A snapshot of our contribution to public protection
2020/21
There are three main areas to our work:

1. We oversee 10 statutory bodies that regulate health and social care professionals in the UK.
2. We accredit registers held by non-statutory registering bodies of health and care professionals.
3. We aim to improve regulation by providing advice to UK government and others, conducting/commissioning research and promoting the principles of right-touch regulation.

2020/21 has seen us working for a full year under conditions dictated by the Coronavirus pandemic. It has cast a shadow and will continue to impact our work, the work of the regulators and accredited registers we oversee, the health and care practitioners they register, as well as everyone’s daily lives for the foreseeable future, though the big difference this year compared to this time last year - is the roll-out of the vaccine.

We have all had to adapt and find different ways of working. For us, this has meant that our staff continue to work mainly from home. We were also unable to hold any of our usual face-to-face events. However, we have found hosting online events brings its own benefits - the flexibility it offers means that we have been able to ‘welcome’ more delegates than ever resulting in some thought-provoking discussions.

We have also focused this year on equality and diversity - a project we started in November is drawing to a close but the recommendations from it mark the start of a much larger project - looking both internally - at our own processes and culture, but also externally to make sure that we encourage and assist regulators and accredited registers in their own work on diversity.

We also carried out a Strategic Review of the Accredited Registers programme - 2021 will see a new approach to the programme from July onwards. The latter part of the year was taken up with focusing on the Government’s consultation on reforming regulation.
Regulator reviews 2019/20

In our regulator reviews for the annual report, we are mainly referring to our reviews covering performance in 2019/20 (as our reviews are carried out on a rolling basis and retrospectively). We published 11 performance reviews during 2020/21. Three of these were reviews for the 2018/19 period.

Social Work England’s first performance review is due later in 2021 and PSNI’s review for 2019/20 will be published shortly (July 2021).

New Standards of Good Regulation

For the 2020 cycle we introduced our updated Standards of Good Regulation, which reduced the number of Standards from 24 to 18. The number of Standards across the four key regulatory functions (guidance and standards, education and training, registration and fitness to practise) was reduced from 24 to 13, which included removing duplication across the Standards and combining a number into broader, more outcomes focused Standards. We also introduced a set of five General Standards that relate to the performance of the organisation more broadly.

Protecting the public: reviewing the regulators

REVIEWING REGULATORS’ PERFORMANCE

The performance review is our check on how well the regulators have been protecting the public and promoting confidence in health and care professionals and themselves. We publish a report about each regulator every year on a rolling basis. Our performance review is important because:

- it tells everyone how well the regulators are doing
- it helps the regulators improve, as we identify strengths and areas for improvement.

Regulator reviews 2019/20

In our regulator reviews for the annual report, we are mainly referring to our reviews covering performance in 2019/20 (as our reviews are carried out on a rolling basis and retrospectively). We published 11 performance reviews during 2020/21. Three of these were reviews for the 2018/19 period. Social Work England’s first performance review is due later in 2021 and PSNI’s review for 2019/20 will be published shortly (July 2021).

Find out more about how the regulators responded to the pandemic in our report Learning from Covid-19, a study of the actions taken by regulators in the first phase of the pandemic.
REVIEWING REGULATORS’ PERFORMANCE (cont)

Escalating ongoing concerns about regulators
We have introduced a process to consider, and escalate ongoing and serious concerns about a regulator’s performance. Our Board will make the decision and take action, including writing to a regulator’s Chair and the relevant governmental departments and secretaries of state to alert them to the problems.

We used this process to deal with ongoing concerns about HCPC’s fitness to practise process, though we recognise HCPC has been working to improve their processes, our Board agreed that these concerns should be escalated, and we wrote to HCPC’s Chair and to the Secretary of State for Health and Social Care as well as the Chair of the Health and Social Care Select Committee. HCPC has engaged with the process and demonstrated its commitment to improvement. We will continue to monitor HCPC’s fitness to practise performance and how it implements its improvement plan.

