Standards of Good Regulation

The Standards of Good Regulation ('the Standards') describe the outcomes of good regulation for each of the regulators' regulatory functions. They also set out how good regulation promotes and protects the health, safety and well-being of patients, service users and other members of the public and maintain public confidence in the profession.

The list below sets out some of the factors that we take into account when assessing whether a regulator is meeting the Standards, as well as providing examples of evidence that regulators may wish to submit to us (over and above the dataset) in order to demonstrate their performance against each Standard. The examples are not meant to be exhaustive, and because the regulators operate within different contexts, the relevance of different types of evidence will vary from regulator to regulator. For that reason we cannot prescribe how each regulator can demonstrate that they are meeting each Standard. .

Further information on the Standards, how they help us oversee the work of the health and care regulators, can be found in the Standards document on our website.

Standard		
The Standards of Good Regulation relating to guidance and standards 1. Standards of competence and conduct reflect up-to-date practice and legislation. They prioritise patient and service user safety and patient and service user centred care. 2. Additional guidance helps registrants apply the regulators' standards of competence and conduct to specialist or		

specific issues including addressing diverse needs arising from patient and service user centered care. 3. In development and revision of guidance and standards, the regulator takes account of stakeholders' views and experiences, external events, developments in the four UK countries, European and international regulation and learning from other areas of the regulators' work. 4. The standards and guidance are published in accessible formats. Registrants, potential registrants, employers, patients, service users and members of the public are able to find the standards and guidance published by the regulator and can find out about the action that can be taken if the standards and guidance are not followed.		
Guidance and standards: **You should demonstrate how you ensure that the standards of competence and conduct**	**Factors we will consider**	**Possible evidence**
• Reflect up to date practice and legislation • Prioritise patient and service user centred care and safety	• The regulator has a process for ensuring that standards are reviewed and amended where appropriate based on changes to practice and legislation.	• Links to current standards of competence and conduct, and any supporting material • Information on availability and

• Are regularly reviewed • Are developed and revised taking account of; stakeholder views, external developments (in the UK, and internationally), and the work of other regulators • Are supported by additional guidance, which helps registrants apply the standards to specialist or specific issues	• The regulator gathers feedback from registrants and other relevant parties (such as patient and service user representatives) about the standards and can demonstrate how this feedback is taken into account • The regulator can demonstrate how the standards reflect patient and service user care and safety • The regulator can demonstrate how they ensure that any standards development takes into account learning and experiences in the UK and internationally, as well as learning from its other areas of work • The regulator can demonstrate its engagement process with stakeholders • The regulator can demonstrate how they ensure and evaluate the accessibility of the Standards for all parties • The regulator has a clear evaluation strategy for changes made to the standards • The regulator can demonstrate how it evaluates the effectiveness of the standards • There is a clear process for the development, implementation and evaluation of additional guidance released in support of the standards • There is a clear governance and quality assurance framework for standards development	accessibility of standards of competence and conduct; distribution plan to stakeholders, availability in other formats/languages, Plain English campaign certification • Information on how the regulator reviews the efficacy of the standards of competence and conduct and the scheduled frequency of such reviews • Information on how feedback is gathered relating to the standards and how it is taken into account in deciding when to revise their contents and in deciding whether additional guidance should be issued • Details of the time since the last revision of the standards, and information about the way in which that review was carried out • Information on stakeholders' feedback about the efficacy of the engagement process around the revision/development of standards and guidance • Any other information relevant to the current achievement of this Standard

Education and training **The Standards of Good Regulation relating to education and training** 1. Standards for education and training are linked to standards for registrants. They prioritise patient and service user safety and patient and service user centred care. The process for reviewing or developing standards for education and training should incorporate the views and experiences of key stakeholders, external events and the learning from the quality assurance process 2. Through the regulator's continuing professional development/revalidation systems, registrants maintain the standards required to stay fit to practise[1] 3. The process for quality assuring education programmes is proportionate and takes account of the views of patients, service users, students and trainees. It is also focused on ensuring the education providers can develop students and trainees so that they meet the regulator's standards for registration 4. Action is taken if the quality assurance process identifies concerns about		

