

Council 20 October 2011

CHRE performance review 2010/2011

Executive summary and recommendations

Introduction

In June 2011, the Council for Healthcare Regulatory Excellence (CHRE) published its 2010/2011 performance review of the regulatory bodies, including its performance assessment of the HPC.

This paper discusses the outcomes of the 2010/2011 performance review, providing a summary and discussion of the CHRE's assessment of the HPC's performance and highlighting other areas of interest.

Decision

The Council is invited to discuss the attached paper.

Background information

Council for Healthcare Regulatory Excellence, Performance Review Report 2010/11 – Changing regulation in changing times, [www.chre.org.uk/_img/pics/library/110623_Final_-_CHRE_Performance_Review_report_2010-11_\(Colour_for_web_-_PDF_version\).pdf](http://www.chre.org.uk/_img/pics/library/110623_Final_-_CHRE_Performance_Review_report_2010-11_(Colour_for_web_-_PDF_version).pdf).

Resource implications

None

Financial implications

None

Appendices

Appendix A: CHRE Performance Review 2011-12, paper for the Fitness to Practise Committee, 13 October 2011

Appendix B: 2011-12 CHRE Audit Report update, paper for the Fitness to Practise Committee, 13 October 2011

Date of paper

7 October 2011

CHRE performance review 2010/2011 – paper for Council

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CHRE performance review 2010/2011

1. Introduction

- 1.1 This paper summarises and discusses the CHRE's 2010/2011 performance review, highlighting areas of the Health Professions Council's (HPC's) good practice and areas which the Council may wish to discuss. It also highlights the areas that the CHRE considers to be good practice and of common interest all across the regulatory bodies; and where helpful and relevant, informs the Council of ongoing or planned work by the HPC Executive.
- 1.2 References to specific sections and paragraphs are references to the full CHRE report.

Performance review process

- 1.3 The CHRE is required by law to report on the performance of each of the regulators and to publish a report of its findings annually. The performance review process is based on a self-assessment against the CHRE's standards of good regulation.
- 1.4 The HPC is normally sent a self-assessment template to complete in around September/October of each year, with submission to the CHRE due in December that year. This involves the HPC Executive collating a written response including links to relevant Council/Committee papers and other documents. The CHRE also contacts a range of patient, public, and professional organisations to seek feedback on the regulators' performance.
- 1.5 The CHRE then assesses all the material, and requests further information or clarification as appropriate before meeting with the regulator to discuss its findings. The HPC has the opportunity to provide information/comment on drafts of the performance review before the CHRE finalises its report. Section 15 of the report sets out the CHRE's findings in relation to the HPC.

2. Progress on recommendations from 2009/2010 review

- 2.1 In each review, the CHRE checks whether regulators have made progress on areas it recommended for further work in the previous year's review.

Recognised good practice

- 2.2 In the 2009/2010 performance review, the CHRE identified the following areas of good practice by the HPC:
 - work undertaken to ensure a smooth transition to statutory regulation for practitioner psychologists and hearing aid dispensers;
 - development of a student section of the website, and publication of guidance on conduct and ethics for students;
 - further development of the CPD standards and audit processes;

- work to increase the number of registrants successfully renewing their registration;
- removal of the health reference as a requirement for registration;
- development of plans to enhance communications with complainants; and
- positive feedback about the change in governance of the Council from July 2009.

Areas for further development

2.3 Areas for development identified by the CHRE in the 2009/2010 performance review are listed below, along with an explanation of the work carried out on each issue since the last review.

Patient involvement in the assessments of education providers

2.4 We have been looking at 'service user involvement' given the diverse range of professions we regulate. We consider this to be an important ongoing area for a number of reasons: the CHRE's clear requirements; the importance placed on service user involvement including separate funding in the social work field in light of the HPC's regulation of social workers in England from April 2012; and the importance of involving service users in our work. The Education and Training Committee has considered service user involvement at a number of meetings in 2010 and 2011. Details of our work in this area are available in section 5 of this paper.

Implementing improvements to the fitness to practise process as a result of research into complainants' expectations

2.5 In 2010-11 the Fitness to Practise Department has implemented the programme of work arising from the expectations of complainants' research.¹ These activities are summarised below.

- Review of website information policy. This was considered by the Fitness to Practise Committee in June 2010 and the policy confirmed.
- Revised information on the website. As a result of the research recommendation that information about the fitness to practise process on the HPC website was clearer and more accessible, the revised complaints section of the website was launched in December 2010.
- Published a policy statement clearly setting out the broad principles behind the meaning of fitness to practise.
- Updated publications including How to raise a concern; What happens if a concern is raised about me; The Fitness to Practise process; and Information for Employers and Managers. 'Information for witnesses' was published in March 2010.
- An event was held in June 2010 to inform stakeholders about the research and to engage them with the outcomes.

¹ HPC response to CHRE performance review questions, 13 December 2010, pp. 62-63.

- A hearings audio visual presentation was produced in December 2010 which contains information about what registrants and complainants should expect when a fitness to practise hearing is held.
- We have updated standard letters and our raising a concern form.
- The piece of work relating to alternative mechanisms for resolving disputes has continued. More detail about this work is available in section 5 of this paper.

3. Overview of HPC performance review 2010/2011

- 3.1 The HPC received a very positive performance review report this year. The CHRE considers the HPC to be ‘an effective and efficient regulator for the diverse range of professions that it regulates’ (paragraph 15.3).
- 3.2 This section provides a brief summary of relevant parts of the report structured against the headings of the standards used by the CHRE in conducting its performance review.

Guidance and standards

- 3.3 The CHRE found that the HPC’s approach to maintaining and developing standards ‘prioritises patient safety and patient centred care and therefore helps to maintain public protection’ (paragraph 15.14).
- 3.4 Our current review of the standards of proficiency has been noted and commended by the CHRE. The Council recently approved new revised generic standards of proficiency, in response to concerns that the current generic standards are not all easily applicable to all the professions we regulate, and that some of the terminology used was not appropriate. The new structure of the standards of proficiency is more flexible, uses language that is applicable to all the professions we regulate, and means the standards can be applied more easily to professions we may regulate in the future. We are currently working on the rolling review of the profession-specific standards for each profession (paragraphs 15.12-14).
- 3.5 The work we carried out on the potential future regulation of psychotherapists and counsellors has been noted by the CHRE, which also noted that the government has now indicated that statutory regulation will not be progressed (paragraph 15.15).
- 3.6 The CHRE also noted recent developments on the upcoming regulation of social care workers in England and the regulation of practitioners of herbal medicine by the HPC (paragraphs 15.16-17). Current developments in these areas of work are set out in section 5 of this report.

