

WHAT HAS BEEN ACHIEVED IN PROFESSIONAL REGULATION? **A look back at key developments**



Who we are and what we do

The Professional Standards Authority for Health and Social Care promotes the health, safety and wellbeing of patients, service users and the public.

We do this by raising standards in the statutory regulation and voluntary registration of people working in health and care. We are an independent body, accountable to the UK Parliament.

How do we do this?

1. We oversee the work of the nine statutory bodies that regulate health professionals in the UK and social workers in England. We review the regulators' performance and audit and scrutinise their decisions about whether people on their registers are fit to practise.
2. We also set standards for organisations holding voluntary registers for people in unregulated health and care occupations and accredit those organisations that meet our standards.
3. To encourage improvement, we share good practice and knowledge, conduct research and introduce new ideas including our concept of right-touch regulation. We monitor policy developments in the UK and internationally and provide advice to governments and others on matters relating to people working in health and care.
4. We also undertake some international commissions to extend our understanding of regulation and to promote safety in the mobility of the health and care workforce.

We are
committed
to being
independent,
impartial, fair,
accessible and
consistent.

To find out more about our work and the approach we take, visit www.professionalstandards.org.uk.



Why we were needed?

We started life in 2002, known then as the Council for the Regulation of Health Professionals. The Kennedy inquiry, also known as the Bristol inquiry, recommended the creation of an organisation which would hold professional regulators to account and improve the quality of regulation. Achieving the objective of regulatory reform has been at the heart of government policy, the regulators' activities and the oversight of the Professional Standards Authority for more than a decade.

In the Government's response in 2002 to the Kennedy inquiry, it said it would establish:

- 'a new Council for the Regulation of Health Care Professionals to strengthen and co-ordinate the system of professional self-regulation; and
- reform of the current arrangements for the regulation of individual health care professions so that patients will be at the heart of professional regulation.'

Although considerable progress has been made, this objective is not yet fully realised and this is something we continue to work towards.



Protecting patients, improving regulatory performance

Public protection is at the heart of everything we do and our work helps to protect patients in several ways.

Reviewing the regulators: scrutinising final fitness to practise decisions

Our power to appeal the regulators' final fitness to practise decisions means that we catch those cases where the sanction handed down to the registrant is insufficient to protect the public.

We send learning points to the regulators to help them address concerns that we identify in our scrutiny.



Reviewing the regulators: reporting on the regulators' performance

Our reviews of the regulators' performance enable Parliament to hold them to account for their performance. The Health and Social Care Committee uses our reports and our evidence to inform their oversight. Our published reviews identify dips in regulators' performance and act as a lever to encourage improvement.

we oversee:
nine
regulators
who are responsible
for approximately
1.6 million
registrants

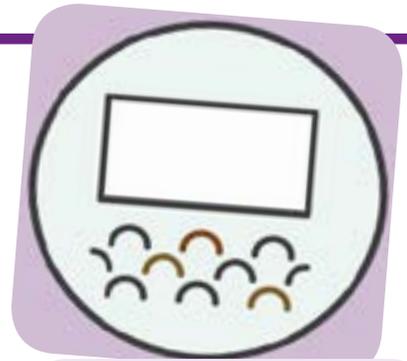
We review the nine health and social care regulators



Improving regulation through policy and research work

One of our main aims is to ensure that regulation and registration is based on evidence of what works so that regulators are effective. We have been working to build an evidence base through collaboration, cooperation and communication with key stakeholders, including regulators, academics, policy advisers and government. We have been expanding this evidence base by:

- ▶ advising governments and others on regulatory policy
- ▶ carrying out and commissioning research to help us find out what works
- ▶ facilitating networking and meetings between those working in/researching the regulatory field through seminars, symposia and our annual academic and research conference
- ▶ undertaking international commissions to extend our understanding of regulation.



We want to stimulate research, learning and improvement – as well as providing opportunities for knowledge-sharing and networking between regulators, policymakers, academics and others.

Accrediting registers

The Accredited Registers programme has benefited the public as shown in the following examples:

- ▶ To date, 26 registers have raised their standards through meeting our Standards for Accredited Registers, including better handling of complaints, management of risks and provision of information to the public.
- ▶ The introduction of www.checkapractitioner.com helps the public to access practitioner details from registers we oversee and so avoid poor practice.
- ▶ We do not accredit any register that allows conversion therapy to be practised.
- ▶ We have set requirements for the Society of Homeopaths to monitor registrants use of CEASE therapy to protect children.



Choose with confidence www.checkapractitioner.com

This 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.



What have we achieved?

Since our inception, we have made significant gains in developing policy and standards of good regulation as well as scrutinising and improving the quality of the regulators.

WE HAVE: DEFINED STANDARDS



The standards of good regulation cover the regulators' four core functions: guidance and standards, education and training, registration, and fitness to practise.

