Freedom of Information Act – Disclosure Log

Date of Disclosure	Freedom of Information Request	Information released
1 May 2018	The following request was made: Please tell me if there has been any recorded progress in making regulators accountable for their role as protectors of the public? I am minded to ask after your report 'Dishonest Behaviour by Health Care Professionals'? Regulators appear to protect their fee paying registrants, who keep the regulators in business against the public good. The regulators of the regulator seem no better at protecting the public. 4 May 2018 - How does Parliament oversee the work? How often does the Health Committee call your Authority to account? When was the last time it appeared in front of the Health Committee?'	We provide the following response: We are disclosing the following information; • Relevant correspondence between the Authority and the SoH particularly that in relation to CEASE therapy • The panel summary • The annual review decision and summary report. We have redacted personal information contained within emails and documents. We consider that this information is exempt under section 40 (2) Regulation 13 (1) of the Freedom of Information Act. The redacted information relates to personal data which would identify individuals. We have decided to withhold: • Annual review application and application query sheets • Risk matrix This information is exempt from disclosure under section 36(2) of the FOIA and is therefore being withheld. This is because the release of this information would contravene subsections 2(b)(ii) and 2(c); where disclosure: “would, or would be likely to, inhibit— (2)(b)(ii)the free and frank exchange of views for the purposes of deliberation, or (c)would otherwise prejudice, or would be likely otherwise to prejudice, the

		effective conduct of public affairs. This section of the FOIA is subject to the 'public interest test' being performed. Consequently, it is our obligation under section 2(2)(b) to consider whether or not 'in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information'. We believe that if we were to release the information, organisation's would be unwilling to provide the information necessary to enable a free and frank exchange of views during the annual review process and would be unwilling to share confidential or commercially sensitive information, if this is likely to be disclosable under future FOIA requests. This would prevent us from performing our statutory duty under the National Health Service Reform and Health Care Professions Act 2002, section 25G as inserted by the Health and Social Care Act 2012, section 229. We believe that the public interest in the Authority being able to perform our statutory duty of annual review outweighs other public interest considerations and therefore we are maintaining the exemption. 7 June 2018 We are disclosing the following information for the period commencing 2 May 2018; • Relevant correspondence between the Authority and the SoH particularly that in relation to CEASE therapy We have redacted personal information contained within emails and documents. We consider that this information is exempt under section 40 (2)

		Regulation 13 (1) of the Freedom of Information Act. The redacted information relates to personal data which would identify individuals. We have decided to withhold: • • Draft position statements • • Risk matrix This information is exempt from disclosure under section 36(2) of the FOIA and is therefore being withheld. This is because the release of this information would contravene subsections 2(b)(ii) and 2(c); where disclosure: *"would, or would be likely to, inhibit—* *(2)(b)(ii)the free and frank exchange of views for the purposes of deliberation, or* *(c)would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs.* This section of the FOIA is subject to the 'public interest test' being performed. Consequently, it is our obligation under section 2(2)(b) to consider whether or not 'in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information'.
25 May and 7 June 2018	The following request was made: I request copies of correspondence between the Society of Homeopaths (SoH) and the Professional Standards Authority (PSA) commencing with the SoH application for reaccreditation. I am particularly interested in correspondence that relates to CEASE therapy. If ignoring correspondence that does not relate to it eg administrative back and forth would help expedite the request, that would be fine. I also request minutes of any relevant internal PSA meeting were the SoH and CEASE especially were	We provide the following response: The information requested in the first part of your request regarding accreditation status is exempt under Section 21 of the Freedom of Information Act as this information is already available in the public domain. This information can be found on the Authority's website on the Panel decisions

		discussed. Likewise, any meeting between the PSA and the SoH. Also, I make a prospective request for any relevant correspondence/minutes up until the publication or otherwise of the SoH's position on CEASE therapy. The accreditation team are aware of my interest in this matter. Although it should not prejudice my request, my intention is publish on my blog on the day of the SoH publication of their position a detailed analysis of it. And an analysis of problems with regulation - which in the case medically unqualified practitioners stem from inadequacies in legislation. I hope to be able to get media interested but it may be beneath their notice. I would be happy to receive information on a piecemeal basis than wait for entirely of information.	page. https://www.professionalstandards.org.uk/what-we-do/accredited-registers/read-our-assessments/panel-decisions In response to the remainder of your request, the Authority is not a complaints handling body and therefore we do not hold any information in relation to this. We do receive information through our 'Share your experience' process, but these are not formal complaints against the registers. We have decided to withhold individual 'Share your experience' feedback as we consider this information exempt under section 40 (2) Regulation 13 (1) of the Freedom of Information Act as it relates to personal data which would identify individuals. The current UKCP accreditation report can be found on the panel decisions page of our website. This provides a summary of the concerns we have received during the past accreditation year about UKCP. I have also attached the panel decisions for previous years from 2013 – 2017. Please note the 'Share your experience' process was previously known as 'Call for information' prior to 2016. The information requested in the first part of your request regarding accreditation status is exempt under Section 21 of the Freedom of Information Act as this information is already available in the public domain. This information can be found on the Authority's website on the Panel decisions page. https://www.professionalstandards.org.uk/what-we-do/accredited-registers/read-our-

		assessments/panel-decisions In response to the remainder of your request, the Authority is not a complaints handling body and therefore we do not hold any information in relation to this. We do receive information through our 'Share your experience' process, but these are not formal complaints against the registers. We have decided to withhold individual 'Share your experience' feedback as we consider this information exempt under section 40 (2) Regulation 13 (1) of the Freedom of Information Act as it relates to personal data which would identify individuals. The current UKCP accreditation report can be found on the panel decisions page of our website. This provides a summary of the concerns we have received during the past accreditation year about UKCP. I have also attached the panel decisions for previous years from 2013 – 2017. Please note the 'Share your experience' process was previously known as 'Call for information' prior to 2016.
5 June 2018	The following request was made: We have noted that you have suspended from your register (we understand it to be a voluntary one) the UKCP for a period of time. We are not aware of whether you have now reinstated the UKCP so could you please so advise. Further, we would like to know what is the position with regards to complaints made about the UKCP in the course of the last few years. We would like details of each and every complaint as we ourselves are acting for two sets of people who do have such complaints.	We provide the following response: 1.) What financial accounting software do you use? Sage 50 Accounts 2.) Who supplies your financial accounting software (name of vendor or supplier)? Sage 3.) What was the original date of purchase or contact start date for your accounting software? May 2008 (over 10 years) 4.) When is the contact renewal or expiry date for your accounting software? October 2018

		5.) If relevant, what is the cost of annual support and maintenance (last financial year April 2016-March 2017) for your accounting software? £1,936 6.) Is Your IT in-house or outsourced, if outsourced, who is it outsourced to, and when is this contract up for renewal? In house 7.) Could you confirm if your organisation has any applications (computer systems) running on the Fujitsu (formerly ICL) VME operating system? No 8.) If so, please list the names of these applications and their main role within your organisation? N/A 9.) Please also confirm if you have applications; a) Operating on any other legacy platform such as OpenVME, IBM iSeries or written in legacy code such as Powerbuilder, COBOL etc. ? No b) Any operating system considered expensive or (technically) challenging to enabling digital transformation? No c) That are critical to the business but are at risk due to the scarcity of ageing support personnel or limited documentation? No 10.) Please confirm if these applications have been developed in-house i.e. they are bespoke to your organisation and that you own the source code. N/A
22 June 2018	The following request was made: I am writing to you under the Freedom of Information Act 2000 to request information concerning the types of accounting software and applications that may be in use by your organisation. If it is not possible to provide the information requested, please provide advice and assistance, as to how I can refine my request to be included in the scope of the Act.	We provide the following response: We provide the following response: In response to your request for information, from 01 July 2013 to 31 December 2015 we appealed 45 cases, and withdrew 5 of these. From 01 January 2016 to date we have appealed 30 cases, but withdrew 3

	1.) What financial accounting software do you use? 2.) Who supplies your financial accounting software (name of vendor or supplier)? 3.) What was the original date of purchase or contact start date for your accounting software? 4.) When is the contact renewal or expiry date for your accounting software? 5.) If relevant, what is the cost of annual support and maintenance (last financial year April 2016- March 2017) for your accounting software? 6.) Is Your IT in-house or outsourced, if outsourced, who is it outsourced to, and when is this contract up for renewal? 7.) Could you confirm if your organisation has any applications (computer systems) running on the Fujitsu (formerly ICL) VME operating system? 8.) If so, please list the names of these applications and their main role within your organisation? 9.) Please also confirm if you have applications; a) Operating on any other legacy platform such as OpenVME, IBM iSeries or written in legacy code such as Powerbuilder, COBOL etc. ? b) Any operating system considered expensive or (technically) challenging to enabling digital transformation? c) That are critical to the business but are at risk due to the scarcity of ageing support personnel or limited documentation? 10.) Please confirm if these applications have been developed in-house i.e. they are bespoke to your organisation and that you own the source code.	of these. I hope this answers your request.
22 June 2018	The following request was made: As background for a blog I have been asked to find out how many appeals the PSA has made in the two and half year period leading up to the Medical Act 1983, s40A coming into force in December 2015, and then for comparison, the number of appeals in the period since to date. So that is from 01 July 2013 to 31 December 2015 and then from 01 January 2016 to date. I have looked at the information on your website at this page: https://www.professionalstandards.org.uk/what-we-do/our-work-with-regulators/decisions-about-practitioners/cases-appealed This has given me the judgments for decided cases, but my colleagues have asked if we could please have the full figures for cases *initiated* as well as decided, as we understand some appeals may have been initiated but later discontinued before reaching judgment or could still be at an early stage in the proceedings and not yet have received judgment or even a hearing date. I have looked at your FOI disclosure log and could not see that this information has already been provided so I would be very grateful for	We provide the following response: We consider that the information you have requested is exempt under s21 of the Freedom of Information Act. This is because the information reasonably accessible to you by other means. The Authority has already provided the information you have requested to the Gosport Independent Panel, who have published it in their achieve. This can be found here https://www.gosportpanel.independent.gov.uk/document-library/ . Please note that the Authority did not provide the Panel with a copy of the transcripts of the GMC's fitness to practise

