organisations.	Appropriate employment conditions and support crucial to ensure positive outcomes for Service Users/Carers and staff.	Further research recommended.	Provided analysis across an international perspective.	Further research would support appropriate regulatory frameworks..
Craftman, A **Unlicensed Personnel Administering Medications to Older Persons living at Home; A Challenge For Social Care and Social Care Services**	Sweden	2014	**Qualitative Study** Focus Groups	Home Care Assistants	Four Focus groups conducted to ascertain views of 19 Home Care Assistants. Qualitative Content Analysis facilitated interpreptation of findings.	The reorganisation of health and social care depends on delegation of tasks or skill/mix to meet the needs of emerging needs of care recipients. Home Care Assistants did not raise objections to administering medication.	Clear policy is required to support Social Care Staff and ensure service user safety.	Small sample number, limited generalisability of findings.	Study approved by Regional Ethical Review Board in Stockholm.	Training linked to regulatory framework could support policy direction.

First Author and Title	Country	Year	Design	Participants	Method of Analysis	Key Findings	Implications for Practice	Limitations	Strengths	Additional Commentary, Link to policy
Roland, M Professional Values and reported behaviours of Doctors in the USA and UK: Quantitative Survey	UK and USA	2011	**Quantitative Study** Survey	Doctors	1891 US and 1078 Doctors completed the survey. Multi-variate logistic regression was used to compare responses to identical questions in the two surveys. Variance noted regarding whether Doctors reported professional mis conduct. Doctors positively regard having a set of values and professional standards. It was acknowledged that the context of care may influence behaviours and practice	Regulation considered to have a positive impact on care. UK doctors were more likely to have altered practice based on Quality improvements or revised guidance. E.g. NICE Standards. It was considered the privatisation of care in America and NHS context of care in the UK affected behiours. American doctors were more likey to cease referrals to a colleague they considered below par, whilst this was not a feature of practice in the UK.	Clarity regarding regulatory and whistleblowing requirements required.	Extensive sample, across two countries.	Generalisation of findings to other contries considered high, though acknowledgement context of care does implact on practice.	Further research in the area of professional regulation recommended including its impact on the workfocre, employers and Service Users/Carers.

Appendix 3 sample appraisal of article 1

QATQ – Used to Appraise Empirical Research Article: " Insights on Professional Identification and Licensure from Community Practice Social Workers". Lightfoot E., Nienow K., Colburn G and Petri A. (2016). Journal of Community Practice, 24:2, ps. 123-146.

1. <u>**Is the rationale for the study adequately described?**</u>
1a) Does the study have a clearly formulated question, aims and objectives?

The abstract clearly articulates the research question. This Qualitative Study facilitates exploration of Community Practice Social Worker's views regarding professional identification and professional regulation. Community practice is defined as "Micro-Practice" and contextualised within the Health and Social Care system ("Macro practice"). The objective of the research question is to identify themes regarding professional identification and licensure among graduate Community Practice Social workers (USA). Given the general paucity of research in this subject area the study is intended to contribute to the knowledge base in respect of professional regulation.

1b) Was the question developed from a review of existing research and theory?

Researchers acknowledged that unlike other professional groups such as Nursing and Medicine there has been relatively little research regarding professional identity within Social Work or in relation to professional regulation. Existing research e.g. Miller, 2013, Bibus, 2007) is referenced, but considered to be localised and non-generalizable beyond sample groups. Researchers articulate there is a research gap which the question attempts to address by establishing Community Social Work Practitioner's views on professional identification and licensure/professional regulation.

2. <u>**Is the method of conducting the study appropriate?**</u>
2b) Is there an explicit and valid rationale for the chosen method of data gathering (focus groups, interviews, observations etc.)

Within the methodology section the research question is further defined: a) How do Community Practice Social Workers professionally identify in relation to the field of Social Work? b) What are Community Practice Social Workers views towards professional licensing?

Data collection methods are clearly stipulated and an appropriate qualitative research design is used to answer the question posed. Semi-structured interviews facilitated data collection from 35 respondents. The interview guide includes questions about professional identification with specific probes to establish respondent's identification with the Social Work profession and their perception of the benefits and disadvantages of professional registration. Use of a semi-structured interview format enabled respondents to elaborate on responses and supported interviewers to probe for additional information.