Education and training

- 3.7 The CHRE was pleased to note that we are currently considering the levels of service user involvement in the design and delivery of the education and training programmes we approve. Our Education and Training Committee has agreed to commission research to inform future decisions about how service users could be involved in these processes. The Committee has also considered whether a pilot study including the use of lay partners on approval visit panels may be helpful. More details

about our work in this area are available in section 5 of this paper (paragraphs 15.19-20).

- 3.8 The two research projects we have commissioned on the issue of professionalism were of interest to the CHRE. The research is part of our ongoing work on the issue of revalidation. More detail on this research is available in section 5 of this paper. The CHRE noted the public protection benefits of this research, and suggested that the outcomes could be usefully shared with all healthcare regulators and other interested stakeholders (paragraph 15.22).

Registration

- 3.9 The CHRE considers that the HPC ‘manages registration effectively and efficiently and that it has developed a commitment to continuous improvement through its work on improving its verification processes for international applicants. This is particularly important given the flow of healthcare workers across European and international boundaries’ (paragraph 15.23).
- 3.10 The CHRE felt that the HPC’s focus on verifying the identity, qualifications, and registration of international applicants with overseas regulators minimises the risk of fraudulent applications while preserving public confidence in the integrity of the HPC Register. Our processes include checking all passports and contacting awarding institutions to confirm the authenticity of applicant’s qualifications. A fraud management exercise undertaken by the NHS Counter Fraud and Security Management Services found that generally our processes are appropriate, although one case of a fraudulent qualification was identified. We are planning a follow-up study to clarify whether this is a more widespread issue (paragraph 15.24).
- 3.11 The success and benefits of the online renewal facility were noted by the CHRE. Online renewal was introduced in March 2010, and around 50 per cent of registrants have used the service, with ongoing promotion of the facility we expect the number of registrants renewing online to increase over time (paragraph 15.25).
- 3.12 The CHRE is pleased that we are intending to increase the information available on the HPC Register, including showing when a registrant is subject to a substantive or interim suspension order, and a statement to explain that registrants who have been struck off do not appear on the Register. We are considering adding a ‘sounds like’ search function to the online Register. We will seek views of stakeholders on the online register in our next round of opinion polling in autumn this year (paragraph 15.26).
- 3.13 The CHRE is also pleased that we have removed the health reference requirement for registration and replaced it with a self-declaration. This decision is in line with the CHRE’s previous recommendation that regulators should use proportion ways of obtaining information about whether applicants are fit to practise their profession (paragraph 15.27).

Fitness to practise

- 3.14 A summary of the CHRE’s comments on our fitness to practise processes, is set out in the CHRE audit recommendations update and performance

review papers written for the October 2011 Fitness to Practise Committee in Appendix A.

4. Issues of common interest

- 4.1 This section sets out issues of common interest to all the regulators for further discussion by the Council. As some of the conclusions and recommendations for certain regulators are specific to those organisations, this section focuses on the overall recommendations the CHRE made to all regulators. The observations and comments of the Executive are set out for each area, indicating any relevant work being undertaken and/or actions planned. Please also refer to the CHRE audit recommendations update and performance review papers in Appendix A of this report which sets out fitness to practise developments.

Developing consistent approaches to reporting on vetting and barring

- 4.2 The CHRE recommended that all the regulators should work with the Scottish Government to develop a consistent approach in publicly reporting on Scottish barring decisions which prioritises public protection and confidence in regulation, and work with the Department of Health and Ministry of Justice to improve the Independent Safeguarding Authority's management of the vetting and barring scheme in England and Wales (paragraph 18.11).
- 4.3 Legislation has been introduced to implement the recommendations of the Bichard report around the protection of children and of vulnerable adults. This was implemented via the Safeguarding Vulnerable Groups legislation in England, Wales and Northern Ireland, and the Protection of Vulnerable Groups (PVGS) legislation in Scotland.
- 4.4 This legislation has created two barring systems, which are intended to prevent individuals from working with children and/or vulnerable adults if they are considered not safe to do so. Being barred under either system would prevent many registrants from practising their profession. The scheme will impact particularly on fitness to practise processes as the Department will need to pass information to the organisation making the barring decisions and could also receive barring information back. As a result, it is important that the Council remains up to date with developments in both schemes.
- 4.5 The scheme in Scotland created under the PVGS went live on 28 February 2011 and is being implemented on a phased basis. The scope of the scheme for England, Wales and Northern Ireland has recently been reviewed and revised legislation is currently being discussed within the Houses of Parliament.
- 4.6 The Policy and Standards and Fitness to Practise Departments have worked together to respond to initial consultations on the setting up of barring arrangements. The departments will continue to collaborate on

implementation, providing research and recommendations on ways forward.²

- 4.7 In accordance with the HPC's obligations under the Safeguarding Vulnerable Groups Act and the Protecting Vulnerable Groups Act, the Executive has implemented a process by which case conferences take place on a monthly basis to determine whether any HPC cases should be referred for a decision to be taken as to whether the person concerned should be barred from working with vulnerable children or adults. 21 fitness to practise cases have now been referred to the relevant schemes. The Committee considered an update paper on the process used by HPC at its meeting in May 2011.³

Complaints about the regulators

- 4.8 The CHRE recommended that all regulators should review their processes for handling complaints about themselves to ensure that they have allocated sufficient resources to enable complaints to be managed efficiently and effectively, and where necessary, to enable them to systematically identify learning which could be used to improve overall performance. The CHRE also recommended that the regulators should review whether they have appropriate governance and oversight arrangements in place in relation to the organisational complaints process (paragraph 18.11).
- 4.9 In Enabling Excellence, the government has indicated that it wishes to strengthen the accountability of the regulatory bodies to those using the services of their registrants and the wider public, by creating a route to raise concerns about the policies and approach of the regulators with the CHRE. In addition to its current powers, the CHRE believes it would benefit the public if it was able to investigate and report on complaints of maladministration by the regulators. These would be rare complaints where failure by a regulator to follow its practice or procedures seems so serious as to have put the public at risk, or to result in a regulator's failure to fulfil its statutory duties. Dealing with such complaints would also provide information that might be useful to CHRE in targeting its annual reviews of the regulators at areas of greatest risk, and might even trigger an interim targeted assessment in serious cases. Section 28 of the National Health Services Reform and Health Professionals Act 2002 provides a power for CHRE to consider complaints against the regulators but the necessary regulations have not been enacted. The Department of Health has asked the CHRE to submit a proposal for the enactment of section 28 to bring this about.⁴

² Policy and Standards Department work plan 2011-12, <http://www.hpc-uk.org/assets/documents/1000354820110609ETC15-policyandstandardsworkplan2011-12.pdf>

³ Vetting and barring update, paper for Fitness to Practise Committee, 26 May 2011, www.hpc-uk.org/assets/documents/100034FF20110526FTP15-Vettingandbarringupdate.pdf.