	complete figures if you have them.	hearing as the GMC had already done so these can be found under the GMC's submissions within the document library.
12 July 2018	The following request was made: Please provide all records relating to CHRE's consideration of the GMC's fitness to practise decision in the case of Dr Jane Barton, Gosport War Memorial Hospital (GWMH), including, without limitation:- reasons for the CHRE's decision not to exercise its right of appeal to the High Court - records of any internal meetings to discuss the case - records of the formal case meeting - all internal notes, memos, and legal advice relating to the case - all internal emails relating to the case - all correspondence (emails and letters) with the GMC about the case - records of any meetings with the GMC about the case - all correspondence (emails and letters) with the Department of Health about the case - records of any meetings with the Department of Health about the case - all correpondence (emails and letters) with GWMH about the case - records of any meetings with GWMH about the case - records of any declarations of interest relating to GWMH, GMC, or any other relevant party	We provide the following response: 1. All of these may be the basis for an appeal. 2. Only sanctions considered not sufficient for public protection (too lenient) can be appealed by the Authority. 3. For decisions that can be appealed by a registrant, this is 40 days after the registrant's 28-day appeal period. For decisions that cannot be appealed by the registrant we have 56 days both of these are calendar periods. This information is set out in s29 of the National Health Service Reform and Health Care Professions Act 2002 for more information this can be found here http://www.legislation.gov.uk/ukpga/2002/17/section/29 4. The Authority is usually notified within seven days by the MPTS providing an electronic copy of its decision to the Authority. 5. The Authority considers all of these except audio recordings of hearings. 6. We do not discuss appeals with the GMC and/or the GMC's counsel, but we do invite comments in writing before deciding to

		appeal. 7. It is not possible to say how many Authority employees are involved in looking at individual cases because they are all treated differently depending on circumstances, but a team of 10 staff in total is involved in reviewing the FtP decisions of all the regulators we oversee. A lawyer is always involved in consideration of any appeal. 8. There is no difference in the manner in which the Authority considers an appeal against a MPTS decision, unless the GMC has already decided to appeal the decision, in which case the Authority cannot appeal itself, only join the GMC's appeal in certain circumstances. More information can be found in s40B of the Medical Act http://www.legislation.gov.uk/ukpga/1983/54/contents. Please see the attachment included with this response for specific details. More information about the Authority's s29 Processes and guidelines can be found here https://www.professionalstandards.org.uk/docs/default-source/section-29/section-29-general/decisions-about-regulated-practitioners.pdf?sfvrsn=41267e20_16

13 July 2018	The following request was made: 'I would like to understand the process involved in the Professional Standards Authority (PSA) appealing against a decision of the Medical Practitioners Tribunal Service (MPTS). 1. Does the PSA appeal against the determination on the facts of a case, against the determination on impairment and against the determination on the sanctions, or against only some of these determinations, and if so which ones? 2. Does the PSA appeal only if the PSA believes that the MPTS has imposed a sanction that the PSA considers to be too lenient or does the PSA ever appeal if it considers that the MPTS has imposed a sanction that is too severe? 3. After a MPTS determination, how many days does the PSA have in which to appeal? Please state whether those are calendar days or working days. 4. How rapidly is the PSA notified of the determinations of a MPTS tribunal and by what method is the determination in a case notified to the PSA? 5. What information is considered by PSA when deciding whether to appeal? Does the PSA consider the following information in all cases, no cases or some case (and if in only some cases please provide information on the proportion of cases in which the information is considered) a) Written determinations, b) Transcripts of testimony and cross examination of witnesses, c) Auditory recordings of testimony and cross examination of witnesses, d) Witness statements whether or not accepted without appearance of a witness, e) Other documents and evidence files? 6. When considering whether to appeal a MPTS determination, does the PSA discuss the appeal with the General Medical Council (GMC) and/or the GMC's counsel in the case?	We provide the following response: In response to your first follow up query, please refer to the scrutiny process contained within the s29 process and guidelines document. The amount of documentation considered in an individual case depends on the level of scrutiny, i.e. cases closed with no concerns at an early stage may only involve consideration of the written decision, those where we have identified concerns and that are being considered at a case meeting will include consideration of everything in the Authority's possession. More information about the Authority's s29 Processes and guidelines can be found here https://www.professionalstandards.org.uk/docs/default-source/section-29/section-29-general/decisions-about-regulated-practitioners.pdf?sfvrsn=41267e20_16 In response to your second follow up question, the number of staff involved in scrutinising an individual decision will depend on the level of scrutiny. A case with few concerns may only be scrutinised by one staff member. A case going to a case meeting may involve five or six staff members before a decision to appeal is made. This relates to the stages of the scrutiny process as set out in the s29 process and guidelines document.

	7. How many PSA employees are involved in assessing each MPTS determination and is a PSA lawyer always involved in making the decision whether to appeal? 8. Are there any differences in the manner in which the PSA's consideration of an appeal against a MPTS determination differs from the manner in which the PSA considers an appeal against the decision of fitness to practise tribunals of other healthcare regulators?	Please see below in response to your additional questions: 9. In the calendar year of 2017, the Authority looked at 4346 cases. Of those, 408 were GMC cases. Therefore, we considered 3938 cases from the other 8 regulators. 10. As above, this is a graduated process and is dependent on the level of scrutiny. 11. We are unable to provide you with the date ranges as this is not detailed in our database and therefore not recorded information. 12. Six of the scrutiny team have law degrees and five are solicitors. We have various regular training sessions and use internal documents and manuals to ensure consistency, but these are not disclosable.
24 July 2018	The following request was made: In response to my question 5 below, you replied "The Authority considers all of these except audio recordings of hearings." That only answers part of my question. I also asked whether all documents and evidence (i.e. written determinations, transcripts of oral evidence, witness statements and other documents) were considered in all cases or only in some cases, and if in only some cases please provide information on the breakdown into proportion of cases when each was considered. For example, in some cases is only the determination reviewed and if the sanction seems sufficient to the reviewer, no further action is taken? In response to question 7 you have said that there is a team of 10 involved in reviewing FtP decisions of all regulators, but it is not possible to say how many employees are involved in looking at individual cases.	We provide the following response: Please see below in response to your additional questions: 1. Initial reviews involve consideration of the panel's decision only 2. A case review is not an initial review and always involves consideration of other documentation besides the panel's decision, such as transcripts, exhibits etc. 3. We do not hold the information you have

	This missing information is pertinent to my understanding of the procedure used by PSA in determing whether to appeal a decision. So I would be grateful for responses on those points. May I ask some additional questions? 9. How many GMC cases did the 10 PSA employees consider in 2017 and how many cases from other healthcare regulators did they consider? 10. Does the PSA use a screening procedure or quick look at written determinations and decide not to review further evidence or does the PSA review every document in all cases? 11. You have said in response to question 4, "The Authority is usually notified within seven days by the MPTS providing an electronic copy of its decision to the Authority." What are the ranges of times (i.e. shortest and longest) for the MPTS to provide the PSA with the electronic copies of determinations and similarly what are the ranges of time for the PSA to receive copies of all paper documents? 12. What training have those who review the documents from MPTS and other regulators had in assessing whether an appeal is appropriate and do they have guidelines to use to insure consistent treatment of cases across regulators? My purpose in asking these questions is an attempt to understand the rigor and consistency with which the PSA looks at a case in order to determine whether or not to appeal, given the short time available and the large amount of documents generated (tens of thousands) in some cases that have gone on for months after GMC investigations that lasted years.	requested, however you may find it useful to look at our annual report section titled 'Fitness to practise' which can be found on our website https://www.professionalstandards.org.uk/publications/detail/health-professional-regulation-a-long-view-with-annual-report-and-accounts-2017-2018 4. As previous response, we do not hold this information but you may find it useful to look at our annual report. More information about the Authority's s29 Processes and guidelines can be found here https://www.professionalstandards.org.uk/docs/default-source/section-29/section-29-general/decisions-about-regulated-practitioners.pdf?sfvrsn=41267e20_16
7 August 2018	The following request was made: 'From reading the replies from PSA and reading the Authority s29 Processes and Guidelines, I understand that the initial stage of the Authority looking at the cases considered by the MPTS or by a tribunal of another healthcare regulator is for a single member of the PSA staff to read the written determination or decision of the MPTS tribunal or of other regulators. If the single staff member who does that initial	We provide the following response: We have no written record of communication between ourselves and the Medicines and Healthcare Products Regulatory Agency (MHRA) or between the MHRA and the Society of Homeopaths pertaining to the interpretation of

	review decides to refer the case to a case meeting, only then may further documents be reviewed by the larger group. 1. Have I understood that correctly or does the individual performing the initial review look at other documents / evidence additional to the MPTS (or other regulators') determinations? 2. Does the case review always consider other documents / evidence or does it ever rely purely on the determination of the MPTS or other regulators? 3. In 2017, of the 408 GMC cases considered, how many were terminated by the initial reveiwer reading only the MPTS determination? How many were terminated by the single initial reviewer looking at additional documents? How many (presumably the reminder) were terminated by a case review? How many of those case reviews considered only the determination of the MPTS without reviewing additional documents and / or evidence? 4. In 2017, what were the comparable figures, as per question 3, for the 3938 cases from the other 8 regulators?'	Section 10 of the *Medicines Act 1968* and therefore we are unable to provide this under the FOIA. However, we have previously released information under FOIA which may relevant to your request. This relates to correspondence which relates to the accreditation of the Society of Homeopaths to the Accredited Register programme. It includes information between the Authority and the Advertising Standards Authority and the General Pharmaceutical Council. We have redacted information which relates to personal data which would identify individuals from this documentation. We consider that this information is exempt under section 40(2) Regulation 13(1) of the Freedom of Information Act. Further information regarding section 10 of the Medicines Act 1968 can be found in the report of the original accreditation decision. This document is attached and searchable. I have also included attached a copy of the letter, from Earl Howe regarding the Medicines Act 1968, which was referred to in the Panel's decision. However, as the only version of this we have is scanned we are unable to provide it in a searchable format.
14 August 2018	The following request was made: 'I request copies of correspondance between the PSA and the MHRA, the PSA and the Society of Homeopaths and possibly the MHRA and the Society of Homeopaths pertaining to the interpretation of Section 10 of the *Medicines Act 1968*.	We provide the following response: We have completed the information in the attached template in as far as we are able to. We are unable to provide the other information as we

	In way of explanation, on their Find a Pharmacy webpage, the Society of Homeopaths state - Although homeopaths prescribe remedies, they do not sell them. Only pharmacies regulated by the General Pharmaceutical Council can sell most of the homeopathic medicines available in the UK. These remedies are mostly classified as unlicensed medicines and are prepared in accordance with the standards of official homeopathic pharmacopoeia, which describes the manufacturing procedure and provides assurances of safety and quality. Pharmacies and pharmacists may legally supply unlicensed remedies to individual patients, and they may be ordered either by telephone or through the internet, or by going to the pharmacy in person. Being familiar with the furore surrounding the consultation for and subsequent enactment of the *Human Medicines Regulations 2012* in relation to homeopathic medicines as well as various statements by individual homeopaths and their trade associations, it seems very unlikely that the Society of Homeopaths reached the above conclusion on their own. If it helps, I'm after the "smoking gun" - the communications that spells out the above to the Society of Homeopaths.'	do not classify information in this way and therefore it is not recorded information that we hold.
20 August 2018	The following request was made: 'Please could you provide me with information about your organisation's ICT expenditure as detailed in the attached template. I have tried to find this information in your organisation's published data, but was unable to find the level detail I require. Within the response, please include: - Expenditure from all parts of your organisation (centralised IT and departmental IT);	We provide the following response: 1. A detailed case review takes place when the initial reviewer considers that there are concerns about a particular decision. The review is carried out either by a lawyer employed by the Authority or by an external lawyer. The lawyer considers all the material that was in front of the panel and a transcript of the hearing, together with anything else