Social Work England
Throughout this year, we have been closely monitoring SWE’s performance as part of its first annual performance review. We also reviewed all decisions reached by SWE case examiners using a new approach to settling fitness to practise cases - called ‘accepted outcomes’. Case examiners will propose an outcome to the registrant and, if the registrant agrees, the matter will not proceed to a hearing. This is a new process and therefore it’s necessary to ensure that the outcomes were protecting the public. We checked all 41 decisions made using this process during 2020 and we have published a report of our findings.

Standards of Good Regulation met (18 Standards in total) for 2019/20 Performance Review year (unless*)

<table>
<thead>
<tr>
<th>Regulator</th>
<th>Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Chiropractic Council</td>
<td>17</td>
</tr>
<tr>
<td>General Dental Council</td>
<td>16</td>
</tr>
<tr>
<td>General Medical Council</td>
<td>18</td>
</tr>
<tr>
<td>General Optical Council</td>
<td>16</td>
</tr>
<tr>
<td>General Osteopathic Council</td>
<td>18</td>
</tr>
<tr>
<td>General Pharmaceutical Council</td>
<td>15</td>
</tr>
<tr>
<td>Health and Care Professions Council</td>
<td>13</td>
</tr>
<tr>
<td>Nursing and Midwifery Council</td>
<td>17</td>
</tr>
<tr>
<td>Pharmaceutical Society of Northern Ireland*</td>
<td>22/24</td>
</tr>
</tbody>
</table>

* Review from 2018/19 cycle.

Social Work England – began operation on 2 December 2019 so its first performance review will be published later in 2021.

The number of Standards met does not give a full picture of how a regulator is performing but does help identify areas for improvement. For this annual report period (the reviews are mostly for 2019/20), where regulators did not meet Standards, the issues and concerns we identified related mainly to their fitness to practise processes, as well as the new Standard 3 in General Standards looking at how the regulators understand the diversity of registrants, patients and service users as well as ensuring that their processes do not impose inappropriate barriers/disadvantage people with protected characteristics.

Find out more:
- How we carry out our performance reviews
- Read our performance reviews
- Read our new Standards of Good Regulation
- Read our Review into Social Work England’s process for ‘accepted outcomes’ in its fitness to practise process
Protecting the public: reviewing the regulators

We help to protect the interests of patients and the public through our power to appeal the regulators’ final fitness to practise decisions. *Fitness to Practise* is the process by which the regulators deal with concerns and complaints about their registrants. Our shorthand term for this work is ‘section 29’. This is because our power to check and appeal final fitness to practise decisions is set out in section 29 of the National Health Service Reform and Health Care Professions Act 2002, we can refer final fitness to practise decisions made by the regulators to Court.

We saw a decrease (of 27%) in the number of decisions sent to us for review this year - cases, especially panel hearings, were postponed during the first lockdown and then many more were moved online and held virtually instead.

Our oversight of final fitness to practise decisions has a value that extends beyond the safety net that our power to appeal provides. It means we can help regulators to improve standards of decision-making and recording through the learning points we feedback. But it also creates case law which can help to clarify the process.

Guidance for virtual fitness to practise hearings

We worked with regulators and representative bodies to provide guidance on how to conduct of virtual hearings. The aim was to ensure that there was minimal disruption caused by the pandemic to the progress of fitness to practise hearings while recognising the legitimate concerns of a number of representative bodies about the privacy, fairness and technological aspects of such hearings. We published our guidance in September 2020 and we will review it in the coming year.

We also share our expertise and experience with regulators and have assisted in the training of members of their Fitness to Practise panels. This year we gave (virtual) presentations on our work to the GDC and HCPC.

2020/21  2019/10

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<thead>
<tr>
<th></th>
<th>2020/21</th>
<th>2019/10</th>
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<tbody>
<tr>
<td>Decisions reviewed</td>
<td>2,018</td>
<td>2,783</td>
</tr>
<tr>
<td>Detailed case reviews</td>
<td>75</td>
<td>147</td>
</tr>
<tr>
<td>Case meetings</td>
<td>20</td>
<td>32</td>
</tr>
<tr>
<td>Appeals</td>
<td>11</td>
<td>21</td>
</tr>
</tbody>
</table>

9/10 Our usual success rate for appeals

Find out more about:
- Our work scrutinising final fitness to practise decisions

Protecting the public: why is it so important to double-check fitness to practise decisions?