⁴ Proposals for CHRE's new roles and responsibilities, October 2010, www.chre.org.uk/_img/pics/library/Proposals_for_new_roles_and_responsibilities_for_CHRE.pdf, paragraphs 2.11-12.

- 4.10 The PA to the Director of Operations is responsible for co-coordinating all customer feedback that comes into the HPC. All correspondence is logged on a database and then complaints are escalated to the relevant department to be followed up by a manager. All departments are responsible for sending feedback to be logged on the feedback database, as this enables the Executive team and the business to review business processes more effectively. Once complaints are passed to the relevant manager, the feedback ticket is closed off on the feedback database. If an enquiry is made about the organisation, or a request is made for information, this is passed onto the appropriate department and logged. Feedback that is received via email or at events is also logged on the feedback database.
- 4.11 The HPC does not have a direct telephone number for people to call to complain or give feedback about our processes and customer service. However, if someone wishes to make a formal complaint about the organisation, they are advised to put their complaint in writing and send it to the relevant HPC Manager or address it to "Customer Services Manager".⁵
- 4.12 A report on customer service feedback received is presented to a monthly meeting of the Executive Management Team (EMT). This reporting includes details about both positive and negative feedback received, together with an analysis of the root cause of complaints, including whether it is attributable to a HPC error, to a registrant error, or that the complaint relates to our regulatory powers or other matters on which there is no root cause that can be attributable. The reporting also indicates the corrective action that has been taken, where appropriate. The reporting and consideration by the EMT helps in ensuring that complaints are dealt with appropriately; within service standard; that trends and issues are identified; and that actions for improvement are taken forward.
- 4.13 In May 2010, the Executive requested six monthly reviews of all the customer feedback we have received, to take on a more proactive approach to reviewing customer service feedback. This allows the Executive and the business to review all feedback trends over the previous six months to acknowledge corrective action based on feedback received, to revisit processes where there is a need to improve, and also to congratulate the teams involved where excellent feedback has been received from our registrants and stakeholders.⁶
- 4.14 The Registration Department is the main point of contact for the vast majority of registrants and as a result we receive most complaints in this area, although they still represent a tiny proportion of the 'customer

Enabling Excellence: Autonomy and Accountability for Healthcare Workers, Social Workers and Social Care Workers, 16 February 2011,
www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124374.pdf
, paragraph 3.11.

⁵ <http://www.hpc-uk.org/aboutus/aimsandvision/customerservice/>

⁶ HPC response to CHRE performance review questions, 13 December 2010, p. 8.

interactions' handled by this department. Improvements introduced as a result from learning from complaints include:

- Improvements to the administration of the CPD process including revising standard letters and work to improve the quality of feedback given to registrants undergoing audits.
- Improvements in general customer service – for example, reducing the time taken to call back registrants from 48 hours to 24 hours.
- Introducing a management review of international registration decisions before they are sent to the applicant – as a final check to ensure that the decision is of a good quality and that where an application is rejected sufficient, clearly explained and robust reasons are given.
- A number of activities focused on the renewal process including a process for proactively chasing up registrants where returned mail is received; targeted communications activity focused on increasing the renewal rate and encouraging registrants to renew early (with a particular focus in the coming year on using the online renewals facility); and sending a reminder notice to employers when a final renewal reminder is sent to a registrant.

5. Next year's performance review

- 5.1 The CHRE has identified the a number of areas for further consideration in the HPC's next performance review (paragraph 15.7). Our current progress on these issues are set out under each identified area below.

Any progress or further developments with regard to the HPC's assumption of regulatory responsibility for social workers in England and for practitioners of herbal medicine

Social workers in England

- 5.2 In July 2010 the Government announced its intention to transfer the regulation of social workers in England to the HPC. It is anticipated that this will happen by July 2012, subject to the passage of the Health and Social Care Bill currently being considered in Parliament. We have undertaken a number of activities to respond to this forthcoming change:
- 5.3 We have developed an operational project plan covering all aspects of the forthcoming transfer of Register from the General Social Care Council (GSCC).
- 5.4 We have participated as part of the Social Work Regulation Oversight Group overseeing the transfer arrangements; on the Social Work Reform Board; and on the various reform board working groups.
- 5.5 We have developed draft standards of proficiency for entry to the Register through the work of a Professional Liaison Group (PLG) which consisted of senior members of the profession and other relevant stakeholders. We are currently consulting on the standards of proficiency and the threshold level of qualification for entry to the Register.

- 5.6 We have met with a range of different stakeholders including the GSCC; the other four country care councils; the Department of Health; and the Department of Education. We have also attended a range of events aimed at social workers.
- 5.7 While the GSCC regulates social work students, the HPC currently does not regulate students for any of the professions on its Register. If passed in its current form, the Health and Social Care Bill would give the HPC powers to establish voluntary regulation of students, subject to impact assessment and consultation. When the GSCC register of qualified social workers transfers to the HPC, the government will also provide for the GSCC student register to transfer to the HPC. The Council is considering the issue of voluntary registration of students across the Register ('in the round'), with the register of student social workers as a relevant factor, but is considering student registration separately from other types of voluntary registration envisaged in the Health and Social Care Bill.⁷ The Council has agreed to undertake an impact assessment and consultation exercise which would inform a decision in 2012 about student registration.

Practitioners of herbal medicine

- 5.8 *Enabling excellence* announced the Government's intention that practitioners of herbal medicine should become regulated by the HPC, but does not go into detail about how these groups will be regulated. The focus of regulation will be 'solely on minimising risk to the public'. The register will be a register of people who are able to dispense unlicensed herbal medicines.⁸
- 5.9 The Department of Health in England is discussing this proposal with the governments in Wales, Scotland, and Northern Ireland. Once the details are agreed, the governments will jointly consult on the legislation necessary to make this happen. This consultation is expected to start in late 2011. The HPC is discussing these proposals further with the Department of Health and other stakeholders.
- 5.10 The further work that may be necessary in 2011/2012 is under discussion, but is likely to include responding to the joint administrations' consultation; internal projects to plan and start work for the opening of a register for practitioners of herbal medicine including developing appropriate standards; and meeting with external stakeholders.⁹

⁷ Voluntary registration of students, paper for Council, 12 May 2011, <http://www.hpc-uk.org/assets/documents/100034B0Item10-enc6-voluntaryreg-students.pdf>.

⁸ *Enabling Excellence: Autonomy and Accountability for Health and Social Care Staff*, Department of Health, 16 February 2011, www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124359.

⁹ Policy and Standards Department work plan 2011-12, <http://www.hpc-uk.org/assets/documents/1000354820110609ETC15-policyandstandardsworkplan2011-12.pdf>.