	- As well as your own organisation, expenditure for any subsidiary organisations that fall within the scope of your accounts; and, - Both revenue (or operating) expenditure and capital expenditure.'	that is supplied by the regulator or a third party. The aim of the review is to identify whether the concerns are valid or not and, indeed, whether there are other issues that suggest that the decision may be insufficient to protect the public. The length of time that the review takes will depend on the nature of the concerns and the complexity and length of the case but typically will take between two and five days. The review is considered by the Authority's Director of Scrutiny and Quality who can close the case if he considers that the decision is, in fact, not insufficient to protect the public. If he thinks that the decision may be insufficient, he refers it to the Chief Executive who decides whether to call a case meeting. A case meeting involves the Chief Executive or another member of the Authority's Board and two senior members of the Scrutiny and Quality team. They are advised by an external legal adviser. They have the same material before them that was considered in the Detailed Case Review, together with any observations from the regulator. The meeting considers the papers and decides (a) whether the decision is insufficient to protect the public and (b) if it is, whether the Authority should refer it to the court. Case meetings typically last between one and two hours. 2. In 2017, there were 7 case meetings that involved doctors. Of those case meetings, 4 involved 2 cases heard at the same time as

		they were linked. Out of the 7 case meetings, 3 were referred to the High Court. We had 19 NMC case meetings. Of those case meetings, 3 involved 2 cases heard at the same time as they were linked. Out of the 19 case meetings, 6 were referred to the High Court. We had 1 GOsC case meeting. We had 2 GDC case meetings. We had 1 GCC case meeting. We had 6 HCPC case meetings. Of those, 1 was referred to the High Court. 3. Our role is to consider whether decisions are sufficient to protect the public. It is very difficult to consider whether regulators are consistent or not because every case is different and different professionals have different roles and responsibilities and act in different contexts. 4. Panels decide cases on the particular facts in front of them and they have a duty to consider whether the public interest (in which they must include the importance of maintaining standards and ensuring public

		confidence in the profession) requires a sanction. Each case will be different and there is often no single "right" answer in any situation. We are not aware of evidence which shows that any one regulator takes a consistently more lenient approach than another. We were recommended to examine this in the Williams Review of Gross Negligence Manslaughter in Healthcare and are examining how this can be determined given that the facts in each case will be different and different considerations will apply.
30 August 2018	The following request was made: '1. I would like a simple explanation of the difference between a case review and a case meeting. I have looked at the Authorities s29 process and guidelines and it is not at all clear what the difference is. So please do not just redirect me to that link. I appreciate that things may vary from one case to another, but I would like to know the numbers of people involved in a case review and in a case meeting, their qualifications and seniority, what sorts and amounts of evidence is considered at each and how long they take (range of times). 2. I understand from your website that in 2017 there were 35 case meetings. How many of those were about doctors / MPTS hearings? What was the breakdown of the other case meetings not involving doctors / MPTS (i.e. how many NMC cases, GDC cases, etc)? If you say that you do not hold this information, I suggest that it would not take long to go through 35 cases to get the information. 3. In response to my previous question 3, in my email dated 29 July below, you said that you do not hold the infrmation. Why do you not hold it? It seems to me that that is fairly fundamental information for someone trying to insure that there is comparability across regulators.	We provide the following response: Thank you for your letter dated 22 June 2018 which we received on 9 July 2018 in which you ask for our complete file on MRSA including mandatory reporting. Unfortunately, we do not hold any information relating to your request. The role of the Professional Standards Authority is to 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. We are an independent body, accountable to the UK Parliament. We oversee the work of nine statutory bodies, that regulate health professionals in the UK and social workers in England. We review the regulators' performance and audit and scrutinise their decisions about whether people on their registers are fit to practise. We

	4. What is the PSA's position with respect to one regulator (say the NMC) consistently removing practitioners from their register in order to maintain the reputation of the profession even when they say that they believe that a practitioner is no more likely to reoffend than any other practitioner, whereas another regulator (say the MPTS) takes a more lenient view. For example, with respect to the death of Jack Adcock in Leicester, when Dr Bawa Garba and nurse Amaro were both found guilty of Gross Negligence Manslaughter, the the NMC decided that nurse Amaro should be struck off the register to protect the reputation of the profession even though they said that they did not believe that she would make similar errors again or be a danger to the public, yet the MPTS suspended Dr Bawa Garba for only one year having reached the same conclusions about future risks she posed.'	can refer final fitness to practise panel decisions to court where we believe the decision was insufficient to protect the public; maintain public confidence in the profession; and/or maintain proper professional standards. It is my understanding that the management and reporting of Healthcare Associated Infections (HCAI) is currently managed by Public Health England (PHE). You can write to PHE here; Public Health England Wellington House 133-155 Waterloo Road London SE1 8UG United Kingdom Alternatively, you can call them on 020 7654 8000.
10 July 2018	The following request was made: Request for complete file on MRSA including mandatory reporting.	We provide the following response: In response to point one of your email below, this does not fall within the scope of a Freedom of Information request as it is not a request for recorded information. With regards to point two, to clarify the points you mention, two cases heard at the same time mean there was one meeting that involved two different doctors. The doctors may have had their hearings with the MPTS heard at the same time or their cases overlapped as they may have concerned the same patient or location at the same time. The three referrals involved three individual

		doctors. Similarly, the NMC cases would have had one case meeting discussing two nurses. Their cases may have been heard at the same time due to same concerning issues (same patient, same location, etc.) The six referrals involve six separate nurses. One of the referrals involves a nurse that we had a case meeting concerning two nurses but we decided to refer one nurse to the court and not the other. In response to points three and four, this does not fall within the scope of a Freedom of Information request as it is not a request for recorded information.
4 September 2018	The following request was made: 1. You have previously said that the initial review is based on the tribunal decision (in the case of the MPTS they are called "the detrminations"), which I know are usually about 30 pages long. In response to my most recent FOI you stated that typically a case review lasts between two and five days and that a case meeting typically lasts between one and two hours. I know that some MPTS hearings can last for months. For example, the last hearing that I was involved in lasted three months. I gave evidence for three full days and provided more than 32,000 pages of documents. Please explain how the PSA can review such a case and reach a considered decision in the time that you have indicated, particularly when you said previously that you do not discuss the case with those involved in prosecuting the case at the appropriate regulators even though they know the details of the case and events at the tribunal well. 2. In your response numbered (2) you said "In 2017, there were 7 case meetings that involved doctors. Of those case meetings, 4 involved 2 cases heard at the same time as they were linked. Out of the 7 case meetings, 3 were refrerred to the High Court." The phrase "2 cases heard at the same time" is confusing. Does "2 cases" mean two doctors or two hearings? Put differently, when you say 4 (case meetings) involved 2 cases, do you mean that each of those 4 case meetings involved considering 2 hearings of 2 different different	We provide the following response: We have attached copies of our organisational structure and the salary grades for the roles with in the organisation. The salary for our Chief Executive, Directors and the remuneration for our Board members are all publicly available through our annual report which can be found here https://www.professionalstandards.org.uk/docs/default-source/publications/annual-reports/professional-standards-authority-annual-report-accounts-2017-18.pdf?sfvrsn=10257220_4

	doctors, or each involved considering 2 different hearings of the same doctor, or each involved considering one hearing of two different doctors? When you said "Out of the 7 case meetings, 3 were referred to the High Court", do you mean three doctors? I would be grateful if you would also clarify the similarly ambiguous statements related to the NMC case meetings, in which 3 involved 2 cases (i.e. 2 nurses at 2 separate NMC hearings, 2 hearings of the same nurse, or one hearing of two nurses). Were 6 nurses refered to the High Court? If not how many were? 3. Does the PSA believe that it is possible to maintain confidence in healthcare regulators in general if there is inconsistency in sanctions that each regulator applies? 4. When you state that "there is often no single "right" answer in any situation" is that the official view of the PSA?	
13 September 2018	The following request was made: I am requesting any information you may have to determine the organisational structure and salary grades for each role in your organisation. Can this please include specific job titles linked to salary/salary grades, as well as any reporting lines.	We provide the following response: We do not hold any information in relation to your request. The role of the Authority's Accreditation team is to assess organisations that register health and social care practitioners who are not regulated by law, we do not accredit institutes or courses. This is done on a voluntary basis and organisations apply directly to us and I can also confirm we have had no contact with the FTCMP. More information about our work with accredited registers can be found here https://www.professionalstandards.org.uk/what-we-do/accredited-registers
14 September 2018	The following request was made: Shulan College of Chinese Medicine claims to be accredited by the Federation of Traditional Chinese Medicine Practitioners (FTCMP) for offering all courses.	We provide the following response: 1. The information you have requested is exempt under the FOIA under s21 that the

	Ref. link : http://www.shulancollege.co.uk/ Request you to refer to our query as under and reply to the same at the earliest, your reply in this regards would be highly appreciated. Please confirm whether the above-mentioned institute is/was ever Accredited/Recognized by your authority. If "YES" If yes please confirm the duration when the above institute was Accredited/Recognized and for what programs. If yes, please confirm the accreditation/recognition status for the current year as well as for the year of passing mentioned above and for the course mentioned above. If NO Please confirm if you have any information about the existence about the Institute (please select one of the relevant options from below): Yes – Please provide the address and the duration that the Institute No – Institute never existed and hence a degree mill No Information If the Institute / Course does not fall under your purview for Accreditation / Recognition, then please direct us to the right governing body.	information is in the public domain and is reasonably accessible as the is published in the Authority's annual report. For ease of locating this information the Annual reports for 2014 onwards can be found here https://www.professionalstandards.org.uk/about-us/our-annual-reports. Please find the annual reports for 2008/9 – 2013/14 attached to this response. 2. We consider that the information you have requested is exempt under s40 of the FOIA, in that to provide with this information contains personal information which would identify others.
5 November 2018	The following request was made: 1. The number of settlement/compromise agreements/non-disclosure agreements agreed between the Authority and its employees over the last ten years. 2. The number of settlement/compromise agreements/non-disclosure agreements which relate to former employees of the Scrutiny and Quality Team over the last ten years.	We provide the following response: We do not hold the information you have requested in questions 1 – 8.
5 November 2018	The following request was made: 1. The number of ethnic minorities employed by the Authority, as a proportion of the Authority's total number of employees, for the current financial year. 2. The number of ethnic minorities employed by the Authority in positions of management (Heads and above), as a proportion of the total number of employees in positions of management, for the current financial year (and for the last ten years). 3. The number of ethnic minorities employed by the Authority over the last ten years.	We provide the following response: We do not hold the information you have requested.