Our oversight of final fitness to practise decisions provides a safety net which can catch decisions where the regulators’ panels have got it wrong. Our successful appeals can remove from practice, or restrict the practice of a professional who is currently not fit to practise and could pose a risk to the public - any one healthcare professional could go on to treat or care for a 1,000 patients over the course of a year. Our independent oversight also ensures the public interest is represented and counterbalances the registrant’s right of appeal in the process.
Sharing feedback/concerns with us

<table>
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<tr>
<th>2020/21</th>
<th>2019/20</th>
<th>2018/19</th>
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</thead>
<tbody>
<tr>
<td>551</td>
<td>416</td>
<td>360</td>
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</table>

Members of the public as well as health and care professionals get in touch with us to share their experience of the regulators and accredited registers. While we cannot investigate complaints about the regulators or other bodies, the feedback we receive helps us identify areas to look at more closely in our performance reviews.

During 2020/21 we received 551 ‘concerns’ or contacts, an increase of more than 30% on 2019/20. (However quite a few of these related to how we would be working during the pandemic; and other more general enquiries.)

Fifty-six were about the fitness to practise decisions made by regulators in the early stages of their process; 14 people were concerned that the final outcome of a fitness to practise case was insufficient. Those concerns were considered by the section 29 team during its reviews and the outcome communicated to those who contacted us.

All the Authority’s appeals heard during 2020/21 were agreed settlements.

Scrutiny of regulators' council appointments

We assist the Privy Council with appointments to the regulators’ councils (except the PSNI and SWE). We do this by scrutinising the process used by regulators to recommend candidates for appointment. We provide advice to the Privy Council in relation to all open competitions for appointments and reappointments processes. In 2020/21, we provided advice to the Privy Council in relation to 14 processes run by seven of the eight regulators.

During the year we consulted with the regulators to gain their views on our requirement to anonymise the identity of candidates until the end of their panel’s shortlisting stage. We also sought their views more generally on our process and where this could be improved or streamlined.

In December we held a well-attended online seminar to consider how to implement this approach and the ‘positive actions’ the regulators could take to increase the diversity of their councils. Two regulators, the NMC and the HCPC, shared their experience of developing associate member and council member apprentice roles and it is hoped this approach will contribute to increasing diversity within regulator councils.

Find out more about:

- Our work scrutinising final fitness to practise decisions
- Read our guidance for virtual panel meetings
- The value of our section 29 power to appeal
- Read through case studies which show our power to appeal in practice and how it contributes to protecting the public

<table>
<thead>
<tr>
<th>2020/21</th>
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<tbody>
<tr>
<td>11 Decisions appealed</td>
</tr>
<tr>
<td>3 General Medical Council</td>
</tr>
<tr>
<td>1 General Optical Council</td>
</tr>
<tr>
<td>1 General Pharmaceutical Council</td>
</tr>
<tr>
<td>1 Health and Care Professions Council</td>
</tr>
<tr>
<td>4 Nursing and Midwifery Council</td>
</tr>
<tr>
<td>1 Social Work England</td>
</tr>
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</table>

Appeals referred this year

- 2 Upheld or settled by consent
- 1 Withdrawn
- 8 Listed to be heard in 2021/22
Protecting the public: accrediting registers

THE ACCREDITED REGISTERS PROGRAMME

We have a statutory role in strengthening quality and patient safety by setting standards and accrediting registers of people working in occupations not regulated by law.

The Authority’s Accredited Registers programme covers over 100,000 practitioners from a range of different professions in health and social care. Being accredited means that an organisation has satisfied us that it meets all of our Standards. Once accredited, the register and its registrants are entitled to use the Authority’s accreditation mark (shown opposite) so that they can be distinguished easily.

