

Freedom of Information Act – Disclosure Log

Date of Disclosure	Freedom of Information Request	Information released
10 February 2022	The following request was made: Financial performance- Please could you provide your current performance against your Financial KPIs under FOI?	We provide the following response: We provide the following response; 1. We have attached the requested information. 2. We provide the following information; Payment of invoices in 5 days; please find attached on a year to date and month by month basis and payment of invoices in 10 days; please find attached on a year to date and month by month basis Budgeted income / expenditure variance less than 5% (excluding Section 29). We only record this information in as year to date (to the end of month/period etc); YTD May 8.62% [673/737] YTD June 7.74% [1,020/1,105] YTD July 8.25% [1,352/1,474] YTD August 7.61% [1,702/1,842] YTD September 7.80% [2,038/2,211] YTD October 6.76% [2,405/2,579] YTD November 6.93% [2,743/2,947] Payment error rate less than 3%. We only record this information in year to date form (to the end of month/period etc); YTD May 0% [0/74] YTD June 0% [0/139] YTD July 0% [0/179] YTD August 0% [0/230] YTD September 0% [0/287]

		YTD October 0% [0/341] YTD November 0% [0/400] Late purchase order rate less than 10%. We only record this information in year to date form (to the end of month/period etc) YTD May 4.3% [2/47] YTD June 6.6% [4/61] YTD July 6.0% [5/84] YTD August 6.0 [6/100] YTD September 6.5%[8/124] YTD October 9.0% [13/145] YTD November 8.0% [14/176] YTD December 7.2% [14/195] 3. The information was omitted in error, and we have sent you a copy of the updated Executive Report, this will be acknowledged in the minutes on the meeting which will be published in the near future. 4. We do not report on this information at the current time but have provided it at your request.
11 February 2022	The following request was made: Please include the information for each of the following periods; 2018-19, 2019-20 and 2020-21: · The total number of cases of losses in each year. · The total cost of losses in each year. · An itemisation of each loss including what it was for and how much it cost. · The total number of special payments in each year. · The total value of special payments in each year. · An itemisation of each special payment including what it was for and how much it cost.'	We provide the following response: The total number of cases of losses in each year. In 2018-19 - 2 In 2019-20-2 In 2020-21- nil · The total cost of losses in each year. In 2018-19- £ 44.42 In 2019-20- £ 114.42 In 2020-21 For an itemisation of each loss including what it was for and how much it cost, please see attached).

		The total number of special payments in each year (the same as losses) The total value of special payments in each year (the same as losses).
25 February 2022	The following request was made: Please can you provide your policy for remote working/hybrid working for your employees. Does your policy permit remote working/hybrid working in the longer term.	We provide the following response: We provide the following response: Please see attached our Hybrid working policy. Please be advised that this policy is currently a pilot scheme for the organisation and we are regularly assessing it.
12 April 2022	The following request was made: 'Question 1: Did PSA at any point carry out a special review of GMC's 1990s register routes based upon the Alemi event - to ascertain if there are any other routes which need further checks from the 1990s? Did the Secretary of State for Health and Social Care ask PSA to carry out an investigation of the risks in other 1990s routes to the GMC register? Did PSA recommend a special review to Parliament, DHSC or GMC? Please provide any communication between GMC and PSA and DHSC and Parliament pertaining to the flawed register routes of 1990s. GMC stated after Alemi event per above that "<i>We are now considering whether any further checks of any other groups of doctors may be required</i>" However, they did not perform analysis of other un-checked routes ie Existing Specialist route of 1996. Question 2: Does PSA have any internal communications held between GMC and PSA pertaining to GMC's statement above that GMC are considering any further checks of other groups of doctors? Are any documents held by PSA specifically asking GMC to check other routes in the 1990s? Did PSA raise any concerns to GMC when GMC did NOT consider further checks of any other group of doctors which may be required - despite promising to do so per their published statement above.	We provide the following response: We provide the following response: We have attached to this email the information the Authority holds in response to your request. Attached is: 1. An example of the letter sent to all regulators 2. Our 'rapid review' of regulators' international registrations processes in 2013 3. The GMC's letter of 30 November 2018 outlining the actions they were taking in response to Alemi 4. An update letter from the GMC in June 2019 We are satisfied that the GMC has completed the actions it told us it would do in 2018 and 2019. We didn't consider the issue under our special investigations criteria following Alemi, but we have considered it in our last four performance reviews (since 2017/18) of the GMC, those publications can be found on our website here https://www.professionalstandards.org.uk/publications/performance-reviews In particular, in 2019/20 we noted the review that the GMC did of other

	3. Did PSA take any action pertaining to the 1990s routes to the GMC register after Alemi was identified as holding fake qualifications ? If so, what?	routes to registration at risk of fraudulent applications.
17 May 2022	The following request was made: Per attached letter and letter excerpt which was sent by PSA's Mark Stobbs to Chief Executives of the regulators which PSA oversees, please may I request the GMC response to this PSA letter - Mark Stobbs requested a response by Jan 11 2019. I specifically need a copy of their response to the questions asked by Mark in the letter excerpt attached. I already have two general update letters from Charles Massey to PSA Alan Clamp dated June 10 2019 and Nov 30 2018 so I do not need these. I need the letter from GMC replying to Mark Stobbs request	We provide the following response: Unfortunately, we do not hold the information that you request. There wasn't an equivalent letter to the GMC to that sent to the GDC. This is because the GMC wrote to us about the problem with the doctor and told us what they would do about it. We then wrote to the other regulators asking if they had any similar routes to qualification which might have led to similar concerns. We received a number of letters from the GMC about the problem, which we have disclosed to you in full.
1 June 2022	The following request was made: '...all of the evidence and transcripts to which I would be entitled as an interested public observer.' [re case Kyle Blackburn]	We provide the following response: We consider that this information is exempt from disclosure under section 36(2) of the FOIA and is therefore being withheld. This is because the release of this information would contravene subsections 2(b)(ii) and 2(c); where disclosure: "would, or would be likely to, inhibit— (2)(b)(ii)the free and frank exchange of views for the purposes of deliberation, or (c)would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs. This section of the FOIA is subject to the 'public interest test' being performed. Consequently, it is

		our obligation under section 2(2)(b) to consider whether or not 'in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information'. We believe that if we were to release the information, registers and accredited registers would be unwilling to provide the information necessary to enable a free and frank exchange of views during process of applying for accreditation or when working with us to improve standards in the future. This may include both existing and potential new registers. This would prevent us from performing our duty under the National Health Service Reform and Health Care Professions Act 2002, section 25G as inserted by the Health and Social Care Act 2012, section 229. We believe that the public interest in the Authority being able to help and support registers and potential accredited registers to improve public protection and to be able to share information without fear that it will be publicly disclosed – particularly before the point they are accredited - outweighs other public interest considerations, and therefore we are maintaining the exemption.
01 July 2022	The following request was made: 1. This request for information relates to your experience of handling compliance cases (by which we mean cases involving engagement by you with the firms, organisations, or individuals which you regulate regarding potential breach of their regulatory obligations), the associated timescales and outcomes and your approach to follow up. 2. We wish first of all to know:	We provide the following response: The Authority is not itself a regulator and we do not manage compliance cases. It may be helpful to set out a little bit more information about our role; Our role

	(a) how many compliance cases were opened by you in the each of last five calendar years (i.e., 2017, 2018, 2019, 2020 and 2021); (b) of the compliance cases opened in each of those years, how many remain open and how many have been resolved; (c) of the compliance cases opened in each of those years which have been resolved: (i) how many were resolved without the opening of a formal investigation (by which we mean the exercise of statutory powers to gather information from firms, organisations, or individuals suspected of breaching their regulatory obligations); (ii) how many (distinguishing between those resolved without the opening of a formal investigation and other cases) were resolved in (i) less than six months; (ii) between six months and 12 months; and (iii) more than 12 months 3. Second, we wish to know, in relation to the resolved cases disclosed in your response to Q2(b) above (and distinguishing in each case between those resolved with and without the opening of a formal investigation) how many resulted in: (a) a finding or admission of breach on the part of the regulated firm, organisation or individual; (b) a payment of a financial penalty and/or making of financial redress; (c) a change (or undertakings as to a change) in the conduct of the regulated firm, organisation or individual; (d) a change in the senior management of the regulated firm or organisation; (e) none of the above. 4. Third, we wish to know, in relation to each of those resolved cases disclosed in your responses to Q3(a)-(d) above, in how many of those cases (distinguishing in each case between those resolved with and without the opening of a formal investigation) have you: (a) followed up with the firm, organisation, or individual to check up on the compliance	The Authority promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and voluntary registration of people working in health and care. We are an independent organisation, accountable to the UK Parliament. We oversee the work of ten statutory organisations, 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. We can refer final fitness to practise panel decisions to court where we believe the decision was not sufficient to protect the public; maintain public confidence in the profession; and/or maintain proper professional standards. The Professional Standards Authority's reviews under Section 29 of the National Health Service Reform and Health Care Professions Act 2002 (the Act). The Authority reviews all final fitness to practise decisions of the Regulators. Section 29 of the Act gives us the power to refer certain decisions of the regulators to court if we consider that the outcome is not sufficient to protect the public. If our appeal is successful a judge can substitute an outcome or remit the case back to the HCPC to be heard again. It may also be helpful for you to consider our annual report which sets out how many cases we have received and how many we have appealed
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	areas examined in the resolved case; (b) opened another compliance case (whether related to the resolved case or not) involving the same firm, organisation, or individual.	each year https://www.professionalstandards.org.uk/about-us/our-annual-reports
11 July 2022	The following request was made: all documents and emails pertaining to the recent attempt to have Applied Behavioural Analysis made a regulated profession	We provide the following response: We consider that this information is exempt from disclosure under section 36(2) of the FOIA and is therefore being withheld. This is because the release of this information would contravene subsections 2(b)(ii) and 2(c); where disclosure: “would, or would be likely to, inhibit— (2)(b)(ii)the free and frank exchange of views for the purposes of deliberation, or (c)would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs. This section of the FOIA is subject to the ‘public interest test’ being performed. Consequently, it is our obligation under section 2(2)(b) to consider whether or not ‘in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information’. We believe that if we were to release the information, registers and accredited registers would be unwilling to provide the information necessary to enable a free and frank exchange of views during process of applying for accreditation or when working with us to improve standards in the future. This may include both existing and potential new registers. This would prevent us

		from performing our duty under the National Health Service Reform and Health Care Professions Act 2002, section 25G as inserted by the Health and Social Care Act 2012, section 229. We believe that the public interest in the Authority being able to help and support registers and potential accredited registers to improve public protection and to be able to share information without fear that it will be publicly disclosed – particularly before the point they are accredited - outweighs other public interest considerations, and therefore we are maintaining the exemption.
15 July 2022	The following request was made: 'corporate approach to the management and assurance of risk including documents such as your risk management framework, compliance framework, assurance framework, risk appetite, risk register, risk process, risk approach, risk planning, and any other documents which outline your approach to risk'	We provide the following response: We have provided the information you have requested attached. It may be helpful to note that we routinely publish this information and our discussions around it as part of our Board meetings and so further information can be found here https://www.professionalstandards.org.uk/about-us/meet-our-board/board-meetings-and-agendas/board-papers-and-agendas The meetings are held in public and the annual review of risk management is due in November, so please do contact us if you would like to attend this or any future meetings or if we can provide you with any further information.

9 August 2022	The following request was made: The PSA website states that where they disagree that a FTP decision protects the public, they can step in to make an appeal etc. Can you please obtain the relevant case numbers from the GMC and provide the following information for each one: ➤ Was the FTP decision reviewed by the PSA? ➤ Was the FTP decision challenged? ○ Where YES: Can you provide the link for each case (E.g. from here: https://www.professionalstandards.org.uk/what-we-do/our-work-with-regulators/decisions-about-practitioners/previous-cases) I trust this won't be an issue as it is already redacted/anonymised. ○ Where NO: Can you provide any detail around how this decision was made -if such information is indeed logged. Additionally, can you advise what, if any, protections are in place for patients following fine and/or prosecution for sexual offences, where a suspension has finished/been lifted?	We provide the following response: Unfortunately, we are not able to identify the cases in the list definitively and nor are we able to seek the information from the GMC. However, we do appreciate the serious nature of the request and would like to provide you with more information if possible. The Authority reviews all FtP decisions made by the regulators. However, we can only refer a case where it meets the criteria within the legislation in that the decision is insufficient for the protection of the public. More detail about the Authority's role and remit can be found here; https://www.professionalstandards.org.uk/docs/default-source/section-29/section-29-general/professional-standards-authority-section-29-process-and-guidelines.pdf?sfvrsn=cf2b4920_4 If after considering the process, you would like to request further information or to arrange a meeting to discuss this further please don't hesitate to contact us.
12 September 2022	The following request was made: We are seeking any complaints you have received in the last 10 years about the GMC's conduct on dealing with complaints of sexual misconduct perpetrated by doctors with the victim being a healthcare worker/colleague	We provide the following response: Unfortunately, we do not hold the information that you request. This is because the Authority is not a complaint handling body nor are we a regulator ourselves. This means that we are unable to investigate formal complaints about the GMC nor do we have any powers to intervene in the GMC's

		work, for example to compel it to take any action, such as to reconsider a decision. The GMC's decisions may only be challenged through its own processes or in a court of law. We do welcome feedback from the public to help inform our performance reviews of the GMC. However, we don't categorise this feedback by issue. We categorise them either by where they are in the regulator's process, like closed at the first stage, concern about a final decision or by the regulator function, for example registration, fitness to practise, policy etc. I know this will be disappointing to you. However, I hope it may be helpful to you to explain a little about our role. Our role The Authority promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and voluntary registration of people working in health and care. We are an independent organisation, accountable to the UK Parliament. We oversee the work of ten statutory organisations, 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. We can refer final fitness to practise panel decisions to court where we believe the decision was
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		insufficient to protect the public; maintain public confidence in the profession; and/or maintain proper professional standards. How we consider feedback about the GMC's performance We report on the performance of the health and care regulators, including the GMC. Our annual performance review, published and presented to Parliament, is our assessment of how well the GMC has been fulfilling its role to protect the public. In our performance reviews, we gather information about the GMC's performance during the year and assess whether it meets our 18 <i>Standards of Good Regulation</i>. These Standards consider how well the GMC manages its key regulatory functions, including how well it manages its registration process. At the end of our assessments, we publish our decision on whether the GMC has met our Standards in our performance review. Our reports do not include details of any individual cases but will discuss areas of a regulator's work which have been raised with us and cause concern. The feedback that we receive from registrants and applicants to the register can be highly valuable to us in providing insights into the GMC's work. We would be keen to hear more about your concerns and you can provide any details you wish to share to me.
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12 October 2022	The following request was made: This is an information request relating to the number of staff who are contractual home workers. Please include the following information: - The number of staff that currently work employed by the organisation that are contractual home workers Please also include the following information: - The number of contractual home workers employed by the organisation in each of the last three financial years: 2019-20, 2020-21, 2021-22 By "contractual home workers" I mean employees who have it written into their contracts that their normal working arrangements are to work from home."	We provide the following response:
14 October 2022	The following request was made: Please respond to my initial FOI request in relation to the below cases: - Dr Benjamin Amrakpovughe Obukofe https://www.gmc-uk.org/doctors/5202294 - Dr Dana Faratian https://www.gmc-uk.org/doctors/6049507 - Dr Amitabh Kumar https://www.gmc-uk.org/doctors/7053276 - Mohsan Bilal ANWAR https://www.gmc-uk.org/doctors/7671906 Further to my initial questions, can you please also advise: - Who within the PSA reviews and determines whether to challenge such cases? - Is any Training received in relation to Sex Offenders, Sexual Violence or the Rehabilitation of Sex Offenders by those with the power to make these decisions, in order to give scientific and evidentiary backing to what is often a Subjective decision making process? - If it were found that the PSA should have challenged a decision, but didn't, what steps can be taken to address this? - In relation to this, is there a deadline after which a decision can no longer be	We provide the following response: The Authority receives every case heard by the MPTS and, unless the decision was an erasure or a further suspension, reviews them all. The process has varied over the years but, essentially, the cases are reviewed initially to see whether the decision raises any concerns and a sample of initial reviews are second checked. If there are concerns, the Authority sends for the papers and evidence which are reviewed by a lawyer. If concerns remain after that review, the Authority considers the case at a Case Meeting

	challenged? • It appears that there is no limit to how many times a Doctor can be Suspended and remain on the Register; what Safeguards are in place with respect to this? - o E.g. Where a Doctor is not erased as it is felt they can remediate, but then the Doctor does not take the necessary steps year upon year -how long can this continue for? • In the PSA's view, what constitutes as 'fundamentally incompatible with continuing to be a registered medical practitioner'? • In 2012 the GMC indicated that it was looking into ways to automatically erase Sex Offenders from the Medical Register. I have asked the GMC where they stand now and would like to extend this question to the PSA as to whether they have a view with respect to convicted Sex Offenders remaining on the Medical Register?	where senior decision-makers receive external legal advice and decide whether or not to appeal. The Authority has a short time limit in which to appeal. In cases where a sanction has been imposed, the appeal must be lodged within 67 days of the decision. It is not possible to appeal after that time has expired. When considering the decision, the Authority needs to take into account the legal framework and the decisions of the courts have been taken in respect of our jurisdiction. In particular, we need to bear in mind: • At present there is no formal requirement that a conviction for a sexual offence leads to erasure – regulators' sanctions guidance, however, make the seriousness of such offences clear. • Decisions in respect of sanction are "multi-factorial" and panels need to weigh a number of different matters including the seriousness of the offence (recognising that there is a scale of seriousness even for serious offences), comments made by the court, their assessment of the registrant's insight and the likely risk of repetition, testimonial evidence about the registrant and the context of the offence. The courts have recognised that people may disagree on the sanction but that does not necessarily make the decision wrong and the courts are reluctant to overturn decisions where the panel has reached a decision that appears open to it. • A sanction of a suspension for 12 months with a review is a serious sanction in that it protects the public by preventing the doctor from
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		working with patients and a future panel is able to review progress and, indeed, erase the registrant at a later stage. • The purpose the sanction is to protect the public, not to punish. • The courts will be reluctant to overturn panels' assessments of a registrant's insight and the risk of repetition on the basis that the panel has seen the registrant and is in the best position to reach that decision. In respect of the decisions that you raise, all were reviewed. After the first hearing, one was reviewed at second check, the others at detailed case review or case meeting. None were challenged. All review decisions were reviewed and were not challenged. It is important to recognise that review hearings will focus on the registrant's progress since the initial hearing and that the public interest considerations which might have led to erasure are unlikely to have changed since the first hearing. In all of the cases the view was taken that, having regard to the courts' approach, the Authority was unlikely to be able to bring a successful challenge to the panel's decision. You ask what safeguards are in place once a suspension has been lifted. There are no formal safeguards in place on the basis that the panel has reached a decision that the registrant is now fit to practise without restriction. The fact of the suspension will be available to those contacting the GMC for the fitness to practise decision history.
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		In response to your more recent questions insofar as they are not dealt with above: 1. Decisions to close cases at second check and after the detailed case review are taken by the Director of Scrutiny and Quality. Decisions at later stages are taken by panels chaired by the Chief Executive or a member of the Authority's Board together with other members of the Authority's staff who have been trained in the jurisdiction and our approach. 2. Decision-makers have not received training on sex offenders and so forth. It is not clear to us that this will be of assistance in assessing decisions which, to a large extent, depend on the individual circumstances of each case. 3. There is no limit to the number of times that review panels can re-impose suspensions. We do not consider that this is necessarily wrong. While a doctor is suspended, they cannot practise medicine and so there is no risk to patients. Panels will examine reasons why a doctor has not remediated and will also take into account other matters such as deskilling – in some cases a further suspension may be imposed to address that point even though the panel considers that the doctor has remediated the initial misconduct. 4. We do not have a list of conduct which is obviously fundamentally incompatible with remaining on the register: in practice, decisions need to take account of the full circumstances of a case, including the registrant's insight and
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		remediation. 5. The Government has set out its proposals for offences which will lead to automatic erasure from the register in its consultation paper Regulation healthcare professionals, protecting the public - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/978833/Regulating_healthcare_professionals__protecting_the_public.pdf (see paragraph 301). We await the Government's decisions in the light of that consultation.										
8 November 2022	The following request was made: I am writing to request the following information in relation to: Invitation to tender and statement of requirement: "Website maintenance, hosting and development services" published on 27th January 2022, under the Freedom of Information Act 2000 • Copy of winning bid • Value of winning tender • Number of bidders • Details of all bidders • Ranking of all bidders	We provide the following response: In regard to the above request I can confirm the below; <table><tr><td>Copy of winning bid</td><td>No winning bidder</td></tr><tr><td>Value of winning tender</td><td>No winning bidder</td></tr><tr><td>Number of bidders</td><td>3</td></tr><tr><td>Details of all bidders</td><td>Blu zetta, Dbass, Love the Idea</td></tr><tr><td>Ranking of all bidders</td><td>1) Love the Idea, 2) Blu Zetta, 3) Dbass Ltd</td></tr></table>	Copy of winning bid	No winning bidder	Value of winning tender	No winning bidder	Number of bidders	3	Details of all bidders	Blu zetta, Dbass, Love the Idea	Ranking of all bidders	1) Love the Idea, 2) Blu Zetta, 3) Dbass Ltd
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8 November 2022	The following request was made: Could you please provide mw with up to date names, job titles and email addresses for your Senior IT staff, such as; Chief Information Officer Chief Digital Officer Chief Technology Officer Head of Digital Transformation	We provide the following response: In regard to the above request I can confirm that we have one ICT Manager and one ICT Support Officer. Their names are Ryan Davison and Ashim Bhaugeerutty. Their email addresses can be found below.										