<table>
<tr><td></td><td>4. The number of ethnic minorities employed by the Authority in management positions over the last ten years.
5. The number of ethnic minority employees who have left the Authority over the last ten years.
6. The number of ethnic minority employees in positions of management who have left the Authority over the last ten years.
7. The number of ethnic minority employees at the Authority who have been subject to the Authority's disciplinary procedures (at any stage) over the last ten years.
8. The number of ethnic minority employees who have raised grievances under the Authority's grievance procedures (at any stage including informal grievance) over the last ten years.</td><td></td></tr>
<tr><td>5 November 2018</td><td>The following request was made:

1. The number of ethnic minority employees of the Authority who, over the last ten years, have:
a) been offered a settlement/compromise/non-disclosure agreement by the Authority; and
b) signed a settlement/compromise/non-disclosure agreement with the Authority.</td><td>We provide the following response:

We have not used our s.29 powers of appeal in relation to any health professional convicted of gross negligent manslaughter to refer the final fitness to practise decision to the High Court.</td></tr>
<tr><td>22 November 2018</td><td>The following request was made:

'In regard to any health professionals convicted of gross negligent manslaughter and facing a fitness to practice panel, would you be kind enough to tell me whether the PSA has ever used its Section 29 power (of The NHS Reform and Health Care Professions Act 2002) to refer the final decision to the High Court (or its equivalent), please?'

If so, would you advise who were those professionals, and in each case when and why was the referral made; and what was the outcome, please?'</td><td>We provide the following response:

Please find attached our policy on the reporting of personal data breaches attached.
Please find a table of any incidents below for the last three years. We classify all breaches or potential breaches as red, amber or green as set out in the policy. Please note we include all breaches and potential breaches of our policies regardless of whether personal data was involved.

<table><tr><td>2015/16</td><td>5 incidents</td><td>All incidents classified green</td></tr><tr><td>2016/17</td><td>4 incidents</td><td>All incidents classified green</td></tr><tr><td>2017/18</td><td>9 incidents</td><td>All incidents classified green</td></tr></table></td></tr>
</table>

		In the last three years we have had no personal data breaches that met the criteria to report to the ICO. This information is published in our annual report each year and this can be found here https://www.professionalstandards.org.uk/about-us/our-annual-reports
10 December 2018	The following request was made: 'I would be grateful to receive information about how the PSA records, manages, and reports on data breaches/data security incidents internally. More information regarding our information security policies can be found on our website https://www.professionalstandards.org.uk/about-us/ask-us-for-information For the past three calendar years (happy to take 2018 to date) I would be grateful to know how many of these types of breaches you have recorded as an organisation and how many, if any, have been referred to the Information Commissioner. I'd like to know the outcome of any incidents reported to the Commissioner.'	We provide the following response: We are unable to provide the information requested as we do not classify information in this way and therefore it is not recorded information that we hold. We do not record cases by the requested reason (charge/allegation). Any cases concerning inappropriate sexual relationships or inappropriate sexual misconduct are recorded on the database with the charge/allegation failure to maintain appropriate professional boundaries and/or sexual misconduct. These are broad categories which capture any conduct alleged as sexually motivated or inappropriate. We also do not record whether the victim of the misconduct was a patient, colleague or member of the public.
15 February 2019	The following request was made: 'In the years 2016, 2017 and 2018 How many registered members have had their fitness to practise certificate withdrawn having had a case proved against them, for the following reasons	We provide the following response: In response to part one of your request please see the spreadsheet attached.

	1. Inappropriate sexual relationship with a patient/ or a person in there care/ or any person they have a professional relationship with 2. Inappropriate sexual misconduct with a patient or a person in there care/ or any person they have a professional relationship with Or any other sexually motivated conduct with a patient or a person in there care/ or any person they have a professional relationship with 'In regard to any health professionals convicted of *gross negligent manslaughter* and facing a fitness to practice panel, would you be kind enough to tell me whether the PSA has ever used its Section 29 power (of The NHS Reform and Health Care Professions Act 2002) to refer the final decision to the High Court (or its equivalent), please?' If so, would you advise who were those professionals, and in each case when and why was the referral made; and what was the outcome, please?'	In response to part two of your request, we do not hold any information that is not in the public domain. However, I have attached a copy of what we hold for your records.
28 February 2019	The following request was made: 'From this guidance, I understand that the Society of Homeopaths would have submitted various information to you as part of their revalidation submission. I request - • Society of Homeopaths member numbers (plus leavers and entrants) for as many years as possible. • Society of Homeopaths board minutes (have full minutes up until 312th meeting).'	We provide the following response: **1. Local Area Network** a) What Manufacturer is your LAN Network? **HP** b) What date does your support contract come up for renewal on the LAN Network? **N/A - We manage this in house so have no support contract** c) What is the current cost of the LAN Network Support? **N/A - We manage this in house so have no support cost** d) Which company is the support contract

		with? **N/A - We manage this in house so have no support contract** **2. Contacts** a) Who is responsible for ICT in the organisation and what are their contact details? **ICT manager (tahir.omar@professionalstandards.org.uk)** b) Who is responsible for ICT Infrastructure in the organisation and what are their contact details? **ICT manager (tahir.omar@professionalstandards.org.uk)** c) Who is responsible for ICT Purchasing in the organisation and what are their contact details? **ICT manager (tahir.omar@professionalstandards.org.uk)** **3. Staff** a) How many IT users do you have? **45** b) How many locations/offices do you have? **1**

13 February 2019	The following request was made: Could I please request the following IT information for The Professional Standards Authority for Health and Social Care under the Freedom of Information Act: **1. Local Area Network** a) What Manufacturer is your LAN Network? b) What date does your support contract come up for renewal on the LAN Network? c) What is the current cost of the LAN Network Support? d) Which company is the support contract with? **2. Contacts** a) Who is responsible for ICT in the organisation and what are their contact details? b) Who is responsible for ICT Infrastructure in the organisation and what are their contact details? c) Who is responsible for ICT Purchasing in the organisation and what are their contact details? **3. Staff** a) How many IT users do you have? b) How many locations/offices do you have?	We provide the following response: Please see the requested information attached. Where the sheets have been left blank there was no spend over £25 during that month therefore these are nil responses.

01 March 2019	The following request was made: I am looking for some assistance with your organisation's Spend/Transparency data, a vailable on the following weblink: https://www.professionalstandards.org.uk/about-us/ask-us-for-information/government-disclosure/spend-over-25k There appears to be no file available for the month of August 2015, September 2015, October 2015, December 2015, May 2016, June 2016, July 2016, August 2016, November 2016, December 2016, May 2017, August 2017, September 2017, November 2017, December 2017, February 2018, June 2018, November 2018 and December 2018. Could you advise when the file will be made available to view online? Would it be possi ble for you to email me a copy of those files?	We provide the following response: 1 - We did not have any temporary (agency) lawyers working on Monday 3 September. 2 - Please see table attached for a breakdown of the costs for temporary legal assistance the financial year 2016/17.
25 March 2019	The following request was made: 1 - How many lawyers were working on a temporary (agency) basis at the organisation on Monday 3rd September 2018? 2 - What was the total spend by your organisation on temporary (agency) legal professionals during the financial year 1/4/16 to 31/3/17?	We provide the following response: The Authority recognises that people are our greatest asset. To ensure we recruit the right people we follow a core set of principles and procedures when recruiting which are outlined below: • Appointments will be offered to the best candidate for the job based on merit, skills, experience and potential, which will be assessed against the criteria for the position • All practices and processes are fair, consistent and transparent and free from bias and discrimination • The candidate experience is of the utmost importance to the Authority. All candidates will be treated fairly, efficiently and with respect to ensure they are left with a favourable image

		of the Authority • All recruitment and selection processes comply with Equality legislation • All recruitment and selection practices will be conducted in a professional, timely and responsive manner. We do not use personality tests or any other test such as you have indicated in our recruitment.
15 March 2019	The following request was made: 'What measures do you take to ensure that no psychopaths are employed within the Professional Standards Authority for Health and Social Care? If there are, as fact, no specific measures put in place within your organisation, to screen out or monitor those with this severe personality disorder, then please make this clear in your response. If it is fact that you do take specific measures to protect the public from this type of person, then please make these clear in your response.'	We provide the following response: We have redacted personal information contained within emails and documents. We consider that this information is exempt under section 40 (2) Regulation 13 (1) of the Freedom of Information Act. The redacted information relates to personal data which would identify individuals. We have decided to withhold: • Annual review application and application queries • Risk matrix This information is exempt from disclosure under section 36(2) of the FOIA and is therefore being withheld. This is because the release of this information would contravene subsections 2(b)(ii) and 2(c); where disclosure: "would, or would be likely to, inhibit— (2)(b)(ii)the free and frank exchange of views for the purposes of deliberation, or (c)would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs.

		This section of the FOIA is subject to the 'public interest test' being performed. Consequently, it is our obligation under section 2(2)(b) to consider whether or not 'in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information'.
2 May 2019	The following request was made: 'I request correspondence, documentation etc relating to - 1. Society of Homeopaths' compliance with the action plan agreed with the Professional Standards Authority 2. Society of Homeopaths' application for re-accreditation I have documentation that relates to the process of agreeing the action plan, so do not require that.'	We provide the following response: I can confirm that the role of Executive Business Manager does not exist within the Authority.
25 June 2019	The following request was made: I am carrying out some extensive research as part of a collective consultation on behalf of my client and would like the following information with regard to the role of Executive Business Manager, should it exist within your organisation. a) Job specification b) Job Family c) Job Grade d) Pay scale for job grade	We provide the following response: We have an ICT Manager role. This role sits within the 'Manager' grade, the pay scale for this grade ranges from £61,800 - £66,950.
25 June 2019	The following request was made: I am doing some extensive research as part of collective consultation on behalf of my client and would like information regarding the following for the role Business Relationship Manager and or IT Business Partner:	We provide the following response: We have redacted personal information contained within emails and documents. We consider that this information is exempt under section 40 (2)

	a) Job Family b) Job Grade c) Pay scale for job grade	Regulation 13 (1) of the Freedom of Information Act. The redacted information relates to personal data which would identify individuals. We have also further redacted information in the email dated 15 January 2018 as this is in relation to another FOI and not relevant to your request. As explained in your previous FOI request. We have decided to withhold: • Annual review application and application queries • Risk matrix This information is exempt from disclosure under section 36(2) of the FOIA and is therefore being withheld. This is because the release of this information would contravene subsections 2(b)(ii) and 2(c); where disclosure: “would, or would be likely to, inhibit— (2)(b)(ii)the free and frank exchange of views for the purposes of deliberation, or (c)would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs. This section of the FOIA is subject to the ‘public interest test’ being performed. Consequently, it is our obligation under section 2(2)(b) to consider whether or not ‘in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information’. We believe that if we were to release the

		information, organisations would be unwilling to provide the information necessary to enable a free and frank exchange of views during the annual review process and would be unwilling to share confidential or commercially sensitive information, if this is likely to be disclosable under future FOIA requests. This would prevent us from performing our statutory duty under the National Health Service Reform and Health Care Professions Act 2002, section 25G as inserted by the Health and Social Care Act 2012, section 229. We believe that the public interest in the Authority being able to perform our statutory duty of annual review outweighs other public interest considerations and therefore we are maintaining the exemption.
3 July 2019	The following request was made: I have been informed by the Advertising Standards Authority that they informed the Society of Homeopaths re CEASE therapy at the beginning of their process in dealing with that lead to this statement. This process make have started as late at May 2018, post Guardian reporting. I wish to see/know - 1. Any correspondence between the PSA and the ASA that maybe relevant 2. Whether the Society of Homeopaths made any mention of being notified by ASA of enforcement action in their re-accreditation submission (I've previously made FOIA requests - they don't mention it). 3. Any internal PSA communications/meetings with regards to the re-accreditation not covered by by previous FOIA requests relevant to the 2018 and 2019 accreditation of the SoH. Reference to Public Sector Equality Duty under the Equalities Act 2010 is very important regarding the latter, thus I would ask for any recent relevant internal materials regarding	We provide the following response: Please see attached information in relation to this request.