[1] The Standard relating to continuing fitness to practise has now been moved to the Registration Standards

education and training establishments Information on approved programmes and the approval process is publicly available.		
You should demonstrate how you ensure that the standards of education and training:	**Factors we will consider**	**Possible evidence**
• Link to standards for registration	• The regulator can demonstrate how its standards of education and training link to its standards for registrants. • The regulator's standards of education and training require the standards for registrants to be included as part of the programme curriculum. • The regulator can demonstrate how its standards of education and training prioritise patient and service user centred care. • The regulator's standards of education and training provide for patient, service user and/or carer involvement in education and training programmes. • The standards of education and training are available in accessible formats and are easy to locate on the regulator's website. • The regulator has a process in place for periodically reviewing its standards of education and training. It applies any	• Breakdown/mapping of how the standards for education link to the standards for registration • Links to information for the public and other stakeholders • Any formal process for review of the educational standards and information about the frequency and outcome of reviews; • Any evaluation of the effectiveness of the guidance and standards development/review process, in particular in relation to the account taken of stakeholders' views and of quality assurances outcomes • Guidance given to students with disabilities to ensure that they do not face unnecessary barriers to successful careers in health • Guidance documents for education and training providers, and for students/trainees, published on the
• Prioritise patient and service user centred care and safety		
• Are available in accessible formats that everyone can find		
• Are up-to-date and regularly reviewed, taking into account; stakeholder views, external developments (in the UK and internationally)		
• Are supported by additional guidance which helps education providers to apply the standards of education and training		

	learning gained about its education function, identifies any relevant external developments and makes any necessary updates/revisions to its standards in a timely manner. • The regulator can demonstrate how it has obtained stakeholder views and taken them into account when revising its standards and guidance. • The regulator has a process in place for evaluating its approach to obtaining stakeholder views and taking them into account when revising its standards and guidance. • The regulator takes account of any trends and learning from student FTP hearings where appropriate when revising its standards and guidance. • The regulator publishes or otherwise makes available guidance for education and training providers to help them understand and meet the regulator's standards. • Such guidance (if published) is easy to locate on the regulator's website.	regulator's website • Any evaluation of the effectiveness of the standards and guidance development/revision processes • Evidence of how learning from student fitness to practise cases is used in the education process • Any other information relevant to the current achievement of this Standard
You should demonstrate how you ensure that the quality assurance process for education and training is:	**Factors we will consider**	**Possible evidence**
• Effective	• The regulator can provide evidence of	• Description/process

• Proportionate • Risk-based • Takes account of the views of patients, service users, students and trainees • Focused on confirming that providers are producing students and trainees the meet your standards for registration • Able to identify concerns so that appropriate action can be taken • Publicly available alongside reports of the outcomes of the quality assurance process and any other associated documentation	the outcomes of its QA activity, any concerns/trends identified and follow up action taken (e.g. where approval is subject to conditions). • The regulator shares any good practice identified through its QA process with education providers. • The regulator periodically reviews/evaluates its QA process in order to ensure that it is working effectively. • The regulator applies any learning gained about its education function in order to continuously improve the QA process. • The regulator can demonstrate that it provides training and guidance to its QA panels. • The regulator works collaboratively with education providers and can demonstrate that it has taken account of any feedback received from them on the QA process. • The regulator takes account of any trends and learning from student FTP hearings where appropriate as evidence in the QA process. • The regulator can demonstrate how its QA process for education and training is proportionate and avoids unnecessary duplication for education providers. • The regulator works collaboratively with education providers and can	documents/guidance relating to the accreditation process • Description/process documents/guidance relating to the inspection/visit process • Process relating to the appointment/training/appraisal of visitors/inspectors • Information on how feedback from educational institutions, students and other stakeholders is gathered, and how this feedback is used, alongside evidence of how such feedback has been used in practice • Links to published reports into the outcomes of the quality assurance process, and any other associated documentation • Information about how any concerns identified have been assessed, addressed, and followed up during inspections or by requesting further information from the institution • Process/criteria for deciding how to assess, address and follow up any concerns. • Any other information relevant to the current achievement of this Standard, including any other evidence of the outcomes of the regulator's quality assurance activity and actions taken • Evidence of action taken in respect of concerns raised about education/training

