Declarations of interest: members are reminded that they are required to declare any direct or indirect pecuniary interest, or any non-pecuniary interest, in relation to any matters dealt with at this meeting. In accordance with Standing Orders, the Chair will rule on whether an interest is such as to prevent the member participating in the discussion or determination of the matter.

<table>
<thead>
<tr>
<th>Item</th>
<th>Action</th>
<th>Presenter</th>
<th>Paper</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>1. Welcome, apologies and declarations of interest</td>
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<td>Chair</td>
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<td>10.30</td>
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<tr>
<td>2.</td>
<td>to approve</td>
<td>Chair</td>
<td>1812/2A, 1812/2B</td>
<td>10.30</td>
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<tr>
<td>A. Council minutes of 13 September</td>
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<td>Chair</td>
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<td>B. Matters arising</td>
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<td>3. Chair’s report</td>
<td>to note</td>
<td>Chair</td>
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<tr>
<td>4. Chief Executive &amp; Registrar’s report</td>
<td>to note</td>
<td>CER</td>
<td>1812/4</td>
<td>10.45</td>
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<tr>
<td>A. Operations</td>
<td>to note</td>
<td>CER/Finance consultant</td>
<td>1812/5A</td>
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<td>B. Finance</td>
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<td>5. Performance reports</td>
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<td>CER/Finance consultant</td>
<td>1812/6</td>
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<tr>
<td>A. Operations</td>
<td>to note</td>
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<td>B. Finance</td>
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<td>6. PSA 2017/18 review and action plan</td>
<td>to note</td>
<td>CER</td>
<td>1812/7</td>
<td>11.25</td>
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<td>7. Five year strategy 2019 - 2023</td>
<td>to approve</td>
<td>CER</td>
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<td>8.</td>
<td>to approve</td>
<td>CER/Finance consultant</td>
<td>1812/8B</td>
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<td>A. 2019 Business plan</td>
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<td>9. Audit and Risk Committee report</td>
<td>to note</td>
<td>ARC</td>
<td>1812/9</td>
<td>12.05</td>
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<tr>
<td>10. Education Committee report</td>
<td>to note</td>
<td>EC Chair</td>
<td></td>
<td>12.15</td>
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<tr>
<td>11. Approval of MCC MChiro degree programmes</td>
<td>to approve</td>
<td>EC Chair</td>
<td>1812-11</td>
<td>12.25</td>
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<tr>
<td>12. Annual Education report 2018</td>
<td>to note</td>
<td>EC Chair</td>
<td>1812-12</td>
<td>12.30</td>
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<tr>
<td>13. AOB</td>
<td></td>
<td>Chair</td>
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<td>12.40</td>
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Close of meeting: 12.45pm
Present
Mary Chapman (Chair of Council)
Roger Dunshea
Tom Greenway
Steven Gould
Gareth Lloyd
Sharon Oliver
Ralph Pottie
Liz Qua
Julia Sayers
Carl Stychin
Gay Swait
Phil Yalden

Apologies
Keith Richards

In attendance
Penny Bance, Director of Education, Registration and Standards
Rui Domingues, Financial Consultant, in attendance from item C-1803/6
Tricia McGregor, Interim Chief Executive and Registrar (CER)
Niru Uddin, Acting Head of Fitness to Practise (FtP)

Apologies and declarations of interest

The Chair opened the meeting by welcoming both Council and the observers present. Apologies had been received from Keith Richards. Niru Uddin was welcomed to her first Council meeting as Acting Head of FtP.

There were no declarations of interest.

Draft minutes of the meeting of 27 June 2018 and matters arising.

The minutes of 27 June 2018 were agreed as an accurate record of the meeting. All matters arising had been completed.

Chair’s report

The Chair’s report provided an update to Council on the work carried out since June 2018. The policy documents relating to data protection had also been approved by the Chair for publication during the period.

The Chair congratulated the staff team on meeting all of the PSA standards in the 2017/18 PSA annual review of performance. She also thanked the previous CER Rosalyn Hayles for her contribution to that result. It was agreed the Chair would write to Ros to formally express thanks to her. The Chair noted that the GCC was
awaiting the more detailed report from the PSA.

The Chair spoke about the GCC transformation programme that she had been supporting as part of her regular meetings with the CER and she thanked Tricia McGregor for the energy and commitment she had shown since the beginning of her term.

The Chair thanked the HCPC for their warm welcome and all the support they have given to the GCC.

The Chair also noted that Council members had held a very successful training day including a session on financial strategy and a workshop on how Council will live the GCC’s values and behaviours.

**Action:** The Chair to write a formal thank you note to Ros Hayles.

**Action:** The GCC to formally extend their thanks to the HCPC for the warm welcome received by the GCC.

### C-1809/4 Chief Executive & Registrar’s report

The CER introduced her report that provided an update on a range of activities since the previous Council meeting. These included external developments in the regulatory environment and collaborative work with other health and care regulators. The report was taken as read.

Council members commented how helpful it was to see an analysis of reviews and reports in relation to any actions the GCC needs to take or learning it needs to implement.

Discussion took place regarding the Williams review. A query was raised regarding the GCC working with chiropractic professional associations and whether that included the Royal College of Chiropractors (RCC). The CER confirmed that references to the professional associations included the RCC.

Also in relation to the Williams review, Council discussed the number of current expert witnesses and what an ideal number of expert witnesses might be. The Acting Head of FIP said the GCC currently had three expert witnesses and that an ideal number would be around ten. The CER added that other recommendations in the Williams review were relevant here, for example being able to include work as an expert witness as CPD could assist in promoting the benefit of taking on this role.

It was noted that in the Williams report, in relation to the use of reflective material, the GMC has issued guidance on reflection. The Director of Education, Registration and Standards said that the GCC was part of a group set up by the GMC to take this work forwards.

Council supported the work in relation to implementing learning and recommendations from the reviews.

### C-1809/5 Finance report

Rui Domingues, Financial Consultant for the GCC, joined the meeting to introduce the financial summary. The report presented the management accounts over the period of June to 31st July and provided a forecast for the remainder of 2018.
The CER introduced the finance report and noted that, following changes to the senior management team, the GCC had appointed Rui Domingues as a financial consultant to complete a financial review, strategy and sustainability plan. Part of that work had been to redesign the management accounts to provide greater clarity and assurance. Rui gave particular thanks to GCC staff member Rejitha Jeyasingham for her assistance with this and thanked all GCC staff who had engaged and assisted with the financial review.

A number of key points were noted regarding the financial summary including the planned deficit budget, additional agreed expenditure, for example advertising, structure changes and investing in transformation. It was also noted that the Portfolio hadn’t performed as well as forecast and that this would also affect the year end position.

Rui indicated that further work was being completed to finalise the forecast figure, specifically around depreciation, disposal of assets and PCC costs but that these were likely to have a positive effect on the result. He said the deficit position, although larger than budgeted for, was not a surprise and was due to agreed expenditure. Council discussed the significance of repeated deficits and fully supported the ongoing work on to produce a financial sustainability plan.

Council asked whether there had been a period when the GCC was paying rent at Wicklow Street and the HCPC. The CER noted this was the case for a short period from completion of the HCPC lease until the actual move. She also noted that as Wicklow Street was sold at short notice during the period, it had been possible to agree to a set departure date without notice and all dilapidation costs had been waived.

In discussing the £14k decrease in Test of Competence income and the possible effect of Brexit, Council noted that other regulators had also seen a decrease in numbers of registrants from Europe. In discussing registration numbers, the Director of Education, Registration and Standards said that the GCC did ask those registrants who took voluntary removal their reasons for doing so but that more data collection and analysis would be needed to determine the reason for a reduction in numbers. Council also discussed the potential risk of registrants deregistering in light of the advertising cases and the need to monitor this.

**Action:** Council asked for further analysis of registration numbers to enable a clearer picture of the reason for movements in the total.

Council noted the financial issues that had been raised by Rui Domingues and agreed that the focus should be on financial strategy and the sustainability plan.

Council said they felt better assured with the improved financial reporting and wanted to record their thanks to Mr Domingues for his work on this.

**Performance report**  
The CER said that performance in FtP was on target and that it would be important that the standard reached was maintained. She also noted that an internal audit of FtP had been carried out. This did not identify any specific concerns or issues.

The CER noted that, as part of the business process review work, the GCC wanted to identify a wider range of performance measures beyond FtP. It would be helpful, and provide greater assurance, if we could identify some leading rather than lagging measures as this would help the GCC to respond more proactively. The CER said that the team would work with the current performance report to the end of the year and would review the style and content of the performance report for 2019.
Council asked about progress with the advertising caseload. The CER said that the advertising cases project plan was on track. She said that notifications were being sent in batches to registrants and the Acting Head of FtP said that of the 300 cases received, 188 formal notices had been sent.

Regarding the GCC’s transformation programme, a question was asked about whether any particular areas were at significant risk of delay. The CER said that the programme was busy and currently on track. It was subject to regular review and was currently felt to be challenging but deliverable. However, she said that if there was any area of risk, it would be around the capacity to deliver the changes and this was being monitored.

C-1809/6  GCC Five year strategy 2018-2023

The CER presented this paper, which set out the GCC’s strategic direction over the five year period 2019-2023. She noted that Council had seen some emerging drafts of this work. She said the strategy intentionally set out to be more proactive, to collaborate more, to increase satisfaction in services that the GCC delivered, and to develop the profession. These were all areas that were in line with regulatory reform and recommendations from reviews. The strategy also continued to place a strong emphasis on the GCC’s duty in relation to FtP and dealing with complaints.

She proposed that Council discuss and agree the approach taken and the four overarching aims. She suggested that the more detailed strategic objectives would be subject to further engagement with stakeholders and registrants. Council fully supported the approach of engaging with registrants, patients, professional bodies, education providers and other stakeholders so that the final version of the strategy had been shaped by a range of inputs. It was also noted that the strategy will need to include clearer outcomes as part of the next phase of work.

Council discussed the context and approach of the strategy as well as the vision and purpose.

**Agreed:** Council agreed ‘Context and approach’, subject to the inclusion of ‘other’ before the word ‘stakeholder’ and agreed the vision and purpose.

Council discussed the four strategic aims and suggested that whilst it fully supported becoming more proactive and ‘right touch’ it may be difficult to achieve much progress in this area without a change in the law. It was suggested the phrase “…as far as possible within the constraints of our current legislation” was added.

**Agreed:** Council agreed the four strategic aims for 2019-2023 – ‘Promote standards’, ‘Develop the profession’, ‘Investigate and act’, and ‘Deliver value’ with the caveat that the wording around right touch regulation be amended as described above.

Council discussed the strategic objectives in more detail and there was support for the approach. Members made a number of comments and suggestions to this draft section of the strategy.

The Chair thanked everyone for their contributions and suggested that Council continue to share their thoughts on the strategy with the Executive team.

**Action:** Further engagement on the draft strategic objectives should now take place. Draft five year strategy 2019-2023 to be sent to Council in advance of the December Council meeting so that there was further involvement prior to final
### Remuneration and Human Resources Committee Terms of Reference

The Chair of the Remuneration Committee (RemCo) introduced the revised Terms of Reference (ToR). He said that the changes had been designed to strengthen assurance around the GCC’s approach to its people across the board. He indicated that specific points from the ToR to note were: 1.3, ensuring the GCC had an overarching people strategy and 2.6, which related to approval of new HR policies. He said the revised Remuneration and HR Committee would take a wider role and have more delegated powers from Council. This would provide better support to the GCC in delivering the new strategy.

It was queried whether the Committee had sufficient expertise to take on the wider HR remit and it was confirmed that an HR professional was an independent member. It was agreed that specific legal experience was not required but could be procured as required.

**Agreed:** Council agreed the Remuneration and HR Committee ToR, subject to the inclusion of a term of office of committee members.

### Risk Management Policy and Risk Tolerance statement

The CER introduced this item, explaining that the document is recommended by the Audit and Risk Committee (ARC) following work completed over the early summer months on risk and the degree to which levels of risk would be tolerated. She said that the second section of the statement was new to the GCC and had been developed with input from other regulators. The CER suggested that as the document is new to the GCC it would be helpful if it was reviewed in a year’s time.

The Chair of the AC thanked the CER for the work carried out and said that she supported the recommendation to adopt the statement. Council members discussed the approach being recommended and considered that it would be helpful in supporting decision making and managing risk.

**Agreed:** Council agreed to adopt the Risk Management Policy and Risk Management Statement. Council also agreed that the Statement would be reviewed in a year’s time.

Council noted that the Chair of AC’s term ended in June 2019 and the Council Chair confirmed that succession planning for the Committee is being considered.

### AOB

The Chair asked Council members for any feedback on Council meetings. Members commented that the quality and style of the papers had facilitated a clearer focus on key points for consideration. This resulted in a better discussion and stronger assurance.

**Questions from observers**

A question was raised by an observer about whether there was any potential conflict of interest if the GCC was promoting the profession given the need for the GCC, as a regulator, to be impartial. In answer to this, the Chair explained that there was a difference between promoting professionalism versus promoting the profession and that the former was the focus in this area of the GCC.

A second question was asked about whether the GCC had any evidence to suggest
that other back care practitioners who were not on a register were less safe to practise than chiropractors. The CER said that the GCC was not in a position to comment on the safety of practitioners it did not register. However, when a patient sees a registered healthcare practitioner that comes with a set of assurances.

**Date of next meeting: 11 December 2018**
### Actions from September 2018 meeting

<table>
<thead>
<tr>
<th>Action</th>
<th>Person responsible/ date to be completed by (if other than by next Council meeting)</th>
<th>Status</th>
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<tbody>
<tr>
<td><strong>1809-3-1:</strong> The Chair to write a formal thank you note to Ros Hayles.</td>
<td>Chair</td>
<td>completed</td>
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<tr>
<td><strong>1809-3-2:</strong> The GCC to formally extend their thanks to the HCPC for the warm welcome received by the GCC.</td>
<td>CER</td>
<td>completed</td>
</tr>
<tr>
<td><strong>1809-5:</strong> Further analysis of registration number to be provided to Council to provide a clearer picture on movements in registration numbers.</td>
<td>Dir. Education and Registration</td>
<td>An analysis will be compiled and produced following the close of the retention period in order to provide an analysis based on the most recent data.</td>
</tr>
<tr>
<td><strong>1809-6:</strong> Further engagement on the draft strategic objectives should now take place. Draft five year strategy 2019-2023 to be sent to Council in advance of the December Council meeting so that there was further involvement prior to final approval.</td>
<td>CER</td>
<td>completed</td>
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</table>
To: General Chiropractic Council
From: Mary Chapman, Chair of Council
Subject: Chair's report September to December 2018
Date: 11 December 2018

Council is asked to note the contents of this paper.

CER Recruitment

My main focus during this period has been the recruitment of a new permanent Chief Executive and Registrar.

I have written separately and in some detail to Council colleagues to set out the process we have followed. We were able to involve some of the staff in meeting short-listed candidates which added an extra dimension of understanding. Tricia McGregor played a vital role in enthusing prospective candidates who wanted to know more about the GCC and has been a great support to me throughout the process. I am grateful to everyone who contributed either by helping to shape the Candidate Brief, or selecting our Recruitment Agency, or evaluating initial applications, or by participating in one of the selection panels. It is thanks to this shared effort that we have reached a successful conclusion.

While it would be premature to include more information about the selected individual in this report, I shall be able to give an oral update at the Council meeting.

Transformation Programme

As is clear from the agenda for this Council meeting, work continues apace to shape the GCC for the future. I have continued my regular meetings with the Interim CER to review work in progress and to discuss priorities for the strategy and business plan and their financial implications.

Succession Planning for Audit Committee Chair

Following the brief discussion of this matter at the last Council meeting, I gave further consideration to the most suitable arrangements to put in place in anticipation of Liz Qua’s departure during the Spring of 2019 at the completion of her second term of office as a Council Member. I am pleased to confirm that Council unanimously agreed my proposal, circulated by email, that Roger Dunshea should be appointed Chair of the Audit Committee with effect from January 2019. Liz very generously stepped into the Chair during Roger’s appointment as Acting Chair of Council and has continued throughout my time of chairmanship, playing an instrumental role in all the work we have done to review the risk strategy and risk register. While we will have the opportunity in the New Year to show our appreciation for Liz’s huge contribution to the GCC as a whole, I would like to thank her here for all she has done as Chair of the Audit Committee.
Professional Associations Meeting

As described in more detail in the CER’s report, the autumn meeting of the Professional Associations was an important opportunity to develop relationships with the Chairs and Chief Executives of the Associations and the RCC.

Stakeholder Meetings

I have continued my meetings with colleagues from the sector, to deepen my understanding of their different perspectives of the issues the Healthcare professional regulators are facing.

Philip Graf – Incoming Chair of the Nursing and Midwifery Council

Stephen Cohen – Acting Chair of HCPC

Gareth Hadley – Chair of the General Optical Council

Alison White – Chair of the General Osteopathic Council

George Jenkins – Chair, and Alan Clamp – new Chief Executive, of the PSA

Nigel Clarke – Chair of the General Pharmaceutical Council

I attended the farewell event for Harry Cayton, Chief Executive of the PSA, where I met representatives from a number of regulators, including Bill Moyes, Chair of the General Dental Council.

Upcoming Meetings

Tricia and I will be meeting Claire Armstrong of the Department for Health and Social Care as part of our regular engagement with Department officials and specifically to follow up on the consultation outcomes.

We will also meet with Stephen Cohen and Marc Seale of HCPC.

Mary Chapman

Chair
To: The Council, General Chiropractic Council  
From: Tricia McGregor, Interim Chief Executive & Registrar (CER)  
Subject: CER’s Report  
Date: 11th December 2018

Purpose

Council is asked to note the contents of the report.

Introduction

This report summarises key developments in the period since the Council last met. Performance against key performance Indicators and progress against business plan activities are reported separately in the Performance Report.

1. GCC team development

Team development has continued with a workshop for staff to co-design the GCC’s people strategy. The outputs from this work have been discussed at the Remuneration and HR Committee and included in the GCC’s five year strategy.

We have started work on various elements of the strategy and staff are working in small groups to progress this.

2. Professional Standards Authority

Good Standards of Regulation

In June 2018 the PSA issued a second consultation paper on its review of the standards of good regulation. The GCC responded with a number of comments. At its meeting on 21 November, the PSA Board approved the final iteration of the Standards which the Authority will use to assess the performance of regulators from the performance review round beginning in 2020. These were circulated to regulators on 28th November. The consultation paper, the summary of the comments received and the final list of standards are attached in Appendix A, B and C for information.

The Standards are broadly unchanged from the consultation but the PSA has added to some Standards to clarify the meaning. In others, words have been taken out because we felt that they might be interpreted as restricting what we were considering.
The PSA now proposes to refine the evidence base that it will be using and to work to clarify its expectations of the regulators. The PSA states that some of the new Standards may well need refinement in the light of experience and that it recognises that the review round in 2020 may be a transitional year.

The PSA's proposed timetable is as follows:

January 2019 – revised draft evidence base sent to the regulators. Discussions with the regulators around the evidence base and the practicalities; identifying possible pilots

March 2019 – evidence base issued and pilots settled

April 2019 – Sept 2019 – pilots to take place in tandem with the performance reviews.

Oct 2019 – any refinements to the evidence base published.

The PSA does not envisage that the pilots would be published – they would be an opportunity for both the PSA and the regulators to identify any problems with the Standards and the evidence base and to address them. They would, however, share any points that had been identified with other regulators so that there is a common understanding of the approach.

The PSA has said it will be in touch shortly regarding the discussions with the regulators that it envisages for the New Year. We understand there will be a round table towards the end of January, together with meetings with individual regulators if they would find that helpful.

Now that the standards are complete the GCC will carry out a ‘compare and contract’ exercise to fully understand the new requirements and identify where additional development, evidence or performance reporting will be required.

**Duty of Candour**

The PSA is writing a review ‘The Professional duty of candour: Evaluating the progress of professional regulators in embedding professionals’ duty to be candid to patients’. Earlier in the year the GCC provided information regarding its work on supporting chiropractors with the duty of candour. The PSA has now produced a draft report and this has been sent to all regulators for comment. The GCC has submitted comments and we await the final document potentially before Christmas.

**3. Dept. Health and Social Care**

**Whistleblowing Prescribed Persons’ Duty**

The GCC is the prescribed person/body for whistleblowing in relation to registration and fitness to practise issues for chiropractors. A summary of the guidance in relation to whistleblowing and prescribed persons/bodies is attached in Appendix D. The GCC has a legal duty to produce an annual report on any disclosures it has received in its role as a prescribed body. All nine healthcare regulators worked together to produce a helpful combined report. This is attached in Appendix E.
4. Development work

**GCC development**

Our development work continues at pace and includes:

- Continuing work on culture, engagement and HR (see above)
- The IT review is complete. We are progressing the actions including a refreshed contract with our IT supplier and work to upgrade our registrations database. We have finalized our statement of requirements for the database the current provider has assessed the upgrade offer against these standards. The next stage is to receive a demonstration of the upgrade and this is scheduled for 17th December.
- The communications and engagement review is completed and a number of immediate actions are being implemented. These include two new style newsletters (separate newsletters for registrants and stakeholders to better meet the needs of each), standardised templates for our suite of publications and a refreshed visual identity. We hope to send out the first new newsletters before Christmas.
- Business process reviews on all aspects of the GCC’s work are complete and have been signed off by staff. Staff have now commenced the ‘to be’ processes for three major areas - FtP, Registrations and CPD and all have identified room for significant improvements. These three areas have been identified as priorities by staff, professional associations and registrants and the ongoing work to develop and agree new approaches forms part of the 2019 business plan.
- Financial review and strategy work has continued, working collaboratively with staff and taking into account the emerging strategy.

**Engagement with the professional bodies**

On October 10th we held a workshop with all the professional bodies. We worked collectively to comment on, and refine, the GCC strategy. We focused particularly on the role of the GCC in developing the profession and the facilitative function we can play in this area. We discussed and debated the challenges faced and how we might turn shared aspirations into early wins on some small projects.

We agreed actions on three areas where we could work together immediately:

- HSE contacted the GCC to indicate it would be running an inspection programme regarding Ionising Radiation Regulations 2017 (IRR17). The HSE wished to engage with the profession and the GCC therefore invited the HSE to join the meeting on 10th October. His was a very helpful session and we agreed to communicate with all our members and registrants across the GCC with one document providing common advice. We successfully did this creating a multi-logo information sheet that was issued from all organisations on the same day offering advice and where to go for extra help.
- We agreed to work on some advice requested by a private healthcare insurer on describing chiropractic care for their information brochures. This work is ongoing.
• We agreed to look at starting to collate the work currently being done in the profession on evidence and research.

Since the meeting we have maintained regular contact with each other and our collaboration has been further strengthened by the GCC attending all the conferences.

5. Test of Competence (TOC)

The results of the September test were two passes and two insufficient evidence, one of which has subsequently submitted evidence resulting in a pass.

6. Education Programmes

We are continuing to support the emerging programmes in Scotland and one in Teesside University. A meeting is planned with the team from Teesside on 12th December.

7. Conferences and events

World Federation of Chiropractic and Association of Chiropractic Colleges 10th Chiropractic Education Conference

Penny Bance attended, and presented at, the World Federation of Chiropractic and Association of Chiropractic Colleges 10th Chiropractic Education Conference (24th – 27th October 2018). It was a packed three days of plenary sessions, research and poster presentations, workshops and discussion panels. This was the best attended Chiropractic Education Conference that has been held - the most schools represented, the most abstracts submitted, the largest number of attendees ever, and a sold out exhibition. In line with their #BeEPIC campaign, speaker after speaker emphasized evidence-based, patient-centred, inter-professional and collaborative approaches to chiropractic education. Attendees included students, educators, academics, researchers and association leaders from every one of the WFC’s seven regions. The theme was ‘Empowered to Teach, Inspired To Learn: Creating Excellence In Chiropractic Education’. Penny’s presentation was about CPD as part of a session on Lifelong Learning.
A review of the Standards of Good Regulation
Consultation paper
June 2018
About the Professional Standards Authority

The Professional Standards Authority for Health and Social Care 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 body, accountable to the UK Parliament.

We oversee the work of nine statutory bodies that regulate health professionals in the UK and social workers in England. We review the regulators’ performance and audit and scrutinise their decisions about whether people on their registers are fit to practise. We also set standards for organisations holding voluntary registers for people in unregulated health and care occupations and accredit those organisations that meet our standards.

To encourage improvement, we share good practice and knowledge, conduct research and introduce new ideas including our concept of right-touch regulation.1 We monitor policy developments in the UK and internationally and provide advice to governments and others on matters relating to people working in health and care. We also undertake some international commissions to extend our understanding of regulation and to promote safety in the mobility of the health and care workforce. We are committed to being independent, impartial, fair, accessible and consistent.

More information about our work and the approach we take is available at www.professionalstandards.org.uk.

Our aims

The Authority aims to promote the health, safety and wellbeing of patients and other members of the public and to be a strong, independent voice for patients in the regulation of health professionals throughout the UK.

Our values

Our values act as a framework for our decision-making. They are at the heart of who we are and how we would like to be seen by our partners. We are committed to being:

- Focused on the public interest
- Independent
- Fair
- Transparent
- Proportionate.

1 The Professional Standards Authority for Health and Social Care was previously known as the Council for Healthcare Regulatory Excellence.

Right-touch regulation

Right-touch regulation means always asking what risk we are trying to regulate, being proportionate and targeted in regulating that risk or finding ways other than regulation to promote good practice and high-quality healthcare. Right-touch regulation means using the minimum regulatory force required to achieve the desired result.

The proposals contained within this consultation are based on the principles of right-touch regulation as set out below:

- Identify the problem before the solution
- Quantify the risks
- Get as close to the problem as possible
- Focus on the outcome
- Use regulation only when necessary
- Keep it simple
- Check for unintended consequences
- Review and respond to change.
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Chief Executive’s foreword

Last year we began an exercise to review our Standards of Good Regulation. These are the Standards that we use to assess and report on the performance of the nine regulators that we oversee. The present Standards have been in place since 2010 and regulatory practice has moved on significantly since then. We wanted to make sure they were up-to-date.

We received 29 responses to the first consultation and held a number of events to discuss individual aspects of our proposals. We are grateful to all those who contributed to this exercise. As a result of this, we were able to take a view about the best way forward. I am pleased that we have reduced the number of Standards that we will apply to the regulators without compromising on the quality of our work or our ability to assess their performance. We have achieved what we hope will be a more flexible approach.

We are now consulting on the detailed wording of the Standards and the evidence that we will need to assess whether regulators are meeting them or not. This is the second stage of our work and is crucial if the new Standards are to be implemented successfully.

I very much hope that all of those who have contributed to our work so far will be able to assist us in continuing this work so that our Standards will be relevant and helpful to both the regulators and to the public.

Harry Cayton
Chief Executive
1. **Background to this consultation**

   **Introduction**

1.1 The Standards of Good Regulation are the tool that the Authority uses to report on the performance of the nine regulators that we oversee. We are required to report to Parliament on how each of the regulatory bodies has complied with its duties to promote the health, safety and wellbeing of patients.

1.2 In order to comply with this duty, we undertake annual performance reviews of each regulator. Those reviews assess performance against each of the Standards.

1.3 The present Standards have been in place since 2010 and, in 2017, the Authority decided to review them to ensure that they remained appropriate given the changes in regulatory practice in the meantime. Our principal concerns were:

   • The Standards were based on the individual activities of the regulators – standard-setting, education, registration and fitness to practise – and did not assess other areas, such as effective governance or equality and diversity, which could affect performance
   • The Standards were repetitious in places
   • The concentration on individual activities could mean that the Authority concentrated less on the wider performance of the regulators
   • Regulatory practice had developed but this was not reflected in the existing Standards.

1.4 In June 2017, we undertook a consultation on potential changes to the Standards. The consultation considered the following areas:

   • What areas of the regulators’ work should be considered in the revised Standards
   • Whether new Standards should be adopted
   • Whether the Standards should be rationalised to remove some areas of duplication or where Standards may no longer be necessary or useful
   • Whether the presentation of the Standards should be changed
   • Whether the ‘met/not met’ approach to assessing performance against the Standards remained appropriate.

1.5 As part of the consultation exercise, we held meetings with the regulators and others to discuss the various aspects of the Standards. We received 29 responses to the consultation. Our summary of these is available on our website. In the light of these responses, we reached a view on the most appropriate way forward.

1.6 We decided that:

   • While the Standards should continue to assess the key activities of the regulators, there was scope for rationalisation
• A Standard based on governance was not appropriate, but the Standards should consider some aspects of governance
• There should be a new Standard in respect of equality and diversity
• We should use our Principles of Good Regulation in informing our approach to assessing performance
• The ‘met/not met’ approach should be retained, with a clear narrative for each Standard on whether performance is declining or improving.

1.7 The draft Standards discussed in the next section have been developed following these decisions. We now seek views on:
• The detailed wording of the Standards
• The evidence that we should consider in assessing those Standards
• The implementation of the Standards.

1.8 We would be grateful to receive responses by Monday 10 September 2018. We will then analyse the responses and consider whether any of our proposals should change. We will publish a summary of the results of the consultation. We aim to publish the new standards in the autumn of 2018.
2. The revised Standards and Evidence

2.1 We now discuss our proposed revised Standards. We are keen to ensure that the Standards are flexible enough to enable regulators to innovate, while maintaining key aspects of transparency and public protection.

2.2 We propose to adopt five groups of Standards instead of the existing four, but to reduce the number of Standards within each group. The groups are:

- General Standards which cover those elements of the regulators’ governance and behaviours that affect performance, together with activities which cross the range of the regulators’ functions and which subsume a number of the individual standards
- Standards covering the regulators’ work in respect of standards and guidance for the registrants
- Standards covering the regulators’ work in respect of Education and Training
- Standards covering the regulators’ work in respect of registration
- Standards covering the regulators’ work in respect of fitness to practise.

2.3 We set out at Annex B the evidence framework document to support the revised Standards. This document sets out some of the factors we will take into account when making our assessment as to whether a regulator is meeting the Standards, as well as providing examples of evidence that regulators could provide to show how they meet the Standards.

2.4 The examples are not intended to be exhaustive, and because the regulators operate within different contexts, the relevance of different types of evidence will vary from regulator to regulator. For that reason, we have not prescribed how each regulator can demonstrate that they are meeting each Standard.

2.5 We are keen to ensure that the evidence we seek is proportionate and will enable regulators to demonstrate that the Standard is being met.

