Performance review of health professions regulators 2007/08

Helping regulation to improve

August 2008

Contents

Performance review of health professions regulators 2007/08

Summary

The public is being protected by the regulators of health professions in the UK. Standards prioritise patient safety and care; the registers are maintained and made public. With the exception of the Nursing and Midwifery Council (NMC), fitness to practise processes are well managed, although delays and lengthy timeframes are a concern in some cases. In education, the regulators have different powers and ways of ensuring the quality of entrants to professions. All the regulators, again with the exception of the NMC, have effective leadership and governance.

This report finds considerable variation in practice between the regulators in how they carry out their functions. This is sometimes due to differences in legislation, sometimes to the specific needs of the professions they regulate and sometimes to differences in approach. We also find many examples of good practice and highlight some areas for improvement.

In the introduction to this report we set out the process of our performance review. Part 2 considers professional regulation overall. In Part 3 we provide reports on the performance of each of the nine regulators. In Part 4 we identify areas for future consideration and make recommendations for improvements.

1. Introduction

1.1.1 The regulation of health professions has an important contribution to make to patient safety, to public confidence in the skills and behaviour of the people who care for them, and to the reputation and standing of the health professions. The Council for Healthcare Regulatory Excellence (CHRE) oversees the nine regulators of health professions in the UK. Each year, with the assistance of the regulators, we carry out a performance review and report our findings to Parliament, to health ministers in England, Wales, Scotland and Northern Ireland, and to the public. This is the report for 2007/08.

Council for Healthcare Regulatory Excellence

CHRE is an independent body accountable to Parliament. Its primary purpose is to promote the health, safety and well-being of patients and other members of the public. It scrutinises and oversees the health professions regulators, works with them to identify and promote good practice in regulation, carries out research, develops policy and gives advice.

1.1.2 During 2007 we worked with the regulators to create a set of standards against which they could assess themselves and which we could use as a basis for our judgements. The aim is to enable the regulatory bodies to identify their own strengths and weaknesses and to compare their performance with each other. This was a major shift in approach from previous performance reviews, which means that direct comparisons between these reviews and those of previous years cannot be made.

1.1.3 As this is the first year that we have carried out our performance review in this way, we are reviewing the process with the regulators, with the intention of refining and clarifying the standards and improving the process for next year. This performance review should therefore be seen as work in progress but will form an important benchmark for the performance review in 2008/09. In our comments on each of the regulators in Part 4 we highlight issues that we will wish to consider in future.

Who are the health professions regulators?

- General Chiropractic Council (GCC)
- General Dental Council (GDC)
- General Medical Council (GMC)
- General Optical Council (GOC)
- General Osteopathic Council (GOsC)
- Health Professions Council (HPC)
- Nursing and Midwifery Council (NMC)
- Pharmaceutical Society of Northern Ireland (PSNI)
- Royal Pharmaceutical Society of Great Britain (RPSGB)

1.1.4 It is important that regulation is proportionate. It is therefore important that our oversight of the regulators is also proportionate. We are conscious that the pilot process this year involved significant additional work and reporting for the staff of many regulators.

We hope that we can reduce this burden in the future and are discussing with the regulators how the process can be improved whilst ensuring that it remains robust.

1.2 Standards for professions regulation

1.2.1 All professions' regulators must be able perform certain functions to fulfil their statutory responsibilities. These functions are: setting and promoting standards for admission to the register and for remaining on the register; maintaining a register of those who meet the standards; taking appropriate action where a registrant's fitness to practise has been called into question; and ensuring high standards of education for the health professionals that they regulate.[1]

1.2.2 All these things must be done efficiently, proportionately, objectively and fairly, and with the protection of patients and the public as the overriding priority. There are five standards which CHRE and the regulators use to assess their performance. Full details appear in Annex 1 to this report. The five standards are:

- Standards and guidance

This standard looks at how the regulator sets standards for the professions it regulates, how those standards promote patients' safety and well-being, how it keeps those standards up-to-date and how it ensures that all registrants are aware of them. It also looks at the regulators' activities in enabling the public to be aware of the standards they can expect from people working in those professions.

- Registration

This standard covers how the regulators register health professionals, how they carry out appropriate checks on their identity and qualifications, enter their details and keep the register up-to-date. It looks at what procedures are in place for the registration of applicants from both inside and outside the European Union. This standard also looks at the important issue of how easy it is for the public or employers to check the registration of an individual and to find out whether there are any limitations on their fitness to practise.

- Fitness to practise

This standard looks at how the regulators deal with concerns raised with them about the fitness to practise of registrants, how they ensure that concerns are dealt with and decisions made in a timely, fair and consistent manner and how all the relevant parties are kept updated during the process. It also covers how the regulators appoint, assess and train fitness to practise panel members.

- Education

This standard covers how the regulators ensure that students are given appropriate training that equips them to meet the standards of competence and conduct for their profession. It also looks at the regulators' processes for the quality assurance of education providers to ensure that the delivery of education and training is appropriate and prioritises patient safety and interests.

[1] Secretary of State for Health (2007) *Trust, Assurance and Safety – the regulation of healthcare professionals in the 21st century,* London: The Stationery Office, chapter 1, para 1.2.

- Governance and external relations

This standard looks at how the regulators ensure that they are effective, efficient, transparent and accountable organisations that are focused on protecting the public. It also looks at how they foster a culture of continuous improvement within their organisations and, in doing this, how they take account of the views of their stakeholders.

1.3 The performance review

1.3.1 The performance review took place between December 2007 and July 2008. It had four stages:[2]

- written submissions by the regulators setting out their self-assessment of their performance against the standards and minimum requirements
- a written response from CHRE with initial assessments and requests for additional information or clarification
- a face-to-face meeting between CHRE and the regulator to discuss the assessment and to test the validity of the judgements being made
- a final written report from CHRE summarising its assessment of the regulator's performance.

1.3.2 Overall, the regulators have told us that the new process has been helpful to them, more rigorous than in previous years and constructive. Everyone involved with the process also agrees that there is scope for improvement, particularly in reducing the burden of work on the regulators, clarifying the language of the standards and in deepening CHRE's understanding of the differences between the regulators.

1.3.3 As this was a pilot process it is important that CHRE and the regulators learn from it and improve it for future years. We are committed to doing this and a review of the process is currently underway. The outcome of that review will be implemented in 2008/09.

1.3.4 It is also important to note that the review took place against a background of major change in healthcare regulation. The Health and Social Care Bill was before Parliament during the period the reviews were taking place, all the regulators were actively involved in preparing for the differing changes to their constitutions, councils and roles, and both the pharmacy regulators (the RPSGB and the PSNI) were preparing for major reforms. The performance review therefore added to the burden of work on the regulators during this period. We wish to acknowledge this and to thank the regulators for their active co-operation in the process of the review.

[2] In the case of the NMC, where this year we were asked by the Minister of State for Health Services to expedite our performance review, we have published a separate report. This can be found on our website at www.chre.org.uk.

2. How is health professions regulation doing?

2.1. Introduction

2.1.1 In many areas of their work, the nine regulators carry out their functions in substantially different ways. This may derive from the requirements of their legislation or the very real differences in the nature of the professions they regulate. However, it is also true that the quality of regulation and the level of protection provided to the public differ between the regulators.

2.1.2 All of the regulators are carrying out the full range of their statutory functions. They all set standards for their professions, maintain a register or registers of regulated professionals, take action where a registrant's fitness to practise is called into question and set standards for and quality assure educational provision.

2.1.3 Most of the regulators' work is carried out effectively, with a clear focus on protecting the public. Indeed, we have identified many areas where regulators are exhibiting particularly good practice. One of CHRE's important tasks is to encourage the dissemination of good practice. In adopting good practice, the regulators will need to consider whether it will need to be adapted for their organisation or professions.

2.1.4 Our performance review has, however, identified areas in which some regulators have shown weaknesses. This is a concern. We hope that the recommendations that we make in this report will address these areas for improvement.

2.1.5 We are committed to working with all of the regulators to promote good practice and to help them to improve in those areas where there are currently weaknesses. For all of the regulators we have identified particular issues on which we wish to focus next year and we will report on these in next year's performance review.

2.1.6 Turning to the five areas which we assessed, we set out below the main issues that have arisen from the reviews and, most important, examples of good practice that we identified.

2.2 Standards and guidance

2.2.1 All of the regulators set standards for their professions, but the content of their standards and guidance varies considerably. In all cases, the standards prioritise public safety and all regulators review their standards periodically. The extent to which the regulators communicate their standards to registrants, potential registrants and the public varies but some of the regulators do this particularly effectively.

2.2.2 An issue which needs to be given consideration is the future and value of schemes for continuing professional development (CPD), or their equivalent, in light of the developing proposals for revalidation of health professionals. All regulators have set standards for CPD, although the extent to which they audit or quality assure registrants' compliance with these standards varies. Some regulators have expended considerable resources on this, while others feel that this is not necessary or appropriate. The GMC in particular has decided to concentrate instead on developing proposals for revalidation.

Examples of good practice

Standards and guidance documents

The **GMC's** core document, *Good Medical Practice*, sets out the standards and behaviours which doctors must follow. It is a model of clarity and concision and is widely recognised as an example of good practice. An interactive version of *Good Medical Practice* has recently been created on the GMC's website in order to make the standards more accessible for members of the public and patients. The GMC's core standards are supported by other more detailed guidance on areas such as consent, confidentiality and maintaining sexual boundaries. The GMC standards and guidance are accessible, clear and the materials are available in a wide range of formats.

Communication about the standards and guidance

The **GOsC** demonstrates good practice in its work communicating GOsC standards. It promotes 'The Critical Cs' – communication, consent, case history taking and confidentiality – to osteopaths through workshops and training events and has produced two training DVDs for registrants highlighting the code of practice in relation to specific areas of practice.

The **GCC** is active in informing the public of the standards that professionals should meet and the action that they can take if these standards are not met. An example of this commitment is *What Can I Expect When I See a Chiropractor?*, a leaflet produced by the GCC in consultation with professional and public stakeholders. The GCC encourages practitioners to display this leaflet, which is also available in nine additional languages and Braille on request.

The **GDC** *Gazette* is one mechanism used by the GDC to communicate its standards to all registrants. The *Gazette* contains a review of conduct cases considered by its Fitness to Practise Committees from which lessons of good and poor practice and conduct are highlighted for registrants as key learning points from the GDC's standards.

The **GMC** has made real efforts to engage with patients in seldom-heard groups, including people with dementia, people with learning difficulties, homeless people and children and young people, when developing guidance. For example, in developing its guidance for children, it held meetings with children and young people in all four countries and ran an online consultation devised for young people. When consulting on its guidance on consent, the GMC worked with the Royal National Theatre, the Alzheimer's Society and other patient groups to run 'forum theatre' events for people in the early stages of dementia, their carers and doctors.

2.3 Registration

2.3.1 Generally, the regulators' processes for registration are effective and efficient, although again practices vary, particularly in relation to how they try to ensure against fraudulent entry to the register and take action where someone is fraudulently using a protected title.

2.3.2 An issue for consideration by CHRE and the regulators in the coming year is the content of the registers, particularly in relation to current and past fitness to practise outcomes. Regulators vary in what fitness to practise information they put on their registers and disclose to enquirers. As the range of sanctions available to the regulators is likely to become more harmonised, it follows that there should be greater commonality in how these sanctions are reflected on their registers. In order to assist the public, we consider that all fitness to practise outcomes should be on the registers. We note the reasons that some regulators give for not including fitness to practise outcomes, such as warnings and undertakings. We also note that in some cases there would need to be changes to legislation to enable regulators to include some outcomes on their registers. This is, therefore, a matter which we intend to consider further.

Examples of good practice

Application to the register

The **GMC** holds a comprehensive and well-managed register of medical practitioners. It also operates an effective system of identity checks. Most doctors who apply for registration, and those applying for restoration to the register following a period out of medical practice, are required to attend an identity check as part of the assessment of their application. Photographs of the doctors taken at the identity check are retained by the GMC and these can be shared with employers wishing to check that the doctor applying to them for employment is the same person who is registered with the GMC.

Information available on the register

The **GMC** register includes information about doctors' qualifications and limits to their fitness to practise that an employer or member of the public might need to know. In particular, the GMC includes all relevant fitness to practise restrictions, including warnings and undertakings given by doctors to fitness to practise panels. The GMC has been successful in securing the necessary changes to its legislation to give it the power to publish this information on the register.

Communication about the register

The **HPC** is commendably active in ensuring that the public and employers are aware of the importance of checking a professional's registration. It has advertised on Google, on public transport and in the Yellow Pages. This is particularly important work for a regulator who is regulating professions for which there is less public knowledge about regulation.

2.4 Fitness to practise

2.4.1 The regulators all have a process by which people can make complaints about a registrant's fitness to practise, and in most cases these complaints processes are clear. The best systems provide either a named caseworker or a central contact centre for processing initial complaints or concerns about a registrant.

