



# 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.

**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.

Read the **full report** to find out more.

# 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.


We review the nine health and social care regulators


 General Chiropractic Council	 General Dental Council	 General Medical Council
 General Optical Council	 General Osteopathic Council	 General Pharmaceutical Council
 Health & Care Professions Council	 Nursing & Midwifery Council	 Pharmaceutical Society of Northern Ireland

# THE YEAR IN STATS


## Reviewing the regulators

 **4,095** Final fitness to practise panel decisions checked

**35** Case meetings held 

**8** Final fitness to practise decisions appealed 

**1** Party to one GMC Appeal

**265** Detailed case reviews 

## Improving regulation

### Thought leadership

- 5** research papers
- 1** special report
- 2** learning points digests
- 1** commission from Scottish Government
- 2** commissions from Canada
- 22** consultation responses

**1 Special investigation:** lessons learned review into the NMC's handling of concerns about midwives' fitness to practise at the Furness General Hospital. (Published after year-end in May 2018)

### Cooperating & collaborating

- Academic conference
- Fitness to Practise Seminar
- Regulatory policy seminar
- Accredited Registers conference
- Presenting at international regulatory conferences

**7** Regulators reviewed Reports published

 Guidance & Standards

 Education & Training

 Registration

 Fitness to Practise

### How the regulators are meeting the 24 Standards of Good Regulation

GCC	GDC	GMC	GOC*	GOsC	GPhC	HCPC	NMC**	PSNI
23	23	24	22	24	24	18	23	24

\* The GOC review is still being finalised - these are how many Standards it met in its last review.  
 \*\*The NMC review was published after year-end in June 2018.

## Accredited registers

**25** Accredited registers

**31** Health & care occupations

**85k** Practitioners

professional standards authority

accredited register

let's work together

**100%** of registers accredited have applied for re-accreditation

## Reviewing the regulators' performance against the Standards of Good Regulation

We 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. This process continues to identify areas of good and poor performance by the regulators.

### Performance against the Standards

All the regulators reviewed (eight including the NMC though its report was published post year-end) met all of the Standards of Good Regulation for Standards and Guidance, Education and Training, and Registration. The GDC, the NMC and the GCC failed to meet one of the Standards for Fitness to Practise. While the HCPC failed to meet six out of 10 of these Standards. Our concerns centred around its approach to fitness to practise, especially in the early stages, including:

- closing complaints early
- applying its 'Standard of Acceptance' criteria inappropriately and inconsistently
- its approach to assessing risk
- time taken to carry out and conclude investigations.

Since our review was published, the HCPC has implemented a long-term action plan to address these issues. You can find out more in the [HCPC's performance review](#).

### Other points of interest from this round of performance reviews

► **Fitness to practise:** the regulators continue to struggle with fitness to practise and have looked at ways to improve it. The GPhC consulted on proposals to change its threshold criteria about whether a case should be referred to its Investigating Committee. The GDC has now introduced case examiners, who decide whether there is a case to answer. The GMC continues to expand its provisional enquiries process. We consider that innovations in the fitness to practise process can be valuable, if implemented appropriately – for example with consensual disposal of cases. However, it is important that such processes should not be used in a way which results in serious matters not being adequately investigated. We will continue to monitor the regulators' use of these processes.

► **Timely progress of cases:** the data provided to us by the regulators does not always tell the whole story. We also look for any identifiable trends; how performance compares with other regulators; and the individual regulator's own key performance indicators/service standards. There are difficulties in assessing timeliness because the regulators do not always begin measuring their timescales at the same point. We have introduced refinements to the data that we collect from the regulators to address this point. However, we continue to raise our concerns about the time it is taking for some regulators to progress cases to a conclusion and have explored in some detail in our individual reports how the regulators are managing their caseloads.