**General Standards**

2.6 We have developed five new Standards that relate to all aspects of how the regulator delivers its regulatory functions. These Standards are as follows

<table>
<thead>
<tr>
<th>Standard One</th>
<th>The regulator provides accurate, easily accessible information about its registrants, regulatory requirements, guidance, processes and decisions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Two</td>
<td>The regulator is clear about its purpose and ensures that its policies are applied appropriately across all its functions and that relevant learning from one area is applied to others.</td>
</tr>
</tbody>
</table>
2.7 The intention of these new Standards is to set out our expectations of the regulator across all of its activities. We will examine all aspects of the regulator's work in order to assess whether the Standards are met.

2.8 Previously, elements of these Standards were included in each of the four areas. This led to some duplication, which these general Standards aim to remove. We describe the purpose of these Standards below.

**Standard 1**: The regulator provides accurate, easily accessible information about its registrants, regulatory requirements, guidance, processes and decisions.

2.9 This Standard covers matters such as the register itself, information about qualification routes, professional standards and about fitness to practise decisions. It is not intended, at this stage, to impose higher expectations. We would expect to evidence this through examination of the regulators' websites and other public material.

**Standard 2**: The regulator is clear about its purpose and ensures that its policies are applied appropriately across all its functions and that relevant learning from one area is applied to others.

2.10 This Standard is new. We want to examine:

- Whether the regulator is maintaining its focus on its key purpose of protecting the public when deciding on its activities
- How it implements policies consistently across its activities, so that, for example, new standards are reflected in its approach to fitness to practise cases and continuing fitness to practise
- Whether it applies learning in considering new guidance or new training requirements.
2.11 We expect to assess this Standard by looking at the documents considered by the regulator’s council, together with evidence that we can see from, for example, the fitness to practise cases that we examine or from feedback from third parties. Regulators will be welcome to provide information themselves which is not publicly available which demonstrates how they meet the Standards.

Standard 3: The regulator understands the diversity of the registrant population and those registrants’ service users and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.

2.12 This is a new Standard. We recognise that each regulator faces different issues in respect of diversity. Many of these are outside of its control. However, we consider that the regulator ought to be aware of the diversity of its registrants and aware of the particular needs of particular groups of their patients or service users. We would expect regulators to examine their processes and outcomes to establish whether or not there is evidence that might suggest that some individuals with protected characteristics are disadvantaged by any aspect of its rules or processes. We would expect the regulator to consider how it can address those matters which are within its control and whether it can take action to ensure that it does not make problems which are outside its control worse. We would expect to see the evidence of this from the general statistics on diversity produced by the regulator, from its Council papers (particularly impact assessments) and, where appropriate, from changes to its processes and procedures.

2.13 In our discussions with regulators, the question was raised about whether the Standards should go further and test the regulators’ performance of all their duties under the Equalities Act, for example, the duty to promote diversity. We considered that it was inappropriate for the Standards to extend this far at this stage. This is because the Equality and Human Rights Commission has this remit and it is not for us to step into its shoes if there are concerns about the wider issues of diversity. In our view, our first steps should be to examine the areas where there are key concerns about fairness and public protection.

Standard 4: The regulator reports on its performance and addresses concerns identified about it.

2.14 This is a new Standard and seeks to encourage regulators and their councils to be transparent and to address concerns about their performance directly. It is important that regulators should monitor their performance and take action to address concerns at an early stage. It assists transparency if they are publicly seen to do this. We would expect to see councils seeing reports on performance, audit reports and the Authority’s own performance reviews and addressing any information that suggests a decline. We would expect it also to be aware of and address concerns from third parties, such as the Information Commissioner, other regulators or the courts.

2.15 We expect to assess this Standard by considering information provided to councils and assessing how councils address it.
**Standard 5**: The regulator consults and works with employers, regulators and other stakeholders across all its functions to identify and manage risks to the public in respect of its registrants.

2.16 In this Standard we seek to assess how far regulators are, in practice, working with others. The modern environment in health care requires regulators to work with employers and other regulators to address issues at the earliest possible stage. We expect this to cover all areas of the regulators’ work so that standards and education requirements are informed by information from employers and others, and fitness to practise processes take full account of information from employers and, where appropriate, involve employers.

2.17 In assessing performance against this Standard, we would look at the regulator’s approach to consultations, protocols with other regulators and third parties and how these work in practice. Regulators may well find it helpful to produce their own statements of their practice in these areas to demonstrate how they approach this Standard.

**Questions**

1. Do the new Standards appropriately reflect the areas the Authority should be considering across the regulators’ functions?
2. Is any of the wording of the general Standards unclear or inappropriate? Please suggest changes.
3. Do you anticipate any particular difficulties for regulators in providing evidence to demonstrate performance against the general Standards?
4. Are there particular points about the general Standards where you would welcome further clarity?

**Professional standards and guidance**

2.18 We have reduced the number of Standards in this area from four to two. The draft Standards are as follows:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Six</td>
<td>The regulator maintains up-to-date standards of conduct and competence which are kept under review and prioritise patient and service user centred care and safety.</td>
</tr>
<tr>
<td>Standard Seven</td>
<td>The regulator provides guidance to help registrants apply the Standards and ensures this guidance is up to date, addresses new and developing areas of practice, and prioritises patient and service user centred care and safety.</td>
</tr>
</tbody>
</table>
2.19 These Standards rationalise the previous four Standards and retain the focus on the regulator providing registrants and others with information so that they can understand what is expected of them, and review these expectations in light of changes to the environment. We would expect to examine similar evidence to that for the equivalent existing Standards. We also propose to seek more targeted information from third parties – for example, employers, academics and other regulators – so that we can be sure that the regulator’s standards remain up-to-date.

2.20 It has been suggested that the words ‘patient and service user centred care and safety’ are cumbersome and that it might be appropriate to replace this with the statutory objective of ensuring patient safety, maintaining professional standards and maintaining public confidence. Others have argued that the present wording focuses on the core purpose of the Authority in concentrating on the interests of patients and services users, but we welcome views on this.

Questions
5. Do the revised Standards governing standards and guidance appropriately reflect the outcomes of this area of the regulators’ work?
6. Does the reference to ‘patient and service user centred care and safety’ remain appropriate? What other words would you suggest?
7. Do you have any views about the evidence requirements in respect of the Standards about standards and guidance?

Education and training
2.21 We have reduced the number of Standards in this area from four to two. The draft Standards are as follows:

<table>
<thead>
<tr>
<th>Standard Eight</th>
<th>The regulator maintains up-to-date standards for education and training which are kept under review, and prioritise patient and service user centred care and safety.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Nine</td>
<td>The regulator has a proportionate and transparent mechanism for assuring that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator’s requirements for registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.</td>
</tr>
</tbody>
</table>
2.22 These Standards rationalise the previous four Standards in this area. As with the previous Standards, focus is retained on the two aspects of the education function; development and maintenance of standards for training, and the quality assurance of the programmes and places that provide training to potential registrants. We have also included an explicit element taken from the Francis Report into the concerns at Mid-Staffordshire, that there is a role for students in identifying poor practice.

2.23 In assessing whether the regulators meet these Standards, we would expect to look at similar evidence to our current requirements. We will, however, seek additional information from third parties as described in paragraph 2.16.

Questions
8. Do the revised Standards in respect of education and training appropriately reflect the outcomes of this area of the regulators’ work?
9. Are there other aspects in respect of education and training work which ought to be included?
10. Do you have any views about the evidence requirements in respect of the Standards about education and training?

Registration and continuing fitness to practise

2.24 We have reduced the number of registration Standards from six to four. The proposed Standards are as follows:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Ten</td>
<td>The regulator maintains and publishes an accurate register of those who meet its requirements including any restrictions on their practice.</td>
</tr>
<tr>
<td>Standard Eleven</td>
<td>The process for registration, including appeals, operates proportionately, fairly and efficiently, with decisions clearly explained.</td>
</tr>
<tr>
<td>Standard Twelve</td>
<td>Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk-based manner.</td>
</tr>
<tr>
<td>Standard Thirteen</td>
<td>The regulator has proportionate requirements to satisfy itself that registrants continue to be fit to practise.</td>
</tr>
</tbody>
</table>

2.25 These Standards have been reduced to remove duplication, with some aspects of the previous Standards moved to the general Standards. We
recognise that some regulators also have roles in respect of businesses. Although this is not explicitly mentioned in the Standards, we would expect, in particular, Standards 10 and 13 to cover the regulators' work in respect of businesses, though we would be grateful for views as to whether more explicit wording is needed here. We do not expect to expand the existing evidence base in respect of these Standards.

2.26 We have retained a separate Standard (Standard Twelve) to consider how the regulator deals with issues of illegal or unregistered practice, as well as protection of title matters. We recognise that this problem does not apply to all regulators and that the approach taken by others will vary. We will be seeking to assess whether the regulator has a policy for dealing with this issue, that it concentrates on public safety and is followed. We would expect to see similar evidence to that provided by the regulators under the equivalent existing Standard.

2.27 We have revised the drafting of the Standard relating to continuing fitness to practise. We have deliberately drafted this Standard widely. We do not consider that there is a consensus on how to ensure continuing fitness to practise and we do not wish to limit regulators’ approaches in this area. We seek views, however, on whether it is too wide and whether there should be some explicit link to public protection and patient safety. As part of the evidence supporting this, we would expect to see regulators regularly reviewing the proportionality and effectiveness of their requirements.

Questions

11. Do the revised Standards about registration and continuing fitness to practise appropriately reflect the outcomes in this area of the regulators’ work?

12. Are there other aspects in respect of registration and continuing fitness to practise which ought to be included?

13. Does Standard Thirteen provide an appropriate level of protection for the public while ensuring that regulators have the flexibility to develop arrangements which are suitable for their registrants and service users?

14. Do you have any views about the evidence requirements in respect of the Standards about registration and continuing fitness to practise?

Fitness to practise

2.28 We have reduced the number of Standards in this area from ten to five. The proposed Standards are below:

| Standard Fourteen | The regulator enables anyone to raise a concern about a registrant. |
Standard Fifteen

The regulator’s process for examining and investigating cases is proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that the best available evidence is considered for decisions at each stage of the process.

Standard Sixteen

The regulator ensures that all decisions are made in accordance with its processes, are proportionate, consistent and fair, take account of the statutory objectives, the regulator’s standards and the relevant case law and prioritise patient and service user safety.

Standard Seventeen

The regulator identifies and prioritises all cases which suggest a serious risk to the safety of patients or service users and seeks interim orders where appropriate.

Standard Eighteen

All parties to a complaint are kept updated on the progress of their case and supported to participate effectively in the process.

2.29 These Standards continue to focus on outcomes relating to the various aspects of fitness to practise, including risk management, timeliness, decision-making, and communication with the parties. We have rationalised the Standards to remove duplication, as well as moving some aspects into the general Standards. In particular, the old Standard relating to information breaches will now be considered as part of the regulator’s general approach to concerns about its performance. The aim of the Standards is to be flexible so that regulators can innovate where they wish to do so.

2.30 Standard Fifteen aims to cover all aspects of the investigation of complaints and referrals, including the initial consideration of information or a complaint even if formal action is not taken. As regulators are increasingly delegating decisions about such matters to lower levels, it is important that the process ensures that important concerns are not missed.

2.31 Standard Sixteen is intended to cover all decisions, including those to progress complaints, those made by committees and case examiners as well as those of panels.

2.32 We do not expect the evidence that we require to assess performance in respect of these Standards to differ from the evidence required in respect of the existing Standards.
Questions
15. Do the revised Standards appropriately reflect the outcomes of the fitness to
practise area of the regulators’ work?
16. Are there other aspects of fitness to practise work which ought to be included?
17. Are the Standards appropriately flexible to enable regulators to adapt their
fitness to practise processes where necessary?
18. Do you have any views about the evidence requirements in respect of the
Standards about fitness to practise?
3. Measuring performance and implementation

Measuring Performance

3.1 In our consultation paper we invited views on whether the present ‘met/not met’ approach to performance was appropriate. We were keen to balance the need to provide a clear statement of the regulator’s performance while ensuring that the picture reflects all aspects of that performance. Frequently the question is not clear cut: a regulator may well fail a Standard despite having made improvements over the year or may meet a Standard despite a decline in performance. We were concerned that the simple ‘met/not met’ approach might mean that nuances of that sort were not properly reflected and that a more graduated approach might be appropriate.

3.2 Having considered the question carefully, our view is that the existing approach is the most satisfactory one. We considered that, in fact, it was possible to identify declining and improving performance in our discussion in the review and that there is a public benefit in being clear about our assessment of whether a Standard is met or not.

3.3 We propose therefore to retain the ‘met/not met’ approach.

Implementing the new Standards

3.4 We propose to decide on the new Standards and evidence base in the autumn of 2018. We expect to report on regulators’ performance against those Standards in our performance reviews from January 2020. We believe that this will give the regulators enough time to prepare the different information and evidence that we will require to assess their performance.

3.5 We recognise that some of the new Standards may require new forms of data collection and reporting. We will take this into account in our initial assessment of the Standard.

3.6 We will invite some regulators to work with us in piloting some of the new Standards in the 2019 performance review round. This would have the advantage of enabling the Authority and the regulators to identify any concerns or problems and address them before the new Standards come into full effect.

Questions

19. Do you have any concerns about our proposal to implement the new Standards in the performance reviews beginning in 2020?

20. Would you support a pilot process in 2019? If you are a regulator, would you be willing to take part in the pilot?
4. Impact assessment of the proposals

4.1 We discussed the impact of the proposals in our previous consultation paper. We were and are keen to ensure that we understand any impact or burden that our proposals are likely to create so that we can consider any changes that may be appropriate.

4.2 Our initial view was:
- The regulators may find an initial burden in developing ways of addressing the new Standards and there may be an additional continuing burden in providing information that has not been previously required. However, we think that it is unlikely that the additional burden will be great, particularly as there has been an overall reduction in the number of Standards and have recently reduced some of our information requirements.
- We expect to deliver our parts of this work within our existing resources.

4.3 The responses to the consultation paper did not suggest that there were any concerns about this assessment, though regulators and others were keen to point out the importance of this ensuring that the burden of supplying information was kept as low as possible. We would be grateful for thoughts on the likely impact of the detailed proposals set out in this paper.

4.4 We also considered whether there are significant equality and diversity implications, either positive or negative, for our stakeholders. We have not identified any significant negative equality or diversity implications from our proposals and expect there to be a positive benefit for patients, service-users and the public by the improved scrutiny of regulators that updated Standards will provide. Indeed, if diversity is included within our Standards, we would expect some positive impacts.

4.5 No comments were received from the consultation which cast doubt on this view, but we continue to welcome any feedback to ensure we consider all relevant issues. We would welcome any comments about the impact that these proposals will have.

Questions

21 Do you have any evidence about the impact of these proposals on the regulators and any likely increase or decrease in the burden on them?

22 Are there any aspects of these proposals that you feel could result in differential treatment of, or impact on, groups or individuals based on the following characteristics as defined under the Equality Act 2010:
- Age
- Gender reassignment
- Ethnicity
- Disability
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation
- Other (please specify).

If yes to any of the above, please explain why and what could be done to change this.
5. Consultation questions

Summary of questions

5.1 We set out below our summary of the questions asked in this consultation paper.

1. Do these new Standards appropriately reflect the areas the Authority should be considering across the regulators’ functions?
2. Is any of the wording of the general Standards unclear or inappropriate? Please suggest changes.
3. Do you anticipate any particular difficulties for regulators in providing evidence to demonstrate performance against the general Standards?
4. Are there particular points about the general Standards where you would welcome further clarity?
5. Do the revised Standards governing standards and guidance appropriately reflect the outcomes of this area of the regulators’ work?
6. Does the reference to ‘patient and service user centred care and safety’ remain appropriate? What other words would you suggest?
7. Do you have any views about the evidence requirements in respect of the Standards about standards and guidance?
8. Do the revised Standards in respect of education and training appropriately reflect the outcomes of this area of the regulators’ work?
9. Are there other aspects in respect of education and training work which ought to be included?
10. Do you have any views about the evidence requirements in respect of the Standards about education and training?
11. Do the revised Standards about registration and continuing fitness to practise appropriately reflect the outcomes in this area of the regulators’ work?
12. Are there other aspects in respect of registration and continuing fitness to practise which ought to be included?
13. Does Standard Thirteen provide an appropriate level of protection for the public while ensuring that regulators have the flexibility to develop arrangements which are suitable for their registrants and service users?
14. Do you have any views about the evidence requirements in respect of the Standards about registration and continuing fitness to practise?
15. Do the revised Standards appropriately reflect the outcomes of the fitness to practise area of the regulators’ work?
16. Are there other aspects of fitness to practise work which ought to be included?
17. Are the Standards appropriately flexible to enable regulators to adapt their fitness to practise processes where necessary?
18. Do you have any views about the evidence requirements in respect of the Standards about fitness to practise?
19. Do you have any concerns about our proposal to implement the new Standards in the performance reviews beginning in 2020?

20. Would you support a pilot process in 2019? If you are a regulator, would you be willing to take part in the pilot?

21. Do you have any evidence about the impact of these proposals on the regulators and any likely increase or decrease in the burden on them?

22. Are there any aspects of these proposals that you feel could result in differential treatment of, or impact on, groups or individuals based on the following characteristics as defined under the Equality Act 2010:
   • Age
   • Gender reassignment
   • Ethnicity
   • Disability
   • Pregnancy and maternity
   • Race
   • Religion or belief
   • Sex
   • Sexual orientation
   • Other (please specify)

   If yes to any of the above, please explain why and what could be done to change this.

How to respond

5.2 You can respond to this consultation paper by emailing: david.martin@professionalstandards.org.uk, or by post to David Martin Professional Standards Authority 157-197 Buckingham Palace Road London SW1W 9SP

5.3 If you have any queries, or require an accessible version of this document, please contact us on 020 7389 8030 or by email at david.martin@professionalstandards.org.uk

5.4 Please return your response to us by 10 September 2018.
Confidentiality of information

5.5 We will manage the information you provide in response to this discussion paper in accordance with our information security policies which can be found on our website (www.professionalstandards.org.uk).

5.6 Any information we receive, including personal information, may be published or disclosed in accordance with the access to information regimes (primarily the Freedom of Information Act 2000 (FOIA) the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).

5.7 If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information you have provided as confidential.

5.8 If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality will be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Authority.

5.9 We will process your personal data in accordance with the DPA and in most circumstances, this will mean that your personal data will not be disclosed to third parties.
6. Our consultation process

6.1 Our consultation process is based on the current Cabinet Office principles on public consultation, *Consultation principles: guidance.*[^3] When conducting public consultations on aspects of the Authority’s work we aim to:

- Be clear about both the consultation process and what is being proposed. This gives respondents the opportunity to influence our thinking and consider the advantages and disadvantages of our proposals.
- Consult formally at a stage where there is scope to influence the policy in order that consultations have a purpose.
- Give enough information to ensure that those being consulted understand the issues and can provide informed responses. We include assessments of costs and benefits of the options considered.
- Seek collective agreement before publishing a written consultation particularly when consulting on the new proposals.
- Consult for a proportionate amount of time, taking a judgement based on the nature and impact of the proposals. Consulting for too long will unnecessarily delay policy development and consulting too quickly will not give enough time for consideration and will reduce the quality of responses.
- Ensure our consultation is targeted to consider the full range of stakeholders, bodies and individuals affected by the policy and include relevant representative groups. Consider targeting specific groups if necessary.
- Consider consultation as an ongoing process, not just about formal documents and responses.
- Analyse responses carefully and explain the responses received and how they have informed the policy. Give clear feedback to participants following the consultation. Publish responses to the consultation within 12 weeks or explain why that it is not possible.
- Allow appropriate time between closing the consultation and implementing the policy.

6.2 If you have concerns or comments which you would like to make relating specifically to the consultation process itself, please contact us:

Christine Braithwaite, Director of Standards and Policy
Professional Standards Authority
157-197 Buckingham Palace Road
London SW1W 9SP
Tel: 020 7389 8030 | Fax: 020 7389 8040
christine.braithwaite@professionalstandards.org.uk

## Annex A – the proposed 2018 Standards of Good Regulation

### General Standards

<table>
<thead>
<tr>
<th>Standard</th>
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<tbody>
<tr>
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<td><strong>Standard two</strong></td>
<td>The regulator is clear about its purpose and ensures that its policies are applied appropriately across all its functions and that relevant learning from one area is applied to others.</td>
</tr>
<tr>
<td><strong>Standard three</strong></td>
<td>The regulator understands the diversity of the registrant population and its service users and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.</td>
</tr>
<tr>
<td><strong>Standard four</strong></td>
<td>The regulator reports on its performance and addresses concerns identified about it.</td>
</tr>
</tbody>
</table>
| **Standard five** | The regulator consults and works with employers, regulators and other stakeholders across all its functions to identify and manage risks to the public in respect of its registrants.  
6.3 |

### Guidance and Standards

<table>
<thead>
<tr>
<th>Standard</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard six</strong></td>
<td>The regulator maintains up-to-date standards of conduct and competence which are kept under review and prioritise patient and service user centred care and safety.</td>
</tr>
<tr>
<td><strong>Standard seven</strong></td>
<td>The regulator provides guidance to help registrants apply the Standards and ensures this guidance is up-to-date, addresses new and developing areas of practice, and prioritises patient and service user centred care and safety.</td>
</tr>
</tbody>
</table>

### Education and Training

<table>
<thead>
<tr>
<th>Standard</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard eight</strong></td>
<td>The regulator maintains up-to-date standards for education and training which are kept under review, and prioritise patient and service user care and safety.</td>
</tr>
<tr>
<td><strong>Standard nine</strong></td>
<td>The regulator has a proportionate and transparent mechanism for assuring that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator’s requirements for registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.</td>
</tr>
</tbody>
</table>
### Registration and Continuing Fitness to Practise

<table>
<thead>
<tr>
<th>Standard</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ten</td>
<td>The regulator maintains and publishes an accurate register of those who meet its requirements including any restrictions on their practice.</td>
</tr>
<tr>
<td>eleven</td>
<td>The process for registration, including appeals, operates proportionately, fairly and efficiently, with decisions clearly explained.</td>
</tr>
<tr>
<td>twelve</td>
<td>Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk-based manner.</td>
</tr>
<tr>
<td>thirteen</td>
<td>The regulator has proportionate requirements to satisfy itself that registrants continue to be fit to practise.</td>
</tr>
</tbody>
</table>

### Fitness to Practise

<table>
<thead>
<tr>
<th>Standard</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>fourteen</td>
<td>The regulator enables anyone to raise a concern about a registrant.</td>
</tr>
<tr>
<td>fifteen</td>
<td>The regulator’s process for examining and investigating cases is proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that the best available evidence is considered for decisions at each stage of the process.</td>
</tr>
<tr>
<td>sixteen</td>
<td>The regulator ensures that all decisions are made in accordance with its processes, are proportionate, consistent and fair, take account of the statutory objectives, the regulator’s standards and the relevant case law and prioritise patient and service user safety.</td>
</tr>
<tr>
<td>seventeen</td>
<td>The regulator identifies and prioritises all cases which suggest a serious risk to the safety of patients or service uses and seeks interim orders where appropriate.</td>
</tr>
<tr>
<td>eighteen</td>
<td>All parties to a complaint are kept updated on the progress of their case and supported to participate effectively in the process.</td>
</tr>
</tbody>
</table>
Annex B – the evidence base

The Standards of Good Regulation (the Standards) describe the outcomes of good regulation for each of the regulator’s regulatory functions, as well as across all aspects of their regulatory work. The Standards prioritise the core role of regulators in:

- Protecting patients and reducing harms
- Promoting professional standards
- Maintaining public confidence in the professions.

The Standards are informed by the Authority’s principles of good regulation which state that regulators should act in a way which is:

- Proportionate
- Consistent
- Targeted
- Transparent
- Accountable and
- Agile.

The table below sets out some of the factors that we take into account when assessing whether a regulator is meeting the Standards, as well as providing examples of evidence that regulators may use to demonstrate their performance against each Standard. The examples are not meant to be exhaustive, and because the regulators operate within different contexts, the relevance of different types of evidence will vary from regulator to regulator. For that reason, we do not prescribe how each regulator can demonstrate that they are meeting each Standard.

Further information on the Standards and how they help us oversee the work of the health and care regulators, can be found on website at www.professionalstandards.org.uk
## General Standards

<table>
<thead>
<tr>
<th>Factors to consider</th>
<th>Possible evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard One</strong></td>
<td></td>
</tr>
<tr>
<td>The regulator provides accurate, fully accessible information about its registrants, regulatory requirements, guidance, processes and decisions.</td>
<td>• Information on availability and accessibility of information about regulatory activities, distribution plan to stakeholders, availability in other formats/languages, Plain English campaign certification</td>
</tr>
<tr>
<td>• The regulator ensures that it provides easily accessible information about its regulatory activities to all who need to access it</td>
<td>• Evidence that feedback from users about accessibility of the register is regularly gathered and reviewed</td>
</tr>
<tr>
<td>• The regulator displays information about its registrants clearly and accurately, in a way that is helpful to those who need to access it</td>
<td>• Documents and guidance for staff on what information is publicly available, and what should not be disclosed, and any disclosure policies and guidance</td>
</tr>
<tr>
<td>• the regulator regularly reviews its information to ensure it remains up-to-date and useful to those who access it</td>
<td></td>
</tr>
<tr>
<td><strong>Standard Two</strong></td>
<td></td>
</tr>
<tr>
<td>The regulator is clear about its purpose and ensures that its policies are applied appropriately across all its functions and that relevant learning from one area is applied to others.</td>
<td>• Links between FTP and Registration to ensure that registrants remain appropriately registered.</td>
</tr>
<tr>
<td>• The regulator clearly articulates its purpose, and can demonstrate that all its activities are undertaken to support this</td>
<td>• Explanation of how the register is updated with FTP information</td>
</tr>
<tr>
<td>• The regulator can demonstrate how the outcomes of its work in one area is, where appropriate, used to inform and improve outcomes in other activities it undertakes</td>
<td>• The regulator has a clear mission, and articulates how this relates to its statutory purpose as set out in its legislation</td>
</tr>
<tr>
<td><strong>Standard Three</strong></td>
<td></td>
</tr>
<tr>
<td>The regulator understands the diversity of the registrant population and its service users and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.</td>
<td>• Evidence about how the regulator embeds new standards or processes across its functions</td>
</tr>
<tr>
<td>• All of the regulator’s processes and guidance are demonstrably fair, and regularly reviewed to ensure that they continue to be so</td>
<td>• Details of how the regulator ensures that its processes are free from bias, including data collection methods and other processes that ensure fairness and objectivity</td>
</tr>
<tr>
<td>• The regulator understands and complies with its responsibilities in relation to equality and diversity, and where appropriate reports on its activities in this area</td>
<td>• Information available to and collected by the regulator about registrants</td>
</tr>
<tr>
<td></td>
<td>• Research or other activities undertaken by the regulator to inform itself about issues relevant to diversity</td>
</tr>
<tr>
<td></td>
<td>• Actions taken by the regulator to address concerns about its processes</td>
</tr>
</tbody>
</table>
### Standard Four
The regulator reports on its performance and addresses concerns identified about it.

- The regulator has a transparent, easily accessible process for concerns to be raised about its performance by anyone who engages with its work.
- The regulator regularly ensures that information about its performance is made available, and that it explains changes to that performance.

- Papers and information to Council about the regulator’s performance
- Details of processes for informing Council of concerns
- Annual reports and other publicly available information demonstrating transparency

### Standard Five
The regulator consults and works with employers, regulators and other stakeholders across all its functions to identify and manage risks to the public in respect of its registrants.

- The regulator understands the environment in which it works, and has well developed relationships with organisations that influence its work, or the activities of those on its register.
- The regulator shares information with other organisations in order to ensure that risks posed by those on its register are appropriately managed.
- The regulator gathers and uses information from other organisations to manage any risks arising from the information posed by those on its register.

- Information on stakeholders’ feedback about the efficacy of the engagement process around the revision/development of standards and guidance

### Guidance and Standards

<table>
<thead>
<tr>
<th>Factors to consider</th>
<th>Possible evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard Six</strong></td>
<td></td>
</tr>
<tr>
<td>The regulator maintains up-to-date standards of conduct and competence which are kept under review and prioritise patient and service user centred care and safety.</td>
<td>Links to current standards of competence and conduct, and any supporting material</td>
</tr>
<tr>
<td></td>
<td>Information on how the regulator reviews the efficacy of the standards of competence and conduct and the scheduled frequency of such reviews</td>
</tr>
<tr>
<td></td>
<td>Information on how feedback is gathered relating to the standards and how it is taken into account in deciding when to revise their contents and in deciding whether additional guidance should be issued</td>
</tr>
<tr>
<td></td>
<td>Details of the time since the last revision of the standards, and information about the way in which that review was carried out</td>
</tr>
<tr>
<td></td>
<td>Any other information relevant to the current achievement of this Standard</td>
</tr>
</tbody>
</table>

<p>| <strong>Standard Seven</strong>  |                   |
| The regulator provides guidance to help registrants apply the standards and ensures this guidance is up-to-date, addresses new and developing areas of practice, and prioritises patient and service user centred care and safety. | Links to current standards of competence and conduct, and any supporting material |
|                     | Information on how the regulator reviews the efficacy of the standards of competence and conduct and the scheduled frequency of such reviews |
|                     | Information on how feedback is gathered relating to the standards and how it is taken into account in deciding when to revise their contents and in deciding whether additional guidance should be issued |
|                     | Details of the time since the last revision of the standards, and information about the way in which that review was carried out |
|                     | Any other information relevant to the current achievement of this Standard |</p>
<table>
<thead>
<tr>
<th>Factors to consider</th>
<th>Possible evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard Eight</strong></td>
<td>The regulator can demonstrate how its standards for education and training link to its standards for registrants, and prioritise patient and service user centred care</td>
</tr>
<tr>
<td></td>
<td>The regulator’s standards of education and training require the standards for registration to be included as part of the programme curriculum</td>
</tr>
<tr>
<td></td>
<td>The regulator has a process in place for periodically reviewing its standards of education and training. It applies any learning gained about its education function, identifies any relevant external developments and makes any necessary revisions or updates to its standards in a timely manner</td>
</tr>
<tr>
<td></td>
<td>The regulator takes account of any trends and learning from student FTP outcomes where appropriate when revising its standards and guidance</td>
</tr>
<tr>
<td></td>
<td>The regulator publishes or otherwise makes available guidance for education and training providers to help them understand and meet the regulator’s standards</td>
</tr>
<tr>
<td></td>
<td>Breakdown/mapping of how the standards for education link to the standards for registration</td>
</tr>
<tr>
<td></td>
<td>Any formal process for review of the educational standards and information about the frequency and outcome of reviews</td>
</tr>
<tr>
<td></td>
<td>Any evaluation of the effectiveness of the guidance and standards development/review process, in particular in relation to the account taken of stakeholders’ views and of quality assurance outcomes</td>
</tr>
<tr>
<td></td>
<td>Guidance given to students with disabilities to ensure that they do not face unnecessary barriers to successful careers in health</td>
</tr>
<tr>
<td></td>
<td>Guidance documents for education and training providers, and for students/trainees, published on the regulator’s website</td>
</tr>
<tr>
<td></td>
<td>Any evaluation of the effectiveness of the standards and guidance development/revision processes</td>
</tr>
<tr>
<td></td>
<td>Evidence of how learning from student fitness to practise cases is used in the education process</td>
</tr>
<tr>
<td></td>
<td>Any other information relevant to the current achievement of this Standard</td>
</tr>
</tbody>
</table>

**Standard Nine**

The regulator can provide evidence of its quality assurance (QA) activity, any concerns or trends identified and follow-up action taken (e.g. where approval is subject to conditions)

The regulator shares any good practice identified through its QA process with education providers, and can demonstrate how it works collaboratively with them

The regulator periodically reviews/evaluates its QA process in order to ensure that it is working effectively

Description/process documents/guidance relating to the accreditation process

Description/process documents/guidance relating to the inspection/visit process

Process relating to the appointment/training/appraisal of visitors/inspectors

Information on how feedback from educational institutions, students and other stakeholders is gathered, and how this feedback is used, alongside evidence of how such feedback has been used in practice

Links to published reports into the outcomes of the quality assurance process, and any other associated documentation

Information about how any concerns identified have been assessed, addressed, and followed up during inspections or by
The regulator applies any learning gained about its education function in order to continuously improve the QA process.