	Director of IT / ICT / IM&T / Digital / Information / Technology Head of IT / ICT / IM&T / Digital / Information / Technology IT / ICT / IM&T / Digital / Information / Technology Manager Chief / Deputy Operating Officer Head / Director of Cyber Security ICT Project Manager ICT Programme Manager Network Manager / Head / Director ICT Infrastructure ICT Business Manager Head of IT Procurement ICT Officer ICT Network Officer	
29 November 2022	The following request was made: Please can your organisation provide the following information a) The number of roles in your association (expressed in numbers of FTE), that are mainly or exclusively focussed on issues of equality, diversity, or inclusivity. For example, this could include (amongst other guises) “EDI officers” or “diversity and inclusion project managers” but would not include general HR managers. b) Either a) the pay band of each of these roles, or b) the combined total salaries for these roles. Whichever measure is more in accordance with your data preferences. c) In the past 12 months the number of staff days across your organisation which have been committed to attending equality training programmes, whether internally run or with external consultants. (staff days = duration of the training programme multiplied by the number of staff in attendance for the course). If unable to provide please mark as N/A in your return.	We provide the following response: In regard to the above request point A, I can confirm that we have 1 role of this nature which is our EDI Manager, the role is 0.4 wte based on staff levels of 44 wte. The pay band for this role is 63,978 pro rata. In regards to training attended. Internal training has been 3 days. External training has been 8 days.
7 December 2022	The following request was made: Please include the information for each of the following financial years; 2019/20, 2020/21, 2021/22:	We provide the following response: In regards to the above request I can confirm all information in regards to financial years can be found in our Annual reports for those years which

	• The number of staff working at the organisation in each of these financial years • The total wage bill for each of these years Please also provide me with the current headcount of staff.”	I have attached. Annual Report 21/22 – Page 80. Annual Report 20/21 – Page 73 / 74 Annual Report 19/20 – Page 57 The current number of staff employed is 45.
16 January 2023	The following request was made: 1/ In the time since the establishment of the Professional Standards Authority, has the authority conducted any research into the proportion of professionals working in the healthcare services, regulated by those regulators in your oversight, to establish the proportion of professionals working in these regulated sectors of healthcare, who are not registrants, but are however directly or indirectly involved in the care of NHS patients? 2/ Specifically, in the case of the GPhC who regulates pharmacists and technicians, has the PSA sought to determine the proportion of non GPhC registrants who none the less, present to NHS patients and, or conduct work relating to the provision of fulfilling prescriptions for NHS patients, but are not regulated by the GPhC? 3/ Generally; In the areas of healthcare, regulated by the CQC, these have regulated powers over the employers of non CQC employed healthcare workers, for example nurses and midwives. Who is responsible for the potential crossover of regulatory investigation in which an employee of an NHS trust has impacted the conduct of non CQC regulated registrant who is under investigation in the fitness to practise system? 4/ Who is responsible for those professionals servicing NHS contracts in the sectors represented by the ten regulators in the PSA oversight, that are not required to be registered, but could otherwise impact on the safety of NHS patients?	We provide the following response: We do not hold any recorded information in relation to your request and are therefore unable to provide anything under the FOIA. However, we hope the following information will be helpful to you; 1. No 2. No 3. We expect the regulator and the CQC to co-operate with investigations. However, where an individual is not regulated or within the powers of the CQC only the employer has the power to take action against them. 4. The relationship is between the relevant NHS and the contractor and is governed by the normal principles of contract liability. There is no other regulatory oversight of the individuals concerned.

21 February 2023	The following request was made: Question 1. Please could you confirm, via the NMC if necessary, how many of the nurses that the NMC regulate are working in GP practices which are 'unlike other medical centres' and therefore have different standards and reporting responsibilities and how and where these different standards are documented. Question 2. Please could you supply any documentation that you have access to which supports the statement that nurses in GP practices which are 'unlike other medical centres' have a right to share concerns with organisations which have no medical healthcare professionals and no data sharing agreements directly, with no reference to their clinical lead and not one document showing the processing? Question 3. Are you, as the Professional Standards Authority confident that the standards (policies and procedures) relating to disclosure of information by nurses working in GP practices which are 'unlike other GP practices' as stated by the NMC, meet your threshold to keep people safe?	We provide the following response:
31 January 2023	The following request was made: <i>'I read in the powerpoint presentation "160920---daisy-blench-iamra-presentation-dishonesty-research.pptx" that the PSA "Currently around 3300 cases involving dishonesty on our database of cases reviewed". I would be grateful if you would send me that information on those cases, which is publicly available from that database, and more recent cases involving dishonesty on that database or any iteration of, newer version of, or replacement for it.'</i>	We provide the following response: We have attached a spreadsheet which identifies all cases where there was an allegation of dishonesty, but this doesn't necessarily mean it was found proved. We are unable to separate the information in this way. We are also unable to determine whether the hearing was held in public or private as we do not hold this information in this way. However, we have provided list of case numbers and broken it down by regulator, and the type of dishonesty (fraud/theft or re qualifications and professional memberships) which will provide the information you require to allow you to search for cases that are in the public domain.

9 February 2023	The following request was made: 'This is a request for information under the Freedom of Information Act 2000, regarding section 29 of the National Health Service Reform and Health Care Professions Act 2002 Does the Professional Authority for Health and Social Care (PAHSC) currently have the power to refer final decisions of fitness to practise panels of the regulators to Court if the PAHSC considers the outcome is unduly lenient and it is necessary to do so for the protection of members of the public, as provided for by section 29 of the National Health, Service Reform and Health Care Professions Act 2002? If so, between financial years 2017/18 to 2021/22, how many appeals has the PAHSC proceeded under section 29? Between financial years 2017/18 to 2021/22 how many appeals under section 29 have been up held or settled by agreement with the regulator and health professional? Please share a summary of the cases. Between financial years 2017/18 to 2021/22 how many appeals under section 29 have not been concluded?'	We provide the following response: Between financial years 2017/18 to 2021/22 – there were 71 appeals, 60 of these were upheld or settled by agreement, 9 were not concluded (i.e. withdrawn. One is still awaiting judgment). We have also attached an FOI appeals document from 2017-2022 along with this response.
17 March 2023	The following request was made: Per FOI, please can you provide me with any and all information held by PSA relating to 'T indicators' placed in doctors records by the GMC, specifically explained as follows: prior to 1996, a doctor could submit their <i>Certificate of Accreditation to the GMC</i>. The GMC then <i>placed a 'T indicator' on their record, to indicate that they had completed consultant training.</i> Does PSA hold any information related to the number of doctors who had T indicators in their record as of the year 1996.	We provide the following response: I can confirm that we don't hold the information you seek, the Authority (or it's predecessor CHRE) was not founded until 2002 and we don not hold any records prior to this. The GMC may be able to assist you with this request.

17 April 2023	The following request was made: 'I'm looking for the following figures for fin years (April-March) 2018/19 and 2019/20 and 2020/21 for the BACP: -Number of members -How many complaints per year -How many were heard by the BACP I was able to get the first 2 for 20/21 from the annual review: https://www.professionalstandards.org.uk/docs/default-source/accredited-registers/panel-decisions/bacp-annual-review-2021.pdf?sfvrsn=84357220_12 But can't find earlier annual reviews with this info. I contacted the BACP directly citing transparency under #6 in the PSA Accreditation framework: "Governance The governance of the organisation supports public protection and promotes transparency, integrity, and accountability." but they redirected me to you. Could you please assist?	We provide the following response: Please see timeframes for which we hold the data in the table below – this does not match exactly to the dates requested but is the nearest we have. We have interpreted the request for complaints 'heard by the BACP' as those for which there was a decision to progress to a full hearing. <table><tr><th></th><th>Number of Accredited Register registrants</th><th>Total Complaints received (includes Professional Conduct Procedure (PCP) complaints and Article 12.6)</th><th>Complaints progressed to a full hearing (includes all complaints routes)</th></tr><tr><td>2018/19 (Jan-Oct 2018)</td><td>34,872 (as of 20 Dec 2018)</td><td>130</td><td>22</td></tr><tr><td>2019/20 (Jan-Oct 2019)</td><td>37,160* (as of 1 Dec 2019)</td><td>241</td><td>35</td></tr><tr><td>2020/21 (Jan-Dec 2020)</td><td>40,040 (as of 5 March 2021)</td><td>267</td><td>50</td></tr></table> * BACP have members who are not on the Accredited Register, BACP reported that it had 50,594 members this year, we don't however have data on member numbers for the other years.		Number of Accredited Register registrants	Total Complaints received (includes Professional Conduct Procedure (PCP) complaints and Article 12.6)	Complaints progressed to a full hearing (includes all complaints routes)	2018/19 (Jan-Oct 2018)	34,872 (as of 20 Dec 2018)	130	22	2019/20 (Jan-Oct 2019)	37,160* (as of 1 Dec 2019)	241	35	2020/21 (Jan-Dec 2020)	40,040 (as of 5 March 2021)	267	50
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16 May and 15 June 2023	The following request was made: '...information regarding a conflict of interest between both The National Counselling and Psychotherapy Society, The National Hypnotherapy society and Chrysalis Not For Profit Limited.'	We provide the following response: I can confirm that we do hold information falling within the scope of your request. However we need more time to consider it. I wish to advise you that we believe the following exemption applies to the information that you have requested: S36 prejudice to the effective conduct of public affairs. By virtue of section 10(3), where public authorities have to consider the balance of the public interest in relation to a request, they do not have to comply with the request until such time as is reasonable in the circumstances. The Authority has not yet reached a decision on the balance of the public interest. Due to the need to consider, in all the circumstances of the case, where the balance of the public interest lies in relation to the information that you have requested, the Authority will not be able to respond to your request in full within 20 working days. However, please find attached the remainder of the information we hold in relation to your request, in particular pages 11-12. 15 June 2023 – response part two - The information that had been held back for further consideration was a section of the NCPS application. Having now reviewed this we consider that the information is exempt from disclosure under section 36(2) of the FOIA and is therefore
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		being withheld. This is because the release of this information would contravene subsections 2(b)(ii) and 2(c); where disclosure: <i>“would, or would be likely to, inhibit— (2)(b)(ii)the free and frank exchange of views for the purposes of deliberation, or (c)would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs.</i> This section of the FOIA is subject to the ‘public interest test’ being performed. Consequently, it is our obligation under section 2(2)(b) to consider whether or not ‘in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information’. We believe that if we were to release the information, registers and accredited registers would be unwilling to provide the information necessary to enable a free and frank exchange of views during process of applying for accreditation or when working with us to improve standards in the future. This may include both existing and potential new registers. This would prevent us from performing our duty under the National Health Service Reform and Health Care Professions Act 2002, section 25G as inserted by the Health and Social Care Act 2012, section 229. We believe that the public interest in the Authority being able to help and support registers and potential accredited registers to improve public
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		protection and to be able to share information without fear that it will be publicly disclosed – particularly before the point they are accredited - outweighs other public interest considerations, and therefore we are maintaining the exemption.										
15 June 2023	The following request was made: “If possible, please can you let me know the following: 1. How many complaints about the GMC, have you received per year, since 2020. 2. How many feedback about the GMC, have you received per year, since 2020. I realise you cannot act on GMC complaints but you still receive them. I do understand you cannot deal with individual complaints about health/social care practitioners. In the first instance, it is often better to contact an employer and/or the regulator. But you do collect public and professional feedback about regulators via your website or, concerns @ professionalstandards.org.uk.”	We provide the following response: In regard to the above request and point 1 mentioned, I can confirm that as we are not a complaint handling body we do not categorise ‘share your experience’ feedback in this way and therefore do not hold this information. In relation to your second question, I have added a table below of the feedback which may be concerns received regarding the GMC. <table><tr><th>Year</th><th>No of GMC feedback/concerns received</th></tr><tr><td>2019-2020</td><td>74</td></tr><tr><td>2020-2021</td><td>64</td></tr><tr><td>2021-2022</td><td>51</td></tr><tr><td>2022-2023</td><td>118</td></tr></table>	Year	No of GMC feedback/concerns received	2019-2020	74	2020-2021	64	2021-2022	51	2022-2023	118
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2020-2021	64											
2021-2022	51											
2022-2023	118											
18 June 2023	The following request was made: I wish to make a Freedom of Information Request (FOI) for a copy of the PSA review and any documentation/information used to produce the review of the MPTS Tribunal, Dr Valero, held between 23 Jan and the 7 Feb 2023.	We provide the following response: Information regarding the PSA’s decision making process, documentation, decision making and remit can be found here Decisions about health and care practitioners (professionalstandards.org.uk) A copy of the determination on this matter										

		(attached to this letter). We consider that releasing information in relation to our decision making on this matter is exempt under section 36 in that it would be likely to prejudice “the effective conduct of public affairs”. We believe it would inhibit free and frank advice and discussion when making decisions. However, we have also considered the public interest test in relation to this matter and on balance feel the public interest in transparency means that we should share our recommendation; ‘Recommendation: The misconduct was isolated to two patients and there is no evidence of repetition since or that he poses a risk in continuing to practise. He has shown insight and undertaken remediation and the panel noted the supportive testimonials. No further action recommended. Director’s review comments: I agree with the initial review. The panel has considered the facts carefully and I do not consider that we can show its views were wrong. Its decision on impairment is carefully considered and I think warning addresses any public protection concerns.’
21 June 2023	The following request was made: “1. What methods are used inside British Prisons for the non surgical ‘Chemical’ and ‘Non Chemical’ castration of prisoners in certain categories? 2. Are the methods used reversible ?	We provide the following response: In regard to all the above requests, please be advised we do not hold this information

	3. Do any of these methods include the use of 'Restriction of blood flow to the genital areas via main artery constriction' ? ... And if so which artery is utilised? 4. Do any of these methods include the use of 'injectable', or 'implantable' microchips ? 5. Are these methods also used for Parolees ? 6. How long do these various methods of 'Non Surgical Castration' last ?"	
11 July 2023	The following request was made: "Can you provide me with information regarding the numbers of cases referred to you about the failings in professional standards arising from hospital deaths of autistic patients diagnosed with Borderline Personality Disorder."	We provide the following response: We do not hold the information you have requested. Please note that the Authority is not itself a regulator and therefore we do not receive cases. You may wish to contact the GMC or NMC directly as the cases would be referred to them as the regulator.
24 July 2023	The following request was made: "What I want to know is whether the PSA assessed the HCPC as meeting all the Standards of Good Regulation in relation to registration despite being aware of the following three serious untoward incidents which I know to have occurred within the HCPC's Registration Department during 2022/23. The three incidents of which I am personally aware are: 1. The HCPC granted registration to a cohort of paramedics from Ireland. When these paramedics were already here practising in the UK, the HCPC wrote to them to say they had made an error in admitting them to the register, they did not actually meet the standards necessary for HCPC registration and the HCPC would need to start fitness to practise proceedings to try and remove them from the register. 2. The HCPC granted registration to a cohort of paramedics from Nigeria. When these paramedics relocated to the UK (with their families and children) and started to work in the UK, it became apparent to their NHS Trust that there were some significant differences between the work of a paramedic in Nigeria and the work of a paramedic in the UK and the	We provide the following response: We have confirmed with our Regulation and Accreditation team regarding the above points and their responses are below; 1. We did have information on this issue. We explored it in detail with the HCPC and were assured with the way it was handled by the HCPC. It is our understanding that the HCPC did not initiate fitness to practise proceedings against any of the affected registrants. We have summarised our findings in paragraphs 11.14 and 11.15 of the report. 2. We do not hold information on this second issue. 3. We are not able to identify this from the

	paramedics probably ought not to have been granted HCPC registration. The Trust felt obliged to refer the entire cohort to the HCPC's Fitness To Practise Department, terminated their employment and offered them a sum of money to just leave the UK and "go home". 3. A third incident which I found deeply troubling is that an international applicant telephoned the HCPC to chase a decision on their application for registration, they were placed on hold but the HCPC staff member didn't apply the hold correctly, so the applicant heard the staff member and a colleague proceed to make racist remarks about people from their country. The applicant made a formal complaint to the HCPC about this and received an apology, so there must be a record of it within the HCPC. I want to know if the PSA is aware of all of the incidents above and yet gave the HCPC a successful rating.."	information provided. Should you wish to provide further information such as the name of the Trust mentioned in item 2, or further information regarding item 3 we can share with the team under 'share your experience' for their consideration. Please note that our report does not set out full details of everything that we considered during the assessment and review, but it provides enough information so that people can understand how we reached our decision about each Standard. I have included a link to our Performance Review page on our website which outlines our processes. https://www.professionalstandards.org.uk/what-we-do/our-work-with-regulators/read-performance-reviews
16 August 2023	The following request was made: Please see below responses following your Freedom of Information Request dated 15 August 2023. 1. What services are included in the contract(s)? (e.g. printing vs scanning etc)? Print, Scan, Copy, Papercut Hive 2. Which supplier is delivering them? (If in-house, please confirm or if multiple provider please identify them)? Konica Minolta 3. How many contracts does this entail and what's the award value for each? 1, £11,000 over 5 years 4. When do these contracts expire and do they have any extensions? 2028, then rolling	We provide the following response: Answers in previous column

	5. What is the annual volumetric data (split by Annual Mono and Annual Colour print)? 65% colour 6. What is the total number of devices supplied? 2 7. What Managed Print Service software solution do you use? Papercut Hive 8. How many Mono MFDs and Colour MFDs do you have? 2 colour MFDs 9. What document management solution do you use? Sharepoint online and Onedrive 10. What High Volume printing devices do you use? Don't use any, just standard devices 11. Were any framework agreements used to procure the goods/services? If so, which ones? Yes, Y20023 12. Any documentation you can provide me with, e.g. the order form? 13. What department is managing the contract and who's the decision-maker? IT, Corporate Services 14. How many Adobe Acrobat (standard, professional and reader) licenses do you have? 50 Professional 15. What is the annual cost? £8081 16. When is the renewal date? March 2024 17. Who is responsible for the contract? IT Manager 18. Do you use any other PDF editing tools? No	
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18 August 2023	The following request was made: Please may you provide me, in Microsoft Excel or an equivalent electronic format, with a list of invoices that were not paid within 30 days for the last 6 financial years (2017/18 to 2022/23 inclusive) which would feed into the Regulation 113 Notice you are required to publish each year as part of your obligations under The Public Contracts Regulations 2015, with the following information for each invoice (where available): The name of the Supplier Supplier email address Supplier company registration number Supplier postal address Supplier telephone number Supplier website The date of the invoice The invoice reference The gross value of the Invoice The date the invoice should have been paid by The actual payment date of the invoice The total amount of interest liability due to late payment of the invoice The total amount of interest paid to the supplier due to late payment of the invoice. For the avoidance of doubt we request the data behind payment performance summaries for Regulation 113 Notices, not the summaries themselves. We expect that this information to be readily available and easily accessible in the electronic format requested given the necessity of source data which must have been required to prepare and produce the Regulation 113 Notice. Please may you provide me, in Microsoft Excel or an equivalent electronic format, with a list of invoices that were not paid within 30 days for the last 6 financial years (2017/18 to 2022/23 inclusive) which would feed into the Regulation 113 Notice you are required to publish each year as part of your obligations under The Public Contracts Regulations 2015, with the following information for each invoice (where available): The name of the Supplier Supplier email address	We provide the following response: Please see attached data and below following your Freedom of Information Request dated 24 July 2023. Please note we have been unable to sort the attached data into those which were not paid within 30 days. We can do this if requested, however we will need further time to complete this. Please let me know should you want the data sorted. The following data is not available as we do not collect or hold it. Supplier company registration number – We don't collect this information Supplier website – We don't collect this information The date the invoice should have been paid by – We don't have this info as we under government rules that all invoices should be paid withing 10 working days unless there is a dispute The total amount of interest liability due to late payment of the invoice – None in last 6 years The total amount of interest paid to the supplier due to late payment of the invoice. – None in last 6 years
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	Supplier company registration number Supplier postal address Supplier telephone number Supplier website The date of the invoice The invoice reference The gross value of the Invoice The date the invoice should have been paid by The actual payment date of the invoice The total amount of interest liability due to late payment of the invoice The total amount of interest paid to the supplier due to late payment of the invoice. For the avoidance of doubt we request the data behind payment performance summaries for Regulation 113 Notices, not the summaries themselves. We expect that this information to be readily available and easily accessible in the electronic format requested given the necessity of source data which must have been required to prepare and produce the Regulation 113 Notice.	
12 September 2023	The following request was made: This is an information request relating to the number of staff who are allowed to work from abroad. Please include the following information, for the 2020/21, 2021/22, 2022/23 financial years: The number of staff, per year, given permission to work from abroad For each member of staff granted permission, please provide their pay band, the country they have been allowed to work from, the length of time that they have been allowed to work for and the dates they were allowed to work from abroad. Please also provide the reason. If any of this is not possible to provide, please provide the remaining information”	We provide the following response: We are only able to provide information for 22/23 as prior to this there weren't any restrictions in place for overseas working. Therefore we wouldn't have had to do anything to our system nor need to be notified if someone was working abroad. Our conditional access policies were applied to all PSA accounts after our cloud move in October 2022, that's when restrictions would have started to be enforced so for 2022/23 we can provide this information from October until the end of 22/23. 1 member of staff – Head of Function Pay Band 5 – Spain – 24/10/22 (6 days) 1 member of staff – Technical Specialist Pay