2.4.2 There is considerable variation in how effectively the regulators use their fitness to practise processes. In particular, we have concerns about the timescales for resolving some complaints. It is important, both in terms of protecting the public from direct harm from registrants who are not fit to practise and in maintaining confidence in health professionals and regulation generally, that the regulators deal with fitness to practise cases in a timely manner. Regulators need to set clear and challenging targets and make sure that cases are monitored closely. It is essential that regulators have effective IT-based case management systems to enable them to do this.

2.4.3 While it is very important that cases are dealt with as quickly as possible this must not compromise quality, and we recognise that there is sometimes a compromise to be made between speed and quality of process. Under the powers given to us by the Health and Social Care Act 2008, we will in future audit a sample of decisions made by the regulators in the early stages of their fitness to practise cases. We will, therefore, have more evidence on the quality of decisions for future performance reviews.

2.4.4 Some of the regulators have set up systems for auditing their own fitness to practise decisions. We welcome this, and will have to consider how CHRE's audits will fit in with these internal audits. One issue, which some regulators are considering, is whether it is possible or appropriate for their staff to comment on or assess decisions made by fitness to practise panels. Some, like the GMC, have robust procedures for auditing their panels' decisions, while others take a different approach. Our concern, however, is that the regulators should have robust processes for assessing the quality of panel members. Some of the regulators have set up such systems and we hope that the others will consider their experience when setting up their systems.

2.4.5 One of our main concerns at the moment is that a number of regulators are hampered in their fitness to practise work by the limitations of their legislation. This is particularly the case in relation to the range of sanctions and, in some cases, the lack of interim sanctions available to some regulators. We hope that this will be addressed in forthcoming legislative changes. We also hope that these legislative changes will allow the regulators to be able to disclose all relevant fitness to practise outcomes on their registers.

2.4.6 During the passage of the Health and Social Care Bill through Parliament, there was considerable discussion about the value of legally qualified chairs for fitness to practise panels. Two of the regulators (the RPSGB and the PSNI) are currently required to have legally qualified chairs for their fitness to practise panels. From our consideration of over 4,000 decisions by fitness to practise panels, we conclude that panels with legally qualified chairs do not produce higher quality decisions or better written adjudications than panels with chairs who are not legally qualified.

Examples of good practice

Process

We consider it essential that mechanisms are in place to ensure that cases requiring urgent action are identified in a timely manner. A senior manager at the **GDC** reviews all complaints within one working day of receipt to determine whether urgent action, such as an interim suspension order or a referral to the police, is required.

Customer service

The **GDC** has introduced customer service training for its fitness to practise team and has a system of peer review and telephone mystery shopping. These were introduced to support GDC's quality of service: to ensure that its service standards and targets operate harmoniously rather than at the expense of each other. The GDC also allocates complainants to a caseworker and ensures that they are regularly updated throughout the process.

Audit

The **GMC** has robust quality assurance processes to ensure that decisions are made in line with the appropriate guidance and policy, and that operational activity complies with established guidance and protocols and is of optimal quality. Its Investigations Quality Assurance Group oversees this work.

Assessment and appraisal of panel members

The **GOC** has implemented systems for the assessment and appraisal of fitness to practise panel members, and these appear to be working effectively. The assessment and appraisal process identifies further development and training for panel members and forms the basis of their regular training.

Working with other agencies

In the oversight of pharmacy practice, the **RPSGB** collaborates effectively with the Medicines and Healthcare Products Regulatory Agency, the Healthcare Commission and the police to ensure that any fitness to practise complaints are identified and dealt with appropriately.

2.5 Education

2.5.1 Education is a very important area of the regulators' work, not least because evidence suggests that poor performance or misconduct as a student is often an indicator of later fitness to practise problems as a registered health professional.

2.5.2 There is considerable variation in the regulators' work in education. Some regulators set specific standards for students and educational providers, while others include this within their general standards and guidance.

2.5.3 All of the regulators have procedures for quality assuring educational providers, although in some cases this is done by or with other organisations. Generally we are concerned that insufficient account tends to be taken of patients' perspectives in this area.

2.5.4 As a result of the recently published report, *A High Quality Workforce: NHS next stage review*, CHRE is to be commissioned to conduct research to identify and promote best practice in the quality assurance of education.[3]

Examples of good practice

Communication of the standards

The **PSNI** employs both a pre-and post-registration facilitator. These are qualified pharmacists who have technical knowledge as well as experience of reviewing performance. The facilitators aim to ensure that standards of education and training are up-to-date and reflect modern practice, advising the Head of Professional Services on the need or otherwise for revising standards or producing supplementary guidance as required.

The **GOsC's** code of practice is applicable to osteopathy students as well as registered osteopaths and the GOsC runs a programme of presentations to students aimed at embedding these standards in its future registrants at the earliest opportunity.

[3] Department of Health (2008) *A High Quality Workforce: NHS next stage review,* London: DH, p 41, para 138.

2.6 Governance and external relations

2.6.1 A well-led council, with an appropriate mix of skills, expertise and experience, is essential if a regulator is to perform effectively in protecting the public. The members need to provide leadership and strategic direction for the executive. They also need to hold the executive to account and scrutinise their work in a proportionate way.

2.6.2 Currently many of the regulators are prevented from having a truly balanced council membership, but the forthcoming legislative changes, leading to smaller appointed boards with a balance of public and professional membership recruited against defined competencies, should help to resolve this. All regulators will also need to adopt good practice involving strong codes of practice and systems for appraisal of council members as well as staff. They will also need to ensure that they have a robust procedure for dealing with complaints about council members.

2.6.3 Our performance review identified serious concerns about the governance of the NMC. We hope that the actions that the NMC are currently taking and forthcoming legislative changes will result in effective leadership.

2.6.4 Many regulators put a great deal of time and effort into working with their stakeholders. However, in some cases, there could be more involvement of the public and patients.

Examples of good practice

Council membership

The membership of the **HPC's** Council is well balanced and all members work within a code of conduct. All Council members are appraised, which includes a feedback process and review of performance annually. The HPC has undertaken a skills audit for members to identify areas of particular expertise and any gaps that could be filled by training or future appointees. The regulator has also used this to help inform its competencies for Council members. These currently apply only to lay appointees but will apply to all members when the Council is reconstituted from summer 2009.

Use of performance indicators

The **GMC's** Evaluation Framework Review Group is developing a hierarchy of performance indicators to ensure that public protection is always the focus of the GMC's performance. This is intended to ensure that when there are conflicting demands for resources measures of performance are always focused on public protection.

Stakeholder management

The **GDC** has introduced a scheme for managing relationships with interested parties, through which a senior member of staff is identified as the relationship manager for each organisation. The relationship manager is responsible for sending the organisation information, for keeping them up-to-date with any developments and for answering any questions they may have. The GDC considers that this has had a significant effect, particularly with those organisations with which it has complex interactions, and that the

scheme provides the interested party with a better service and the GDC with improved oversight of its relationship with them.

3. How are the health professions regulators doing?

3.1 Introduction

3.1.1 This section of the report includes the performance review reports for all of the individual regulators. It provides our overall assessment of their performance against the five functions: standards and guidance; registration; fitness to practise; education and governance; and external relations. The individual reports also highlight, where appropriate, areas of good practice, areas of weakness and those areas on which we wish to focus next year.

3.2 General Chiropractic Council

Overall assessment

3.2.1 The General Chiropractic Council meets all the performance standards against which it has been assessed. There are some areas of its operations in which it demonstrates particular strength and effectiveness, and some in which CHRE believe there is room for improvement.

3.2.2 The GCC is particularly strong in its communications with registrants and the public and demonstrates a deep commitment to informing the public about chiropractics and the regulatory role of the GCC and its services. Recent work undertaken by the GCC on its governance systems is worthy of note, in particular its Code of Conduct for Council members and effective procedures for their assessment and appraisal.

3.2.3 However, we believe that the GCC should give further thought to the following issues, on which we will wish to consider progress, in particular during next year's performance review:

- consideration of whether there is scope for repeating on a regular basis the audit by an external organisation of fitness to practise decisions, including decisions by the Investigating Committee, Professional Conduct Committee and Health Committee; and
- setting more ambitious service standards in fitness to practise.

Standards and guidance

3.2.4 The GCC's *Code of Practice and Standards of Proficiency* provides robust and comprehensive guidance for registrants. We note that the GCC has circulated the recent guidance produced by CHRE for practitioners on maintaining clear sexual boundaries to registrants and exhorted the importance of maintaining these boundaries to them.

3.2.5 The GCC is active in informing the public of the standards that professionals should meet and the action that they can take if these standards are not met. An example of this commitment is the leaflet *What can I expect when I see a chiropractor?* that the GCC produced in consultation with professional and public stakeholders. The GCC encourages practitioners to display this and the leaflet is available from the GCC in nine additional languages and Braille on request. During the production of its complaints leaflet, *How to*

complain about a chiropractor?, the GCC also consulted with complainants and had advice from Connect, the communications disability charity.

3.2.6 The GCC has informed us that it will be considering whether applicants for registration and restoration should be asked to sign a statement confirming they have understood the *Code of Practice and Standard of Proficiency* issued by the GCC and intend to practise in line with them. We would warmly welcome such a development as in our experience there are occasions where registrants in fitness to practise proceedings claim not to have fully understood these documents and their implications. We also feel that other regulators should consider this issue.

3.2.7 The GCC requires practitioners to undertake, and maintain a record of, 30 hours of continuing professional development each year, and to submit an annual summary identifying how their learning relates to improving patient care and/or the development of the profession. Over a five-year period, it reviews the detailed CPD records of each registrant to verify the information provided in the annual summary.

Registration

3.2.8 The GCC has a highly efficient process for dealing with applications to the register and takes satisfactory steps to ensure against fraudulent or erroneous entry to the register. The GCC also requires foreign applicants to undergo a competence test, at the University of Glamorgan, at which the applicants must present their passport.

3.2.9 An anonymous ethnic monitoring study conducted on behalf of the GCC received a response rate of approximately 68 per cent, but when registrants were asked to provide attributable information about ethnic origin and disability the response rate was only 55 per cent. All new registrants are asked to provide this information and a reply-paid envelope is included with the form – the response rate runs at less than 5 per cent.

3.2.10 It is the GCC's policy to publish all current restrictions on registrants' practice on the website version of the register, but not admonishments, which are published only on the section of the website that provides the outcomes of all Professional Conduct and Health Committees. This is an issue which CHRE wishes to consider further.

3.2.11 The GCC is conscious of the low public awareness of the registration requirements to be a chiropractor and publicises that the public should check the registration of chiropractors with a banner advert on relevant pages of yell.com. It is the GCC's established policy to pass on any information it has regarding unregistered individuals claiming to be chiropractors to the police and to leave cases in the hands of the police and Crown Prosecution Service. We note this policy, but consider it is important that the GCC keep open the option to pursue a private prosecution if it considers there to be an issue of public protection at stake and no public prosecution is brought.

Fitness to practise

3.2.12 The GCC provides the public with good information that clearly outlines the role of the GCC, how to make complaints, and the operation of its fitness to practise processes. In addition, we consider these fitness to practise processes to have good accessibility to

members of the public. However, we consider its service targets for the investigation and determination of complaints to be insufficiently challenging and that the targets could be more ambitious and forward-looking. At the moment they are based on previous performance. We note, however, that the current timescales for dealing with cases are generally acceptable.

3.2.13 The GCC has comprehensive Indicative Sanctions Guidance for panels and codified guidance for staff on dealing with serious cases and referrals for interim suspension orders. The GCC is statutorily limited in that its interim suspension orders last only two months, meaning it must arrange a Professional Conduct Committee or Health Committee meeting before the expiry period, to determine whether to impose a further interim suspension order to last until the full hearing. We support the GCC's request that this time limit on interim suspension orders be altered by the Department of Health as part of its series of statutory instruments for the health professional regulators.

3.2.14 We also believe that changes are needed to the GCC's legislation to ensure proper separation of its Council functions from those of its Investigating, Professional Conduct, and Health Committees. The GCC has taken positive steps, within its statutory limitations, to appoint co-opted members against competencies to provide a partial redress to this problem.

3.2.15 The GCC's staff participate in all training sessions for members of the Investigating, Professional Conduct and Health Committees, which we consider to be a good measure.

3.2.16 The GCC has undertaken an independent analysis of the reasons for Professional Conduct Committee decisions, including comparison with its Indicative Sanctions Guidance, and used this to provide more detailed feedback to the Committee. We also note that members of staff review the decisions of the Investigating Committee, but believe the Council should consider setting up a formal mechanism for auditing these decisions.

Education

3.2.17 The standards set by the GCC for education and training to be met by students on completion of their course are appropriate, comprehensive and prioritise patient safety, with the learning outcomes of pre-registration education and training directly linked to the requirements of its *Code of Practice and Standard of Proficiency*. After each review of the *Code*, the GCC also reviews its standards for education and training courses.

3.2.18 The GCC does not register chiropractic students and all clinical work students undertake during their training takes place within the accredited institution, which means they do not practise in private practice until after qualification and registration.

3.2.19 Reviews of chiropractic training institutions carried out by the GCC are satisfactory, with the visit reports available to the public on its website. However, the only input from the perspective of patients is derived from considering any complaints received by the institution. We feel this is an area in which the GCC could be more active and visiting teams could talk directly to patients about their experiences with the students on the courses.