The outcomes of the external research on the involvement of service users in the design and delivery of education programmes, and the proposed pilot to include public members as part of educational visit teams

- 5.11 Our consideration of this area is still ongoing and this topic has been considered by the Education and Training Committee at its meetings in March, June, and September 2010, and March and June 2011. In relation to the two issues that emerged in the Committee's discussion:

Service user involvement in design/delivery

- 5.12 At its meeting in March 2011, the Committee agreed to commission research to look at service user involvement in the design and delivery of education and training programmes. This research will draw together the different approaches to involvement already used by the education providers we approve and across the different professions we regulate, and consists of a literature review and research with existing HPC-approved education providers.¹⁰
- 5.13 Kingston/St George's University has been commissioned to carry out this research. The deadline for the completed research is February 2012. The Committee will discuss a copy of the final research report and a paper from the Executive discussing the potential options at its March 2012 meeting.
- 5.14 The research outcomes will inform future discussion by the Committee, potential options for action might include consulting on an additional standard in the standards of education and training to require service user involvement in the design and delivery of programmes, or consulting on changes to the guidance without adding an additional standard.

Pilot of lay members on approval visits

- 5.15 The Education Department has now concluded a pilot study into lay visitor involvement on approval visit panels. This activity forms part of the HPC's ongoing discussions regarding the involvement of service users in the evaluation of approved programmes. Ten approval visits were included as part of the study and these took place between May and July 2011. Feedback from education providers, panel members, and the Executive is now being analysed and will form the basis of a report to the Education and Training Committee in March 2011. The Committee will discuss the outcomes of the pilot with a view to considering if the attendance of a lay visitor at all approval visits becomes a permanent requirement of approval process.^{11 12}

¹⁰ Service user involvement in the design and delivery of education and training programmes, paper for Education and Training Committee, 10 March 2011, www.hpc-uk.org/assets/documents/100033A120110310ETC07-serviceuserinvolvement.pdf.

¹¹ Pilot of lay partners on approval visit panels, paper for Education and Training Committee, 16 September 2010, www.hpc-uk.org/assets/documents/1000309F20100916ETC06-layvisitorpilot.pdf.

¹² Minutes of September 2010 Education and Training Committee meeting, www.hpc-uk.org/assets/documents/100031C720101118ETC01-minutes16September2010.pdf.

Any further findings from the studies by Durham University to develop a quantitative approach for measuring professionalism

- 5.16 Durham University has been commissioned to undertake two projects for the HPC. The first is a qualitative study looking at exploring the concept of professionalism with students and staff on education programmes. The second is piloting a professionalism tool. A report from the first year was considered by the HPC Council in May 2011.¹³ The project is due to run to March 2015.
- 5.17 This research forms part of the programme of work on revalidation. Analysis of our fitness to practise data indicates that the complaints we receive are overwhelmingly prompted by registrant conduct, rather than concerns about competence. Research from the United States indicates that doctors who had concerns raised about their professionalism whilst studying were more likely to be subject to disciplinary action once qualified. We have decided to focus our efforts on professionalism and build our evidence base in this area.
- 5.18 The current study seeks to increase understanding of professionalism within three HPC regulated professions (paramedics, occupational therapists, podiatrists), to explore what is perceived as professionalism by both students and educators, and why, and how professionalism and the lack of professionalism may be identified.
- 5.19 The data gathered so far indicates that professionalism has a basis in individual characteristics and values, but is also largely defined by context. Its definition varies with a number of factors, including organisational support, the workplace, the expectations of others, and the specifics of each service user/patient encounter. Regulations provide basic guidance and signposting on what is appropriate and what is unacceptable, but act as a baseline for behaviour, more than a specification.

The impact of the introduction of registrant assessors to advise fitness to practise committees

- 5.20 In 2010, the Fitness to Practise Department brought in the use of registrant assessors in the investigation of allegations. Article 36 of the Health Professions Order 2001 (“the Order”) enables the Council to appoint HPC registrants with appropriate expertise as “registrant assessors” to give advice to Practice Committees on “matters of professional practice arising in connection with any matter” which the panel is considering. The power to appoint registrant assessors is delegated to the Chief Executive under the scheme of delegation, subject to “any appointments process established by the Council”.
- 5.21 Operational guidance is available to case managers on the types of cases where the appointment of a registrant assessor may be appropriate. As the number and complexity of cases increases, the use of registrant assessors has been identified as an important way to ensure that panels have the necessary information in cases where the registrant panel

¹³ Revalidation research reports, paper for Council, 12 May 2011, www.hpc-uk.org/assets/documents/100034AFItem09-enc5-revalidation.pdf.

member may not have specialist knowledge in the particular area of practice to which the allegation relates.¹⁴

- 5.22 Information on the success of the introduction of registrant assessors to advise fitness to practise committees will be provided to the CHRE as part of the HPC's response to the 2010/11 performance review questions.

Any progress or further developments made in the HPC's current and continuing work on alternative mechanisms for resolving disputes

- 5.23 The piece of work relating to alternative mechanisms for resolving disputes has continued. In October 2010 the Fitness to Practise Committee considered a literature review looking at mediation, conciliation and other methods of resolving disputes. The Committee considered this further at its meeting in February 2011 and approved a work plan which includes commissioning further research on the appropriateness of the use of mediation in regulatory proceedings.¹⁵ All of the work is designed to provide material and provoke discussion around the appropriateness of mediation within HPC's regulatory structures. In May 2011 in accordance with the work plan, the Committee considered a paper looking at the use of alternative dispute resolution in HPC's regulatory regime.¹⁶ The Council is due to consider a paper on the outcomes of the research in October 2011.

CHRE work in 2011/12

- 5.24 *Enabling Excellence* requires the CHRE to provide advice to the government on a number of issues which have a bearing on the matters highlighted in the performance review. In next year's performance review they will summarise the guidance provided to the government on:
- The implementation of the CHRE's powers to investigate certain complaints about the regulators;
 - Modern and efficient fitness to practise adjudication; and
 - Standards for the appointment of members to the regulators' councils.
- 5.25 In the next year the CHRE will liaise with the regulators to refine and improve the quantitative data provide in regulators' individual reports about core activities.

¹⁴ Appointment of registrant assessors, paper for Council, 20 May 2010, www.hpc-uk.org/assets/documents/10002DE420100520Council-enc08-registrantassessors.pdf.

¹⁵ Minutes of Fitness to Practise Committee meeting, 16 February 2011, pp 4-6, www.hpc-uk.org/assets/documents/100034F020110526FTP01-minutesFTP16Feb2011PUBLIC.pdf.