		Band 3 – Australia – 07/12/22 (5 days) 1 member of staff – Pay Band ELT – USA/Cayman Islands – 16/12/22 (14 days) 1 member of staff - Board – Thailand/Australia – 18/12/22 (20 days) 1 member of staff – Administrator Pay Band 1– Germany – 22/12/22 (14 days) 1 member of staff – Pay Band ELT – USA – 11/01/23 (5 days) We are not able to provide the reasons why these individuals were travelling to these countries as that is not information we capture when authorising these requests.
24 October 2023	The following request was made: Please provide full details and content of all communications to the GDC regarding this review. I am happy for names to be redacted if required.”	We provide the following response: In regard to all the above requests, please be advised that this case has been reviewed and closed and the decision is in the public domain. Apart from the GDC sending the original decision, no further correspondence has been sent or received.
30 November 2023	The following request was made: 'I would be grateful if you could supply all records pertaining to Derek Gale (The Gale Centre), an arts therapist who was investigated and banned from practicing in 2007. Please provide all information pertaining to and not limited by: - reasons for the decision for Derek Gale to be banned from practising under the title, 'arts, drama or music therapist' - records of any internal meetings to discuss the case - records of the formal case meeting	We provide the following response: Please find attached one document we hold in relation to Derek Gale. This relates to the determination of the hearing in 2009. The attached decision will have been published at the time, but no longer appears on the HCPC website (these are published for five years before being removed). While a hearing from 2007 was requested, this is all we have a record of. The registrant may have been suspended in 2007, but

	- all internal notes, memos, and legal advice relating to the case - all internal emails relating to the case - all correspondence (emails and letters) about the case - records of any meetings about the case - all external correspondence (emails and letters) about the case - records of any external meetings about the case'	we don't appear to have a record of that.
30 November 2023	The following request was made: I would be grateful if you could supply all records pertaining to Mr. Beauchamp Colclough, a therapist who was investigated and banned from practicing in 2012. Please provide all information pertaining to and not limited by: - reasons for the decision for Mr. Beauchamp Colclough to be banned from practising under the title of 'therapist' - records of any internal meetings to discuss the case - records of the formal case meeting - all internal notes, memos, and legal advice relating to the case - all internal emails relating to the case - all correspondence (emails and letters) about the case - records of any meetings about the case - all external correspondence (emails and letters) about the case - records of any external meetings about the case	We provide the following response: Thank you for your recent Freedom of Information request below. I can confirm that we do not hold any recorded information in relation to Mr Beauchamp Colclough
30 November 2023	The following request was made: This is an information request relating to posters paid for by the trust in the last 3 financial years, and the current year to date (2019,20 2020/21, 2021/22, 2022/23). Please include the following information: total amount and cost of all posters paid for by the trust which are used in the hospitals, clinics, offices and other buildings of the trust. the total number of posters in foreign languages paid for by the trust the total cost of foreign language posters"	We provide the following response: In regard to all the above requests, I can confirm we are not a Trust and we do not produce/commission posters which are used in hospitals, clinics, offices and other buildings. Nor have we paid for posters in foreign languages and therefore the total amount of expenditure is £0.00

15 December 2023	The following request was made: "1. The complete trail and further movements of emails sent to Melanie Heuser by me on Tue, 24 Oct at 11:33, Tue, 24 Oct 10:55 and Mon, 23 Oct at 19:01, retaining the dates and time of their sharing with other parties and any opinions expressed about my concerns. 2. Provide a confirmation when was the Chair of the PSA informed about my concerns the first time and provide evidence. 3. Please confirm details of any meetings or other emails within the PSA related to my concerns raising. 4. Please confirm if any of the PSA managers / employees / directors involved in addressing my concerns to date have contacted anyone from the GMC; including but not limited to the GMC's CEO Charles Massey or Katherine Ince, Assistant Registrars of the FtP, Rule 12 team, the Corporate Review Team or a Mr L Stirk (for each of them, a yes or No will suffice;).And if so please provide the dates of such contact. 5. please confirm any conflict of interest of any of the PSA members with the GMC or the concerns I have raised. 6. Please confirm that those who have responded to my concerns have all received appropriate training and guidance on each of the following matters by the PSA before they dismissed my concerns as unsuitable for the PSA to act/ reflect on or escalate them / or direct me to other resources in the interest of children and probity A> responsibility to protect patients through PSA's role and decisions B> GMC regulations and Good Medical Practice C> Duty of candour regulation D> fraud regulations E> Medical Act 1983	We provide the following response: In regard to all the above requests, our responses are as follows; 1. The communication between sent to Melanie Hueser have been attached to the email via which this response was shared. 2. The Chair of the board was informed in writing on 3 November 2023 at 11.37, we have no written notes of any verbal correspondence on this matter Evidence of this has been attached to this email. 3. Other than the emails which are referred to above there are no further written records and no meetings have taken place regarding or relating to your concerns. 4. I can confirm no PSA manager, employee or director involved in addressing your concerns has contacted anyone from the GMC, including GMC's CEO Charles Massey or Katherine Ince, Assistant Registrars of the FtP, Rule 12 team, the Corporate Review Team or a Mr L Stirk. 5. I can confirm there are no conflicts of interest of between any PSA members with the GMC. 6. Please be advised in regards to your request for confirmation of individuals training and guidance on points A-F, we cannot consider this to be a valid FOI request as it isn't a request for recorded information. Furthermore we cannot release information about individuals training and qualifications as we consider that that this would breach s41 of the FOIA as this is personal information. 7. The PSA does not hold any opinion on
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	F> GMC's investigation pathways 7. On what grounds is the PSA CEO and the Chair individually and together assuming that the GMC has conducted full investigation into my concerns; please provide a documented evidence or agree that they are making an assumption 8. Please provide any evidence that the PSA has ever reflected and retracted and corrected its decisions/ actions in the past 3 Jan 2021 to date?"	the matter outlined in question 7, as it is not within our remit to do so and therefore we hold no information regarding it. 8. Please clarify what information is being requested here so we can advise further.
21 December 2023	The following request was made: Q.1 If you have a managed service provider (MSP) in place for the provision of temporary agency staff, please provide the following. 1a. How was the contract to manage/provide the supply of agency/temporary staff let? 1b Did you use a Framework and if so, which Framework did you use? 1c Who was the contract to manage/provide the supply of agency/temporary staff let to?' 1d What is the contract end date? Q.2 If you don't have a managed service provider (MSP) in place for the provision of temporary recruitment agency staff which recruitment agencies, do you use, and what basis were they awarded? Q.3 Please can you provide details of the names of the decision-makers who ultimately decide which recruitment agencies your organisation uses. Q.4 Please provide the name(s) of the person(s) who the manage the recruitment agency contract on a day-to-day basis.' Q5 Please provide the total value of agency spend for 2022 – 2023. 5a Please provide a breakdown of spend per agency used. 5b Please provide a breakdown of job category for agency spend.	We provide the following response: Please find the answers to your questions below; Q1. We engage recruiters when required for the provision of staff. 1a. We contact the recruiters directly depending on the role and request CV's for applicants however we do not have contracts with these agencies. 1b. No framework is used within the recruitment process when engaging agencies. 1c. We have previously engaged with Altum, Robertson Bell, Ashdown Group and Reed. 1d. Agencies are contacted on an add-hoc basis and are not contracted with us. Q2. Due to the small size of our company, we do not have an on-going contract with recruitment agencies due to the small level of turnover, therefore there is no basis for awarding of recruitment contracts. Q3. Suzanne Dodds – Head of HR & Governance and the recruiting manager for the particular role. Q4. No contract is engaged with recruitment services, day to day communications are managed by the HR team.

		Q5. £44,270.00 5a. RGF Staffing - £31,024.00 Law Absolute - £13,246.00 5b. RGF Staffing – Communications Assistant Law Absolute – Lawyer maternity cover
04 January 2024	The following request was made: 'Please disclose if the Professional Standards Authority has received any information from or made any enquiries of the NMC or GMC in relation to any nurse or doctor employed at the Countess of Chester Hospital between 2019 and 2023, and what conclusions, if any, it has reached.	We provide the following response: We provide all of the information we hold on this matter. However, under s40(2) of the Freedom of Information Act (personal information) we have redacted the names of junior colleagues from any correspondence.
04 January 2024	The following request was made: I am writing to seek assistance regarding a matter detailed in the documents published on the Professional Standards Authority's website, specifically relating to the Complementary and Natural Healthcare Council (CNHC). My inquiry is based on the document available at this link, specifically section 5.51, which outlines certain conditions that the CNHC must fulfill concerning false claims on registrants' websites. Section 5.52 grants a six-month period for CNHC to address these conditions. As ten months have elapsed since the publication of this report, I am seeking information on the progress made by CNHC in meeting these conditions. My search on both the PSA and CNHC websites has not yielded relevant documentation, except for a document on the CNHC website (link here). This document suggests that CNHC does not engage with complaints related to breaches of the Committee of Advertising (CAP) Code of Practice, barring those involving the Cancer Act 1939, which appears contradictory to the stated conditions (this document is dated 2016 so this may be an oversight). In light of this, could you kindly provide or direct me to any follow-up reports or documentation that assess CNHC's compliance with the stipulated conditions?	We provide the following response: In regard to all the above requests we have attached the CNHC Website check undertaken by our Accredited Registers team dated 5 October 2023. This outlines the registrants of the CNHC and any concerns the Accredited Registers team have highlighted. Please also find shared the CNHC condition review document (Word) which outlines whether the conditions (outlined on page 3-4) have been met. This document was completed 25 September 2023.

05 January 2024	The following request was made: 1. The minutes of any meetings held between January 2016 - December 2023 that discuss or relate to the regulation of physician associates and anaesthesia associates. 2. Any briefings, policy documents, or consultation papers prepared or received by the Professional Standards Authority in relation to the regulation of physician associates and anaesthesia associates. 3. Any correspondence between the Professional Standards Authority and the General Medical Council regarding the regulation of physician associates and anaesthesia associates within the specified time frame.	We provide the following response: Due to the general nature of the request, the wide time frame and volume of information that will be caught in the scope of the request, this is considered “manifestly unreasonable” under Section 12 (1) of the Freedom Information Act. This is because the “cost” involved in this request as there is no straightforward way to search for all the information requested would exceed the appropriate time limit. This is also due to the long-time frame covered in the nature of the request. If you are able to narrow the request down we may be able to assist further.
09 January 2024	The following request was made: I am writing to you under the Freedom of Information Act 2000 to request the following information for the Project Project name - Website Redevelopment Project Notice Reference -PSA-10/23 Link -https://www.contractsfinder.service.gov.uk/notice/21db25cc-c0ac-41ac-a6ad-a35d20e9b08c?origin=SearchResults&p=1 1. Copy of successful tender (by removing confidential information) 2. Scoring table of all bidders, split by scores awarded for each question of bid. 3. Approximate date that the tender will be reissued towards the end of the current contract period. 4. How many bidders submitted responses? 5. Name of all bidders who submitted responses. 6. Rank of all bidders who submitted responses I would prefer to receive the information electronically.	We provide the following response: Under S43(2) of the Freedom of Information Act we are withholding the information requested under point one as we deem that disclosure would, or would be likely to, prejudice the commercial interests of any legal person (an individual, a company, the public authority itself or any other legal entity). Please find attached the information in response to points two, four, five and six above. In response to point three, the approximate date of reissue for the tender is currently unknown.

26 January 2024	The following request was made: Which legal firms/barristers do you use? Do you have an in house legal team? If so, how big is it and what is the total salary expenditure for the team? How much did you pay in external legal fees in the last financial year? How much have you spent in this (2023) year? What proportion of your overall budget is on your legal spend?	We provide the following response: Which legal firms/barristers do you use? We currently use two external firms of solicitors, Browne Jacobson LLP and Hill Dickinson LLP. We use many external barristers but they are all at 39 Essex Chambers.
13 February 2024	The following request was made: I am looking to obtain an up to date Excel datasheet CSV/XLS Excel list of: 1. All UK NHS Hospitals & Clinics 2. All UK Private Hospitals & Clinics For England, Scotland, Wales and Ireland with: names, address, email address, website and telephones numbers.	We provide the following response: I can confirm that we do not hold the information you have requested below. It may also be helpful to know that we are not the Department of Health and Social Care, you can find further information about our role on our website below. The following link contains information on how to make FOI requests to the DHSC (towards the bottom of the page): Department of Health and Social Care - GOV.UK (www.gov.uk) and the email address to make an FOI request to is dhsc.publicenquiries@dhsc.gov.uk.
16 February 2024	The following request was made: As we understand that these tenders are public contracts, we would kindly request information about the awarded tender for Website Redevelopment Project. We would like to know who the winning company was and, if possible, gain access to the selected project for a detailed analysis.'	We provide the following response: The tender for the Website Development Project has been offered to Williams. Under S43(2) of the Freedom of Information Act we are withholding the information provided by the successful bidder as we deem that disclosure would, or would be likely to, prejudice the commercial interests of any legal person (an individual, a company, the public authority itself or any other legal entity). However, please find attached scoring of all bidders split by scores awarded for each of the

		criteria.
28 March 2024	The following request was made: Please include the following information for the following years, 2019/20, 2020/21, 2021/22 and 2022/23: A list of all the staff networks at the organisation Whether each network receives internal funding and, if so, how much (please express annually for the last four financial years) How much FTE equivalent staff time each network is entitled to. For example, a staff network may have a chair who's entitled to spend 10% of their working hours devoted to the network (please express annually for the last three financial years) A list of events that each network has held in this financial year so far (April to the present day), including the title of the event, information on any guest speakers and the time of the event.	We provide the following response: • A list of all the staff networks at the organisation - o Our staff networks include the Staff Engagement Forum and the EDI Working Group. • Whether each network receives internal funding and, if so, how much (please express annually for the last four financial years) - o No annual funding is received. Group spends are authorised by the budget holder when required but are minimal. This has been the same for all four years requested. • How much FTE equivalent staff time each network is entitled to. For example, a staff network may have a chair who's entitled to spend 10% of their working hours devoted to the network (please express annually for the last three financial years) - o There is no confirmed time that staff are entitled to when part of the group. Line managers are aware of their reports attendance of the group / forum and are required to be flexible with work the employee may need to complete. • A list of events that each network has held in this financial year so far (April to the present day), including the title of the event,

		information on any guest speakers and the time of the event • EDI Working Group – 8 March 2024 – International Women's Day. Speakers Caroline Corby (chair of Board), Juliet Oliver (Board Member). Timing 1.5 hours. • Staff Engagement Forum – no events.
2 May 2024	The following request was made: Spend on Office supplies and associated products for the below financial years. 1st April 2022 – 31st March 2023 1st April 2023 – 31st March 2024 Start date & duration of Contract? Is there an extension clause in the contract and, if so, the duration of the extension? Has a decision been made yet on whether the contract is to be either extended or renewed? Who is the senior officer (outside of procurement) responsible for the contract? Name of Incumbent Supplier? How long have you traded with them? If you publish your register of contracts and purchasing, can you please provide a website link. In addition, can you confirm if you have a contract in place for Tail End Spend.	We provide the following response: The details I require are: Spend on Office supplies and associated products for the below financial years. 1st April 2022 – 31st March 2023 (£272.26) 1st April 2023 – 31st March 2024 (£564.55) Start date & duration of Contract? <i>We have no contract for an office supplier.</i> Is there an extension clause in the contract and, if so, the duration of the extension? <i>No contract is in place.</i> Has a decision been made yet on whether the contract is to be either extended or renewed? <i>No contract is in place.</i> Who is the senior officer (outside of procurement) responsible for the Contract? <i>No contract is in place.</i> Name of Incumbent Supplier? <i>No contract is in place.</i> How long have you traded with them? <i>No contract is in place.</i>

		If you publish your register of contracts and purchasing, can you please provide a website link. <i>This is not information we publish.</i> In addition, can you confirm if you have a contract in place for Tail End Spend. <i>We do not have a contract with Tail End Spend.</i>
18 June 2024	The following request was made: This is a freedom of information request. I require a copy of all the information that the PSA holds with regard to the independent review of the General Teaching Council for Scotland's Fitness to Teach process announced last week. To include all internal emails, meeting notes and agreements between the two parties in relation to this.	We provide the following response: We are unable to provide the information requested due Section 22 of the Freedom of Information Act which provides an exemption for information which is intended for information which will be published in the future and could prejudice the work to release at this stage.
4 July 2024	The following request was made: 'Having reviewed the PSA's "<i>Retention and disposal policy</i>", I consider it unlikely that the PSA does not have records relating to the professions the PSA was referring to in its statement. I also note that the PSA does not appear to have provided a full response to my second request, "<i>Please also advise what action the PSA advised each of the relevant regulators to take to investigate the causes and where appropriate address the disparities, and the date/s on such advice was issued to each regulator the PSA was referring to in its statement</i>".	We provide the following response: I can confirm that the PSA does not hold records in relation to the professions referred to in the above linked statement. We hold two documents relating to the statement, please find these attached. With regards to the second part of your request, we did not write to the regulators about this as there was nothing in our statement that indicated we would be advising the regulators on the action they should be taking (and we don't advise regulators in general), but our work on Standard 3 has developed what we expect regulators to do in this area.

