

2002-2022



professional
standards
authority

20 years of public protection

**Our
contribution
to public
protection
2021/22**





We are an independent body, accountable to the UK Parliament. We help to protect the public through our work with organisations that register and regulate people working in health and social care.

In 2021/22:

1 We oversee 10 statutory bodies that regulate health and social care professionals in the UK.

2 We accredit registers of health and care professionals held by non-statutory bodies.

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.

▶ We developed and implemented a new, more streamlined and risk-based approach to performance reviews. Under the new approach we continue to report on each regulator every year, but now review performance in detail once every three years in what we call a ‘periodic review’. In the years between periodic reviews, we will focus our resources on areas of risk and continue to monitor key developments.

[>>Find out more](#)

▶ We introduced a ‘public interest’ test as part of our revised Standards for Accredited Registers. This followed a public consultation as part of our strategic review of the programme in 2020/21. Other changes made included a change to the fees model and the assessment cycle. These changes have allowed us to be clearer about the scope of the programme, and achieve financial sustainability.

[>>Find out more](#)

▶ Our eye was very much on regulatory reform this year. Just as one financial year closed and another started, the Government launched its consultation on *Regulating healthcare professionals, protecting the public*. We have been calling for reform for years so welcomed the proposals. However, we identified three areas where the proposals risked reducing public protection.

[>>Find out more](#)

▶ We continued to focus on equality, diversity and inclusion – acting on the recommendations from the audit carried out in 2020/21. We appointed a consultant in November 2021 to take this work forward and published our EDI action plan 2022/23 in April 2022.

[>>Find out more](#)

 [Read the full report.](#)

Our values: integrity | transparency | respect | fairness | teamwork

The Performance Review

► What is the performance review?

We have a statutory duty to report annually on the performance of the 10 health/care regulators we oversee. We do this by assessing how well they are performing against our Standards of Good Regulation and produce a report on the results of that review.

► What the reviews revealed

For reviews published during 2021/22, the regulators are generally performing well and meeting the majority of the Standards. Where Standards were not met, this usually related to a regulator's fitness to practise process and most often about timeliness.

► The Health and Care Professions Council

In November 2020, the HCPC embarked on a new improvement plan following the findings of our 2020 fitness to practise audit, where we remained concerned following issues we first identified in our 2017 audit. We introduced closer monitoring of the HCPC's progress in implementing this plan. This has included attending regular operational meetings and attending the HCPC's Fitness to Practise Improvement Board.

We have been impressed by the commitment of the HCPC to improving its fitness to practise processes and by the number of projects delivered as part of its improvement plan. While we have seen some improvements this year, we recognise it will take time for the HCPC to demonstrate the impact of its improvement plan. For this reason, we will be looking in depth at the HCPC's performance in fitness to practise during 2022/23.



FIND OUT MORE

- Find out more about the regulators we oversee.
- Read through our most recent reviews.



THE REGULATORS WE OVERSEE

Regulator	Number of registrants
Under 10,000	
General Chiropractic Council	1 3,492
Pharmaceutical Society of Northern Ireland	1 2,847
General Osteopathic Council	1 5,471
Over 10,000 but under 100,000	
General Optical Council	3 32,234
General Pharmaceutical Council	3 95,267
Social Work England	3 99,909
Over 100,000	
General Dental Council	4 114,899
Health and Care Professions Council	5 297,515
General Medical Council	5 351,021
Nursing and Midwifery Council	5 758,303



The Performance Review

STANDARDS OF GOOD REGULATION MET

GCC	GDC	GMC	GOC	GOsC	GPhC	HCPC	NMC	PSNI	SWE
17	17	18	17	18	15	13	17	17	16

Three of the reports were published after financial year end: GDC (April), SWE (May) and PSNI (June).

Consulting on making changes to the performance review process

We wanted to make sure our current performance review process was effective, but proportionate, helping us to identify risk and allowing ourselves (and the regulators) to target resources where they are most needed. We had identified several areas where improvements could be made. We launched our first consultation in December 2020 to get stakeholder feedback on high-level proposals for a new approach and the feedback we received helped us shape these proposals. We then consulted on this in late 2021, concentrating on three key areas:

1. Moving from an annual process to one where we carry out our checks periodically, with ongoing monitoring in between to maintain our oversight
2. Our proposal to set this period as a three-year cycle
3. The factors we will consider when determining whether we need to look in more depth at a regulator's performance.

Respondents broadly supported our proposals. We have therefore moved to a three-year cycle of periodic reviews with a monitoring process for the years in between. This is more risk-based than our previous process, brings the analysis work in-year, and allows us to produce more timely reports for each regulator.