2c) Is there an explicit and valid rationale for the chosen method of (grounded theory, interpretative phenomenological analysis discourse analysis etc?

There is no explicit or valid rationale referred for the chosen method. Researchers do outline a void in the Community Social Work practitioner's views, suggesting grounded theory is relevant. A qualitative approach is appropriately adopted to explore the views of Community Social Work Practitioners regarding registration and professional identification.

A Thematic Content Analysis Approach is used to identify emerging themes. It is anticipated that identifying important themes will support meaningful discussion of results.

3. Is the sampling strategy clearly defined and justified?
3a) Has the method sampling (subjects and setting been clearly described?

The sampling strategy is clearly referenced and supported by a description of licensure requirements in the State where interviews were conducted.

An inclusion criteria assisted sampling. Respondents must be self-identified Community Practice Social Workers in receipt of a Masters in Social Work. 35 respondents were selected. Study participants were recruited via one post on a Social Work Facebook page in the selected State, one email on a Macro Social Work Facebook Page and one email sent to a list of Community Practice Social Workers, maintained by a local Macro Social Work Networking Group. Researchers clarified this method was considered more appropriate than using a list of members of a professional organisation to ensure respondents were Community Practitioners, regularly engaging with Service Users/Carers.

Practitioners interested in participating in the study were asked to contact researchers via email, 35 potential respondents contacted by the researchers following the 3 separate posts referenced above. All potential respondents met the inclusion criteria and were subsequently interviewed. Respondents were not reimbursed or compensated for their participation in the study.

3b) Have the main characteristics of the participants been described?

Yes, the main characteristics of participants are detailed. Respondents consisted of a convenience sample of 35 Masters Level Social Work (MSW) Community Practitioners from a large metropolitan region. Post qualification respondents experience ranged from 1-38 years, with a mean of 11-25 years. Respondents graduated from eight different MSW programmes and held a variety of positions, predominantly within non-profit organisations. Positions included educators, Consultant Outreach Specialist Programme Co-ordinator, Community Organisation and Executive Director.

3c) Is the sample information in relation to the subject topic?

Yes, researchers however referenced in the background to the study that existing research in respect of professional regulation and identification tended to be localised

and perhaps not transferable, yet this study only has a small number of respondents from one State in America.

Within the State where the study was conducted, four levels of licensure were in operation. All licensure levels required a Social Work Degree from an institution accredited by the Council in Social Work Education. Level 1 Licensed Social Worker (LSW) is for individuals with a Bachelor or Social work and who have passed the Associated of Social Work (ASWB) Bachelor's exam. (1500 Licences). The next 2 levels require a Master of Social Work (MSW) or Doctorate of Social Work. Licensed Independent Social Worker (LISW/LIGSW) requires the ASWB generalised Exam (<800 licences) and licensed Clinical Independent Social Worker (LICSW) requires the ASWB Clinical Exam (<400 licences). Within each of these levels varying degrees of direct Service User contact is required.

Within the sample of 35 respondents, 20 were licensed Social Workers and 15 did not hold a license. Of those with licences, I held a LSW, 7 held and LIGSW, 10 held an LISW, I held an LICSW and I held a license from a neighbouring state.

3d) Is there discussing about saturation of data?

Yes there is discussion about saturation of data. Researchers consider the purposeful sampling method used with a pre-set number of respondents to be a limitation of the study. Theoretical sampling with interviews continuing until theoretical saturation is reached was referenced as a preferable approach. However it was acknowledged this approach could not be adopted due to budgetary and time constraints.

4.   Are ethical issues adequately addressed?
4a) Was ethics approval sought and obtained?

The study does not reference seeking or obtaining ethical approval.

4b) Has consultation with service users and practitioners discussed?

Consultation with practitioners was discussed. An informed consent form detailing the purpose of the study and the arrangements to support confidentiality of data was provided to respondents to review and sign in advance of the interview. Service user views were not sought as part of this study.

4c) Are issues of informed consent and confidentiality discussed satisfactorily?

