

# Monitoring and reviewing the performance of regulators



**Douglas Bilton**

**Research and Knowledge  
Manager**

**4 October 2014**



# The Professional Standards Authority

We promote the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and voluntary registration of people working in health and care in the UK.

We are an independent body, accountable to the UK Parliament.

As part of our work we:

- Oversee nine health and care professional regulators and report annually to Parliament on their performance
- Can appeal regulators' fitness to practise decisions to the courts if they are unduly lenient and it is in the public interest
- Conduct research and advise the four UK governments on improvements in professional regulation
- Promote right-touch regulation and publish papers on regulatory policy and practice
- Conduct reviews in other countries

# The regulators

| Regulator                                  | No. of registrants |
|--|--------------------|
| General Chiropractic Council               | 2,959              |
| General Dental Council                     | 103,765            |
| General Medical Council                    | 259,826            |
| General Optical Council                    | 24,421             |
| General Osteopathic Council                | 4,810              |
| General Pharmaceutical Council             | 71,221             |
| Health and Care Professions Council        | 322,037            |
| Nursing and Midwifery Council              | 680,858            |
| Pharmaceutical Society of Northern Ireland | 2,155              |

# Structure of this presentation

- Set out the performance review process, including how performance is assessed against our standards of good regulation
- Discuss how we go about commissions to review performance of regulators in other countries
- Suggest some ways in which performance review may change in future

# The performance review process

- It enables improvements in the work of the regulators, as we identify strengths and areas of concern in their performance and recommend changes
- It informs people about how well the regulators are protecting the public and promoting confidence in health professionals in the UK and social workers in England
- It enables us to identify and promote good practice in professional regulation

# The Standards of Good Regulation

Structured around the Standards of Good Regulation, covering the four main functions of regulatory bodies:

- To set and promote standards that professionals must meet before and after they are admitted to the register
- Maintain a register of those professionals who meet the standards.
- Take appropriate action when a registered professional's fitness to practise has been called into question
- Ensure high standards of education for those training to be a health professional

# Standards of Good Regulation: guidance and standards

- Standards of competence and conduct reflect up to date practice and legislation. They prioritise patient safety and patient-centred care
- Additional guidance helps registrants apply the regulators' standards of competence and conduct to specialist or specific issues, including addressing diverse needs arising from patient centred care
- In development and revision of guidance and standards, the regulator takes account of stakeholders' views and experiences, external events, developments in the four UK countries, European and international regulation, and learning from other areas of the regulator's work
- The standards and guidance are published in accessible formats. Registrants, potential registrants, employers, patients, service users and members of the public are able to find the standards and guidance published by the regulator and can find out about the action that can be taken if the standards and guidance are not followed

## Stages of the process (September to May)

- Stage 1: The regulators provided written evidence of how they meet the Standards of Good Regulation
- Stage 2: The Authority examined and tested the regulators' evidence including using information collated from other sources, including our scrutiny of the regulators' fitness to practise decisions, complaints received from members of the public and others, and the third party feedback we received
- Stage 3: We wrote to the regulators with our requests for additional information or clarification of their evidence
- Stage 4: We held face to face meetings with each of the regulators to discuss our outstanding queries, areas of concern, and/or areas of good performance

## Stages of the process (continued)

- Stage 5: We considered any additional information provided by the regulators and reached a final view on their performance
- Stage 6: We drafted a report summarising our view on each regulator's performance. We shared the report with each regulator and asked for their comments on its factual accuracy
- Stage 7: We considered the comments made by the regulators and finalised each regulator's performance review report. We also produced an overarching report which included our views on emerging themes and issues in health and care professional regulation

# Evidence: example from General Osteopathic Council

The GOsC:

- Produced new guidance addressing issues of significance for registrants; including three new pieces of guidance on patients' capacity to give consent (one each for England and Wales, Scotland and Northern Ireland)
- Worked with partners including the BOA and NCOR to develop a resource to categorise the types of risks involved in delivering osteopathic care, and they types of complaints made about osteopaths
- Reviewed how its core guidance (the Osteopathic Practice Standards) has been implemented since its introduction in September 2012
- Promoted its guidance through its monthly e-bulletin, bi-annual fitness to practise e-bulletin and bi-monthly magazine, and developed e-learning resources to help registrants put osteopathic practice standards into practice

# Evidence assessment

Standards are either:

- Met
- Not met
- Inconsistently met

Additionally, we can identify:

- Improvement
- Good practice

# Evolution of the standards

- Development over the past ten years
- Last reviewed in 2009-2010
- Included a 12 week public consultation, contacting over 250 organisations: patient and public representative groups, system and professional regulators, professional associations, employer and education representative organisations, members of our public stakeholder network
- 31 responses: three members of the public; two from patient and public representative groups, 11 professional associations, four UK health departments, seven health professional regulators, one education, one employer, two others.
- More detail on this process on our website

# International performance review

- Similar process
- Standards are adapted to fit the legislation (RCDSO, 2013):

*From: “In development and revision of guidance and standards, the regulator takes account of stakeholders’ views and experiences, external events, developments in the four UK countries, European and international regulation, and learning from other areas of the regulator’s work”*

*To: “In development and revision of guidance and standards, the regulator takes account of stakeholders’ views and experiences, external events and developments, international regulation and good practice, and learning from other areas of its work”*

- We reach conclusions, offer recommendations and publish our findings. Report contains description of regulatory arrangements to promote learning

# The future

- A review of the performance review process is underway, and there will be a public consultation early in 2015
- Regulatory reform and development may result in a different approach to performance review – how?

---

Douglas Bilton  
douglas.bilton@professionalstandards.org.uk  
[www.professionalstandards.org.uk](http://www.professionalstandards.org.uk)