	PSA consideration of PSED.	
4 July 2019	The following request was made: Please can you email me a copy of the following: sanctions guidance document that the BACP was instructed to send to PSA for the BACP annual assessment.	We provide the following response: The Authority is not a complaint handling body and therefore we do not hold complaints about the regulators. We do log concerns that people raise for consideration during our performance review process. In order to assist you as far as possible, during the period 20/07/2018 – 19/07/2019 we received 27 concerns about the GDC. Further information about the role of the Authority can be found on our website www.professionalstandards.org.uk
15 August 2019	The following request was made: How Many Complaints have you received about the GDC in the past Year?	We provide the following response: Thank you for your request dated 12 August 2019. The Professional Standards Authority is the oversight body for the nine statutory health and social care regulators in the UK. We are not the regulator for the SRA and have no involvement or oversight with this organisation and therefore are unable to provide you with any information regarding the SRA.
14 August 2019	The following request was made: Why are you allowing the SRA to uphold fraudulent solicitors? You are the Regulators for the SRA, why aren't you doing your Job? Action Fraud have logged Consumer Fraud with a Solicitor but the SRA have just believed this solicitor and have let him go. Please explain why you are not regulating the SRA properly.	We provide the following response: Finance system: • Our current provider is Sage • The contract is extended annually • The value of the contract is approximately 2k annually • The modules we use include; purchase

		orders, fixed assets, general ledger, banking, purchase and sales ledger • Our budget is 2.2k annually • The contract started over 10 years ago We do not have procurement software system, so we are not able to answer the relevant questions regarding a procurement system Invoicing: • Do you have an electronic invoicing system in place? Invoicing is done through Sage • If so, who is the current service provider of this system? • When does this contract expire and is there extension options? • What is the value of the contract? • How many invoices are processed annually?
27 September 2019	The following request was made: Please may you provide the information for the following systems? Finance system: • Who is your current provider? • When does the contract expire, and do you have extension options? • What is the value of the contract? • What modules do you use e.g. general ledger? • What is your budget? • When did the contract start? Procurement system: • Who is your current provider? • When does the contract expire, and do you have extension options? • What is the value of the contract? • What is your budget? • When did the contract start? Invoicing:	We provide the following response: We have not released an information in relation to the above in the last 12 months, nor to we hold such information.

	• Do you have an electronic invoicing system in place? • If so, who is the current service provider of this system? • when does this contract expire and is there extension options? • What is the value of the contract? • How many invoices are processed annually?	
30 September 2019	The following request was made: Under the freedom of information act confirm or deny if the professional standards authority has been disclosed the following information in the past twelve months	We provide the following response: We consider that the information requested is exempt under section 22 of the FOIA. Section 22 provides an exemption for information that is intended to be published in the future. At the moment our intention is to publish this information at the end of January 2020 as part of our annual performance review This is a qualified exception and as such we have applied the public interest test to this exemption. We believe that on the balance of probabilities it is in the public interest that the performance review process is completed and scrutinised before being published to ensure the information contained is accurate. However, we will consider the information you have considered under the Data Protection Act 2018 in as far as they relate to personal information.
17 October 2019	The following request was made: On behalf of UK pharmacies Ltd trading as QPharmacy, we request any information in relation to the business, and any correspondence between yourselves and any third party, including the GPHC or the general pharmaceutical Council. This should also include any correspondence, meeting notes or data which has been discussed or shared with the GPHC or the general pharmaceutical Council, its employees or representatives.	We provide the following response: • There are currently around 50 employees working in the organisation. • The annual intranet budget is £0. • Our current intranet solution is Sharepoint. • We have been using this solution for 3

	In addition to the above request I would ask for the organisation to share any information in the past one year relating to the GPHC/general pharmaceutical Council meeting standards or performance in relation to complaints or complaints procedures. For avoidance of doubt at I am asking for any information where the organisation has discussed, or commented on, or rated the performance of the organisation in relation to any type of complaint, monitoring complaints or following its own procedures in relation to complaints. I request Any information in relation to the business (UK pharmacies Ltd trading as QPharmacy), and any correspondence between yourselves and any third party, including the GPHC or the general pharmaceutical Council. This should also include any correspondence, meeting notes or data which has been discussed or shared with the GPHC or the general pharmaceutical Council, its employees or representatives. As part of this request I would ask for the organisation to share any information in the past one year relating to the GPHC/general pharmaceutical Council meeting standards or performance in relation to complaints or complaints procedures. For avoidance of doubt at I am asking for any information where the organisation has discussed, or commented on, or rated the performance of the organisation in relation to any type of complaint, monitoring complaints or following its own procedures in relation to complaints.	years, this is included with Office 365 so will continue to use Sharepoint until there is a requirement to change. • We do not work with an external partner to supply the intranet, it is managed internally. • ICT and Internal Communications are responsible for managing the intranet internally. • No other organisations have access to our intranet. • We do share our IT services with other organisations. • We use Office 365 suite, in particular Outlook, Word, Excel, Powerpoint, Skype for Business/ Teams, Sharepoint, OneDrive. • ICT is responsible for the intranet's procurement within the organisation. • Active Directory is managed on premise but with Azure Active Directory. • We do not use any other Software as a Service (SaaS) applications.
11 November 2019	The following request was made: I am writing to make a request for all the information to which I am entitled under Freedom of Information Act 2000. My requests are outlined below as specifically as possible to help you retrieve the information required. However, if any of the below is unclear, I would appreciate if you could contact me as I understand that under the act, you are required to assist requesters. Please could you provide the following information: 1) How many employees are working for your organisation, including full-time, part-time, and contracted staff? 2) What is your annual intranet budget? 3) What is your current intranet solution? (e.g. Invotra, Sharepoint, Kahootz, Umbraco)	We provide the following response: We do not currently hold the information that you have requested. Our understanding is that these minutes may not yet have been approved. You may wish to resubmit your request in the next few weeks.

	4) How long have you been using this solution, and when does your contract expire? 5) Do you work with an external partner to supply your intranet? If not, do you develop your intranet internally? 6) Which team/individual is responsible for managing your intranet internally? 7) Which other organisations have access to your intranet? 8) Do you share IT services with other organisations? 9) Are you using the Office 365 suite? If so, which applications from the suite are in use? 10) Who is responsible for your intranet's procurement within the organisation? 11) Do you use Microsoft's Active Directory to manage your people data? If so, is your Active Directory (AD) managed on-premise or in the cloud? 12) Do you use any other Software as a Service (SaaS) applications? (e.g. Atlassian/Jira, Slack, Trello, Xero) If possible, please could you present the information via a Microsoft Word or Excel document, sent to me via email.	
10 February 2020	The following request was made: I understand that accreditation process for the Society of Homeopaths is under way. My understanding is registers are expected to submit evidence such as - h. Board minutes (if not available online) i. Annual reports produced by boards and / or committees (if not available online) Board reports for September and December 2019 are not available online. Prior reports are available online.	We provide the following response: We have provided all of the information that we hold in relation to your request. We have redacted a small amount of personal data regarding non Authority staff which is not readily available in the public domain. Our report concerning Advanced Practice, is in the public domain and can be found on our website at the following link; https://www.professionalstandards.org.uk/publications/detail/advanced-practice
27 February 2020	The following request was made: Please supply all documentation received by or produced by the PSA (and its predecessor the CHRE), since the implementation of EU Directive 2005/36/EC (hence since September 2005), which relates to any discussions had about a formal registration or accreditation process for Advanced Nurse Practitioners (ANPs). This includes, but is not limited to, documents discussing reasons why formal registration has not been taken forward by any relevant organisation'.	We provide the following response: We hold the following information in relation to this request: - Targeted review response - Impact assessment - Moderator report

		However, we consider that this information is exempt from disclosure under section 36(2) of the FOIA and is therefore being withheld. This is because the release of this information would contravene subsections 2(b)(ii) and 2(c); where disclosure: *"would, or would be likely to, inhibit—* *(2)(b)(ii)the free and frank exchange of views for the purposes of deliberation, or* *(c)would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs.* This section of the FOIA is subject to the 'public interest test' being performed. Consequently, it is our obligation under section 2(2)(b) to consider whether or not 'in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information'. We believe that if we were to release the information, organisation's such as the Society of Homeopaths would be unwilling to provide the information necessary to enable a free and frank exchange of views during the annual review process and would be unwilling to share confidential or commercially sensitive information, if this is likely to be disclosable under future FOIA requests. This would prevent us from performing our statutory duty under the National Health Service Reform and Health Care Professions Act 2002, section 25G as inserted by the Health and Social Care Act 2012, section 229. We therefore believe that the public interest in the Authority being able to perform our statutory duty of annual review

		outweighs other public interest considerations and therefore we are maintaining the exemption.
10 March 2020	The following request was made: Under the Freedom of Information Act 2000 I request the Summary Report (and any relevant supporting documents) prepared by the Accreditation Team for submission to the Moderator with regards to the 2019/20 accreditation of the Society of Homeopaths.	We provide the following response: The Professional Standards Authority is the oversight body for the ten statutory health and social care regulators in the UK. We have no direct involvement with clinical matters and therefore are unable to provide you with the information you have requested.
21 April 2020	The following request was made: The NICE recommendations of April 2018 on Lyme Disease, investigation and treatment has several passages pointing to the mental health consequences of Lyme Disease. These span cognitive impairment, memory problems, and neuropychiatric symptoms. I would like to know what measures or training have been put in place since these guidelines, which would alert your staff on a potential Lyme Disease sufferer and distingush those symptoms from other psychiatric conditions? What awareness have you on testing, for example are you aware that serum tests may not work on the immune compromised? ..see NICE guidelines 1.1.25 Are you aware that any potential diagnoses may need 2 serum tests followed by an immunoblot? NiCE guidelines 1.2.18 Is there any awareness in your sector of the consequences of the OSPC factor on late stage Lyme Disease and therefore the problem of treating at this stage effectively?	We provide the following response: Do you send physical post by the likes of Royal Mail, Whistl or UK Mail? Response Y (Y/N) What was the number of envelopes sent in 2019? Response - Figures are not recorded Do you produce the work in-house or is it outsourced to a specialist provider? Response Outsourced (In-house/Outsourced) If above is a specialist provider, please answer the following sub questions; Annual value of the contract Part of tenancy contract Contract term Ongoing Renewal date NA Framework or direct award NA