Yes, issues of informed consent and confidentiality were satisfactorily addressed. Direct quotations from respondents were used throughout the research findings section. Confidentiality is however preserved as no identifying information or respondent characteristics are referenced.

4d) Were sponsorship and conflicts of interest considered?

The study does not reference sponsorship. The only reference to finances was in respect of budgetary constraints. No financial benefit arising from publication of the study nor conflict of interest is reported.

4e) Has the researcher reflected on his or her own role with potential bias?

Interestingly, 12 MSW students enrolled in a Community Social Work Practice course were interviewers for this study. Each of the students who acted as interviewers were trained in research methods, human subjects and conducted practice research interviews. A Study Co-ordinator matched respondents with members of the research team to schedule one to one interviews. All interviews were digitally recorded and transcribed verbatim by the interviewers. To ensure consistency in data collection, all transcripts were reviewed for accuracy by the first study author (Lightfoot, 2016). Authors cite the use of multiple interviewers as a limitation of the study. Whilst it is not uncommon for multiple interviewers to be used in qualitative studies, different interviewers can elicit different levels of detail or focus, introducing the potential for bias and inconsistency of findings.

Consistency of research procedures, providing training to interviewers about research methods, ethical considerations and how to conduct practice interviews supported consistency of findings.

5a) Is the method for data collection appropriate?

 Was the development of the aide-memoire for data collection justified?

5b) Was the aide-memoire for data collection piloted?

There is no reference to the development or use of an aide-memoire for data collection within the stud

5c) Has the learning from the piloting been recorded?

There is also no reference to any pilot within the study.

6.   Is the method used for analysing the data appropriate?

6a) Was the approach to data analysis clearly described?

Yes, the method for data analysis is clearly articulated within the study. Transcripts from interviews were analysed by a research team comprising of the first author, Principal Investigator and Community Practice Social Work Educator, three PhD students with Community Social Work Practice and one MSW student. A thematic context analysis approach was used. The research team coded the data separately to reduce the data into core, emerging themes. Data was coded into both concept codes and sub codes. Participant perspectives and characteristics were also coded. Themes were agreed by the research team following multiple discussions and the extensive analysis/coding of data. The recording of transcripts by the Principal Investigator enhanced rigour within the study. Methods of data analysis were informed by former research and consideration of research approaches.

6b) Was the method of analysis justified?

The data analysis section both describes and justifies methods of data analysis to promote rigour and robustness of data obtained.

6c) How were themes derived and differences of opinion resolved?

Themes were agreed collaboratively by the research team, based on coding and extensive analysis of data. There is no reference to resolving difference of opinion, however given the themes that emerged from, consistent coding of data, there may have been limited difference of opinion. Transcripts were however recorded by the Principal Investigator using the set of themes to test for consistency of themes and enhance rigour. The authors state that final themes and relationships between themes were collectively agreed by team members.

7.   Are the research findings adequately presented?

7a) Are the findings presented within the study logically in order of magnitude?

Emerging themes are logically presented within the study in order of magnitude.

7b) Are the findings evidenced adequately by direct quotations or observations?

Findings are adequately presented. Percentage of respondent's findings are also interspersed with direct quotations.

7c) Do the findings provide a coherent model and conceptualisation of the topic?

51% (18) respondents sometimes rarely or never identified as a Social Worker. 38% (17) usually or always identified as a Social Worker. 88% (15) of those who always or usually identified as a Social Worker were licensed. 34% (12) respondents indicated they sometimes identified as a Social Worker. 4 of these respondents (33%) were licensed and 12 (66%) were unlicensed. 17% of respondents (6) rarely or never identified as a professional Social Worker, all respondents in this group were unlicensed.

Benefits noted in relation to regulation included a connection with other Social Workers, providing legitimacy as a professional, promoting a broader view of Social Work which incorporates community practice.

Although positive themes emerged regarding the benefit of licensing within Community Practice Social Workers, negative themes were more prevalent.

- 10% (4) respondents, all licensed were very positive about licensing 23% (4) respondents were generally positive about licensing but have some reservations.

- 40% (14) respondents were negative about licensing.

- 25% (9) were very negative about licensing.

Negative themes were more prevalent than positive discussion. Negative themes included:

    a) Licensing not relevant to community practice
    b) Burdensome
    c) Not worth cost, there to perpetuate existence of regularly bodies.