► **Openness and transparency:** we have worked over the years to encourage openness and transparency in the regulators' processes. The GPhC provides a good example of this when it consulted on revising its standards for pharmacy professionals. It received a high volume of responses. We saw evidence that the GPhC took careful account of these in reaching its final decision.

► **Black and Minority Ethnic registrants:** the GMC has attempted to understand why BAME registrants are disproportionately represented in fitness to practise hearings. The GPhC has also been carrying out work in this area.

How the regulators are meeting the 24 Standards of Good Regulation

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\* The GOC review is still being finalised - these are how many Standards it met in its last review. \*\*The NMC review was published after year-end in June 2018.

**Time for a change?** We launched a consultation on reviewing the Standards of Good Regulation in June 2017. We have now published our **second consultation** looking for feedback on the more detailed proposals.



## Scrutinising final fitness to practise panel decisions

Insights/issues/concerns identified from our scrutiny of fitness to practise cases this year, include:

### \*Duty of Candour

▶ Continues to be little reference being made to the duty in allegations/determinations.

### \*Regulators prosecution of cases

▶ Extent to which some regulators seek to amend charges at the last minute.

▶ The HCPC's approach to investigating cases that may involve registrants' underlying health issues.

▶ The quality of expert evidence.

▶ The NMC's reliance on external investigations and not gathering its own direct evidence.

### \*Panel decisions

▶ Lack of detail making it difficult to understand the reasoning behind the panel's actions.

▶ Panels do not seem to appreciate the importance of whistleblowing.

▶ That where no actual harm has occurred, this is considered as a mitigating factor.

▶ Failing to adopt approach that sexual motivation is a matter of inference, based on all the evidence.

▶ A finding of no misconduct in some NMC cases where its registrants had assaulted patients with challenging behaviour.

### \*GMC Right of Appeal

▶ Possibility of duplication of effort and costs.

### \*NMC registrants lapsing from the register

▶ A loophole in the NMC's legislative framework allowing it to remove individual registrants from its register before the High Court can address our referral.

### \*Registrants seeking to cease practice

▶ If a registrant decides to retire/cease practice, it can be burdensome for the regulator to pursue the case with no tangible benefit for public protection.



Great event, many thanks. Really interesting and usefully thought provoking...

..Thank you for putting together such an informative day...

Feedback from delegates attending the fitness to practise seminar



## Feeding back learning points/Engaging with regulators

Where a case does not meet the very high bar for referral to the courts, but we have concerns about the decision or the regulator's handling of the case, we send learning points to that regulator. Members of our Scrutiny and Quality team have also been out and about during the year, speaking at conferences, as well as talking to regulators about fitness to practise.

## Fitness to practise seminar

Last year we brought fitness to practise chairs together. This year we held a seminar attended by Directors of Fitness to Practise, operational heads and senior staff responsible for investigation and adjudication. We asked them to identify the essential elements needed to create a 'good' fitness to practise process. Representatives from the Solicitors Regulation Authority, the National College of Teaching and Leadership, the Care Quality Commission and the Parliamentary and Health Service Ombudsman also attended.



4%

Decrease in the number of final fitness to practise decisions notified to us  
2016/17: 4,285  
2017/18: 4,095



8

The number of cases we appealed



0.2%

Slight reduction in the trend for referring cases to court

**Accredited Registers**  
**Strengthening public protection**

Before they are accredited (or re-accredited), all registers have to demonstrate how they meet our demanding standards – only then can they display our registered quality mark. We will suspend/remove accreditation if we determine that a register is in serious breach of the standards. Suspension can be lifted if a register demonstrates it has remedied the issues. During 2017/18 we removed accreditation from one register and imposed conditions on eight registers. Registers must comply with the conditions to retain accreditation.

Registers have improved performance by:

- ✓ Improving processes for handling complaints, including against practitioners, the register itself, clarifying complaints procedures to the public
- ✓ Improving the accuracy of registers to enable the public to make informed choices
- ✓ Formalising the requirement for lay involvement on committees and boards
- ✓ Clarifying education and training requirements for entry to the register
- ✓ Improving the management of conflicts of interest
- ✓ Improving processes for managing continuing professional development
- ✓ Improving risk management processes.