- The regulator can demonstrate that it provides training and guidance to its QA panels.
- The regulator takes account of any trends and learning from student FTP outcomes where appropriate as evidence for the QA process.
- The regulator can demonstrate how its QA process for education and training is proportionate and avoids unnecessary duplication for education providers.
- The regulator allocates its resources to target the highest risks when carrying out its QA activities.
- The regulator's QA panels include a non-registrant/lay visitor.
- The regulator can demonstrate how its QA process is focused on confirming that providers are producing students and trainees that meet the standards for registration.
- The regulator obtains and uses feedback from employers about the competence of newly registered professionals.
- The regulator can provide evidence of the outcomes of its QA activity.
- The regulator has a publicly available process for raising concerns about education providers or programmes.
- The regulator can provide evidence of the number of concerns received about education providers or programmes and how those concerns have been addressed.
- SOPs process documents that describe the assessment process for applications for registration, restoration and renewal, and associated forms/template letters.
- Descriptions of the different processes, timescales and forms/letters for different applicant types (i.e. UK graduates, EEA applicants etc.).
- Description of the factors that have to be considered when deciding whether criteria for registration are met. Where relevant, the legislative basis that underpins these criteria.

### Registration and Continuing Fitness to Practise

<table>
<thead>
<tr>
<th>Factors to consider</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard Ten</strong></td>
<td>The regulator can demonstrate that its standards for registration are appropriate to the context and risks of those they regulate.</td>
</tr>
<tr>
<td></td>
<td>The regulator has a publicly available process for raising concerns about education providers or programmes.</td>
</tr>
<tr>
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<td>The regulator can provide evidence of the number of concerns received about education providers or programmes and how those concerns have been addressed.</td>
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<td>SOPs process documents that describe the assessment process for applications for registration, restoration and renewal, and associated forms/template letters.</td>
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<tr>
<td></td>
<td>Description of the factors that have to be considered when deciding whether criteria for registration are met. Where relevant, the legislative basis that underpins these criteria.</td>
</tr>
</tbody>
</table>

**Standard Eleven**

The regulator maintains and publishes an accurate register of those who meet its requirements for registration including any restrictions on their practice.
The process for registration, including appeals, operates proportionately, fairly and efficiently, with decisions clearly explained.

- There is clear information or all applicants for registration (including in timescales for registration) and this information meets the needs of each type of applicant
- The regulator has quality assurance mechanisms in place to ensure the accuracy of the register and prevent errors in the registration process
- Registrants, applicants and others are clear about the standards for registration, how these are applied, and how the regulator decides on admission to the register
- The process for appeal is clearly and transparently set out, in line with the regulator’s rules and processes, and consistently applied
- Where there is a potential concern relating to an application for registration, there is a clear process for investigating this concern
- The register is easily accessible, and contains information that is relevant to those who access it, in accordance with the regulator’s rules and processes
- The regulator has clear rationales for the information it displays and the time this information it is available, and this includes information relating to fitness to practise

Standard Twelve
Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk based manner.

- The regulator has in place guidance for itself and others on how concerns relating to illegal or unregistered practice are dealt with, including a process for understanding the risks of the concerns raised
- Decision-makers within the regulator understand the basis and process for making decisions relating to misuse of title or the carrying out of restricted functions
- The regulator has in place a strategy to communicate its role, and the role of others, in relation illegal or unregistered practice. This includes working with other agencies where it is appropriate to do so
- The regulator can demonstrate how its activities in this area are proportionate to the risks of illegal of unregistered practice it identifies

- SOPs/process documents outlining how the regulator deals with illegal practice allegations
- Legislation that underpins this approach
- Criteria and SLAs for decision-makers
- Links to information on illegal practice for the public and other stakeholders
- Any evaluation of the consistency of decisions made in relation to complaints about taking action with regard to illegal/unregistered practice
- Any evaluation of the effectiveness of the regulator’s activity e.g. monitoring of compliance with ‘cease and desist’ letters
- Information that the regulator publishes to its registrants about action it has taken in respect of illegal practice and about their responsibilities
- Any other information relevant to the current achievement of this Standard
The regulator ensures that registrants and applicants are made aware of their responsibilities and legal obligations in this area.

**Standard Thirteen**
The regulator has proportionate requirements to satisfy itself that registrants continue to be fit to practise.

- The regulator has in place a CPD (or equivalent system) that ensures continued fitness to practise (CFTP)
- The regulator seeks feedback from registrants and stakeholders on the efficacy of its CFTP process, and considers that feedback when making changes to the system
- The regulator regularly ensures that the CFTP system remains fit for purpose, taking into account changes to its standards, education and training, and the changing clinical and ethical context of its registrants
- Where appropriate, learning from other parts of the regulator’s work is used to inform and improve the CFTP process and outcomes

**Possible evidence**

- Description of the process registrants must follow to demonstrate CFTP
- The legislative basis for that process
- SOPs/process documents that describe how CFTP is assessed by the regulator
- Links to information for registrants and others on the CFTP process
- Evidence that the regulator has targeted its CFTP system towards ensuring that regulators develop their skills in their areas of practice, and public protection
- Evidence that the regulator identifies and uses the information it gathers on how registrants are undertaking CFTP to inform and develop its processes
- FTP learning is used where appropriate in the development of CFTP
- Any other information relevant to the current achievement of this Standard
- Any information from registrants evaluating the effectiveness of the CPD/CFTP process
- Any evaluation of whether registrants subject to FTP sanctions have recently complied with the CPD/CFTP requirements
- Any other information relevant to the current achievement of this Standard

### Fitness to practise

<table>
<thead>
<tr>
<th>Factors to consider</th>
<th>Possible evidence</th>
</tr>
</thead>
</table>
| **Standard Fourteen**<br>The regulator enables anyone to raise a concern about a registrant. | - SOPs/process documents that set out how the regulator manages the stages of the fitness to practise process, and associated forms/template letters
- Relevant legislation, and how this relates to the way the regulator has constructed the FTP process
- SLAs and KPIs related to each of the stages of the FTP process and evidence of how compliance is monitored; outcomes of the monitoring process and action taken in respect of non-compliance
- Guidance for staff and decision-makers on assessing whether information/referrals received require FTP investigation. Evidence of quality assurance of a proportion of decisions taken not to investigate, and identification of any relevant learning. Details of how the regulator ensures that the process is demonstrably free from bias, particularly bias in favour of registrants
- Storage and communication of information and documents to ensure that it is dealt with securely when appropriate, and details of the relevant information security policies and procedures. Information about how the regulator checks compliance
- Any other information relevant to the current achievement of this Standard
- Evidence of quality assurance of risk assessment decisions taken, and implementation of any learning identified. |

| **Standard Fifteen**<br>The regulator’s process for examining and investigating cases is proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that the best available evidence is considered for decisions at each stage of the process. | - SOPs/process documents that set out how the regulator manages the stages of the fitness to practise process, and associated forms/template letters
- Relevant legislation, and how this relates to the way the regulator has constructed the FTP process
- SLAs and KPIs related to each of the stages of the FTP process and evidence of how compliance is monitored; outcomes of the monitoring process and action taken in respect of non-compliance
- Guidance for staff and decision-makers on assessing whether information/referrals received require FTP investigation. Evidence of quality assurance of a proportion of decisions taken not to investigate, and identification of any relevant learning. Details of how the regulator ensures that the process is demonstrably free from bias, particularly bias in favour of registrants
- Storage and communication of information and documents to ensure that it is dealt with securely when appropriate, and details of the relevant information security policies and procedures. Information about how the regulator checks compliance
- Any other information relevant to the current achievement of this Standard
- Evidence of quality assurance of risk assessment decisions taken, and implementation of any learning identified. |

| **Standard Sixteen**<br>The regulator ensues that all decisions are made in accordance with its processes, are proportionate, consistent and fair, take account of the statutory objectives, the regulator’s standards and the relevant case law and prioritise patient and service user safety. | - SOPs/process documents that set out how the regulator manages the stages of the fitness to practise process, and associated forms/template letters
- Relevant legislation, and how this relates to the way the regulator has constructed the FTP process
- SLAs and KPIs related to each of the stages of the FTP process and evidence of how compliance is monitored; outcomes of the monitoring process and action taken in respect of non-compliance
- Guidance for staff and decision-makers on assessing whether information/referrals received require FTP investigation. Evidence of quality assurance of a proportion of decisions taken not to investigate, and identification of any relevant learning. Details of how the regulator ensures that the process is demonstrably free from bias, particularly bias in favour of registrants
- Storage and communication of information and documents to ensure that it is dealt with securely when appropriate, and details of the relevant information security policies and procedures. Information about how the regulator checks compliance
- Any other information relevant to the current achievement of this Standard
- Evidence of quality assurance of risk assessment decisions taken, and implementation of any learning identified. |
<table>
<thead>
<tr>
<th>Standard Seventeen</th>
<th>Standard Eighteen</th>
</tr>
</thead>
<tbody>
<tr>
<td>The regulator identifies and prioritises all cases which suggest a serious risk to the safety of patients or service users and seeks interim orders where appropriate.</td>
<td>All parties to a complaint are kept updated on the progress of their cases and supported to participate effectively in the process.</td>
</tr>
<tr>
<td><strong>process is applied fairly and consistently, and that this process is regularly and demonstrably reviewed</strong></td>
<td>MOUs and agreements with other bodies, setting out the sharing arrangements for FTP information</td>
</tr>
<tr>
<td>• There is clear guidance for decision-makers and staff on how to decide whether the risk assessment of a case requires a referral to an interim orders panel, and that this guidance is applied fairly and consistently.</td>
<td>SOPs/process for initial and continuing risk assessment of cases, as well as the process by which the regulator prioritises cases</td>
</tr>
<tr>
<td>• The regulator can demonstrate how it works with other agencies to gather and share intelligence about its registrants, and that where appropriate cases are referred to those agencies through a process that is documented, consistent, fairly applied, and regularly reviewed</td>
<td>Guidance for decision makers on criteria for IO referrals</td>
</tr>
<tr>
<td>• Fitness to practise decision-makers have clear guidance setting out the framework for decision-making. This guidance is published, and regularly and demonstrably reviewed</td>
<td>Any other information relevant to the current achievement of this Standard</td>
</tr>
<tr>
<td>• Decision-makers are appointed and trained through a process that is robust and transparent, and the regulator ensures these decision-makers keep their skills and knowledge up-to-date</td>
<td>Evidence of actual referrals made to another professional/systems regulator or other relevant body, and evidence that the regulator shares its learning about these referrals with other bodies</td>
</tr>
<tr>
<td>• The regulator ensures that the process for making a referral or a complaint is transparent, easy to understand, and guidance is available for those wishing to make complaint on the role of the regulator and its powers</td>
<td>Guidance, criteria and SLAs for decision makers and information about how frequently those documents are reviewed and the process for such review</td>
</tr>
<tr>
<td>• The regulator ensures that all parties to a complaint are kept informed of the process of their investigation in a way that is timely, sensitive to the needs of those individuals, and flexible to take into account the changing nature of any investigation</td>
<td>Process for publication, and guidance on what should not be published</td>
</tr>
<tr>
<td></td>
<td>Process for communicating non-published information to relevant stakeholders (e.g. employers) as appropriate</td>
</tr>
<tr>
<td></td>
<td>Process relating to the appointment/training/appraisal of case examiners/IC members/panellists including the feeding back of any learning identified from the quality assurance of decisions</td>
</tr>
<tr>
<td></td>
<td>Process for, and outcome of, regular internal quality assurance of decisions made by decision-makers at all levels of the FTP process</td>
</tr>
<tr>
<td></td>
<td>Information about the number of upheld decisions, and actions taken in response</td>
</tr>
<tr>
<td></td>
<td>Any other information relevant to the current achievement of this Standard</td>
</tr>
<tr>
<td></td>
<td>Information about how the regulator communicates to registrants and to the wider public about the outcomes of its FTP activity e.g. by publication of statistical data and case summaries or an annual FTP report</td>
</tr>
<tr>
<td></td>
<td>Any evaluation of the frequency of repetition of FTP concerns by the same practitioners following the conclusion of the original FTP process</td>
</tr>
<tr>
<td></td>
<td>Any evaluation of the frequency of breach of conditions/suspensions</td>
</tr>
<tr>
<td></td>
<td>Links to information on how to make a complaint; information about any engagement activity undertaken to gauge and/or improve awareness of the regulator’s FTP process Information available internally and to stakeholders on regulators’ role, and what kinds of complaint can be dealt with</td>
</tr>
<tr>
<td></td>
<td>Guidance for staff about signposting complainants to other organisations, where appropriate</td>
</tr>
<tr>
<td></td>
<td>Information for participants in the process, such as guidance for witnesses</td>
</tr>
<tr>
<td></td>
<td>SLAs, SOPs and guidance for staff on keeping all parties up to date regularly; monitoring of compliance with those SLAs, SOPs, and guidance documents and prompt taking of remedial action and identification of thematic issues</td>
</tr>
</tbody>
</table>
- Monitoring of complaints made/concerns raised/feedback received about timescales within the FTP process and about witness/informant experiences of the process, in order to identify areas where improvements are required
- Any other information relevant to the current achievement of this Standard
- Witnesses and informants are offered an opportunity to provide feedback on the process, and any feedback provided is reviewed and any relevant learning identified.
- Information about training given to decision-makers about the appropriate considerations with regard to the evidence of vulnerable witnesses/informants
1. Introduction

The consultation ‘A review of the Standards of Good Regulation’ closed on 10 September 2018. This was the second consultation on the topic and sought views on the detailed wording of the Standards of Good Regulation (the SGR) and the supporting evidence framework.

A total of 15 responses were received; each of the nine health and care professional regulators overseen by the Authority responded, as did six other organisations (representative and education bodies and one charity promoting science in healthcare). An individual commented on the consultation on the Authority’s Twitter page. This report uses the term ‘organisations’ to refer to bodies that are not regulators, identifying whether they are membership/representative or educational bodies where this is relevant. A list of the respondents is attached at Annex A.

This paper sets out the general themes of the responses to the areas of the consultation and includes specific comments made on the wording of the SGR and the requirements of the evidence framework. A number of more general comments were made, predominantly by the regulators, and these are also summarised in this paper. The Authority’s response to those views is set out briefly and in bold after each comment.

2. General comments

Broadly, the responses supported the proposed revisions to the SGR and the evidence framework. However, amongst the regulators the opportunity was taken to re-express concerns about the performance review, namely:

- Five regulators commented that the purpose of the SGR and the performance review process should be to promote and share good practice and encourage continuous improvement, and thus for it to be used as a tool to improve regulation; this had been the Authority’s approach in the past but not its current approach. **The Authority’s view is that the process exists to enable it to report to Parliament on the performance of the regulators. There may be scope for further work to consider whether good practice can be shared, but the Standards themselves do not prevent us from doing so.**

- In similar vein, three regulators expressed the view that the SGR and the performance review process were not sufficiently outcomes-focused but relied on an assessment of the regulators’ processes. These were inputs and not outcomes and did not measure how effective the regulators were in protecting the public. **We seek information about outcomes and performance as part of the feedback we seek from other stakeholders.**
and from the regulators’ own reviews. Our remit focusses on the performance of regulators and their processes are key to this.

- Five regulators expressed disappointment with the decision to retain the ‘met/not met’ categorisation. An additional regulator noted the Authority’s decision and rationale for maintaining this approach but commented that there needed to be more transparency and consistency in how assessments were made together with a more detailed narrative in performance review reports to identify good practice and be clearer what was expected of the regulators in terms of improvement. Some concern was expressed that rationalisation of the SGR had resulted in individual Standards being broader (particularly the Fitness to Practise Standards) with the result that regulators may be found to have not met a Standard when, in fact, only one element of it was not met. The reasons for the decision were set out in the consultation paper. Each report will deal with areas of concerns and, with reasons, take a view on whether they are sufficient to result in a Standard not being met.

- The current legal framework is a barrier to regulators being able to change and improve, and therefore can be a barrier to regulators being able to meet the SGR. We recognise this concern and will take account of the constraints of the legislation in reaching our views.

Some regulators commented that promoting professionalism was missing from the SGR even though this was a key element of the Government’s proposals on regulatory reform. In our view, the Standards in respect of establishing professional standards of competence and conduct for registrants would enable us to consider this area.

It was noted by two regulators that references to equality and fairness were inconsistently expressed throughout the SGR and that the equality duty should be applied across all the SGR. We have made some amendments to make it clear whether we are talking about fairness in terms of process and areas where there are concerns about equality and diversity.

One regulator commented that the SGR are restricted to the regulators’ current legislative framework and could be more aspirational in terms of encouraging more innovative approaches to regulation, and include consideration of how regulators are not only meeting their statutory purpose but also their strategic purpose and are able to meet the changing needs of patients, the public and registrants. We consider that the Standards cover regulators’ activities under the present legislation and the Authority’s remit. We will keep this under review in the light of any legislative changes.

A number of other general comments were made relating to the performance review process:

- The process relies too heavily on data and publicly available documents and lacks the opportunity for dialogue and discussion

- There is a lack of transparency and consistency in how assessments and decisions are made
• One regulator expressed disappointment that the performance review does not look at the financial sustainability of regulators; one organisation (a professional body) was disappointed that the process does not look at fee-setting

• One regulator requested the insertion in the evidence framework of reference to the limited value of quarterly data for smaller regulators

• One organisation (a membership body) suggested, to minimise bureaucracy, that a full performance review each year was unnecessary and should only take place every 3-5 years, with interim reviews focusing on resolving any issues outstanding or arising

• Several responses queried how the Authority will better engage with stakeholders through the performance review process in order to obtain a range of views on regulators’ performance and evidence of how well the regulators are themselves engaging with stakeholders.

**We will address these points as part of the implementation of the new Standards in the performance review process. However, it should be noted that our current statutory duty is to report to Parliament annually.**

One regulator raised a number of general points of clarification around:

• The intention to make detailed information about the assessment of each regulator publicly available

• Whether the SGR apply to all of the regulators’ work or only the statutory activities

• Whether there are plans to link continuing professional development to assessment of registrants’ continuing fitness to practise

• Whether the revised SGR would be applied retrospectively, which may result in unfairness to the regulators: for example, in assessing aged fitness to practise cases.

**We will address these points as part of the implementation of the new Standards and the new evidence framework.**

### 3. General Standards

We developed five new Standards relating to all aspects of how the regulator delivers its regulatory functions:

**Standard 1:** *The regulator provides accurate, fully accessible information about its registrants, regulatory requirements, guidance, processes and decisions*

**Standard 2:** *The regulator is clear about its purpose and ensures that its policies are applied appropriately across all its functions and that relevant learning from one area is applied to others*

**Standard 3:** *The regulator understands the diversity of the registrant population and its service users and ensures that its processes do not*
impose inappropriate barriers or otherwise disadvantage people with protected characteristics

Standard 4: The regulator reports on its performance and addresses concerns identified about it

Standard 5: The regulator consults and works with employers, regulators and other stakeholders across all its functions to identify and manage risks to the public in respect of its registrants

Four questions related to these new General Standards.

Q1. Do these new Standards appropriately reflect the areas the Authority should be considering across the regulators’ functions?

Organisations generally agreed that the Standards did achieve this, but some suggestions were made as what the Standards should include:

- More emphasis on how regulators facilitate change in training and education in order to build a sustainable workforce
- There should be greater on engagement with stakeholders taking place on an ongoing, pre-emptive and ‘as early as possible basis’
- More emphasis on communication with registrants
- A shared responsibility of regulators to:
  - Identify where and why they have different requirements/approaches
  - Raise ideas for joint working (for example, a joint code of professional values and behaviours)
  - Work with systems regulators, including to address gaps in how the two types of regulators [systems and professional] exercise their respective roles

Regulators should be required to adhere to a set of common principles to assure the public that there is parity in how functions are enacted.

The Standards are not intended as a tool with which to promote particular agendas or policies and some of these proposals are either outside the current

We noted that, under current powers, there is no duty on regulators to consider workforce constraints and that their current powers may make it difficult to achieve the joint work that is suggested. We can, however, address the points about working with stakeholders as part of Standard 5.

With one exception, the regulators were supportive of the new General Standards and there was broad agreement that they appropriately reflected the areas the Authority should be considering.

The concerns raised by one regulator were around how the regulators would be assessed against the new Standards: the problems around defining what ‘good’ performance looked like in these areas which might lead to assessments being unfair and place an additional burden on the regulators and costs on the Authority and, therefore, registrants. The regulator also thought there was duplication between the General Standards and the function-specific Standards,
and that the General Standards could divert the regulators’ focus from delivering the core regulatory functions. The regulator also appeared to have taken the view that the introduction of General Standards was an attempt by the Authority to assess the regulators’ governance, and strongly expressed the view that there was no benefit in the Authority seeking to extend its activity in this way. (Conversely, two regulators expressly welcomed the Authority’s decision not to introduce governance standards.) **We will work with regulators to ensure that any additional requirements are proportionate and enable us to reach consistent, evidence based decisions.**

One regulator queried how the General Standards will be used to ensure appropriate and consistent action by regulators to combat issues identified through public reports such as the NMC Lessons Learned Review and the Report of the Gosport Independent Panel. **We have added this to Standard 4.**

Another regulator commented that the General Standards need to be articulated in a way which allows the regulators to explain to registrants what they mean in practice. **We consider that this will clear from the Authority’s evidence framework and from our performance review reports.**

**Q2. Is any of the wording of the General Standards unclear or inappropriate? Please suggest changes.**

A number of suggestions for changes to the wording were made by organisations:

- **Standard 2**
  - Should include a reference to assessing risk so that regulators demonstrate that they take appropriate and proportionate response to the risks of the profession, for example: ‘The regulator is clear about its purposes, understands, assesses and responds appropriately to risk, applies its policies appropriately across its functions and ensures that learning from one area is applied to others’
  - Should be amended to add ‘In particular, each regulator should state explicitly that it will assess the performance of registrants according to whether their practice is evidence-based or not’

- **Standard 3**
  - Should conclude with ‘people with or without protected characteristics’ as no-one should be disadvantaged

- **Standard 4**
  - Should require regulators to ‘openly and candidly’ on performance; the Standard should create a stronger assessment of transparency
  - The phrase ‘addresses concerns identified about it’ requires clarification

- **Standard 5**
  - Should include reference to engaging with public and patients
  - Should include reference to professional groups as stakeholders
Should include a comment about working with other bodies which set and monitor professional standards such as the medical royal colleges. One organisation suggested all the General Standards were overly wordy and proposed refinements.

The regulators made the following observations on the wording the General Standards:

- **All**
  - There is no reference to public protection

- **Standard 2**
  - Should refer to ‘statutory objectives’ rather than ‘purpose’ and ‘functions and activities’ rather than just ‘functions’ to reflect that carrying out the regulatory functions alone might not be sufficient to meet the statutory objectives

- **Standard 3**
  - ‘Ensures’ imposes a significant burden of proof which regulators are unlikely to be able to evidence, and may drive the regulators to act beyond their legal responsibilities into taking affirmative regulatory action which is not in the interests of protecting the public. An alternative would be ‘The regulator understands the diversity of the registrant population and its service users and acts to address any evidence that its processes may be imposing inappropriate barriers or otherwise disadvantage people with protected characteristics’. It was also suggested that ‘has an awareness of’ was more appropriate wording than ‘ensures’
  
  - The reference to ‘service users’ is ambiguous as it is not clear from the Standard that this term applies to users of the regulators’ services
  
  - Consists of three separate elements and the wording is broad and subject to interpretation
  
  - Could be more ambitious and reference active features of the equality general duty such as advancing equality of opportunity

- **Standard 4**
  - There is no measurable element to this Standard and therefore any assessment would be subjective

- **Standard 5**
  - Collaborative activity is likely to encompass a wider range of stakeholders and the definition in the Standard is too narrow
  
  - Can be interpreted that collaboration and consultation has been narrowed to focus solely on areas of risk to the public
  
  - Reference to employers is problematic for those regulators who also regulate businesses, and there is potential for a conflict of interests where employers are private sector
– It is unclear whether this Standard refers to information sharing or wider consultation.

We have made some amendments to the wording which are intended to clarify the drafting in response to the points above. We do not intend the Standards to be more prescriptive than necessary. We have, therefore, deleted references to employers and registrants because we believe that they can be included in the terms “stakeholders”. We have extended the Standard on equality and diversity to make it clear that we believe the regulators should have regard to its registrants, their patients and those dealing with the regulator. We believe that it is right to retain the reference to protected characteristics: these characteristics can lead to people facing inappropriate barriers or treatment and we do not believe that regulators, in addressing these matters (which they have a duty to do under the Equality Act 2010) are likely to go beyond what is appropriate.

Q3. Do you anticipate any particular difficulties for regulators in providing evidence to demonstrate performance against the General Standards?

One organisation suggested that it would be difficult for regulators to evidence performance against Standard 5 because they did not work with a range of stakeholders, but only those they had a historic connection with. In assessing this Standard we will take into account the environment in which the individual regulators work.

We did not ask for views about the evidence requirements for the General Standards, but one organisation made comments in this regard:

- Concern that regulators would be able to use information that was not publicly available to evidence compliance with Standard 2
- Third-party evidence should explicitly include evidence from bodies such as other regulators, the Information Commissioner and the courts and there should be a formal, timely request for such information.

The regulators made the following observations:

- All
  – It is less burdensome for the regulator to provide evidence through conversations/dialogue with the Authority rather than providing documentation, and there was a risk that using documentation alone might result in the Authority missing vital evidence or lacking clarity as to the extent of work undertaken

- Standard 1
  – Plain English Campaign certification is not necessarily helpful as it is a paid-for service and may not be an appropriate use of registrants’ fees if the regulator has adequate in-house resources

- Standard 2
  – It is unclear how the regular will be able to evidence this and further clarification is required
A wider interpretation of the Standard could be supported by referring to activities undertaken ‘directly or indirectly’

This should include evidence of commitment to delivering wider strategic ambitions

**Standard 3**

- Regulators do not have legal powers to collect such data and many registrants/service users do not provide it
- It is difficult to evidence an absence of bias in processes

**Standard 4**

- This assumes that all reporting takes place directly to Councils rather to delegated authorities (for example: audit committees)
- It is not clear what the Authority’s expectations are in terms of evidence
- How will the Authority ensure confidence in the regulators that by identifying and addressing concerns about its performance in order to meet this Standard, regulators will not be at risk of failing a different Standard in relation to the concern. **The intention is that regulators may pass this Standard whilst failing a function-specific Standard. This will need to be clear in guidance for regulators and for Authority decision-making.**

**Standard 5**

- May be more difficult for some regulators to evidence, for example: working with employers where the registrant population is composed largely of self-employer professionals
- It is not always appropriate to apply all views expressed by stakeholders
- Regulatory capture needs to be avoided.
- Needs more examples of possible evidence are required as Standard is considering two different facets of co-working yet has the fewest examples.

We will address these points as part of our continuing work with the regulators in developing the evidence base.

Q4. Are there particular points about the General Standards where you would welcome further clarity?

No further points were raised by the organisations which responded, nor by the regulators (that are not captured elsewhere).

4. **Standards and Guidance**

We reduced the number of Standards for this regulatory function from four to two:
Standard 6: The regulator maintains up-to-date standards of conduct and competence which are kept under review and prioritise patient and service user centred care and safety

Standard 7: The regulator provides guidance to help registrants apply the Standards and ensures this guidance is up-to-date, addresses new and developing areas of practice, and prioritises patient and service user centred care and safety

Three questions related to these Standards.

Q5. Do the revised Standards governing standards and guidance appropriately reflect the outcomes of this area of the regulators’ work?

Organisations responded positively to this question. One organisation – a membership body – suggested that Standard 6 should require the regulator to maintain up-to-date standards of conduct and competence which were ‘proportionate and risk-based’ and that Standard 7 should require the regulator to provide guidance to help registrants ‘to develop and expand practice within appropriate boundaries of risk and safety’. These issues are covered in the overall approach that the Authority has described at the start of the document.

The regulators broadly supported the consolidation of the Standards for this regulatory function. However, a number of comments were made, captured below.

The provision of standards and guidance for registrants is a passive activity which does not itself ensure the standards and guidance are effective and publication of standards and guidance does not in itself change behaviours. It was suggested that what was missing from this Standard was a requirement for the regulator to support implementation and understanding by registrants and assess how effective the standards and guidance were. Further, it was suggested the Standards did not recognise the role of regulators in promoting professional standards amongst registrants and this was at odds with the Authority’s recognition of this role in its policy papers.

Confusion was expressed around the Authority’s expectations of the regulators in terms of issuing guidance on clinical practice, as suggested by the reference in Standard 7 for ‘addresses new and developing areas of practice’ which appears to be at odds with the Authority’s previously stated position that it is not the role of the regulators to develop clinical guidance. It was also suggested that it was not ‘right-touch’ to issue guidance in response to all new areas of practice as it was not proportionate to do so.