Governance and external relations

3.2.20 The Council's decision-making process is open and transparent. Its meetings are held in public with papers provided to members of the public on request and a bulletin summary of the decisions made by the Council normally published on the GCC's website within 48 hours of the meeting.

3.2.21 The GCC has a strong Code of Conduct for its Council members, including the competencies to be displayed and developed by members and effective assessment and appraisal procedures. Assessment against these, introduced in 2007, is robust and is comprised of a number of strands: self-assessment; peer assessment; feedback from staff; and one-to-one meetings with the Chairman. The job description of the GCC Chair includes responsibility for the annual appraisal of each Council member.

3.2.22 There is a detailed and effective planning process at the GCC ensuring that its functions are appropriately resourced. We note that the GCC has an Audit Committee with comprehensive responsibilities in relation to processes for risk, control and governance. It also has a Resource Management Committee that has oversight on behalf of the Council of the management of the human, financial and physical resources. The RMC monitors the delivery of the business plan and on a quarterly basis it considers the detailed management accounts. Both Committees provide reports and advice at every meeting of Council. The GCC has set out the competences to be met by the chairmen of the Committees.

3.3 General Dental Council

Overall assessment

3.3.1 The General Dental Council is a highly effective and well-managed regulator. It exhibits a consistent focus on public protection and a noteworthy commitment to continuous improvement across all areas of its operations. The standards and guidance it produces and its communications strategies are areas of real strength.

3.3.2 Notwithstanding this, CHRE have some concerns in relation to the following areas on which we will wish to focus in next year's performance review:

- the information published by the GDC on its register, in particular that the specific detail of conditions do not appear. However, we note that the GDC has expressed a commitment to address this matter over the next year; and
- timescales for resolution of fitness to practise cases. We note that in fitness to practise the GDC has directed increased resources to improve the 20 month average time between receipt of a complaint and final hearing. It has set strong targets in this area and we are heartened by its belief they will be met during the next year.

Standards and guidance

3.3.3 This is a strong area of performance for the GDC. Its *Standards for Dental Professionals* prioritises patients' interests, and its suite of standards and guidance documents is well-focused and clearly written. We note that these have achieved Plain English approval.

3.3.4 The GDC is active in communicating these standards to registrants and potential registrants. This includes providing its whole suite of documents to applicants and hard copies of any new documents or existing ones that have been updated. Additionally in the GDC *Gazette*, sent to all registrants, there is a review of conduct cases considered by Fitness to Practise committees from which lessons of good and poor practice and conduct are highlighted for registrants as key learning points of the GDC's standards. CHRE consider this to be a good mechanism for communicating standards and their practical implications with registrants.

3.3.5 The GDC sets standards for continuing professional development with an explicit focus on public protection. The GDC audits a random sample of registrants' CPD records and additionally reviews those of all registrants who have been late in submitting fee payment, for example, to ensure those who are poor at keeping on top of such things are not slack at keeping up with other requirements the GDC places upon them.

Registration

3.3.6 The GDC regulates dental professionals in the UK. Currently all dentists, dental hygienists, dental therapists, clinical dental technicians and orthodontic therapists must be registered with the GDC. This is currently being extended to include all dental nurses and dental technicians who must be registered with the GDC from 31 July 2008.

3.3.7 The GDC has a robust process for ensuring against fraudulent or erroneous entry to the register. However, it has longer processing times for applicants than most other regulators, 15 to 20 working days for dentists and six to eight weeks for the dental nurses and dental technicians for whom statutory regulation is not yet mandatory but which will come into effect from 31 July 2008. However, we understand that the GDC has recently reduced the average processing time for dental care professional registration considerably. The length of this process is due to the one-off challenge of registering these new groups and next year we expect to see that the GDC has faster processing times for applications. CHRE also acknowledges the GDC has contingency plans in place to address the delay ahead of the deadline for registration. We welcome the GDC's actions in regularly reviewing its processes to learn from the challenges it faces and increase its effectiveness in this area of operation.

3.3.8 CHRE has concerns that conditions do not appear on the public part of the register and nor do admonishments, although the GDC does make clear its policy to disclose these to members of the public should they wish to enquire. The GDC informs us that it is going to put admonishments on the register and is also working towards adding conditions. We feel this is important for public protection and should be a priority for the GDC.

3.3.9 Many of the GDC's registrants are self-employed and the GDC has set up a service with Primary Care Trusts in England to verify the registration of a professional before they are added to the PCT's list of practitioners. Similarly, the GDC is active in informing a PCT if the eligibility to practise of someone in their area changes.

Fitness to practise

3.3.10 The average time taken from receipt of a complaint to it reaching a final hearing is approximately 20 months. However, the GDC has targets to cut this down to 12 months, with six month target times for receipt to Investigating Committee and from the Investigating Committee to a final hearing. The GDC has deployed increased resources to meet these targets, and informs CHRE that it expects to reach the first of these by the end of this year. We will look forward to reviewing the progress it has made in next year's performance review.

3.3.11 All complaints are reviewed within one working day of receipt to determine if urgent action is required. This is good practice and we consider it essential that all regulators have mechanisms in place which ensure cases requiring urgent action are picked up in a timely manner.

3.3.12 The GDC demonstrates a strong commitment to providing a good service to those with complaints. The GDC mailed its leaflet *How to report a dental professional to us* to Citizens Advice Bureaux. Complainants are allocated a named caseworker and their contact details for the entire fitness to practise process, and are kept well-informed throughout. The GDC has introduced customer service training for its fitness to practise team and has a system of peer review and mystery shopping to support its quality of service, to ensure that service standards and targets operate harmoniously.

3.3.13 We are pleased to see that the GDC has undertaken a process of auditing its activities, beginning in fitness to practise.

Education

3.3.14 The GDC sets appropriate requirements for the outcomes of dental education, which prioritise patient safety and are comprehensive and reflecting of up-to-date professional practise. The GDC specify key attitudes, in addition to the necessary skills, as required learning outcomes, these cover: respect for patients and colleagues; an awareness of moral and ethical responsibilities; and an understanding of patients' rights. The GDC believes that having a strong focus on the outcomes required of students in education without prescribing curriculum is a proportionate approach to assuring the quality of graduates entering the register and one that encourages innovation in the delivery of dental education.

3.3.15 Education programmes for the dental professions are approved by the GDC. This involves carrying out at least one full inspection per cohort of students. As part of its inspections the GDC incorporates the views of students and evaluates patient feedback where this is available. In addition the GDC has a system of annual paper-based monitoring of educational institutions and carries out ad hoc inspections should the need arise. The GDC visits new graduate schools every year and identifies experts to help them

develop. Likewise if areas of weakness are discovered during the inspection of an institution, experts are identified to help it overcome these.

3.3.16 The GDC does not, however, currently have the power to remove a degree from the approved course list. For this to happen it must apply to the Privy Council. CHRE notes that the Department of Health is planning to give the GMC this power with regard to the list of approved medical courses in a forthcoming statutory instrument. This will allow the GMC to remove courses without application to the Privy Council. We recommend that the Department consider introducing a similar measure for the GDC.

Governance and external relations

3.3.17 The GDC displays a consistent and thorough approach to ensuring decision-making is supported by the best available evidence and focused on the public interest. The decision-making processes are transparent. Council meetings are held in public and begin with a question and answer session for members of the public. Council and committee meeting agendas, papers and decisions are posted on the GDC's website and key decisions are publicised through press releases, a monthly newsletter and the GDC *Gazette*. We also note that the GDC has an alert system to which people can sign up to be informed when a new item is posted on its website.

3.3.18 The GDC does not currently publish details about its performance with respect to its key performance indicators. We note, however, that it intends to do so, beginning with fitness to practise and extending this to its other activities in due course.

3.3.19 The Council currently has 29 members of whom 19 are elected professionals and 10 are appointees from the public. Only the public members are appointed against defined competencies. However, we note that in the next year the GDC will move to an all-appointed Council comprising 12 professional and 12 public members, and that all these individuals will go through an appointments process including objective requirements for prospective members. The GDC includes members from outside Council on its working groups to draw on additional expertise and the chairs of these groups are subject to an appointments process.

3.3.20 The GDC has introduced a scheme for managing relationships with interested parties, under which a senior member of staff is identified as the relationship manager for each organisation and has the responsibility to send them information and keep them up-to-date on any developments, and answer any questions they may have. The GDC considers that this has had a significant effect, particularly with organisations it has complex interactions with, and generally provides the interested party a better service and the GDC a better oversight on its relationship with them. The GDC has recently taken the decision to open offices in Northern Ireland, Scotland and Wales, which it considered a necessary measure due to different developments in the dental professionals taking place in the four countries of the United Kingdom.

3.3.21 The GDC takes equality and diversity issues seriously and has produced a number of guidance documents aiming to ensure all its activities are free from discrimination. It also demonstrates a desire to continually improve in these areas, reviewing the impact of its policies and seeking to develop more effective impact assessment methodology.

3.4 General Medical Council

Overall assessment

3.4.1 The General Medical Council is a well-run regulator with strong leadership and a commitment to continuous improvement. The GMC demonstrates good practice across many areas of its work. These include:

- the standards and guidance that it provides to the profession;
- the accessibility and comprehensive nature of the information on its register;
- its Indicative Sanctions Guidance for fitness to practise panels;
- its internal quality assurance processes; and
- its patient and public involvement strategies.

3.4.2 The GMC has a well-developed system for appraisal of Council members. It has also developed member role descriptions and competencies, which are being used for the recruitment process which is underway for appointments to the reconstituted Council. Together with other professional healthcare regulators, the constitution of the GMC Council will be changed so that it is smaller in size, with parity of medical and lay membership, and for all Council members to be appointed by the Appointments Commission.

3.4.3 The GMC has taken a lead in international aspects of regulation and is successfully managing a period of significant internal reform.

3.4.4 Like the other regulators the GMC will face considerable challenges in the year ahead and next year we be will particularly interested to assess developments in the following areas:

- progress in developing an effective system of revalidation; and
- further development of assuring the quality of medical education in light of the forthcoming merger of the Postgraduate Medical Education and Training Board with the GMC.

Standards and guidance

3.4.5 Standards clearly and explicitly form the basis of all regulatory functions of the GMC and are focused on public protection.

3.4.6 The core document *Good Medical Practice* sets out the standards and behaviours which doctors must follow and is a model of clarity and concision and is widely recognised as an exemplar of good practice. The GMC's core standards are supported by other more detailed specific guidance on areas such as consent, confidentiality and maintaining sexual boundaries.

3.4.7 The GMC has demonstrated a strong commitment to communicating with those who need to use its register and services and makes materials available in a wide range of formats. Guidance is accessible and clear and an interactive version of *Good Medical Practice* has recently been created on the GMC's website. In our performance review we

were particularly impressed by the GMC's practice around patient and public involvement. Real efforts have been made to engage with patients in seldom-heard groups including people with dementia, people with learning difficulties, homeless people and children and young people. We commend this work to other regulators as good practice.

3.4.8 The GMC issues guidance for doctors on continuing professional development but does not monitor or audit whether doctors follow this guidance. Demonstration of CPD is not a requirement for continuing registration as it is with some of the other professional regulators. The GMC has deliberately chosen to concentrate on developing an approach to revalidation that will be based on evidence derived from actual practice rather than simply the accumulation of CPD hours or points.

Registration

3.4.9 The GMC holds a comprehensive and well-managed register of medical practitioners. It also provides an efficient and effective process for applicants for registration. It operates an effective system of identity checks. We were particularly impressed to learn that most doctors who apply for registration, and those applying for restoration to the register following a period out of medical practice, are required to attend an identity check as part of the assessment of their application. Photographs of the doctors taken at the identity check are retained by the GMC and these can be shared with employers wishing to check that the doctor applying to them for employment is the same person that is registered with the GMC.

3.4.10 The GMC register is accessible by phone, online or in person and includes the information about doctors' qualifications and limits to their fitness to practise that an employer or member of the public might need to know. In particular the GMC includes all relevant fitness to practise restrictions, including warnings and undertakings given by doctors to fitness to practise panels. The GMC has been successful in securing the necessary changes to its legislation to give it the power to publish this information on the register. The content of the GMC's register demonstrates good practice. We believe the Department of Health should take note of the value of this when drafting new legislation for other regulators.

3.4.11 The GMC also undertakes comprehensive collection of ethnicity and diversity data.

Fitness to practise

3.4.12 The GMC has a good accessible process for fitness to practise complaints and its publications and guidance include information about the areas in which the GMC handles complaints and when these are more appropriately dealt with at a local level and by other organisations. We were particularly impressed by the GMC's central contact centre for dealing with initial complaints. We were also pleased to note that the GMC is active in ensuring that complainants are informed about progress of cases.

3.4.13 The GMC's Indicative Sanctions Guidance is a very authoritative document, and contains more detail than most of the other regulators' guidance. We feel that it is a clear example of good practice and the other regulators should consider whether they could usefully incorporate parts of the GMC's guidance in their own indicative sanctions

guidance documents. There is also good guidance for staff on referral of cases to fitness to practise panels.