It is important to note that given the very small number of respondents involved in the study percentages are less important other than to contextualize respondent's perceptions.

There were no obvious correlations drawn in respect of respondent's views about registration, type of license, MSW or years of practice.

Four themes related to the benefits of licensing

    a) Opens employment opportunities
    b) Provides professional credibility
    c) Legitimises the profession
    d) Facilitates supervision opportunities

Interestingly only 3 respondents cited public protection as a benefit of registration, yet this is considered the primary purpose of regulation.

7d) Is there any discussion of any more extreme or contradictory responses?

Positive, negative and ambivalent responses to professional regulation were identified equally.

8. Are the research findings credible?

8a) Do the findings address the research question?

Yes, the findings address the research question. The views of Community Practice Social Workers are articulated in relation to professional identification and professional regulation.

8b) Are limitations of the study discussed?

Yes, study limitations are clearly discussed, use of multiple researchers is cited as a limitation, though mitigated somewhat by ensuring consistency of research procedures.

Use of a purposeful sampling method with a small number of respondents is also outlined as another limitation. It is acknowledged that interviews should have continued until theoretical saturation had been reached. However this was not feasible due to time and budgetary constraints.

Using social media and community practice lists to identify respondents meant potential respondents not linked to these sites were not targeted.

As with any study using non-probability sampling strategies, findings, cannot be generalised beyond this sample of Community Practice Social Workers.

8c) Is the data available for inspection beyond the primary researchers?

This is not referenced within the article.

8d) Did one or more researchers perform the analysis?

Yes, a team of researchers performed the data analysis. Emerging themes were agreed in collaboration based on concept and sub set coding of themes to support thematic analysis.

8e) Is data presented from a range of respondents or circumstances?

Findings illustrate the range of responses from all respondents.

8f) Are the explanations (models) presented plausible and coherent?

9.   Are the discussion and conclusions justified and appropriate?

9a) Are conclusions justified by findings?

Yes, the discussion summarises the findings articulated within the study.

9b) Are the findings discussed in the light of previous research?

Study findings are discussed in the light of former research. Authors acknowledged that findings differed from an earlier study of Community Practice Social Workers (Starr,1999). Lower levels of professional identification by respondents in this study were attributed to the Community Practice positions. In contrast, respondents in Starr's study were in more direct practice or clinically focused Social Work posts. Respondents identified confusion and lack of clarity among other professionals and the public regarding the Social Work role, particularly in relation to Community Practice Social Workers.

Respondent's perception that Social Work has a negative public image, is not a new concept. Authors cite similar findings in much older research studies (Gibelman, 1999), LeCroy and Stinson, 2004 and Condie, 1978). Authors also contextualise the findings with public perception studies -eg Dennison et al 2007, Jones et al 2006, Williams et al 2015 and Zipazage et al 2006. Study findings indicate the negative Social Work image impacts upon how practitioners identify with their profession.

In respect of professional regulation, half the respondents held negative views about licensing, with only 10% articulating strongly positive views. The primary purpose of professional regulation is to safeguard the public, yet less than 10% of study respondents recognised public protection as a benefit of licensure. It is important to note that licensing was not mandatory for these respondents, explaining why ¾ of them viewed it as relevant to their work. Many expressed confusion and apprehension regarding regulation. Although licensing is also intended to provide benefits for the licensee, using a cost benefit analysis others considered the costs to outweigh the

benefits. The primary benefits of professional regulation articulated by respondents were enhanced employment opportunities and supervision of practice.

9c) Have alternative explanations for the findings been explored and discounted?

No alternative explanations are considered

10.   To what extent are the findings of the study transferable to other settings?

10a) Were the subjects similar in important respects of those of interest to you?

Yes, the respondents are Social Workers and I am interested in ascertaining the contribution of professional regulation on the Health and Social Care Workforce, therefore ascertaining the views of the workforce is imperative.

10b) Was the context similar to or different to your own setting?

The setting is different as the study was conducted in America. In addition professional regulation is not mandatory for Social Workers across the USA, while in Northern Ireland, registration/professional regulation is mandatory for all Social Work students and Social Work practitioners.