28 May 2020	The following request was made: Do you receive physical post from Royal Maill? - Inbound for the purpose of this request defined as physical communication from users of your services Response (Y/N) What was the number of envelopes received in 2019? - Number of envelopes received from users of your services in 2019 Response Envelopes Do you process the work in-house or is it outsourced to a specialist provider? - Whether the inbound services are received, open / sorted and scanned by yourselves or by a third party Response (In-house/Outsourced) If above is a specialist provider please answer the following sub questions; - High level information relating to the contract with the third party for outbound services Annual value of the contract (£) GBP Contract term months Renewal date dd/mm/yyyy Framework or direct award Framework or DA	We provide the following response: - Do you have a PSL (or any other contract) in place for contingent labour needs? No - If so, when does this contract run to? N/A - How many agency staff do you currently have within the PSA? 1
26 June 2020	The following request was made: - Do you have a PSL (or any other contract) in place for contingent labour needs? - If so, when does this contract run to? - How many agency staff do you currently have within the PSA?	We provide the following response: Please find attached correspondence in relation to your request.
10 July 2020	The following request was made: Please send me all data you have in relation to any communications (written or verbal) between the PSA and The British Acupuncture Council in relation to COVID-19 acupuncture practice shut down and re-opening.	We provide the following response: 1. Since January 2018, how many fitness to practice cases were reviewed by PSA with regards to NMC Conduct and Competency Committee? 3770 cases 2. How many cases reviewed by PSA was found to be insufficiently conducted by NMC? 33 cases 3. How many cases reviewed by PSA against the NMC was referred to an independent court? 16

		cases 4. How many appeals against the Conduct and Competency Committee were successful? 10 settled by consent, 3 upheld, 3 outstanding 5. In relation to NMC's fitness to practice hearings conducted since 2018, in PSA's view, had been any cases were significant misconduct or incompetence reported, observed or noted in terms of handling the case, presenting evidence or witnesses, or attempt to influence or mislead the independent panel's decision or their rulings in which the PSA had criticised the NMC for? The Authority occasionally identifies cases where, in its view, the case could have been handled better by the NMC. We raise these in learning points. These are not identified as significant or not. 6. How would the PSA would characterise The NMC's competency and conducts with regards to fitness to practice and Conduct and Competency Committee? The Authority's views of the NMC's performance are set out in our annual performance reviews and have nothing to add to those.
31 July 2020	The following request was made: 1. Since January 2018, how many fitness to practice cases were reviewed by PSA with regards to NMC Conduct and Competency Committee? 2. How many cases reviewed by PSA was found to be insufficiently conducted by NMC? 3. How many cases reviewed by PSA against the NMC was referred to an independent court? 4. How many appeals against the Conduct and Competency Committee were successful? 5. In relation to NMC's fitness to practice hearings conducted since 2018, in PSA's view, had been any cases were significant misconduct or incompetence reported, observed or noted in terms of handling the case, presenting evidence or witnesses, or attempt to influence or mislead the independent panel's decision or their rulings in which the PSA had criticised the	We provide the following response: 1. How many people are employed by your organisation, including full time and part time? – 41 People 2. What is your current intranet solution? (Sharepoint, Wordpress, Invotra, etc) – Sharepoint 3. How long have you been using this intranet solution? – 3 years 4. When is your intranet contract up for

	NMC for? 6. How would the PSA would characterise The NMC's competency and conducts with regards to fitness to practice and Conduct and Competency Committee?	renewal? – It's not a contract as we manage it in house 5. What is your annual intranet budget? – No budget – Sharepoint is covered within our O365 subscription 6. Do you share an intranet/IT services with other organisations, if so who? – No 7. Which team and/or individual(s) are responsible for managing your intranet internally? ICT team 8. Are you using the Office365 suite? If so, which applications from the suite are in use? – Outlook, word, excel, sharepoint, teams, powerpoint, OneDrive 9. Which team and/or individual(s) are responsible for your intranet's procurement within the organisation? – N/A 10. Is your Active Directory hosted on-premise, or in the cloud? – On prem 11. Could you provide us with a link to your Digital Workplace Strategy? – Not at this time as the strategy is still in a draft form and not in circulation yet.
4 August 2020	The following request was made: 1. How many people are employed by your organisation, including full time and part time? 2. What is your current intranet solution? (Sharepoint, Wordpress, Invotra, etc) 3. How long have you been using this intranet solution? 4. When is your intranet contract up for renewal? 5. What is your annual intranet budget? 6. Do you share an intranet/IT services with other organisations, if so who? 7. Which team and/or individual(s) are responsible for managing your intranet	We provide the following response: You have asked for details (including professional registration numbers, names, and dates of all the cases during the last ten years (including where to access the transcripts) brought to our attention (or our predecessor) which have involved – • Issues of freedom of expression

	internally? 8. Are you using the Office365 suite? If so, which applications from the suite are in use? 9. Which team and/or individual(s) are responsible for your intranet's procurement within the organisation? 10. Is your Active Directory hosted on-premise, or in the cloud? 11. Could you provide us with a link to your Digital Workplace Strategy?	and/or ECHR article 10 rights • Issues of ECHR article 8 rights (the right to respect for his private and family life, his home and his correspondence) • Issues of ECHR article 8 rights (the right to freedom of thought, conscience & religion • Issues of The Equality Act 2010. Furthermore, you have asked us to indicate any cases appealed to the courts and provide the case citations. We do not store or classify cases in our database in a way we could populate this information for you. We estimate that we have at least 30,000 cases in our database, and we would have to look at every case manually in order to identify the relevant information. We regret to inform you that under section 12 (cost limit) of the Act, we are unable to complete your requests. We have compiled a list of web pages that you may find useful – • https://www.professionalstandards.org.uk/what-we-do/our-work-with-regulators/decisions-about-practitioners

		• https://olr.gdc-uk.org/hearings • https://www.gmc-uk.org/concerns/hearings-and-decisions • https://www.nmc.org.uk/concerns-nurses-midwives/hearings/hearings-sanctions/ • https://www.optical.org/en/Investigating_complaints/Hearings/index.cfm • https://www.socialworkengland.org.uk/concerns/hearings-and-decisions/ • https://www.pharmacyregulation.org/annualreport/outcomes-of-cases-closed-in-2019-20 • https://www.hcpts-uk.org/hearings/recentdecisions/ • https://www.osteopathy.org.uk/standards/complaints/hearings/decisions/ • https://www.gcc-uk.org/concerns-about-a-chiropractor/hearings • https://www.psni.org.uk/psni/fitness-to-practise/fitness-to-practise-hearings/
5 November 2020	The following request was made: 'Would you please provide details (including professional registration numbers, names, and dates of all the cases during the last ten years (including where to access the transcripts)	We provide the following response: We use the Windows 10 Operating System.

	brought to your attention (or your predecessor) which have involved any issues of freedom of expression and/or ECHR article 10 rights? Within that answer would you indicate any cases appealed to the courts, and provide the case citations, please?' 'Would you please provide details (including professional registration numbers, names, and dates of all the cases during the last ten years (including where to access the transcripts) brought to your attention (or your predecessor) which have involved any issues of ECHR article 8 rights (the right to respect for his private and family life, his home and his correspondence)? Within that answer would you indicate any cases appealed to the courts, and provide the case citations, please?' 'Would you please provide details (including professional registration numbers, names, and dates of all the cases during the last ten years (including where to access the transcripts) brought to your attention (or your predecessor) which have involved any issues of ECHR article 8 rights (the right to freedom of thought, conscience & religion)? Within that answer would you indicate any cases appealed to the courts, and provide the case citations, please?' 'Would you please provide details (including names, regulator registration numbers, and dates of all the cases during the last ten years (including where to access the transcripts) brought to the PSA (or its predecessor) which have involved any issues of The Equality Act 2010? Within that answer would you indicate any cases appealed to the courts, and provide the case citations, please?'	
1 December 2020	The following request was made: Could you please provide a list of the most popular operating systems used in the department?	We provide the following response: How many paramedic HCPC hearings have been reviewed in the last 5 years by the PSA and how many of these cases have had further action

		taken? (“and if unduly lenient and do not protect the public can take action”). We have reviewed 271 substantive hearing outcomes (and a further 112 review hearing outcomes) of HCPC cases involving paramedics since 1 December 2015. Of these, we have appealed 3 to court. We were successful in two of the appeals. The Judgments/Consent Orders are available on our website at the below address: https://www.professionalstandards.org.uk/what-we-do/our-work-with-regulators/decisions-about-practitioners/cases-appealed
16 December 2020	The following request was made: How many paramedic HCPC hearings have been reviewed in the last 5 years by the PSA and how many of these cases have had further action taken? (“and if unduly lenient and do not protect the public can take action”).	We provide the following response: 1. For each of your special reviews relating to regulation outside the UK, a copy of the invitation by which you were invited to conduct the review. *Please find attached the relevant documents* *a. Appendix A Australian Health Practitioners Regulation Agency* *b. Appendix B Chinese University Hong Kong* *c. Appendix C College of Registered Nurses of British Columbia* *d. Appendix D Engineers and Geoscientists British Columbia* *e. Appendix E Irish Nursing Board* *f. Appendix F Nursing Council of*

		New Zealand *g. Appendix G Royal College of Dental Surgeons of Ontario* *h. Appendix H Saskatchewan Registered Nurses Association* *Under Section 43(2) (Prejudice to commercial interests) of the Act, we have redacted information regarding financial agreements regarding costs.* 2. Details of who pays for these reviews and how the cost is established. *Please find attached the relevant document* *a. Appendix I Commissioning process for Professional Standards Authority, where you will find Annex 2 which includes the rate card for costs.* 3. Any other policy, guidance or manual you hold regarding the review of overseas bodies. *Please find attached the relevant document* *a. Appendix I Commissioning process for Professional Standards Authority*

16 December 2020	The following request was made: 1. For each of your special reviews relating to regulation outside the UK, a copy of the invitation by which you were invited to conduct the review. 2. Details of who pays for these reviews and how the cost is established. 3. Any other policy, guidance or manual you hold regarding the review of overseas bodies.	We provide the following response: *1.* Has the Professional Standards Authority ever received accusations of dishonesty regarding the GMC? And on how many occasions *We have received concerns about GMC's integrity however we have not received evidence backing these up. We do not store or classify concerns in our database in a way we could to find whether the GMC was impugned or simply accused of getting it wrong.* *We regret to inform you that under section 12 (cost limit) of the Act, we are unable to complete this section of your request.* 2. Has the Professional Standards Authority ever raised concerns with the GMC's handling of evidence to Parliament? *No* 3. Has the Professional Standards Authority ever raised concerns about corruption (in any form) within the GMC to Parliament? *No* 4. Has the Professional Standards Authority ever raised concerns with the GMC's handling of protected statuses to Parliament or the EHRC? *No* 5. Has the Professional Standards Authority ever received concern from any regulator (those you govern and those you don't, for example the ico.) regarding the GMC?