There were several comments about the descriptors ‘standards of competence and conduct’ and ‘additional guidance’ because these do not accord with the descriptors used by the regulators. Specific comments were:

- Standards of competence are an outcome of education
- Standards of proficiency are not referenced
- The distinction between standards and guidance as indicated by the two separate Standards is unnecessary.
Whilst it was recognised that some of the requirements removed from these (and other) Standards was intended to be captured by the General Standards, it was suggested that the General Standards needed to be more explicit to ensure that important elements of regulatory function Standards were not lost: for example, the requirement to publish standards and guidance in accessible formats and the importance of engagement and consultation in developing standards and guidance.

**We have made some amendments to the wording of the Standards to address some of these points.** We consider that regulators may well have a role in issuing guidance on some matters (such as the duty of candour) but that the decision on the level of guidance and support needed by registrants needs to be taken in the context of each role change or the seriousness of the problem.

**Q6. Does the reference to ‘patient and service user centred care and safety’ remain appropriate? What other words would you suggest?**

There was no consensus amongst the organisations who responded as to whether the reference remained appropriate. For example, one did not consider it necessary to refer to service-users in addition to patients, whereas another suggested adding a reference to clients. Another suggested that the reference to patients and service user care and safety was unnecessary as their care and safety was the overriding aim of regulation.

One suggestion for alternative wording was to refer to the three statutory objectives of patient safety, maintaining professional standards and upholding confidence in the profession. Another suggestion was that the wording should include a statement that prioritising patient and service user safety ‘includes a commitment to limit the registrant’s scope of practice to evidence-based interventions and to avoid disparagement of well-established treatments in other areas of healthcare’.

Neither was there consensus amongst the regulators as to the best wording to use, although there was a consensus that patients and service users must remain at the heart of the provision of standards and guidance. Three regulators expressed a preference for replacing this wording with the statutory objectives. Two regulators suggested the use of ‘person-centred care’.

**We consider that, in the light of the responses, it is appropriate to retain the existing wording which is taken from the previous Standards.**

**Q7. Do you have any views about the evidence requirements in respect of the Standards about standards and guidance?**

Here, and elsewhere, some organisations expressed a view that the provision of evidence should not be burdensome for the regulator but generally the responses were supportive, with specific comments made about the importance of regulators regularly gathering feedback and reviewing the standards and guidance to ensure it remained current.
Organisations which were membership/professional bodies commented here, and elsewhere, that they were not given equal parity to employers within references to stakeholders throughout the Standards and evidence framework.

A query was raised about how the Authority would go about seeking supporting evidence from third parties.

One organisation queried whether our references to standards and guidance were to those defined by the regulator or included links to standards issued by other organisations such as medical royal colleges.

Many of the responses from the regulators to this question amounted to queries about the process. Such as:

- How will the Authority evaluate third party feedback?
- Will the Authority require evidence to be provided that has previously been provided? Similarly, is the evidence framework a list of evidence that the regulators are required to produce (which would be burdensome and disproportionate)?
- How will questions for employers and academics be constructed and considered?
- How should feedback from patients and service users be gathered and used by the regulators?

Comments made were that the evidence framework lacks any evaluation of the steps made by regulators to consult with others in developing standards and guidance, and that the framework was currently focused on inputs (the processes to produced standards and guidance) and not on the outcomes of that work (changing behaviour) and how the regulator supports implementation to influence the outcomes.

The comment was made, here and elsewhere, that the evidence framework is subjective which, whilst recognising it needs to allow flexibility to assess the spectrum of regulators, does not sit comfortably with the 'met/not met' approach.

Finally, it was noted that the phrase ‘any other information relevant to the current achievement of this Standard’ is not used consistently in the framework, which indicates a differential being applied by the Authority which may not be intended.

**We will address these questions as part of our work with the regulators on developing the evidence base.**

5. **Education and Training**

We reduced the number of Standards for this regulatory function from four to two.

**Standard 8: The regulator maintains up-to-date standards for education and training which are kept under review, and prioritise patient and service user care and safety**
Standard 9: The regulator has a proportionate and transparent mechanism for assuring that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator's requirements for registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.

Three questions related to these Standards.

Q8. Do the revised Standards in respect of education and training appropriately reflect the outcomes of this area of the regulators' work?

Some of the comments from organisations to this question referenced the evidence framework rather than the Standards themselves and are therefore captured under Q10 below.

The response from organisations was generally supportive. One educational organisation commented that regulation in education and training must not be duplicative but must ensure regulatory gaps do not occur – the comment did not imply a fault in the Standards in this regard. However, one membership organisation said that the Standards were ‘static and old-fashioned’ and should be more forward-looking, reflect the changing needs of patients and the public, and provide for progress and innovation. The organisation did not expand on why it considered this change was required.

Likewise, the response from regulators was generally supportive and consolidation of the Standards for this regulatory function was welcomed. One regulator commented that the link between standards and guidance and education and training was only evident from the evidence framework and could be more explicit in the Standards.

The comment was made, again, that these Standards are focused on inputs and not outcomes, that is, the regulator may have appropriate processes in place which are designed to produce the right outcomes, but these do not necessarily result in those outcomes being achieved.

A query was raised about whether ‘up-to-date standards for education and training’ was limited to standards for education providers or also applied to registration requirements and individual programmes.

We will address these points in the evidence framework. We intend that the requirement for up to date standards will require regulators to consider the changing needs of patients.

Q9. Are there other aspects in respect of education and training work which ought to be included?

None of the organisations who responded suggested any other aspects needed to be included.

No suggestions were made by the regulators that were not expressed in response to Q8. It was noted that some regulators are the only body to have oversight of training provision.

Q10. Do you have any views about the evidence requirements in respect of the Standards about education and training?
The response from organisations was generally supportive, although concern was expressed that the evidence requirements must not create a burden for the educational institutions. Evidence of regular review of standards and evaluation of processes by the regulators was welcomed. Recognition of the role of students in identifying concerns was welcomed.

Again, some organisations which were membership/professional bodies commented that they were not given equal parity to employers within references to stakeholders. One education organisation highlighted that the role of professional bodies in education and training is under-estimated; this comment related specifically to the HCPC as a multi-regulator that relied heavily on the input of professional bodies.

The responses from the regulators reflected some of the broader points about the evidence framework already noted in their responses to Q7 above.

It was suggested that it would be helpful for learning from fitness to practise cases for newly qualified registrants to be applied to the education process.

6. Registration and Continuing Fitness to Practise

We reduced the number of Standards for this regulatory function from six to four:

**Standard 10:** The regulator maintains and publishes an accurate register of those who meet its requirements including any restrictions on their practice

**Standard 11:** The process for registration, including appeals, operates proportionately, fairly and efficiently, with decisions clearly explained

**Standard 12:** Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk-based manner

**Standard 13:** The regulator has proportionate requirements to satisfy itself that registrants continue to be fit to practise

Four questions related to these Standards.

**Q11. Do the revised Standards about registration and continuing fitness to practise appropriately reflect the outcomes in this area of the regulators’ work?**

The response from organisations was positive, with two organisations (one professional body and one educational) specifically welcoming reference to protection of titles.

One comment highlighted that Standard 10 refers to ‘an accurate register’ when some regulators hold more than a single register. **We will make it clear in our evidence framework that this covers all relevant registers.**

A membership organisation suggested that Standard 11 should include the quality of communication with registrants (and presumably applicants for registration) and that fairness was the overriding criterion, suggesting the
Standard be reworded to ‘The process for registration operates fairly, efficiently and proportionately with all parts of the process clearly and neutrally explained to registrants, patients and the public alike, including complaints handling, investigations, fact-finding, hearings and appeals.’

Broadly, the regulators welcomed the reduction in the number of Standards for this regulatory function. They also welcomed the continued inclusion of illegal practice but with the caveats that the regulators’ legislation differed and this needed to be reflected in Standard 12, for example with the addition of ‘where relevant’ after ‘using a protected title or undertaking a protected act’. We will take account of the different circumstances in our assessment of each regulator.

However, it was again argued that the Standards for registration and continuing fitness to practise were again based on a regulator demonstrating that it had processes, but that this did not necessarily mean the regulatory outcome was good. Conversely, a regulator may not have the required processes in place but the way in which it carries out its work does result in consistent, good regulatory outcomes. A comment was also made that the Authority’s focus on processes did not accord with its reluctance to comment on best practice.

It was noted that there was a lack of consistency in these Standards in the use of the words proportionate, accurate, fair, efficient and risk-based.

We have reviewed the wording but believe that the words are appropriate in their contexts.

Q12. Are there other aspects in respect of registration and continuing fitness to practise which ought to be included?

No respondents suggested any other aspects needed to be included.

Q13. Does Standard Thirteen provide an appropriate level of protection for the public while ensuring that regulators have the flexibility to develop arrangements which are suitable for their registrants and service users?

The responses were supportive, although it was highlighted that some regulators were constrained in their ability to make improvements by their legal framework.

One regulator expressed concerned at what was perceived to be an explicit link between CPD and CFTP and what the Authority’s intention was here. Another expressed concern that the wording of the Standard was unhelpful because it conflates ongoing safe and effective practice with fitness to practise, was not flexible enough to allow for a variety of models, and failed to incorporate an element of promoting and ensuring professionalism-professional standards.

Concern was also expressed about how the Authority would proportionately assess regulators’ performance in this area given the different approaches and legislation.

In respect of of continuing fitness to practise, we note that there is no consensus on the appropriate approach. We will expect regulators to have coherent policy and approach to this, backed by processes and to keep these under review.
Q14. Do you have any views about the evidence requirements in respect of the Standards about registration and continuing fitness to practise?

None of the organisations who responded expressed any views.

The comments made by the regulators reflected the broader comments already made about the evidence framework in response to Q7 and Q10. Additional comments raised here were around:

- The role of regulating businesses was not explicit in the new Standards and it was unclear how the Authority’s oversight of the role of some regulators in regulating businesses would be extended
- The possible impact of Brexit on the evidence requirements (this comment was not qualified but it is assumed that this relates to changes to registration requirements and processes for EU applicants)
- Concern about how performance would be measured – based on processes or amount of activity?

We have made it clear that the new Standards do cover businesses and we will address the detail in the evidence framework and will keep the impact of Brexit and other developments under review in developing that framework.

7. Fitness to Practise

We reduced the number of Standards for this regulatory function from ten to five:

Standard 14: The regulator enables anyone to raise a concern about a registrant

Standard 15: The regulator’s process for examining and investigating cases is proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that the best available evidence is considered for decisions at each stage of the process

Standard 16: The regulator ensures that all decisions are made in accordance with its processes, are proportionate, consistent and fair, take account of the statutory objectives, the regulator’s standards and the relevant case law and prioritise patient and service user safety

Standard 17: The regulator identifies and prioritises all cases which suggest a serious risk to the safety of patients or service users and seeks interim orders where appropriate

Standard 18: All parties to a complaint are kept updated on the progress of their case and supported to participate effectively in the process

Four questions related to these Standards.

Q15. Do the revised Standards appropriately reflect the outcomes of the fitness to practise area of the regulators’ work?
The response from organisations was supportive. One membership organisation suggested that the Standard 15 should be amended to: ‘The regulator’s process for examining and investigating cases is fair, proportionate and efficient, deals with cases as quickly as is consistent with a fair resolution, is mindful of the stress this can involve for registrants, witnesses and complainants in its tone and communications, and ensures that the best available evidence is considered for decisions at each stage of the process’. We have included an explicit requirement for fairness in the Standard and consider that the other aspects can be considered as part of the existing Standards.

All the regulators agreed that the Standards appropriately reflect the outcomes of the fitness to practise function. The majority of them welcomed the consolidation of the Standards but two were concerned that the breadth of each Standard might result in a regulator failing a Standard where the bulk of it was met but one aspect was not, and could also place an additional burden on the regulators in evidencing their performance. This was considered to be particular relevant in light of the decision to retain the ‘met/not met’ approach and clarity was sought as to this approach would work, for example, if one aspect of decision-making was considered to meet Standard 16 but another was not. These aspects will be considered by the Authority as part of the decision-making process in each case, but it is notable that, under the current Standards, there can be debate about whether a particular problem is sufficiently serious to result in a Standard not being met.

Alongside this was expressed a concern that as the ‘Factors to consider’ and ‘Possible evidence’ was the same for all the Standards, there was a lack of clarity about what aspects of the fitness to practise process each Standard was intended to capture.

One regulator expressed concern that the Fitness to Practise Standards were wholly focused on the processes the regulators had in place which suggests that processes are more important than achieving the right outcome.

One regulator raised a number of issues around how the Authority would measure performance and expressed a view that the Authority should clarify (amongst other requests for clarification about measurement noted elsewhere in this report) its expectations of the regulators in terms of risk appetite and the weighting it intends to give to qualitative and qualitative measures in fitness to practise.

In terms of the wording of the Standards, the following suggestions were made:

- One regulator suggested explicit reference to protection of the public and public confidence in the profession would be a helpful addition to the Standards to make the relevance of this in fitness to practise proceedings clearer to registrants

- One regulator highlighted ambiguity in the reworded Standard 14, suggesting it might be read either as a reference to accessibility or as a reference to the triage process. The regulator also suggested it might be more useful if it captured the quality of the experience for those raising a concern which is only partially covered by Standard 18. Another regulator
suggested that, as the ability for anyone to raise a complaint was a fundamental principle, there was little point in assessing this Standard alone. This regulator also suggested it could usefully capture other aspects of the fitness to practise process such as triage and signposting, the latter of which it noted was an important element of fitness to practise work which had been lost in the revised Standards. In our view the triage process is dealt with by Standard 15. We have revised Standard 18 to remove the explicit reference to updating complainants with a view to making it clear that this Standard is wide and covers the full experience of the process.

- One regulator expressed concern that the references to ‘proportionate’ and ‘best available evidence’ in Standard 15 were contradictory as the amount of evidence collected should be proportionate to the seriousness of the concern and to collect the best available evidence in every case would be disproportionate, burdensome and delay fitness to practise cases. Another regulator suggested that ‘best available evidence’ should be substituted with ‘sufficient and proportionate evidence’ to allow the regulator to decide what type of evidence was sufficient. We have addressed this concern by amending Standard 15 to refer to ‘appropriate evidence to enable the decision-maker to reach a decision that is fair and protects the public’. This aims to recognise the difficulties that can exist in gathering evidence.

- One regulator suggested that the importance of sharing information about fitness to practise concerns was so important to protect the public that it should be explicitly referred to in the Fitness to Practise Standards rather than being solely captured by the General Standards. We believe that it is appropriate to measure this in the General Standards because information sharing may go beyond fitness to practise concerns.

- One regulator queried what was expected of regulators in relation to supporting parties to participate in the fitness to practise process (Standard 18). Another regulator commented that this should include an assessment of how well the regulators were engaging with patients and their families both in terms of keeping them informed but also engaging with, and taking seriously, the evidence of patients and families. It was suggested that this would assist the Authority in assessing that the right culture existed in the regulators. We will consider this as we develop the evidence framework.

Q16. Are there other aspects of fitness to practise work which ought to be included?

Three membership/professional organisations made suggestions around other aspects which ought to be included, which were reflected in responses to Q18. These related to final fitness to practise hearings and ensuring the quality of: communication with registrants and their representatives, charges, bundles of evidence, information provided to the panel, expert witnesses and lawyers, and obtaining and acting on feedback from registrants and their representatives following proceedings.
The majority of the regulators responded that they did not consider there were other aspects of their fitness to practise work which ought to be included. Two explicitly welcomed the removal of the information security Standards: however, one of these regulators challenged the inclusion of reference to this in the evidence framework and expressed the view it was disproportionate for the Authority to continue to assess this as it would place an additional burden on the regulators who were already subject to the Information Commissioner’s Office regime.

One regulator noted that the Standards did not capture the work undertaken by regulators in appointing fitness to practise panellists to ensure their independence. In principle, this could be captured under the fairness of decision-making.

One regulator had a number of suggestions as to what ought to be included:

- Work undertaken to monitor a registrant’s compliance with restrictions on their registration. Not all regulators do this and it is not clear to us that this is a standard requirement.

- It is not clear that Standard 15 captures the part of the process between investigating committee/case examiner decision and the final panel outcome. We believe that it does and will make this clear in the evidence framework.

- Work undertaken in response to complaints about or challenges to decisions or in respect of communicating decisions to stakeholders. We consider that this is covered by Standard 4.

- Exercise of separate adjudication functions and the regulator's right of appeal. We consider that this is covered by Standard 16.

- In the context of minimising the burden of fitness to practise proceedings on registrants and others involved in the process, how the regulators manage that within the constraints of their legal frameworks including the use of consensual disposal mechanisms. A second regulator made a similar point, requesting clarity on how the introduction of mechanism for consensual disposal or remediation might be captured through the Standards and the performance review process. We consider that the processes can be considered under the Fitness to Practise Standards 15 or 16.

Q17. Are the Standards appropriately flexible to enable regulators to adapt their fitness to practise processes where necessary?

Organisations who responded agreed that the Standards are appropriately flexible.

The regulators also agreed that the Standards were appropriately flexible, with some highlighting the fact that their legislation was not. One regulator commented that whether the Standards were appropriately flexible would depend on how the Authority applied them in practice.

Q18. Do you have any views about the evidence requirements in respect of the Standards about fitness to practise?
Organisations were supportive and welcomed the references to joint working and information sharing. They stressed the importance of obtaining feedback from participants in fitness to practise proceedings.

The comments made by the regulators reflected the broader comments already made about the evidence framework in response to Q7, Q10 and Q14. Specific comments raised here were around:

- It would be helpful for a mapping exercise to be conducted by the Authority comparing the requirements for the existing Standards and the revised Standards, including where evidence was no longer required (for example the existing information security Standard)

- The list of ‘factors to consider’ and ‘possible evidence’ is long and wide-ranging and could be interpreted as prescriptive in the absence of clarity of how the Authority intends to measure performance, which would place a burden on the regulators who would seek to provide as much as the ‘possible evidence’ as possible. Similarly, the lack of clarity about the weight given by the Authority to qualitative or quantitative measures could impose a higher burden for regulators, as qualitative evidence is more time consuming and complex to compile

- Some concerns around specific evidential requirements, for example that fitness to practise guidance should be ‘regularly and demonstrably reviewed’ – would the Authority take a blanket approach in considering an appropriate review period, or a more nuanced one?

- The format of the evidence framework for fitness to practise is not user-friendly and the evidence requirements for each Standard need to be clearer.

We will address these points with the regulators as we develop the evidence framework.

Q19. Do you have any concerns about our proposal to implement the new Standards in the performance reviews beginning in 2020?

Organisations who responded to this question had no concerns with implementation proposals.

No opposition to implementation in 2020 was expressed by the regulators, with the caveats that learning from the pilot should be applied, and that regulators’ concerns about evidential requirements must be addressed before implementation and the regulators allowed sufficient time to respond. One regulator queried whether this timeframe proposed implementation in the 2019/20 or 2020/21 performance review cycle.

Q20. Would you support a pilot process in 2019? If you are a regulator, would you be willing to take part in the pilot?

Organisations who responded to this question supported of a pilot process.

Regulators also supported a pilot process and were generally willing to engage, subject to organisational ability to do so. One concern was expressed as to whether the pilot would be purely a learning exercise or whether it would result in a performance review outcome for the regulator/s who were part of the pilot.
The aim of this is to be a learning exercise and we would not expect to publish decisions from the pilot.

Q21. Do you have any evidence about the impact of these proposals on the regulators and any likely increase or decrease in the burden on them?

No specific evidence was provided in response to this question but comments were made that perceived additional requirements to evidence performance against the Standards could be burdensome for the regulators. Some regulators commented that there was likely to be an additional burden initially to put in place revised processes but that this was a necessary and short-term. It was noted that any additional burdens for the regulators could be assessed through the proposed pilot.

Q22. Are there any aspects of these proposals that you feel could result in differential treatment of, or impact on, groups or individuals based on the following characteristics as defined under the Equality Act 2010:

- Age
- Gender reassignment
- Ethnicity
- Disability
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation
- Other (please specify)

If yes to any of the above, please explain why and what could be done to change this.

It was highlighted by a regulator that this list should include those who are, or are not, in a marriage or civil partnership as this is also a protected characteristic under the Equality Act 2010. We are sorry for the omission.

It was also highlighted that the Equality Act 2010 does not apply in Northern Ireland (which has its own legislation) and all groups with protected characteristics should be equally protected irrespective of where the regulatory body is based.

One organisation questioned the ‘priority order’ of the list and suggested the protected characteristics should be listed by size of the group. The organisation suggested an order but did not evidence that its suggestion was factually correct. We do not agree that the list presents any priority.
Annex A: Respondents to the consultation

Regulators overseen by the Authority:

- The General Chiropractic Council (GCC) which regulates chiropractors in the UK
- The General Dental Council (GDC) which regulates dentists, dental nurses, dental technicians, dental hygienists, dental therapists, clinical dental technicians and orthodontic therapists in the UK
- The General Medical Council (GMC) which regulates doctors in the UK
- The General Optical Council (GOC) which regulates optometrists, dispensing opticians and student opticians in the UK
- The General Osteopathic Council (GOsC) which regulates osteopaths in the UK
- The General Pharmaceutical Council (GPhC) which regulates pharmacists and pharmacy technicians in Great Britain
- The Health and Care Professions Council (HCPC) which regulates arts therapists, biomedical scientists, chiropodists/podiatrists, clinical scientists, dieticians, hearing aid dispensers, occupational therapists, operating department practitioners, paramedics, physiotherapists, practitioner psychologists, prosthetists and orthoptists, radiographers and speech and language therapists in the UK, and social workers in England
- The Nursing and Midwifery Council (NMC) which regulates nurses and midwives in the UK
- The Pharmaceutical Society of Northern Ireland (PSNI) which regulates pharmacists in Northern Ireland.

Organisations:

- The British Dental Association (BDA) which is the professional association and registered trade union for dentists in the UK
- The Council of Deans for Health (CDH) which represents the UK’s university faculties engaged in education and research for nurses, midwives and allied health professionals
- The Federation of (Ophthalmic and Dispensing) Opticians (FODO) which is a membership organisation for eye health providers in the UK
- The Health and Care Professions Educations Leads Group (HCPEL) on behalf of the joint allied health professions organisations
- Healthwatch which is a charity which promotes good healthcare practice based strictly on evidence. Note: this is not Healthwatch UK, which is a statutory organisation which champions the views of patients and service users
• **The National Community Hearing Association (NCHA)** which represents community hearing care providers in the UK.

Individual respondents:

• A comment was posted on the Authority’s Twitter page from **Kay Sheldon**, who identifies on the platform as ‘interested in justice, mental health, disability & things that grow’.
These Standards set out the Authority’s expectations about the outcomes that it expects from regulators and their approach to their work.

The Standards prioritise the core role of regulators in:
- Protecting patients and reducing harms
- Promoting professional standards
- maintaining public confidence in the professions.

The Standards are informed by the Authority’s principles of good regulation which states that regulators should act in a way which is:
- Proportionate
- Consistent
- Targeted
- Transparent
- Accountable and
- Agile.

We will examine the regulators’ performance with these principles in mind. We will take into account legislative or other matters outside the regulator’s control which may affect performance. The Standards cover all aspects of the regulators’ work including where the regulator has responsibility for businesses and premises as well as individuals.

The Standards will be supplemented by guidance on the evidence that it will require to judge whether these Standards are met.
### General Standards

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<td><strong>Standard one</strong></td>
<td>The regulator provides accurate, fully accessible information about its registrants, regulatory requirements, guidance, processes and decisions.</td>
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<td><strong>Standard two</strong></td>
<td>The regulator is clear about its purpose and ensures that its policies are applied appropriately across all its functions and that relevant learning from one area is applied to others.</td>
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<tr>
<td><strong>Standard three</strong></td>
<td>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.</td>
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<tr>
<td><strong>Standard four</strong></td>
<td>The regulator reports on its performance and addresses concerns identified about it and considers the implications for it of findings of public inquiries and other relevant reports about healthcare regulatory issues.</td>
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<tr>
<td><strong>Standard five</strong></td>
<td>The regulator consults and works with all relevant stakeholders across all its functions to identify and manage risks to the public in respect of its registrants.</td>
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### Guidance and standards

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<td><strong>Standard six</strong></td>
<td>The regulator maintains up-to-date standards for registrants which are kept under review and prioritise patient and service user centred care and safety.</td>
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<tr>
<td><strong>Standard seven</strong></td>
<td>The regulator provides guidance to help registrants apply the Standards and ensures this guidance is up to date, addresses emerging areas of risk, and prioritises patient and service user centred care and safety.</td>
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### Education and training

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<td><strong>Standard eight</strong></td>
<td>The regulator maintains up-to-date standards for education and training which are kept under review, and prioritise patient and service user care and safety.</td>
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<td><strong>Standard nine</strong></td>
<td>The regulator has a proportionate and transparent mechanism for assuring itself that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator’s requirements for registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.</td>
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<td>Registration</td>
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<tr>
<td><strong>Standard ten</strong></td>
<td>The regulator maintains and publishes an accurate register of those who meet its requirements including any restrictions on their practice.</td>
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<td><strong>Standard eleven</strong></td>
<td>The process for registration, including appeals, operates proportionately, fairly and efficiently, with decisions clearly explained.</td>
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<td><strong>Standard twelve</strong></td>
<td>Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk-based manner.</td>
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<td><strong>Standard thirteen</strong></td>
<td>The regulator has proportionate requirements to satisfy itself that registrants continue to be fit to practise.</td>
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WHISTLEBLOWING
Prescribed persons guidance

April 2017
Whistleblowing: Prescribed persons guidance

This document is guidance for the organisations and individuals who are Prescribed Persons, to help them understand their role as a prescribed person. It provides advice on complying with legal requirements as well as practices beyond the whistleblowing legislation.

Organisations and individuals that are listed in The Public Interest Disclosure (Prescribed Persons) Order 2014¹ (“Prescribed Persons Order 2014”) are referred to as prescribed persons.

Prescribed Persons have a role in the whistleblowing process. This role is influenced by the statutory functions specific to each body.

Who is a prescribed person?

The Prescribed Persons Order 2014 sets out a list of over 60 organisations and individuals that a worker may approach outside their workplace to report suspected or known wrongdoing. The organisations and individuals on the list have usually been designated as prescribed persons because they have an authoritative or oversight relationship with their sector, often as a regulatory body. An up-to-date list can be found here: www.gov.uk/government/publications/blowing-the-whistle-list-of-prescribed-people-and-bodies-2/whistleblowing-list-of-prescribed-people-and-bodies.

What is whistleblowing?

Whistleblowing is the term used when a worker passes on information concerning wrongdoing. In this guidance, we call that “making a disclosure” or “blowing the whistle”. The wrongdoing will typically (although not necessarily) be something they have witnessed at work.

To be covered by whistleblowing law, the disclosure must be a ‘qualifying disclosure’. This is any disclosure of information which, in the reasonable belief of the worker making the disclosure, is made in the public interest and tends to show that one or more of the following has occurred, is occurring or is likely to occur:

- A criminal offence (this may include, for example, types of financial impropriety such as fraud);
- a breach of a legal obligation;
- a miscarriage of justice;
- danger to the health or safety of any individual;
- damage to the environment; or
- the deliberate covering up of wrongdoing in the above categories.

¹ S.I. 2014/2418
How is the qualifying disclosure protected?

For a qualifying disclosure to be protected, it must be made by a worker by one of the following permitted methods of disclosure:

- disclosure to the employer or other person responsible for the matter;
- disclosure to a Minister of the Crown, in relation to certain public bodies;
- disclosure to a Prescribed Person designated for the purpose by the order and for the purpose of seeking legal advice;
- Other disclosures may be protected where in the particular circumstances they are reasonable; or
- Special provision is made for disclosures relating to exceptionally serious problems.

Whistleblowing law is located in the Employment Rights Act 1996 (as amended by the Public Interest Disclosure Act 1998).

A worker who blows the whistle, by making a disclosure in accordance with the criteria set out in ‘What is whistleblowing?’ and ‘How is the qualifying disclosure protected?’ sections above, is making a “protected disclosure” and has the right not to be unfairly dismissed or suffer a detriment (e.g. being dismissed or being denied a promotion) as a result of having made that disclosure.

A "worker" is defined by section 230(3) of the Employment Rights Act 1996 as: "an individual who has entered into or works under (or, where the employment has ceased, worked under) -

a. a contract of employment; or
b. any other contract, whether express or implied and (if it is express) whether oral or in writing, whereby the individual undertakes to do or perform personally any work or services for another party to the contract whose status is not by virtue of the contract that of a client or customer of any profession or business undertaking carried on by the individual."

However, in relation to whistleblowing protections, the definition of a worker is extended to:

- agency workers and individuals supplied via an intermediary;
- non-employees undergoing training or work experience as part of a training course, otherwise than at an educational establishment;
- self- employed doctors, dentists, ophthalmologists and pharmacists in the NHS;
- Police officers;
- Student nurses and student midwives.
What is the role of a prescribed person?

The role of a prescribed person is to provide workers with a mechanism to make their public interest disclosure to an independent body where the worker does not feel able to disclose directly to their employer and the body might be in a position to take some form of further action on the disclosure. A worker will potentially qualify for the same employment rights as if they had made a disclosure to their employer if they report to a prescribed person. In order to qualify for these rights, as well as meeting the criteria set out in sections ‘What is whistleblowing?’ and ‘How is the qualifying disclosure protected?’, the worker must have a reasonable belief that:

- the matter falls within the remit of the prescribed person, as described in the second column of the Schedule to the Prescribed Persons Order headed “Description of matters” which can be found here: www.legislation.gov.uk/uksi/2014/2418/schedule/made
- the information disclosed is substantially true.

The legal term for meeting these criteria’ is referred to as making a “protected disclosure”. If a protected disclosure is made, the worker may have a right to redress through the employment tribunal should they suffer a detriment or be dismissed from work as a result of making that disclosure.

When a whistleblower makes a disclosure to a prescribed person they escalate the issue beyond their employer, as those with investigatory and regulatory functions can consider acting upon the information that has been disclosed to them. In particular, whistleblowers can provide an important source of information to prescribed persons, which will enable prescribed persons to gain a greater understanding of the sectors they regulate/oversee.

Beyond the role of the prescribed person

A prescribed person needs to decide, and clearly communicate, whether they limit their role to the receipt of protected disclosures only, or are accepting of a wider range of non-protected disclosures, for example in relation to information about proceeds of crime or corruption. This will depend on the prescribed person’s other statutory functions beyond the whistleblowing legislation which only applies to the employment rights of workers. If they have a wider role, they may wish to ask those disclosing what function their disclosure relates to.

The prescribed person is not responsible for deciding whether the individual who has made the disclosure qualifies for protection. Ultimately this will be decided by the Employment Tribunal where a claim of detriment or dismissal because of whistleblowing is contested.

The prescribed person is unable to become involved in a grievance between workers and employers, other than to confirm that a disclosure was made.
What happens once a disclosure has been reported to a prescribed person?