	demonstrate that it has taken account of any feedback received from them on the QA process. • The regulator allocates its resources in order to target the highest risks when carrying out its QA activity. • The regulator can demonstrate how the views of patients, service users, students and trainees have been obtained and taken into account in its QA process. • The regulator's QA panel includes a non-registrant/lay visitor. • The regulator can demonstrate how its QA process is focused on confirming that providers are producing students and trainees that meet the standards for registration. • The regulator obtains and uses feedback from employers about the competence of newly registered professionals. • The regulator can provide evidence of the outcomes of its QA activity, any concerns/trends identified and follow up action taken (e.g. where approval is subject to conditions). • The regulator has a publicly available process for raising concerns about education providers or programmes. • The regulator can provide evidence of the number of concerns received about education providers or programmes and	programmes which are not addressed by means of inspection visits/requests for information from the relevant institution, including the monitoring of any themes • Any evaluation of the effectiveness of the education providers' success in producing students and trainees that meet registration standards. • Links to information on the regulator's website about how to raise concerns

	how those concerns have been addressed. • The regulator publishes information about its QA activity on its website.	

Registration 1. Only those who meet the regulator's requirements are registered 2. The registration process, including the management of appeals, is fair, based on the regulators' standards, efficient, transparent, secure, and continuously improving 3. Through the regulators' registers, everyone can easily access information about registrants, except in relation to their health, including whether there are restrictions on their practice 4. Employers are aware of the importance of checking a health professional's and social worker's registration. Patients, service users and members of the public can find and check a health professional's and social worker's registration 5. Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk based manner.		

You should demonstrate how you ensure that the registration process (including the process for appeal):	Factors we will consider	Possible evidence
• Ensures that only those who meet the required standard are registered	• The regulator can demonstrate that its standards for registration are appropriate to the context and risks of those they regulate • The standards for registration are applied consistently, and that the regulator has a process for decision making in relation to registration that is demonstrably fair, transparent to all, applied equitably, and clearly documented • That there is clear information for all applicants for registration (including on timescales for registration), and that this information meets the need each type of applicant • The regulator has quality assurance mechanisms in place to prevent errors in the registration process • Registrants and others are clear about the standard for registration, how these are applied, and how the regulator decides on admission to the register • The process for appeal is clearly set out, consistently applied, and transparent • The regulator can demonstrate robust information governance processes that ensure that registration data (including	• SOPs/process documents that describe the assessment process for applications for registration, restoration and renewal, and associated forms/template letters • Descriptions of the different processes, timescales and criteria for different applicant types (i.e. UK graduates, EEA applicants etc.) • Description of the factors that have to be considered when deciding whether criteria for registration are met. Where relevant, the legislative basis that underpins these criteria. • Guidance for decision makers, and applicants, that describe the process for making decisions on applications/appeals • Details of how the regulator ensures that the process is demonstrably free from bias, including data collection methods and other processes that ensure fairness and objectivity. • KPIs and SLAs that set out timescales for decision and processing of applications/appeals • Forms and guidance that provide information on the registration process for applicants
• Takes account of the outcomes of your continuing fitness to practise process		
• Is fair		
• Is efficient		
• Is transparent		
• Is secure		
• Is continuously improving		

	sensitive personal and financial information) is held securely and appropriately disposed of • The regulator ensures that the registration process is regularly reviewed, to ensure that the process remains efficient and timely, and that there are no unnecessary delays in the process • Where there is a potential concern relating to an application for registration, there is a clear process for how this concern wit be investigated, and how any decision relating to the application will be made	• Storage and communication of information and documents to ensure that it is dealt with securely when appropriate, and details of the relevant information security policies and procedures • Any other information relevant to the achievement of this Standard
You should demonstrate how you ensure that the register :	**Factors we will consider**	**Possible evidence**
• Is accurate	• The regulator has processes in place to ensure that the register is accurate, and assurance in place to check this regularly • The regulator ensures that registrants remain appropriately registered at all times, and that links between all areas of the regulator's work ensure this	• Explanation and process for updating the register • Links between FTP and Registration to ensure that registrants remain appropriately registered. • Quality assurance of the register, including the checking of data accuracy on a regular basis • Any other information relevant to the current achievement of this Standard
• Is accessible to all and well publicised	• The regulator's register is easily available and accessible through its website	• Description of how the register, what it is for, how to check it and what it contains (and what types of information it does