¹⁶ The use of alternative mechanisms to resolve disputes in HPC's regulatory regime, paper for Fitness to Practise Committee, 26 May 2011, www.hpc-uk.org/assets/documents/100034F820110526FTP08-altmechanismstoresolvedisputes.pdf

Appendix A

Fitness to Practise Committee 13 October 2011

2011-12 CHRE Performance Review

Executive summary and recommendations

Introduction

In July 2011, CHRE published their annual performance review about the work of the nine UK healthcare regulatory bodies in 2010-11. The attached paper reviews the recommendations made with respect of fitness to practise. A paper reviewing the entire report will be considered by the Council at a future meeting.

Decision

The Committee is asked to discuss the attached report and the recommendations and conclusions made at page 13 paragraph 13 of the report.

Background information

None

Resource implications

To be accounted for in future papers

Financial implications

To be accounted for in future papers

Appendices

Date of paper

3 October 2011

CHRE Performance Review 2011-12

1 Introduction

- 1.1 In July 2011, CHRE published their annual performance review about the work of the nine UK health care regulatory bodies in 2010-11. This document reviews the recommendations made with respect to fitness to practise. A paper reviewing the entire report will be considered by the Council at a future meeting.
- 1.2 This paper is structured first by looking at and providing comment on the recommendations and conclusions made by CHRE in the overall summary. It then looks at the good practice and risk identified by CHRE in respect of the other eight regulators (where provided for fitness to practise), including recommendations as to how HPC can progress its fitness to practise work further, before specifically looking at the recommendations relation to HPC's fitness to practise functions.

2 Overall Summary

- 2.1 CHRE set out its overall recommendations at pages 9 and 10 of the performance review. The recommendations relate to CHRE, the Department of Health and the individual regulators. The recommendations relating to fitness to practise for CHRE include summarising in the 2011-12 performance review the advice it has provided to government on 'Modern and efficient fitness to practise adjudication.' A separate paper providing HPC's comment on this paper and recommendations for how to progress with the conclusions made is on the Fitness to Practise Committee agenda for October 2011.
- 2.2 The recommendations made by CHRE for the regulators relating to fitness to practise are as follows:
 - Review the performance review as a whole, taking into account the views of CHRE and whether they (the regulators) can learn and improve from the practices of the other regulators
 - Adopt the practice of requiring a registrant who has been convicted or cautioned for a drink or drug related offence to undergo a routine medical examination, in order to establish whether or not their fitness to practise is impaired as a result of an underlying drink or drug dependency

- Ensure that they have a proportionate system of quality assurance which enables them to review cases that have reached key decision points in the fitness to practise process, to ensure that processes are being followed consistently and that appropriate decisions are being made.
- Work with the Scottish Government to develop a consistent approach in publicly reporting on Scottish barring decisions which prioritises public protection and confidence in regulation, and with the Department of Health and Ministry of Justice to improve the management of the vetting and barring scheme in England and Wales.

Commentary is provided in the next section of this report as to HPC's approach and proposed course of action relating to the recommendations above.

2.3 Adopt the practice of requiring a registrant who has been convicted or cautioned for a drink or drug related offence to undergo a routine medical examination, in order to establish whether or not their fitness to practise is impaired as a result of an underlying drink or drug dependency.

- 2.3.1 The Committee will recall that it previously considered a paper at its meeting in October 2010 a paper reviewing the recommendation made by CHRE in its first fitness to practise audit report of health professional regulatory bodies' initial decision that regulators should adopt as far as appropriate the practice of routine medical examinations of registrants who are convicted of drink driving or drug offences. That paper considered whether HPC had any powers to compel a registrant to agree to such an assessment (which it does not), issues of proportionality and fairness and the process Panels follow in assessing evidence. The paper also reviewed the number of cases at the time, and the likely costs that this approach would involve. For 47 cases in the system at that time, it was estimated that the process would cost in excess of £75,000 per annum. The Committee agreed at its meeting in October 2010 that there should be no change to HPC's practice in this area (that is no routine medical examinations for registrants convicted of drink or drug related offences).
- 2.3.2 The Executive has also reviewed the practice of other regulators, and understand that the NMC request and fund evidence from a registrant's GP in the form of a signed statement that there are no dependency issues for a first caution or conviction. Both the GMC and the NMC also request medical assessments to determine whether there are current drug misuses or psychological issues.
- 2.3.3 It is unknown how many cases where there is a drink or drug criminal offence for the social workers, a group likely to be regulated by HPC from July 2012.

2.3.4 The Executive has recently undertaken a review of the Standard of Acceptance for Allegations. A paper on that subject is on the Committee agenda for October 2011. In relation to motoring offences the standard has been updated to reflect that 'In relation to drink-driving offences, a conviction for driving (or being in charge of) a motor vehicle having consumed in excess of the prescribed limit should not lead to an automatic assumption that the registrant has alcohol dependency issues.' The same language has been retained as in the previous version of the document regarding the kind of offences that should be seen as meeting the standard.

2.3.5 We currently have 21 relevant cases in the system, though this does not include any self-referrals since June 2011. An analysis of the costs indicates medical assessments for the current numbers would be circa £72,500. As we are half way through the financial year, we could assume it would cost £150,000 per annum for the current 15 professions.

2.3.6 The Committee is asked to consider whether it should instruct the Executive to undertake any further work on this topic. If the Committee is so minded that further work should be undertaken, the Executive suggests that it includes the development of a mechanism to specifically quality assure such cases and seeking advice from appropriate sources as to whether requesting a registrant to undertake a medical assessment when they are convicted or cautioned for a drug or drink related offence is appropriate.

2.4 Ensure that they have a proportionate system of quality assurance which enables them to review cases that have reached key decision points in the fitness to practise process, to ensure that processes are being followed consistently and that appropriate decisions are being made.

2.4.1 CHRE note that the NMC's quality assurance programme is designed to review cases to assess compliance with process, timeliness through the process, customer service and care, file management, data integrity and decision making and case review at key decision points.

2.4.2 HPC has a comprehensive quality assurance programme which covers similar themes as that undertaken by the NMC. HPC's programme of quality assurance includes

- Compliance with process

As well as HPC's maintenance of its ISO 9001 standard, the audit and review process within the FTP team includes:

- Monthly random sample audit of open case files
- Audit of all cases where a no case to answer decision has been reached
- Review of all cases closed the preceding week to ensure the appropriateness of the closure

- A review by the Lead Hearings Officer and Hearings Manager of compliance with hearings follow-up processes.
- **Decision making and case review** At its meeting in December 2009, the Council agreed with the recommendation resulting from the review by the Executive of the CHRE's review into the conduct function of the General Social Care Council (GSCC) that the Executive should consider mechanisms by which the HPC could be satisfied with the quality of decisions reached by practice committee panels. In February 2010, the Committee agreed the mechanism by which decisions made at Investigating Committee Panel and Final hearing panels should be reviewed.
 - **Not well founded**
The Fitness to Practise Committee receive on a six monthly basis, a paper reviewing reasons why cases are not well founded and what learning needs to be implemented from such cases.
 - **Adjourned/Part Heard/Cancelled**
The Committee also consider on a six monthly basis a paper which reviews the reasons for cases not concluding as expected and again whether there are any improvements that can be made to the process.