3.4.14 The GMC has robust quality assurance processes to ensure that decisions are made correctly in line with the appropriate guidance and policy, and that operational activity complies with established guidance and protocols and is of optimal quality. This work is overseen by the Investigations Quality Assurance Group. Again we feel that the GMC has exhibited good practice here and the other regulators should consider similar mechanisms for assuring the quality of their work.

Education

3.4.15 The GMC has a comprehensive system of quality assurance for medical education and has a separate set of standards for medical students; *Tomorrow's Doctors.* We are satisfied that the GMC meets all the minimum requirements in this area of its work. We note that the Postgraduate Medical Education and Training Board will be merged with the GMC over the next eighteen months and will watch the effect of that process.

Governance and external relations

3.4.16 The GMC has high quality leadership and good governance. As an organisation it is committed to continuous improvement. It is, like other regulators, preparing for further reforms to its structure and to its Council.

3.4.17 The GMC has a well developed system of appraisal of Council members. It has also developed member role descriptions and competencies, which are being used for the recruitment process which is underway for appointments to the reconstituted Council.

3.4.18 We were particularly impressed by the GMC's Evaluation Framework Review Group which is developing a hierarchy of performance indicators to ensure public protection is always the focus of the GMC's performance. This is intended to ensure that measures of performance are always focused to this end, rather than potentially making conflicting demands for resources. Again we feel that this demonstrates good practice, and we believe the other regulators should consider similar approaches.

3.4.19 The GMC has strong and effective external relations and communications, and it is active in working with other regulators, in Europe and internationally. It also has a clear commitment to patient and public engagement.

3.5 General Optical Council

Overall assessment

3.5.1 The General Optical Council is an efficient and effective regulator which is meeting all of the performance standards. Its work is clearly focused on enhancing public protection. The GOC is strong in areas of its internal governance. Noteworthy developments include its internal Code of Conduct, which applies widely across all members and contractors, and its comprehensive appraisal system. The GOC is

particularly commended for implementing effective systems for the assessment and appraisal of fitness to practise panel members.

3.5.2 Some of the GOC's functions, such as the setting of additional standards and guidance to the professions and the administration of continuing education and training of registrants, are delegated to other organisations. However, the GOC maintains an appropriate level of oversight of these functions and ensures that they continue to focus on public protection.

3.5.3 Whilst recognising these important achievements we do believe that there are a few areas of relative weakness and we will want to review progress in these areas in 2009. These include:

- the current content of the register;
- the processes for the management of fitness to practise cases, in particular the absence of a formal IT-based case management system; and
- ensuring the views of patients and the public take sufficient priority in the GOC's policy development.

Standards and guidance

3.5.4 The GOC has produced codes of conduct for both individual registrants and business registrants. Both of these give sufficient regard to patient safety issues and are issued to all new registrants on registration. Supplementary guidance is produced by the professional and representative bodies in discussion with the GOC or at the GOC's instigation. The GOC also reserves the right to produce its own additional guidance if it becomes necessary, although it has not done so to date. The GOC has asked the professional bodies to consider whether to issue separate guidance on sexual boundaries, based on the CHRE guidance and will produce their own guidance if necessary.

3.5.5 The GOC recognises the need for good communication of its standards to registrants and the public. Its website is accessible to the visually impaired and is W3C AAA compliant.

3.5.6 The GOC oversees a mandatory scheme for continuing education and training for all fully qualified optometrists and dispensing opticians. The scheme is run by an outside organisation on contract to the GOC, and they maintain a website through which registrants are able to manage their portfolios online.

3.5.7 The GOC is working towards revalidation. They have been represented on the Non-Medical Revalidation National Working Group. The GOC also held a seminar on the topic of revalidation key stakeholders in October 2007.

Registration

3.5.8 The GOC operates an accessible register in an efficient way. The processes for registration work effectively, through good planning and management of the workload. Identity checks for new registrants are made by the examining bodies on application and

enrolment. Non UK applicants are required to present their passports to the GOC or to an approved body in their home state.

3.5.9 The register is accessible to the public, who are able to check individual's registration by telephone or online. The online version of the register contains a good search function. However, we were concerned that conditions imposed by fitness to practise panels do not appear where relevant alongside individual registrants' records. Although the register indicates where a registrant has conditions on their registration it does not actually show what those conditions are. The GOC have accepted, in principle, that conditions should appear on the register but they have said that they need to make some technical changes to the register before this can happen. We feel this should be given priority and this is a matter on which we will assess progress in next year's performance review.

Fitness to practise

3.5.10 The GOC's processes for managing fitness to practise cases appear to work effectively. The process for considering allegations about a registrant's fitness to practise is accessible to potential complainants.

3.5.11 Timescales for the dealing with cases are generally acceptable, but given the relatively small number of allegations which it receives, the GOC should give consideration to setting more challenging service standards in relation to this area of its work. The GOC should also consider adopting a formal IT-based case management system which would assist in the management of cases. Due to the relatively small number of allegations received by the GOC it is able to manage these currently without an IT-based case management system but we do feel that the GOC should give serious consideration to setting up such a system in the future.

3.5.12 We welcome the GOC's commitment in implementing systems for the assessment and appraisal of fitness to practise panel members, and these appear to be working effectively. We are also pleased to see that where weaknesses are identified training is planned to remedy these. We know that other regulators are giving consideration to developing similar systems of assessment and appraisal for panel members and we would recommend to them that they should share the GOC's experience in this area.

3.5.13 We note that there are no internal audits of fitness to practise decisions, so the GOC does not meet the standard in relation to that minimum requirement. Also, although we have no evidence to suggest that there are any concerns about the decisions, we do feel that the GOC should consider setting up written guidelines on referral of cases by the Investigation Committee for a final stage hearing.

Education

3.5.14 Unlike other professions all students undergoing training in the work of optometrists or dispensing opticians are required to be registered with the GOC on the student registers. The GOC provides specific guidance on training and its handbooks contain standards documents and resources required for the training, and focus on the abilities required for the particular profession. These emphasise patient safety and are linked to its general standards.

3.5.15 Education courses are assessed by GOC visitors at least every five years. Following a visit a report is prepared giving the visitors' recommendations for approval and/or conditions for remedial action. The reports are considered by the Education Committee, which recommends to Council whether the establishment is approved and, if appropriate, what conditions should be imposed.

3.5.16 Whilst students' and employers' perspectives are taken into account in assessing courses the GOC recognises that it needs to do more work on gaining patients' perspectives. We believe this is important and it is an area on which we will wish to consider progress in next year's performance review. The GOC might wish to reconsider, for example, as part of its review of its visit process the proposal that patient groups be invited to join the GOC Panel of Visitors.

Governance and external relations

3.5.17 Governance is an area of relative strength for the GOC. The Council has a lay Chair. Committee membership balances stakeholder interests across the GOC's committees and working groups. However, there are a relatively small proportion of lay members on the Council. We recommend that the proposals put forward in the report *Enhancing confidence in healthcare professional regulators*[4] should be considered when decisions are made about the structure of the new Council.

3.5.18 The Council has used person specifications for the appointment of lay members since 2000.

3.5.19 The GOC has a strong Code of Conduct for Council members and this also applies to advisers, visitors and panel members.

3.5.20 With regard to performance measurement and management, the GOC uses its business plan to review milestones and achievements, but does not currently use key performance indicators. The GOC indicated that they would consider whether these could provide a useful additional planning tool.

3.6 General Osteopathic Council

Overall assessment

3.6.1 The General Osteopathic Council meets all the performance review standards, and while it has weaknesses in a few areas, it has assured us that it has immediate plans to address these.

3.6.2 The GOsC has a particularly strong commitment to communication with registrants and also, to a lesser extent, with patients and the public. Its communication with

[4] **(**Niall Dickson from the King's Fund and DH - Regulation, Workforce 2008) Implementing the White Paper Trust, Assurance and Safety: enhancing confidence in healthcare professional regulators - final report

pre-registrant students is very strong and CHRE considers it to represent good practice in this field. The GOsC has also taken a particularly active role in promoting co-operation across Europe in regulation.

3.6.3 Our main concerns with the GOsC relate to its register. Specifically:

- where an osteopath has conditions, the restrictions on their practise did not appear on the register. However, information on registrants' conditions of practise are now clearly indicated on the web; and
- the GOsC's presentation of its online register does not make clear to members of the public that it is the register of all the individuals entitled to practise as osteopaths in the United Kingdom.

3.6.4 The GOsC has recognised these issues and plans to address them over the coming year and we will follow up its progress as part of next year's performance review.

Standards and guidance

3.6.5 The GOsC's *Code of Practice* and *Standard of Proficiency* clearly set out the standards osteopaths must follow and prioritises the safety and interests of patients. The standards are well publicised both to registrants and to students.

3.6.6 We believe that the GOsC's work in communication and support for registrants is good practice. We particularly note the promotion of 'The Critical Cs' – communication, consent, case history taking and confidentiality – to osteopaths through workshops and training events. The GOsC has an effective communication strategy with a strong regional component, carries out numerous workshops explaining its standards and has produced two training DVDs for registrants highlighting the *Code* in relation to specific areas of practice.

3.6.7 The GOsC has compulsory continuing professional development which is monitored to ensure compliance through an effective and proportionate sampling process. The Council is working towards the revalidation of osteopaths.

Registration

3.6.8 The GOsC has effective and highly efficient registration processes. It actively communicates the registration process to final year undergraduates and provides the relevant documentation to them in a timely manner, enabling students to register speedily upon graduation. In addition, the GOsC uses unique identification numbers on its forms to enable it to track applications and improve the efficiency of its registration service.

3.6.9 The GOsC is currently developing an equality and diversity programme. In a previous data collection exercise it received a response from more than half its registrants to ethnic monitoring questions and hopes to receive a higher response rate in a future survey to provide an evidence base to help inform its work in this area.

3.6.10 The GOsC is active in protecting the osteopath title. If non-registered individuals do not cease from describing themselves as 'osteopaths' upon the GOsC's request, it will

gather evidence and seek to prosecute them. A number of individuals have been convicted before the courts. In other cases where the GOsC has conducted investigations but lacked sufficient evidence to pursue a prosecution, it continues to monitor the individuals concerned.

3.6.11 We have two concerns with the GOsC's public online register. The first of these is that the GOsC's Register is presented on its website the under the heading 'Find an Osteopath'. This does not make at all clear to members of the public that they are in fact searching the Register. The GOsC has informed us that it is planning to make changes to its website to make it clear to the public that they are searching the United Kingdom's official Register of Osteopaths. However, it has also informed us that it plans to keep the heading 'Find an Osteopath' for the register. We hope these changes will make the purpose and content of its register more clear and accessible, and will review these as part of next year's performance review.

3.6.12 Our second area of concern is that admonishments and conditions do not currently appear on the GOsC's register. However, the GOsC informed us that it would change its website to indicate clearly those registrants who are subject to restrictions on their practice and that this information would be clearly indicated on the register from 31 July 2008. We are also heartened by its plans to add a link from register entries to determinations and that it anticipates the way decisions are drafted will be influenced as a result to ensure clarity for members of the public.

Fitness to practise

3.6.13 The GOsC's processes for managing fitness to practise cases appear to work effectively, and its complaints process is accessible to potential complainants. In addition, during 2008 the GOsC plans to produce a public information leaflet for display in all osteopathic practices on what patients can expect when consulting an osteopath. The leaflet is intended to ensure patients can recognise when a practice falls below the standard expected of an osteopath and inform them of how to raise their concerns. We consider this a good initiative, particularly for a profession with lower levels of public awareness and concomitant less clear understanding of what can be expected.

3.6.14 The GOsC has adequate procedures for identifying serious cases. These have not yet been formally codified, although given the volume of complaints it deals with, this has not jeopardised the effectiveness with which the public has been protected. The GOsC plans, however, to develop written guidance, and we support the GOsC in doing this. Although the GOsC does not yet have formal service targets, it does actively review its performance each year to identify potential improvements for the forthcoming year. Currently it deals with cases within a reasonable timescale. The investigation stage is completed within six months in 83 per cent of cases and 75 per cent of cases are heard by the Professional Conduct Committee within 12 months of referral from the Investigating Committee.

3.6.15 The GOsC has a statutory requirement to use Council members on its panels and so lacks some control on who is appointed to them. However, we note that it has taken steps to redress this partially by trying to identify Council members with the most relevant experience and adding co-opted members to panels. Fitness to practise panels are comprised of three Council members, statutorily required for quoracy, and two co-optees.

The Investigating Committee sits with up to 16 members, including at least eight Council members (of which two must be Privy Council appointees), with four Council members statutorily required for it to be quorate. A forthcoming statutory instrument is expected to remove the requirement to use Council members. We consider it to be important that members of panels are appointed against appropriate defined competencies for the role and are subject to robust appraisal. The GOsC has an ongoing project regarding competency-based appointments to panels and is developing a new appraisal scheme that will be applied to all fitness to practise panel members annually.