15 July 2024	The following request was made: "I would be most grateful if you would provide me, under the Freedom of Information Act, the following information regarding your facilities management approach: - How are facilities management services (hard FM, soft FM or TFM) handled across your estates? - If any services are outsourced, which services and to which suppliers? - What are the start dates and durations of these contracts, including the end date, and which services are included in each? - What are the values of the contracts? - Is there an extension clause in the contract(s) and if so, what is the duration of the extension? - Has a decision been made yet on whether the contract(s) are being either extended or renewed? - What is the job title of the senior officer (outside of procurement) responsible for the contract(s)? - Do you utilise any outsourced helpdesk or FM integrator services? If so, with which supplier(s)? - Which software solution(s) are used to manage your corporate property/assets including facilities management (CAFM)?."	We provide the following response: - Our facilities are handled by us as the occupiers. We outsource the following; fire extinguisher servicing, fire risk assessments, zip tap maintenance, cleaning and confidential waste removal. - Our cleaning contract is from May 2024 until 6 June 2026 and is for the value of £12,445.80 annually. This contract includes the weekly cleaning of our offices and the supply of cleaning materials, waste removal and recycling - Our fire risk assessment runs from February 2024 and is an annual activity for the value of £702.00. This contract pertains to the annual fire risk assessment of our property. - Our fire extinguisher and maintenance contract runs from February 2024 to January 2025 and is for the value of £427.68. This contract is annual and includes the servicing and maintenance of our fire extinguishers. - Our Shred It contract runs from March 2023 for 36 months and covers the confidential shredding and collection. - Our zip tap maintenance contract is from July 2024 and is to the value of £708.00. This contract is annual and includes the servicing and maintenance of our zip tap. - None of the contracts include an extension clause but any extensions or
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		new contracts will follow Government procurement procedures. - No decisions have been taken yet as to the extension or renewal of contracts. - Suzanne Dodds, Head of HR & Governance and Imogen Peroni, HR & Governance Administrator are the contacts on the contracts. - We do not utilise a help desk or FM integrator services. - No software is used for our facilities management.
24 July 2024	The following request was made: “1. How many patients in Scotland were admitted from a nursing home to A/E in the past 2 years? 2. What are the key reasons for elderly in Scotland admitted from nursing home to A/E over past 2 years? 3. What are the reasons that Scottish A/E's raise safeguarding concerns when elderly patients are admitted to A/E from nursing homes? 4. What is the Nhs policy and criteria regarding safeguarding concerns in the elderly admitted to A/E from nursing homes in Scotland? What organisations do the Nhs Scotland refer these concerns to for further investigation? How many referrals from A/E of patients admitted from nursing homes Scotland with safeguarding concerns over past 3 years? 5. What actions has the scottish government taken regarding concerns raised by Inspectorate Scotland investigations over past 3 years? How many reports of concern has been reported by the Inspectorate of Scotland over past 3 years? What were the main themes reported by Inspectorate of Scotland? 6. What background criteria would prohibit someone owning a care home in Scotland? How often are owners backgrounds checked?”	We provide the following response: Regarding all the above requests, the requested information is not available as we do not collect or hold it; 1. How many patients in Scotland were admitted from a nursing home to A/E in the past 2 years? <i>This is not information we hold.</i> 2. What are the key reasons for elderly in Scotland admitted from nursing home to A/E over past 2 years? <i>This is not information we hold.</i> 3. What are the reasons that Scottish A/E's raise safeguarding concerns when elderly patients are admitted to A/E from nursing homes? <i>This is not information we hold.</i> 4. What is the NHS policy and criteria regarding safeguarding concerns in the elderly admitted to A/E from nursing homes in Scotland? What organisations do the NHS Scotland refer these concerns to for further investigation? How many referrals from A/E of patients admitted from

		nursing homes Scotland with safeguarding concerns over past 3 years? <i>This is not information we hold.</i> 5. What actions has the Scottish government taken regarding concerns raised by Inspectorate Scotland investigations over past 3 years? How many reports of concern has been reported by the Inspectorate of Scotland over past 3 years? What were the main themes reported by Inspectorate of Scotland? <i>This is not information we hold.</i> 6. What background criteria would prohibit someone owning a care home in Scotland? How often are owners backgrounds checked? <i>This is not information we hold.</i> It may be helpful to explain that the role of the PSA is to oversee the 10 statutory health and social care regulators, more information can be found here; https://www.professionalstandards.org.uk/what-we-do/our-work-with-regulators We do not oversee the work of the NHS or Inspectorate Scotland and have no involvement in monitoring care homes. It is possible that the CQC may be able to assist you further with your request, more information about their work can be found here; https://www.cqc.org.uk/
20 June 2024	The following request was made: 1. Whether you have a dedicated Data Sharing Advisory and Guidance central team or department that gives advice to your organisation about the organisation's Data Sharing	We provide the following response: 1. We do not have a dedicated team, this function is generally performed by the internal PSA

	responsibilities, relating to both personal and corporate data sharing agreements (DSAs) and Memorandum of Understanding (MOU's) for the sharing of bulk and individual data? 1.1. If so what is the name of the team or department? 1.2. Please clarify whether it is a team or department? 2. If the answer to question 1 is yes, how many staff members are part of the Data Sharing team or department, including senior staff members, such as Director level and heads of departments? 3. If the answer to question 1 is yes, how much does it cost to run the team or department (please breakdown the costs into categories, such as an aggregate amount for salaries, IT costs etc)? 4. What type of data sharing mechanism does your organisation use to share data with external organisations when sending data under a DSA or MOU? Such as via encrypted email, dedicated data sharing platform (please name this if applicable). 5. If the answer to question 1 is yes, how long has the team being in situ? 6. If the answer to question 1 is NO, do you have plans to put in place a designated data sharing advice team for your organisation in the future? 7. If the answer to question 6 is yes, please explain what has prompted the decision? 8. If the answer to question 6 is yes, within what time frame do you anticipate setting up the data sharing team or department? A. Within 3 - 6 months, 6 - 9 months or 9 months +? 9. Does your organisation routinely conduct audits of the DSAs and MOUs within the organisation to ensure they are compliant with the organisation's regulatory and legal duties? 10. If the answer to question 9 is yes, a. How often are the audits conducted? And b. Are the audits conducted i. Internally, ii. externally or iii. both internally and externally? 10. 1 . if the answer is no to question 9, why not?"	Governance team which provides advice on Information Governance and handle any FOI's, DPA's and Data Sharing Agreements. 1.1 N/A 1.2 N/A 2. N/A 3. N/A 4. Generally, this is discussed on an individual basis and is usually a contract. 5. N/A 6. N/A 7. N/A 8. N/A 9. Yes. 10. External audits are conducted with third party information holders annually to ensure they are compliant with our regulatory and legal information governance duties. Our Audit & Risk Committee review this once a year and internal audit review as and when necessary. 10.1 N/A
30 September 2024	The following request was made: "1) Background a) Provision of a Palentypist for persons with the Protected Charachterstic of hearing loss and/or deafness is recognised by the Courts and Judiciary as a section 20 reasonable adjustment. b) Provision of an interpreter for non english speaking persons Is also a commonly provided service within GP practices although not necessarily a EA 2010 duty. 2) Request	We provide the following response: Regarding all the above requests, the requested information is not available as we do not collect or hold it; <i>a) What information does the Regulator possess In respect of the number of occasions GP practices have provided each adjustment over a set period such as on an annual basis? This is not</i>

	a) What information does the Regulator possess In respect of the number of occasions GP practices have provided each adjustment over a set period such as on an annual basis? b) If the no such records exist , why is the regulated bodies compliance with a legal duty under EA 2010 section 20 not recorded or monitored by the Regulator? c) Precisely where, can the regulators policy of compliance with EA 2010 duties to be found”	information we hold or collect. <i>b) If the no such records exist , why is the regulated bodies compliance with a legal duty under EA 2010 section 20 not recorded or monitored by the Regulator?</i> This is not information we hold or collect. <i>c) Precisely where, can the regulators policy of compliance with EA 2010 duties to be found?</i> This is not information we hold or collect. It may be helpful to explain that the role of the PSA is to oversee the 10 statutory health and social care regulators, more information can be found here; https://www.professionalstandards.org.uk/what-we-do/our-work-with-regulators We do not oversee the work of GP practices and have no involvement in their monitoring. It is possible that the CQC may be able to assist you further with your request, more information about their work can be found here; https://www.cqc.org.uk/
8 November 2024	The following request was made: 1) Do you use a social media management platform? 2) If so, what tools do you use? 3) What is your annual spend on a Social media management tool? 4) What dates does your contract with your current supplier end (month & year) ? 5)Do you use a social listening / media monitoring platform? 6) If so, what tools do you use? 7) What is your annual spend on a social listening / media monitoring tool? 8) What dates does your contract with your current supplier end (month & year) 9) Who is the senior person responsible for managing these contracts?’	We provide the following response: 1) Do you use a social media management platform? Yes 2) If so, what tools do you use? Hootsuite 3) What is your annual spend on a Social media management tool? £116.50 4) What dates does your contract with your current supplier end (month & year)? March 2025 5)Do you use a social listening / media monitoring platform? Yes 6) If so, what tools do you use? Meltwater

		7) What is your annual spend on a social listening / media monitoring tool? £11,040 8) What dates does your contract with your current supplier end (month & year) July 2025 9) Who is the senior person responsible for managing these contracts? Head of Stakeholder Engagement & Communications
12 November	The following request was made: Under the <i>Freedom of Information Act 2000</i>, please confirm the name of the international organisation your NGO and NFP institution collaborates with.	We provide the following response: The PSA is a government body accountable to Parliament, we are not an NGO or a NFP organisation. More information on who we are can be found here; https://www.professionalstandards.org.uk/about-us/how-we-work We don't collaborate with international organisations as a general rule, although occasionally we may may work with international regulators to provide advice or research. All of our international projects can be found here; International reports of regulators in different countries
19 December 2024	The following request was made: Please see the attached Freedom of Information request which we would be most grateful if you can please provide a response to. There are 11 questions which we have included and please feel free to use this form to respond if it is useful.	We provide the following response: Thank you for your recent Freedom of Information request. We do not hold all of the information requested or in the format requested however, please see link to our Net Zero statement which outlines our commitments PSA Statement Environmental impact. You can also find information about how we report on this within our annual reports. Please see link to our most recent

		annual report psa-annual-report-and-accounts-2023-24.pdf , the relevant section can be found under the headline titled 'Sustainability'. Earlier reports can be found here Reports to Parliament about the work of regulators and registers
14 January 2025	The following request was made: I wish to make a Freedom of Information request, please let us know the status of the PSA's Clear Sexual Boundaries Project for Patients, and of the Tackling Concerns Locally Project in which the PSA was involved following the Govt White Paper Trust assurance and safety'.	We provide the following response: The only recorded information that we hold in relation to the Sexual Boundaries work can be found on our website https://www.professionalstandards.org.uk/publications/clear-sexual-boundaries and https://www.professionalstandards.org.uk/publications/sexual-behaviours-between-health-and-care-practitioners-where-does-boundary-lie-0 These documents relate to work done over six years ago and therefore in line with our retention policies the only documents we hold on this are the final guidance documents. The Tackling Concerns Locally Project was run by the Department of Health. The reports of this work are on the Government archive website: [ARCHIVED CONTENT] Tackling Concerns Locally: report of the Working Group : Department of Health - Publications. There is a response from the Government to the Working Group's report contained within it. The PSA was a member of the subgroup on 'clinical governance' but we do not now hold any records of the proceedings of those meetings. The Department of Health and Social Care may be able to assist you further in this matter. We hope that this answers your request. However, it was not clear to us exactly what

		recorded information you were seeking and so while we have reviewed the information we hold in relation to these papers if there is specific recorded information you feel we hold, and you can provide us with further information to help us identify this we will be happy to reconsider your request.
8 January 2025	The following request was made: What is the headcount (number) of staff employed in communications, marketing, press and public affairs in your organisation?	We provide the following response: We currently employ five staff in our Stakeholder Engagement and Communications team.
15 January 2025	The following request was made: ‘This is an information request relating to quango staff being given permission to work from outside the United Kingdom. By United Kingdom, I refer to Northern Ireland, England, Wales and Scotland, not including the crown dependencies. Please include the following information for the following financial years, 2021/22, 2022/23, 2023/24 : • The number of employees currently with permission to work outside of the United Kingdom • The number of employees who were given permission to work outside of the United Kingdom in the 2021/22, 2022/23, 2023/24 financial years • If possible, for each employee given permission, please provide their pay band, and the country which they were provided permission to work from.’	We provide the following response: We are only able to provide information for 22/23 as prior to this overseas working was done on an ad hoc basis for example staff working at conferences and events abroad and not formally recorded in this way. We have never had any staff who contractually work abroad as their primary place of work. Conditional access policies were applied to all PSA accounts after our cloud move in October 2022, meaning that permission changes to IT accounts were required for anyone working abroad so for 2022/23 and 2023/24 we can provide this information from October 2022. 2022/23 1 member of staff – Head of Function Pay Band 5 – Spain 1 member of staff – Technical Specialist Pay Band 3 – Australia 1 member of staff – Pay Band Executive Leadership Team – USA/Cayman Islands

		1 member of staff - Board – Thailand/Australia 1 member of staff – Administrator Pay Band 1– Germany 1 member of staff – Pay Band ELT – USA 2023/24 1 member of staff – Technical Specialist Pay band 3 – Sweden 1 member of staff – ELT – Greece 1 member of staff – ELT – Italy 1 member of staff – Officers and advisors pay band 2 – Sweden 1 member of staff – ELT – Canada 1 member of staff – Officers and advisors pay band 2 – Canada 1 member of staff – Manager pay band 4 – Canada 1 member of staff – ELT – Portugal 1 member of staff – ELT – Austria
8 January 2025	The following request was made: We would like to understand your expenditure on recruitment agencies, both within and outside of established frameworks. Could you please provide the following information: The amount spent per recruitment agency? The areas of the business where this recruitment spend is allocated? If you have a Preferred Supplier List (PSL), when is it due for renewal? January - December 2024	We provide the following response: The cost on recruitment agencies from Jan- Dec 24 was £17,085.90. We do not have a preferred supplier list of agencies.

11 February 2025	The following request was made: Monitoring Report - Health and Care Professions Council 2023/24 30 Aug 2024 (Monitoring Report - Health and Care Professions Council 2023/24 PSA) With regards to – ‘Fitness to Practise timeliness The HCPC continued to embed a number of projects designed to improve its FTP processes. Despite this, it is still taking too long to progress cases to a final Fitness to Practise Committee decision, and the HCPC has therefore again not met Standard 15. We identified weaknesses in the HCPC’s oversight of cases handled by its external legal providers. As a result, a registrant had been able to practise for three months after they had been charged with a serious offence against a patient, exposing the public to serious risk. We concluded that Standard 17 was not met. Although we received mixed feedback from stakeholders regarding the support provided to parties involved in the FTP process, there was enough evidence of improvement this year for us to conclude that Standard 18 is met. ‘ Would you please provide the following information 1. What were the dates of the time-period after the registrant had been charged and was able to practice? 2. Please provide the reasons and evidence provided by the HCPC to the Professional Standards Authority for their delay in suspending the registrant. Additional request – Please would you provide the following additional information 1. Were there any delays by the HCPC in suspending registrants during 2020 2. If yes to number 1, please provide dates, which professional body was involved and the reasons and evidence provided by the HCPC to the Professional Standards Authority for their delay in suspending the registrant.	We provide the following response: <i>What were the dates of the time-period after the registrant had been charged and was able to practice?:</i> The HCPC was notified that the registrant had been charged on 12 January 2024 and an interim 18-month suspension order was granted on 17 May 2024. <i>Please provide the reasons and evidence provided by the HCPC to the Professional Standards Authority for their delay in suspending the registrant.</i> The HCPC’s usual process is to apply for an interim order when a registrant is charged with an offence that would give rise to the need for an order. The HCPC explained to us that the external legal provider’s case manager was not clear on the HCPC’s interim order (IO) process and was awaiting the conclusion of the criminal case before progressing with an interim order. The HCPC confirmed that the registrant was in prison for an unknown period of time before the IO was imposed, but they were still registered without any restrictions between charge and the 17 May 24. This is not in line with the HCPC’s processes, whereby an IO is applied for at the point of a charging decision. Response following additional request – I can confirm that we didn’t investigate any specific cases as part of the 2020 review.
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		However, in terms of interim order timeliness, we examined the dataset and invited the HCPC to provide any information to explain its performance. We concluded that Standard 17 (identifying risk and applying for interim orders) was not met.
11 February 2025	The following request was made: I should be grateful if you would supply me with any correspondence between the PSA and the Association for Nutrition from 1 January 2019 to the present date.	We provide the following response: I can confirm that there is no correspondence within the timeframe requested between the Professional Standards Authority (PSA) and the Association for Nutrition.
10 March 2025	The following request was made: This is an information request relating to Equality, diversity and Inclusion roles in your organisation. Please include the following information for each of the following financial years; 2021-22, 2022-23, and 2023-24: • Total number of EDI staff employed for each financial year • A breakdown of the staff employed including: ○ The job titles ○ The pay band associated with each role If it is not possible to provide the information requested due to the information exceeding the cost of compliance limits identified in Section 12, please provide advice and assistance, under the Section 16 obligations of the Act, as to how I can refine my request.	We provide the following response: <u>2021-22</u> Total number of EDI staff employed for each financial year: 1 Job title: <i>Equality, Diversity and Inclusion Consultant</i> Pay band associated with role: £73,903 - £84,460 PA <u>2022-23</u> Total number of EDI staff employed for each financial year: 2 Equality, Diversity and Inclusion Consultant left post October 2022 EDI Manager started post January 2023 Job title: <i>Equality, Diversity and Inclusion Consultant</i>

		Pay band associated with role: £74,642 - £85,305 PA Job title: <i>EDI Manager</i> Pay band associated with role: £63,978 - £69,310 PA <u>2023-24</u> Total number of EDI staff employed for each financial year:1 Job title: <i>EDI Manager</i> Pay band associated with role: £66,538 - £72,082 PA
31 March 2025	The following request was made: Please can you provide me with the following data from 2005 or as early as you have this information on your CRM system/database. A spreadsheet with worksheet per regulator (for each ten regulators), for all professionals who were erased from the register for sexual misconduct/offences. • Name of professional • Their registration number • Sex • Ethnicity • Date of registration • Date of erasure • Country/continent of registration • Type of profession/role/speciality	We provide the following response: Please find the spreadsheet attached to this email. We noted that names and registration numbers were requested but we do not consider this data to be in the public domain. The data has been provided in one spreadsheet, as data is not currently held in the format requested. The spreadsheet includes all cases where sexual misconduct was alleged in some way amongst the charges. This does not mean that the allegations relating to sexual misconduct were found proved or necessarily led to the erasure. We categorise cases by our interpretation of the

	• Sanction imposed by regulator If the registrant received a criminal conviction for offences related to sexual misconduct Categories or subcategories of the offences or any details of the offences (e.g. sexual assault, pornography, voyeurism) I realise that you may not have all of the above available on your system, therefore I request what you do have of the above that does not require searching through manual records. Please also can you send any current guidelines you have for staff on how to categorise cases on the database if you have this.	charges/allegations considered by the panel. There is therefore a risk of human error and subjectivity in these categorisations. The decision on categorisation sits with the administrator (or other member of staff) adding the case to our CMS and we have had different administrators over the 20 years, as well as other staff adding cases to the system. Although we try to categorise cases as consistently as possible, there will always be room for individual decision making and risk of a different approach to categorisation between staff. Further, not all categories listed may have been available at the time of recording, and new ones may have been introduced at later stages. We do not have any written guidelines for staff to follow when categorising cases. This is usually self-evident from the allegations. For context, the Charge description column usually describes the charge summary in more detail or describes a 'miscellaneous' charge summary. We do not store details of registrants' sex on the case. This is held separately on the registrant record and cannot be applied to this data. We do not hold data for date of registration or ethnicity and we only rarely receive information about the country of qualification. The latter is not consistently recorded on case records but has been included where known.
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11 April 2025	The following request was made: The number and percentage of appeals the PSA has made to Fitness to practice panel decisions and the number and percentage of successful appeals broken down by a) year and b) regulator,	We provide the following response: The data requested is already in public domain and can be found on our website: Our Corporate Reports PSA The name of the report, which the data can be found in, is called 'Professional Standards Authority for Health and Social Care Annual Report and Accounts'. We have these reports for the following years on our website: 2022-23 and 2023-24. Page 17 onwards may be of interest. We are currently collating the information for 2024-25, which will be published in due course. If you require data which goes back further than what is published, please let us know so we can provide this for you. 6 May 2025: Please find a spreadsheet attached showing the number of cases received per regulator per year since 2004, and the number of appeals lodged per regulator per year. The spreadsheet can be filtered to see the number of successful appeals (those which are settled or upheld), which can then be used to calculate the percentages.
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8 May 2025	The following request was made: <i>Thank you for providing access to your organisation's recent expenditure over £25,000 data, found at the following page: https://www.professionalstandards.org.uk/about-us/corporate-information/spend-over-ps25k</i> <i>However, as I cannot currently find the information on your website, I would like to make a request under the Freedom of Information Act 2000 for all of your entity's expenditure over £25,000 for the following periods:</i> <i>1. January 2016 to March 2023</i> <i>2. January to March 2024</i> <i>Please could you include the date, value and supplier of each transaction, along with the procurement category if possible, and provide the data in a machine-readable format, such as a CSV.</i> <i>Additionally, please could you also confirm if the file for February 2025 on your website is for February, as it is labelled August 2024 when opened.</i>	We provide the following response: Please see attached the records of expenditure over £25,000 for the following periods requested. All records provided are currently saved in csv format. There was no expenditure of over £25,000 for February 2025. We apologise for the error on the document on our website. This error has now been rectified: https://www.professionalstandards.org.uk/about-us/corporate-information/spend-over-ps25k
12 May 2025	The following request was made: Policy, Guidance or Thresholds Relied Upon • <i>Any internal policy, guidance, criteria, or instruction used to:</i> ○ <i>Determine whether to review or escalate a public referral or performance concern;</i> ○ <i>Justify not investigating or auditing the HCPC's handling of a case where concealment, public register manipulation, or safeguarding breach has been alleged;</i> ○ <i>Explain why the PSA does not act in complaints where regulatory dishonesty, predatory conduct, or post-hearing data suppression is substantiated.</i>	We provide the following response: We consider the other parts of your request to be requests under the Data Protection Act 2023 and will respond to these separately. We provide the following response: The information you have requested is except from FOIA under s21, as the recorded information in relation to this is in the public domain. This can be found here: https://www.professionalstandards.org.uk/organisations-we-oversee/our-work-regulators/our-performance-reviews-regulators