		No 6. And, can you summarise the concern, for example: lack of communication, *e.t.c*. *N/A* 7. I would also like to request general information regarding the MPTS and GMC. If the GMC is found to be lying about evidence clearly presented to them (at any stage), does this indicate the GMC is obstructing the course of justice? And, What impact does this have on the rulings the MPTS has made and makes, from what I've read the MPTS can only take action with substantial evidence submitted *by* the GMC. *If the GMC is found to be lying about evidence clearly presented to them (at any stage), we would consider this to be a serious matter.*
16 December 2020	The following request was made: 1. Has the Professional Standards Authority ever received accusations of dishonesty regarding the GMC? And on how many occasions. 2. Has the Professional Standards Authority ever raised concerns with the GMC's handling of evidence to Parliament? 3. Has the Professional Standards Authority ever raised concerns about corruption (in any form) within the GMC to Parliament? 4. Has the Professional Standards Authority ever raised concerns with the	We provide the following response: Please see below attached to this email the information Authority holds in response to your request. Please note the information is correct as of the last review.

	GMC's handling of protected statuses to Parliament or the EHRC? 5. Has the Professional Standards Authority ever received concern from any regulator (those you govern and those you don't, for example the ico.) regarding the GMC? 6. And, can you summarise the concern, for example: lack of communication, *e.t.c*. 7. I would also like to request general information regarding the MPTS and GMC. If the GMC is found to be lying about evidence clearly presented to them (at any stage), does this indicate the GMC is obstructing the course of justice? And, What impact does this have on the rulings the MPTS has made and makes, from what I've read the MPTS can only take action with substantial evidence submitted *by* the GMC.	
15 January 2021	The following request was made: 'Given that the Authority is conducting a consultation on the Accredited Registers programme, it would be very useful to have registrant numbers by AR. It is understood that some ARs are "umbrella" organisations. If they supply the Authority with a breakdown, that would be useful to see. I would rather be provided with figures that the Authority has "on hand" asap rather than wait for results of analysis etc'	We provide the following response: 9 December 2020 – email with letter on behalf of the 'Campaign against Antisemitism' (CAS) – we also received a hard copy of this letter dated the same day.We replied the same day. 10 December 2020 – email with further letter asking for information. We replied the same day 10 December 2020 – email thanking us for our response

		24 December 2020 - email in response to my notification of our decision. Please see below attached to this email the information Authority holds in response to your request. Please note the information is correct as of the last review
18 January 2021	The following request was made: 'Please send me the dates of all letters and emails from 'Campaign against Antisemitism' (or lawyers acting on their behalf) received by the Professional Standards Authority between 11 November 2020 and 24 December 2020.'	We provide the following response: We hold the following information in relation to your request and have disclosed the in full (attached). 9 December 2020 – email with letter on behalf of the 'Campaign against Antisemitism' (CAS) – we received a hard copy of this letter dated the same day. We replied the same day. 10 December 2020 – email with further letter asking for information. We replied the same day 10 December 2020 – email thanking us for our response 24 December 2020 - email in response to notification of our decision.
25 January 2021	The following request was made: " Please send me all letters and emails from the organisation 'Campaign Against Antisemitism' (CAA) (or their lawyers) received by the Professional Standards Authority between 11 November 2020 and 24 December 2020. "	We provide the following response: Please see attached document containing the information the Authority holds in response to your request.
1 February 2021	The following request was made: 'From your annual report: '4.7 We referred 21 cases to Court under our Section 29 jurisdiction (11 in 2018/19) and joined as a party to one GMC appeal. Our appeals in seven cases referred within this financial year were upheld or settled by consent, one was dismissed, and judgment is awaited in one case.' 1. I would like to know for each of the seven cases upheld on appeal or settled by consent the	We provide the following response: 'We have attached to this email the information Authority holds in response to your request. Please note, the version of the social media policy provided is a draft version and not a final version of the policy. We do not hold or have access to any further versions.'

	following: a. Whether it was upheld on appeal or settled by consent; b. the body concerned (GMC etc); c. the amount you claimed in costs; d. the amount you were awarded in costs; e. the amount you have received in costs; f. whether the costs were recovered by the body concerned or from the individual. 2. If information is now available on the one case that was not decided, please provide. 3. Regarding the one appeal that was dismissed, please provide the following information: a. the body concerned (GMC etc); b. the amount in costs sought by the body concerned; c. the amount the judge ordered that you pay, if disputed; d. the amount you have paid.	
16 February 2021	The following request was made: 'According to Society of Homeopaths – Review of Conditions due October 2020 3.15 Whilst the SoH had provided a revised approach to recruitment and a social media policy, it did not provide a clear account of how it will assure itself that officials remain in compliance on an ongoing basis. There was also a concern that the SoH had focused on social media and not set out how other aspects of due diligence would be fulfilled. I request a copy of the social media policy provided'	We provide the following response: The Authority is not a complaint handling body and therefore we don't hold complaints about the NMC. However, we do log concerns that people raise for consideration during our performance review process. We are unable to disclose names of organisations and individuals. We consider that this information is exempt under section 40 (2) Regulation 13 (1) of the Freedom of Information Act. This information relates to personal data which would identify individuals and we therefore apply the exemption.
17 February 2021	The following request was made: '…names of organizations and individuals who have complained about the nmc…'	We provide the following response: On 22 March: Please see attached our initial response, we will get the rest of the information to you as soon as it

		is possible to ensure that we have fully searched the system for any relevant documents. On 29 March: …please find the rest of the information in relation to the request. We have redacted names and contact detail except where we have permission to disclose.
22 and 29 March 2021	The following request was made: I would like to see all communication in full (not summaries) regarding the SCoPEd Framework between the Professional Standards Authority and the counselling and psychotherapy organisations who are involved with the SCoPEd Framework, e.g. BACP, UKCP, BPC, NCS, ACC, and any others.	We provide the following response: We do not hold any information in relation to your request. The role of the Authority is to oversee the work of the General Dental Council, rather than individual practitioners or practices, more information about the work of the Authority can be found here; https://www.professionalstandards.org.uk/what-we-do/our-work-with-regulators The General Dental Council, https://www.gdc-uk.org/about-us/freedom-of-information, as the statutory regulator for dental professionals or the Care Quality Commission, https://www.cqc.org.uk/about-us/our-policies/freedom-information-data-protection, the regulator for dental practices may be able to provide you with further information in relation to your request. I'm sorry we are unable to provide you with the information you require but I hope the information provided about will be helpful.

22 March 2021	The following request was made: 'Could you please advise if a study has been carried out, or you have received notifications from dental practices, on the increased risk of, or a rise in, gum disease/cavities due to wearing a mask/face covering? If a study has been done, then a copy of its findings forwarded to myself would be appreciated. Also please advise if there have been increased reports from Dentists in this respect'.	We provide the following response: 'There have not been any discussions with other Government agencies about deregulation of the Chiropractic or Osteopathic professions. The government has published its intention in the Health Bill to review the number of regulators, you can find further information on their website. There has been no correspondence between the Authority and the DHSC on the detail of that.'
6 April 2021	The following request was made: '1. Are there discussions with other Government agencies about deregulation of the Chiropractic or Osteopathic professions? 2. If so, are there any responses from you to any other government or regulatory agency?'	We provide the following response: 'The case meeting note records the Authority's reasons for the decision not to refer. The document can be found using the following link - https://www.professionalstandards.org.uk/docs/default-source/section-29/section-29-case-meeting-notes/general-optical-council/recent-cases/1-may-2019.pdf?Status=Temp&sfvrsn=78844920_2 '
6 April 2021	The following request was made: 'I request a disclosure under FOI regarding the above case meeting. I am particularly interested in the decision-making process which determined that although the verdict (that of guilt) was agreed with by the PSA, the sanction imposed by the GOC was considered too lenient. Normally in this circumstance the case against Boots Opticians would have been sent up to the High Court. In this case it was not. I would like to see details of the arguments presented which persuaded the PSA to not send the case to the High Court. I have already seen evidence that the PSA screened against conflict of interest with respect to the GOC but	We provide the following response: 'We do not have the document you have requested as this was not used in the re-accreditation process.'

	have not seen evidence of such screening with respect to conflict of interest with Boots Opticians Professional Services Limited.'	
22 April 2021	The following request was made: 'I request a copy of the Society of Homeopaths (SoH) Annual Review 2019.'	We provide the following response: 'We are withholding the application from the British Psychological Society. This information is exempt from disclosure under section 36(2) of the FOIA and is therefore being withheld. This is because the release of this information would contravene subsections 2(b)(ii) and 2(c); where disclosure: "would, or would be likely to, inhibit— (2)(b)(ii) the free and frank exchange of views for the purposes of deliberation, or (c)would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs. This section of the FOIA is subject to the 'public interest test' being performed. Consequently, it is our obligation under section 2(2)(b) to consider whether or not 'in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information'. We believe that if we were to release the information, organisation's would be unwilling to provide the information necessary to enable a free and frank exchange of views during the application process and would be unwilling to share confidential or commercially sensitive

		information, if this is likely to be disclosable under future FOIA requests. This would prevent us from performing our statutory duty under the National Health Service Reform and Health Care Professions Act 2002, section 25G as inserted by the Health and Social Care Act 2012, section 229. We believe that the public interest in the Authority being able to perform our statutory duty outweighs other public interest considerations and therefore we are maintaining the exemption.'
28 April 2021	The following request was made: '…On these grounds and in the interests of public protection can I formally ask that the application from the BPS is released to me. I would ask you if we could see this particular application on two grounds. First, the BPS Board have been conspicuously evasive in their approach to transparency and public accountability, during a time when their governance is in crisis. That is a key theme in the objections we have lodged with Dan. Second, the announcement to the membership about this application was only relayed to members of the BPS two week ago in an announcement in The Psychologist. Prior to that the membership had no inkling that the application was to be made. On these grounds and in the interests of public protection can I formally ask that the application from the BPS is released to me.'	We provide the following response: 'We have attached to this email the information the Authority holds in response to your request.'
11 May 2021	The following request was made: 'I request the submission made by the Society of Homeopaths regarding the Authority's Strategic Review of the Accredited Registers programme that is referenced here.'	We provide the following response: 'We have attached to this email the information the Authority holds in response to your request.'
20 May 2021	The following request was made: 'Would you be so kind as to furnish me with the statistics surrounding your oversight of the various governing bodies that you concern yourself with. In particular, I would like to see how many cases per annum out of their total case load you review per governing body and how	We provide the following response: 'The information you have request is available on our website and can be found using the links below