10c) How applicable are the findings to practice, policy or theoretical knowledge.

Findings are particularly relevant to current practice as Social Care Staff must also be registered with the Northern Ireland Social Care Council before 31st March 2017.

In terms of a cost/benefit analysis the workforce will expect to see benefits and value for money. As many respondents viewed enhanced supervision and improved job opportunities as benefits of registrations, regulators should ensure there is a clear training pathway for the Social Care Workforce, linked to registration requirements, akin to that in existence for Social Workers.

This empirical research also evidences that the negative image of Social Work is another area which needs to be addressed. Phase two of the Social Work Strategy (2012-2022) plans to articulate clearly to other professions, the public, Service Users/Carers the role and value base of the Social Work profession.

The authors also reference studies identifying public perceptions. Regulators must consider the views of Service Users/Carers so that the Standards of Practice, conduct and regulatory framework reflects the views of those it aims to safeguard.

Appendix 4 sample appraisal of article 2

QAT S - Quality Appraisal Tool used to appraise the quality of Empirical Research Article: "Exploring Graduate Student's Perceptions about Social Work Licensing". Millar, J.Jay, Deck, Stacy M, Grise-Owens E, Borders K Social Work Education Vol 34, Issue 8, 2015 ps.986-1004.

Is the rationale for the study adequately described?

The rationale for the study is clearly articulated in both the Abstract and Introduction. Whilst Social Work practice is regulated in numerous countries researchers articulate there is a dearth of literature regarding Social Work registration or licensing. A particular paucity of research is noted in relation to regulation, associated education and professional development. This research article seeks to contribute to evidence based practice by ascertaining graduate Social Worker's views about regulation.

1a) Does the study have a clearly formulated question, aim and objective?

The study has a clearly formulated question, linked to the study's specific aims and objectives. The study aims to explore graduate perceptions about Social Work Licensing, with specific objectives of ascertaining:

- How knowledgeable students are about laws/statutes pertaining to regulation in the State where they intend to practice.

- Their values regarding Social Work regulation.

- Their readiness and willingness to sit a licensing exam post gradation.

1b) Was the question developed from a review of existing literature and theory?

A brief overview of Social Work regulation within various countries and American States is outlined. Detailed information is provided in respect of Regulatory terminology, State Licensing Practices and existing literature regarding licensure. The question is framed within this practice context and based on an identified gap in research.

2. Is the study design appropriate?

The study used a Cross Sectional Research design. A survey instrument was developed to collect demographic data about participants and to establish their perceptions and plans in respect of Social Work Licensing. The questionnaire incorporated a Likert type statement for participants to rate on a 1-5 scale. (1- strongly agree to 5- strongly agree). Four open ended questions enabled participants to provide additional comment. This mixed method study design was entirely appropriate, eliciting both quantitative and qualitative data to answer the research question.

2a) Is there an explicit and valid rationale for the chosen method of administration (e.g. telephone interviews, online or postal questionnaires, email distribution etc.)?

223 Graduate Social Workers participated in the study. Participants were recruited via email. An initial email about the study was sent to Deans, Directors and Chairs of Social Work Programmes across States requesting that they forward the information to students. The email contained an informed consent form and hyperlink to the study,

students selected whether to participate or not. Additional emails were sent out at regular intervals to maximise the response rates. Social Media was also used to select participants. Study participants were entered into a draw for a $500 Cash Card. A rationale was not given regarding research administration methods but a clear rationale was given for choosing the mixed method study design. "This mixed method approach was intended to provide both quantitative and qualitative information to answer the research question". (Millar et al, 2015, p.988)

2b) Is the method of administration identical for all cases?

Yes, the method of administration is identical for all participants, with the SPSS system used for data management and analysis. Quantitative data was analysed using descriptive statistical methods with raw qualitative data analysed using an open coding method. This entailed identifying key themes and concepts, developing labels to code/identify their meaning. A deductive research strategy was used to deduce codes and identify relationships with results from scaled and open ended questions interpreted into the narrative results section of the study.

2c) Has the potential for bias been addressed?