	• There is a strategy in place to ensure that the register, and the purpose of registration, is clearly communicated • Feedback is gathered from users on the accessibility of the register	not display) is publicised • Evidence that feedback from users about accessibility of the register is regularly gathered and reviewed • Any other information relevant to the achievement of this Standard
• Provides information on the limits imposed on a registrant's practise and if their fitness to practise is impaired	• There is a clear process for displaying information relating to a registrant's fitness to practise. • The regulator has ensured that there is sufficient explanatory information so that patients and the public can understand the information that is displayed • The regulator has a clear rationale for the type of information displayed, and the length of time that it is available. This rationale is reviewed in light of changes to legislation, recommendations from others, or changes in policy or practice	• Explanation of how the register is updated with FTP information • Documents and guidance for staff on what information is publicly available, and what should not be disclosed • Any other information relevant to the current achievement of this Standard, including information about the reasons for any recent changes to the policy about the types of information displayed or the length of time it is available
You should demonstrate how your continuing professional development/revalidation systems ensure registrants maintain the standards required to stay fit to practise.	**Factors we will consider**	**Possible evidence**

	• The regulator has in place a CPD (or equivalent) system that ensures continued fitness to practise • The regulator seeks feedback from registrants and stakeholders on the efficacy of its CFTP process, and considers that feedback when making changes to the system • The regulator regularly ensures that the CFTP system remain fits for purpose, taking into account changes to its standards, education and training, and the changing clinical and ethical context of its registrants	• Description of the process registrants must follow to demonstrate CFTP • The legislative basis for that process • SOPs/process documents that describe how CFTP is assessed by the regulator • Links to information for registrants and others on the CFTP process • Evidence that the regulator has targeted its CTFP system towards ensuring that regulators develop their skills in their areas of practice, and public protection. • Evidence that the regulator identifies and uses the information it gathers on how registrants are undertaking CFTP to inform and develop its processes • FTP learning is used where appropriate in the development of CFTP • Any other information relevant to the current achievement of this Standard • Any information from registrants evaluating the effectiveness of the CPD/CFTP process • Any evaluation of whether registrants subject to FTP sanctions have recently complied with the CPD/CFTP requirements • Any other information relevant to the current achievement of this Standard

You should demonstrate how you ensure that risk of harm to the public, and damage to public confidence in the profession, which is related to non-registrants using a protected title, or carrying out activities restricted to registrants, is managed:	Factors we will consider	Possible evidence
• Effectively • Proportionately • In a risk-based manner	• The regulator has in place guidance for itself and others on how concerns relating to illegal or unregistered practice are dealt with, including a process for understanding the risk of the concerns raised • Decision makers within the regulator understand the basis and process for making decisions relating to misuse of title or the carrying out of restricted functions. • The regulator has a strategy in place to communicate its role, and the roles of others, in relation to illegal or unregistered practice. This includes working with other agencies where it is appropriate to do so • The regulator can demonstrate the effectiveness of its activities in this area • The regulator can demonstrate how its ensures that such activities are carried out proportionately, taking into account the risks of the activity in the context of	• SOPs/process documents outlining how the regulator deals with illegal practice allegations • Legislation that underpins this approach • Criteria and SLAs for decision makers • Links to information on illegal practice for the public and other stakeholders • Any evaluation of the consistency of decisions made in relation to complaints about taking action with regard to illegal/unregistered practice • Any evaluation of the effectiveness of the regulator's activity e.g. monitoring of compliance with "cease and desist" letters • Information that the regulator publishes to its registrants about action it has taken in respect of illegal practice and about their responsibilities • Any other information relevant to the current achievement of this Standard

	its total regulatory activity • The regulator ensures that registrants and applicants are made aware of their responsibilities and legal obligations in this area	