Education

3.6.16 The GOsC's *Standard of Proficiency* sets out the competence requirements of an osteopath at the point of registration and course providers also have a duty to ensure that students meet these standards. Additionally, the *Code of Practice* is applicable to osteopathy students like it is to osteopaths in practice and the GOsC runs a programme of presentations to students aimed at embedding these standards in its future registrants at the earliest opportunity. In 2007 the Benchmark Statement in Osteopathy was launched, which provides specific standards for the delivery of osteopathy education.

3.6.17 The GOsC has developed a system of quality assurance review in conjunction with the Quality Assurance Agency, which manages the reviews to the GOsC's required standards on its behalf. All courses are reviewed at intervals of between six months and five years relative to perceived risk. Some institutions are reviewed less frequently if they are more established and have had good past review, whereas others are reviewed more often if they are newer or have had conditions imposed on them at a previous review. From this year the GOsC has begun publishing all reports, following consultation with course providers, and believes that this will lead to improvements for both students and patients.

Governance and external relations

3.6.18 The Council has open decision-making processes and the GOsC aims to facilitate the participation of observers at the meetings of its Council. The GOsC is currently looking to undertake a major project with osteopathy patients focused on obtaining a more comprehensive view of what members of the public expect of osteopaths and osteopathy to provide a more robust evidence base for its decision making. The GOsC also gathers evidence from fitness to practise and other operations and actively uses this to inform amendments to its standards. In 2007 it produced supplementary guidance on how to respond to patient complaints as a result of recurring themes in fitness to practise cases. This year the GOsC plans to conduct a programme of research appraising complainants' and registrants' experiences of its complaints system.

3.6.19 Compared with other regulators, the GOsC has a good balance of interests and expertise on its Council. Half the members are appointed against defined competencies although the other half are elected by the profession without reference to these. In the recent recruitment of two new public members to its Council the GOsC sought to attract candidates with expertise in areas in which it believed its current Council was lacking. We welcome this and believe all regulators should actively seek to ensure there is a wide range of expertise on their Councils.

3.6.20 The work that the GOsC has undertaken at the European level is particularly noteworthy. Standards of osteopathic practice vary widely across Europe, which with the increased mobility of patients and professionals within the European Economic Area has created a need for greater co-operation to ensure patients are effectively protected. The GOsC has been instrumental in the development of the Forum for Osteopathic Regulation in Europe. This group brings together the national registers of osteopathy to promote the exchange of information and best practice, to develop cross-border regulatory mechanisms and to promote robust professional regulation across Europe.

3.7 Health Professions Council

Overall assessment

3.7.1 The Health Professions Council is an effective, publicly accountable regulator which has good communications with registrants and the public. It regulates a larger number and a wider range of health professions than the other regulators. This brings particular challenges, especially in finding the right balance between generic and profession-specific regulation. In this context the HPC has well-founded and thought through policies and practice.

3.7.2 The HPC is a well-organised regulator and is clearly committed to constantly improving the efficiency of its performance.

3.7.3 We feel that the HPC displays good practice with respect to:

- its communication with the public around the register and about the work of the HPC;
- the development of a skills audit and appraisal of Council members; and
- the quality of its management information and data collection.

3.7.4 During next year's performance review will be particularly interested to see developments on the following areas:

- systems for the assessment, appraisal and reappointment of fitness to practise panel members;
- updating the register so that conditions of practice are attached to individual registrants' entries; and
- processes for ensuring that patients' views are taken account of in assessments of educational providers.

Standards and guidance

3.7.5 The HPC has standards which are well publicised, very clearly set out and written in plain English. The standards can be met in various ways to enable the different professions to apply them. Most importantly the HPC's standards prioritise patient safety and patient interests.

3.7.6 Continuing professional development is not specified in terms of hours or points as is done by some other regulators. This seems reasonable in the circumstances as it allows for the difference between the professions being regulated. Sample CPD profiles are published to assist professionals. The HPC does have an effective sampling system to monitor and check CPD in practice. We consider this is a proportionate approach both in what is prescribed and in the level of auditing.

Registration

3.7.7 Registration processes are efficient and applications are dealt with promptly. Identity checks on those applying for registration are appropriately carried out.

3.7.8 The HPC is commendably active in ensuring that the public and employers are aware of the importance of checking a professional's registration, and has advertised on Google, on public transport and in the Yellow Pages. This is an example of good practice which the other regulators should consider replicating, particularly those regulating professions for which there is less public knowledge about regulation.

3.7.9 When we checked the register, we noted that whilst it recorded whether conditions had been applied to a registrant it did not record what those conditions were. A specific condition might have real public safety considerations (for instance in one case we noted the HPC has imposed a condition that the registrant could not treat women patients without a chaperone present) and so should be easily available to the public. We welcome the HPCs decision to create a direct link from the registration record to the fitness to practise report on their website and note that it is possible now to access the conditions although it is necessary to re-enter the registrant's name. This is something which we will continue to review, in particular in next year's performance review. However, we hope that the change will happen well before then.

3.7.10 The HPC is active in collecting and analysing diversity data about registrants. The HPC demonstrates a strong commitment in this area, the work it has done for persons with disabilities on becoming a health professional is particularly commendable. This is an area many other regulators could gain from exploring.

Fitness to practise

3.7.11 The HPC's fitness to practise procedures are well-organised and effective. There is a dedicated telephone line for people with concerns and the process is clearly explained. Written information about fitness to practise is in plain English. Each case is allocated a case manager from the start and there is an effective tracking system to monitor cases through the process.

3.7.12 The procedure for identifying serious cases is based on clear criteria and on an appropriate risk assessment model. If concerns are serious the HPC can arrange an interim order in seven days which is important in terms of protecting the public.

3.7.13 We are pleased to note that the HPC is introducing a process for assessment against competences and reappointment of its fitness to practise panel members. We

understand this will include peer assessment. We will be interested to see how this progresses during the year.

3.7.14 We also note the plans for refresher training for panel members and the ongoing generic feedback and regular updates to panel members, including from CHRE and the courts, through review days and email updates.

Education

3.7.15 The HPC sets three types of standards. The standards of proficiency apply to all prospective registrants including students. The standards of education and training apply to education and training programmes. The standards of conduct, performance and ethics of which part four applies to prospective registrants, including students. These standards are reviewed at least every three years.

3.7.16 Courses are inspected and the assessors make recommendations in their report to the HPC's Education and Training Committee. They also publish an annual report explaining the processes and breaking down outcomes.

3.7.17 When inspecting courses the HPC's assessors take account of student views. We did not see evidence of the views of patients and service users being taken into account. We think the HPC should consider this as part of their gathering of information in the future and this is something we will wish to consider next year. The HPC have informed us that they will be consulting on revised standards of education and training and guidance from August 2008. As part of this the HPC will be seeking the views of stakeholders on service user involvement and input into programme design and delivery.

Governance and external relations

3.7.18 The approach to governance is based on good information and the HPC's policy is open, transparent and supported by effective publications policies.

3.7.19 The membership of the Council is well-balanced and all members work within a Code of Conduct. All Council members are appraised, including a feedback process and review of performance annually. The HPC has undertaken a skills audit for members to identify areas of particular expertise and any gaps that could be filled by training or future appointees. In addition the HPC has used this to help inform its competencies for Council members. Currently these only apply to lay appointees but will apply to all members when the Council is reconstituted from summer 2009.

3.7.20 The HPC do not use formal key performance indicators but do have effective systems for measuring their own efficiency and meet the standard of ISO9001-2000.

3.8 Nursing and Midwifery Council

Overall assessment

3.8.1 This CHRE performance review[5] concludes that the Nursing and Midwifery Council is carrying out its statutory functions but fails to fulfil these to the standard of performance that the public has the right to expect of a regulator. The NMC fulfils the basic functions of a regulator. It has relative strengths in its standards and guidance and registration processes. However, there are serious weaknesses in the NMC's governance and culture, in the conduct of its Council, in its ability to protect the interests of the public through the operation of fitness to practise processes and in its ability to retain the confidence of key stakeholders.

3.8.2 The NMC should commit itself to work towards more effective governance. This should include reviewing its committee and accountability structure, and agreeing on the level of detail of reporting to meetings. It should also include introducing and enforcing an effective statement of organisational values and code of conduct for Council members and staff, and appraisals for all Council members. Collectively and individually the President, Vice-President, chairs of committees and other Council members should accept responsibility for the current difficulties and for their future resolution.

3.8.3 The NMC must introduce an IT-based case management system in fitness to practise as a matter of urgency and should direct the necessary resources towards this. The NMC must improve its service to both the public and registrants in fitness to practise processes.

3.8.4 The NMC should examine its stakeholder relations and communications strategy so that it is clear the NMC exists to protect patients and the public, and that it has effective and mutually respectful relationships with interested parties to achieve this. This improvement in communication also needs to include communication with patients, the public and registrants.

3.8.5 The NMC has made a number of commitments to improving its work and these are mentioned in this report. As this report and our recommendations make clear more are needed. We will keep the NMC's progress in addressing the issues identified in this report under review over the next year.

Standards and guidance

3.8.6 Publishing standards and guidance is a strong area of the NMC's work. The NMC's general standards prioritise patient safety and interests. Additionally, there are separate standards where needed and relevant for particular groups of nurses or midwives. Guidance is comprehensive and new guidance is developed when new practices require it. We particularly welcome the NMC's recognition that it needs to strengthen the advice given to nurses in the care of older people, and that this has come about from the analysis

[5] This performance review is an edited version of the *Special Report to the Minister of State for Health Services on the Nursing and Midwifery Council*, CHRE, June 2008. The full report is available at www.chre.org.uk.

of fitness to practise cases. Guidance also takes account of developments in nursing and midwifery in the four countries of the United Kingdom.

3.8.7 The NMC has reviewed its Code of Professional Conduct and published a new document: *The Code: standards of conduct, performance and ethics for nurses and midwives*. The Code was publicly launched in April 2008.

3.8.8 The website provides the information that registrants and members of the public need and has a useful 'A-Z of Advice'.

3.8.9 The NMC sets satisfactory standards for continuing professional development. We note, however, that the Council decided on the basis of cost not to proceed with auditing CPD undertaken by nurses and midwives in order to work towards revalidation.

Registration

3.8.10 The NMC receives over 30,000 applications for registration annually and in 2007 its call centre processed over 600,000 enquiries. The NMC also receives very large numbers of international applicants. This volume creates significant challenges, nevertheless applications are processed efficiently and there are procedures for bringing in additional staff during busy periods of the year.

3.8.11 The NMC has effective checks on applicants' identities, qualifications and good character. The NMC has a process set up with the British Council to check the International English Language Testing System certificates of nurses without European Economic Area rights.

3.8.12 The register is clear and accessible and shows whether a nurse has been struck off or is subject to sanctions. The register records when conditions have been imposed on a registrant but does not inform members of the public what these conditions are. This is not satisfactory as it is important that the register is complete and accurate. The NMC tells us that remedying this is part of its ICT strategy. When checking the register we found two cases where sanctions had been imposed on a registrant but no record of this appeared on the register. We were told this was a technical error, and that it has been rectified since CHRE brought it to the NMC's attention. In order to protect the public the register should be complete and accurate, and we will check on progress in next year's performance review.

3.8.13 The NMC does not collect diversity or ethnicity data on its registrants and is the only regulator that does not attempt to do this. The NMC is intending to collect this data under its Equality and Diversity Strategy. We welcome this and will note progress next year.

Fitness to practise

3.8.14 The NMC has made progress in carrying out some aspects of its fitness to practise function but we have serious concerns about whether all of its current processes are fit for purpose. Without doubt some of the weaknesses are the result of historical problems. The

NMC had a large financial deficit at the time of the transfer of responsibilities to it from the United Kingdom Central Council for Nursing, Midwifery and Health Visiting.

3.8.15 Since the latter part of 2006 there have been a number of important achievements and improvements in relation to fitness to practise and we appreciate that these have been achieved in circumstances which are far from ideal. The following are all notable developments and achievements in the view of CHRE:

- progress made in reducing the backlog of cases that have been referred to the Conduct and Competence Committee
- an increased volume of cases heard by the Conduct and Competence Committee
- improved feedback to fitness to practise panel members ('panellists'), including CHRE learning points, especially through the *Best Practice* publication
- the establishment of an Appointments Board to oversee the recruitment, training and assessment of fitness to practise panellists.

3.8.16 However, we still have serious concerns regarding the NMC's handling of fitness to practise cases. The absence of an IT-based formal case management system is a fundamental weakness. Many other problems stem from the absence of a formal system which would allow for the recording and tracking of all cases. In particular, it is very difficult for managers to track the progress of cases and to identify those cases which have become delayed or on which action is outstanding.

3.8.17 We are concerned that evidence from complaints which we have received suggested that the NMC had failed to follow up issues in a timely manner, in particular where a complainant had failed to provide enough information in their original letter. Although the NMC assured us that it is their policy to write to complainants at least twice in such circumstances, we believe that it is essential for managers to be able to check that this happens in all such cases. An IT-based case management system is necessary to be able to do this systematically. We welcome the fact that the NMC now recognises the importance of having an integrated case management system and that this is a prioritised part of the NMC's ICT strategy.