Potential bias was addressed in the limitations section of the study. Researchers articulated that analysis was limited to descriptive statistics, given restricted content. Data was collected from Social Work Students attending schools in one State only. This State has Title and Practice Protection Laws which may have influenced participant's perspectives. As participants completed the survey via an invitation from the Chair/Program Dean of their school, social desirability may have influenced their responses. It is also possible that bias may be evident in Survey questions regarding how schools/universities value and prepare graduates for licensing. Researchers did not ask participants to identify the University they attended.

3. Is the sampling strategy clearly defined and justified?

3a) Has the method of sampling (subjects and settings) been clearly defined and justified.

The number of study participants N=223 is clearly articulated and descriptive statistics of the sample illustrated. The typical participant was described as Caucasian, female, late 20-30s. Most participants were full time students enrolled in concentration year courses, over half of the participants were scheduled to graduate the following year. 57.40% planned to practice Social Work within State or bordering States. Some participants 8% were licensed Social Workers when they completed the survey. Participants were asked about their plans to undertake licensing exams post-graduation. Participants (sample) was obtained via emails and Social media. There is no analysis or justification regarding the chosen sampling method.

3b) Is the sampling frame representative of the population?

There is limited analysis of whether participants were representative of the larger Social Work Workforce. It could be argued that the sample is not representative of even the American Social Care Workforce as some states recognise licensure/professional regulation and others do not. Respondents in this study were selected only from one state which endorses professional regulation.

3c) Was the necessary sample size calculated?

There is no evidence within the study of the necessary sample size being calculated.

3d) Was the response rate adequate?

There was an adequate response rate with 223 participants completing the survey. Researcher's considered the study met its goal to explore student's perceptions about licensing and Social Work. However this study is still viewed as a foundation for other future research.

4. Are ethical issues adequately addressed?

4a) Was research ethics approval sought and obtained?

Ethical issues were adequately addressed, with the study being appropriately reviewed and approved by the University Research Ethics committee.

4b) Has consultation with service users and practitioners been discussed?

Service Users were not involved in this study. Researchers provided Consent forms and relevant information to potential participants.

4c) Are issues of informed consent and confidentiality discussed satisfactorily?

Yes, participants completed informed consent forms which were emailed out to all prospective participants along with a hyperlink to relevant information and to the survey.

4d) Were sponsorship and conflict of interest considered?

No, sponsorship or conflict of interest were noted. Researchers did not ask students to identify their university, surmising asking students this information may have negatively impacted on their willingness to participate in the study.

5. Is the method for data collection appropriate?

A survey instrument was specifically designed to appropriately capture both demographic information and participants perceptions about Social Work licensing.

5a) Was the development of the data tool described in sufficient detail?

Yes, the survey questionnaire is described in sufficient detail. The questionnaire included 13 Likert type questions to elicit participant's views and four open ended questions to prompt participants to provide additional comment and share their views regarding regulation.

5b) Was the method of data collection piloted?

The study did not reference piloting of the survey questionnaire, which could be construed as a weakness in the design.

5c) Has the validity and reliability of the data collection tool been described?

Researchers comment that the survey questionnaire instrument has not been evaluated for acceptable psychometric properties; therefore threats to internal and external validities are high; reducing the validity and reliability of data obtained.

6. Are the methods used for analysing data appropriate?

6a) Was the approach to data analysis clearly described?

The approach to data analysis is clearly articulated within the research study, with SPSS software supporting data management and analysis. Quantative data was analysed using descriptive statistical methods. Use of an open coding method facilitated analysis of raw qualitative data.

This process entailed identifying key themes and concepts and developing labels to code their essential meaning. Open ended responses from participants were analysed using deductive recursive strategy to ascertain themes.

6b) Was the method analysis justified?

Detailed justification of the method of analysis was provided.

6c) Was the testing of statistical correlations appropriate?