Fitness to Practise (FTP) **The standards of good regulation relating to fitness to practise** 1. Anybody can raise a concern, including the regulator, about the fitness to practise of a registrant 2. Information about fitness to practise concerns is shared by the regulator with employers/local arbitrators, system and other professional regulators within the relevant legal frameworks 3. Where necessary, the regulator will determine if there is a case to answer and if so, whether the registrant's fitness to practise is impaired or, where appropriate, direct the person to another relevant organisation 4. All fitness to practise complaints are reviewed on receipt and serious cases are prioritised and where appropriate referred to an interim orders panel 5. The fitness to practise		

process is transparent, fair, proportionate and focused on public protection 6. Fitness to practise cases are dealt with as quickly as possible taking into account the complexity and type of case and the conduct of both sides. Delays do not result in harm or potential harm to patients and service users. Where necessary the regulator protects the public by means of interim orders 7. All parties to a fitness to practise case are kept updated on the progress of their case and supported to participate effectively in the process 8. All fitness to practise decisions made at the initial and final stages of the process are well reasoned, consistent, protect the public and maintain confidence in the profession 9. All final fitness to practise decisions, apart from matters relating to the health of a professional, are published		

and communicated to relevant stakeholders 10. Information about fitness to practise cases is securely retained.		
You should demonstrate how you ensure that the fitness to practise process is:	**Factors we will consider**	**Possible evidence**
• Focused on public protection • Fair • Effective • Efficient • Proportionate • Transparent • Secure • Documented • Timely, taking into account the complexity of the case, its nature, and the conduct of both sides	• the regulator ensures that timescales for each stage of the FTP process are actively monitored, and cases are managed efficiently to prevent delay • The regulator has documented processes for staff that set out a consistent approach to each stage of the FTP process. These documents and processes are regularly and demonstrably reviewed • there is published guidance that sets out how cases are managed and decisions made, and this guidance is regularly and demonstrably reviewed • the regulator has clearly set out how it	• SOPs/process documents that set out how the regulator manages the stages of the fitness to practise process, and associated forms/template letters • Relevant legislation, and how this relates to the way the regulator has constructed the FTP process • SLAs and KPIs related to each of the stages of the FTP process and evidence of how compliance is monitored; outcomes of the monitoring process and action taken in respect of non-compliance • Guidance for staff and decision makers on assessing whether

• Actively monitored so that any delays in the process can be identified and addressed	decides which cases meet its threshold for investigation, and regularly reviews cases to ensure that this threshold is correctly applied • The regulator can demonstrate robust information governance processes that ensure that FTP data (including sensitive personal and financial information) is held securely and appropriately disposed of	information/referrals received require FTP investigation. Evidence of quality assurance of a proportion of decisions taken not to investigate, and identification of any relevant learning. Details of how the regulator ensures that the process is demonstrably free from bias, particularly bias in favour of registrants • Storage and communication of information and documents to ensure that it is dealt with securely when appropriate, and details of the relevant information security policies and procedures. Information about how the regulator checks compliance. • Any other information relevant to the current achievement of this Standard
You should demonstrate how you ensure that the fitness to practise process enables all cases to be:	**Factors we will consider**	**Possible evidence**
• Risk assessed on receipt and throughout their lifetime	• There is a clear, documented process for risk assessment of cases at point of receipt. The regulator can demonstrate that this process and the operation of it in practice is regularly reviewed • The regulator can demonstrate how it ensures that the risk assessment is applied consistently to all cases • The regulator can demonstrate how it ensures a continuous assessment of	• Evidence of quality assurance of risk assessment decisions taken, and implementation of any learning identified • MOUs and agreements with other bodies, setting out the sharing arrangements for FTP information • SOPs/process for initial and continuing risk assessment of cases, as well as the process by which the regulator prioritises cases
• Prioritised according to seriousness		
• Referred to an Interim Orders Panel where appropriate		