Vetting and Barring and Protecting Vulnerable Groups In accordance with HPC's obligations under the Safeguarding Vulnerable Groups Act and the Protecting Vulnerable Groups Act, the Executive has implemented a process by which case conferences take place on a monthly basis to determine whether any HPC cases should be referred for a decision to be taken as to whether the person concerned should be barred from working with vulnerable children or adults. 21 cases have now been referred to the relevant schemes. The Committee considered an update paper at its meeting in May 2011 a copy of which can be found at:

<http://www.hpc-uk.org/assets/documents/100034FF20110526FTP15-Vettingandbarringupdate.pdf>

- **CHRE**

CHRE undertake a critical role in auditing the initial decisions made by regulators and in their review of cases that fall within its section 29 jurisdiction. Papers on learning for HPC from CHRE's work in this area are on the October 2011 Fitness to Practise Committee agenda.

- **Risk assessment**
HPC's risk assessment processes provide that a risk assessment is undertaken on initial receipt of a case and then on receipt of new material to determine whether it is appropriate to apply for an interim order.
- **Article 30(2) and Discontinuance and Consent**

Clear processes are in place to make applications for review of an order under Article 30(2) and to apply for a case to be considered under the discontinuance and consent processes.

- **Timeliness through the process**

In order to ensure that cases are managed expeditiously through the process there are a number of tools in place. Those tools include:

- Production of monthly statistics which include length of time statistics on:
 - Receipt of Allegation to Investigating Committee Panel
 - Investigating Committee to Date Concluded
 - Length of time to apply for an interim order
- Work load planning models to analyse whether cases are being managed in a timely manner
- Production and assessment of compliance with Service Level Standards
- A monthly review by the Lead Case Managers of cases over 5 months old which have not yet been considered by an Investigating Committee
- The production of monthly management information commentary which is considered by the EMT
- Monthly case meetings between lead case managers and case managers to ensure progress is being made with case
- The requirement for case managers to review cases on a monthly basis and document the action (or not) that has been taken
- Service Level Agreement with Legal Services Provider.
- Monthly review of work in progress of legal service provider.

- **Customer service and care**

As part of the audits mentioned above, a review is also undertaken of the quality of correspondence in case files. HPC also ask witnesses to complete questionnaires on their experience at hearing and is reviewing the appropriateness of sending questionnaires to complainants and registrants.

- **File management**

As part of the audits mentioned above, compliance with HPC's FTP operating guidance on file management is also checked. The new case management system will mean that that the FTP team will not hold hard copy case files. Steps will be taken to ensure that as part of the new system; new operating guidance will be implemented as required.

- **Data integrity**

Through the process of producing the monthly information statistics, a data quality check is also undertaken. The FTP statuses applied to net

regulate are also checked on a monthly basis to ensure that they are correct. A process is also in place to check that the correct sanction has been applied to a registrant on a weekly basis.

2.4.3 There are a range of checklists and templates in place within the FTP department which aid the team in its day-to-day work and compliance with process. Examples of check-lists include:

- ICP follow up checklists
- Bundle checklist for Interim Orders, Substantive Reviews
- Discontinuance Checklist
- Case closure approval form
- Case and risk assessment form

2.4.5 The Executive also undertake a systematic review of the reports by CHRE on the work of other regulators to ensure HPC can take account of any learning from those reports.

2.4.6 The Executive proposes that as resources allow, the following work is undertaken:

- Mechanisms are implemented to review decisions to apply, grant or revoke an interim order and to review the quality of the decision and order.
- Further develop the process that is in place to review final hearing and substantive review decisions to assess the suitability of the conditions of practice and caution orders imposed. This is particularly to review whether there is any deviation from the HPC's indicative sanctions policy and the reasons for this.
- A review of cases that have been dealt with using the consent, discontinuance and Article 30(2) process and determine whether there is any learning that needs to be implemented.
- Mechanisms are implemented to review the risks assessments that are undertaken by the team.
- The Service Level Agreement with the external legal provider is further enhanced.
- That further work is done to ensure the quality of customer service and care.

2.4.7 The Committee is asked to agree with the recommendations at 2.4.6 and consider whether any further enhancements are required.

2.5 Work with the Scottish Government to develop a consistent approach in publicly reporting on Scottish barring decisions which prioritises public protection and confidence in regulation, and with the Department of Health and Ministry of Justice to improve the management of the vetting and barring scheme in England and Wales.

2.5.1 The Executive proposes that it takes steps to take this recommendation forward.

2.5.2 In recent years a number of meetings have taken place between Disclosure Scotland, the Independent Safeguarding Authority, the Home Office and the Department of Health. HPC has attended these meetings as well as meetings between the regulators themselves.

2.5.3 As referenced at 2.4.2 above, HPC is making referrals under the vetting and barring schemes and will continue to review this process as further developments arise.

3 Key Statistical Data

3.1 In the report, CHRE provide some key information about the performance of each of the regulators with a clear caveat that 'care should be taken to ensure that misleading comparisons are not made' as there are 'differences in the size of the regulators, both in terms of staff numbers and registrants, they all work to differing legislation, rules and processes, they have a varying caseload in terms of registration applications and fitness to practise referrals are dependent to a greater or lesser extent on information from third parties which can impact on the timeliness of their work.'

3.2 The FTP Committee previously considered a paper at its meeting in February 2010 the information it received to aid it in undertaking its monitoring role. That paper also included commentary on the indicators that are used by the Executive to ensure to ensure the effective management of workload and resources and the data that is used to help to analyse whether processes and procedures are working to their best effect. That data includes

- The number of allegations received and predicted to be received
- The number of cases allocated to a case manager
- The length of time cases are taking to conclude and the reasons for this
- The case to answer percentage
- The number of cases awaiting hearing or awaiting to be fixed for hearing
- Costs against budget
- The type and number of cases closed before consideration by an Investigating Committee
- The type and number of cases referred (or not) to a final hearing
- The type, number and reasons for a not well founded determination
- The type, number and reasons for a sanction being imposed

It is important to recognise that one of the key indicators to the management of the FTP function is not in fact the number of open cases (particularly at the Investigating stage of the process) as that is dependent on cases received but the timeliness of those cases through the process. As mentioned above, the Executive has a range of tools in place to

monitor that and is in the process of reviewing the service level standards in place within the department.