19 May 2025	The following request was made: 'This request specifically concerns the absence of a 2023–2024 performance review, as well as the PSA's historic regulatory handling of the NMC, particularly in the context of fitness to practise (FtP) oversight and public protection. 1. Was a performance review of the NMC conducted for the 2023–24 review cycle? 2. If no review was conducted, please disclose: - o All internal correspondence, risk assessments, and policy rationale for not conducting or publishing the review, - o The names or roles of PSA officials who approved this deviation, - o Any correspondence with the NMC relating to the suspension, postponement, or withdrawal of the review. 3. If a review was conducted but not published, please provide drafts, scoring documents, and publication decision records. 4. Has the PSA ever conducted an oversight audit or formal review into the NMC's handling of: - o Fitness to practise concerns involving midwives, - o Regulatory action involving private midwives, - o Safeguarding referral misuse or suppression of clinical red flags? 5. If such an audit or formal escalation has not occurred, please disclose: - o Any documentation where the PSA assessed (but declined) such action, - o Meeting minutes or risk reviews referencing these omissions. 6. Has the PSA ever initiated or considered a Section 29 referral or legal escalation involving the NMC between 2018 and 2025? 7. If not, please provide internal records explaining: - o Why no legal action has been taken despite systemic safeguarding and FtP failures, - o Any learning reviews or policy reviews conducted by PSA in response to public safety concerns relating to the NMC. 8. Whether the PSA has ever internally reviewed its approach to public protection	We provide the following response: In response to questions 1-3; the publication of the NMC's performance review for 2023/24 was delayed due to a need to take further information into account. We have published a statement here setting out the position: Update on our review of the NMC's performance for 2023/24 PSA. We are aiming to publish the report by the end of June. Please also find attached a copy of the paper shared with our Board which provides further information on this. In response to questions 4 and 5. We have never conducted a review specifically focused on the areas that you specify and we hold no recorded information in relation to this. However, the attached paper provides more detail in relation to our ongoing work in relation to the NMC. In relation to questions 6-8. We publish the details of all s29 referrals that we make to the Court on our website. The information you have requested can be found here; Checking and appealing fitness to practise decisions PSA The link above also sets out our legal powers and when we can and can't appeal a decision as well as information about learning points we have

	thresholds and FtP urgency in light of precedent cases such as Dr. Hadiza Bawa-Garba, where the PSA initially supported regulatory erasure. If so, please provide: ○ Any comparative policy analysis or regulatory position papers, ○ Any internal reflections or meeting discussions about balancing systemic context and individual accountability in FtP cases involving NMC or GMC registrants.	identified as part of our reviews. I hope that the information above satisfies your request. However, if there is further information you require, I would be grateful if you could provide me with as much information as possible to identify the specific information you are referring to, for example, dates or specific meeting, where possible.
29 May 2025	The following request was made: In June 2024, the editor of Laboratory magazine and the editor of Dentistry wrote to the General Dental Council (GDC) seeking clarification in the form of a statement of fact on several important areas relating to dental technicians and dental devices. This request sought to cover topics including the legal status of dental technicians, the GDC's fitness to practise policy in cases of illegal activity, and aspects of dental technology education. The request was also shared with stakeholder groups, the Dental Technologists Association (DTA) and the Dental Laboratories Association (DLA). At the time, we were informed by the Professional Standards Authority (PSA), via David Martin, that we should expect a response from the GDC in accordance with its commitment to transparency. After several months, we were advised that Dorian Kennedy (GDC Policy Manager) would be providing this policy. However, to date, no such policy has been shared. The PSA has suggested to us that the delay may relate to the GDC's obligations regarding stakeholder engagement. In order to better understand the reasons for this ongoing delay, and in line with the Freedom of Information Act 2000, I would like to formally request a copy of any and all correspondence or exchanges between the PSA and the GDC concerning this request for a statement of fact on dental technicians and dental devices, from June 2024 to the present date.	We provide the following response: Please find attached all correspondence/exchanges between the PSA and the GDC regarding this matter, from June 2024 to 1 May 2025.

10 June 2025	The following request was made: I am carrying out research into the use of appeals by the GMC and PSA in relation to MPTS decisions. Please find below a freedom of information request: ▪ Number of times the PSA has used its right of appeal against MPTS decisions. I would like this information from the start of 2020 to end of 2024 and broken down by year. ▪ Outcomes of High Court decisions in cases where the PSA appealed a MPTS decision. I would like this information from the start of 2020 to end of 2024 and broken down by year. Please provide the information in a way that outlines the number of times the High Court upheld the MPTS decision or not. Please include details of what sanction from the MPTS was in each case where the PSA appealed, and in cases where the High Court changed the sanction, please provide information about what the new sanction was following the High Court ruling.	We provide the following response: Please see attached the requested information, which shows all appeals lodged against decisions of the MPTS between 1 Jan 2020 and 31 December 2024 and their outcomes.
18 Jul 2025	The following request was made: 1. FOI Case Management System • <i>The name of any case management system currently used for handling FOI/EIR requests, as recorded in procurement, contract, or system documentation.</i> • <i>A copy or extract of any documentation (e.g. internal guidance, process maps) that describes how FOI/EIR requests are logged, tracked, and managed.</i> 2. Budget • <i>The recorded annual budget allocated for FOI case management, software, or administrative handling for the most recent financial year (rounded to the nearest £1,000 where applicable).</i> 3. Organisational Structure • <i>The current organisational structure for FOI handling, including job titles and number of posts (headcount or FTE) involved in processing FOI/EIR requests, as recorded in HR or departmental documentation.</i> • <i>If available, an organisational chart or team structure document that includes the FOI team or function.</i>	We provide the following response: 1. FOI Case Management System • <i>The name of any case management system currently used for handling FOI/EIR requests, as recorded in procurement, contract, or system documentation – We do not have a CMS for FOI requests. As a small organisation, we use an excel spreadsheet.</i> • <i>A copy or extract of any documentation (e.g. internal guidance, process maps) that describes how FOI/EIR requests are logged, tracked, and managed – We do not hold any formal documentation on this. Please see the following link to the relevant page on our website, which</i>

	4. Email Infrastructure - The name of the email service provider/platform used by the organisation (e.g. Microsoft 365, Google Workspace), as recorded in IT documentation or procurement records. 5. Process Model - Any recorded documentation describing whether FOI/EIR request handling is centralised or decentralised (e.g. internal policies, workflow diagrams, process descriptions). - If no such documentation exists, please confirm that. 6. Timelines and Milestones - Any recorded internal guidelines or policies that specify target timeframes or milestones for FOI/EIR request processing (e.g. time to acknowledge, time to gather information, time to respond). - This may include internal service level agreements (SLAs), process checklists, or workflow timelines if available. 7. FOI, EIR, and SAR Request Volumes and Timeliness - For each of the last five calendar years (or financial years, if easier to report), please provide: - The number of FOI requests received - The number of EIR requests received - The number of Subject Access Requests (SARs) received - The number of each type of request that were completed within the statutory timeframe	provides more information including our FOI policy and disclosure log: Data protection and Freedom of Information PSA 2. Budget - The recorded annual budget allocated for FOI case management, software, or administrative handling for the most recent financial year (rounded to the nearest £1,000 where applicable) – This is not applicable as we do not have a separate budget for FOI case management. 3. Organisational Structure - The current organisational structure for FOI handling, including job titles and number of posts (headcount or FTE) involved in processing FOI/EIR requests, as recorded in HR or departmental documentation - FOI requests are managed by the Governance team, consisting of three members of staff – Head of HR and Governance, HR and Governance Advisor, HR and Governance Administrator - If available, an organisational chart or team structure document that includes the FOI team or function - N/A 4. Email Infrastructure - The name of the email service provider/platform used by the organisation
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		(e.g. Microsoft 365, Google Workspace), as recorded in IT documentation or procurement records - Microsoft Office 365 5. Process Model - Any recorded documentation describing whether FOI/EIR request handling is centralised or decentralised (e.g. internal policies, workflow diagrams, process descriptions) – Please refer to our FOI policy, which can be found on our website via the following link: Data protection and Freedom of Information PSA - If no such documentation exists, please confirm that. 6. Timelines and Milestones - Any recorded internal guidelines or policies that specify target timeframes or milestones for FOI/EIR request processing (e.g. time to acknowledge, time to gather information, time to respond) – Please refer to our FOI policy, which can be found on our website via the following link: Data protection and Freedom of Information PSA - This may include internal service level agreements (SLAs), process checklists, or workflow timelines if available – N/A 7. FOI, EIR, and SAR Request Volumes and Timelines - For each of the last five calendar years (or financial years, if easier to report), please provide: - The number of FOI requests
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		<i>received</i> ○ <i>The number of EIR requests received</i> ○ <i>The number of Subject Access Requests (SARs) received</i> ○ <i>The number of each type of request that were completed within the statutory timeframe</i> This information for the last three years can be found in our annual report, which is published on our website - Our Corporate Reports PSA For the financial years 2020-21 and 2021-22, please see the information below: <table> <tr> <th></th><th>2020-21</th><th>2021-22</th></tr> <tr> <td>Number of FOI requests received</td><td>23</td><td>21</td></tr> <tr> <td>Number of EIR requests received</td><td>N/A</td><td>N/A</td></tr> <tr> <td>Number of Subject Access Requests (SARs) received</td><td>3</td><td>5</td></tr> <tr> <td>Number of each type of request that were completed within the statutory timeframe</td><td>FOI- 22 SAR - 3</td><td>FOI - 21 SAR - 4</td></tr> </table>		2020-21	2021-22	Number of FOI requests received	23	21	Number of EIR requests received	N/A	N/A	Number of Subject Access Requests (SARs) received	3	5	Number of each type of request that were completed within the statutory timeframe	FOI- 22 SAR - 3	FOI - 21 SAR - 4
	2020-21	2021-22															
Number of FOI requests received	23	21															
Number of EIR requests received	N/A	N/A															
Number of Subject Access Requests (SARs) received	3	5															
Number of each type of request that were completed within the statutory timeframe	FOI- 22 SAR - 3	FOI - 21 SAR - 4															

21 Jul 2025	The following request was made: (1)I would like a copy of all information held with relation to case IC12. To help narrow this down I am only seeking a copy the information shared by the GTCS with the PSA about IC12 after it was randomly selected as one of the 40 cases to be audited, i.e., the information shared about this case to enable the PSA to complete its audit and all feedback and information held by the PSA in relation to this specific case. To include whether it was shared with the GTCS or not, e.g., any comments or thoughts captured by the individual auditing IC12 but was not shared with the GTCS because it was not in scope for the audit etc’. (2) (In relation to the test for dishonesty) ‘.. review things again to see if the PSA holds any information with regard to this concern given it’s in the public interest that the right test for dishonesty is used moving forward.’	We provide the following response: (1) We accessed information about the cases through the GTCS portal which we no longer have access to and therefore do not hold any of the case materials that were shared with us. The GTCS may be able to supply this information to you. We have attached our case file review note on this case. However, we have redacted the case summary notes as we believe they would identify one or more individuals. We do not hold any further information relating to your request, that has not previously been shared. (2) We do not have any further information to share about the test applied for dishonesty by GTC Scotland. We are aware that you raised this point in the contribution that you made to us in the course of the review (that it is your belief that the wrong test is being used for dishonesty). However, we were not able to look into this matter nor arrive at our own view on it. We were working within a time constrained contractual arrangement and had to prioritise the number of issues we addressed in the report. We decided to focus, in the time that we had, on issues affecting all referrals rather than those relating to specific types of misconduct. We recognise this limitation (i.e. that we were not able to look at all matters raised) in the published report. This point (about the test used for dishonesty) is included in a summary of stakeholder feedback that we have provided to GTC Scotland.
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6 Aug 2025	The following request was made: I am writing to formally request a copy of the Professional Standards Authority's December 2015 investigation report into the General Dental Council's Fitness to Practise processes, referenced in the PSA's 2015/16 Performance Review (published November 2016). I understand that this report is separate from the routine annual performance reviews and was published in response to serious concerns about the GDC's handling of FtP referrals, whistleblower concerns, and employer-motivated complaints. The 2015/16 Performance Review (para. 2) references this earlier report, which appears to no longer be publicly accessible. I would be grateful if you could provide: • A PDF copy of the December 2015 investigation report; • Or a direct link to an official archive where it can be accessed.	We provide the following response: Thank you for your email which requested a copy of Professional Standards Authority's December 2015 investigation report, referenced in the PSA's 2015/16 Performance Review (published November 2016). The report can be found published on our website, linked here: Authority Report into the investigation of General Dental Council whistleblower's complaint PSA.
19 Aug 2025	The following request was made: The information that we require, under the Freedom of Information Act, is as follows: 1) Do you use a Citizen Engagement platform? 2) If so, what tools do you use? 3) How much do you spend annually on a Citizen Engagement tool? 4) Which month & year does your contract with your supplier end? A citizen engagement platform is a digital tool or system designed to facilitate communication, interaction, and participation between citizens and government or public institutions. Its goal is to make civic involvement easier, more transparent, and more effective. These platforms can be used by governments, cities, or organisations to: - Collect feedback on policies, services, or community issues - Conduct surveys and polls - Enable reporting of local issues, like potholes or graffiti - Share updates, news, and documents with the public - Encourage participatory budgeting or co-creation of solutions Examples include tools like Granicus (EngagementHQ), CitizenSpace, SurveyMonkey, Qualtrics or Commonplace They can play a major role in increasing transparency,	We provide the following response: 1) Do you use a Citizen Engagement platform? Yes. 2) If so, what tools do you use? We currently use Survey Monkey. 3) How much do you spend annually on a Citizen Engagement tool? We last paid £900 for an annual subscription. 4) Which month & year does your contract with your supplier end? We currently have an annual subscription, which renews every November.

	accountability, and trust in public decision-making.'	
19 Aug 2025	The following request was made: 'This is an information request relating to customer service performance levels. Please include the following information for the financial years 2021/22, 2022/23, 2023/24 and 2024/25: • The average call wait times for your customer service phone lines are each year. • The percentage of calls answered within your target time for each of those years. • The average response time for written correspondence (email, letter, or online submissions) in each of those years. • The percentage of correspondence responded to within the organisation's target timeframe in each year. • The number of formal complaints received relating to delays, unanswered calls, or poor customer service, broken down by year. • If held, the department's official service level targets for customer interaction (e.g., target wait time, target response time) and whether those targets were met in each year.	We provide the following response: The average call wait times for your customer service phone lines are each year – We do not capture this information. The percentage of calls answered within your target time for each of those years - We do not record this information. The average response time for written correspondence (email, letter, or online submissions) in each of those years - We do not collate the average response time. The percentage of correspondence responded to within the organisation's target timeframe in each year - This information is outlined in our Annual Report, which is published every year. Years 2022-23 and 2023-24 are currently published on our website here: https://www.professionalstandards.org.uk/about-us/our-annual-reports The annual report for 2024-25 can also be found here: https://www.professionalstandards.org.uk/news-and-updates/news/psa-publishes-its-annual-report-20242025 . As we only publish the last three years on our website, the Annual Report for 2021-22 has been attached to this email.

		The number of formal complaints received relating to delays, unanswered calls, or poor customer service, broken down by year - <table><tr><td>2021-22</td><td>0</td></tr><tr><td>2022-23</td><td>1</td></tr><tr><td>2023-24</td><td>0</td></tr><tr><td>2024-25</td><td>0</td></tr></table> If held, the department's official service level targets for customer interaction (e.g., target wait time, target response time) and whether those targets were met in each year - All of our KPIs can be found in the Annual Report. Please use the following link provided to access these. As we only publish the last three years on our website, we have attached the 2021-22 Report to this email: https://www.professionalstandards.org.uk/about-us/our-annual-reports	2021-22	0	2022-23	1	2023-24	0	2024-25	0
2021-22	0									
2022-23	1									
2023-24	0									
2024-25	0									
22 Aug 2025	The following request was made: '...With the above points in mind, we request under FOIA that you provide, (preferably in Microsoft Excel or an equivalent machine-readable format) the following information in respect of suppliers which were not paid in within 30 days for the period starting 1 April 2023 to the date of this request: 1. Supplier Name 2. Invoice Date 3. Gross Invoice Value 4. Payment Date 5. Late Payment Compensation or Interest Paid (if any) Clarification:	We provide the following response: We have reviewed all invoices dated between 1st April 2023 to 31st July 2025 and found no invoices paid over 30 days.								

	We reiterate that this request: (a) is limited to information which should (if proper records are kept) be readily available from a purchase ledger system and should therefore be possible to retrieve without any difficulty and without imposing any significant burden; (b) relates to organisations (not individuals) who are entitled to be paid out of public funds for public services, and we do not require the disclosure of any personal information of any individual person; (c) does not require the disclosure of any confidential information or information to the production of which there could be any other lawful objection.'	
4 Sep 2025	The following request was made: 'You say that the PSA receives all final Fitness for Practice decisions as required by s29 of the NHS Reform and Health Care Professionals Act 2002. So, I ask again if you can, now, tell me how many final decisions made by Social Work England are made in absentia.'	We provide the following response: Since their inception, we have received 963 final decision cases from SWE. This, however, does not include a period of time where their legislation did not require them to send us reviews of decisions. We have logged on our system that of these 963 cases 450 were held without the registrant being present. However, as this information is not consistently provided by the regulators nor is it necessarily consistently inputted on our system, this information is likely to be more accurately provided directly by SWE.
9 Sep 2025	The following request was made: Scope and period This request concerns PSA oversight of the statutory health and social care professional regulators (GMC, NMC, HCPC, GDC, GOC, GPhC, GCC, GOsC, PSNI, Social Work England) and the Accredited Registers programme. Period: 1 January 2019 to the date of your response. Where helpful, please split pre/post April 2025. A) Equality Act compliance & safeguarding (sex-based rights) 1. PSA expectations, guidance or communications issued to regulators on applying the	We provide the following response: A) Equality Act compliance & safeguarding (sex-based rights) 1. Please see attached correspondence to the Regulators and Accredited Registers on the supreme court ruling. We have also published an updated statement on the MOU on conversion therapy to refer to gender identity, and our response to EHRC's consultation on its guidance for the recent ruling on sex and