It can be a difficult decision for a whistleblower to make a disclosure, and the prescribed person should be sensitive to this. The prescribed person will manage the initial contact with the whistleblower to clarify and understand the nature of their disclosure and then take a decision about what action they will take.

All disclosures should be dealt with on a case-by-case basis and to a defined and published set of policies and procedures, ensuring a consistent approach. The policies and procedures will ensure that staff within prescribed bodies who deal with disclosures are confident in responding to whistleblowers and their concerns in a confidential manner.

Taking action

In so far as their statutory functions beyond the whistleblowing legislation permit, prescribed persons can look into a disclosure and recommend how an employer could rectify the problems it finds, either in relation to the employer’s whistleblowing policies and procedures or in relation to the issues which form the substance of the whistleblowing disclosure. Some prescribed persons may be able to take enforcement action should they find evidence of wrongdoing in relation to their statutory powers.

Provide feedback

Feedback to the whistleblower is important where possible. A policy should set out that commitment and any restrictions there may be for providing feedback to the whistleblower, usually because of the need to protect the confidentiality of the parties involved. Prescribed persons could sign post other information and advice at this point.

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2 ‘Action’ can encompass anything that includes further work beyond the initial contact. This may vary from one follow-up call with the whistleblower to seek further clarity, right through to a large piece of work investigating the organisation that has been reported.
Managing the whistleblower’s expectations

It is important for prescribed persons to realise that they will often be hearing from anxious and distressed individuals. The two main barriers whistleblowers face are a fear of reprisal as a result of making a disclosure and the perception that no action will be taken if they do make the decision to ‘blow the whistle’. The following guidance may help to alleviate whistleblowers’ concerns and to build trust and confidence.

Clear policies and procedures

It is good practice for the prescribed person to publish information on the processes followed for disclosures made to them, how they investigate and how information provided by whistleblowers is used. By making its policy accessible online the prescribed person should increase the public’s confidence through greater transparency about how disclosures are handled. A good example of this can be found on the Financial Conduct Authority’s website here: www.fca.org.uk/your-fca/documents/how-we-handle-disclosures-from-whistleblowers.

It is also important for whistleblowers to have access to the right contact details (both phone and email) so they can easily approach the relevant prescribed person.

Setting realistic expectations

A clear explanation of the statutory powers and remit of the prescribed person will give the whistleblower a more realistic expectation and they will be less likely to feel that their disclosure has been ignored.

Confidentiality

It should be made clear to the whistleblower what can and cannot be promised with regards to confidentiality, including that confidentiality can work both ways so that the Prescribed Person may not be able to advise the whistleblower about details of the action taken.

Anonymity

In some circumstances individuals may not wish to provide their details. Prescribed Persons should accept completely anonymous reports. It would be good practice for the Prescribed Person to make it clear to the whistleblower that anonymity may make it more difficult for the individual to receive legal protections. This is because there would likely be no evidence to link any detriment they may suffer to the disclosure of information to the Prescribed Person.

Provide feedback

Where possible any feedback provided to the whistleblower will help to improve their confidence that the disclosure has been taken seriously and could prevent the whistleblower from feeling discouraged by their experience. However, in many cases only limited feedback will be possible. If this is the case, the whistleblower should be informed of the reason(s) for this.
Can a prescribed person recommend improvements on how the organisations they oversee deal with whistleblowing?

Whistleblowers will often contact prescribed persons rather than their employer if they feel unable to make a disclosure to their employer or if they feel that no action has been or will be taken. In so far as their statutory functions beyond the whistleblowing legislation permit, prescribed persons can encourage organisations they oversee to have whistleblowing policies in place and assist in ensuring the arrangements are effective.

One way to do this is to lead by example to ensure they have whistleblowing arrangements for their own staff that meet best practice.

A further way is to emphasise to employers the benefits of an open whistleblowing culture; for example, having a whistleblowing policy makes it more likely that concerns will be raised internally, which reduces the likelihood of escalation to a prescribed person who may be their regulator, Member of Parliament or even to the press. Further guidance for employers can be found here: [www.gov.uk/government/publications/whistleblowing-guidance-and-code-of-practice-for-employers](http://www.gov.uk/government/publications/whistleblowing-guidance-and-code-of-practice-for-employers).

Why are prescribed persons required to make annual reports on whistleblowing disclosures?

The Small Business, Enterprise and Employment Act created a power for the Secretary of State to require “Prescribed Persons” to produce an annual report on whistleblowing disclosures made to them by workers.

The aim of this duty is to increase transparency in the way that whistleblowing disclosures are dealt with and to raise confidence among whistleblowers that their disclosures are taken seriously. Producing reports highlighting the number of qualifying disclosures received and how they were taken forward will go some way to assure individuals who blow the whistle that action is taken in respect of their disclosures.

What is the duty?

Prescribed Persons are required to report in writing annually on whistleblowing disclosures made to them as a prescribed person. Auditors appointed to audit the accounts of small authorities are exempt from this requirement, as are MPs and Ministers of the Crown.
What is the reporting period?

The reporting period runs from 1 April to 31 March each year with the first reporting period beginning on 1 April 2017.

For auditors appointed to audit the accounts of large authorities the reporting period begins on 1 April 2018.

Where will the report be published?

The relevant prescribed person must publish the report:

- By placing the report on its website, or
- Wherever the relevant prescribed person considers appropriate for bringing the report to the attention of the public, such as their webpage.

Should the report be contained within existing annual reports of a Prescribed Body or can it be a standalone report?

The published report may be included in another report published by the prescribed person, which could be an annual report. The prescribed person may also publish a standalone report.

What will the report cover?

The report should cover the following:

- The number of disclosures of information made by workers to the relevant prescribed person in a twelve month period. The prescribed person must reasonably believe the disclosure of information is a qualifying disclosure.
- Out of the total number of qualifying disclosures made, the number of those disclosures where the prescribed person decided to take further action in that period (whether or not that action was actually undertaken within that period).
- An explanation of the prescribed person’s functions, objectives and statutory powers (if it has any).
- A summary of the type of action taken by the prescribed person in respect of qualifying disclosures of information.
- A summary of how the information disclosed has impacted on the prescribed person’s ability to perform its functions and meet its objectives. For example, if an objective of the body is to improve services it may be possible to say that the disclosures they have received have led to an improvement in services in their sector (provided doing so would not identify the whistleblower or the subject of the whistleblowing).
Reporting on further action taken

Prescribed Persons are required to report on the number of disclosures where they decided to take further action. This could include information such as:

- The number of disclosures that were referred to an alternative body.
- The number of disclosures that required further investigation.
- The number of investigations that led to action being taken.
- The number of disclosures where they have made recommendations to employers on how they could rectify the problems it finds, either in relation to the employer’s whistleblowing policies and procedures or in relation to the issues which form the substance of the whistleblowing disclosure.
- The number of organisations investigated that had whistleblowing policies in place.
- The number of enforcement actions taken where they have found evidence of wrongdoing.

A summary of the action taken

Prescribed Persons are required to include in their reports a summary, on general terms, of the action taken in respect of qualifying disclosures. This could include information such as:

- A summary of the number of cases where the issue was resolved after first contact with the employer.
- Where disclosures that required further investigation, a summary of the investigations carried out and the outcomes.
- Where enforcement actions were taken as a result of disclosures, what the outcomes were.

However, case specific information which could lead to identification of a whistleblower or the subject of the whistleblowing or compromise confidentiality of an ongoing investigation should not be included (see further below “Protecting the Confidentiality of Whistleblowers”). The purpose of this report is for prescribed persons to demonstrate that every disclosure they receive from a worker is given reasonable consideration and they are dealt with on a case-by-case basis and to a defined set of policies and procedures, ensuring a consistent approach.

Protecting the confidentiality of whistleblowers

In order to protect the confidentiality of whistleblowers and other parties involved, prescribed persons should not include any information in the report that would enable a worker who has made the disclosure or the employer or person about whom a disclosure has been made to be identified.

Should this information be reported to Parliament?

Prescribed Bodies are required to publish their reports online or in such other manner as the relevant prescribed person considers appropriate for bringing the report to the attention of the public. The Department for Business, Energy and Industrial Strategy also intends to collate Prescribed Persons’ reports and arrange for them to be laid before Parliament.
Further information

For further information on whistleblowing you can access:

- The government’s guidance to employers and whistleblowers
- The government’s Code of Practice for employers
- The PCaW Code of Practice
- The PCaW website
- Acas guidance on whistleblowing
Whistleblowing disclosures report 2018

Healthcare professional regulators
This report has been produced by the healthcare professional regulators
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About the report

On April 1 2017 a new legal duty came into force which required all prescribed bodies to publish an annual report on the whistleblowing disclosures made to them by workers.

“The aim of this duty is to increase transparency in the way that whistleblowing disclosures are dealt with and to raise confidence among whistleblowers that their disclosures are taken seriously. Producing reports highlighting the number of qualifying disclosures received and how they were taken forward will go some way to assure individuals who blow the whistle that action is taken in respect of their disclosures.”

Department for Business, Energy and Industrial Strategy (2017)

As healthcare professional regulators* we have chosen to publish a joint report highlighting our coordinated effort to work together in handling serious issues raised to us. Our aim in this is to be transparent about how we handle these disclosures, highlight the action taken about these issues, and to improve collaboration across the health sector.

In this report we show how we handled these disclosures and what action we have taken. As each regulator has different statutory responsibilities and different operating models, a list of actions were devised that could accurately describe the handling of disclosures in each organisation (Table 1). It is important to note that whilst every effort has been made to align the ‘action taken’ categories, each regulator will have slightly different definitions, activities, and sources of disclosures.

* General Chiropractic Council, General Dental Council, General Medical Council, General Optical Council, General Osteopathic Council, General Pharmaceutical Council, Health and Care Professions Council and Nursing and Midwifery Council
### Table 1: Types of action taken after receiving a whistleblowing disclosure

<table>
<thead>
<tr>
<th>Action type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under review</td>
<td>This applies to disclosures which have been identified as a qualifying whistleblowing disclosure but no further assessment or action has taken place yet.</td>
</tr>
<tr>
<td>Closed with no action taken</td>
<td>This applies to disclosures which have been identified as a qualifying whistleblowing disclosure but no regulatory assessment, action or onward referral was required. This could be in cases where it was decided the incident was resolved or no action was appropriate at the current time.</td>
</tr>
<tr>
<td>Onward referral to alternative body</td>
<td>This applies to disclosures which have been identified as a qualifying whistleblowing disclosure and forwarded to another external organisation without any further assessment or action by the receiving regulator.</td>
</tr>
<tr>
<td>Regulatory action taken</td>
<td>This applies to disclosures where the regulator has taken an action which falls under their operative or regulatory remit. This may include but is not limited to: Referral to fitness to practise team or any other fitness to practise process, Opening of an investigation, Advice or guidance given to discloser, employer, education body or any other person or organisation, Registration actions, Other enforcement actions. In cases where the disclosure was assessed via a regulatory action but it was then found that there was not enough information to proceed, the disclosure is categorised as 'no action – not enough information'.</td>
</tr>
<tr>
<td>No action – not enough information</td>
<td>This applies to disclosures which have been assessed by the regulator and a decision has been made that there is not enough information to progress any further. This may be in cases where the disclosure was made anonymously with insufficient information to allow further investigation, a discloser in unable to provide more information or the disclosure was withdrawn before it could be investigated.</td>
</tr>
<tr>
<td>Onward referral to alternative body and regulatory action taken</td>
<td>This applies to disclosures where a regulatory action was taken and the disclosure was referred on to another external organisation.</td>
</tr>
</tbody>
</table>
In order to protect the confidentiality of whistleblowers and other parties involved, no information is included here that would enable a worker who has made the disclosure or the employer, place, or person about whom a disclosure has been made to be identified.

The reporting period includes activity between 1 April 2017 and 31 March 2018.
General Chiropractic Council

The General Chiropractic Council (GCC) is the independent regulator of UK chiropractors. We are accountable to Parliament and subject to scrutiny by the Professional Standards Authority (PSA). Our statutory duty is to develop and regulate the profession of chiropractic, thereby protecting patients and the public.

The GCC’s over-arching objective is the protection of the public. This involves the pursuit of the following objectives:

- To protect, promote and maintain the health, safety and wellbeing of the public;
- To promote and maintain public confidence in the profession of chiropractic; and
- To promote and maintain proper professional standards and conduct for members of that profession.

Whistleblowing disclosures received from 01 April 2017 to 31 March 2018

From 01 April 2017 to 31 March 2018 the General Chiropractic Council received no whistleblowing disclosures.
General Dental Council

The General Dental Council (GDC) is the UK-wide statutory regulator of the 111,000 members of the dental team. This includes approximately 42,000 dentists and 69,000 dental care professionals (DCPs), which includes dental nurses, clinical dental technicians, dental hygienists, dental technicians, dental therapists and orthodontic therapists.

Our purpose: We want patients and the public to be confident that the treatment they receive is provided by a dental professional who is properly trained and qualified and who meets our standards. Where there are concerns about the quality of care or treatment, or the behaviour of a dental professional, we will investigate and take action if appropriate.

Our legislation, the Dentists Act 1984 (as amended), sets us the following objectives:

- To protect, promote and maintain the health, safety and well-being of the public
- To promote and maintain public confidence in the professions regulated
- To promote and maintain proper professional standards and conduct for members of those professions.

We fulfil our purpose by using our statutory powers to:

- Grant registration only to those dental professionals who continue to meet our requirements on education and training, health and good character. Only those who are registered with us can practise dentistry in the UK
- Assure the quality of dental pre-registration training
- Set standards of conduct, performance and ethics for the dental team
- Investigate complaints against dental professionals and where appropriate, take action through our Fitness to Practise (FtP) process
- Protect the public from individuals carrying out dentistry while not registered
- Require dental professionals to keep their skills up to date through our continuing professional development (CPD) requirements.
In addition, we provide the Dental Complaints Service (DCS) which aims to support patients and dental professionals in using mediation to resolve complaints about private dental care.

In carrying out all our activities we aim to demonstrate our values, which are:

**Fairness:** We will treat everyone we deal with fairly

**Transparency:** We are open about how we work and how we reach decisions

**Responsiveness:** We can adapt to changing circumstances

**Respect:** We treat dental professionals, our partners and our employees with respect.

**Whistleblowing disclosures received from 01 April 2017 to 31 March 2018**

From 01 April 2017 to 31 March 2018 the General Dental Council received 61 whistleblowing disclosures.

**Actions taken in response to disclosures**

<table>
<thead>
<tr>
<th>Action</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>No action – not enough information</td>
<td>4</td>
</tr>
<tr>
<td>Closed with no action taken</td>
<td>7</td>
</tr>
<tr>
<td>Regulatory action taken</td>
<td>47</td>
</tr>
<tr>
<td>Onward referral to alternative body</td>
<td>3</td>
</tr>
</tbody>
</table>

By far the majority of disclosures (51) were made direct to the fitness to practise team. In 42 of those 51 disclosures regulatory action was taken, namely the opening of fitness to practise cases. Four of the disclosures received by the fitness to practise team during this period could not be taken forward because insufficient information was provided and three were referred to another body. Two disclosures were closed with no action taken as the individual concerned was no longer on the register.

In addition, two disclosures were made during this period relating to education providers. One disclosure related to a course provider where the GDC was already undertaking regulatory action. The second disclosure resulted in a number of FtP cases relating to clinical concerns being opened and investigated. In respect of this disclosure, the GDC also investigated the concerns raised with the education provider.
A further three of the disclosures were received by the GDC’s illegal practice team. Under the Dentists Act 1984, only registered dental professionals can:

- practise dentistry; or
- hold themselves out as practising or being prepared to practise dentistry;
- use a protected title or carry on the business of dentistry.

A criminal prosecution can be brought by the GDC if there is sufficient evidence for there to be a realistic prospect of conviction and if there is, it is in the public interest to pursue the matter to a prosecution. ‘Cease and desist’ letters, requiring the illegal practice to be discontinued, were sent in response to all three of these disclosures.

**Learning from disclosures**

The disclosures we have received have not impacted on our ability to perform our regulatory functions and objectives during the period. In the vast majority of cases, the action we would take in response to a disclosure does not differ from the regulatory action we would normally take. There has been a minor operational impact in terms of establishing systems and practices across the organisation to recognise disclosures appropriately when they are received.

The absolute number of disclosures we have received has been too small to discern emerging trends. Compared to some other regulators we have received a higher number of disclosures in comparison to the size of the register. While we are unable to form firm conclusions as to why this might be the case, it is worth noting that most dentistry is provided in a primary care setting and out with the more robust clinical governance frameworks that characterise some other forms of healthcare. This may mean that alternative disclosure routes are less present in dentistry, and a larger proportion are dealt with by the regulator. We may be able to explore this further as we collect more data.
General Medical Council

The General Medical Council is an independent organisation that helps to protect patients and improve medical education and practice across the UK. Our role is to protect the public* and act in the public interest.

- We decide which doctors are qualified to work here and we oversee UK medical education and training
- We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers
- We take action to prevent a doctor from putting the safety of patients, or the public’s confidence in doctors, at risk
- Every patient should receive a high standard of care. Our role is to help achieve that by working closely with doctors, their employers and patients, to make sure that the trust patients have in their doctors is fully justified.

Whistleblowing disclosures received from 01 April 2017 to 31 March 2018

From 01 April 2017 to 31 March 2018 the General Medical Council received 23 whistleblowing disclosures.

Actions taken in response to disclosures

<table>
<thead>
<tr>
<th>No action – not enough information</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulatory action taken</td>
<td>21</td>
</tr>
</tbody>
</table>

All of the whistleblowing disclosures we received came in to our Fitness to Practise directorate. Of the 23 disclosures we received 12 were made by doctors, two were made by other healthcare professionals and the remainder were made anonymously.

All of the disclosures were assessed by our fitness to practise team. Ten of the disclosures were closed after an initial assessment, ten resulted in either a preliminary or full investigation (five now closed) and one disclosure is still being assessed. For two of the disclosures we received, it was not possible to obtain enough information to take any action.

*Medical Act 1983 (as amended)
Of the 15 disclosures which were closed after either an initial assessment or a preliminary or full investigation the reasons for closure included:

- the disclosure was or had already been handled locally
- advice was given to the discloser
- disclosure was outside of our remit to deal with (e.g. local employment dispute, insufficient local resources)
- disclosure was a historical concern.

**Learning from disclosures**

The information disclosed to us during the reporting period has not impacted on our ability to perform our regulatory functions and deliver our objectives. We have an operational group which meets throughout the year to reflect on the disclosures we have received.

A few of the disclosures we received were outside of our remit and in these cases we have advised disclosers on where to raise their concern or where to seek additional support.

We want to ensure that whistleblowers feel confident in raising their concerns to us and we have been improving awareness of whistleblowing policies internally. To date we have revised our internal guidance for teams, rolled out in-house training for staff on how to recognise and act on whistleblowing disclosures, and organised an internal learning event where a doctor who was a whistleblower shared his experiences with us.
General Optical Council

The General Optical Council (GOC) is the regulator for the optical professions in the UK. As of 31 March 2018, there were 30,097 optometrists, dispensing opticians, student opticians and optical businesses on our register.

Our general statutory purpose is the promotion of high standards of professional education, conduct and performance among registrants and the additional functions assigned to the Council by the Opticians Act 1989.

We are one of 12 organisations in the UK known as health and social care regulators. These organisations oversee the health and social care professions by regulating individual professionals. We are the regulator for the optical professions in the UK. We currently register around 30,000 optometrists, dispensing opticians, student opticians and optical businesses.

We have four core functions:

- Setting standards for optical education and training, performance and conduct
- Approving qualifications leading to registration
- Maintaining a register of individuals who are qualified and fit to practise, train or carry on business as optometrists and dispensing opticians
- Investigating and acting where registrants’ fitness to practise, train or carry on business is impaired.

We published a ‘Raising Concerns (Whistleblowing) Policy in 2016: https://www.optical.org/en/Investigating_complaints/raising-concerns.cfm

Whistleblowing disclosures received from 01 April 2017 to 31 March 2018

From 01 April 2017 to 31 March 2018 the General Optical Council received 11 whistleblowing disclosures.

Actions taken in response to disclosures

<table>
<thead>
<tr>
<th>Action</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>No action – not enough information</td>
<td>2</td>
</tr>
<tr>
<td>Under review</td>
<td>5</td>
</tr>
<tr>
<td>Regulatory action taken</td>
<td>2</td>
</tr>
<tr>
<td>Onward referral to alternative body</td>
<td>2</td>
</tr>
</tbody>
</table>
In two cases, we were unable to pursue the disclosures made. In one of the cases, the disclosure was anonymous and we had insufficient information to be able to proceed. In the other case, the discloser did not respond to requests for more information and we were unable to proceed.

A decision is pending in three cases as to whether the disclosure can be taken forward to formal fitness to practise investigation stage. In two cases, we have no jurisdiction under our fitness to practise process as the disclosure relates to non-registrants but we are reviewing whether they can proceed via our Illegal Practice jurisdiction.

We have opened four formal fitness to practise investigations into concerns arising from two disclosures.

We received two disclosures relating to non-GOC registered businesses. We referred both disclosures on to NHS Counter Fraud as they related to claims made under the GOS system.

All 11 disclosures that we received in 2017-18 were placed into our Triage system for formal assessment. All required us to attempt further initial engagement with the discloser before we could reach an initial decision, with varying results as can be seen from the data above.

Where possible, we have opened formal fitness to practise investigations into the disclosures. With regard to the two disclosures that have led to the opening of a formal investigation (into four individuals/businesses), these investigations are ongoing.

Where it has not been possible to open an investigation, we have sought to identify other organisations that may be able to investigate further. In two of our cases, this resulted in the disclosures being referred to NHS Counter Fraud. Where we have been unable to identify fitness to practise jurisdiction (because the subject(s) of the disclosure are not registered with the GOC), we are considering whether we may have jurisdiction under our Illegal Practice powers.

None of the disclosures have (to date) resulted in resolution via the employer(s). This is either because the nature of the disclosures made them unsuitable for resolution in this way, or because we have been unable to obtain sufficient detail or jurisdiction to consider this option.

During the course of 2017-18, a disclosure that was made to the GOC in the previous year was referred by our Case Examiners for a full Fitness to Practise Committee hearing.
Learning from disclosures

In terms of learning emerging from disclosures, not just from 2017-18 disclosures but also arising from prior disclosures, two key themes have emerged:

- Limitations in regulatory powers make it difficult to investigate concerns where the discloser is anonymous or withdraws, even if there is a public interest in doing so. Although it is possible to find ways to continue with an investigation, this is far less effective than having the cooperation of the discloser. We have no powers of inspection or intervention and the registration of businesses with the GOC is only mandatory in certain circumstances. Although we have powers under the Opticians Act 1989 to demand information, and to proceed with an investigation of our own volition if we considers it to be in the public interest to do so, this is very challenging in the absence of the specific detailed information required for us to be able to do so. Where there has been fuller engagement from disclosers, we have found it easier to proceed to a full fitness to practise investigation.

- Full and effective engagement with the discloser from day one is vital to securing the confidence of the discloser in the regulator’s willingness and ability to take the matter forward. Any loss of confidence in the regulator does of course increase the chances of the discloser withdrawing. It is vital that those staff operating as the point of first receipt are trained and experienced in effective management of protected disclosures so that they understand the significance of the disclosure, and the risks (perceived or actual) that the discloser will feel that they are taking in coming forward.

The number of disclosures received by the GOC in 2017-18 is relatively small. In total in 2017-18, we received 495 new referrals, so protected disclosures account for only 2% of these. Although protected disclosure cases are by their very nature more difficult and time-consuming to investigate, they have not directly impacted upon our ability to perform our regulatory functions.
General Osteopathic Council

The General Osteopathic Council regulates osteopathic practice in the UK. Its purpose is to protect the public by ensuring high standards of education, practice and conduct among osteopaths.

Its core functions are:

- Assuring the quality of osteopathic education and training
- Registering qualified professionals on an annual basis and ensuring their continuing fitness to practise
- Setting and promoting high standards of osteopathic practice and conduct
- Helping patients with complaints or concerns about osteopaths and, where necessary, dealing with those complaints through fitness to practise procedures.

Whistleblowing disclosures received from 01 April 2017 to 31 March 2018

From 01 April 2017 to 31 March 2018, the General Osteopathic Council received two whistleblowing disclosures.

Actions taken in response to disclosures

<table>
<thead>
<tr>
<th>Action</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under review</td>
<td>1</td>
</tr>
<tr>
<td>Regulatory action taken</td>
<td>1</td>
</tr>
</tbody>
</table>

One case still being investigated under our FtP procedures. It would not be appropriate to disclose further information at this stage given it is in the early stages and a decision not yet taken to disclose to the registrant pending the receipt of further information.

One concern raised with us had already been identified as a matter for consideration within our education quality assurance procedures.
General Pharmaceutical Council

We regulate pharmacists, pharmacy technicians and pharmacies in Great Britain.

We work to assure and improve standards of care for people using pharmacy services.

What we do:

- Our role is to protect the public and give them assurance that they will receive safe and effective care when using pharmacy services
- We set standards for pharmacy professionals and pharmacies to enter and remain on our register
- We ask pharmacy professionals and pharmacies for evidence that they are continuing to meet our standards, and this includes inspecting pharmacies
- We act to protect the public and to uphold public confidence in pharmacy if there are concerns about a pharmacy professional or pharmacy on our register
- Through our work we help to promote professionalism, support continuous improvement and assure the quality and safety of pharmacy.

Whistleblowing disclosures received from 01 April 2017 to 31 March 2018

From 1 April 2017 to 31 March 2018 the General Pharmaceutical Council received six whistleblowing disclosures.

Actions taken in response to disclosures

<table>
<thead>
<tr>
<th>Action</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under review</td>
<td>1</td>
</tr>
<tr>
<td>Regulatory action taken</td>
<td>5</td>
</tr>
</tbody>
</table>

A number of actions were taken in relation to the six disclosures that we received between 1 April 2017 to 31 March 2018. Each disclosure is considered within established regulatory processes through which a range of outcomes are available including formal fitness to practise proceedings and an inspection.

Action was taken in five cases with one still under consideration.
Three cases were investigated through our fitness to practise process. Once we concluded our enquiries no further action was taken in each of these three cases.

Two of the disclosures were investigated by an individual GPhC inspector and concluded with guidance given to the employer by the inspector.

**Learning from disclosures**

None of the disclosures had an impact on our ability to perform our regulatory functions and meet our objectives during the reporting period.

We use all concerns raised with us to inform our standards and guidance development.

Protected disclosures also inform our operational processes and approach to understanding what the most appropriate regulatory lever is to achieve the best outcome.

The concerns raised with inspectors and the associated guidance in response to the concern, including those that arise through inspections, are widely shared to ensure learning across the inspectorate. These issues also inform our work on understanding the experiences of pharmacy professionals in the community pharmacy environment.
Health and Care Professions Council

The Health and Care Professions Council (HCPC) is a statutory regulator of health, social work, and psychological professions governed by the Health and Social Work Professions Order 2001. We regulate the members of 16 professions.

We maintain a register of professionals, set standards for entry to our register, approve education and training programmes for registration and deal with concerns where a professional may not be fit to practise. Our role is to protect the public.

Whistleblowing disclosures received from 01 April 2017 to 31 March 2018

From 01 April 2017 to 31 March 2018 the Health and Care Professions Council received six whistleblowing disclosures.

Actions taken in response to disclosures

<table>
<thead>
<tr>
<th>Action</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closed with no action taken</td>
<td>1</td>
</tr>
<tr>
<td>Onward referral to alternative body</td>
<td>5</td>
</tr>
</tbody>
</table>

The majority of the disclosures that we received were from registrants, and came through our Policy and Standards department. These related to issues such as financial incentives, resources, emergency cover, training and scope of practice. As these concerns related to organisations, this therefore fell outside of our regulatory remit and instead were referred to the relevant regulator for action.

We also received a disclosure through our Education department, regarding an education provider’s approach to admissions. This was however closed when preliminary investigations uncovered that concerns had been appropriately handled, meaning there was no risk in terms of access to the Register.

Learning from disclosures

Most disclosures we have received during this reporting period relate to matters outside of our statutory remit, and so have had little impact on our ability to perform our regulatory functions and objectives.

We have however decided, in response to some of the disclosures, to provide additional information to our registrants about scope of practice, and how they can assess whether or not activities fall within their remit.

We are also in the process of developing a whistleblowing policy, which will be published later this year.
Nursing and Midwifery Council

We regulate nurses and midwives in England, Wales, Scotland and Northern Ireland. We exist to protect the public. We set standards of education, training, conduct and performance so that nurses and midwives can deliver high quality healthcare throughout their careers.

We make sure that nurses and midwives keep their skills and knowledge up to date and uphold our professional standards. We have clear and transparent processes to investigate nurses and midwives who fall short of our standards. We maintain a register of nurses and midwives allowed to practise in the UK.

Like other professional healthcare regulators, we have a set of governing legislation. Our main legislation is the Nursing and Midwifery Order 2001 ('the Order'); a series of orders made by the Privy Council and Rules made by our Council sit underneath the Order. All our legislation was created under powers in the Health Act 1999, and all of our legislation is secondary legislation. These pieces of legislation work together to form a detailed legal framework that determines how we operate. To change how we operate generally requires legislative change.

Whistleblowing disclosures received from 01 April 2017 to 31 March 2018

In total, 371 pieces of information were assessed by the NMC against the whistleblowing criteria between 01 April 2017 and 31 March 2018. Of these, 60 (16%) we reasonably believe to be ‘qualifying disclosures’ as they met all of the whistleblowing criteria.

Actions taken in response to disclosures

<table>
<thead>
<tr>
<th>Action</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulatory action taken</td>
<td>53</td>
</tr>
<tr>
<td>Onward referral to alternative body and regulatory action taken</td>
<td>7</td>
</tr>
</tbody>
</table>

The table above shows the action taken on all ‘qualifying disclosures’ received between 01 April 2017 and 31 March 2018.
In all ‘qualifying disclosures’ we have taken action either by way of regulatory action; or both regulatory action and an onward referral to another body. Regulatory action taken on these disclosures is as follows (some disclosures have been dealt with by more than one team and so will be duplicated in the overall number):

- 56 out of the 60 ‘qualifying disclosures’ were dealt with via our Fitness to Practise directorate
- Three disclosures were referred to our Education and Standards directorate
- Three were referred to our Employer Link Service who engaged with employer in respect of the issues raised
- One was referred to our Complaints team as the referrer was not happy with the outcome of a Fitness to Practise case.

We have made onward referrals to a range of other bodies including Care Quality Commission, General Medical Council, Care and Social Services Inspectorate Wales and Social Care Wales.