4 General Chiropractic Council (GCC)

4.1 CHRE's commentary on the performance of the GCC with regards to its fitness to practise function begins at page 33 of the report. At paragraph 9.3.1 CHRE comment that *'We support the changes to its legislation that the GCC has previously asked the Department of Health to progress, namely that the investigating committee be empowered in appropriate cases to close cases by asking the chiropractor to give a relevant undertaking or accept a warning'*

4.1.2 The HPC's Practice Note on Consent sets out the kinds of cases that can be considered using that process. It does particularly provide for a panel of the Conduct and Competence Committee to determine whether it is appropriate to dispose of a case using that mechanism. It also provides for a case to answer decision to be reached before a case can be resolved using this mechanism. Further details on the alternative mechanisms HPC has in place to resolve of cases can be found in the paper considered by the Committee on this topic in May 2011. That paper can be found here:

<http://www.hpc-uk.org/assets/documents/100034F820110526FTP08-altmechanismstoresolvedisputes.pdf>

As any hearing to consider a consent application is a public hearing (albeit an uncontested one); no changes were required to HPC's legislation. Information is still published on the website regarding such cases and the CHRE can still review such decisions in accordance with their section 29 powers. As mentioned previously, the Executive propose to consider further mechanisms to quality assure such decisions.

4.2 CHRE also comment that the 'GCC has attempted to address concerns about the transparency, timeliness and cost-effectiveness of the procedures of the professional conduct committee through proposals for significant amendments to its procedural rules.'

4.2.1 Save for reviewing the legislation to determine whether it would be appropriate to move towards fitness to practise in the "round" there are no significant amendments required to HPC's procedural rules to address concerns about transparency, timeliness, and cost effectiveness. The Executive will be working with the Law Commission on the work that body is undertaking.

4.3 GCC also commissioned an external audit of all the investigating committee and professional conduct committee decisions in 2009.

4.3.1 Given the work that has been mentioned regarding quality assurance and audit, the Committee is asked to consider whether an external audit should be considered as part of the work plan for 2012-13.

5 General Dental Council (GDC)

- 5.1 CHRE's commentary about the performance of the GDC begins at page 41 of its report. Of particular relevance to the HPC is the commentary made regarding the GDC's policy of not seeking further information about a registrant's health when it is notified of a conviction/caution for drink-driving or drug related offences. HPC has a similar policy and commentary is provided regarding this at paragraph 2.3.4 above.
- 5.2 CHRE also comment at paragraph 10.31 of its report that standing operating procedures were being applied inconsistently across and within different teams within the fitness to practise department. It comments that the GDC are undertaking a review and plans to provide more practical training on the basics of the fitness to practise process. There is also comment that an external report commissioned by the GDC found that 'the induction and development process for caseworkers was inadequate, with the effect that staff were often unable to form appropriate judgements'
- 5.2.1 HPC has a comprehensive process of induction in place to support new employees. The induction forms for case managers and hearings officers are attached to this paper as appendix. Workshops provide on-going refresher training to the team on all aspects of the process which helps with ensuring consistency across the teams for the appropriate judgements to be reached. This training is supported by comprehensive operating guidance, practice notes, templates and check lists and through the audit process previously referenced. A new process has recently been implemented which requires all employees to attend sessions with other FTP teams to understand the work that is done by that team and any changes to process.

6 General Medical Council (GMC)

- 6.1 CHRE's report about the performance of the GMC's fitness to practise function begins at page 51 of the report.
- 6.2 CHRE comment that the GMC has carried out a review of all its standard letters to doctors to ensure that they are accurate, clear and that the tone is appropriate and that it has prepared a 'simple guidance documents for doctors whose cases have been referred for a hearing'
- 6.2.1 A review of all HPC standard letters was undertaken earlier this year and registrants are provided with a range of material to support them through the fitness to practise process. That material includes:
- A specific section on the website 'Information for registrants if a concern has been raised'
 - A brochure 'What happens if a concern is raised about me'
 - Information on what would be helpful to include when responding to an allegation

- 6.3 Mention is also made at paragraph 11.25 of the work the GMC has done to enhance its engagement with employers, specifically regarding the guidance it has developed on the thresholds for referral of fitness to practise matters for each of the four countries of the UK.
- 6.3.1 As well the program of employer events, we have recently further developed the Standard of Acceptance for Allegations. This paper is due to be considered by Council and Committee in October 2011.
- 6.4 Reference is also made of the work the GMC is doing to change how it will deal with cases at the adjudication stage of its fitness to practise processes and the establishment of the Medical Practitioners Tribunal Services
- 6.4.1 The Committee previously considered a paper on this topic at its meeting in May 2011 and the Council will be asked to consider a paper reviewing CHRE's report on 'Modern and Effective Adjudication' at its meeting in October 2011.
- 6.5 At 11.32 of the report, CHRE reference the four main changes that the GMC are planning to implement to the way it deals with cases at the end of the investigation stage. Those changes are:
- encouragement of doctors to accept proposed sanctions in all cases without referral to a public hearing;
 - introduction of greater discussions with doctors including in some cases meeting with them before the end of the investigation stage;
 - introduction of the presumption of erasure for some criminal convictions which are incompatible with being a doctor; and
 - the introduction of automatic suspensions for doctors who refuse to engage with the fitness to practise process.
- 6.5.1 As referenced previously in this paper, the Committee considered a paper setting out the alternative mechanisms to resolve disputes that are already in place at the HPC. It is essential to ensure that any changes to fitness to practise processes balance the rights of a registrant with public protection. We have in place a process by which a case can be resolved of via consent which although requiring a public hearing do not require a contested public hearing. This is a key safeguard in the process and ensures panels consider all such applications.

7 General Optical Council (GOC)

- 7.1 CHRE's comment about the performance of the GOC begins at page 59 of the report. There is nothing specific to the performance of the GOC and its fitness to practise function that requires comment in this paper.

8 General Osteopathic Council (GOsC)

- 8.1 There is nothing specific to the performance of the GOsC and its fitness to practise function that requires comment in this paper.

9 General Pharmaceutical Council (GPhC)

- 9.1 CHRE's comment about the performance of the GPhC fitness to practise function begins at page 75 of its report. This commentary is of particular relevance to the HPC given the imminent transfer of the regulatory functions of the General Social Care Council. CHRE comment at paragraph 14.34 that '*From work undertaken prior to the GPhC assuming responsibility for the regulation of pharmacy professionals and premises, it identified five risks that it would need to manage.*' These were:

- Time taken to progress cases through the fitness to practise process
- The time and related costs of investigating cases after a substantive investigation committee decision.
- Difficulties with scheduling hearings – previously hearings were scheduled according to a pre-determined hearings timetable, rather than scheduling them according to the cases that needed to be considered.
- The lack of accurate comprehensive performance information.
- The lack of a case management system that was fit for purpose for each stage of the fitness to practise process.