3.8.18 Although improvement has been made over the last year, delays in dealing with cases are an area of concern. According to the NMC, during the last year the average period between receipt of an allegation and closure of the case at a final hearing has been 29 months. This represents an improvement, as in the previous year the timescale was 35 months. However, it is still too long and the NMC recognises this.

3.8.19 We have received complaints from people about delays in receiving replies to their correspondence. This includes queries about the progress of cases. When they do receive a response this is not always helpful, accurate or sensitive. Some members of the public are not receiving the service to which they are entitled. The NMC has assured us that it intends to review its standard letters shortly, and that this had been delayed because it has been concentrating on tackling the backlog of cases. This review of the letters must be done quickly.

3.8.20 The NMC, like most of the regulatory bodies, has been developing proposals for the assessment of panellists for a number of years. Some members and former members raised concerns with us about delays in setting up this system. Particular concerns were

raised with us that some existing panellists' terms of office have been extended in the past without systematic assessment of their performance. It is important that there are robust assessment arrangements. Some other regulators have now set up a process for assessment of panellists. However, we are aware that this is an issue with which a number of regulators are still grappling and it is important that the system developed is effective. We suggest that the NMC should consult with the other regulators with the aim of developing an assessment system as soon as possible.

3.8.21 It is essential that panellists receive appropriate and relevant training to ensure that they have the necessary knowledge and skills to adjudicate on fitness to practise cases. Training for panellists on child protection issues, including assessment of cases involving child pornography, took place last year, but there were long delays in arranging this training.

Education

3.8.22 The NMC currently approves 90 programme providers across the UK covering pre-registration nursing and midwifery. The NMC has created a UK wide Quality Assurance Framework to support greater consistency in the quality of nursing and midwifery education. In 2006/07 80 per cent of approval events were subject to conditions which had to be met before the course was approved for commencement. A base-line review of all providers and programmes has taken place to support quality assurance activity in coming years.

3.8.23 We note that there have been tensions at times between the NMC and some parts of higher education, for instance relating to the introduction of the new UK-wide Quality Assurance Framework. We consider that improvements to communication and stakeholder management would help in this area.

3.8.24 The NMC assures us that they always seek the views of students on their experiences of their course when inspecting programmes and providers. We feel it is important that the NMC also seeks the views of patients on the care that they receive from student nurses as part of its inspections.

3.8.25 The NMC is currently reviewing pre-registration nursing education as part of the project undertaken by the health departments in the four countries following the *Modernising Nursing Careers* report. This aims to deliver a nursing workforce equipped with the competencies required for contemporary healthcare practice. The first stage of this review, which began in November 2007, focuses on the future framework of pre-registration nursing education. The second stage, taking place this year, will look at the proficiencies, outcomes and other requirements needed for this future framework, following which the NMC anticipates the issuance of new standards of proficiency for pre-registration nursing education.

Governance and external relations

3.8.26 There are inadequacies in the operation of the NMC's governance framework, including policies, committees and decisionmaking, and organisational behaviour. There are 13 committees dealing with different aspects of the NMC's work. It does have a large

programme but the numerous committees obscure the lines of accountability for decisions and inhibit the strategic oversight of the Council.

3.8.27 The NMC recognises the limitations and the weaknesses of its governance and set up a Governance Working Group to examine the issues. This resulted in the formation of a Governance Committee and we acknowledge that the NMC is seeking to improve its practice. The creation of an independent Appointments Board to appoint fitness to practise panellists is welcome.

3.8.28 The information provided to Council members is important for ensuring effective planning and decision making. Council members told us that they do not always have confidence that they have received full information or that the information they were given is always accurate or presented in a manner to support them to make decisions. Statistics on fitness to practise cases are an example. We have also seen and heard examples of Council members asking for information outside of meetings and not receiving it.

3.8.29 There has been a breakdown of confidence and trust between some members of the Council of the NMC and between some members and the executive. These problems are long-standing and show no sign of immediate resolution. There is little evidence the Council has the leadership to extract itself from these difficulties. There is a code of conduct for Council members but this has clearly not been adequate. An appraisal system for Council members is being developed and this is urgently required. Council members are drawn from a wide range of stakeholders, including appointed public members. Appointed members must meet a defined set of competencies, elected members need not. The fact that registrant members are elected from different groups within nursing and midwifery does not mean that they do or should represent the interests of those groups however it appears to us that decisions have sometimes been influenced by the interests of professionals rather than the public interest.

3.8.30 The NMC does not have the confidence of all its stakeholders and has not always managed to get its communication strategy right.

3.9 Pharmaceutical Society of Northern Ireland

Overall assessment

3.9.1 The Pharmaceutical Society of Northern Ireland fulfils most of its functions satisfactorily within the constraints of its existing legislation, although there are areas where improvements could be made. It is a small regulator and operates only in Northern Ireland. The PSNI and the Royal Pharmaceutical Society of Great Britain are the only regulators of healthcare professionals overseen by CHRE that do not cover the whole of the UK. Like the RPSGB, the PSNI also operates as a professional body for pharmacists.

3.9.2 PSNI is limited in its ability to perform its functions better and to innovate by its outmoded legislation. The powers provided for it in legislation also affect its performance in the recruitment on members to the Council of the Society, in the chairmanship of the Statutory Committee, in determining fitness to practise, in its lack of power to impose interim orders and in its requirements for registrants to undertake continuing professional development.

3.9.3 Although the performance of the PSNI is satisfactory in protecting the public in Northern Ireland it is not able consistently to demonstrate best practice in any area of its work nor, because of its limited resources, governance structure and legal powers has it the potential to develop best practice. This is despite the obvious desire and commitment of its leadership to do so.

3.9.4 The Council for Healthcare Regulatory Excellence strongly recommends that a new legal framework for the regulation of pharmacy in Northern Ireland is put in place a soon as possible.

3.9.5 CHRE noted the following areas of PSNI's work where specific improvements are already underway or recommended and will want to review progress in these areas in 2009:

- the development of key performance indicators and monitoring against them;
- improvement in the information recorded in the register and the accessibility and availability of the register;
- improvement in the public protection focus of continuing professional development;
- a disclosure policy and improvements in communication with the public;
- the development of case management procedures and a Memorandum of Understanding with the Pharmacy Inspectorate in Northern Ireland and with Boards and Trusts;
- a response to CHRE's concern that the Chair of the Statutory Committee also gives guidance to the Society on matters of fitness to practise; and
- the recruitment of independent members of the Statutory Committee, including lay members, and evidence of training and appraisals for Statutory Committee members.

Standards and guidance

3.9.6 Overall the PSNI meets the requirements in relation to setting and promoting standards and ensuring appropriate and timely guidance to registrants. The content of PSNI's standards is good and clearly written and gives proper priority to the protection of the public. Efforts are made to communicate the standards to registrants and to consult them on changes but we note that unless participation is compulsory – as with the 'Ethics and Practice Day' held for new registrants – the response rate from registrants is not high. CHRE is pleased to note that the PSNI reviews its standards regularly.

3.9.7 Communication with the public about the standards is less well developed. Indeed from our perspective calling the standards a *Code of Ethics* (as indeed the Royal Pharmaceutical Society of Great Britain also does) might appear confusing to members of the public. However, we were encouraged to learn that the PSNI are producing a shorter more public-facing version of the Code.

3.9.8 There are some limitations in the powers of PSNI in relation to the implementation and monitoring of continuing professional development. We recognise that new legislation is needed to enable it to enforce CPD standards. However, CHRE is concerned, and PSNI acknowledges, that its current recommendations for CPD should be more focused on public protection.

Registration

3.9.10 PSNI is dealing with applications for registration efficiently. We welcome its intention to improve timescales and to establish key performance indicators for registration.

3.9.11 CHRE attaches great importance to the content, accessibility and promotion of registers to employers, patients and the public. PSNI's legislation limits the sanctions available to it to removal from the register. This is inflexible and inadequate. PSNI has introduced voluntary undertakings from registrants found to have some impairment of practice not warranting removal from the Register. Voluntary Undertakings are not recorded on the register and so not available to the public. This is unsatisfactory. However, we recognise that most registrants would be unlikely to agree to give such undertakings if they were to be published on the register and accept that, at the moment, in the absence of any statutory sanctions other than removal from the register, the PSNI has little scope to put such undertakings on a more formal basis.

3.9.12 While the PSNI complies with the relevant legislation in Northern Ireland we think that a wider diversity data set should be collected and that efforts should be made to improve response rates. The PSNI assure us that they are making positive plans to take this work forward.

Fitness to practise

3.9.13 PSNI has few fitness to practise cases and because of both the separate legal powers of the Pharmacy Inspectorate and the limitation of its own sanctions, removal from the register is rare. The membership of the Statutory Committee does not reflect best practice in having a balance between professional and public members. PSNI assures us that they are going to recruit independent panel members, including lay members, shortly. In addition, we support their view that their legislation should be changed so that they are also able to recruit the Chair of the Statutory Committee, who is currently appointed by the Department for Health Social Services and Public Safety Northern Ireland.

3.9.14 PSNI does not yet have training or appraisal for Statutory Committee members. This is unsatisfactory. We are pleased to note that competencies are in place but training and appraisal are also needed and the PSNI tells us that these will be put in place shortly.

3.9.15 We are concerned that the Chair of the Statutory Committee also provides legal guidance to the Society, including on which cases should be referred to the Statutory Committee. We are concerned at the potential conflict of interests here and of perceived compromise to the independence of both the registrar and the Chair of the Statutory Committee. We consider the two roles should be separate and have asked PSNI to look again at this.

3.9.16 PSNI also has no power to impose interim suspension orders on registrants when they may be a risk to the public. This puts patients and the public potentially at risk and should be addressed though legislation as soon as possible.

3.9.17 We note that PSNI does not have a disclosure policy although it complies with Data Protection and Freedom of Information legislation. We understand this is in preparation.

3.9.18 CHRE supports the process by which cases of fitness to practise are investigated by the Pharmacy Inspectorate. However the separation of the Inspectorate from the regulator in Northern Ireland risks introducing delay and poor communication. As there are such a small number of cases PSNI does not have a formal case management system and this is appropriate. Nevertheless in order to avoid unnecessary delays and to identify cases where delays are occurring a case tracking system would be useful backed by a Memorandum of Understanding with the Pharmacy Inspectorate and with the Boards and Trusts.

Education

3.9.19 Pharmacy education is provided by universities in the UK and Ireland only one of which is in Northern Ireland. Students may study in one jurisdiction and work in another. PSNI does not oversee education to the same degree as other regulators so the RPSGB takes the lead in the oversight of pharmacy education with PSNI contributing in Northern Ireland.

3.9.20 We welcome the appointment of pre- and post- registration facilitators by PSNI. These professionals have a useful role to play in improving communication and promoting standards with students, registrants and employers. Other regulators might consider whether to develop such posts.

Governance and external relations

3.9.21 The Council of the PSNI does not meet the requirements of a modern regulator as it does not include a wide enough range of stakeholders and, in particular, has no public members. As its legislation does not allow for this we support the PSNI in the objective to seek modernising legislation. All members of the Council are elected or nominated and are, therefore, not appointed against defined competencies.

3.9.22 As noted above, PSNI does not have a disclosure policy and, at present, minutes and papers from Council are not published. We welcome PSNI’s intention to do so. We also support its intention to advertise its Council meetings and to welcome the public as observers. We also welcome its intention to publish performance indicators in the coming year, and an audit of its performance against these in its annual report.

3.10 Royal Pharmaceutical Society of Great Britain

Overall assessment

3.10.1 The Royal Pharmaceutical Society of Great Britain has successfully carried out its regulatory functions during a difficult period of change and organisational challenge. This is a good performance review and should be seen in that context.

3.10.2 The RPSGB and the PSNI are the only regulators of healthcare professionals overseen by CHRE that do not cover the whole of the UK. Like the PSNI, the RPSGB also operates as a professional body for pharmacists.

3.10.3 The RPSGB is limited in its ability to perform some of its functions because of its legislation. This particularly affects its ability to require registrants to undertake continuing professional development. We feel that the Department of Health should take account of this in preparing the legislation for the General Pharmaceutical Council.

3.10.4 There will be further considerable challenges for the RPSGB in the coming year, particularly relating to the transition to the GPhC. However, in particular, we will wish to consider progress next year on the following issues arising from this performance review:

- raising the profile of the register, particularly with the public; and
- the introduction of an updated IT-based case management system in fitness to practise.

Standards and guidance

3.10.5 We are satisfied that standards form the basis of the RPSGB's statutory functions and that they are comprehensive and prioritise patient safety. The *Code of Ethics* is well laid-out, clear and concise.

3.10.6 The RPSGB has an effective communications strategy to ensure that registrants, employers and members of the public are aware of their standards. The RPSGB makes particular effort to communicate with students and recently it has developed a strong programme of patient and public involvement.

3.10.7 The RPSGB does not have the statutory power to make continuing professional development mandatory for pharmacists but it is doing everything it can under its current legislation. This includes making participation in and recording of CPD a professional obligation for registrants. Registrants are expected to sign a formal declaration annually that they will comply with the requirements of the CPD scheme. However, ensuring that the new GPhC has the right statutory powers in this area should be a matter of priority for the Department of Health in preparing the legislation.