The testing of statistical correlations was appropriate; Likert Scales were used to examine the importance and value of Social Work licensing. Participants were asked to rate the degree with which they agreed with the following statements –

1) Having my Social Work licence is important to me

2) My College/University values Social Work licensing

3) All practicing Social Workers should have a Social Work license

4) Supervisors and Social Service Agencies value Social Work licensing

Participants strongly agreed that Social Work licensing was important from a personal perspective. This item had the highest mean rating and least variation (M=4.61/SD = 0.68)

Analysis of qualitative data regarding the important of Social Work licensing also affirmed that licensing was valued as important by participants. 186 participants or 83.41% provided a narrative response. Consistent with the data obtained from scaled survey questions 90.86% viewed licensing as important. Licensing was viewed as contributing to professional validation and credibility, effective in sifting out unsuitable staff, enhancing competence and qualifications. Licensing was considered to provide Service Users with assurance that Social Workers possess the relevant knowledge, values and skills to assist them.

7. Are the research finding adequately presented.

7a) Are the findings presented in a manner that is clear and understandable.

A table was effectively used to illustrate the characteristics of study participants.

To facilitate exploration of participants' plans in respect of Social Work licensing, participants were asked to confirm when they intended to take the Social Work licensing exam. 92.31% planned to sit the licensing exam within six months of graduation. 2.17% intended to sit the exam within a year. 3.17% more than a year and 1.81% had no plans at all.

Respondents were separated into three groups and those intending to pursue licensing immediately (with six months of graduation). Delay licensure (7 months – over one year post graduation.

No plans for licensing.

Relevant emerging themes regarding licensing were articulated.

7b) Have the main characteristics of the participants been described?

Characteristics of participants are described and their views clearly articulated. Graphical illustration facilitates analysis of participants' views regarding licencing.

7c) Do the findings summarise all the data collected?

Findings provide a detailed summary of all data collected within the study.

7d) Is there discussing of any null or negative outcomes?

Null or negative outcomes were identified within the study as appropriate.

8 Are research findings credible?

8a) Do the research findings address the research question?

The research question is to explore graduate student's perceptions about Social Work licensing. Whilst the survey instrument had not been piloted or psychometrically tested for validity – it generated both quantitative and qualitative information regarding participant's views about Social Work licensing.

The majority of participants articulated that Social Work licensing was important to them as a professional, enhancing professional validation and credibility. Licensing was considered essential if the profession wished to be considered "equal or greater than other professionals" Licensing was also regarded as important to deter "practitioners who are less than stellar" from practicing. Qualifications were also viewed as important so employers and Service Users had confidence in practitioners' abilities.

Another theme was referenced by 15.05% of participants (28) that licensing was important from an employment perspective, as employers can request licenses and holding a license is considered a strength in recruitment processes.

8c) Are non-respondents and missing data accounted for?

No issues were noted with non-respondents or missing data.

9. Are the discussion and conclusions justified and appropriate?

9a) Are the findings discussed in the light of existing literature?

Both the research question and findings are discussed and contextualised in respect of existing literature. Study findings suggest that nearly all participants valued having a license, which is consistent with other research Bibus & Botte-Queen, (2011). Participants associated enhanced employment opportunities with licensing, again this finding is consistent with other research in the area (Boutee-Queen, (2003). Participants articulated a need for additional preparation for licensing examinations, again consistent with former research (Goldstein, 2007). Financial limitations were

noted as a barrier to undertaking licensing exams, consistent with research undertaken by Yoon, (2012)

9b) Are conclusions justified by the findings?

The conclusions are justified by the findings. Researchers summarise that graduate Social Workers value holding a licence, but are still confused about regulation. Students articulated a need for additional preparation for the licensure examination. Participants considered licensing to enhance employment prospects and articulated that professional regulation increased the value to the Social Work profession, demonstrating their competence as professionals.

9c) Have alternative explanations for the findings been explored and discounted?

As findings were consistent with former research, alternative findings were not explored and discussed.

9d) Have interaction effects and compounding factors been considered?

Interaction effects are referenced within the study in limitations and findings sections.

10. To what extent are the findings of the study transferable to other settings?

10a) Were the subjects similar in important respects to those of interest to you?

My question is to consider the contribution of regulation on the Health and Social Care workforce. Social Work students within Northern Ireland must be registered with NISCC whilst in America licensing is not mandatory. However, participants in this study are trained in a state which supports licensure, with title and practice protection laws for Social Workers. Ascertaining the views of student and graduate Social Workers is essential as they are first receivers the regulatory framework. Graduates in this study expressed confusion over regulatory requirements, a theme also emerging from other studies. It is vital that students receive clear information about regulatory requirements to ensure requirements are met, Social Workers receive appropriate training and support and the public are protected.