	risk throughout the life of a case, and how it takes appropriate action where a change to risk is identified • There is clear guidance for staff and decision makers on how and why to refer a case to an Interim Orders Panel, and evidence that such referrals are applied consistently	• Guidance for decision makers on criteria for IO referrals • Any other information relevant to the current achievement of this Standard • Evidence of actual referrals made to another professional/systems regulator or other relevant body, and evidence that the regulator shares its learning about these referrals with other bodies
• Where necessary, shared with other professional or systems regulators, employers, or local arbitrators, within the relevant legal framework so that they can take appropriate action	• The regulator can demonstrate how it ensures that it works with other organisations where it is appropriate for concerns about a registrant to be shared. • The regulator has a process for gathering feedback on these referrals so that it can ensure they are made appropriately	
You should demonstrate how you ensure that all fitness to practise decisions:	**Factors we will consider**	**Possible evidence**
• Are well reasoned • Protect the public • Maintain confidence in the profession, and the system of regulation	• The regulator has in place clear guidance and processes relating to the publication and disclosure of fitness to practise information, and how to whom information should be released • Fitness to practise decision makers	• Guidance, criteria and SLAs for decision makers and information about how frequently those documents are reviewed and the process for such review • Process for publication, and guidance

• Are published, available where appropriate on the register, and communicated to stakeholders, except for matters that have been considered in private, such as those relating to health	have clear guidance setting out the framework and criteria for decision making. This guidance is published, and regularly and demonstrably reviewed to take account of relevant case-law • The regulator can demonstrate how it ensures its appointment and appraisal process for decision makers is robust and consistent • The regulator can demonstrate that decision makers receive appropriate training for their role. This training is provided on a regular basis so that decision makers remain up-to-date in their understanding of the context in which they make decisions	on what should not be published • Process for communicating non-published information to relevant stakeholders (e.g. employers) as appropriate • Process relating to the appointment/training/appraisal of case examiners/IC members/panellists including the feeding back of any learning identified from the quality assurance of decisions • Process for, and outcome of, regular internal quality assurance of decisions made by decision-makers at all levels of the FTP process • Information about the number of upheld concerns raised/complaints made about the quality of FTP decisions, and actions taken in response. • Any other information relevant to the current achievement of this Standard • Information about how the regulator communicates to registrants and to the wider public about the outcomes of its FTP activity e.g. by publication of statistical data and case summaries or an annual FTP report • Any evaluation of the frequency of repetition of FTP concerns by the same practitioners following the conclusion of the original FTP process • Any evaluation of the frequency of breach of conditions/suspensions

You should demonstrate how you ensure that:	Factors we will consider	Possible evidence
• Clear and accessible information on how to raise a fitness to practise concern about a registrant, and what action you can take, is available to those who require it • That the process is focused on concerns relating to fitness to practise, and that complainants/referrers are appropriately signposted to other organisations when it is appropriate to do so • All parties are kept up-to-date with the progress of their case • Witnesses and informants are supported so that they can participate effectively in the process	• The regulator can demonstrate that the process for making a complaint or raising a concern is easily accessible to anyone, and set out in a way that is easy for complainants to understand • Where appropriate, specific information and guidance is available to different kinds of complaints, for example employers or educational providers • The regulator sets out, in a way that can be easily understood, its role in investigating concerns. Where the regulator cannot investigate, it provides clear information on the role of other organisations. • The regulator has a process in place to ensure that all parties are kept informed of the progress of their case at reasonable intervals. Compliance is regularly reviewed and any remedial action promptly taken. • The regulator has a clear framework and guidance in place to support witnesses and informants, including those with particular vulnerabilities. Feedback is sought on the framework and its operation in practice, and the guidance is regularly reviewed.	• Links to information on how to make a complaint; information about any engagement activity undertaken to gauge and/or improve awareness of the regulator's FTP process • Information available internally and to stakeholders on regulators' role, and what kinds of complaint can be dealt with • Guidance for staff about signposting complainants to other organisations, where appropriate • Information for participants in the process, such as guidance for witnesses • SLAs, SOPs and guidance for staff on keeping all parties up to date regularly; monitoring of compliance with those SLAs, SOPs, and guidance documents and prompt taking of remedial action and identification of thematic issues • Monitoring of complaints made/concerns raised/feedback received about timescales within the FTP process and about witness/informant experiences of the process, in order to identify areas where improvements are required • Any other information relevant to the current achievement of this Standard • Witnesses and informants are offered an

		opportunity to provide feedback on the process, and any feedback provided is reviewed and any relevant learning identified. • Information about training given to decision-makers about the appropriate considerations with regard to the evidence of vulnerable witnesses/informants

Last reviewed January 2016