Equality Act post-judgment (definitions of sex; single-sex services; use of “gender identity”; any implications of Gender Recognition Certificates). 2. Reviews the PSA required or conducted of regulators’ published policies, standards, FtP materials and training to ensure alignment with the above. 3. Safeguarding oversight where registrants work with women and children (e.g., risk assessment, data handling, placement policies, supervision). 3a) Please include settings specifically covering: same-sex intimate care; single-sex wards and bed allocations; prison/forensic health; mental health units; maternity & gynaecology; paediatrics/CAMHS; school nursing/health visiting; community clinics; refuges. 4. Outcome notes where the PSA found or flagged non-compliance (by regulator), and any remedial action plans or deadlines. 4a) Any PSA correspondence with the EHRC, UK CMO/CMO Scotland, or DHSC/devolved health directorates about aligning regulator standards to the ruling. B) Freedom of belief, compelled belief & LGB rights 5. PSA analysis/guidance/findings on compelled speech/belief in regulator-approved training or standards (e.g., mandating affirmation of “gender identity” beliefs). 6. Aggregate data or summaries the PSA holds/received on FtP referrals or sanctions involving gender-critical beliefs, and PSA assessments of regulators’ handling. 7. Board/committee papers on LGB registrants’ rights (e.g., whether professionals were penalised for defining same-sex attraction by biological sex), and any action the PSA took or required. 7a) PSA analyses addressing Articles 9–10 ECHR (freedom of thought/expression) and Equality Act s.10 “religion or belief” in regulators’ standards/training; any guidance PSA gave on not penalising gender-critical beliefs. 7b) Any PSA records on complaints that LGB registrants were pressured to accept “gender identity” constructs (risk of compelled belief), and PSA actions with the relevant regulator(s). C) Third-party influence and training vendors 8. PSA records concerning regulators’ relationships with lobbying/consultancy bodies (e.g., Stonewall): memberships, commissioned training, or policy shaping; PSA assessments of neutrality/legal accuracy and any directions. 9. PSA reviews of EDI materials used by regulators (or their vendors) for legal accuracy post-judgment, and any corrective actions.	gender. Both of these are already in the public domain and can be found here: https://www.professionalstandards.org.uk/news-and-updates/news/authority-supports-memorandum-understanding-conversion-therapy-and-welcomes https://www.professionalstandards.org.uk/publications/response-equality-and-human-rights-commission-consultation-updated-services-code 2. The PSA does not have any legal remit to monitor or enforce compliance with the Equality Act, therefore we hold no information on this. 3. The PSA does not have any legal remit to monitor or enforce compliance with the Equality Act, therefore we hold no information on this. 3a) The PSA does not have any legal remit to monitor or enforce compliance with the Equality Act, therefore we hold no information on this. 4. The PSA does not have any legal remit to monitor or enforce compliance with the Equality Act, therefore we hold no information on this. 4a) The PSA does not have any legal remit to monitor or enforce compliance with the Equality Act, therefore we hold no information on this. B) Freedom of belief, compelled belief & LGB rights 5. The PSA does not have any legal remit to monitor or enforce compliance; therefore we hold no information on this. 6. In the time period given and in searching for
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	9a) A list (where held) of training vendors/consultancies used or recommended by each regulator since 2019, with spend, contract scope, and who signed off legal accuracy; PSA assessments of neutrality/compliance and any corrections required. D) Performance reviews and intervention 10. Evidence packs/findings in PSA annual performance reviews (2019–present) where criteria touch Equality Act compliance, safeguarding, or freedom of belief — per regulator. 11. Any targeted reviews/escalations (letters of concern, improvement requirements, follow up audits) the PSA initiated on these topics since 2019, including correspondence with DHSC and devolved administrations. 11a) Methodological notes showing how PSA performance criteria and evidence tests were interpreted/updated post-judgment (including any risk registers), and any time-bound corrective action plans required from regulators. E) Accredited Registers 12. Criteria, guidance, reviews and decisions ensuring Accredited Registers policies/training align with the ruling; any conditions, suspensions or withdrawals linked to equality/safeguarding/compelled-belief concerns. 12a) Any complaints to PSA about AR bodies compelling belief or mis-stating the Equality Act; outcomes and conditions imposed. F) PSA's own compliance 13. PSA internal PSED assessments, staff training materials and legal analyses carried out post-judgment. 14. Any DPIAs/EQIAs undertaken by the PSA where collection/use of sex data is material. 14a) Guidance the PSA gives its own staff/board on using sex vs gender identity in data collection, DPIAs and publications; any changes post-judgment. Formats and search • Please provide documents in original electronic form (PDF/Word) and any tabular data in CSV/XLSX. • Suggested (non-exhaustive) search terms: “Equality Act sex”, “single-sex”, “For Women Scotland”, “gender identity”, “GRC”, “Stonewall”, “belief”, “compelled”, “safeguard”, “women”, “LGB”, “risk register”*.	gender critical views, we searched ‘transphobic’, ‘transsexual’, ‘transgender’ and ‘gender’ words, we identified three cases (all three cases were NMC). In one case the panel determined that there was no case to answer (hearing concluded on 19 September 2023), and we did not have any concerns about this decision. The second case (hearing concluded on 15 December 2022) the panel found that the registrant was not currently impaired, and we did not have any concerns about this. After a detailed review of the third case, we have closed this and will not be taking any further action. The PSA does not have any legal remit to monitor or enforce compliance; therefore, we hold no information on this. 7a) The PSA does not have any legal remit to monitor or enforce compliance; therefore, we hold no information on this. 7b) The PSA does not have any legal remit to monitor or enforce compliance; therefore, we hold no information on this. C) Third-party influence and training vendors 8. You will need to contact the regulators individually about their own relationships with lobbying/consultancy bodies: memberships, commissioned training, or policy shaping as we don't hold this information. 9. The PSA does not have any legal remit in relation to reviewing EDI materials used by regulators, therefore we do not hold information on this. 9a) We do not hold this information.
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		D) Performance reviews and intervention 10. Please refer to our Performance Reviews page on our website: https://www.professionalstandards.org.uk/organisations-we-oversee/our-work-regulators/our-performance-reviews-regulators We do have an EDI standard which we use. This is not specifically around the Equality Act, but is more centred on EDI. Information can also be found on our website outlining how we assess the EDI standard here: https://www.professionalstandards.org.uk/news-and-updates/news/psa-strengthens-approach-equality-diversity-and-inclusion-healthcare 11. We have recently published guidance on good practice for meeting the EDI standard, but the assessment of the Equality Act is out of scope of our assessment: Lessons from meeting our EDI Standard for regulators - good practice guide PSA We have attached a letter from us to Baroness Hayter which sets out the actions agreed to be taken forward as a result of the Supreme Court Ruling. 11a) We do not hold this information. E) Accredited Registers 12. We have not applied any conditions, suspensions or withdrawals in relation to the ruling. 12a) As we are not a complaint handling body, we do not process complaints. However, information received as part of the 'Share your Experience' is included in the reports. Please find all published reports going back to 2019 here: https://www.professionalstandards.org.uk/accredit
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		ation-decisions F) PSA's own compliance 13. At this stage we have not carried out any internal assessments, provided staff training materials or carried out any legal analyses post judgement as we are awaiting the new EHRC code of practice to inform this. 14. Please see attached our current DPIA and EIA guidance – these will be revisited once the EHRC code of practice has been published. 14a) We are awaiting the new EHRC code of practice to be published before we issue any guidance regarding data collection, DPIA's and publications
13 Oct 2025	The following request was made: ‘1. Compliance with Accreditation Conditions • All evidence and documentation submitted by Save Face Ltd to demonstrate compliance with the six Conditions imposed in June 2024 (communications, Essential Curriculum, complaints support, sanctions guidance, Register complaints process, risk management/risk register). • PSA assessments, notes, or conclusions regarding whether each Condition has been met. • The current compliance status of each Condition (met, partially met, outstanding) and dates of review. 2. Communications with Save Face • Copies of all correspondence (emails, letters, meeting notes) between PSA and Save Face Ltd about accreditation, conditions, compliance, or public communications between 1 January 2023 and the present. 3. Internal Discussion and Risk Assessment • Internal PSA memos, risk assessments, or panel minutes relating to Save Face's 2024 renewal with Conditions.	We provide the following response: ‘1. Compliance with Accreditation Conditions • All evidence and documentation submitted by Save Face Ltd to demonstrate compliance with the six Conditions imposed in June 2024 (communications, Essential Curriculum, complaints support, sanctions guidance, Register complaints process, risk management/risk register). The information you have requested is exempt under Section 21 of the Freedom of Information Act as this information is already available in the public domain and is accessible via the Save Face website Publications - Save Face • PSA assessments, notes, or conclusions regarding whether each Condition has

	- Any internal PSA discussions of reputational or methodological risks in Save Face's use of complaint statistics. 4. Use of Save Face Complaint Data in Parliament - All drafts, briefing notes, and internal discussions relating to the PSA's July 2025 submission to the Women & Equalities Committee in which Save Face complaint numbers (3,000 in 2022) were cited. - Any PSA consideration of whether it was appropriate to use those figures given that Save Face still had outstanding Conditions about misleading communications and complaints handling. - Any communications with DHSC regarding the use of Save Face's data in Parliamentary evidence.'	been met. We are releasing the Condition Review report which falls within the scope of this request but will not be releasing the Assessment Decision Making Recommendation form as we deem this information exempt from disclosure under section 36(2) of the FOIA and is therefore being withheld. This is because the release of this information would contravene subsections 2(b)(ii) and 2(c); where disclosure: <i>“would, or would be likely to, inhibit—(2)(b)(ii) the free and frank exchange of views for the purposes of deliberation, or (c) would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs.</i> This section of the FOIA is subject to the ‘public interest test’ being performed. Consequently, it is our obligation under section 2(2)(b) to consider whether or not ‘in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information’. We believe that if we were to release the information, registers and accredited registers would be unwilling to provide the information necessary to enable a free and frank exchange of views during process of applying/reapplying for accreditation or when working with us to improve standards in the future. This may include both existing and
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		potential new registers. This would prevent us from performing our duty under the National Health Service Reform and Health Care Professions Act 2002, section 25G as inserted by the Health and Social Care Act 2012, section 229. We believe that the public interest in the PSA being able to help and support registers and potential accredited registers to improve public protection and to be able to share information without fear that it will be publicly disclosed outweighs other public interest considerations, and therefore we are maintaining the exemption. • The current compliance status of each Condition (met, partially met, outstanding) and dates of review. We are releasing the Condition Review report which confirms the status of each Condition. 2. Communications with Save Face • Copies of all correspondence (emails, letters, meeting notes) between PSA and Save Face Ltd about accreditation, conditions, compliance, or public communications between 1 January 2023 and the present. We consider that this information is exempt from disclosure under section 36(2) of the FOIA for the reasons cited under question one and is therefore being withheld.
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		3. Internal Discussion and Risk Assessment - Internal PSA memos, risk assessments, or panel minutes relating to Save Face's 2024 renewal with Conditions. 1. We consider that this information is exempt from disclosure under section 36(2) of the FOIA for the reasons cited under question one and is therefore being withheld. - Any internal PSA discussions of reputational or methodological risks in Save Face's use of complaint statistics. We do not hold this information. 4. Use of Save Face Complaint Data in Parliament - All drafts, briefing notes, and internal discussions relating to the PSA's July 2025 submission to the Women & Equalities Committee in which Save Face complaint numbers (3,000 in 2022) were cited. We do not hold this information. - Any PSA consideration of whether it was appropriate to use those figures given that Save Face still had outstanding Conditions about misleading communications and complaints handling. We do not hold this information.
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		Any communications with DHSC regarding the use of Save Face's data in Parliamentary evidence.' We do not hold this information.
24 Nov 2025	The following request was made: 'Reports on PTUK Ltd 2022 2023 Nov 2024 Sept 2023 (we have taken this to be September 2025 as the 2023 request was requested above)'. In your request of 10 November you made the following requests for information; 1. A written explanation as to why my right to submit complaints has been restricted or ignored; 2. Disclosure of all records, correspondence, and meeting notes relating to PTUK, BCTIWC, and any PSA personnel involvement;	We provide the following response: In relation to your request of 2 November we have enclosed all of the information that you have requested. In relation to your request of 10 November; 1. A written explanation was provided to you by Jane Carey on 2 October 2025, I have enclosed a further copy for your reference. 2. We take this request to mean all records and correspondence that relate to the matters you are raising. All of the information was sent to you on 26 August 2025, we do not hold any further information in relation to you other than emails that you have sent to us. If the request is not in relation to this please could you provide us with clarification of what information you are seeking in order for us to respond, for example what the information relates to and a specific time range for the information you are requesting.

11 Dec 2025	The following request was made: Please provide all original reports completed and submitted to the Professional Standards Authority (PSA) by the HCPC EDI TEAM in the last three years that relate to: Neurodiversity policies Neurodiversity-related procedures Safeguards concerning neurodivergent individuals Training (internal or external) relating to neurodiversity This includes, but is not limited to, any formal submissions, assessments, audits, reviews, policy evaluations, or compliance reports provided to the PSA which address or reference neurodiversity.	We provide the following response: I can confirm that we do not hold the information requested.
24 Dec 2025	The following request was made: I am seeking disclosure of the specific criteria, assessment framework, indicators, evidentiary thresholds, internal guidance, or evaluation tools that the Professional Standards Authority (PSA) uses to determine whether the Equality, Diversity and Inclusion (EDI) Team at the Health and Care Professions Council (HCPC) has met the following Standard: “The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator, and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.” To support clarity, I request that the PSA provide: 1. The full set of criteria and measures applied when assessing this Standard, whether standalone or as part of a broader performance review framework. 2. Any internal or external guidance documents, frameworks, templates, scoring rubrics, or methodological tools used by PSA reviewers when evaluating HCPC’s adherence to this Standard. 3. Any definitions, conceptual models, or operational interpretations the PSA relies upon when determining whether the regulator “understands the diversity” of its stakeholders and whether its processes “do not impose inappropriate barriers.” 4. Any supplementary materials or explanatory notes provided to PSA staff or panel members to support consistent application of this Standard across regulators.	We provide the following response: Please find attached all documents which fall under this request. 1. The full set of criteria and measures applied when assessing this Standard, whether standalone or as part of a broader performance review framework – This information is available on our website Our performance reviews of regulators PSA and Standards of Good Regulation PSA. However, there is a lot of information on these pages so for ease of reference we have also attached the relevant documents. Please refer to the two documents attached - ‘Guidance for Regulators- assessing performance against standard 3 (March 2025)’ and ‘Performance review Standard 3 evidence matrix (May 2023) _0’. 2. Any internal or external guidance documents, frameworks, templates, scoring rubrics, or methodological tools

		used by PSA reviewers when evaluating HCPC’s adherence to this Standard – Please find attached an internal process note and two slides from a panel training session for staff. The two slides repeat material from the published guidance and process note, but are attached for completeness. 3. Any definitions, conceptual models, or operational interpretations the PSA relies upon when determining whether the regulator “understands the diversity” of its stakeholders and whether its processes “do not impose inappropriate barriers.” – We do not hold any information on this. 4. Any supplementary materials or explanatory notes provided to PSA staff or panel members to support consistent application of this Standard across regulators.- There is no further information to provide on this. Please refer to the documents attached.																												
3 Feb 2026	The following request was made: 1. The number of times the Professional Standards Authority has appealed Medical Practitioners Tribunal Service decisions, between 2020 and 2025, broken down by year. 2. In the same time period, how many times these were dual appeals alongside the General Medical Council, broken down by year.	We provide the following response: Please find the requested information below: <table><thead><tr><th></th><th>GMC appeals</th><th>Joint appeals</th><th>PSA appeals against MPTS</th></tr></thead><tbody><tr><td>2020</td><td>4</td><td>0</td><td>1</td></tr><tr><td>2021</td><td>0</td><td>1</td><td>2</td></tr><tr><td>2022</td><td>1</td><td>1 against 9 registrants</td><td>3</td></tr><tr><td>2023</td><td>1</td><td>1</td><td>1</td></tr><tr><td>2024</td><td>2</td><td>1</td><td>3</td></tr><tr><td>2025</td><td>7</td><td>0</td><td>2</td></tr></tbody></table>		GMC appeals	Joint appeals	PSA appeals against MPTS	2020	4	0	1	2021	0	1	2	2022	1	1 against 9 registrants	3	2023	1	1	1	2024	2	1	3	2025	7	0	2
	GMC appeals	Joint appeals	PSA appeals against MPTS																											
2020	4	0	1																											
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2022	1	1 against 9 registrants	3																											
2023	1	1	1																											
2024	2	1	3																											
2025	7	0	2																											

		The total number of times that the Professional Standards Authority has appealed Medical Practitioners Tribunal Service decisions are also confirmed in our Annual Report and Accounts. This report is published on our website every year. Please see links below: Annual Report and Accounts 2022-23: https://www.professionalstandards.org.uk/sites/default/files/attachments/Professional%20Standards%20Authority%20Annual%20Report%20and%20Accounts%202022-23%20%28accessible%29.pdf Annual Report and Accounts 2023-24: https://www.professionalstandards.org.uk/sites/default/files/attachments/Professional%20Standards%20Authority%20for%20Health%20and%20Social%20Care%20Annual%20Report%20and%20Accounts%202023-24_0.pdf Annual Report and Accounts 2024-25: https://www.professionalstandards.org.uk/sites/default/files/attachments/PSA%20Annual%20Report%20and%20Accounts%202024-25%20%28accessible%29.pdf
20 Jan 2026	The following request was made: Between 1 January 2025 and 13 January 2026 (inclusive) how many complaints have been received in relation to the General Chiropractic Council.	We provide the following response: As the Professional Standards Authority (PSA) is not a complaint handling body, we do not hold this information. Part of our role is to conduct performance reviews of the statutory regulators that we oversee. As part of this process, we collate comments from the public about their experiences to inform how well they are meeting the standards. We can confirm that a total of 5 concerns regarding the General Chiropractic

		Council were received between 1 January 2025 and 13 January 2026 inclusive.
10 Feb 2026	The following request was made: Please provide copies of any reports, assessments, or formal reviews held by the Professional Standards Authority (PSA) from the past five years (2019–present) that evaluate or compare equality, diversity and inclusion (EDI) policies or frameworks across two or more of the statutory health and social care professional regulators overseen by the PSA. In particular, I am seeking information on: Any PSA documents that assess differences or similarities between regulators' EDI approaches, and within them specifically neurodiversity, as part of the PSA's performance review, monitoring, or standard-setting functions. Please include any comparisons to the HCPC. Any PSA-held analysis or commentary that identifies whether some regulators hold specific EDI-related policies or guidance that others do not, including (where applicable) policies relating to neurodiversity, disability, or reasonable adjustments. Confirmation of whether the PSA routinely compares regulators' EDI provision as part of its oversight role, and if so: The name or title of any relevant reports or assessment frameworks used for this purpose. Please also provide the name and title of those responsible.	We provide the following response: We do not hold any information directly relevant to this request. However, it may be useful to see linked our Performance review Standard 3 evidence matrix (May 2023), which outlines the different outcomes and indicators used to review the performance of a regulator, specific to Equality, Diversity and Inclusion (EDI) - https://www.professionalstandards.org.uk/sites/default/files/attachments/Performance%20review%20Standard%203%20evidence%20matrix%20%28May%202023%29_0.pdf
10 Feb 2026	The following request was made: The subject matter of each of the five concerns listed in your letter to me dated 20 January 2026.	We provide the following response: 1x Registrant concern about the fitness to practise process 3x Public concern about the closure of fitness to practise cases 1x Concern about GCC policy

26 Feb 2026	The following request was made: “Please can you send me a list of the registration numbers of doctors whose sanction the GMC or PSA appealed (either successfully or not) after the MPTS hearing in the period 1 Jan 2020 - 31 Dec 2024. Include the date in a column in the spreadsheet. I am looking to understand whether single-sex tribunals lead to a higher appeal rate. Please can you tell me also which of those appeals were successful; and which led to a different sanction in cases which were then reviewed.	We provide the following response: Please see attached the data requested. Please note, registration numbers are not included in this data due to this information being handled until Section 40 (Personal Data) of the Freedom of Information Act 2000. This exemption exists to protect the privacy rights of living, identifiable individuals, in line with the UK General Data Protection Regulation (GDPR) of the Data Protection Act 2018.
5 Mar 2026	The following request was made: (4) provide AU with any internal discussion or policy papers produced by the PSA on the regulation of PAs and AAs since the Leng Review report; and (5) provides AU with a copy of the draft revised standards in order that it can comment further before they are finalised.	We provide the following response: (4) provide AU with any internal discussion or policy papers produced by the PSA on the regulation of PAs and AAs since the Leng Review report; and (5) provides AU with a copy of the draft revised standards in order that it can comment further before they are finalised. In relation to the request numbered 4, we are providing a partial disclosure, please see the information provided attached. We have redacted personal information from email correspondence. However, some of the information we hold relevant to this request relates to information discussed between the internal project group and the Board. The intention of the parties was that this information was being discussed in confidence. Therefore, we consider that this information is exempt from disclosure under section 36(2) of the FOIA and is therefore being withheld. This is because the release of this

		information would contravene subsections 2(b)(ii) and 2(c); where disclosure: “would, or would be likely to, inhibit— (2)(b)(ii)the free and frank exchange of views for the purposes of deliberation, or (c)would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs. This section of the FOIA is subject to the ‘public interest test’ being performed. Consequently, it is our obligation under section 2(2)(b) to consider whether or not ‘in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information’. We believe that it is important to have open and frank conversations between colleagues and the Board in order to fully consider and address difficult issues. It is our view that it is in the public interest for us to be able to consider and discuss all aspects of policy and to be able to share information without fear that early drafts, information out of context or before we have a complete picture may be publicly disclosed providing a false or misleading narrative to the public outweighs other public interest considerations, and therefore we are maintaining the exemption. In relation to request number 5, the draft standards are now in the final stages and are due for publication shortly, before the end of March 2026, although this is to be confirmed. Therefore,
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		we are withholding this information under section 22 of the FOIA 'information intended for future publication. Again, this is subject to the public interest test, we believe that it is in the public interest for us to withhold the information until we have completed our final reviews of the standards to ensure that they are accurate and don't contain any errors that could be misleading or lead to confusion.
12 Mar 2026	The following request was made: 1. Any internal correspondence, memoranda, or meeting notes relating to my enquiry and the safeguarding issues raised. 2. Any communications between the Professional Standards Authority and the CNHC concerning the safeguarding matters referred to in my enquiry. 3. Any internal review, discussion, or assessment conducted by the PSA regarding domestic abuse awareness, coercive control dynamics, or safeguarding literacy within Accredited Registers as a result of my enquiry. 4. Any revisions, amendments, policy updates, or guidance modifications made to Accredited Register standards, safeguarding frameworks, or oversight processes following my enquiry. 5. Any risk assessment, triage decision, or evaluation document recording how my enquiry was considered within the PSA's oversight function.	We provide the following response: 1. Any internal correspondence, memoranda, or meeting notes relating to my enquiry and the safeguarding issues raised. We hold one piece of internal correspondence relating to your enquiry – please see attached email exchange. All further consideration of your enquiry is recorded within the Assessment Decision Making Recommendation (ADMR) – see part three below. 2. Any communications between the Professional Standards Authority and the CNHC concerning the safeguarding matters referred to in my enquiry. We do hold information relating to our communications with CNHC regarding your safeguarding enquiry, however we will not be releasing this information as we deem it to be exempt from disclosure under section 36(2) of the FOIA and is therefore being withheld. This is because the release of this information would contravene subsections 2(b)(ii) and 2(c); where