- 9.2 The learning from these risks and how they have been managed of real benefit to the HPC in considering the transfer of GSCC cases and the Executive will put in place steps to mitigate those risks.

10 The Nursing and Midwifery Council (NMC)

- 10.1 CHRE's report on the performance of the fitness to practise function of the NMC begins at page 95 of its report. The Fitness to Practise Committee previously considered a paper reviewing CHRE's progress report into the NMC's fitness to practise function at its meeting in May 2011.

- 10.2 CHRE provides specific comment on the structure and resources of the NMC's fitness to practise function. The Executive are in the process of reviewing the resources and structure of the FTP directorate so as to ensure it continues to remain fit for purpose.

11 Pharmaceutical Society of Northern Ireland (PSNI)

- 11.1 There is nothing specific to the performance of the PSNI and its fitness to practise function that requires comment in this paper.

12 Health Professions Council (HPC)

- 12.1 CHRE's report on the performance of the HPC begins at page 78 of the report and its comments specifically on the performance of our fitness to practise function begin at page 85. Reference is also made in the opening summary to the mechanisms HPC (and others) have undertaken to

develop better support mechanisms to witnesses, with particular reference to our audio visual presentation. Comments about our performance include at paragraph 15.32 *'We believe that the HPC's response in these areas demonstrate a drive toward continuous improvement and should help ensure that concerns are raised and dealt with efficiently, effectively and consistently in the interests of patient safety'* and also to notable improvements in our fitness to practise function including

- The reduction in the time taken for cases to conclude, from the receipt of allegation to the final hearing stage, and from the investigating committee stage to the final hearing stage, by two and one month respectively
- The introduction of arrangements for registrant assessors to provide advice to the investigating committee on profession-specific matters, where appropriate.

12.2 However, comment is once made at paragraph 15.35 as to our policy of not sharing the registrant's response with the complainant. CHRE comment that *'This can lead to such clarification emerging before the investigating committee reaches its decision. We would urge the HPC to reconsider our recommendations about this (sic). However, we recognise that the HPC has taken steps to minimise the risk of recurrence by providing further training to case managers and by introducing case investigation reports.'*

12.2.1 The Council and Committee previously considered a paper on this topic and determined that no change should be made to existing policy. This decision included consideration as to the purpose of the fitness to practise process compared to that of a complaints resolution process. A copy of that paper can be found at:

<http://www.hpc-uk.org/assets/documents/10002C8820100225FTP-09-sharingtheregistrantsresponse.pdf>

As well as the steps mentioned by CHRE, supplementary information is also provided to registrants and complainants on HPC's policy in this area and in the public information that is available on the process. In a recent case where a complainant referred our refusal to provide a copy of the registrant's response to the Information Commissioner, the Information Commission determined that there was no obligation on the HPC to disclose the registrants response under the Freedom of Information Act 2001.

12.2.2 Given CHRE's recommendation, the Committee is again asked to consider whether any changes are required to HPCs policy in this area.

13 Conclusions and Recommendations

13.1 A number of recommendations are made throughout this paper. The Committee are asked to consider and discuss those recommendations. They are as follows;

- (a) to agree with the recommendations made at 2.4.6 of this paper in relation to HPC's programme of quality assurance and consider whether any further enhancements are required;
- (b) that the Executive should ensure the learning from the GPhC is taken into account when managing the transfer of the GSCC; and
- (c) that the Executive should continue to take steps to ensure that the structure and resources of the FTP directorate remains fit for purpose.

13.2 The Committee is also asked to consider

- (a) whether the Executive should undertake any further work on drug and drink related convictions. If the Committee is so minded that further work should be undertaken, the Executive suggests that it includes the development of a mechanism to specifically quality assure such cases and seeking advice from appropriate sources as to whether requesting a registrant to undertake a medical assessment when they are convicted or cautioned for a drug or drink related offence is appropriate;
- (b) whether given the work that has been mentioned regarding quality assurance and audit an external audit of decisions should be considered as part of the work plan for 2012-13;and
- (c) whether any further consideration needs to be given to HPC's policy in relation to not sharing the registrants response at Investigating Committee Panel stage to the complainant.

Appendix B

Fitness to Practise Committee 13 October 2011

2011-12 CHRE Audit Report update

Executive summary and recommendations

Introduction

The attached appendix is intended to provide the Committee with an update on the progress that has been with regards to the recommendations that were approved by Council as a result of the Executive's review of the second CHRE Fitness to Practise audit report.

Decision

The Committee is asked to note the paper, no decision is required.

Background information

The Council considered and agreed the recommendations at its meeting in July 2011. A copy of that report can be found at <http://www.hpc-uk.org/assets/documents/100035C7Enc06-CHREreport.pdf>

Resource implications

None

Financial implications

None

Appendices

Date of paper

3 October 2011

CHRE Report – Progress Report – October 2011

1 Ensuring the quality of reasons remains as a focus at training for those who consider cases

The quality of reasons remains a focus at all panel training sessions. All panel members receive regular refresher training. The Panel Chairs received training in June 2011 where the agenda included decision-making and the quality of reasons at both the Investigating Committee and final hearing stage. Regular refresher training for registrant and lay panel members takes place throughout the year. The last refresher training took place in July 2011 and a further session is due to take place in November 2011.

The learning points highlighted by CHRE in 2010-2011 have also been relied upon to structure appropriate case studies during training sessions with panel members and legal assessors during 2011.

2 Review the approach the approach that other regulators take to quality control and whether there is any learning for the HPC

The approach to quality assurance and control has been considered as part of the Executive's review of the CHRE performance review for 2010-11.

3 Further review the service level standards within the team

A review of our service level standards is due to be undertaken before the end of the year to ensure that our standards are sufficiently rigorous – this review will be undertaken across all of the department's functions.

4 Training provided to the team on what should be included in file notes

A fitness to practise workshop for the case management team took place on 12th September 2011 on 'audit learning' which pulled together learning from the CHRE audit and internal file audits and provided a refresher on various areas of file and case management. During the course of this session, training was provided on file notes, focussing on what should and shouldn't be included in them.

5 On-going training on what should be communicated via the telephone

It is planned that this training will be incorporated into a fitness to practise workshop later in the year. Work has begun on collating information to incorporate into this training. In order to assist the team long term we aim to produce a comprehensive list of FAQs that would cover a wide range of general points. We are also aware that consistency when communicating with individuals over the telephone is particularly important.

6 Review the feasibility of sending questionnaires to registrants and complainants

This work is due to be commenced in the New Year.

7 HPC legislative framework and fitness to practise in the round.

Given the work that the Law Commission are undertaking in this area no further work will be undertaken for the time being.