- Defined the standards of good regulation, which did not exist before we developed them. Our Standards of Good Regulation describe the outcomes regulators should achieve to meet their statutory obligation to protect the public.

WE HAVE: ENCOURAGED GOOD GOVERNANCE AND TRANSPARENCY



We publish performance reviews of the regulators. These reports tell everyone how well the regulators are doing; and help them to improve, as we identify strengths/weaknesses and recommend changes.

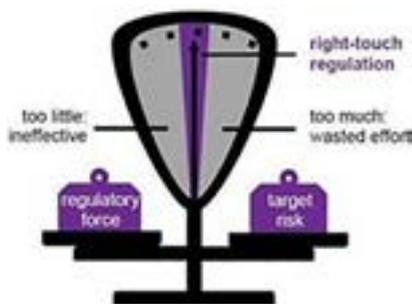
- Insisted on transparency, publishing reports of the regulators' performance and policy advice to Ministers. This has shifted much-needed discussion about regulators' performance into the public arena.
- Triggered improvement to the governance of regulators, moving it from representing the interests of the profession to focusing on patient safety and maintaining public confidence.
- Issued guidance on good practice on making appointments to councils and advised the Privy Council on appointments to the regulators' governing councils.

WE HAVE: EXPLAINED REGULATION



● Led a shift in understanding about regulation and its role – and made it an evidence-based discipline. Our annual academic conference has brought in new disciplines, bringing evidence about counter-productive workplace behaviour to bear on the problem of professional misconduct.

WE HAVE: LED THE CALL FOR REFORM/PROMOTED THE CONCEPT OF RIGHT-TOUCH REGULATION



Right-touch regulation describes the approach we adopt in the work we do. We encourage others to adopt it too.

● Contributed through **Right-touch regulation** to an international dialogue about regulation and its role in patient safety, securing our position as a leading authority in professional regulation.

● Led the call for reform of regulation, drawing from a vast source of evidence from different authors and countries – and shifted focus from post-hoc correction to seeking opportunities for preventative action.

WE HAVE: STRENGTHENED PUBLIC PROTECTION THROUGH THE ACCREDITED REGISTERS PROGRAMME



87,000 practitioners working in 55 occupations. Practitioners have proved their personal commitment to high standards by joining one of the 26 Accredited Registers.

● Developed a new method of oversight of the unregulated workforce, which has brought over 87,000 practitioners into a framework of assurance, strengthening public protection, raising standards and improving governance. This is known as the **Accredited Registers programme** which we proactively market to the public and primary care practitioners to improve understanding and take-up.



Work still to be done

The government's original intention in 2002 was to help place patients at the heart of professional regulation. This was against a backdrop of major inquiries (and healthcare 'scandals') which had identified that regulators had allowed the interests of the profession to override patients' safety.

Considerable progress has been made. Reforms to governance mean that the professions no longer dominate regulators' councils or the Authority's board. A substantial body of case law has developed which has firmly defined the purpose of professional regulation as being to:

- protect the public
- uphold public confidence and
- declare and uphold standards.

Reform of fitness to practise processes

'Having confidence in the profession' is now understood by regulators and the courts as not being about the image or self-interest of the profession. Rather it is about the confidence that the public will feel when seeking care and treatment from members of that profession.

However, as we have explained in our papers setting out the case for regulatory reform, that original objective of putting the experience of patients at the heart of professional regulation is still unmet. As our research with the public shows, they, like professionals find the experience of complaining and

attending hearings deeply upsetting. Regulators have tried to provide support and to make the experience less intimidating. The issues include:

- ▶ patients/service-users find the complaints process opaque as our *Lessons Learned Review of the NMC's handling of concerns at Furness General Hospital* showed, regulators have a long way to go to put patients at the heart of the process
- ▶ fitness to practise processes are stressful for all concerned and reform is needed so that the process is shorter, but still transparent.

We have therefore recommended wholesale reform of fitness to practise proceedings as set out in *Right-touch reform* and our response to the government consultation *Promoting professionalism, reforming regulation*. Support for our position on regulatory reform is widespread. There is now recognition within the sector that regulation needs to:

- ▶ shift its focus upstream towards preventing harm
- ▶ share and use data across regulatory systems to identify potential and actual harm earlier
- ▶ work collaboratively with others to bring about reform.

This work, together with the use of insights from a broad range of research disciplines to understand human psychology, organisational behaviour and human factors is still at an early stage of development in healthcare regulation.



In November 2017, we timed the publication our special report *Right-touch reform* to help people understand how regulation works and what needs to change. We wanted people to get informed and respond to the government's consultation on reforming professional regulation (October 2017-January 2018).

Find out more about our proposals for reforming fitness to practise processes at: www.professionalstandards.org.uk/fitness-to-practise-reform

Find out more about our work

www.professionalstandards.org.uk



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