Registration

3.10.8 The registration process is well-managed and applications are dealt with in a timely manner.

3.10.9 The register is accessible and reasonably easy to understand and to search. However, we note that admonishments and reprimands are not on the register. We understand that the RPSGB does not feel the inclusion of this information is appropriate and fair to registrants or would help to protect the public. This is an issue which CHRE wishes to consider further.

3.10.10 The RPSGB recognises that more work needs be done in informing the public about the registration requirements to be a pharmacist and making the register more

accessible to the public. We discussed with the RPSGB a proposal to raise the profile of the register through making it a requirement for clear information about registration to be displayed in all pharmacy premises.

3.10.11 We note that the RPSGB has an effective process to deal with cases of unregistered individuals claiming to be working as pharmacists.

Fitness to practise

3.10.12 The RPSGB has had an IT-based case management system for some time but it has recognised that its system has limitations, especially in relation to providing statistical information. A new database is going to be introduced shortly and we will be interested to see how this improves the management of cases when we undertake next year's performance review.

3.10.13 Cases appear to be dealt with relatively quickly. The RPSGB says that it is now meeting its performance target of referring new cases to the Investigating Committee within six months of receipt. We hope that the new case management system will assist the RPSGB to move beyond this. We also feel that the RPSGB should consider setting further service standards relating to the rest of the fitness to practise process.

3.10.14 The Pharmacy Inspectorate plays a crucial role both in detecting Fitness to Practise concerns and investigating them. We feel that it has real value as a means of monitoring pharmacists and for members of the public to raise concerns that they may have.

3.10.15 In the oversight of pharmacy practice the RPSGB collaborates effectively with the Medicines and Healthcare Products Regulatory Agency, the Healthcare Commission and the police.

Education

3.10.16 RPSGB reviews its standards for education every five years, unless a reason emerges to review it before this.

3.10.17 The RPSGB has a team visiting existing schools of pharmacy every five years as part of its reaccreditation, and can go in following complaints or to check up on them more frequently if a reason to do so arises.

3.10.18 In the oversight and quality assurance of pharmacy education the RPSGB takes on UK wide responsibilities and collaborates effectively with the PSNI in Northern Ireland.

Governance and external relations

3.10.19 The membership of the Council of the RPSGB does not reflect a sufficiently broad range of interests in view of the wide range of stakeholders in pharmacy regulation but we appreciate that this is not possible within the existing legislative constraints. We recommend that this be addressed when pharmacy regulation in Great Britain is taken on

by the new General Pharmaceutical Council, and that the new Council is constituted in line with the proposals put forward in the report *Enhancing confidence in healthcare professional regulators*[6].

3.10.20 The RPSGB does not have a system for the appraisal of Council members and is not meeting the minimum requirements in this respect. Although the RPSGB accept, in principle, that Council members should be appraised they feel that there is little value in setting up a mechanism at this stage due to the limited life of the current Council and considering that the GPhC will wish to have its own system for appraisal.

3.10.21 With regard to performance management the RPSGB has some key performance indicators beyond fitness to practise, although some of them appear to be less explicit particularly in registration. It also has turnaround times in finance and publishing targets and operates a 'traffic-light' system to enable the Executive and Council to know that teams are delivering to established standards and to enable them to scrutinise this activity.

[6] **(**Niall Dickson from the King's Fund and DH - Regulation, Workforce 2008) Implementing the White Paper Trust, Assurance and Safety: enhancing confidence in healthcare professional regulators - final report

4. Recommendations and conclusions

4.1 During the performance reviews and in discussion with the regulators, we have identified a number of issues that require further consideration. We have also noted matters on which we consider the Department of Health, or in the case of PSNI the Department of Health, Social Services and Public Safety, Northern Ireland, should take action. There are other improvements which the regulators themselves have agreed to implement. These are detailed below.

4.2 **Areas CHRE will be taking forward**

4.2.1 We will be considering three issues in particular next year:

- What information should be publicly available on the regulators' registers regarding registrants' fitness to practise?
- What is good practice in terms of carrying out quality assurance of education and training?
- Advice on the establishment of the GPhC.

4.2.2 What information should be publicly available on the regulators' registers regarding registrants' fitness to practise? Generally, CHRE believes that all fitness to practise outcomes should be on the register. However, currently what fitness to practise information is put on the registers and disclosed to enquirers varies between regulators. We will be working with the regulators to see whether a harmonised approach to this issue can be reached.

4.2.3 What is good practice in terms of carrying out quality assurance of education and training? The regulatory bodies are amongst a number of organisations with responsibility for and interest in the quality assurance of education and training. They must ensure that future health professionals are trained to a sufficient level of competence to ensure high levels of patient safety in their everyday practice. To help the regulators achieve this, we are being commissioned by the Department of Health, following a recommendation in *A High Quality Workforce: NHS next stage review*,[7] to carry out research into identifying and promoting good practice around the quality assurance of education and training. In particular, we will be looking at whether there is excessive burden on the education and training providers, how that burden manifests itself, who creates it and whether reducing that burden would adversely affect public protection.

4.2.4 Advice on the establishment of the GPhC. The GPhC is being established, which will take over the regulatory role of the RPSGB. We have been commissioned to advise on how this should take place. Our report, *Advice on Aspects of the Establishment of the General Pharmaceutical Council* (CHRE, 2008), is available on our website.

4.3 **Recommendations to the Department of Health**

4.3.1 We have made a number of recommendations and suggestions to the Department of Health regarding its role in assisting individual regulators to improve performance.

[7] Department of Health (2008) *A High Quality Workforce: NHS next stage review,* London: DH, para 54, p 20.

General Chiropractic Council

4.3.2 The GCC is statutorily limited in that its interim suspension orders last only two months. This means that it must arrange a Professional Conduct Committee or Health Committee meeting before the expiry period to determine whether to impose a further interim suspension order to last until the full hearing. We support the GCC's request that this time limit on interim suspension orders be altered by the Department of Health as part of its series of statutory instruments for the health professions regulators.

4.3.3 We recommend that changes are needed to the GCC's legislation to ensure proper separation of its Council functions from those of its Investigating, Professional Conduct, and Health Committees.

General Dental Council

4.3.4 We recommend that the Department of Health consider providing the GDC with the power to remove a degree from the approved course list. This would allow the GDC to remove courses without application to the Privy Council. It would also give it the same power as that proposed by the Department for the GMC.

Nursing and Midwifery Council

4.3.5 We recommend that plans to create a new governance structure for the NMC should proceed as rapidly as possible and sooner than currently planned. There should be no representative members on the new Council and no reserved places for interest groups. All members, whether registrant or public, should be appointed against defined competencies and be subject to appraisal. The president should be appointed, not elected.

4.3.6 We recommend that consideration be given to the relevant responsibilities of the NMC's Conduct and Competence Committee being transferred to the new Office of the Health Professions Adjudicator at an early stage, thus allowing the NMC to concentrate its resources on investigations and the efficient management of cases.

Pharmaceutical Society of Northern Ireland

4.3.7 We recommend that the Department for Health, Social Services and Public Safety, Northern Ireland acts to modernise the PSNI's legislation. In doing this, it should consider providing the PSNI with:

- the powers to implement and monitor systems of continuing professional development
- a wider range of sanctions for fitness to practise cases
- the power to impose interim suspension orders on registrants when they may be a risk to the public
- the power to recruit the chair of the Statutory Committee, who is currently appointed by the Department for Health, Social Services and Public Safety, Northern Ireland

- a Council which meets the recommendations of the report of the working group, *Implementing the White Paper Trust Assurance and Safety: enhancing confidence in healthcare professional regulators*.[8]

Royal Pharmaceutical Society of Great Britain

4.3.8 The RPSGB does not have the statutory power to make CPD mandatory for pharmacists. However, ensuring that the new GPhC has the right statutory powers in this area should be a matter of priority for the Department of Health in preparing the legislation.

4.4 Recommendations to the regulators

4.4.1 We have highlighted a number of areas of weakness, which we hope the regulators will address in the coming year. We have also identified a number of examples of good practice, which we hope the regulators will review and consider adapting for their own organisations. These are set out in Parts 2 and 3 of this report. In relation to the NMC, we have also made specific recommendations as set out below.

Nursing and Midwifery Council

4.4.2 The NMC should commit itself to working towards more effective governance. This should include reviewing its committee and accountability structure, and agreeing on the level of detail of reporting to meetings. It should also include introducing and enforcing an effective statement of organisational values and code of conduct for Council members and staff, and appraisals for all Council members. Collectively and individually, the president, chairs of committees and other Council members should accept responsibility for the current difficulties and for their future resolution.

4.4.3 The NMC must introduce an IT-based case management system in fitness to practise as a matter of urgency and should direct the necessary resources towards this. The NMC must improve its service to both the public and registrants in fitness to practise processes.

4.4.4 The NMC should examine its stakeholder relations and communications strategy so that it is clear that the NMC exists to protect patients and the public, and that it has effective and mutually respectful relationships with interested parties to achieve this. This improvement in communication also needs to include communication with patients, the public and registrants.

4.5 Conclusion

4.5.1 This performance review of the health professional regulators demonstrates that they take their roles and responsibilities seriously and that they are committed to improvement. We also are committed to working with them to protect the public and to be publicly accountable for doing so.

[8] Department of Health (2008) *Implementing the White Paper Trust Assurance and Safety: enhancing confidence in healthcare professional regulators.*

4.5.2 In the Health and Social Care Act 2008, CHRE acquired new responsibilities. Our objective is clear – ‘to promote the health, safety and well-being of patients and other members of the public’ – and our performance reviews will in future be part of our statutory report to Parliament. In 2009 we will start to audit the early stages of fitness to practice cases as well as continuing to scrutinise their final outcome.

4.5.3 We will report in next year’s performance review on the progress made against our recommendations above and will work with the regulators to ensure that our performance reviews continue to be proportionate, fair and robust.

Annex 1: Standards of good regulation

Standards of good regulation

1. Introduction

1.1 CHRE has decided that the performance review process should be built on a set of standards. The standards aim to remain at a high level and focus on outcomes. The development of the draft standards has been informed by previous work carried out in 2003 by CHRE Council members and by the work of the Better Regulation Task Force (BRTF, now called the Better Regulation Commission). The BRTF defined five principles of good regulation:

- proportionality;
- accountability;
- consistency;
- transparency; and
- targeting.

1.1.1 The BRTF principles apply across all regulatory functions and have been central to the definition of the draft standards. The draft standards were revised following comments from regulatory bodies.

1.1.2 There are eighteen draft standards spanning five regulatory functions: standards and guidance; registration; fitness to practise; education; and governance and external relations.

2. Definitions

2.1 **Standards** are the foundation of the performance review process and will evolve over time. They describe what the public should expect from regulators and enunciate principles of good practice. Regulators are asked to demonstrate how they ensure that they meet the standards. For each standard, a number of minimum requirements and supporting evidence are described.

2.1.2 All **minimum requirements** must be met to meet the standards, but are not standards in themselves. They are not exhaustive, in that regulators can demonstrate that they meet the standards in additional ways. Minimum requirements vary: they sometimes describe current duties, give examples of current practice, or indicate best practice.

2.1.3 **Supporting evidence** is the evidence that we suggest regulators can draw upon in demonstrating how they meet the standards. Supporting evidence is only an indication of the evidence that can support the declaration of whether the standards are met, and how. It only illustrates the kind of information that can be used, and is not exhaustive. We do not ask for supporting evidence to be provided with the performance review responses. We may ask for some evidence at a later stage.

2.1.4 We would not expect that regulators should change their own information gathering or reporting cycles to fit in with the performance review cycle. For the purposes of the performance review regulators should just use the most up-to-date information they have.

2.1.5 Supporting evidence will normally be considered to be in the public domain, except where the regulator specifically indicates that this information is provided in confidence only.

1 First function: standards and guidance

Aim: all registrants comply with a suitable set of standards, and the public are aware of the standards that they can expect.

1.1 The regulator publishes standards of competence and conduct[9] which are appropriate, comprehensive, prioritise patient[10] interests and reflect up-to-date professional practice.

Minimum requirements

i) Standards prioritise patient safety and patient interests.
ii) Core standards are formulated as general principles which apply widely to all situations and areas of practice.
iii) The core standards are easy to understand for registrants and clearly outline registrants' personal responsibility for their practice.
iv) The core standards include, as a minimum, the principles expressed in the Statement of Common Values[11].
v) Where appropriate, supplementary guidance is produced to help registrants apply the core standards about specialist or specific issues.
vi) Standards form the basis for all regulatory functions.
vii) The regulator regularly reviews its standards to ensure that they are up-to-date, and revises its standards and produces supplementary guidance as required.

Supporting evidence

- *Standards and guidance*
- *Documentation showing the development process of the standards, e.g. consultation documents*

1.2 The regulator makes its standards available and accessible proactively to registrants and potential registrants in the UK, and informs them of their current or future responsibility to meet these standards.

Minimum requirements

i) Standards are published in formats that are easily accessible to potential registrants and registrants.