We still took action on many disclosures where we did not reasonably believe the whistleblowing criteria were met. We either took regulatory action or made referrals to other bodies including Department of Work and Pensions, Care Inspectorate Scotland and Healthcare Inspectorate Wales. The main reasons why information was not treated as a ‘qualifying disclosure’ was because it did not fall within our regulatory remit or did not meet the public interest criterion.

**Learning from disclosures**

The disclosures we received during the reporting period did not have an impact on our ability to perform against our regulatory functions and objectives. We were able to use the disclosures to enhance our knowledge and understanding of the wider healthcare landscape.

We have a panel that meets weekly to discuss any disclosures and the appropriate course of action. This panel also looks into any learning from each piece of information we assess. We have been carrying out regular internal awareness training around whistleblowing and are just about to launch an e-learning package for our staff.

As many pieces of information we received did not fall within our regulatory remit or did not meet the public interest test, we are considering clarifying our whistleblowing guidance on our website. We have also implemented a tracking mechanism so that we are able to follow a qualifying disclosure through our Fitness to Practise process; this will enable us to report on the progress of such cases in the future.


Note on data

All measures are activity occurring in the reporting date range. Disclosures received may not equal the number of actions taken because some disclosures may have been received in a previous year or still being investigated at the end of the year.

It is possible that some disclosures have been counted and reported on more than once in this report. This may be due to incidences where one regulator has referred the disclosure on to another regulator or when an anonymous discloser has raised a concern multiple times. Whilst checks are done to mitigate for the latter it is not always possible to determine.
General Chiropractic Council
Park House, 186 Kennington Park Road, London, SE11 4BT
Website: www.gcc-uk.org

General Dental Council
37 Wimpole Street, London, W1G 8DQ
Website: www.gdc-uk.org

General Medical Council
Regent’s Place, 350 Euston Road, London, NW1 3JN
Website: www.gmc-uk.org

General Optical Council
10 Old Bailey, London, EC4M 7NG
Website: www.optical.org

General Osteopathic Council
Osteopathy House, 176 Tower Bridge Road, London, SE1 3LU
Website: www.osteopathy.org.uk

General Pharmaceutical Council
25 Canada Square, London, E14 5LQ
Website: www.pharmacyregulation.org

Health and Care Professions Council
Park House, 184 Kennington Park Road, London, SE11 4BU
Website: http://www.hcpc-uk.co.uk/

Nursing and Midwifery Council
23 Portland Place, London, W1B 1PZ
Website: www.nmc.org.uk

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Textphone: please dial the prefix 18001 then 0161 923 6602 to use the Text Relay service

Published September 2018
To: General Chiropractic Council
From: Tricia McGregor, Interim CER
Subject: Performance Report and business plan update
Date: 11th December 2018

1. Purpose
The purpose of the report is to present to Council the performance report and business plan update covering the period to 31st November 2018.

Items in the business plan update that are in progress are colour coded orange. There are no red rated items.

Please note that as the Council meeting is early in December the finance report will be a verbal update with flash figures. The final management accounts will be circulated to Council members later in December.

2. Action required
Council is asked to note the report and progress being made on the business plan.

3. Financial implications
There are no financial implications arising from this paper.

4. Legal Implications
There are no legal implications arising from this paper.

5. Risk Implications
There are no risk implications arising from this paper.

6. Equality Implications
There are no equality implications arising from this paper.

7. Communications Implications
There are no communications implications arising from this paper.
Key Performance Indicators (reported by exception)

<table>
<thead>
<tr>
<th>Fitness to Practise</th>
<th>Status</th>
<th>Exception Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>To determine IC cases within a median target of 28 weeks from receipt of the complaint to determination by the IC.</td>
<td>Actual rate</td>
<td>The median target for cases determined by the IC for the last 12 months is <strong>26 weeks</strong>. This follows on from the reduction in previous reports. The KPI is now being met and is shown for reference only as this has been reported for some time. The mean of IC cases for the same period is 30 weeks.</td>
</tr>
</tbody>
</table>

Investigating Committee (IC) caseload

<table>
<thead>
<tr>
<th></th>
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<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of cases b/f (at 1st of the month)</td>
<td>38</td>
<td>41</td>
<td>41</td>
<td>42</td>
<td>33</td>
<td>30</td>
<td>28</td>
<td>35</td>
<td>33</td>
<td>30</td>
<td>31</td>
<td>47</td>
</tr>
<tr>
<td>Number of new cases in month</td>
<td>7</td>
<td>6</td>
<td>7</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>47</td>
</tr>
<tr>
<td>Number of cases determined in period</td>
<td>4</td>
<td>6</td>
<td>6</td>
<td>9</td>
<td>5</td>
<td>6</td>
<td>0</td>
<td>5</td>
<td>6</td>
<td>2</td>
<td>7</td>
<td>56</td>
</tr>
<tr>
<td>Number c/f (at the end of the month)</td>
<td>41</td>
<td>41</td>
<td>42</td>
<td>33</td>
<td>30</td>
<td>28</td>
<td>35</td>
<td>33</td>
<td>30</td>
<td>31</td>
<td>29</td>
<td>190</td>
</tr>
<tr>
<td>% cumulative change in caseload since start of year</td>
<td>+8%</td>
<td>+8%</td>
<td>+11%</td>
<td>-13%</td>
<td>-21%</td>
<td>-26%</td>
<td>-8%</td>
<td>-13%</td>
<td>-21%</td>
<td>-18%</td>
<td>-24%</td>
<td>-24%</td>
</tr>
<tr>
<td>Number of IC days</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Total Cases Considered</td>
<td>4</td>
<td>6</td>
<td>9</td>
<td>9</td>
<td>6</td>
<td>6</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>3</td>
<td>8</td>
<td>63</td>
</tr>
</tbody>
</table>
Current IC open cases

<table>
<thead>
<tr>
<th>Length of open cases</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within 4 months</td>
<td>12</td>
<td>41%</td>
</tr>
<tr>
<td>Within 6 months</td>
<td>10</td>
<td>34%</td>
</tr>
<tr>
<td>Within 9 months</td>
<td>2</td>
<td>7%</td>
</tr>
<tr>
<td>9 + months</td>
<td>5</td>
<td>17%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>29</td>
<td>100%</td>
</tr>
</tbody>
</table>

IC DETERMINATIONS in 2018

There have been 56 determinations in the first 11 months of 2018.

Of these, 45 cases were determined as a no case to answer. There were 11 referrals to the Professional Conduct Committee which represents a referral rate of 20%.

<table>
<thead>
<tr>
<th></th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Case to Answer</td>
<td>45</td>
</tr>
<tr>
<td>Referred to PCC</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>56</td>
</tr>
</tbody>
</table>
## Professional Conduct Committee (PCC) caseload

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of PCC cases b/f</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>10</td>
<td>10</td>
<td>9</td>
<td>8</td>
<td>8</td>
<td>9</td>
<td>8</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>New Referrals from the IC</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>PCC Cases Closed</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Cumulative PCC</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>7</td>
<td>10</td>
<td>12</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Cases c/f</td>
<td>10</td>
<td>11</td>
<td>10</td>
<td>10</td>
<td>9</td>
<td>8</td>
<td>8</td>
<td>9</td>
<td>8</td>
<td>6</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>% cumulative change in</td>
<td>+11%</td>
<td>+22%</td>
<td>+11%</td>
<td>+11%</td>
<td>0%</td>
<td>-11%</td>
<td>-11%</td>
<td>0%</td>
<td>-11%</td>
<td>-33%</td>
<td>-11%</td>
<td></td>
</tr>
<tr>
<td>caseload since start of year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
Section 32 progress

The Council has prioritised the review of the section 32 (illegal use of the title “chiropractor”) cases. External resources have been engaged to assist with this.

As at 5 December 2018 there are 91 open complaints made which equates to 74 individuals/clinics complained about. To date, 28 of these complaints have been reviewed and action undertaken – this includes all of the complaints from patients. Apart from the patient cases, the main focus has been on the oldest cases, the bulk of which have now been reviewed.

The action taken has included sending the individuals being complained about a “cease and desist” letter (e.g. requesting them to change the wording of their website or other publicity) and instructing inquiry agents to obtain more information. Where letters have been sent, we will be checking that appropriate action has been taken by those complained about as a result.

In 2018 there has been one case against an individual where the registrar made the decision to prosecute. We are due to lay the information before the Magistrate’s Court in the New Year.

<table>
<thead>
<tr>
<th>Current live s32 cases</th>
<th>74</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reviewed to date</td>
<td>28</td>
</tr>
<tr>
<td>Still to be reviewed</td>
<td>46</td>
</tr>
</tbody>
</table>

We expect that all of the outstanding s32 cases will have been reviewed and concluded by March 2019. As part of our FTP process review we will be considering our process for investigating s32 concerns to ensure that going forward, those concerns are managed in a timely manner.

Advertising progress

Advertising cases are progressing well and are now being referred to the Investigating Committee (“IC”).

In accordance with the project plan, the GCC had estimated that the IC would be able to consider 50 complaints in the week-long meetings. As a result, 7 week-long IC meetings were listed.

After the first week of IC meetings held on 8-12 October, the IC were only able to consider 24 complaints (approx. 5-6 cases per day).

In view of the IC only considering half of the number of complaints originally estimated in the project plan, further dates for IC meeting weeks were sought and listed. Instead of the original 7 weeks of IC meetings, we have now listed 5 additional weeks of IC meetings therefore in total 12 Weeks of IC to consider all 293 cases.

As at 5 December, there have been 4 week-long IC meetings held and at the time of writing a fifth week of IC meetings is in progress.

Of the 293 complaints, 88 complaints have been closed by the IC with no case to answer; 7 cases have been adjourned requiring further evidence. There have been no referrals to the PCC.

We are on track to conclude all of the advertising complaints by the end of April 2019.
<table>
<thead>
<tr>
<th>Activity ongoing or to be initiated in Quarter 1</th>
<th>Progress/ delivery measures</th>
<th>Estimated initiation by quarter</th>
<th>Estimated completion by quarter</th>
<th>Inter-dependencies with other GCC activity</th>
<th>SMT member accountable for delivery</th>
<th>RAG rating</th>
<th>Comments re amber/red status including mitigations put in place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publication of Graduate Preparedness for Practice research report.</td>
<td>Publication of report and subsequent discussion with education providers (Education Committee)</td>
<td>Quarter 1 2018</td>
<td>Quarter 1 2018</td>
<td>none</td>
<td>PB</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Developing guidance for continuing fitness to practise, based on outcomes of pilot study.</td>
<td>Publication of guidance and subsequent consideration of feedback</td>
<td>Quarter 1 2018</td>
<td>Quarter 3 2019</td>
<td>None</td>
<td>PB</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Review of registrations processes to check compliance with legal requirements, good practice and efficiency, and report on recommended actions</td>
<td>Report to Council on any significant changes recommended to be made to the registrations processes. Guidance to be published on the website once finalised, and its publication highlighted to registrants, professional associations (and applicants for registration).</td>
<td>Quarter 1 2018</td>
<td>Quarter 2 2018</td>
<td>May have implications for GDPR review and IT strategic review. Important to complete by end Quarter 2 in order to tie in with workload pressures for registrations team.</td>
<td>CER and PB</td>
<td>Business process review and mapping completed.</td>
<td></td>
</tr>
<tr>
<td>Development of further guidance about how we reach registrations decisions (e.g. in relation to English language).</td>
<td>Guidance to be published on the website once finalised, and its publication highlighted to registrants, professional associations (and applicants for registration).</td>
<td>Quarter 1</td>
<td>Quarter 2</td>
<td>Additional areas for development of guidance likely to emerge from review of registrations processes.</td>
<td>CER and PB</td>
<td>Business process review has identified further improvements can be made and these included in the 2019 business plan</td>
<td></td>
</tr>
<tr>
<td>Assessment of 2 new UK chiropractic education programmes (AECC and LSBU)</td>
<td>Education Committee advises Council on whether/not to recognise each programme</td>
<td>Already underway-submissions received in 2017.</td>
<td>Quarter 3 2018</td>
<td>none</td>
<td>PB</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Revision of guidance for education providers and students concerning student fitness to practise and student health and disability.</td>
<td>Publication of guidance and consideration by the Education Committee of feedback received about its impact on providers/students.</td>
<td>Already initiated and progressing</td>
<td>Quarter 4 2018</td>
<td>none</td>
<td>PB</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Upgrade to Registrations database, to support registrants’ use of online services</td>
<td>Report to Council on successful completion of work, and communication about it to the profession. Any feedback received from registrants to be reported to Council later in 2018.</td>
<td>Quarter 12018</td>
<td>Quarter 1 2018</td>
<td>IT Strategic review</td>
<td>PG</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Task</td>
<td>Description</td>
<td>Timeframe</td>
<td>Notes</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Implementation of external advice on FTP processes already received including finalisation of Investigating Committee Guidance document; and revision of FTP team procedures manual</td>
<td>Investigating Committee members and others to be consulted about key aspects of draft Guidance. Investigating Committee Guidance document to be considered by Council prior to finalisation. Report to Council on completion of revision to manual and any significant changes made.</td>
<td>Quarter 1 2018 - Quarter 3 2018</td>
<td>Impact on ongoing investigations will need to be carefully considered. Amendment to policies agreed by Council in 2015 around investigation of allegations may be required, in light of the external advice received. RH</td>
<td>Full business process review has identified further changes that should be made and the work to complete this is now included in the 2019 business plan.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintenance/Improvement of performance against investigations KPI</td>
<td>Performance against the KPI is reported to Council each quarter as part of the performance report.</td>
<td>Quarter 1 - Quarter 3</td>
<td>Work on advertising cases and implementation of process changes may impact on staff time available to improve performance against the KPI. PG</td>
<td>No project plan required as this falls within the remit of the Audit Committee to monitor. Progress reported in the quarterly Performance Reports to Council.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revision of Disclosure Policy (to take account of GDPR)</td>
<td>Report to Council on changes recommended to the current Policy. Publication of revised Policy on the website</td>
<td>Quarter 1 2018 - Quarter 2 2018 (end)</td>
<td>GDPR compliance review CER</td>
<td>This has been delayed after staff departure. DPO role now allocated and the review will be progressed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of all processes to establish GDPR compliance</td>
<td>Report to Council on recommendations for changes to processes, timescale for implementation, and anticipated impact.</td>
<td>Quarter 1 2018 - Quarter 2 2018 (end)</td>
<td>Revision of Disclosure Policy, Review of registrations and other processes CER</td>
<td>Data retention policy will be finalised by the end of September. Archiving arrangements in line with revised policy will need to take place and will be subject to a separate project plan.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appointment of overall Chair of PCC and HC</td>
<td>Appointment recommendation to be made to Council by Quarter 2 2018</td>
<td>Quarter 1 2018 - Quarter 2 2018</td>
<td>Reporting to Council on progression of cases to conclusion at PCC hearings. Recruitment of additional registrant members for PCC, appointment of additional PCC panel chairs, and co-option of additional PCC lay members. Implementation of appraisal/ development processes for PCC. CER</td>
<td>Completed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Task</td>
<td>Action</td>
<td>Status</td>
<td>Notes</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Publication of revised Indicative Sanctions Guidance for PCC and HC</td>
<td>Council to consider document at end of (current) public consultation, prior to finalisation. Finalised Guidance to be published on the website and communicated to all relevant stakeholders.</td>
<td>Ongoing</td>
<td>Quarter 3</td>
<td>None</td>
<td>CER</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Planning effectively for the office move.</td>
<td>Activities reported to Council quarterly. Significant developments reported to Chair of Council in the interim.</td>
<td>Quarter 1 2018</td>
<td>Quarter 2 2018</td>
<td>n/a</td>
<td>CER and PG</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Tender for provision of external legal services</td>
<td>Initial advice as to format of tender process to be obtained. Progress on finalisation of tender process and timeframes to be reported to Council. Outcome of tender to be reported to Council</td>
<td>Quarter 1</td>
<td>Quarter 2</td>
<td>Maintenance of current progression of cases to conclusion at PCC hearings</td>
<td>CER</td>
<td>Work now in progress to receive legal provision via a framework agreement. Requirements will be reviewed once the FtP 'to be' processes have been agreed.</td>
<td></td>
</tr>
<tr>
<td>Review potential for cost savings in areas other than in relation to external legal services</td>
<td>Report to Council on any areas where potential cost savings are identified.</td>
<td>Quarter 1 2018</td>
<td>Quarter 4 2018</td>
<td>n/a</td>
<td>ALL SMT</td>
<td>Financial review completed and issues and areas identified have been built into the financial strategy.</td>
<td></td>
</tr>
<tr>
<td>Embedding shared values and behaviours across the staff team</td>
<td>Activities and expected outcomes from it to be reported to Council. Competency framework to be developed will be essential for modernised job descriptions.</td>
<td>Ongoing</td>
<td>Quarter 4 2018</td>
<td>Work to strengthen capacity and capability of staff.</td>
<td>CER</td>
<td>Following two facilitated workshops and the launch of values and behaviours, work continues to engage and involve staff in the transformation programme including working groups for the people strategy.</td>
<td></td>
</tr>
<tr>
<td>Preparation of Annual Report and Accounts</td>
<td>Reported to the Audit Committee and to Council</td>
<td>Quarter 1</td>
<td>Quarter 2</td>
<td>Day to day financial administration</td>
<td>PG</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Reporting on performance to the PSA</td>
<td>The Executive report to Council at each meeting will contain updates as to progress of the PSA performance review once the annual cycle begins. Audit Committee considers any action to be taken in respect of failure to meet any of the Standards of Good Regulation, as reported on by the PSA.</td>
<td>Quarter 1 2018</td>
<td>Quarter 2 2018</td>
<td>n/a</td>
<td>PG</td>
<td>Completed and met all PSA Standards</td>
<td></td>
</tr>
<tr>
<td>Task Description</td>
<td>Quarter 2 2018</td>
<td>Quarter 4 2018</td>
<td>Quarter 4 2018/Quarter 1 2019</td>
<td>CER</td>
<td>Project Plan</td>
<td></td>
<td></td>
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<td>---------------------------------------------------------------------------------</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Finalising a strategy about the GCC’s role in “developing” the profession.</td>
<td>Quarter 22018</td>
<td>Quarter 4 2018</td>
<td>Strategy in relation to use of investment funds</td>
<td>CER</td>
<td>A very successful professional body meeting/workshop was held on 10th October. Agreement on need for strategy and some early small projects. Support for the development of an approach to assist developing the profession - key objective in 2019 business plan.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Progression of advertising caseload to Investigating Committee – increase to number of Committee meetings to accommodate increased workload: Committee members fees, Legal Assessor fees, Committee members expenses, Expert reports, 6-month administrator position</td>
<td>Majority of cases to be concluded by the Investigating Committee during 2018. Progress reported to Council as part of Executive Report each quarter.</td>
<td>Quarter 2 2018</td>
<td>Quarter 4 2018/Quarter 1 2019</td>
<td>May impact on rest of investigation caseload if not adequately resourced</td>
<td>NU</td>
<td>Project plan in terms of preparing the cases to go to IC is on track. The original plan worked on IC concluding 10 cases per day however this is proving too challenging to achieve. Additional IC meetings are now scheduled and the plan is now expected to complete April 2019.</td>
<td></td>
</tr>
<tr>
<td>Redevelopment of senior FTP team lead role – including effective management of external legal suppliers and provision of legal advice internally across all functions. Recruitment.</td>
<td>Report to Council once job description finalised to seek authorisation for initiation of recruitment process in Quarter 3.</td>
<td>Quarter 2 2018 (redevelopment of role)</td>
<td>Quarter 3 2018 (recruitment )</td>
<td>n/a</td>
<td>CER</td>
<td>Acting Head of FtP in place pending wide review of processes and structures</td>
<td></td>
</tr>
<tr>
<td>Focused FTP audits</td>
<td>Quarter 2</td>
<td>Quarter 4</td>
<td>n/a</td>
<td>PG</td>
<td>A targeted FTP audit was carried out as requested by the Audit Committee in February 2018 and reported to them on 31 May 2018. An update is included in the Sept CER report.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Task</td>
<td>Status</td>
<td>Details</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Reappointment process for 1 registrant Council member</td>
<td>Completed.</td>
<td>Privy Council has confirmed the GCC can run with one or more vacancies, so this project is no longer required during 2018.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Appointment process for 1 registrant Council member vacancy</td>
<td></td>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodic review and updating of Governance Manual</td>
<td></td>
<td>Governance manual will be updated as required as 2018 work plan progresses.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planning for implementation of previously developed PCC and HC appraisal/development processes, involving overall Chair of PCC and HC.</td>
<td></td>
<td>PCC chair is now leading and implementing this work.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementation of redeveloped appraisal/development processes – additional fees for Chair’s time and expenses.</td>
<td></td>
<td>Included in the budget.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appointment of additional registrant PCC members</td>
<td></td>
<td>Recruitment campaign to appoint registrant members is scheduled for January/February 2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-option of additional lay PCC members (e.g. from adjudicating panels at other regulators in the sector)</td>
<td></td>
<td>Co-option process has been carried out and Council is due to confirm the appointments in December.</td>
<td></td>
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</tr>
</tbody>
</table>

**Quarterly Progress:**

<table>
<thead>
<tr>
<th>Task</th>
<th>Status</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reappointment process for 1 registrant Council member</td>
<td>Quarter 2 2018/Quarter 2 2018</td>
<td>None</td>
</tr>
<tr>
<td>Appointment process for 1 registrant Council member vacancy</td>
<td>Quarter 2 2018/Quarter 3 2018</td>
<td>None</td>
</tr>
<tr>
<td>Periodic review and updating of Governance Manual</td>
<td>Quarter 2 2018/Quarter 3 2018</td>
<td>None</td>
</tr>
<tr>
<td>Planning for implementation of previously developed PCC and HC appraisal/development processes, involving overall Chair of PCC and HC.</td>
<td>Quarter 2 2018/Quarter 4 2018</td>
<td>None</td>
</tr>
<tr>
<td>Implementation of redeveloped appraisal/development processes – additional fees for Chair’s time and expenses.</td>
<td>Quarter 2 2018/Quarter 3 2018</td>
<td>Failure to do this would impact on ability to maintain progress of PCC hearings. PCC Chair appointment must be made first.</td>
</tr>
<tr>
<td>Appointment of additional registrant PCC members</td>
<td>Quarter 2 2018/Quarter 3 2018</td>
<td>Failure to do this would impact on ability to maintain progress of PCC hearings. PCC Chair appointment must be made first.</td>
</tr>
<tr>
<td>Co-option of additional lay PCC members (e.g. from adjudicating panels at other regulators in the sector)</td>
<td>Quarter 2 2018/Quarter 2/3 2018</td>
<td>If current lay members successfully apply to also be eligible to sit as chairs, that would diminish the lay pool – see below. PCC Chair appointment must be made first.</td>
</tr>
<tr>
<td>Activity</td>
<td>Details</td>
<td>Start</td>
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<tr>
<td>Appointment of additional PCC panel chairs from the current pool of lay PCC panellists (provided that Council agrees to remove the requirement for PCC panel chairs to be legally qualified, put in place in June 2014 on the erroneous basis that it would remove the requirement for a Legal Assessor to be present at PCC hearings)</td>
<td>Proposal to be considered by Council (Quarter 1/Quarter 2). If approved, recommendation of candidates to be made to Council by Quarter 3.</td>
<td>Quarter 2 2018</td>
</tr>
<tr>
<td>Work to strengthen capacity and capability of staff team – including review of job descriptions and staffing structure, alongside review of key policies e.g. rewards and remuneration</td>
<td>Council to receive reports at each meeting on the progress and outcomes of the work to review job descriptions and staffing structure once initiated. Remuneration Committee to consider key policies on reward and remuneration.</td>
<td>Quarter 2 2018</td>
</tr>
<tr>
<td>IT Strategic review - Appointment of review supplier to be reported to Council, along with the scope of the work to be done. Progress to be reported at each Council meeting. Recommendations from review to be reported to and considered by Council, with a view to strengthening the functionality of the GCC’s systems for the future.</td>
<td>To provide recommendations to be used to improve the functionality of the GCC’s IT systems (and consistency of data held on them) for the benefit of both internal and external users.</td>
<td>Quarter 3 2018</td>
</tr>
<tr>
<td>Identifying opportunities to improve the efficiency of our processes by better use of technology.</td>
<td>Report to Council if any opportunities are identified separately from the IT strategic review.</td>
<td></td>
</tr>
<tr>
<td>Overall approach to redeveloping HR policies has been agreed by Remuneration and HR Committee. Staff now working in groups to progress the work by Jan 19. Staffing structures and JDs will need to be included as part of the work after new processes are designed.</td>
<td></td>
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<tr>
<td>IT review completed. Immediate actions in progress. Future recommendations 2019 onwards are included in the 2019 business plan and five year strategy.</td>
<td></td>
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<tr>
<td>Business process reviews are complete and identify a range of improvements that can be made.</td>
<td></td>
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</tr>
<tr>
<td>Description</td>
<td>Reporting</td>
<td>Quarter 3 2018</td>
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<td>----------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Sourcing expertise (internal or external) to undertake communications/engagement improvement work (from 2019) in relation to: ‘Tone of voice’ review of correspondence and recommendations for change, introducing customer service standards, Engagement with registrant, patient and education/accreditation stakeholders and others, Effective use of stakeholder feedback, Quality and accessibility of GCC reports (annual and other) Communications with registrants and members of the public.</td>
<td></td>
<td>Quarter 3 2018</td>
</tr>
<tr>
<td>Preparation of monthly newsletters and updating GCC website to ensure transparency and maintain stakeholder satisfaction.</td>
<td></td>
<td>Quarter 3 2018</td>
</tr>
<tr>
<td>Engage with chiropractic, patient and educator stakeholders. Maintaining and improving the GCC's current engagement and communications activity with key stakeholders.</td>
<td></td>
<td>Quarter 3 2018</td>
</tr>
<tr>
<td>Dealing with enquiries/complaints about the GCC. To maintain stakeholder satisfaction and learn from feedback.</td>
<td></td>
<td>Quarter 3 2018</td>
</tr>
</tbody>
</table>
To: Council meeting  
From: Tricia McGregor, Interim CER  
Subject: PSA review action plan  
Date: 11th December 2018

1. Purpose
The purpose of this paper is to share the PSA review action plan with the committee for comment and assurance.

2. Background
The PSA has recently published its 2017/18 review of the GCC’s performance. We are delighted to have passed all the standards. However the report makes reference to a number of actions or ongoing work which will inevitably be assessed at next year’s review. To ensure we are compliant we have developed an action plan. This has been discussed and reviewed at Audit and Risk Committee. As a result further detail on dates has been added.