Professional regulation in this study is viewed as beneficial in terms of providing professional value, identity and recognition for the profession.

Participants also considered that professional regulation contributed to increased competence and confidence among the workforce, which should increase Service Users/Carers confidence in the professionals delivering the service.

Professional regulation was also viewed as an important mechanism to safeguard Service Users/Carers.

Appendix 5 Glossary of terms if relevant: N/A

Appendix 6 : **Mapping to Professional Post Qualifying Requirements.**

In 2008 I completed the full PQ Award 1-6 including Practice Teaching. I am currently working towards attainment of The Leadership and Strategic Post Qualifying Award within the current NISCC Professional in Practice Framework.

From January 2015- October 2016 I completed the Quality Improvement in Social Work Regional Programme. Through 100% attendance at taught days, completion of on line Institute of Health Improvement (IHI) modules, participation in the associated Discussion Forum on the Knowledge Exchange Forum and leading a QI project, I obtained three Leadership & Strategic PQ requirements i.e. 4,6 and 9.

Through successful completion of The Evidence Informed Practitioner and Organisation Module Requirements I intend to obtain the following three Leadership & Strategic PQ requirements, 1, 2 and 3 by completing EIPO course requirements as noted in table below.

PQ Leadership & Strategic Requirement	Methods of Attainment
1. Apply critical judgement to systematically develop their own practice and that of others in the context of the NISCC Codes of practice, professional ethics, the principles of diversity, equality and social inclusion in a wide range of situations. 2. Demonstrate a substantially enhanced level of competence in a defined area of professional practice, enhance professional management, professional education or applied professional research to agreed national, occupational or recognised agency standards. 3. Demonstrate a well-developed capacity of using analysis and evaluation to continuously develop and enhance own performance and contribute to the performance of professional and inter-professional groups, teams and networks.	PQ leadership and strategic requirements were met via the following methods: • Data Base searches • Systematic Narrative Review and Quality Appraisal of research articles • Review Report • Oral Presentation • Sharing and disseminating conclusions, within NHSCT and regional events. • Poster presentation to be shared at next Regional Research Conference 2017/2018.

PQ Leadership and Strategic Requirements, Summary of Learning.

  1) *Apply critical judgement to systematically develop their own practice and that of others in the context of the NISCC Codes of practice, professional ethics, the principles of diversity, equality and social inclusion in a wide range of situations.*

Through teaching and learning in the Evidence Informed Practitioner and Organisation I evaluate literature in a more reflective manner. I am now more analytical in my evaluation of information and interpretation of data whether quantitative or qualitative. I have developed skills in obtaining relevant empirical research, extracting data and appraising the quality of articles.

In my role as Social Care Governance Manager in tandem with Learning and Development Officers and Professional Social Work Leads I am responsible for embedding a culture of evidence informed practice within the NHSCT. I intend to use skills developed from completion of this module to develop the practice of other Social Workers in forums I chair e.g. The NHSCT Evidence Informed Improvement Social Care Forum and Regional Quality Improvement Social Work Network, to support on-going improvement in Social Work Practice.

  2) *Demonstrate a substantially enhanced level of competence in a defined area of professional practice, enhance professional management, professional education or applied professional research to agreed national, occupational or recognised agency standards.*

As Social Care Governance Manager I have an avid interest in professional regulation. Conducting the synthesis and appraisal of findings from empirical research to answer the review question further developed my understanding of the subject area, which will inform practice within my agency (NHSCT).

  3) *Demonstrate a well-developed capacity of using analysis and evaluation to continuously develop and enhance own performance and contribute to the performance of professional and inter-professional groups, teams and networks.*

Discussion and summary sections evidence my ability to evaluate findings and consider their relevance to Social Work practice. It is anticipated that findings will inform contemporary regulatory development within NI and the wider Social Work context, as appropriate. Sharing and dissemination of findings will be supported by SCIE.

In summary, completion of the course has further enhanced my Leadership Skills. I intend to use the skills acquired within my role to contine to embed a culture of evidenced based practice informing continuous improvement in Social Work practice within the NHSCT and regionally.