		disclosure: “would, or would be likely to, inhibit— (2)(b)(ii) the free and frank exchange of views for the purposes of deliberation, or (c) would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs. This section of the FOIA is subject to the ‘public interest test’ being performed. Consequently, it is our obligation under section 2(2)(b) to consider whether or not ‘in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information’. We believe that if we were to release the information, registers and accredited registers would be unwilling to provide the information necessary to enable a free and frank exchange of views during process of applying/reapplying for accreditation or when working with us to improve standards in the future. This may include both existing and potential new registers. This would prevent us from performing our duty under the National Health Service Reform and Health Care Professions Act 2002, section 25G as inserted by the Health and Social Care Act 2012, section 229. We believe that the public interest in the PSA being able to help and support registers and potential accredited registers to improve public protection and to be able to share information without fear that it will be publicly disclosed outweighs other public interest considerations, and therefore we are maintaining the exemption.
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		3. Any internal review, discussion, or assessment conducted by the PSA regarding domestic abuse awareness, coercive control dynamics, or safeguarding literacy within Accredited Registers as a result of my enquiry. No internal review, discussion, or assessment occurred as a result of the enquiry. It was, however, considered as part of the annual check assessment and there is information related to your enquiry within the ADMR. We will not be releasing the ADMR as we consider this information exempt from disclosure under section 36(2) of the FOIA for the reasons cited under question two and is therefore being withheld. In addition to this, the information contains third party personal information and would therefore be exempt under section 40 (2) of the FOIA. 4. Any revisions, amendments, policy updates, or guidance modifications made to Accredited Register standards, safeguarding frameworks, or oversight processes following my enquiry. We do not hold this information. 5. Any risk assessment, triage decision, or evaluation document recording how my enquiry was considered within the PSA's oversight function. Please see attached document containing Share Your Experience record.
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18 Mar 2026	The following request was made: 1. How long after the completion of a MPTS hearing does the PSA have to lodge an appeal with a court? 2. How many staff does the PSA have and how many of those are lawyers? 3. How many decisions of regulators of healthcare staff (GMC, NMC, GDC, etc) were there in 2025 and how many decisions did the PSA appeal? 4. Is the annual data related to question 3 (i.e. for years before 2025) published somewhere and if so where can I find it?	We provide the following response: 1. We have 56 days to lodge an appeal in a case where a finding of no impairment has been made, or in any decision that isn't appealable by the Registrant, and 67 days in a case where a restrictive sanction has been imposed. 2. We currently have 54 staff, and our Section 29 team consists of 4 Lawyers. 3. We received 2260 decisions between 1 Jan and 31 Dec 25. We lodged 28 appeals in this time period. 4. We publish this data in our Annual Report and Accounts. This report is published for each financial year on our website: https://www.professionalstandards.org.uk/about-us/our-annual-reports Section 3: Regulation and Accreditation, Section 29 may be of interest. Within the report, the number of cases referred to court are broken down by regulator. The Annual Report and Accounts for 2025-26 will be published later on in the year (likely July), after this financial year draws to a close.
31 Mar 2026	The following request was made: 'Please provide all correspondence between the PSA and the Scottish Government or Scottish Parliament relating to SP Bill 77 or the JCCP's role in developing its standards framework, from 1 January 2019 to the date of this request'.	We provide the following response: 1 We hold no correspondence about the JCCP's role in developing a standards framework relating to SP Bill 77. 2 We recently arranged a meeting with Scottish Government about its legislation for cosmetic practice because we had not previously

		been involved. However, we believe this information to be exempt from disclosure under section 36(2) of the FOIA and is therefore being withheld. This is because the release of this information would contravene subsections 2(b)(ii) and 2(c); where disclosure: “would, or would be likely to, inhibit— (2)(b)(ii) the free and frank exchange of views for the purposes of deliberation, or (c) would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs” This is because the information relates to confidential discussions with the Scottish Government for the purposes of government policy development. This section of the FOIA is subject to the ‘public interest test’ being performed. Consequently, it is our obligation under section 2(2)(b) to consider whether or not ‘in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information’. We believe that if we were to release the information, the Scottish Government would be unwilling to engage in future conversations with us. This would prevent us from sharing our views and experiences and being able to influence outcomes relating to public protection. In turn this would prevent us from performing our duty under the National Health Service Reform and Health Care Professions Act 2002, section 25G as inserted by the Health and Social Care Act 2012,
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		section 229. We believe that the public interest in the PSA being able to help and support the Scottish Government to improve public protection outweighs other public interest considerations, and therefore we are maintaining the exemption.
31 Mar 2026	The following request was made: Please provide: 1. any assessment by the PSA of the legal basis on which the JCCP operates a complaints database against named practitioners, given that the JCCP is not a statutory regulator and has no legal powers to investigate or adjudicate on complaints 2. any PSA guidance given to the JCCP about the governance standards that must apply to any complaints function operated by a PSA-accredited register that is not a statutory regulator 3. any correspondence between the PSA and the JCCP about the complaints database specifically	We provide the following response: 1 No such analysis exists. The Accredited Registers work on a voluntary basis which includes their registrants voluntarily submitting themselves to the standards and complaints processes through signing of agreements. 2 The information you have requested is exempt under Section 21 of the Freedom of Information Act as this information is already available in the public domain. This is published on our website at this page: Accredited Registers Resources PSA 3 We do not hold any correspondence about the complaints database specifically.
31 Mar 2026	The following request was made: Please provide: 1. the PSA's assessment of whether Save Face's complaints and ratings process requires independent verification of complaints before publication, and any audit or review of this that the PSA has conducted 2. the specific standards Save Face is required to meet under PSA accreditation regarding complaints verification 3. any correspondence between the PSA and Save Face regarding complaints process standards from 2016 to the date of this request 4. any complaints received by the PSA about Save Face's complaints process	We provide the following response: 1 Please see the Save Face complaints procedures that are published and that we have assessed. Information about this can be found here Save Face PSA 2 This is published on our website at this page: Accredited Registers Resources PSA 3 We don't have any specific correspondence about this but we have

		published reports of recent assessments Save Face PSA 4 We don't process complaints as we have explained. We do consider feedback. Prior to UKIAP's feedback we only received one piece of feedback about complaint handling but the correspondent did not provide any information after initially making contact so we have been unable to consider it.
31 Mar 2026	The following request was made: 1. any declarations relating to Professor David Sines's advisory and board role at Harley Academy during his tenure as JCCP Chair 2. any declarations relating to Mr Eddie Hooker's role as CEO of Hamilton Fraser Insurance during his tenure as a JCCP voting trustee	We provide the following response: 1 We don't hold this information – this would be held by JCCP 2 We don't hold this information – this would be held by JCCP
31 Mar 2026	The following request was made: 1. a schedule of all formal complaints received by the PSA about the JCCP, Charity No. 1177540, since it was first accredited 2. the outcome or current status of each complaint 3. all correspondence between the PSA and the JCCP in response to any complaint about its governance, including any response to the IAP Register dossier submitted in 2024 to 2026	We provide the following response: 1 As we have explained, we do not consider complaints about Accredited Registers, as our legislation does not allow for this. We only collect feedback for our assessment processes. Other than the UKIAP feedback, we had never received any feedback about the JCCP. 2 We are not a complaint handling body. However, we are considering the

		UKIAP's feedback as part of the current assessment. 3 We are not a complaint handling body and therefore have not had any correspondence with the JCCP in relation to complaints about its governance. However, our assessment of JCCP is live and will shortly be published (likely May) and when published will provide more information in relation to the JCCP's governance.
31 Mar 2026	The following request was made: 'provide [you] with the outcome (of review of the FtP decision in relation to Dr Abu-Sitta, the reasoning recorded, and any supporting documentation including correspondence with the General Medical Council'.	We provide the following response: We can confirm that we have taken the decision to join the GMC's appeal. A copy of our public statement can be found below. <i>The Professional Standards Authority for Health and Social Care (PSA) has taken the decision to join the General Medical Council's appeal of the Dr Abu-Sitta case under section 40B of the Medical Act 1983 as we consider the decision to be insufficient to protect the public. We have lodged our appeal at the high court.</i>

		<i>The Professional Standards Authority (PSA) reviews the outcome of every final fitness to practise panel decision of the 10 health and care regulators whose work we oversee, including the General Medical Council (GMC) cases heard by its adjudication body, the Medical Practitioners Tribunal Service.</i> <i>The PSA can refer a decision to court if we consider it is insufficient to protect the public, which includes maintaining public confidence in the profession, and upholding professional standards. The PSA's powers to bring an appeal arise from section 29 of the National Health Service Reform and Health Care Professions Act 2002.</i> <i>We typically use our powers to appeal around 25 cases per year across all 10 regulators that we oversee; and approximately two to three of these will relate to the GMC. In addition, on average we join one</i>
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		<i>GMC appeal a year under section 40B of the Medical Act 1983. The GMC is unique among the regulators we oversee in having its own right of appeal against decisions made by its adjudication body. We will usually join the GMC's appeal: if we conclude there are separate grounds for us to bring an appeal which the GMC has not identified or are unable to bring themselves, such as where the case has been under-prosecuted; if the case raises jurisdiction or other legal points which might affect the PSA's wider jurisdiction; or where otherwise the public interest might require the PSA to become involved.</i> <i>Prior to making a decision on whether to join the GMC's appeal, we carry out our own independent review of the case and separately determine whether the Medical Practitioners Tribunal decision is insufficient to protect the public. Our decision on whether the decision is sufficient is separate to the GMC's decision to bring their own appeal and is not</i>
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		<i>influenced by it, and we do not always agree with the GMC on whether a Medical Practitioners Tribunal decision is insufficient. But if we consider that it is, a separate decision is made thereafter on whether to join the GMC's appeal.</i> <i>Our decision to join the GMC's appeal has been carefully and independently made in full accordance with our processes.</i> <i>Because the matter is now subject to an appeal to the court, it is not possible for us to comment further on the details of an ongoing case</i> However, we are withholding the 'supporting documentation'. The supporting documentation is being withheld under Section 40(2) – Personal information, in that it contains personal data in relation to the registrant. Furthermore, we are applying section 42 (Legal Professional Privilege) of FOIA to the correspondence and advice provided to
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		and discussed by the PSA by its legal team, this refers to both advice and litigation privilege.
31 Mar 2026	The following request was made: 1. All correspondence, emails, meeting notes, internal briefings and draft documents between the PSA and the JCCP from 1 January 2017 to date relating to accreditation, annual review, monitoring, governance, complaints, standards compliance or public communications. 2. Any documents discussing the JCCP's Memoranda of Understanding with regulators, public bodies or sector organisations. 3. Any documents discussing whether the JCCP's public communications may create misunderstanding as to regulatory authority. 4. Any internal assessments, legal advice, concerns logs or risk discussions relating to governance, independence, conflicts of interest, market influence or public protection issues concerning the JCCP. 5. Any documents discussing qualification influence, standards setting, training-provider approval or practitioner route restrictions connected with the JCCP. Any complaints, concerns or feedback received by the PSA regarding the JCCP's status, conduct or public representations.	We provide the following response: 1. We consider the scope of this request to be excessive for us to be able to identify and send all of the information you seek. Please could you narrow this down and clarify what information you would like to assist us in identifying the information you seek, for example more specific information about types of information. In this form we consider that the request is likely to exceed the cost limits set out in the FOIA. It may be helpful to advise you that our assessment of JCCP is live and will shortly be published (likely May) which may help to answer your queries or help you to define specific information you are seeking. 2. We do not hold any information relating to discussions with any of those groups about the JCCP Memoranda of Understanding – these would be held by the JCCP. 3. The only documents we hold that discuss the potential for JCCPs public

		communications to create misunderstanding are from UKIAP and we are currently assessing them as part of the live assessment. 4. We do not hold any information in relation to the JCCP in relation to legal advice, concerns logs or risk discussions. We are currently in the process of conducting our assessment of the JCCP and this will be published shortly. 5. The only documents we hold in relation to this are the submissions made by UKIAP. We are considering the UKIAP's concerns about some of these things in our current assessment, but we've not completed that assessment and will publish the outcome in around May. 6. We don't hold any documents in relation to this other than submissions made by the UKIAP which we are currently considering, any comments in relation to these will be published in our assessment. It may be worth noting that we are not a complaint handling body and the only feedback we have ever received about the JCCP has been from the UKIAP.
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	The following request was made: The ‘Learning Points Bulletin’ (Issue 4) you have published gives details of the number of cases the PSA has appealed, but no details of how many of those appeals were successful. You have also referred to the number of cases appealed on the basis of insufficient (or lack of) reasons, but not the number of appeals that have been successful on that ground. Please provide, for each of the years identified in the Bulletin, and used in the Bulletin as reference periods (namely 2021/22; 2022/23; 2023/24; 2024/25; April-December 2025), the following information: - The number of appeals that have been successful; - The names and neutral citations of the appeals that have been successful; - The number of appeals that have been successful on the grounds of insufficient(or lack of) reasons; - The names and neutral citations of the appeals that have been successful on the grounds of insufficient (or lack of) reasons.	We provide the following response: Please find the requested information attached to this email.
2026/27		
27 Apr 2026	The following request was made: Under the Freedom of Information Act, I would like to request the following information for each calendar year from 2020 to 2026 inclusive: - The number of cyber security breaches that have being identified that were found to be a result of a malicious threat actor (i.e. not accidental data breach) - The breakdown in high-level causes of these breaches as identified by cyber security incident response teams (CSIRTs), for example (but not limited to) unpatched software/hardware, lack of multi-factor authentication (MFA), leaked user credentials, lack of in-transit encryption, etc	We provide the following response: - The number of cyber security breaches that have being identified that were found to be a result of a malicious threat actor (i.e. not accidental data breach) – zero breaches during this period. - The breakdown in high-level causes of these breaches as identified by cyber security

	3. The number of breaches that occurred that were attributed to a previously known vulnerability to the organisations hardware, software, policies, or processes, for example where system was known to be at risk due to being unpatched or out of support, or security controls were recommended but not enforced, and was defined within the resulting incident response report. 4. The estimated combined costs incurred as a result of cyber security breaches defined in request number one in each year. No specific details are requested in relation to software/hardware utilisation, but rather high-level causes of breaches. I believe the high-level nature of this request does not allow for the use of s.31(1)(a) of the FOIA as this would not be likely to prejudice the security of your systems or data, as these are historical incidents which have since been dealt with. The public interest in understanding breach causes across public sector organisations outweighs the public interest in the exemption. I would like you to provide the information in Word, Excel, or CSV format.	incident response teams (CSIRTs), for example (but not limited to) unpatched software/hardware, lack of multi-factor authentication (MFA), leaked user credentials, lack of in-transit encryption, etc – Not applicable 3. The number of breaches that occurred that were attributed to a previously known vulnerability to the organisations hardware, software, policies, or processes, for example where system was known to be at risk due to being unpatched or out of support, or security controls were recommended but not enforced, and was defined within the resulting incident response report. – Not applicable 4. The estimated combined costs incurred as a result of cyber security breaches defined in request number one in each year. – zero costs incurred during this period.
1 May 2026	The following request was made: Please provide from 1 January 2016 and 1 January 2026: 1. The total number of appeals brought by the PSA under Section 29 of the NHS Reform and Health Care Professions Act 2002 in relation to General Medical Council cases. 2. The outcome of those appeals, including how many were successful (in whole or in part), unsuccessful, withdrawn, or remain outstanding. 3. The number of those appeals that were brought jointly with the GMC, and of those, how many were successful.	We provide the following response: Please see the information attached to this email.
14 May 2026	The following request was made: Please provide: 1. 1. Copies of all internal PSA documents, emails, meeting notes, risk logs or other records created on or after 1 January 2026 that: a. refer to the UK IAP dossier “UK Non Surgical Cosmetic Procedures: Captured” or its associated evidence folders; and b. relate to how that material is to be handled within the current JCCP renewal assessment.	We provide the following response: Please provide: 1. 1. Copies of all internal PSA documents, emails, meeting notes, risk logs or other records created on or after 1 January 2026 that: a. refer to the UK IAP dossier “UK Non Surgical

	2. 2. Copies of any correspondence between the PSA and the JCCP, created on or after 1 January 2026, in which: a. the UK IAP dossier or associated evidence is mentioned; or b. the PSA discusses whether, and if so how, to take this material into account in the JCCP renewal assessment. 3. Any internal PSA guidance, policy or procedural documents that were in force on 16 April 2026 and that: a. govern how evidence from external organisations (such as practitioner groups) is incorporated into accredited register renewal assessments; and b. govern when the Accreditation Team may decide not to respond to further emails or complaints on a matter on the basis that there is no “new information or evidence”. 4. All information held by the PSA that refers to, or can reasonably be identified as relating to, “UK Independent Aesthetic Practitioners”, “UK IAP”, or any abbreviation obviously referring to that organisation, created on or after 1 January 2023. This should include, but not be limited to: - o * emails (internal and external); - o * letters and file notes; - o * meeting agendas, minutes and action logs; - o * internal assessments, briefings, risk registers or issue logs; - o * any documents recording decisions about how to handle communications, complaints or evidence from or about UK IAP.	Cosmetic Procedures: Captured” or its associated evidence folders; and b. relate to how that material is to be handled within the current JCCP renewal assessment. We hold the following information in relation to your request: • Query sheets submitted to the JCCP by the PSA as part of the assessment processes and the response from the JCCP • The Assessment decision making recommendation form (ADMR). However, we believe this information to be exempt from disclosure under section 36(2) of the FOIA and is therefore being withheld. This is because the release of this information would contravene subsections 2(b)(ii) and 2(c); where disclosure: “would, or would be likely to, inhibit— (2)(b)(ii) the free and frank exchange of views for the purposes of deliberation, or (c) would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs” This is because the information relates to confidential discussions between the PSA and the JCCP in order to gather information to perform the assessment. This section of the FOIA is subject to the ‘public interest test’ being performed. Consequently, it is our obligation under section 2(2)(b) to consider whether or not ‘in all the circumstances of the case, the public interest in maintaining the
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		exemption outweighs the public interest in disclosing the information'. We believe that if we were to release the information, the JCCP would be unwilling to engage in free and frank conversations with us in future, it may also affect the openness of conversations we have with other Accredited Registers. This would affect our ability to fully investigate concerns and conduct thorough assessments. In turn this would prevent us from performing our duty under the National Health Service Reform and Health Care Professions Act 2002, section 25G as inserted by the Health and Social Care Act 2012, section 229. We believe that the public interest in the PSA being able to help and support public protection outweighs other public interest considerations, and therefore we are maintaining the exemption. However, a summary of matters discussed, and our conclusions will be published as part of the assessment report which will be published in the near future. We also hold a share your experience log in relation to the JCCP which indicates what information would be escalated and what information would be included as part of the 2026 full assessment, we have redacted the names of individuals for this under section 40(2) of the FOIA as it is personal data. 2. 2. Copies of any correspondence between the PSA and the JCCP, created on or
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		after 1 January 2026, in which: - the UK IAP dossier or associated evidence is mentioned; or - the PSA discusses whether, and if so how, to take this material into account in the JCCP renewal assessment. We hold the following information in relation to this request; - Query sheets submitted to the JCCP by the PSA as part of the assessment processes and the response from the JCCP - The Assessment decision making recommendation form (ADMR) - Email exchanges with the JCCP. We consider that this information is exempt from disclosure under section 36(2) of the FOIA and is therefore being withheld for the reasons set out above. 3. Any internal PSA guidance, policy or procedural documents that were in force on 16 April 2026 and that: - govern how evidence from external organisations (such as practitioner groups) is incorporated into accredited register renewal assessments; and - govern when the Accreditation Team may decide not to respond to further emails or complaints on a matter on the basis that there is no “new information or evidence”. a. Information on how we manager feedback from external organisations and other interested parties can be found here Share your experience
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		PSA. Information including all guidance about the renewal process can be found here Renewing your accreditation PSA b. Information regarding 'Share your experience' can be found here Share your experience PSA. As set out here we are not a complaints handling body and therefore have no guidance on handling complaints about accredited registers. 4. All information held by the PSA that refers to, or can reasonably be identified as relating to, "UK Independent Aesthetic Practitioners", "UK IAP", or any abbreviation obviously referring to that organisation, created on or after 1 January 2023. This should include, but not be limited to: - o * emails (internal and external); - o * letters and file notes; - o * meeting agendas, minutes and action logs; - o * internal assessments, briefings, risk registers or issue logs; - o * any documents recording decisions about how to handle communications, complaints or evidence from or about UK IAP. In addition to the information provided above, we hold one internal document relating to classifying a UK-IAP concern and a number of emails and letters between the PSA and UK-IAP which we are disclosing in full. We have not attached the dossier shared by UK-IAP or our responses to your previous FOI requests due to the size of the files but are happy to resend so should you wish us to.
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15 May 2026	The following request was made: This is an information request relating to private health insurance for staff. Please provide me with the following information for the 2025-26 financial year:	We provide the following response: As we do not provide private health insurance for staff, I can confirm that we do not hold the information requested.
26 May 2026	The following request was made: 1. Any PSA documents publicly available related to the period 2017 - 2019 where the BACP introduced a new Professional Conduct Procedure - PCP (effective 01.12.2022) • I understand Accreditation Renewal reports may be included in this 2. Any PSA documents publicly available which relates to criticisms of the previous PCP (complaints, statistics etc) 3. The Kingsley Napley (KN) article (attached) para 3 indicates the PSA "sought further information" about 3 PSA standards - is the BACP response to the PSA request available? 4. The KN article references "the findings of the case review as presented in the team's complaints review document" (4th para 6th bullet) - it is not clear what the "case review" is, or who "the team" is - anything you can advise / provide (if possible the case review itself) to clarify this would be very helpful. 5. The KN article para 4 indicates the BACP would need to present the amended PCP to the PSA for assessment. Aside from the amended PCP itself, Is there any other documentation related to the BACP's submission of a new PCP for assessment (for example - recognition or summary of limitations of previous procedure) 6. At that time, were the PSA aware that the BACP would continue to operate complaint handling under the previous PCP for complaints which began prior to 01.12.2018, but as a result of Appeal, bridged over into the period when the new PCP was being operated? In this case - the old procedure was being employed up to February 2020.	We provide the following response: 1 Please see attached the Accreditation Reports that were published during this period - we used to publish the equivalent to annual checks during this period (in addition to full renewals). 2. - Please refer to the attached accreditation reports for this period. All three include reference to the BACP's PCP. 3. - We do not hold correspondence between the BACP and PSA prior to 2021 in line with our retention policy. 4. We are not in a position to advise on what the article is referring to. All publicly available information from this period can be found in the attached reports. 5. The accreditation reports indicate what the team and Panel reviewed to inform the decisions made at the time. 6. - As mentioned above, information on what the PSA was aware of at the time can be found in the reports attached. From reviewing, we can see the team was aware of this fact.