3. Action required
Council is asked to note the action plan.

4. Financial implications
There are no financial implications arising from this paper.

5. Legal Implications
There are no legal implications arising from this paper.

6. Risk Implications
There are no additional risk implications arising from this paper.

7. Equality Implications
There are no equality implications arising from this paper.

8. Communications Implications
There are no communications implications arising from this paper.
<table>
<thead>
<tr>
<th>Area of review</th>
<th>Standard from PSA report</th>
<th>Comment/ Action from report</th>
<th>GCC Plan</th>
<th>Person responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Guidance &amp; Standards</strong></td>
<td>Standard 4: The standards and guidance are published in accessible formats. Registrants, potential registrants, employers, patients, service users and members of the public are able to find the standards and guidance published by the regulator and can find out about the action that can be taken if the standards and guidance are not followed.</td>
<td>3.7 As part of its 2017 communication activities, the GCC said it would continue to work closely with the other healthcare regulators, the Welsh Government and the Welsh Language Commissioner to enhance the support that the GCC provides to people who wish to engage with it in Welsh.</td>
<td>We continue to work with others but await a decision from the Welsh Government as to their requirements of healthcare regulators. Timeline to be confirmed after follow up with Welsh Government by Jan 19.</td>
<td>Penny Bance</td>
</tr>
<tr>
<td><strong>Education &amp; Training</strong></td>
<td>Standard 1: Standards for education and training are linked to standards for registrants. They prioritise patient and service user safety and patient and service user centred care. The process for reviewing or developing standards for education and training should incorporate the views and experiences of key stakeholders, external events and the learning from the quality assurance process.</td>
<td>4.4 Last year, the GCC commissioned research to find out whether graduates were as prepared as they could be to treat patients, and what could be done to help graduates be more prepared. 4.5 A series of recommendations were made. These included:  • to increase the number of work placements, mentoring and role-playing opportunities by which graduates could further develop vital communication skills  • to ensure that the education course content sufficiently covered key patient-centred skills including those areas identified as weakest in newly qualified practitioners: when and how to make referrals; developing and documenting a plan of care; and legislation relating to chiropractic care  • to widen opportunities for and encourage greater take-up amongst newly qualified practitioners of mentoring, shadowing and other forms of development to broaden experience. 4.6 We will monitor how the GCC uses the findings of this research.</td>
<td>Work commenced in 2018 with publication, dissemination and discussions. Actions are now incorporated into the GCC 2019 business plan for delivery during the year to be completed by December 2019.</td>
<td>Penny Bance</td>
</tr>
<tr>
<td><strong>Education &amp; Training</strong></td>
<td>Standard 3: Through the regulator’s registers, everyone can easily access information about registrants, except in relation to their health, including whether there are restrictions on their practice.</td>
<td>The published register It is not clear why the GCC did not decide to update its online search function to include the information required by its legislation.</td>
<td>Remove fixed register and provide compliant info on the online search facility by end January 2019.</td>
<td>Penny Bance</td>
</tr>
<tr>
<td>Registration</td>
<td>Standard 6: Through the regulator’s continuing professional development/revalidation systems, registrants maintain the standards required to stay fit to practise.</td>
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<td></td>
<td>5.20 A public consultation on the new scheme, however, remains scheduled for 2018, and it is still anticipated that the new CPD scheme would be implemented in 2019. We will continue to monitor this area and report on developments in next year’s review report.</td>
<td></td>
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<td></td>
<td>Ensure CPD business process review/changes are documented in public papers so that we can demonstrate progress. Develop and implement a proportionate approach to CPD submissions and audit by September 2019.</td>
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<table>
<thead>
<tr>
<th>Fitness to Practise</th>
<th>Standard 2: Information about fitness to practise concerns is shared by the regulator with employers/local arbitrators, system and other professional regulators within the relevant legal frameworks.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6.5 In August 2017 the Care Quality Commission (the CQC) shared a revised draft information sharing agreement with the GCC after the latter had fed back comments on the previous version. A final version of the agreement is not yet publicly available. Although we note the delay to finalising the agreement, we have not identified any risk to public protection.</td>
</tr>
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<td></td>
<td>Follow up with the CQC and finalise the agreement by March 2019.</td>
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<thead>
<tr>
<th>Fitness to Practise</th>
<th>Standard 4: All fitness to practise complaints are reviewed on receipt and serious cases are prioritised and where appropriate referred to an interim orders panel.</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>6.15 The GCC’s process primarily focusses on whether the risk in a case meets the threshold for referral to an interim order hearing. We consider that whilst a case may not meet the high threshold for referral for an interim order hearing, it may still present risk and require prioritisation, and therefore an analysis of risk beyond whether the case requires referral for an interim order hearing is required.</td>
</tr>
<tr>
<td></td>
<td>Include in business process review and amend processes as required by August 2019. NU to add to list of matters to be raised with GOsC at visit on 14/11/18.</td>
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</table>

<p>| Fitness to Practise | | 6.16 In response to our feedback, the GCC confirmed that it does not carry out risk ratings of cases. It stated that the GCC’s business plan for 2018/19 includes a wider review of FtP processes and as part of this, the GCC will consider whether and how other regulators use risk rating and whether the GCC should implement a similar process. |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Include in business process review and amend processes as required by August 2019. NU to add to list of matters to be raised with GOsC at visit on 14/11/18. |</p>
<table>
<thead>
<tr>
<th>Standard 6: Fitness to practise cases are dealt with as quickly as possible taking into account the complexity and type of case and the conduct of both sides. Delays do not result in harm or potential harm to patients and service users. Where necessary the regulator protects the public by means of interim orders.</th>
<th>6.28 We concluded that although there were delays present in the advertising cases we audited, our audit did not identify widespread concerns about timeliness. We note that the median timeframes provided by the GCC have fluctuated, but at this time do not consider that this is an indication of a decline in performance. We will monitor the GCC’s progress with its advertising caseload over the next performance review period as well as the relevant data about its wider fitness to practise caseload.</th>
<th>Maintain progress on advertising cases and monitor as part of Council papers in Dec ’18 and March ’19. Further IC meetings listed as a result of slower progress of IC meetings. So far listed: 8 - 12 October 29 October - 2 November 5 - 9 November 20 - 23 November 3 - 7 December 17, 18, 20, 21 December 14 - 18 January 4 - 8 February 18 - 22 February 4 - 8 March 18 - 22 March 1 - 5 April</th>
<th>Niru Uddin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard 8: All fitness to practise decisions made at the initial and final stages of the process are well reasoned, consistent, protect the public and maintain confidence in the profession.</td>
<td>6.37 The GCC had now identified 27 such matters, of which eight had been passed over to its fitness to practise team to progress to the IC. A further seven matters were under ongoing review, as the information held on the registration file was insufficient to confirm whether the matters involved require referral to the IC, while the remaining 12 matters had been handed to the fitness to practise team.</td>
<td>Conclude the action plan by Jan ‘19. All cases now resolved apart from one which is pending arrival of further evidence.</td>
<td>Penny Bance</td>
</tr>
<tr>
<td>6.38 It is concerning that the GCC failed to follow the legislation which provides its powers when determining the outcome of several cases involving convictions. However, the GCC has so far taken reasonable steps to remedy the situation and we will continue to monitor its actions in ensuring that those cases which are required by law to be referred to the IC are properly considered.</td>
<td>Business process review to include revised processes and protocols for handling these cases by August 2019.</td>
<td>Penny Bance</td>
<td></td>
</tr>
<tr>
<td>6.39 An issue with the GCC’s primary legislation, the Act, has been identified - the Act does not allow for a final PCC to impose an interim order of conditions, meaning that a registrant subject to a substantive sanction of conditions, can practise without restriction until the end of the 28-day appeal window, or if an appeal is made, until the appeal is resolved 6.41 We note that the imposition of conditions appears to be a rare occurrence among GCC cases, but we consider that this issue arising from the GCC’s legislation, with which it is required to comply, has the potential to put the public at risk of harm. The GCC may wish to consider raising this with Government.</td>
<td>Consider whether a case should be made to change legislation, taking into account the imminent publication of the Government response to the regulatory consultation. Include in FtP process review by August 2019 and discuss with DH in Dec 2018 in light of potential regulatory reform.</td>
<td>Niru Uddin</td>
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</tbody>
</table>
1. **Purpose**

The purpose of this paper is to set out the GCC’s strategic direction over the five year period 2019 – 2023 and to seek approval from Council.

2. **Background**

The healthcare and regulatory environment is subject to current and future change. A number of public reports indicate that regulation needs to reform. Feedback we receive indicates that the GCC could develop its role and its approaches.

We have undertaken a review of our current strategic statement 2018 – 2020 and concluded that a full refresh of our strategy was appropriate. Work was undertaken by the full staff team, and included feedback from face to face meetings with professional associations and stakeholders.

At its meeting in September Council agreed the new four strategic aims and commented on the draft strategic objectives. It was agreed that further consultation would be completed prior to a final version being presented to Council in December.

A significant programme of engagement has taken place involving the professional bodies, education providers, the patients’ association and crucially, registrants. The interim CER has held a number of face to face workshop style meetings to facilitate comments on the proposed strategy. To engage with a wide range of registrants we attended the:

- AGM and training day of the Scottish Chiropractic Association
- British Chiropractic Association Autumn Conference
- United Chiropractic Association Autumn conference
- McTimoney Association Autumn conference

At each conference the interim CEO presented to the whole audience as well as running a stall where flip charts and post-it notes enabled registrants to talk through their comments and freely add any comments or issues onto the draft strategy. This proved to be welcomed by registrants and a wealth of informative and honest comments was received. From all the engagement events and meetings there was strong agreement and alignment in the comments received. The direction of travel, aims and objectives were overwhelmingly supported and it was possible to see larger clusters of comments around a number of specific areas. The main themes of the feedback were:
 Huge support for the refocus of the aims and the inclusion of the GCC’s role in developing the profession
 Strongest views and support for change in fitness to practise, CPD, provision of guidance to registrants
 Recognition that the ‘middle ground’ of the profession needs to find its voice so that the profession gains a clearer identity
 Strong view that the GCC needs to be more representative of the range of chiropractic approaches it regulates
 Enthusiasm from the profession to work together and stay involved in the work set out in the strategy.

3. Proposals

We have developed a five year strategy as this allows sufficient time for meaningful change. We are intentionally setting out to be more proactive, engage and collaborate more, increase satisfaction with our services, deliver cultural and process improvements and support the development of the profession.

The strategic statement sets out four strategic aims each with a number of more detailed strategic objectives.

Following the engagement exercise we have refined the strategy further, reducing the number of strategic objectives by combining some and focussing on those identified as high priority. we have also added sections providing more information on strategic approaches to delivering value – People, communications and engagement, finance, IT.

4. Action required

Council is asked to approve the five year strategy.

5. Financial implications

There are financial implications arising from this paper as the refreshed strategy will require a financial plan that can support the various developments.

6. Legal Implications

There are no legal implications arising from this paper.

7. Risk Implications

There are risk implications arising from this paper. The refreshed strategy will be delivered in a period of wider system reform; will require the appropriate funding as well as staffing capacity and capability. A risk has been added to the GCC’s risk register.

8. Equality Implications

There are no equality implications arising from this paper.

9. Communications Implications

There are communications implications arising from this paper. The agreed strategy needs to be communicated effectively with regular engagement and involvement internally and externally.
1. Context and approach

The regulatory and healthcare environment is changing. The Government’s consultation ‘Promoting professionalism, reforming regulation’, and the Professional Standards Authority consultation ‘Right touch reform’, will inform and develop the way we work. There have been a number of reports over the years with important recommendations for regulators.

Several common themes emerge that are relevant to the GCC’s strategy including:

- the concept of ‘right touch’ regulation based on a proper evaluation of risk, proportionality and a focus on outcomes
- the importance of regulators using their wealth of knowledge, experience and capacity as a regulator to approach patient safety from a wider, more holistic perspective
- the opportunity for regulators to place a higher priority on prevention, learning and support
- an increasing benefit to regulators of working, learning and sharing together.

We are also listening carefully to the formal and informal feedback we receive from the public, patients, registrants, professional associations and stakeholders. This tells us we need to do some things differently.

In response, our strategy intentionally sets out to:

- move to being less reactive and more proactive in our regulatory work
- increase our activity in enabling the development of the profession
- place stronger focus on engagement and collaborative working
- emphasise our commitment to ensure the public, patients, registrants, associations and stakeholders are satisfied with the service we provide
- deliver cultural improvement to the way we work alongside core regulatory process changes

To achieve this we are agreeing a five year strategy giving us the right amount of time to deliver meaningful change.

2. Our vision and purpose as a regulator

Our vision is to be the respected regulator of a trusted profession.

Our purpose as set out in The Health and Social Care (Safety and Quality) Act 2015 is to:

- protect, promote and maintain the health, safety and well-being of the public;
- promote and maintain public confidence in the profession of chiropractic;
- promote and maintain proper professional standards and conduct for members of the chiropractic profession.

We also have a statutory duty set out in the Chiropractors Act (as amended), to “develop the profession of chiropractic".
3. Our strategic aims and objectives for 2019-2023

During 2019-2023 we will deliver on four key strategic aims. We will:

1. **Promote standards**
2. **Develop the profession**
3. **Investigate and act**
4. **Deliver value**

1. **We promote standards.** We will set, assure compliance and promote educational, professional & registration standards alongside lifelong learning.
2. **We develop the profession.** We will facilitate collaborative strategic work to support the profession in its development.
3. **We investigate and act.** We will take right touch action on complaints, the misuse of title or where registration standards are not met.
4. **We deliver value.** We will be a great place to work, work together and deliver effective/efficient services.

Each of our four aims is supported by a number of strategic objectives and these are set out below.

**Strategic aim 1: We promote standards.** We will set, assure compliance and promote educational, professional & registration standards alongside lifelong learning.

**Strategic objectives:**

- Our assurance and support of education provision will reflect best practice in education and healthcare
- Our assurance and support of continuing professional development will facilitate best practice lifelong learning
- Our continued development of professional and registration standards will ensure those standards are relevant and meaningful
- Our publicity on the benefits of seeing a registered chiropractor will promote confidence in the public and patients

**Strategic aim 2: We develop the profession.** We will facilitate collaborative strategic work to support the profession in its development.

**Strategic objectives:**

- Our contribution to creating a clearer shared professional identity will help enhance the profession’s development of its identity and reputation
- Our support for further research and clinical governance work will assist the profession in building the available evidence base for chiropractic care
- Our involvement in a profession-wide development strategy will support the profession to play its part in the wider/national health and well-being system
- Our communication of guidance and policy will support chiropractors and the profession to deliver great care
Strategic aim 3: **We investigate and act.** We will take right touch action on complaints, the misuse of title or where registration standards are not met.

Strategic objectives:

- Our development of more ‘right touch’ fitness to practise approaches will provide assurance that appropriate action/support has taken place to ensure patients are safe
- Our focus and transparent work on protecting the title ‘chiropractor’ will provide clarity to the public and registrants
- Our approach to decisions on registration standards will provide clarity to the public, students and registrants
- Our sharing of learning and intelligence from complaints will support registrants in preventing issues and concerns

Strategic aim 4: **We deliver value.** We will be a great place to work, work together and deliver effective/efficient services.

Strategic objectives:

- Our culture, values and people development will make us an employer of choice
- Our financial planning and use of resources will provide a secure future for the GCC
- Our effective procedures, processes and IT will provide staff, chiropractors and the public with an efficient modern experience
- Our communication, engagement and collaboration will build confidence and trust

Our strategic aims and objectives are summarised on one page at Appendix 1.

Our strategic aims and objectives will be refreshed annually as a matter of course. We recognise they may also need to be reviewed at other times, in particular when the final outcome of the Government’s consultation ‘Promoting professionalism, reforming regulation’ is published.

Using the strategic aims and objectives as a template, an annual business plan will be agreed by Council. The delivery of the annual business plan and the strategic aims and objectives will be monitored and assured at each Council meeting using a range of metrics and measures.

4. **We deliver value - Supporting strategic approaches**

To deliver our five year strategic plan and deliver value we need to be clear on a number of key enablers that will be crucial to our success. We have completed work on a number of strategic approaches to support the four strategic objectives aligned to delivering value:

- People – our culture, values and people development will make us an employer of choice
- Communications and engagement – our communication, engagement and collaboration will build trust and confidence
- Finance – our financial planning and use of resources will provide a secure future for the GCC
• IT/processes – our effective processes and IT will provide staff, chiropractors and the public with an efficient modern experience

**People - Strategic approach**

Our people strategic approach sets out how we can become an employer of choice and a great place to work during the five year period. The GCC staff team has co-designed a five year approach to recruiting, retaining and developing people and creating a culture where staff feel valued and empowered. Our end point for our approach to people is to be an award winning organisation.

We have identified six areas of strategic development that will support our ambition:

- Engagement, values and behaviours – creating a great workplace climate as measured by a staff survey
- Brilliant HR basics – putting in place all the policies, procedures and guidance that form the basis of good practice
- People development – implementing meaningful appraisal and learning/development that supports staff and their ability to serve the public and registrants
- Diversity and inclusion – understanding our workforce and the profession we serve, building diversity and inclusion in all aspects
- Pay and benefits – having clear approaches on reward as a whole for our staff
- Organisational design – having the right team structures, career support and succession planning

To achieve these areas of development we will continue to co-design the work wherever possible and continue to invest in staff, their development and in the support services they need.

**Communication and engagement strategic approach**

Our communications and engagement approach sets out how we can:

- Build the GCC’s brand and clarity of voice - because brand and clarity of voice are fundamental to effective communications.
- Influence and enable - because stakeholders want the GCC to do more, to collaborate more, to facilitate change, to build levels of trust and to facilitate the development and standing of the profession. The GCC is uniquely placed to do this via promoting its education work, ensuring more people understand the value of registration and regulation and building consensus.
- Increase confidence and respect in the GCC – we have an opportunity to use our investigations work – and its broader approach to regulation - to highlight it is an effective regulator. This must be addressed to ensure greater trust.
- Engage, listen and respond - this is a fundamental communications issue and we know that key stakeholders want to engage – we are pushing at an open door.

To achieve these we will need:

- The support of Council and staff
- A reinvigorated visual identity across the organisation that reflects the values of the GCC and signals that change is coming
- A new proactive communications plan that ensures the existing channels of communication are upgraded to reflect a modern professional regulator
• The adoption of modern communications techniques and technology to facilitate better two way dialogue with key audience groups
• A coherent approach to stakeholder management that is systematic and records engagement
• A proactive and sustained approach to engagement with people and organisations that includes listening to feedback and reporting back on what has changed as a result.

**Finance strategic approach**

During the five year period 2019-2023, we will move the GCC to the following positions:

- Surplus Generating – we will be generating ongoing surpluses at 5% of total income.
- Strategic direction met – we will have created funding capacity to undertake more proactive work and to deliver areas of activity that demonstrate that the GCC adds value to practitioners and is a high performing regulator.
- General Reserves at set level and excess funds Designated – we will have sufficient general reserves to meet our reserves policy, with any excess funds designated for particular tasks/projects.

We will do this by delivering a number of important project areas:

- Value for money:
  - Review of significant contracts and put in place review cycle of contracts
- Strategic direction
  - Action the 2019-23 Financial Plan that sets out a year on year approach to cost improvements
- General and Designated Reserves:
  - Introduce a Reserves policy
  - Update the Investment policy and mandate

There are several policy statements that guide and aid the delivery of the financial strategy. These include:

- Reserves Policy – It is the GCC’s policy to maintain General Reserves at around 6 months’ of operating expenditure. Any excess funds will be placed in Designated Funds and the Council will determine their use in line with the strategy. This policy is reviewed by the Council every year.
- Investment Policy – It is the GCC’s policy to hold its Reserves in an investment portfolio with a medium risk mandate, aimed at protecting the capital value of the reserve. Designated funds will also be held in the investment portfolio, unless the requirement for funds is in the short-term.

**IT/processes strategic approach**

To deliver value, the GCC has set a clear plan to achieve important changes to its IT infrastructure and systems. As an overarching principle, given our size and the work we do, we will adopt a ‘best of breed’ approach to our IT and technology. This means we will use a range of different systems that work well together rather than seek an overarching ‘one size fits all’ approach.

During the five year period we will:

- Upgrade/replace our registrations database
- Review and strengthen our contract with our managed service provider
- Implement a new case management system
- Implement a new document management system
- Develop a new website (in line with, and as part of, our communications and engagement strategy) – this is strategically and tactically a significant need. We want a modern website that supports self service, meets accessibility standards and is responsive (i.e. it adapts to the wide range of devices people will use to access it)

Underpinning our changes will be a focus on:
- supporting the GCC to scale work levels up or down depending on the level of activity in different areas of the GCC’s business
- self service so that registrants and stakeholders can complete a range of tasks, as and when they need or wish to.

Our approach to improving our work processes will be based on a business process review mechanism. We will be systematic in mapping out our ‘as is’ processes and working collaboratively to develop streamlined and efficient ‘to be’ processes.
### GCC Strategy 2019 - 2023

#### WE PROMOTE STANDARDS

- We will set, assure compliance and promote educational, professional & registration standards alongside lifelong learning.

- Our assurance and support of education provision will reflect best practice in education and healthcare.

- Our assurance and support of continuing professional development will facilitate best practice lifelong learning.

- Our continued development of professional and registration standards will ensure those standards are relevant and meaningful.

- Our publicity on the benefits of seeing a registered chiropractor will promote confidence in the public and patients.

#### WE DEVELOP THE PROFESSION

- We will facilitate collaborative strategic work to support the profession in its development.

- Our contribution to creating a clearer shared professional identity will help enhance the profession’s development of its identity and reputation.

- Our support for further research and clinical governance work will assist the profession in building the available evidence base for chiropractic care.

- Our involvement in a profession-wide development strategy will support the profession to play its part in the wider/national health and well-being system.

- Our communication of guidance and policy will support chiropractors and the profession to deliver great care.

#### WE INVESTIGATE AND ACT

- We will take right touch action on complaints, the misuse of title or where registration standards are not met.

- Our development of more ‘right touch’ fitness to practise approaches will provide assurance that appropriate action/support has taken place to ensure patients are safe.

- Our focus and transparent work on protecting the title ‘chiropractor’ will provide clarity to the public and registrants.

- Our approach to decisions on registration standards will provide clarity to the public, students and registrants.

- Our sharing of learning and intelligence from complaints will support registrants in preventing issues and concerns.

#### WE DELIVER VALUE

- We will be a great place to work, work together and deliver effective/efficient services.

- Our culture, values and people development will make us an employer of choice.

- Our financial planning and use of resources will provide a secure future for the GCC.

- Our effective procedures, processes and IT will provide staff, chiropractors and the public with an efficient modern experience.

- Our communication, engagement and collaboration will build confidence and trust.
To: General Chiropractic Council  
From: Tricia McGregor, Interim CER  
Subject: Draft 2019 Business plan  
Date: 11th December 2018

1. Purpose
The purpose of this paper is to set out the areas of work in the 2019 business plan.

2. Background
The GCC strategy has been completely refreshed and revised its five year strategy. This has involved considerable and effective engagement with registrants, professional bodies, patients’ association and staff. This has highlighted agreement on the priority areas for change and development. Other work that has informed the 2019 business plan are:

- The outcome of the various reviews including IT, communications and engagement
- The outcome of the financial review and sustainability plan
- The results of the comprehensive business process reviews that have been completed.

The 2019 plan represents a plan of work that builds on the transformation work already completed and sets a solid foundation of further essential building blocks. Importantly, areas like FtP, registrations, CPD, IT, communications are all areas of work strongly supported by registrants and stakeholders. This business plan needs to be read in conjunction with the 2019 budget where work has been completed to ensure there is read across to align plans with funding.

The business plan objective and projects are all aligned to the GCC’s strategic aims and objectives.

Also attached for information is the people strategy plan that staff have developed. This identifies a range of core actions that need to be completed during 2019 and beyond.

3. Action required
Council is asked to agree the 2019 business plan ensuring that they support the five year strategy and by providing an effective first year of activities.

4. Financial implications
There are financial implications arising from this paper and these are included in the 2019 budget.

5. Legal Implications
There are no legal implications arising from this paper.
6. **Risk Implications**

There are risk implications arising from this paper as the GCC continues on a programme of rapid change. A risk around capacity to run business as usual and manage transformation is included on the risk register.

7. **Equality Implications**

There are no equality implications arising from this paper.

8. **Communications Implications**

There are communications implications arising from this paper as we will engage with professional bodies, stakeholders and others to implement the work successfully.
**WE PROMOTE STANDARDS 2019**

We will set, assure compliance and promote educational, professional & registration standards alongside lifelong learning.

<table>
<thead>
<tr>
<th>Ensure education providers reflect best practice in education and healthcare</th>
<th>Ensure continuing professional development will facilitate best practice lifelong learning</th>
<th>Ensure our standards are relevant and meaningful to education providers</th>
<th>Ensure our publicity on the benefits of seeing a registered chiropractor will promote confidence in the public and patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete qualitative research (in partnership with GOsC) into the role of patients in chiropractic education and agree an action plan by November 2019</td>
<td>Facilitate agreement on a plan of work to enable the profession/chiropractors to better support newly qualified chiropractors by December 2019</td>
<td>Develop and implement a proportionate approach to CPD submissions and audit by September 2019</td>
<td>Run a publicity campaign on the benefits of seeing a registered chiropractor and encourage practices to display the 'I'm registered' logo by December 2019</td>
</tr>
<tr>
<td>Develop and agree a strategy for student engagement by November 2019</td>
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<tr>
<td>Provide support to current and emerging new providers throughout 2019</td>
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<tr>
<td>Refine our new quality assurance processes and procedures to ensure they are effective and efficient throughout 2019</td>
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<tr>
<td><strong>Our contribution to creating a clearer professional identity</strong> will help enhance the profession’s development of its identity and reputation</td>
<td></td>
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<tr>
<td><strong>Our support for further research and clinical governance work</strong> will increase the available evidence base for chiropractic care</td>
<td></td>
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</tr>
<tr>
<td><strong>Our involvement in a profession-wide development strategy</strong> will support the profession to play its part in the wider/national health and well-being system</td>
<td></td>
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</tr>
<tr>
<td><strong>Our communication of guidance and policy</strong> will support chiropractors and the profession to deliver great care</td>
<td></td>
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</tbody>
</table>

| Agree specific profession wide projects by July 2019 |
| Co-ordinate the collation of a baseline of current work and plans to further develop research and governance by May 2019 |
| Contribute to the collection and review of baseline data on workforce, education planning and diversity/inclusion by December 2019 |
| Produce and publish guidance and policy documents, as appropriate, that support chiropractors in best practice during 2019 |

| Complete specific profession wide projects by December 2019 |
| Agree a plan to further develop research and governance by November 2019 |
We will take right touch action on complaints, the misuse of title or where registration standards are not met.

<table>
<thead>
<tr>
<th>Our development of more ‘right touch’ fitness to practise approaches will provide assurance that action or development has taken place to ensure patient safety</th>
<th>Our focus and transparent work on protecting the title ‘chiropractor’ will provide clarity to the public and registrants</th>
<th>Our approach to decisions on registration standards will provide clarity to the public, students and registrants</th>
<th>Our sharing of learning and intelligence from complaints will support registrants to prevent issues and concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete a full FtP review and implement changes to ensure we can be more ‘right touch’ within our current legal framework by August 2019</td>
<td>Publish a revised approach to protecting the title ‘chiropractor’ and report on action we take by October 2019</td>
<td>Review and publish our policies on judgements we make to decide if registration standards are met by August 2019</td>
<td>Regularly publish shared learning and intelligence from the work we, and other regulators, do during 2019</td>
</tr>
<tr>
<td>Task</td>
<td>Target Date</td>
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<tr>
<td>----------------------------------------------------------------------</td>
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<tr>
<td>Complete a programme of work to refresh our HR approach including policies, pay and benefits and our staff handbook by December 2019</td>
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<tr>
<td>Carry out a staff survey and work together to act on the results to embed our values and behaviours by March 2019</td>
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<tr>
<td>Deliver the first year of our three year financial sustainability plan by December 2019</td>
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<tr>
<td>Upgrade our registrations database so that it is fit for purpose and provides a better user experience by July 2019</td>
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<tr>
<td>Revise our registration procedures so that the process is streamlined and effective by July 2019</td>
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<tr>
<td>Work with patient representatives to agree a patient involvement approach for the GCC’s work by September 2019</td>
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<tr>
<td>Establish and implement a new approach to personal development and review by March 2019</td>
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<tr>
<td>We will be a great place to work, work together and deliver effective /efficient services</td>
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<tr>
<td>Our culture, values and people development will make us an employer of choice</td>
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<tr>
<td>Our financial planning and use of resources will provide a secure future for the GCC</td>
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<tr>
<td>Our effective procedures, processes and IT will provide staff, chiropractors and the public with an efficient modern experience</td>
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<tr>
<td>Our communication, engagement and collaboration will build confidence and trust</td>
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<tr>
<td>Agree and launch a range of communication/engagement initiatives including our new newsletter for registrants and stakeholders during 2019</td>
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<tr>
<td>Launch a new website by September 2019</td>
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</tbody>
</table>
To: General Chiropractic Council
From: Rui Domingues, Financial Consultant
Subject: Budget 2019
Date: 11th December 2018

1. Background

The Council is required to formally approve the budget for each financial year. This paper presents the proposed budget for the year from 1st January 2019. This is expected to be a loss in 2019 of £330k, as there are still costs connected with the completion of work on the advertising cases and also investment in a number of transformational projects for 2019, including a significant work stream on technology.

2. Action required

Council is asked to approve the deficit Budget for 2019.

3. Financial implications

The proposed budget for 2019 is in the blue column below:

<table>
<thead>
<tr>
<th></th>
<th>YTD</th>
<th>Budget</th>
<th>Variance</th>
<th>Forecast 2018</th>
<th>Full Year Budget</th>
<th>Forecast Variance</th>
<th>Budget 2019</th>
<th>Forecast Variance</th>
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<td>2,715,350</td>
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<td>2,704,253</td>
<td>2,763,350</td>
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<td>Expenditure</td>
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<tr>
<td>Core</td>
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<td>746,595</td>
<td>-205,063</td>
<td>1,322,769</td>
<td>1,063,449</td>
<td>-259,319</td>
<td>1,280,785</td>
<td>-17,739</td>
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<td>Governance</td>
<td>110,223</td>
<td>126,153</td>
<td>15,930</td>
<td>152,910</td>
<td>146,690</td>
<td>15,220</td>
<td>168,090</td>
<td>-41,984</td>
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<td>Fitness to Practice</td>
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<td>1,003,126</td>
<td>122,369</td>
<td>1,195,093</td>
<td>1,366,380</td>
<td>171,290</td>
<td>1,250,986</td>
<td>-55,493</td>
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<tr>
<td>Education &amp; Registration</td>
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<td>270,803</td>
<td>31,992</td>
<td>322,013</td>
<td>348,134</td>
<td>26,121</td>
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<tr>
<td></td>
<td>2,181,448</td>
<td>2,146,677</td>
<td>-34,771</td>
<td>2,992,785</td>
<td>2,946,057</td>
<td>-46,728</td>
<td>3,070,153</td>
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<tr>
<td></td>
<td>17.6%</td>
<td>20.9%</td>
<td>-12.7%</td>
<td>-12.7%</td>
<td>-12.7%</td>
<td>-12.7%</td>
<td>-12.7%</td>
<td>-12.7%</td>
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<tr>
<td>Advertising (in FtP)</td>
<td>125,814</td>
<td>88,877</td>
<td>-36,937</td>
<td>222,642</td>
<td>168,705</td>
<td>-53,937</td>
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<tr>
<td>Tech transformation - 2019 project costs</td>
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<tr>
<td>Non-tech transformation one-offs</td>
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<td>207,319</td>
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<td></td>
<td>66,450</td>
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<tr>
<td>Adjusted Surplus/Deficit</td>
<td>599,118</td>
<td>657,550</td>
<td>-132,305</td>
<td>-45,890</td>
<td>-75,602</td>
<td>-159,762</td>
<td>137,961</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

More information can be found in the appendix to this paper, but this loss will mean that there will need to be a drawdown from the reserves during the year of approximately £300k. Cash flows will be monitored and forecast to ensure the most effective timing of the drawdown from the investment portfolio.
4. **Legal Implications**

There are no legal implications arising from this paper.

5. **Risk Implications**

The budget reflects the business plan for 2019 and therefore some risk areas from the current risk register are covered in the activities planned for 2019.

Running a deficit budget is obviously not sustainable; therefore the other aspects of the financial strategy for 2019-2023 will need to be implemented to ensure that this position does not continue.

Stress testing of certain budget areas has also been included in the appendix.

6. **Equality Implications**

There are no equality implications arising from this paper.

7. **Communications Implications**

There are no communications implications arising from this paper.
Appendix – Detailed budget information

Main Movements from 2018 Forecast

Forecast is based on Sept 2018 forecast figures

Commentary on Movements

The forecast loss for 2018 (based on the September 2018 forecast figures) was a loss of £289k and the proposed budget is a loss of £330k. These are similar figures, but there are some significant movements that get the GCC from the 2018 forecast figure to the 2019 budget one.

- There were exceptional senior staff costs in 2018 that will not be repeated in 2019.
- There was a significant spend in 2018 on the advertising cases. The need to spend in 2019 will continue, but these cases are expected to be completed by late spring and will therefore not be repeating.
- The GCC has recently under-invested in technology and 2019 represents the start of a catch-up period, using the technology review and strategy work completed in 2018 to priorities and provide structure to the technology work.
- There are other, non-technology-related areas of one-off transformational investment in 2019, particularly around the review of business processes that is currently underway.
- There is a 2.4% salary increase in the budget for 2019 for all staff.
- The proposed budget also includes a completely new contract to have outsourced communication support to the GCC.
- Other, more minor changes have resulted in modest extra costs in 2018.
- Finally, there are expected to be less senior roles at the GCC than in previous years, which have led to a saving.
Departmental summaries

The following items are all on top of business as usual activities.

Overall

At its Nov 2018 meeting, the Remuneration and HR Committee approved an across-the-board increase of 2.4% to salaries. This took into account the latest available price index figures and data on salary increase for other public sector workers.

Governance

There are no major changes planned to the governance structure at the GCC, so committee cycles/meetings have been budgeted as previously (i.e. Council – 4, of which 2 are 2 day meetings; Rem & HR Comm – 4; Audit and Risk – 3; Ed Comm – 5).

Corporate Services

HR

In addition to transformation work with technology in 2019, the HR side of things sees a step-change in focus in 2019. A £20k training budget has been included, along with £10k to introduce a staff benefits package. More outsourced HR support will also be sought in 2019, although this is not expected to continue beyond next year at the same level.