The Standards cover the regulators' core functions as well as a set of General Standards including equality, diversity and inclusion as well as engaging with stakeholders:

- General Standards | 5
- Guidance and Standards | 2
- Education and Training | 2
- Registration | 4
- Fitness to Practise | 5
- **Total | 18**

BENEFITS OF THE NEW APPROACH





- more proportionate
- more focused and concise monitoring reports
- timely reports published sooner after the review period
- will help the Authority as well as the regulators target resources where they are most needed.



FIND OUT MORE

- Find out more, including the reports resulting from our two consultations.
- Read the Standards of Good Regulation.

Checking final fitness to practise decisions

	2021/22	2020/21
 2,137	2,019	
	decisions reviewed	
 101	75	
	detailed case reviews	
 26	20	
	case meetings	
 18	11	
	appeals	

 **6%**

We saw a 6% increase in the number of fitness to practise determinations notified to us during 2021/22 – likely due to regulators resuming hearings following the pandemic.

All the Authority's appeals heard during 2021/22 were upheld or settled by consent.

Under 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 10 regulators to Court (a referral by us is treated as an appeal by the Court).

During the year, we referred 18 cases to Court and joined as a party to one GMC appeal (relating to nine registrants). Our appeals in seven cases referred this year were upheld or settled by consent (and one was withdrawn because the registrant was removed from the register in relation to another matter). The other cases are all listed for hearings in 2022/23. We referred these cases because we thought the decisions were not sufficient to protect the public. The cases involved very serious misconduct, including breaches of boundaries, criminal convictions, misleading patients and employers, mistreating vulnerable patients and trying to cover up mistakes. In them all, we identified errors by the panel or the regulator which suggested that the decisions did not properly protect the public.

In eight of the cases where we decided an appeal was not necessary, we sent learning points back to the regulators to help them improve their processes.

2021/22

18 Decisions appealed

- 1 General Dental Council
- 1 General Pharmaceutical Council
- 3 Medical Practitioners Tribunal Service
- 10 Nursing and Midwifery Council
- 3 Social Work England

Appeals referred this year

- 7 Upheld or settled by consent
- 1 Withdrawn
- 10 Listed to be heard in 2022/23



FIND OUT MORE

- Find out more about our power to appeal fitness to practise decisions.
- Read more about how this power provides a safety net and double-check.

Sharing concerns and feedback



The feedback we receive helps us identify areas to look at more closely in our performance reviews.

Sharing feedback/concerns with us

2021/22	2020/21	2019/20
370*	551	416



Main areas of concern shared with us in 2021/22

Concerns shared regarding Fitness to Practise

- 69 related to ongoing fitness to practise cases, especially delays in the regulators' concluding cases
- 44 related to decisions made by the regulators during the early stages of the fitness to practise process
- 19 related to individuals who were not happy with the final outcome of a fitness to practise hearing.

Our Section 29 team consider any concerns shared with us about fitness to practise decisions and get in touch with individuals to explain our reasons for deciding to appeal a decision and our reasons where we do not.

Concerns shared regarding Registration

- 36 related to applicants experiencing delays with a regulator's registration process.

*At first glance, 370 looks like a large decrease on the 551 concerns reported for 2020/21. We think this is due to receiving more written complaints in 2020/21, but we also tightened our reporting to only those concerns about regulators for 2021/22.

We are contacted on most days by members of the public and health and care professionals who want to share their experience of the regulators with us. In addition, we receive many general requests for information or assistance about health and care services.

Frequently, those who contact us are seeking help with their concerns or wish to make a complaint. While we cannot investigate complaints about the regulators, we try our best to provide useful information and do on occasion contact a regulator about a concern we receive (usually to ask the regulator to provide more information or explain a delay.) We contacted regulators about a concern on 12 occasions during this past year.

Scrutiny of regulators' council appointments processes

We also have a duty to advise the Privy Council on the regulators' council appointments processes (except for PSNI and SWE appointments). In 2021/22, we provided advice to the Privy Council in relation to 15 processes run by seven of the eight regulators. We advised the Privy Council that it could have confidence in all of the processes we scrutinised.

In January, we held a well-attended appointments seminar. This included a presentation from the Privy Council, taking the opportunity to feedback to the regulators as well as discussing the potential impact of regulatory reform on appointments with the move to unitary boards. We also focused on the challenges of Equality, Diversity and Inclusion within the appointments process.



FIND OUT MORE

- How to share experience with us.
- Advice on appointments to regulators' councils.

The Accredited Registers programme

23
registers



60
occupations



100k
practitioners



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.

This Accredited Registers Quality Mark allows the public, employers, and commissioners to choose a practitioner with confidence in their commitment to high standards.

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 promote best practice but do not have to be completed to maintain accreditation) may be issued by our Accreditation Panels at initial accreditation and at full renewal assessments to improve practice against the Standards. Conditions must be met to maintain accreditation.