28 May 2026	The following request was made: PSA understanding of JCCP's status. Any recorded information, including internal briefings, assessments or correspondence, in which PSA explains or describes JCCP's status as a PSA accredited voluntary register and distinguishes this from statutory regulation, specifically in the context of non surgical cosmetic procedures. • All correspondence (emails, letters, meeting notes, file notes) between PSA and the GPhC since 1 January 2017 which refers to JCCP, its accreditation, its role in non surgical aesthetics, or the GPhC–JCCP Memorandum of Understanding. • Any PSA records of meetings with GPhC in which JCCP was discussed. • PSA consideration of the term “self regulator” • Any recorded information in which PSA has commented on, endorsed, objected to or otherwise discussed the use of terms such as “self regulator” or “recognised self regulator” to describe organisations on its Accredited Registers (including but not limited to JCCP). • Any guidance or internal policy documents setting out PSA's view on whether accredited registers may describe themselves, or be described by others, as “self regulators”. PSA assessment of risks of regulatory confusion or capture • Any risk assessments, board or committee papers, internal analyses or reviews that consider the risk that Accredited Registers might be treated by statutory regulators as de facto regulators or quasi regulatory partners, potentially leading to confusion for the public or regulatory capture in high risk areas such as non surgical cosmetic procedures. • Any documents in which PSA has considered whether statutory regulators' use of MoUs and similar arrangements with Accredited Registers is consistent with PSA's expectations for independence and public protection. • PSA's oversight of JCCP accreditation in this context	We provide the following response: PSA understanding of JCCP's status. Any recorded information, including internal briefings, assessments or correspondence, in which PSA explains or describes JCCP's status as a PSA accredited voluntary register and distinguishes this from statutory regulation, specifically in the context of non surgical cosmetic procedures. We do not hold any specific information in regards to the JCCP in relation to this. Information on the Accredited registers can be found here https://www.professionalstandards.org.uk/organisations-we-oversee/our-work-accredited-registers and information about statutory regulators can be found here https://www.professionalstandards.org.uk/organisations-we-oversee/our-work-regulators PSA communications with GPhC concerning JCCP • All correspondence (emails, letters, meeting notes, file notes) between PSA and the GPhC since 1 January 2017 which refers to JCCP, its accreditation, its role in non surgical aesthetics, or the GPhC–JCCP Memorandum of Understanding. We hold no correspondence between the PSA and GPhC that refers to the JCCP. • Any PSA records of meetings with GPhC in which JCCP was discussed.
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	Any accreditation reports, condition reviews, or follow up documents relating to JCCP (from 1 January 2017 to the present) that specifically refer to: JCCP's description of itself to the public (for example, as a "self regulator" or "point of access for the public"), • JCCP's MoUs or working relationships with statutory regulators such as the GPhC, • Concerns or considerations about JCCP's governance, commercial relationships, or potential for public confusion about its status.	There are no records of meetings with the GPhC in which JCCP was discussed. • PSA consideration of the term "self regulator" We do not hold any recorded information in relation to this query. • Any recorded information in which PSA has commented on, endorsed, objected to or otherwise discussed the use of terms such as "self regulator" or "recognised self regulator" to describe organisations on its Accredited Registers (including but not limited to JCCP). We do not hold any recorded information in relation to this query. • Any guidance or internal policy documents setting out PSA's view on whether accredited registers may describe themselves, or be described by others, as "self regulators". PSA assessment of risks of regulatory confusion or capture We do not hold any recorded information in relation to this query. • Any risk assessments, board or committee papers, internal analyses or reviews that consider the risk that Accredited Registers might be treated by statutory regulators as de facto regulators or quasi regulatory partners, potentially leading to confusion for the public or regulatory capture in high risk areas such as non
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		surgical cosmetic procedures. We do not hold any recorded information in relation to this query. - Any documents in which PSA has considered whether statutory regulators' use of MoUs and similar arrangements with Accredited Registers is consistent with PSA's expectations for independence and public protection. We do not hold any recorded information in relation to this query. - PSA's oversight of JCCP accreditation in this context Any accreditation reports, condition reviews, or follow up documents relating to JCCP (from 1 January 2017 to the present) that specifically refer to: JCCP's description of itself to the public (for example, as a "self regulator" or "point of access for the public"), We do not hold any recorded information in relation to this query. - JCCP's MoUs or working relationships with statutory regulators such as the GPhC, We do not hold any recorded information in relation to this query. - Concerns or considerations about JCCP's governance, commercial relationships, or potential for public confusion about its status.
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		It is not clear to us what information you are requesting in relation to this FOIA and whether this differs to your request of 31 March 2026 which we have responded to. If this request is for different information, please can you clarify for us to allow us to narrow down our search.
9 Jun 2026	The following request was made: Are you able to confirm if any BACP Accreditation Panel's Decision documents are available for earlier years beginning with the inception of the PSA which I understand was in late 2012. If so, is there a formal process I need to use in order to submit a FOI request? The documents I am seeking are the equivalents of the Accreditation Panel's Decision documents for the years: 2013/14 2014/15 2015/16 2016/17	We provide the following response: Please see attached the panel decision documents for BACP for the years requested.
15 Jun 2026	The following request was made: All PTUK Annual Review of Accreditation reports from the date of PTUK's first accreditation to the present. • All PTUK Targeted Review reports. • All PTUK Condition Review reports. • Any impact assessments undertaken by PSA relating to PTUK.	We provide the following response: All PTUK Annual Review of Accreditation reports from the date of PTUK's first accreditation to the present. We have attached the reports from 2013, 2014, 2015, 2016, 2017, 2018, 2019 (including Targeted Review outcomes) and 2020, 2021. We have previously shared our reports from 22-25. • All PTUK Targeted Review reports. The 2019 targeted review is included in the

	- Any Notification of Change reviews, assessments or reports relating to PTUK. Any documents, records, assessments or decision papers explaining the concerns, triggers, rationale or circumstances that led to the initiation of the 2021 and 2023 Targeted Reviews. - Copies of evidence, action plans, governance reviews, policy reviews, implementation reports, compliance reports or other material submitted by PTUK in response to: the Conditions imposed following the 2021 Annual Review of Accreditation; and – the Conditions imposed following the 2023 Targeted Review and Review of Conditions. - Disclosure of any documents, assessments, correspondence, meeting records, review notes or evidence held by PSA relating to: PTUK policies, procedures, guidance or governance arrangements concerning the management of child clients when a registrant is required to cease practice immediately, whether through suspension, interim restriction, disciplinary action, removal from the Register or other regulatory intervention. Any material considered by PSA concerning continuity of care, therapeutic endings, safeguarding, transfer of cases, attachment-related risks, public protection or child welfare implications arising from the immediate cessation of therapeutic services. Any evidence submitted by PTUK demonstrating how its disciplinary and regulatory procedures are reconciled with its training, ethical guidance or professional standards relating to safe endings, planned termination of therapy, attachment-informed practice and the welfare of child clients. Any assessments undertaken by PSA concerning whether PTUK's arrangements adequately protect children and families affected by the immediate interruption of therapeutic relationships.	Annual Review for that year. All other targeted reviews have previously been shared with you. - All PTUK Condition Review reports. As above - Any impact assessments undertaken by PSA relating to PTUK. All information relating to impact assessments are included in the reports. - Any Notification of Change reviews, assessments or reports relating to PTUK. This information is included in the reports. - Any documents, records, assessments or decision papers explaining the concerns, triggers, rationale or circumstances that led to the initiation of the 2021 and 2023 Targeted Reviews. Information about our assessments is covered in the reports. Any further details have been deleted in line with our retention policy or are contained within the Assessment decision making recommendation form (ADMR). However, we believe the ADMR to be exempt from disclosure under section 36(2) of the FOIA and it is therefore being withheld. This is because
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		the release of this information would contravene subsections 2(b)(ii) and 2(c); where disclosure: “would, or would be likely to, inhibit— (2)(b)(ii) the free and frank exchange of views for the purposes of deliberation, or (c) would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs” This is because the information relates to confidential discussions between the PSA and the PTUK in order to gather information to perform the assessment. This section of the FOIA is subject to the ‘public interest test’ being performed. Consequently, it is our obligation under section 2(2)(b) to consider whether or not ‘in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information’. We believe that if we were to release the information, the PTUK would be unwilling to engage in free and frank conversations with us in future, it may also affect the openness of conversations we have with other Accredited Registers. This would affect our ability to fully investigate concerns and conduct thorough assessments. In turn this would prevent us from performing our duty under the National Health Service Reform and Health Care Professions Act 2002, section 25G as inserted by the Health and Social Care Act 2012, section 229. We believe that the public interest in the PSA
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		being able to help and support public protection outweighs other public interest considerations, and therefore we are maintaining the exemption. However, a summary of matters discussed, and our conclusions have been published as part of the assessment reports. • Copies of evidence, action plans, governance reviews, policy reviews, implementation reports, compliance reports or other material submitted by PTUK in response to: the Conditions imposed following the 2021 Annual Review of Accreditation; and – the Conditions imposed following the 2023 Targeted Review and Review of Conditions. Final PSA assessments, determinations, evaluations or conclusions regarding PTUK's compliance with those Conditions is contained in the reports. We consider the evidence and other documents supplied by PTUK as part of the ADMR process to be exempt under s36 for the reasons set out above. • Disclosure of any documents, assessments, correspondence, meeting records, review notes or evidence held by PSA relating to: PTUK policies, procedures, guidance or governance arrangements concerning the management of child clients when a registrant is
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		required to cease practice immediately, whether through suspension, interim restriction, disciplinary action, removal from the Register or other regulatory intervention. Any material considered by PSA concerning continuity of care, therapeutic endings, safeguarding, transfer of cases, attachment-related risks, public protection or child welfare implications arising from the immediate cessation of therapeutic services. Any evidence submitted by PTUK demonstrating how its disciplinary and regulatory procedures are reconciled with its training, ethical guidance or professional standards relating to safe endings, planned termination of therapy, attachment-informed practice and the welfare of child clients. Any assessments undertaken by PSA concerning whether PTUK's arrangements adequately protect children and families affected by the immediate interruption of therapeutic relationships. We consider that this request falls under s12 of the FOIA in that it would exceed the cost limit of £450 to comply. The reason for this is that the request is wide ranging and it is unclear what specific recorded information you are requesting. We base this exemption on the following estimate; o Determining whether we hold the information; Due to the wide-ranging nature of this request and that you are seeking information over a 13 year period we consider that this would take the
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		Accredited Registers team a minimum of 1 day to identify whether we hold the information (7.5 hrs x £25 = £187.50) - o Locating the information, or a document containing it; We estimate this would take the AR team a minimum of 3 days (22.5 hrs x £25 = £562.50) - o Retrieving the information, or a document containing it; and extracting the information from a document containing it. We consider retrieving and extracting the information, applying appropriate redactions and exemptions would take the Governance team a minimum of 3 days (22.5 hrs x £25 = £562.50). We have already released a significant amount of information to you through your previous FOI and SAR requests and through your correspondence with us. Furthermore, we can confirm that the majority of the information you seek is contained within our published reports and that a large amount of the information requested on PTUK's policies can be found on their website Play Therapy UK. We believe once you have reviewed the information provided to you it will assist you in narrowing down your request and providing us with clarification of what information you are seeking which may allow us to search for it in a way that falls within the cost limit.
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22 Jun 2026	The following request was made: Please provide the following information covering the most recent two-year period available at the time of this request: 1. The total number of whistleblowing disclosures received by the Professional Standards Authority that relate to the Health and Care Professions Council (HCPC). 2. Of those disclosures: a. How many were assessed or investigated further by the PSA. b. How many resulted in any form of action, recommendation, or intervention by the PSA. 3. If recorded in an aggregated and anonymised format, a breakdown of the general categories of concerns raised (for example: governance, fitness to practise processes, staffing concerns, etc.). 4.	We provide the following response: We do not hold any information directly relevant to this request. Under the Public Interest Disclosure Act 1998 (PIDA), whistleblowers can make a disclosure to a prescribed person or body. The PSA is not a prescribed body under the legislation and therefore does not receive or manage whistleblowing concerns about external bodies and therefore we have no information relating to your request. A list of prescribed whistleblowing bodies including those for Health and Social Care can be found here Whistleblowing: list of prescribed people and bodies - GOV.UK
16 Jul 2026	The following request was made: The JCCP's annual review submissions to the PSA Accredited Registers programme for 2023, 2024 and 2025. 2. Any PSA assessment reports, assessment notes, panel records, decision records, conditions, recommendations or internal notes relating to the JCCP's Accredited Register reviews for 2023, 2024 and 2025. 3. All correspondence between the PSA and the JCCP between 1 January 2023 and the date of this request concerning conflicts of interest, trustee benefits, trustee payments, connected-party arrangements, governance, independence, declarations of interest, complaints handling, register administration, or financial arrangements. 4. All correspondence between the PSA and the JCCP between 1 January 2023 and the date of this request concerning Hamilton Fraser, HF Resolution, Harley Academy, BAMAN, BACN, Save Face, CIEH, the MHRA, or any memorandum of understanding	We provide the following response: The JCCP's annual review submissions to the PSA Accredited Registers programme for 2023, 2024 and 2025. We hold the following information in relation to your request: • Query sheets submitted to the JCCP by the PSA as part of the assessment processes and the response from the JCCP • The Assessment decision making recommendation form (ADMR). However, we believe this information to be exempt from disclosure under section 36(2) of the FOIA and is therefore being withheld. This is because the release of this information would contravene subsections 2(b)(ii) and 2(c); where

	involving the JCCP. We do not hold any correspondence with the JCCP concerning these organisations. 5. Records of the fees paid by the JCCP to the PSA for Accredited Register accreditation, renewal, review, assessment, or related charges in 2023, 2024 and 2025. 6. Any internal PSA records discussing whether the JCCP's charity status, governance arrangements, trustee interests, connected-party arrangements, or commercial relationships were relevant to PSA accreditation, annual review, conditions, recommendations, or risk assessment. 7. Any records showing whether the PSA considered the JCCP's public description of its role, authority, register status, regulatory status, or relationship with government when assessing whether its accreditation remained appropriate.'	disclosure: "would, or would be likely to, inhibit— (2)(b)(ii) the free and frank exchange of views for the purposes of deliberation, or (c) would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs" This is because the information relates to confidential discussions between the PSA and the JCCP in order to gather information to perform the assessment. This section of the FOIA is subject to the 'public interest test' being performed. Consequently, it is our obligation under section 2(2)(b) to consider whether or not 'in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information'. We believe that if we were to release the information, the JCCP would be unwilling to engage in free and frank conversations with us in future, it may also affect the openness of conversations we have with other Accredited Registers. This would affect our ability to fully investigate concerns and conduct thorough assessments. In turn this would prevent us from performing our duty under the National Health Service Reform and Health Care Professions Act 2002, section 25G as inserted by the Health and Social Care Act 2012, section 229. We believe that the public interest in the PSA being able to help and support public protection
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		outweighs other public interest considerations, and therefore we are maintaining the exemption. However, a summary of matters discussed, and our conclusions will be published as part of the assessment report which will be published in the near future. 2. Any PSA assessment reports, assessment notes, panel records, decision records, conditions, recommendations or internal notes relating to the JCCP's Accredited Register reviews for 2023, 2024 and 2025. We hold the following information in relation to your request: • Query sheets submitted to the JCCP by the PSA as part of the assessment processes and the response from the JCCP • The Assessment decision making recommendation form (ADMR). • Email exchanges with the JCCP We consider that this information is exempt from disclosure under section 36(2) of the FOIA and is therefore being withheld for the reasons set out above. 3. All correspondence between the PSA and the JCCP between 1 January 2023 and the date of this request concerning conflicts of interest, trustee benefits, trustee payments, connected-party arrangements, governance, independence, declarations of interest, complaints handling, register administration, or financial arrangements.
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		We consider the scope of this request to be excessive for us to be able to identify and send all of the information you seek. Please could you narrow this down and clarify what information you would like to assist us in identifying the information you seek, for example more specific information about types of information. In this form we consider that the request is likely to exceed the cost limits set out in the FOIA. It may be helpful to advise you that our assessment of JCCP is live and will shortly be published which may help to answer your queries or help you to define specific information you are seeking. 4. All correspondence between the PSA and the JCCP between 1 January 2023 and the date of this request concerning Hamilton Fraser, HF Resolution, Harley Academy, BAMAN, BACN, Save Face, CIEH, the MHRA, or any memorandum of understanding involving the JCCP. We do not hold any correspondence with the JCCP concerning these organisations. 5. Records of the fees paid by the JCCP to the PSA for Accredited Register accreditation, renewal, review, assessment, or related charges in 2023, 2024 and 2025. This information has been requested from our finance department and we will provide this to you shortly. Supplied on 20 July 2026:
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		JCCP Amount £18,087.63 invoiced in year 2025 for 25/26 £15,799.20 invoiced in year 2024 for 24/25 £15,004.39 invoiced in year 2023 for 23/24 6. Any internal PSA records discussing whether the JCCP's charity status, governance arrangements, trustee interests, connected-party arrangements, or commercial relationships were relevant to PSA accreditation, annual review, conditions, recommendations, or risk assessment. It is not clear to us what information you are requesting in relation to this part of your request, please can you clarify for us to allow us to narrow down our search. 7. Any records showing whether the PSA considered the JCCP's public description of its role, authority, register status, regulatory status, or relationship with government when assessing whether its accreditation remained appropriate.' Any consideration of these areas would be held in our reports which can be found on our website here Joint Council for Cosmetic Practitioners PSA As mentioned above, we are currently in the process of conducting our assessment of the JCCP and this will be published shortly. A summary of matters discussed, and our
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		conclusions will be published as part of the assessment report.