

REVIEW OF PROFESSIONAL REGULATION AND REGISTRATION



highlights ● 2016/17



**Read our
full review**
↓

WHO WE ARE

We are an independent body, accountable to the UK Parliament. We exist to protect the public by improving regulation and registration of health and care professionals.

HOW WE WORK

We ensure that our values are at the core of our work: they are at the heart of who we are and how we would like to be seen by our partners. We are committed to being:

- focused on public interest
- independent
- fair
- transparent
- proportionate.

There are **three main areas** to our work:

- Reviewing the work of the regulators of health and care professionals
- Accrediting organisations that register health and care practitioners in unregulated occupations
- Giving policy advice to Ministers and others and encouraging research to improve regulation.

At the heart of everything we do is a simple purpose:



To protect patients, service users and the public by improving the regulation and registration of health and care professionals and practitioners



Who we are

The year in stats

Reviewing the regulators

Accredited registers

Influencing policy

Read the full review

THE YEAR IN STATS

Reviewing the regulators

9 Regulators reviewed
Reports published

216 Standards of Good Regulation checked*

36/36



Guidance & Standards

36/36



Education & Training

53/54



Registration

85/90



Fitness to Practise

*There are 24 Standards of Good Regulation in total covering the regulators' four core functions but we have to check how all nine regulators are performing against each Standard

Accredited registers

23

Accredited registers

30

Health & care occupations

80k

Practitioners



professional standards authority

accredited register

let's work together

Fitness to Practise



4,285

Final fitness to practise panel decisions checked

Case meetings held



55

2

Party to two GMC Appeals



13

Final fitness to practise decisions appealed

Influencing policy



Discussion/policy/research/advice published:

- Regulation rethought
- Right-touch assurance
- Dishonesty
- Professional identity
- Prohibition orders
- Nursing associates



International speaking engagements/meetings/advice:

- IAMRA, Australia
- Canada
- Hong Kong
- Ireland



Thought leadership:

- 1 Academic conference
- 1 Symposium
- 1 Fitness to Practise Chairs conference
- 1 Accredited Registers conference



Consultations:

18 Consultation responses

REVIEWING THE REGULATORS

Reviewing the regulators' performance against the Standards of Good Regulation

We now review each regulator on a rolling 12-month basis, collecting data quarterly – resulting in one report for each regulator rather than an over-arching annual review of all nine regulators.

How the regulators are meeting the 24 Standards of Good Regulation

GCC	GDC	GMC	GOC	GOsC	GPhC	HCPC	NMC	PSNI
23	21	24	22	24	24	21	23	24

We review the nine health and social care regulators



Guidance and Standards

All the regulators met all of the Standards. They are all making guidance/standards accessible, engaging with stakeholders and interest groups when drafting new or revising existing material.



Fitness to Practise

Regulators should ensure that anyone can raise a concern about their registrants' fitness to practise and then take effective action. Performance against these Standards has been mixed. We had concerns around:

► **Timeliness:** the GOC, HCPC and NMC did not meet this Standard and all had delays in dealing with cases, potentially posing a risk to public protection.

► **Risk assessment and interim orders:** the GDC and HCPC did not meet the Standard requiring regulators to prioritise serious complaints and seek interim orders where appropriate.

► **Consensual methods of disposal:** regulators are looking at innovative ways of dealing with FTP cases quickly and efficiently, focusing on resolving cases by consent, or/and at an earlier stage. We welcome the innovative approaches regulators are introducing but we have some concerns about how these are applied in practice.



Education and Training

All the regulators met all of these Standards during this performance review period. Some of the regulators have started looking at why trainees from BME backgrounds and/or who are not trained in the UK are likely to do less well in exams or recruitment.



Registration

All regulators must ensure that they only register professionals who meet their standards and that their registers are up to date. All the regulators, except for the HCPC, met all of the Standards for Registration. However, we are still finding occasional errors on online registers relating to the outcomes of fitness to practise cases. We also noted differences in how long regulators were taking to process applications, and we will keep an eye on this in our next performance review cycle. All the regulators are operating, reviewing or developing continuing fitness to practise schemes.



REVIEWING THE REGULATORS

Scrutinising final fitness to practise panel decisions

Each regulator has a 'fitness to practise' process for handling complaints about health and care professionals. The most serious cases are referred to formal hearings in front of fitness to practise committees.

We review every final decision made by all those fitness to practise committees. If we decide the decisions are not sufficient to protect the public, we can refer them to Court to be considered by a judge.

Feeding back learning points to the regulators

Sometimes, where we identify concerns about a case but conclude that the decision was sufficient to protect the public, we feedback learning points to the regulator, rather than refer the matter to Court. We consulted with the regulators on how they wanted us to feedback – we wanted to make sure that, where there are significant or important learning points that could have an impact on protecting the public, we can feed these back as soon as possible. In addition, we send regular updates and a yearly digest.



15%

Increase in the number of final fitness to practise decisions notified to us (2015/16: 3,756 2016/17: 4,285)



0.5%

Trend for referring cases continues



9

The number of cases (out of 13) in which the regulators agreed with our concerns and the panel decision was quashed by Consent Order (1 case was upheld by the Court; 1 case dismissed; and 2 withdrawn)



85%

Of the cases (3,644) were closed with no requirement for more information

[Read the full review to find out more](#)

Insights/issues/concerns identified from our scrutiny of FTP cases this year, include:

*Registrants conduct in private life

► We conducted research into public attitudes to dishonesty (including to dishonesty outside of clinical practice). The results make interesting reading.