Technology

The biggest area to note within the 2019 budget is the investment in technology. We have currently estimated that this investment will cost £207k in 2019. We have currently assumed the higher end of cost estimates, to be prudent, and we have also assumed that most projects are completed in year. Any delays would mean costs being carried over in to 2020 instead, where there are costs already expected for future stages of the technology strategy. The list of projects currently expected in 2019 is:

- New Registrant management (completed in year)
- Legal fees for Managed service provider contract renegotiation
- Initial stages of website redesign (continues in to 2020)
- New Case management software (completed in year)
- New Document management system (completed in year)

IT specialist advice/support has been included to support the delivery of the overall programme.

Finance

We have budgeted for a finance lead person to be engaged on 2 days per week. In addition, we have included money to get some tax advice (for a rolling 3 year programme of audits of different aspects of tax, with VAT expected to be the focus in 2019).

Communications

This is another area where there will be a step-change in provision at the GCC. An outsourced communication service is planning, along with engagement events and new collateral to support communications.
Investigations (FtP)
There are a number of key items to note in the proposed budget for the Investigations team:

- Completing the work on the advertising cases is the major area of note for 2019. Including salaries, there’s a cost of £179k to complete this work by April 2019. When these cases are completed, these costs will not be on-going beyond 2019.
- There’s an extra member of staff within the investigations team to help with FtP business process changes in 2019. This is not expected to continue after 2019.
- We have assumed £15k in the budget to undertake Section 32 private prosecutions.

Education & Registration
For the Education and Registration team:

- Submission and panel visits are planned for LSBU, Teesside and one other site.
- For the Test of Competency side of things, income is planned to be £50k, with direct costs at £39k, leading to a surplus of £11k.

Value for Money work

- Business processes – These are still being reviewed and redesigned. Once this work is completed, then budget savings may be possible.
- Contract – We will also be introducing reviews of key contracts (e.g. legal) and overall monitoring of contracts to ensure the GCC receives VFM.

Stress testing

- Income – A possible factor to affect income could be the impact of Brexit on income. Analysis of the current renewal process leads us to think that the GCC will not be significantly impacted by this. Of the 315 practising and non-practising registrants (who either registered via an EU approved route or are EU nationals), only 23 have not paid by 5th Dec 2018. Therefore, non-payers are at 7.3% for those considered a risk, against a general non-payment figure across the whole register of 5%. Also, the 7.3% is only £15,600 of annual income, hence the opinion that this is a low risk area to income for 2019.
- Vacancy saving – The GCC’s staff team is relatively small, with 15 members of permanent staff. Based on average salaries, if any of the posts at the GCC were to be unfilled for a month, then there would be saving of over £4.5k per month.
- Tech cost estimates – The budget currently assumes the higher end of cost estimates for the delivery of projects in 2019. If the mid-point of estimates were to be used instead, then the 2019 costs could be £176k, a saving of £31k on the proposed budget.
- Tech cost slippage – The technology programme is ambitious and multiple factors could impact on delivery in 2019. If all programmes slipped, then the savings could be in the region of £17k per month. However, this would only be a timing issue, as the projects would then be delivered in 2020 instead of 2019.
- PCC case volumes – The financial performance in 2018 has been massively improved by the lower volume of PCC cases heard in 2018. With no firm indication that volumes will be sustained at this lower level, we have budgeted on the basis of 2 x 5-day PCC cases on average per month. If we were to drop one PCC hearing, then direct costs would be reduced by approximately £11k.
**2019 budget by cost centre and cost codes**

<table>
<thead>
<tr>
<th>Cost Centre</th>
<th>Council</th>
<th>Audit Comm</th>
<th>Rem Comm</th>
<th>Ed Comm</th>
<th>CER office</th>
<th>Technology</th>
<th>HR</th>
<th>Finance</th>
<th>Property</th>
<th>Comms</th>
<th>Investigations</th>
<th>Advertising</th>
<th>IC</th>
<th>PCC</th>
<th>ISH</th>
<th>Section 32</th>
<th>Ed &amp; Reg</th>
<th>Education</th>
<th>Registrations</th>
<th>Quality</th>
<th>Assurance</th>
<th>Test of Competence</th>
<th>Totals</th>
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</thead>
<tbody>
<tr>
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Audit and Risk Committee meeting minutes - 22 November 2018

Minutes
The minutes of the meeting of 31st May 2018 were agreed.

Update on the 2018 Audit Plan
The new lead audit partner was to have attended this meeting to present the draft Audit plan for approval. A meeting will be held with the auditors in December and we plan to have the Audit Plan formally approved at our Audit and Risk Committee meeting February 2019 with the lead Auditor in attendance.

Financial Regulations
We approved the Financial Regulations Procurement Policy and Anti-Bribery and Corruption Policy subject to a few amendments. We removed reference to the Director of Regulation and Resources introducing the role of Finance Lead Officer (FLO) to the policy.
In addition, the Financial Procedures will be updated and will be signed off by the CER.

Risk Register
An updated version of this register is presented today as the Committee challenged whether risk S4 on delivering a medium term balanced budget had been scored too low at this stage. This was discussed and it was agreed the risk would be rated at 15 overall.

The committee also discussed a number of emerging risks which have been added including the capacity to deliver change, leadership changes with a new CER and the risk to income if more chiropractors opt to de-register.

PSA Annual Review of Performance plus Action Plan
We received the latest review from the PSA, along with the internal action plan that has been produced to track progress. The Committee supported the action plan but asked for more detail to be added in terms of timelines.

PSA learning point letters
The Committee was pleased to see the level of detail in the scrutiny that the PSA applied to its review of PCC outcomes it requests to review. We looked at the analysis of the learning points letters the PSA issues and the actions the GCC takes in response and were assured that the learning points were evaluated and actions taken as required.

Internal FtP Audit
The Committee were assured of the continued improvements and actions of progress from the latest report from the regular internal audit of IC decisions, undertaken by Rosemary Rollason.

Annual Work Plan
This was reviewed and several amendments made for the coming year.

Review process of appointment of external member(s) of ARC
As the external member’s appointment finishes in May 2019, this was discussed by the committee. The new Chair to have a further discussion with the Chair of Council.
To:    The GCC Council  
From:  Chair of the Education Committee  
Subject:  McTimoney College of Chiropractic – Re-approval of MChiro FT and FTE degree Programmes  
Date:  11th December 2018

Purpose

1. The purpose of this paper is for Council to:
   • note the report from the GCC’s Approval Panel for the re-approval of the full time (FT) and full time equivalent (FTE) Master of Chiropractic (MChiro) degree programmes delivered by the McTimoney College of Chiropractic (MCC); and
   • agree the recommendation from the Education Committee that Council recognise these as GCC approved programmes.

Background

2. The MCC made a submission to the GCC for the re-approval of its two Master of Chiropractic (MChiro) degree programmes – The full time 4 year programme and the 5 year full time equivalent programme.

3. These programmes had been previously recognised against the 2010 Degree Recognition Criteria in 2013 for a period of five years. The recognition of these programmes ended at the completion of the 2017-18 academic year. The submission for the re-approval of the MChiro was discussed at an extraordinary Education Committee meeting that took place on 18th May 2018 and the outcome of the analysis of the submission discussed further in June.

4. Following these discussions, it was agreed that the MCC would submit further information in order for the Approval Panel to make a decision on whether an approval visit to the institution would be appropriate. The additional information was submitted and analysed and as a result, it was decided that a teleconference between the MCC’s senior team and the GCC’s Approval Panel was required in order for the Panel to be assured that the Education Standards were being met.

5. On 30th August 2018, a teleconference took place between the Approval Panel and the senior management team and teaching staff from the MCC. From this teleconference, the MCC was able to address the majority of the Panel’s concerns.

6. From this process, the Approval Panel concluded that the programme content adequately met most of the GCC’s Education Standards; however, the Panel agreed that it would recommend to the Education Committee that the programmes be approved on the condition that the institution submitted evidence of both degrees meeting Standard 6 of the GCC’s Education Standards.
7. At its meeting on 28th November 2018, the Education Committee recommended that (subject to the one condition mentioned above and set out in the Approval Panel's report) the GCC recognises the two Masters of Chiropractic degree programmes and seeks Privy Council approval.

8. The Approval Panel's report that gives details the condition and the recommendations made, as well as the response to the report from the MCC, can be found at Appendix 1.

**Action required**

9. The Education Committee recommends that Council agrees that the two MChiro programmes delivered by the MCC be recognised by the GCC, subject to conditions, and that the GCC seeks Privy Council approval.
Approval Panel Report (Approval of a Programme)

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<th>Dr. Mo Telford</th>
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Introduction

On 30th August 2018, a teleconference took place between the General Chiropractic Council’s (GCC) Approval Panel and representatives from the McTimoney College of Chiropractic (MCC). The representatives from the MCC included the Principal of the College, the Vice Principal and the Director of Research.

This teleconference was scheduled following the completion of analysis of the MCC’s submission documents for the re-approval of its two MChiro degree programmes; the full time (FT) programme delivered at its Abingdon campus and the full time equivalent (FTE) programme delivered at both the Abingdon and Manchester campuses. As the MCC is an institution known to the GCC that was seeking the re-approval of a degree that had been previously recognised against the GCC’s 2010 Degree Recognition Criteria, the institution was asked to provide a programme submission that highlighted changes that had been made to the programme since the last approval process in 2013.

The programme submission was analysed by a panel consisting of one lay and one chiropractic education visitor and then discussed with the GCC’s Education Committee at its meeting on 12th June 2018. At this meeting, the Education Committee concluded that further information would be required in order for the Approval Panel to decide whether a monitoring visit would be appropriate as it was noted that there were some discrepancies within the programme submission as well as information that needed further clarification.

The GCC sought further information from the MCC in June 2018 on; specific modular and delivery changes made to the programme since 2013, validation, the staff structure and roles and responsibilities, resources and clinic facilities and clarification on the noted discrepancies. This additional information was analysed by the approval panel and it was decided that a teleconference between the MCC and the GCC’s panel was required in order for the GCC to be assured that standards were being met.
### How areas of concern were addressed.

During the teleconference, the MCC was asked about the validation of the programme and what the timetable was for revalidation. The Principal of the MCC clarified that the institution had been through a revalidation process with BPP University in the spring of 2018 and both programmes had been validated for five years.

The Panel was concerned about the impact on the delivery and teaching of research and audit by the introduction of the optional Evidence in Practice module in the final years of both programmes. The Panel sought clarification on how the institution ensured that students who opted to do the traditional dissertation gained experience of clinical audit. The Director of Research reported that all students gained experience of clinical audit during the clinic year and the subject was introduced to students in the pre clinic year. It was clarified that although the EiP module had a greater emphasis on clinical audit than the dissertation, students would still be required to complete a clinical audit and undergo a summative assessment as part of their clinic portfolio.

The MCC was asked to provide clarification on the assessment strategies for a number of modules. It appeared that there was a number of learning outcomes from a handful of modules that were not assessed. The MCC reported that a large number of these learning outcomes were in fact assessed, but this had not been outlined in the paperwork due to some typographical errors. Other concerns had been raised such as the mismatch between the essential and recommended reading lists in particular modules; it was also clarified that this was due to a typographical error.

The Panel had noted that there were some discrepancies between one submission document and another in relation to the modules mapped against the GCC’s Education Standards. The MCC clarified that the table of learning outcomes that they had submitted contained the correct information, whereas the other document that they had submitted contained inaccurate information and should be disregarded. The Panel had some remaining concerns over some learning outcomes not being included in the mapping document. The MCC clarified that only learning outcomes that were formally assessed had been included in that particular document.

From the analysis of the submission documents it was noted that some specific modular and delivery changes had been made to both the FT and FTE programmes since the last GCC approval process in 2013. The MCC was asked whether there had been an impact on student workload resulting from these changes to the modular delivery methods and whether any impact studies had been undertaken. The MCC explained that an analysis of student outcomes between the FT and FTE programmes had been done and that there was no difference in student outcomes.

The Panel informed the MCC that some further analysis of the programme submission would need to be undertaken in order for the GCC to ensure that all education standards were being met by the programme.

Following the teleconference and as a result of the MCC providing clarification on some aspects of the submitted paperwork, the registrant approval panel member conducted further analysis of the module information submitted by the MCC. Through this analysis, it became apparent that there had been some changes made to the content and delivery of Philosophy II in the FTE programme and Philosophy I, Chiropractic Studies I and Philosophy II in the FT programme. The Approval Panel felt that it would be good practice to submit the rationale for these changes to the GCC as part of the next annual monitoring process.
Through analysing the written evidence, the Approval Panel was assured that all of the GCC’s education standards were being met, pending further clarification. It was not clear from the paperwork which of the MCC’s module learning outcomes met standard 6 (Demonstrate an understanding of the nature of professional accountability); it was clear to the Panel that this was due to an oversight where the Education Standards document had been misread.

Account of verbal summary given to the institution

The MCC was informed by the Panel Secretary that a decision on the re-approval of the two MChiro programmes would need to be made based on further analysis of the evidence provided in the document that mapped the MCC’s module learning outcomes to the GCC’s Education Standards. The MCC would be written to at a later date outlining the panel’s recommendation to the Education Committee.

Recommendation to Education Committee

| 1. Approve without conditions | ☐ |
| 2. Approve with conditions     | ☒ |
| 3. No approval (insufficient evidence due to serious deficiencies) | ☐ |

Commendations to the institution

No commendations were made.

Conditions for the institution with reasons and timeframe in which they must be met. (Recommendation 2)

* Conditions are requirements that the education provider must meet before the programme can be recommended for ongoing approval. If conditions are placed upon the programme by the GCC the
The Approval Panel has recommended the following:

1. The MCC should submit details of the minor and major amendments that have been made to the content and delivery of the modules of both programmes together with a rationale for the changes as part of the next annual monitoring process.
   - On further analysis of the MCC’s module descriptors, compared to those of 2013, there appeared to be several changes made to the content and delivery of particular modules that were not alluded to in the original programme submission documents.

2. The MCC should map the vertical and horizontal integration of the GCC’s Education Standards across all modules to allow for clarity, including modules where these standards are not formally assessed.

3. The MCC should consider formally assessing GCC Standards across a wider range of relevant modules where these standards are already covered as part of the curriculum.
   - The panel suggested that the institution should provide assurance that students meet all learning outcomes by having relevant formal assessments.

4. The MCC should monitor the impact of the introduction of the Evidence in Practice module on students. In particular, the number of students opting to undertake the module, any effect on pass rates and the teaching and delivery of research within the programme.

**Further Evidence Required (Recommendation 3)**

N/A
Conclusion

Following the teleconference and confirmation from the MCC that the Learning Outcomes table contained accurate mapping of the MCC modules against the GCC’s standards, the Approval Panel was of the view that the programme met the majority of the required criteria. It was noted that the MCC’s failure to address Standard 6 in the submitted paperwork appeared to be an oversight.

The Approval Panel concluded that the programme content adequately met most of the GCC’s Education Standards; however, the Panel agreed that the programme be approved on the condition that the institution submits evidence of the degree meeting Standard 6 of the GCC’s Education Standards. In addition, a number of recommendations (noted above), were made in order to assure the GCC that the standards continue to be met.

Signed: Mo Telford

Panel Chair: Dr. Mo Telford

Date: 4 October 2018
Response of the McTimoney College of Chiropractic to the
Approval Panel Report of 4 October 2018

Thank you for the opportunity to respond to the report. The College comments as follows:

**Condition 1**

The condition refers to the oversight in mapping the MCC learning outcomes specifically against Standard 6.0.

We accept that 6.0 was not specifically mapped, though would like to comment that it was not clear that Standard 6.0 itself had to be mapped separately as this was not the case with any of the previous top level, numbered standards. In the landscape mapping table submitted to the GCC, we mapped standard 6.1 to address the professional issues in this section, and these also encompass Standard 6.0.

Many of the issues raised under Standard 6.0 such as working within one’s own limits and not exceeding one’s capacity to deal with it, the importance of honesty and factual accuracy in advertising and the duty of candour, are covered in Philosophy III (FT)/IV (FTE) under the learning outcome mapped to 6.1 relating to the Code. Ethical issues have also been mapped against 6.1, as has exercising initiative and personal responsibility.

The only guidance point specified in 6.0 that is not covered under 6.1 relates to referral to other healthcare professionals, and this MCC learning outcome has been mapped to Standard 5.2 and 5.3 as taught and assessed in Clinic.

MCC will of course respond to this condition as part of annual monitoring, but as the GCC has already had all of the modules and learning outcomes previously supplied to them, we would welcome clarification that all we are required to provide is an update to the mapping table with the addition of 6.0 clearly itemised.

**Recommendation 1**

The MCC would be pleased to submit details of minor and major amendments that have been made to the content and delivery of the modules.

However, we would welcome clarification that the GCC does not require resubmission of the rationale for the changes to the Research/Evidence in Practice and Biomedical Science/Philosophy modules which were submitted as part of this approval process.
Recommendation 2

MCC will be pleased to map the vertical and horizontal integration of the GCC Education Standards, including modules where the standards are not formally assessed.

Recommendation 3

MCC would be pleased to consider assessing the GCC standards across a wider range of relevant modules where the standards are already covered in the curriculum, and also considering appropriate assessments in this context.

Recommendation 4

As part of its normal review process, MCC will be monitoring the impact of the introduction of the evidence in practice module and will be pleased to report on this at the appropriate time.

Prof Christina Culliffe
Principal
14 October 2018
To: The General Chiropractic Council
From: The Chair of the Education Committee
Subject: The Annual Report of the Education Committee
Date: 11th December 2018

Purpose

1. This paper informs and updates Council on the work that has been undertaken by the Education Committee during 2018.

Background

2. The Education Committee is currently one of the four statutory advisory committees of the GCC stipulated in the Chiropractor’s Act 1994. The box below shows the function of the Education Committee as stated in the Act.

The Chiropractors Act 1994 states the function of the Education Committee as:

- having the general duty of promoting high standards of education and training in chiropractic and keeping the provision made for that education and training under review. (11.1)
- providing, or arranging for the provision of, education or training where it considers it to be necessary in connection with the discharge of its general duty (11.2)
- being consulted by the Council on matters relating to education, training, examinations or tests of competence (11.3)
- giving advice to the General Council on education, training, examinations or tests of competence matters at the request of Council or proactively (11.4)
- appointing persons to visit any place/institution which is proposing a relevant course of study, holding any examination with any such course, or holding any test of competence connected with a course or for any other purpose of the Act (12)
- the Council has the power to withdraw qualifications as a result of Visitor’s report or on the basis of other information acquired by the Committee (e.g. through annual monitoring) (16).

Summary of Activities

3. The Education Committee met five times in 2018 (April 1.5 days, September and November and additionally held a teleconference in May). This report summarises the work of the Committee, decisions taken and actions recommended as well as progress on work overseen by the Committee. Full minutes of all the meetings have been reported to Council.
Work of the GCC Education Committee 2018

4. The Education Committee has been responsible for the following areas and projects:
   - Approval and Quality Assurance of ‘Recognised Qualifications.’
   - Overseeing the Test of Competence (TOC);
   - The on-going review of the GCC’s Continuing Professional Development (CPD) Scheme - and how this can better assure the continuing fitness to practise of registrants;
   - Revision of the guidance and information for students and education providers in the areas of student fitness to practise and student health and disability.

Approval and Quality Assurance of ‘Recognised Qualifications’

5. During 2018, the Education Committee has been able to consider how fit for purpose the GCC’s degree approval and quality assurance process is, following its implementation in 2017. The changes introduced by the new process included;
   - new Education Standards designed to be clearer, more proportionate and to better reflect the healthcare and Higher Education environments;
   - the appointment of a pool of ‘Education Visitors’ responsible for carrying out approval and monitoring visits, analysing programme submissions and advising the Education Committee on the approval of programmes and all related matters;
   - the removal of the ‘expiry date’ for the approval of degree programmes;
   - a clearer, more defined process for the institutions new to delivering chiropractic degree programmes in the UK;
   - the requirement for education providers to notify the Education Committee of ‘substantive change’ as and when these changes occur;
   - clearer guidance for education providers.

6. During 2018, new qualifications at London South Bank University (LSBU) and AECC University College were recognised and qualifications were re-recognised at the University of South Wales (WIOC) and the McTimoney College of Chiropractic (MCC). The learning outcomes from each of these programmes were mapped against the new Education Standards. Privy Council approval was received for the programmes delivered by LSBU, AECC University College and WIOC. The GCC plans seek Privy Council approval for the programmes delivered by MCC following Council approval at its December 2018 meeting.

7. In 2017, the GCC approved a degree programme delivered by a new education provider (LSBU). Following its first intake of students in September 2018, the first GCC ‘monitoring visit ‘ was made to LSBU on 9th November to check on progress against the conditions set. This was part of the updated degree quality assurance process. The delivery of the programme was found to be satisfactory, though further information has been requested. LSBU will participate in the GCC’s annual monitoring discussions with all education providers in April 2019.

8. The Education Committee has continued to liaise with its education providers and consider issues arising from substantive changes such as the retirement of the Principal of AECC University College at the end of 2018 and the appointment of the Head of Chiropractic from 1st August 2018.

9. Discussions and meetings have continued regarding the proposed new programme in Scotland. It is understood that discussions are ongoing regarding a suitable University to validate this course.
10. Teesside University has informed the GCC of its intention to launch a new programme in September 2019. Initial discussions are taking place as to feasible timeframes.

11. Discussions have continued with the European Council on Chiropractic Education (ECCE) on closer collaboration and joint working on approval of programmes. Representatives from the ECCE attended the GCC re-approval visit to WIOC in April 2018 as observers, the similarities between the GCC’s and the ECCE’s processes for the approval of programmes were noted. The Director of Education, Registration and Standards was invited for the first time to speak with the Councils on Chiropractic Education International (CCEI) at their AGM in May 2018 and to attend the ECCE Council of Accreditation’s Annual meeting with all ECCE accredited institutions in November 2018.

12. The Education Committee has kept the approval and quality assurance processes under review during this first cycle and has noted minor changes that need to be made to the process that would better assure the GCC that these programmes meet, and continue to meet, the Education Standards such as changes to the annual monitoring process that will take place next year.

13. In April 2018, the Committee met with the education providers separately and collectively to discuss issues arising from the annual monitoring returns for 2016/17 and share good practice. Representatives from AECC University College, the McTimoney College of Chiropractic and the University of South Wales met with the Education Committee both individually and collectively. During the individual discussions, providers gave their comments on the newly developed GCC quality assurance processes and the Committee looked at how each provider addressed the GCC’s recommendations from previous years. The joint discussion with all providers centred on the research into the perceptions of the preparedness of chiropractic graduates for practice that had been carried out on behalf of the GCC in 2017. Education providers agreed that the research highlighted some interesting trends in regards to areas of perceived preparedness. Broad topics such as the impact of Britain leaving the EU, student feedback and also patient engagement in teaching and learning were also discussed.

14. These themes will continue to be key items for further progress in the 2019. The information being requested from institutions as part of annual monitoring was finalised at the Education Committee meeting on 28th November. At this meeting the Committee was informed of discussions that the Education team had with the HCPC to share areas of best practice with regard to approval and quality assurance of degrees. The information being requested from institutions should provide the most relevant information as a starting point for discussions on progress and quality issues in addition to the broader themes mentioned above.

15. The GCC has requested annual monitoring information for the 2017-18 academic year from its education providers with the deadline of the end of February 2018.

The Test of Competence (TOC)

16. During 2018, the Committee has continued to oversee the TOC and considered the TOC External Examiner’s report on the process from March 2017 to January 2018. The report concluded that, overall, the process was operating smoothly, standards were maintained and public safety assured. The External Examiner added that the appraisals had demonstrated that all assessors were operating professionally and that the overall pass rates compared with those of previous years, which reflected the high standard expected of applicants to the register. The External Examiner made a
number of recommendations that were considered by the GCC. This report and the GCC’s response are available on the GCC website.

17. In summer 2018, a new TOC External Examiner was appointed and inducted. The new External Examiner will report on the TOC process from March 2018 to January 2019. The new External Examiner’s report and the GCC’s response to it will be available in April 2019.

18. The annual review meeting with TOC assessors and the External Examiner was held in November 2018. During this meeting, discussions were had on equality and diversity issues following unconscious bias training the assessors had attended. Possible issues regarding gender and culture were recognised and acknowledged so that these could potentially be minimised. Syllabus mapping that is undertaken by applicants was also discussed in detail as to its usefulness and validity. As paperwork has recently been revised by TOC panel chairs, it was agreed that this issue would be reviewed again once the amended paperwork and process has been utilised. Overall, it was agreed that the TOC continued to be an equally robust and proportionate process for ensuring applicants to the register with overseas qualifications were fit to practise.

Assuring Continuing Fitness to Practise and CPD

19. Following Council’s agreement to the Education Committee’s recommendations for redeveloping the CPD scheme, the Committee has overseen the progress being made in taking forward the agreed work programme. From October 2016 to March 2017, a very small scale pilot was carried out of the proposed new mandatory components. The Committee considered the outcome of the pilot in 2017 and agreed that the consultation should be put on hold due to legislative restrictions. The Committee considered the pilot report and how to encourage registrants to adopt elements of the new scheme prior to legislative change. It was decided that efforts would be focused on making improvements in 2019 to the current CPD system and auditing.

2015/16 CPD checks

20. All registrants CPD summaries undertaken for 2015/16 were checked, amounting to in excess of 3,200. In total 56 registrants were sent letters advising them that the Registrar had reviewed their CPD summaries and was not content that it met CPD requirements. However, since we wished to draw a line under those checks given the length of time that had elapsed since the end of that CPD year, and legal advice received, no action was taken for those failing to meet CPD requirements, but instead a review of their following CPD submissions was undertaken. The wording of the letter from the Registrar varied depending on the severity of the issue or issues identified, with those failing to engage given the strongest wording.

2016/17 CPD checks

21. Following this, our CPD checks for 2016/17 were undertaken and included assessing the summaries of 514 registrant’s split into the following four categories:

   a. 56 identified by the Registrar having reviewed those 2015/16 CPD summaries and found that they failed to comply with CPD requirements.
   b. A random selection of 50 registrants who were required to provide evidence as part of our annual audit of CPD evidence for the 2016/17 CPD year
   c. A further random selection of 251 registrants that, added to those selected in 2 above, makes up around 10% of the profession, but whose CPD summaries only will be checked; and
d. All 157 registrants completing their first full CPD year. This is so that summaries not compliant can be identified and feedback provided to registrants where appropriate identifying where improvements can be made for future compliance.

2017/18 CPD checks

22. For its checks of 2017/18 CPD the office reviewed 100 CPD summaries beginning in early October and focussing on the activities, evaluation and application to practise, which have been most problematic.

23. In total 82 issues were identified, covering 44 separate CPD summaries. 25 registrants failed to submit an adequate evaluation of their learning activity. A further 11 issues were identified around the lack of any application to practise, while 18 registrants were asked to provide further information about the learning they undertook. Further issues related to the section on Other CPD and which required additional information.

24. While part of the reason for the continued issues rests with registrants, GCC IT systems, especially the current CPD summary, do not assist in completion of the summary; in particular the wording used and the layout do not guide registrants to provide the information needed to ensure compliance. The information we require of registrants and the form of the summary itself is included in our process review as mentioned below.

25. The GCC is currently undertaking a review of both its auditing process and the requirements of the scheme it requires registrants to submit each year and which will be conducted during 2019 to begin with the 2019/20 CPD year.

26. Following the publication of the ‘Perceptions of Preparedness of chiropractic graduates for practice’ research the Education Committee discussed the findings and recommendations with the education institutions around course provision and content and with the Royal College of Chiropractors around its Post Registration Training Scheme. Further work is planned in 2019 to build on the findings.

Review of the guidance for education providers and students: Student Fitness to Practise and student health and disability

27. Following implementation of the Education Standards and Quality Assurance process, work commenced in September 2017 to update and improve existing guidance and produce new guidance for education providers and current/prospective students in the areas of Student Fitness to Practise and Student health and disability. The aim of the new guidance was to:
   - ensure that the GCC’s guidance documents were in line with the GCC’s Code (2016);
   - address the increased focus on student fitness to practise and professionalism across all of the regulators;
   - ensure that the GCC’s guidance was in line with current legislation.

28. Following consultation, new web pages have been produced for students which incorporate the guidance on student health and disability. The two fitness to practise guidance documents will be designed and a summary added as part of the GCC’s new communications strategy.

Thematic Review into the role of Patients in Osteopathic and Chiropractic Education
29. In collaboration with GOsC, the GCC planned to carry out a thematic review into the role of patients in osteopathic and chiropractic education, so as to support our educational institutions in the further development of patient involvement in education and training e.g. curriculum, assessment and governance as well as patient feedback. This research will also provide information that will feed into a future review of the Education Standards and allow the GCC to consider whether patient involvement should be included within the standards. Due to temporary changes to staffing at GOsC this year, this work will commence in 2019.

Membership

30. During 2018 the Education Committee membership comprised:

<table>
<thead>
<tr>
<th>Name</th>
<th>Member details</th>
<th>Dates of membership</th>
<th>Meetings attended 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharon Oliver</td>
<td>Council lay member</td>
<td>All year</td>
<td>5 of 5</td>
</tr>
<tr>
<td>Mike Barber</td>
<td>External registrant member</td>
<td>All year</td>
<td>5 of 5</td>
</tr>
<tr>
<td>Donald Cameron</td>
<td>External lay member</td>
<td>All year</td>
<td>5 of 5</td>
</tr>
<tr>
<td>Philip Dewhurst</td>
<td>External registrant member</td>
<td>All year</td>
<td>5 of 5</td>
</tr>
<tr>
<td>Aaron Porter</td>
<td>External lay member</td>
<td>All year</td>
<td>3 of 5</td>
</tr>
<tr>
<td>Liz Qua</td>
<td>Council lay member</td>
<td>All year</td>
<td>2 of 5</td>
</tr>
<tr>
<td>Carl Stychin</td>
<td>Council lay member</td>
<td>All year</td>
<td>5 of 5</td>
</tr>
<tr>
<td>Gay Swait</td>
<td>Council registrant member</td>
<td>All year</td>
<td>5 of 5</td>
</tr>
<tr>
<td>Carol Ward</td>
<td>External lay member</td>
<td>All year</td>
<td>4 of 5</td>
</tr>
</tbody>
</table>

31. Two of the external members, Aaron Porter and Mike Barber, came to the end of their initial three year term of appointment and have been reappointed for two years.

32. In November 2018 Committee members, Education Visitors and TOC Assessors were given Unconscious Bias training in order for these Committee members and partners to become aware of implicit biases when making decisions through dealing with a variety of stakeholders.