---

[9] There is a variety of terminology for standards of conduct and standards of competence across regulators. Standards of conduct govern professional behaviour, whereas standards of competence (standards of proficiency or standards of practice) can include clinical and management skills, knowledge, and how to apply these. The focus, amount of details and presentation of standards vary. Extracted from *Regulation of the health professions: a scoping exercise carried out on behalf of CRHP*, 2004.

[10] We use the word 'patients' to include all those to whom health professionals provide healthcare services, including clients, customers or service users. The concept also include members of the public.

[11] *Common Values Statement by the Chief Executives Group of the Health Care Regulators on professional values,* 2004, available on CHRE website.

ii) The regulator has a clear communications strategy, which is targeted to meet the needs of registrants, to promote the standards.

1.3 The regulator informs the public of the standards that professionals should meet and the action that they can take if these standards are not met.

Minimum requirements

i) Information on the standards that professionals should meet is available in accessible formats.
ii) The regulator has a clear and targeted communications strategy to inform the public, employers and other stakeholders.

Supporting evidence (1.2 and 1.3)

- *Information on how the standards are published*
- *Communication strategy*

1.4 The regulator requires registrants to maintain standards through a process of continuing professional development (CPD) or equivalent systems, and is working towards a system of revalidation.

Minimum requirements

i) The regulator requires / encourages registrants to complete an appropriate amount of CPD, the amount and type varying between registrants proportionally to risks identified by the regulator (e.g. clinical or regulatory).
ii) CPD is targeted to the specific learning needs of individual registrants and focused on public protection.
iii) The regulator produces clear guidance for registrants on how they should meet their CPD requirements.
iv) The regulator works with others towards a system of revalidation carried out at appropriate intervals and with appropriate intensity proportionate to risk for each registrant, and with targeted remedial action.

Supporting evidence

- *Information on the CPD system or equivalent*
- *Revalidation proposals*

2 Second function: registration

Aim: applicants to the register who meet the standards of competence and conduct are registered, while applicants not meeting the standards are prevented from entering the register. The register is accurate and accessible to employers and the public.

2.1 The regulator has efficient, fair and transparent processes for entry to the register and periodic renewal of registration.

Minimum requirements

i) The process is well-defined and details are accessible.
ii) All applicants are treated fairly and assessed against a well-defined set of criteria (e.g. using the concept of good character) that are linked to the standards of competence and conduct.
iii) Applications are processed efficiently.
iv) The regulator takes steps to ensure against fraudulent or erroneous entry to the register.
v) There is a process to appeal registration decisions.

Supporting evidence

- *Information on applications dealt with within statutory deadlines or performance target*
- *Information on the process for registration, e.g. on the website*
- *Information on whether there is someone available with whom a potential registrant can discuss their application.*
- *The appeals process*
- *The process for considering applications for registration.*
- *Customer satisfaction surveys*

2.2 Registers are accessible to the public and include appropriate information about registrants.

Minimum requirements

i) The regulator makes its registers accessible to the public.
ii) The public and where applicable employers are easily able to find a specific registrant and identify if they are eligible to practise.
iii) Relevant fitness to practise history and sanctions are included within registration information.

Supporting evidence

- *The register*
- *Information on the content of register and how it can be accessed*

- *Customer satisfaction surveys*

2.3 The regulator takes appropriate action to prevent non-registrants practising under a protected title.

Minimum requirements

i) The regulator publicises the importance of checking that a professional is registered.
ii) The regulator has procedures for dealing with a person found to be fraudulently using a protected title, or undertaking a protected act (where this applies).
iii) It uses the means at its disposal to seek to stop them from using that title.

Supporting evidence

- *Information on the measures in place to publicise the importance of checking registration and to deal with those using a protected title fraudulently.*
- *Information on the usage of the register and the number of detected cases using a protected title fraudulently*

3 Third function: fitness to practise

Aim: all concerns about the fitness to practise of registrants are dealt with appropriately, and necessary action is taken to protect the public.

3.1 The regulator has a process through which patients, the public and others can raise concerns about registrants and understand how their concerns will be dealt with.

Minimum requirements

i) The regulator has a process to raise concerns[12] against registrants that is publicly available and easy to understand.
ii) The regulator ensures that there is someone available with whom a potential complainant can discuss a concern about a registrant.

Supporting evidence

- *Complaints leaflet.*
- *Website content.*
- *Feedback and outcomes from surveys involving people who have made complaints.*

3.2 The regulator keeps all relevant parties informed of progress on cases at all appropriate stages.

Minimum requirements

i) The registrant, complainant and, where appropriate employers, are informed of progress at the following stages at least:
    a) initial consideration;
    b) referral to a fitness to practise panel;
    c) final outcome.
ii) The regulator has a disclosure policy and complies with it and/or any legislative requirements on disclosure.
iii) The regulator publishes the outcomes of final fitness to practise hearings, apart from health cases.

Supporting evidence

- *Disclosure policy.*
- *Feedback and outcomes from surveys involving the members of the public, employers and others.*

[12] Some regulators use the word 'allegations' to refer to complaints against registrants.

3.3 Fitness to practise cases are dealt with in a timely manner at all stages.

Minimum requirements

i) Cases are listed and heard quickly by fitness to practise panels after referral.
ii) Serious cases are identified and prioritised and, where appropriate and possible, referred to a panel to consider whether it is necessary to impose an interim order.
iii) There are systems and guidance to identify serious cases and cases which have become delayed.
iv) The regulator has service standards or equivalent and monitors its performance against them.
v) The regulator has a case management system.

Supporting evidence

- *Audits and management reports.*
- *Feedback and outcomes from surveys involving people who have made complaints.*

3.4 There are quality processes for the appointment, assessment and training of fitness to practise panel members. Panel members also have clear guidance on how to assess cases.

Minimum requirements

i) The regulator has comprehensive Indicative Sanctions Guidance, which facilitates consistent and appropriate decisionmaking.
ii) Where appropriate the regulator has guidance on criteria for referral from initial stage committee to final committee.
iii) The regulator uses clear and appropriate competences when recruiting panel members.
iv) There is an assessment and appraisal process for fitness to practise panel members.
v) Members receive feedback in relation to cases they have considered.
vi) There is a training programme for panel members.

Supporting evidence

- *Committee handbooks.*
- *Appraisal scheme.*
- *Appointments process.*
- *Training schedules.*
- *Recruitment criteria.*

3.5 Decisions made at the initial stages of the fitness to practise process (pre-fitness to practise panel stage) are quality assured.

Minimum requirements

i) Staff and panels involved in taking decisions at the initial stages receive appropriate training and guidance.
ii) There are internal audits of decisions.

Supporting evidence

- *Number of judicial review or appeal cases upheld against the regulator.*
- *Internal audit reports.*

3.6 Fitness to practise panels make appropriate, well reasoned decisions on cases.

Minimum requirements

i) The regulator ensures that its panel members take account of learning from Court outcomes and feedback from CHRE.

Supporting evidence

- *Number of Section 29 and registrant appeals upheld.*
- *Feedback to panel members on learning points arising from Court outcomes and CHRE feedback.*

4 Fourth function: Education

Aim: students[13] are given appropriate training that equips them to meet the standards of competence and conduct set by the regulator, and registrants maintain appropriate standards within their scope of practice.

4.1 The regulator ensures that its standards for the education and training to be met by students are appropriate, comprehensive, prioritise patient safety and interests and reflect up-to-date professional practice.

Minimum Requirements

(i) Standards for education and training prioritise patient safety and patient interests and link in with the standards of competence and conduct for registrants.

(ii) The regulator has taken steps to ensure that standards are widely applicable and appropriate to the different stages of training and education. Standards outline students' future personal responsibility for their own practice as well as for inter-professional working.

(iii) Standards of education and training are focused on the abilities required for that profession.

(iv) The regulator regularly reviews its standards to ensure that they are up-to-date and reflect modern practice, revising standards or producing supplementary guidance as required.

(v) All standards development is carried out in consultation with stakeholders.

Supporting Evidence

- *Standards for the education and training of students (this can be in the same document as standards for the delivery of education)*
- *Documentation showing the development process of the standards*

4.2 The regulator ensures that its standards for the delivery of education and training are appropriate, comprehensive, prioritise patient interests and reflect up-to-date professional practice.

Minimum Requirements

(i) Standards for the delivery of education and training prioritise patient safety and patient interests and link in with the standards of competence and conduct for registrants.

(ii) The regulator has taken steps to ensure that standards are applicable to all situations, including placements.

[13] The term 'students' includes all those in accredited education and training which aim to provide entry to a regulated profession.

(iii) Standards balance the requirements for safety of patients and consistency of educational outcomes with the encouragement of innovation.

(iv) The regulator constantly reviews its standards to ensure that they are up-to-date, revising standards or producing supplementary guidance as required.

(v) All standards development is carried out in consultation with stakeholders.

Supporting Evidence

- *Standards for the delivery of education (this can be in the same document as standards for the education and training of students) and additional guidance*
- *Documentation showing the development process of the standards, e.g. how relevant developments in higher education are taken into account*

4.3 The regulator has a transparent and proportionate system of quality assurance for education and training providers.

Minimum Requirements

(i) The regulator assesses education and training providers, including arrangements for placements, at appropriate intervals which may vary between establishments proportionally to risk.

(ii) Educational providers that meet the required standards are approved, and appropriate and targeted steps are taken where a provider falls short of the standards.

(iii) Students' and patients' perspectives are taken into account as part of the evaluation.

(iv) Information on the assessment process and final results of assessments are accessible to all stakeholders.

Supporting Evidence

- *Training of educational assessors*
- *Quality Assurance process*
- *Assessment reports*

5 Fifth function: governance and external relations

Aim: the regulator is a transparent and accountable organisation with effective processes, focused on protecting the public working in partnership with all its key interest groups and continuously improving all areas of its work.

5.1 The regulator is a transparent and accountable organisation and significant policy decisions are demonstrably based on the public interest.

Minimum requirements

(i) The regulators' decisionmaking is based on the best available information and directed to protecting the public.
(ii) The regulator has a clearly defined aim and a strategy.
(iii) It has a Code of Conduct for Council members.
(iv) The Council includes expertise from a range of stakeholders and no one group dominates.
(v) Individuals are appointed against defined competencies[14].
(vi) Council and the executive have clear lines of accountability.
(vii) The decisions and the decisionmaking processes of the Council are open, transparent and accessible.

Supporting evidence

- *Mission statement*
- *Code of Conduct*
- *Council policies and decisions.*
- *Information on number of public Council meetings and publication of papers and decisions; attendance at public Council meetings*
- *List of competences against which members are appointed*
- *Appraisal policy for Council members*
- *Schemes of delegation, standing orders and financial instructions*

5.2 The regulator establishes and works within efficient and effective organisational processes.

Minimum requirements

(i) The regulator has an effective planning process which ensures that functions are resourced appropriately.
(ii) The regulator ensures that its planning documents take account of risk.
(iii) The regulator sets appropriate key performance indicators or equivalent and publishes information on its performance against them.

[14] Until all Council members are appointed, this is likely to apply to lay members only.

(iv) There are effective appraisal systems and processes.
(v) The regulator meets its statutory responsibilities in sharing information and in seeking and retaining confidential information.
(vi) The regulator is committed to promoting equality and diversity and ensures that all activities are free from any discrimination.

Supporting evidence

- *The published business plan*
- *Reports from internal and external auditors*
- *Published accounts*
- *HR policies, including appraisal policy*
- *Strategic plan*
- *Annual plan*
- *Risk register*
- *Rules or procedures for raising fees*
- *Equality and Diversity Policy and reports from the Equality and Diversity Committee*
- *Information on how responsibilities under the Freedom of Information and Data Protection Acts are met*

5.3 The regulator fosters a culture of continuous improvement within the organisation.

Minimum requirements

(i) The regulator has a culture of continuous improvement.
(ii) The regulator gathers evidence from its activities and external information and disseminates it throughout the organisation. This evidence informs policy development.
(iii) Evidence-based decisionmaking and innovation are promoted. Audit is carried out at appropriate intervals and focuses on areas of high risk.

Supporting evidence

- *Processes for complaints against the organisation and information on how complaints are taken into account.*
- *Systems for measuring quality and effectiveness and information about how these bring about improvement.*
- *Annual plan/assessment process*
- *Audit reports*

5.4 The regulator co-operates with stakeholders and other organisations.

Minimum requirements

(i) The regulator engages with stakeholders, in particular patients and the public, in all of its work.

(ii) The regulator cooperates with other organisations with a common interest, developing strategic alliances and coordinating goals and project planning.

(iii) The regulator engages in cross-regulatory work and projects, and takes account of recommendations from CHRE and others about cross-regulatory projects, best practice and its performance.

(iv) The regulator takes into account the differences between England, Scotland, Wales and Northern Ireland when devising its policies and processes and in engaging with stakeholders.

Supporting evidence

- *Strategy for involving stakeholders*
- *Council policies and decisions*
- *Consultation documents*

Council for Healthcare Regulatory Excellence
11 Strand
London
WC2N 5HR

Telephone: **020 7389 8030**
Fax: **020 7389 8040**
Email: **info@chre.org.uk**
Web: **www.chre.org.uk**