► Changes in 2021 following a strategic review

In July 2021, we made changes to the programme as a result of the strategic review (announced in June 2020). We introduced a new 'public interest test' within our Standards (Standard 1b), which considers whether the benefits of the activities of practitioners on a Register outweigh any risks. We also introduced a revised fees model, and a risk-based assessment cycle. We also rationalised the Standards from 11 to eight. There is a new evidence framework which sets out the minimum requirements for each Standard, to support greater consistency in decision-making.

To ensure that the programme remains cost effective and that assessments are proportionate to risk, full assessments against our Standards will now take place once every three years, instead of annually. Every Accredited Register will have an annual check in the intervening years. If we identify any concerns or changes that could affect whether the Standards continue to be met, then we may initiate a more in-depth, Targeted Review at any point.



► **27 conditions**
► **54 recommendations**



FIND OUT MORE

- About the Accredited Registers programme.
- About the Strategic Review of the programme.
- About the Safeguarding pilot.

ACCREDITED REGISTERS IN NUMBERS 2021/22

Four New applications from 2020/21 continued to be assessed – all are now in the final stages:

- UK Society for Behaviour Analysis
- British Psychological Society's Wider Psychological Workforce Register
- Institute of Trichologists (IoT)
- National Council of Psychotherapists.

Two New applications received during 2021/22:

- British Association for Cognitive Behavioural Psychotherapies and the Association for Rational Emotive Behaviour Therapy
- British Occupational Hygiene Society whose registrants help recognise, manage and control workplace health risks.

One Preliminary assessment against Standard One completed:

- Athena Herd CIC registers Equine Facilitated Workers.

One New register accredited:

- Rehabilitation Workers Professional Network registers Vision Rehabilitation Workers and Vision Habilitation Specialists, who work with people who have experienced sight loss.

One Register left the programme:

- Federation of Holistic Therapists decided not to move to the new fees model and approach.

► Raising awareness and recognition

In line with government policy, we promote the message that when choosing practitioners working in unregulated roles, the public, employers and others should choose practitioners on Accredited Registers, wherever possible, to help them make an informed choice and benefit from the increased protection it offers.

We continue to work to raise awareness of the programme, the benefits and why it's important to use practitioners registered under the umbrella of the Accredited Registers programme.

We promote the Quality Mark – a clear sign that someone is accredited and has met our standards. We regularly use our

blog and social media channels to promote the programme and highlight work undertaken by colleagues.

► Safeguarding and criminal records checks

Accredited Registers have experienced challenges in accessing criminal record checks for their registrants. This has meant a gap in checks for registrants who are self-employed and not having these checks undertaken by employers. Criminal record background checks are an important part of safeguarding measures to protect patients and the public. They are conducted by different agencies, depending on where in the UK the work is being carried out. Employers are the main route for the checks taking place. Although the regulators and Accredited Registers are not employers, some undertake criminal records checks for self-employed registrants.

On 9 March 2022, we launched a pilot scheme aimed at addressing the current gap in checks of self-employed Accredited Register practitioners. A gap we have been highlighting for a few years. The pilot applied to checks in England and was for higher level Disclosure and Barring Service (DBS) checks. A small, randomly selected, sample of self-employed practitioners on the Association of Child Psychotherapists register participated in the pilot. The pilot's results will be used to inform our understanding of eligibility and the practical implications of other Accredited Registers making these checks.

The www.checkapractitioner.com (CAP) facility on our website continues to allow all stakeholders to search for a register, or a practitioner working in a specific role. Use of the CAP search tool continues to rise month on month, indicating it is a valuable resource.

Improving regulation

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. Our objective is to ensure that regulation and registration are based on evidence of what works so that regulators and accredited registers are effective at protecting the public. Much of our focus this year was on regulatory reform.

► Research reports

In April 2021, we published our *Covid-19 lessons learned review* which used case studies to look at how the 10 UK health and social care regulators responded to the initial crisis caused by the pandemic. In June, we published research we had commissioned by Professor Deborah Bowman: *Ethics in extraordinary times - practitioner experiences during the pandemic* – analysing the situations faced by practitioners and the difficult decisions they had to make. We also published consumer research on public, patient and professional perspectives on the importance of consistency in regulation; and research on cognitive biases in fitness to practise decision-making.

► The wider health and care policy environment

A number of issues arose in the external policy environment during the year. These included:

- Government response to the Paterson Inquiry
- The Ockenden inquiry
- Proposals to introduce patient safety commissioners in England and Scotland
- Proposal to introduce a statutory duty of candour for organisations in Northern Ireland
- Proposal to introduce licensing for cosmetic practice in Scotland and England.

We expressed our opposition to the use of conversion therapy and have long required registers we accredit to prohibit its practice. We responded to the HSC Committee consultation on litigation, repeating our support for learning cultures, but cautioning against ‘safe spaces’ that may undermine professional accountability.