*Quality of panel decisions:

- Panels are increasingly playing a proactive role in ensuring that a case is properly presented
- Insufficient level of detail in reasons provided for not removing a person from the register in serious cases
- Process is needed for dealing with advice on legal issues for those panels that sit with a legal Chair
- Panels do not always have sufficient regard to the importance of raising concerns about poor performance or misconduct by colleagues in the context of the wider whistleblowing agenda, or refer to this in their determinations
- No references made to the Duty of Candour in panel determinations or in the allegations drafted by the regulators
- Concern that panels do not take failure by registrants to have insurance seriously enough.

*NMC registrants lapsing from the register:

► A loophole in the NMC's legislative framework means that it can remove individual registrants from its register before the High Court can address our referral of the relevant fitness to practise panel's decision. We have raised concerns about this with the Department of Health.

*GMC Right of Appeal

► Possibility of duplication of effort and costs.

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confidence | choice | quality | protection

ACCREDITED REGISTERS



Accrediting voluntary registers of health and care practitioners is a new approach to managing risks associated with health and care occupations. It is also an effective way to offer service users, patients, employers and commissioners choice, quality and protection. However, the **accredited registers programme** needs more government help to raise awareness of the registers and how they can contribute to reducing pressure on the NHS.

Raising, maintaining and improving standards:

Before they are accredited, all registers have to demonstrate how they meet our demanding **Standards** – only then can they display our registered quality mark (and they have to continue to prove they are maintaining these Standards for their yearly re-accreditation). All the registers have improved their performance to be accredited/re-accredited by:

- ✓ Improving processes for handling complaints about practitioners and/or the registers themselves and clarifying complaints procedures
- ✓ Clarifying the education and training requirements for entry onto the register
- ✓ Enhancing patient and public engagement
- ✓ Improving accuracy of registers
- ✓ Enhancing lay involvement on committees/boards
- ✓ Enhancing transparency
- ✓ Improving risk management processes.

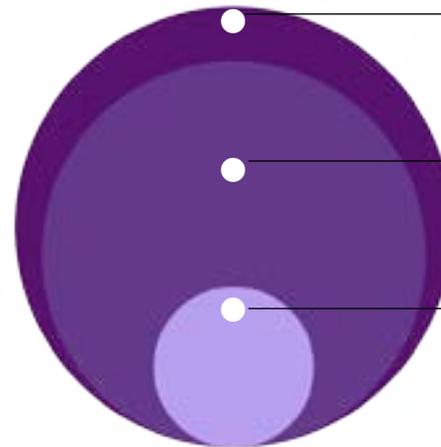
Who we have cooperated and collaborated with this year:

- ▶ Royal Society of Public Health
- ▶ Local Government Association
- ▶ Healthwatch
- ▶ Department of Health
- ▶ Care Quality Commission
- ▶ NHS Choices
- ▶ Public Health England.



Spreading the word

This year we have focused on spreading the word about accredited registers, attending more conferences and events, and getting more active on social media.



Health and care occupations	30
There are now 30 different health and care occupations registered, including: healthcare scientists, genetic counsellors, psychotherapists, play therapists, acupuncture, sports rehabilitators, hypotherapists	
Accredited registers	23
There are now a total of 23 accredited registers. All registers to date have re-accredited, some have now gone through the process four times	
Registers accredited in 2016/17	4
Genetic Counsellor Registration Board, Human Givens Institute, Save Face, and Treatments You Can Trust	

INFLUENCING (AND IMPROVING) POLICY

The Authority itself is regarded as an international leader of regulatory thought and development. In addition to UK governments seeking our advice, other governments and regulators have been in touch through the year, including from:

-  Australia
-  Ireland
-  Canada
-  New Zealand
-  Hong Kong

Read the review to find out what have we to say on:

Regulatory reform:

- ▶ Current regulatory framework outdated
- ▶ Requires reforming to protect the public effectively
- ▶ Needs to be able to respond to changing workforce needs.

Three things driving need for change:

- ▶ Law Commissions recommended change is needed to remove restrictive disjointed legislation which gets in the way of public protection
- ▶ Current system is out of step with the needs of a contemporary health and care system
- ▶ Our understanding of the reasons for misconduct and incompetence have advanced so a system predicated on finding bad apples and removing them is inadequate to protect the public.

In addition, piecemeal changes have been made – primary legislation is written into a number of Acts which makes reform complicated and slow; and two attempts at regulatory reform have foundered.

Evidence-based regulation:

▶ We continue to promote debate and discussion in the sector. We commissioned [research into dishonesty](#) and whether regulation has any role in [forming professional identities](#). At our symposium in February we explored *Regulating in an age of uncertainty*, including discussions on the impact of Brexit.

“ One of the best conferences I’ve ever attended. ”

Professor Tim David, University of Manchester



Watch the highlights in our short video

Building trust in people and places was the theme for this year’s academic conference

The conference in stats:

- ▶ 2 days (9-10 March)
- ▶ 100 delegates
- ▶ 25 presentations
- ▶ 17 academic centres represented
- ▶ 16 regulators
- ▶ colleagues from Australia, Belgium, Canada, Ireland & the USA.

We also published *Regulation rethought* – our follow-up to *Rethinking regulation* setting out how professional regulation can be reformed to enable it to meet the challenges of future healthcare. *Right-touch assurance* is our innovative tool for assessing the risk of harm presented by different health and care occupations.

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