We have continued to work to raise awareness of the accredited registers programme and the importance of using registrants on them. The www.checkapractitioner.com facility on our website allows people to search for practitioners on accredited registers. We have also conducted social media campaigns including to raise awareness of the importance of choosing complementary healthcare providers on an accredited register. However, given the modest resources available to the programme, it is not possible for the Authority alone to raise awareness. It requires concerted effort by us, accredited registers, and other stakeholders with an interest in ensuring public protection, delivering services and promoting public health. We are grateful to NHS Employers for their continued promotion of the programme and will be contacting other stakeholders in the forthcoming year to ask for their support in raising awareness.

Improving Standards: accreditation/re-accreditation

Every register we have accredited has been required to improve its practice in one or more areas to meet the Standards for Accredited Registers before gaining accreditation. Conditions (changes that must be made within a specified timeframe to maintain accreditation) and recommendations (actions that would be beneficial but do not have to be completed to maintain accreditation) may be issued by our accreditation panels to improve practice against the Standards. Following an in-year review (we do this when serious concerns are raised), we suspended accreditation of the Society of Homeopaths on 11 January 2021. The Society had not met Conditions imposed in August 2020. Suspension means that the Society and its registrants are not permitted to use the Authority’s Accredited Registers quality mark. The suspension will only be lifted if the Society can provide evidence against all outstanding Conditions.
The DHSC has been working with us this year to secure changes to the Rehabilitation of Offenders Act and the Safeguarding Vulnerable Groups Act (SVGA) to strengthen the protection accredited registers can offer. At present, their exclusion from those Acts constrains their ability to protect the public as fully as they might. Their exclusion means that they cannot check spent convictions; or receive information from the Disclosure and Barring Service. Their omission from the SVGA means that they are not covered by the exemptions offered to data protection legislation which either prevents or makes it difficult for them to act on safeguarding matters involving either children or adults.

Find out more about:
- the Accredited Registers programme
- the decision to suspend accreditation of the Society of Homeopaths
- read the full report of the outcome of our consultation or
- a summary of key statistics of the consultation

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**Can a system of voluntary registration of health and social care practitioners be effective in protecting the public?**

<table>
<thead>
<tr>
<th>64%</th>
<th>25%</th>
<th>11%</th>
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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Not sure</td>
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</table>

**Should we move to a longer cycle of renewal of accreditation (proportionate to risk)?**

<table>
<thead>
<tr>
<th>71%</th>
<th>6%</th>
<th>23%</th>
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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Not sure</td>
</tr>
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</table>

**Do you think accreditation has been interpreted as implying endorsement of the occupations it registers?**

<table>
<thead>
<tr>
<th>57%</th>
<th>16%</th>
<th>27%</th>
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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Not sure</td>
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</table>

**Do you think the Authority should take account of evidence of effectiveness of occupations in its accreditation decisions?**

<table>
<thead>
<tr>
<th>45%</th>
<th>33%</th>
<th>22%</th>
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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Not sure</td>
</tr>
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</table>

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**Focus on Safeguarding**

The DHSC has been working with us this year to secure changes to the Rehabilitation of Offenders Act and the Safeguarding Vulnerable Groups Act (SVGA) to strengthen the protection accredited registers can offer. At present, their exclusion from those Acts constrains their ability to protect the public as fully as they might. Their exclusion means that they cannot check spent convictions; or receive information from the Disclosure and Barring Service. Their omission from the SVGA means that they are not covered by the exemptions offered to data protection legislation which either prevents or makes it difficult for them to act on safeguarding matters involving either children or adults.

The future shape of the programme: strategic review and consultation

We launched a strategic review of the Accredited Registers programme in June 2020. It was the first comprehensive review of the programme since its creation in 2012. We wanted to determine if the programme could become financially self-sustaining but also what changes are needed to improve its contribution to protecting the public.

To inform our review we held a public consultation in December 2020. The deadline to respond was 18 February 2021. We received more than 90 responses from a range of stakeholders across the UK including NHS bodies, charities representing patients, employers, current and prospective registers, and members of the public.

Some organisations had surveyed their own members on specific areas. We also held ‘roundtable’ events with patient groups and employers in January. We published the full report and an update on next steps in April 2021. We were able to identify core themes arising out of the consultation, including:

- Recognition of the importance of a system of assurance for unregulated health and care roles being embedded within the wider system
- Support for us to take greater account of public interest and risks of harm when deciding which registers are eligible for accreditation, whilst preserving patient choice
- The introduction of a sustainable funding model for the programme and a more proportionate assessment cycle.