FIND OUT MORE

- Read our research reports.
- Read all our consultation responses.
- Read our blogs.



► Cooperation and Collaboration

We established a cross-directorate intelligence forum to consider issues arising during the pandemic and how the regulators were responding to the evolving situation.

We also continued to hold events (mainly online) to promote learning and improvement. Our annual symposium included a focus this year on bridging the gaps in the patient safety system including in relation to equality, diversity and inclusion. The theme for our joint seminar with the Welsh government was on ensuring flexibility and resilience in a regulatory system under pressure. We held a well-attended follow-up to our 2020 seminar on the professional duty of candour in Scotland in September 2021.

We continue to host regular regulators’ policy forums to share ideas and learning between policy colleagues in our sector; and similarly attend the regulators’ research forum.

Reforming regulation

We have long been calling for changes to the outdated and piecemeal legal framework for professional regulation. We strongly believe 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 during the pandemic.

► Regulating healthcare professionals, protecting the public

The Government published its consultation on reforming legislation for all the healthcare regulators we oversee at the end of March 2021. The Government proposals were a significant milestone for reform and broadly echoed many of the proposals for change we have previously put forward. We welcomed the consultation and supported much of what was in it. However, there were three areas that gave us cause for concern and we believed could inadvertently reduce public protection, mainly:

1. Reducing the grounds for action in the fitness to practise process.
2. Using 'accepted outcomes' to settle fitness to practise cases.
3. Proposal to give regulators more freedom so they can decide how they use the duties and powers they will be given in law.

We focused on these areas in our engagement with stakeholders along with our proposals on how to fix them and set these out in two short reports as well as in the final response we submitted.

During the year we have also continued to work with colleagues in the Department for Health and Social Care, the devolved administrations and the regulators on all aspects of the proposed changes to the regulators' legislation. Our primary aim has been to ensure that the reforms stay focused on public protection.

► Health and Care Bill

We also published a short report outlining our views on the implications for professional regulation of the Health and Care Bill (which has since passed into law). The (now) Act gives the Secretary of State for Health and Social Care the power to abolish regulators as well as deregulate professions. In our report, we described how the the complexity of the current regulatory system can still fail to keep patients and service users safe and reaffirmed our position that what we need is a clearer, simpler and more coherent system of regulation. We published our response in October 2021.

► Deciding when statutory regulation is appropriate

In early 2022, the Government also consulted on plans to introduce a new policy for deciding which groups should be regulated by law, based mainly on the risk they pose to the public. We published a news update on the consultation announcement in January along with some Frequently asked questions (FAQs). We also submitted our formal response to the consultation welcoming the move to a transparent, risk-based approach to deciding which roles are regulated.

GREATER ACCOUNTABILITY AND TRANSPARENCY
 CONSISTENT PUBLIC PROTECTION SAFEGUARDS
 PROPORTIONATE
 BETTER REGULATORY COHERENCE
INCREASED CONFIDENCE
 FLEXIBILITY SAFE AND APPROPRIATE BALANCE
 INTERPROFESSIONAL WORKING MORE IN THE PUBLIC INTEREST
 LISTENS TO PATIENTS
 EFFECTIVE FRAMEWORK
 BALANCED

What we would like reform to achieve for professional regulation



FIND OUT MORE

Find more about our thoughts on reform, including our short reports, FAQs and consultation responses.

Equality, Diversity and Inclusion

“Could we do more to promote diversity and tackle inequalities in health and care?” We asked ourselves this question following the murder of George Floyd and the Black Lives Matters movement.

So, in summer 2020, we reviewed our approach to equality, diversity and inclusion (EDI). We commissioned an external audit which suggested some key areas for us to develop our work in this area. We received that audit in April 2021. We then appointed an EDI adviser to help us develop an action plan to carry forward the changes we wish to make. The action plan was published just after year-end (in April 2022).

As part of our plan, we have developed three objectives that will give focus to our work:

- 1** We need to gain a deeper understanding of EDI issues and how people with minority protected characteristics are actually affected by the health and social care system.
- 2** We need to make sure that our own internal processes actively promote equality, diversity and inclusion. As part of this work, we have appointed our first Associate Board Member from an under-represented demographic background (in May 2022). We'll also be working with the regulators to get information to analyse our own decision-making around referring regulators' decisions to the courts.
- 3** We need to be clearer about our expectations from the regulators and accredited registers we oversee. They have an important role in assisting their registrants to provide care which addresses the health inequalities in this country and in running systems which are fair to all registrants.

Alongside the action plan, we published the key outcomes we expect to achieve during 2022/23.



We have also committed to becoming a disability confident employer.



FIND OUT MORE

- Find more about our focus on EDI.
- Read through our EDI action plan.