Everyone has seen horror stories about the results of poorly administered lip fillers. We decided to launch our first social media campaign aimed at members of the public who might be considering lip filler treatment to help them choose qualified practitioners from an Accredited Register. We saw a huge increase in traffic to the lip filler landing page. During the campaign period (19 June-16 July 2017), the number of sessions increased by **68%** and the number of users by **83%**.

confidence | choice | quality | protection

**Collaboration and cooperation**  
**Untapped Resources: Accredited Registers in the Wider Workforce**

is the joint report we produced with the Royal Society for Public Health. It demonstrates the potential of practitioners on accredited registers to be part of the wider public health workforce. These practitioners have lengthy patient contacts and develop trusted relationships, providing the potential for greater inclusion of healthy conversations where appropriate.



George Jenkins, the Authority's Chair with Philip Dunne MP and Shirley Cramer, Chief Executive of RSPH at the launch of the report.

We accredited a credentialing register for workers in the life science industry who work within NHS trusts and routinely interact directly with patients and/or NHS front-line staff. It is the first register of its kind and sets national standards for individuals working in the life science industry, providing reassurance to the NHS.



**Choose with confidence**  
**www.checkapractitioner.com**

This new search function allows people interested in checking or finding a practitioner – whether regulated or on an accredited register – to search for practitioners through the regulators' and registers' websites.

**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.**

## Improving regulation

Our objective is to ensure that regulation and registration is based on evidence of what works so that regulators are effective.

### WE DO THIS BY:

#### Conducting research

This year we published:

- Bad apples? Bad barrels. Or bad cellars? Professional misconduct in UK health and care
- Categorisation of fitness to practise data
- Typology of dishonesty
- How does professional regulation affect the identity of health and care professionals: exploring the views of professionals
- Professional identity and the regulator's role - an overview.

#### Pressing for regulatory reform

We feel that **reform** of the sector is both **necessary** and **urgent**. We also worked closely with the Department for Education on setting up the new social work regulator in England, Social Work England, sitting on both the Advisory Group and the Regulatory Expert Group, and have been an important source of regulatory expertise. We published **our response** to the government's consultation *Promoting professionalism, reforming regulation*.



This year we produced our special report *Right-touch reform*. This is a comprehensive guide to our thinking on the future of health and care professional regulation. It also gives detailed analysis and recommendations in four areas: harm prevention, fitness to practise, quality assurance of higher education and registration.

## Annual Academic Conference



Dr Paul Snelling @PaulCSnelling · Mar 9

Thank you @prof\_standards for an excellent conference, I can't recall meeting a more interesting group of people. #psaconf

### The conference – facts & stats:

- ▶ focus on fitness to practise
- ▶ 1 ½ days (8-9 March)
- ▶ 105 delegates
- ▶ 36 presentations
- ▶ co-chaired by Professor Tim David, University of Manchester
- ▶ colleagues from Australia, Belgium, Canada, Ireland, the Netherlands, and the USA as well as all four UK nations



Watch the **highlights** or read through the **presentations** on our website.



### Encouraging collaboration

We want to stimulate research, learning and improvement – as well as providing opportunities for knowledge-sharing and networking between regulators, policy-makers, academics and others. In addition to our annual academic conference we also held:

- 1 Joint event with the Welsh Government
- 1 Fitness to Practise seminar (see page 4)

### Publishing policy advice

The Scottish Government commissioned us to advise on the implications of regulating an occupation in fewer than all four UK countries.

### Undertaking international commissions

This helps to extend our understanding of regulation. We received two commissions from Canada. We also advised the Chinese University of Hong Kong, who have been developing an Accredited Registers programme for the Hong Kong government. We also presented at international regulatory conferences, including in the USA and Canada.