We are currently fine-tuning our proposals and consulting with key stakeholders with a view to implementing the changes from July 2021.
Protecting the public: improving regulation

THE YEAR IN STATS

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<th>5</th>
<th>2</th>
<th>35</th>
<th>1</th>
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</thead>
<tbody>
<tr>
<td>events</td>
<td>research reports</td>
<td>blogs published</td>
<td>learning review</td>
</tr>
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We carry out a variety of work to help ensure that regulation protects the public effectively. This includes conducting research and publishing policy advice and looking forward, to anticipate change and ensure regulation remains agile.

We encourage collaboration between the regulators and academics to stimulate research, learning and improvement. Our objective is to ensure that regulation and registration are based on evidence of what works so that regulators are effective at protecting the public.

We also published research on patient and public perspectives on the regulators’ fitness to practise processes, and a review by Cardiff University of the body of research carried out and commissioned by us and the regulators to evaluate its usefulness as a body of evidence supporting regulatory practice. We commissioned external reports into unconscious bias in decision-making, public and professional perceptions of the value of consistency by regulators, and the ethical dilemmas faced by regulated professionals during the pandemic, published in early 2021/22.

A number of issues arose in the external policy environment which have also required a policy response, including the Cumberlege review, Medicines and Medical Devices Bill, and several consultations by professional regulators. The BEIS consultation (October 2020) on recognition of professional qualifications and regulation of professions, and the White Paper Working together to improve health and social care for all (February 2021) with proposals for a Health and Care Bill are likely to be a significant focus for the Authority during the next financial year. We also provided feedback at short notice on changes being proposed by the regulators we oversee in response to the Covid19 pandemic and produced a number of briefing papers to support our engagement activities.

Covid-19 learning review

We conducted a Covid learning review outlining the actions taken by regulators in the first phase of the pandemic, to July 2020.

The report was published in April 2021 and identifies the new ways of working introduced by regulators, such as online fitness to practise hearings and course accreditation. Some established temporary registration, and all used their websites to publish guidance on how professional standards apply in the unprecedented circumstances.

The report identifies where there is potential for changes in practice to become the new normal, while also identifying where further planning, research and discussion will be needed. It contains 28 case studies provided by the regulators, looking in detail at the changes they made in specific areas. It also includes summary comments from a sample of stakeholders who responded to a call for views.

Read the Covid-19 learning review

Find out more:

- You can find all our publications on our website
Focus on reforming regulation

During the year we worked with colleagues in the Department for Health and Social Care and the regulators on all aspects of the reform proposals, covering governance, registration, and education and training, as well as fitness to practise. This included commenting on draft proposals and taking part in discussions. Our primary aim has been to ensure that the reforms stay focused on public protection.

The Government published its consultation on reform of legislation for the healthcare regulators the Authority oversees at the end of March 2021. This followed the response to the four-country consultation Promoting professionalism, reforming regulation published by DHSC in July 2019.

We have long called for changes to the outdated and piecemeal legal framework for professional regulation and it remains our view that reform of the sector is needed to support the delivery of health and care services in the future in a flexible and innovative way. This was brought into sharper focus by the emergency action that a number of the regulators were required to take in the light of the workforce challenges brought about by Covid-19.

The proposals put forward in the consultation were a significant milestone for reform and broadly echo many of the changes proposed by the Authority. However, there were some proposals that gave us cause for concern. The Authority has cautioned that the proposed additional flexibility for regulators must be balanced by enhanced oversight to ensure that patients and the wider public are protected, and the public can continue to have confidence in regulation.

We submitted our full response to the consultation on 11 June 2021. Prior to this we published two short reports setting out our concerns about introducing accepted outcomes in the fitness to practise process with no independent oversight. Our second report set out the three main areas causing concern and our proposals on how to address them.

Find out more:
You can find all our work related to the consultation on our website, including FAQ, our two short reports as well as our full response.