	many recommendations you make per governing body to increase the sanctions placed upon the registrant. Kindly supply me with the last 5 years statistics'	Decisions about practitioners – https://www.professionalstandards.org.uk/what-we-do/our-work-with-regulators/decisions-about-practitioners https://www.professionalstandards.org.uk/docs/default-source/section-29/section-29-general/professional-standards-authority-section-29-process-and-guidelines.pdf?sfvrsn=cf2b4920_2 Performance reviews – https://www.professionalstandards.org.uk/what-we-do/our-work-with-regulators/read-performance-reviews https://www.professionalstandards.org.uk/what-we-do/improving-regulation/our-standards '
6 August 2021	The following request was made: 'I would like a copy of the following: Of all policies and procedures that you use as guidance, when internally investigating the professional bodies that you monitor, which also includes the Health and Care Professions Council. I require all the above, to be current versions. As I believe that the Professional Standards Authority, not withholding and not disclosing such information, will not prejudice, or damage the commercial interests of the Professional Standards Authority, and it is also my belief that disclosing such information to the public, outweighs the interest, in not disclosing this information to the public.'	We provide the following response: '1. There are currently eight members of the team who review decisions, three of which are initial reviewers, four are detailed case reviewers, and one is the decision maker. One initial reviewer, all detailed case reviewers and the decision maker hold legal qualifications. 2. In February 2015, there were thirteen members of the team who review decisions, five of those were initial reviewers, four were detailed case reviewers, and four were decision makers. Two initial reviewers, three detailed case reviewers and all the decision makers held legal qualifications. 3. Please find the relevant information table

		attached to this email.'
16 August 2021	The following request was made: '1. How many individuals are currently employed by PSA to review decisions of MPTS fitness to practise tribunals for doctors, of comparable tribunals of NMC for nurses and midwives, and the other tribunals for other healthcare workers? By individuals to review the tribunal decisions, I mean those individuals who undertake the review of the decision and not those who have secretarial / clerical roles in the process. How many of those individuals have a legal qualification? 2. How many individuals were employed by PSA in February 2015 to review decisions of MPTS fitness to practise tribunals for doctors, of comparable tribunals of NMC for nurses and midwives, and the other tribunals for other healthcare workers? By individuals to review the tribunal decisions, I mean those individuals who undertook the review of the decision and not those who had secretarial / clerical roles in the process. How many of those individuals had a legal qualification at the time? 3. The following question may be answered most easily with a table showing data for each healthcare regulator separately for each year. How many decisions of fitness to practise tribunals of MPTS/GMC, of NMC and of other healthcare regulators have been considered each year during the past decade and how many decisions each year of each regulator were appealed by PSA?'	We provide the following response: 'We have not made any payments, loans, or grants to any of the organisations listed.'
31 August 2021	The following request was made: 'This is an information request relating to payments made to charities and third sector organisations. Please provide the following information for 2018-19, 2019-20 and 2020-21: • The value of grants made to each of the organisations listed below. Please provide the information for each of the three financial years separately, and list all grants separately. • The value of loans made to each of the organisations listed below. Please provide the information for each of the three financial years separately, and list all loans separately. • The payments made to charities and third sector organisations relate to the following	We provide the following response: 'Questions 1 and 2: The process consists of the following stages: 1. The initial review. An officer of the Authority reviews the decision of the panel and considers whether there are concerns that the decision might not be sufficient to protect the public. If the officer considers that there are

	only: • Operation Black Vote • U.K. Black Pride • Mermaids • Ozanne Foundation • Gendered Intelligence • British Medical Association • ActionAid UK • Hope Not Hate • Led by Donkeys • Extinction Rebellion • Migrants Organise • CLASS • Black Lives Matter • Action on Smoking and Health • Action on Smoking and Health Scotland • Action on Smoking and Health Wales • Breath 2025 • Association of Directors of Public Health • Improving Performance in Practice (previously Public Management Associates'	concerns which suggest that the decision may not be sufficient to protect the public, the Authority seeks further information from the regulator. If there are no concerns, the case is closed. The Authority could reopen a case in the light of any representations received. 2. The detailed case review. Once the papers are received, they are considered by a legally qualified member of the team who prepares a detailed advice as to whether the decision may be insufficient to protect the public. The papers include the bundles before the panel, the transcript of the hearing and the information available to the regulator's case examiners of investigating committee. If, after this review, it appears to the Director of Scrutiny and Quality that the decision may be insufficient to protect the public, a case meeting is called. If we do not consider that the decision is insufficient to protect the public, the case is closed. 3. The case meeting consists of three members of the Authority, including one Board member (usually the Chief Executive) with an external legal adviser. In the light of the legal advice, the meeting considers whether (a) the decision is insufficient to protect the public and (b) if it is, whether the Authority will exercise its discretion to refer the matter to the Courts. The same documents as were considered at the detailed case review, together with advice from the lawyer and any observations by the regulator are considered at the case meeting. You can find full details of the process here:

		https://www.professionalstandards.org.uk/docs/default-source/section-29/section-29-general/professional-standards-authority-section-29-process-and-guidelines.pdf?sfvrsn=cf2b4920_2 Question 3: 1st April. Question 4: GCC = General Chiropractic Council GDC = General Dental Council GMC = General Medical Council GOC = General Optical Council GOsC = General Osteopathic Council GPhC = General Pharmaceutical Council HCPC = Health and Care Professions Council NMC = Nursing and Midwifery Council PSNI = Pharmaceutical Society of Northern Ireland SWE = Social Work England'
9 September 2021	The following request was made: 'I would like to make a further FOI in order to help clarify information kindly provided. 1. Your letter says there are initial reviewers, detailed reviewers and a decision maker, who are involved in considering whether the PSA appeals a finding of a healthcare regulator such as the GMC/MPTS. I therefore presume that the consideration by PSA has three stages – initial review, detailed review and final decision. Please confirm that is correct or tell me where I am mistaken. 2. Please will you tell me what documents are considered at each stage? For example, I know that the MPTS produces relatively short summaries of determinations and findings, which state what were found proved and decisions on sanctions. These are available immediately. In many cases the transcripts of the hearing are considerably longer and may not be completed for a day or two after the end of a hearing. The bundles of documentary	We provide the following response: Following on from your FOI request below, I can confirm that the information has now been published on our website and can be found here https://www.professionalstandards.org.uk/about-us/ask-us-for-information/government-disclosure/spend-over-25k

	evidence are often considerably longer still. Which of these are considered at each of the stages of review of a case? 3. In the table the dates are not calendar years, but are annotated as 19/20, 20/21, etc. What date is the first day of each of the years. 4. I am afraid that I do not recognise some of the abbreviations for regulators. I recognise GMC, GDC and NMC. What are the others?'	
13 September 2021	The following request was made: 'I am looking for some assistance with your organisation's Spend/Transparency data, available on the following weblink: http://www.professionalstandards.org.uk/about-us/ask-us-for-information/government-disclosure/spend-over-25k There appears to be no file available for the month of June 2021. Could you advise when the file will be made available to view online? Would it be possible for you to email me a copy of the June 2021 file please & Thank you.'	We provide the following response: 'In response to the queries below, the Authority has no affiliation with Trading Standards. They have their own legislation and we have no powers to enforce this. Trading Standards now operates through individual local authorities and should be contacted directly for queries or concerns. Further information about how to do this can be found on their website here https://www.nationaltradingstandards.uk/contact/' Follow up response: 'We hold no record of such cases. You can access FOI publications via this link on our website https://www.professionalstandards.org.uk/docs/default-source/disclosure---foia/disclosure-log-june-2018.pdf?sfvrsn=8cb97220_28'
27 September 2021	The following request was made: 'Although Professional Standards Authority regulates health and social care organisations / groups - does Professional Standards Authority and Parliamentary legislation have scope to allow Trading Standards	We provide the following response: We have attached to this email the information the Authority holds in response to your request.

	offices to enforce trading standards including the Trade Descriptions Act in the health and social care organisations / groups or is this monopolised by Professional Standards Authority only? Are there instances in the Professional Standards Authority history and health and social care regulation history where there have been cases by Trading Standards offices against health and social care organisations / groups? Do Trading Standards offices have to work independently of or dependently with Professional Standards Authority in enforcing trading standards in health and social care organisations / groups?' Follow up request: Are there instances in the Professional Standards Authority history and health and social care regulation history where there have been cases by Trading Standards offices against health and social care organisations / groups? Also send me link to where you publish Foi responses.	We have redacted personal information contained within emails and documents. We consider that this information is exempt under section 40 (2) Regulation 13 (1) of the Freedom of Information Act. The redacted information relates to personal data which would identify individuals.
4 October 2021	The following request was made: I would like any correspondence from after the 31/03/21. That correspondence would pertain to the letters and emails sent between the relevant parties in regards to the strategic review of the accredited registers programme. These are the following: Association of child psychotherapists Association of Christian counsellors British association for counselling and psychotherapy British association of play therapists British psychoanalytic council	We provide the following response: We consider that this information is exempt from disclosure under section 36(2) of the FOIA and is therefore being withheld. This is because the release of this information would contravene subsections 2(b)(ii) and 2(c); where disclosure: *"would, or would be likely to, inhibit—* *(2)(b)(ii)the free and frank exchange of views for the purposes of deliberation, or* *(c)would otherwise prejudice, or would be likely*

	Cosca - counselling and psychotherapy in scotland Human givens institute National counselling society Play therapy UK Uk association for humanistic psychology practitioners Uk council for psychotherapy	*otherwise to prejudice, the effective conduct of public affairs.* This section of the FOIA is subject to the 'public interest test' being performed. Consequently, it is our obligation under section 2(2)(b) to consider whether or not 'in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information'. We believe that if we were to release the information, registers and accredited registers would be unwilling to provide the information necessary to enable a free and frank exchange of views during process of applying for accreditation (reaccreditation) or when working with us to improve standards in the future. This may include both existing and potential new registers. This would prevent us from performing our duty under the National Health Service Reform and Health Care Professions Act 2002, section 25G as inserted by the Health and Social Care Act 2012, section 229. We believe that the public interest in the Authority being able to help and support registers and potential accredited registers to improve public protection and to be able to share information without fear that it will be publicly disclosed – particularly before the point they are accredited - outweighs other public interest considerations, and therefore we are maintaining the exemption.
7 October 2021	The following request was made: I request email correspondence (plus attachments etc) between the Authority and the	We provide the following response: 1. This is correct, save that [so far as I am aware] none of the initial reviewers currently have a

	Society of Homeopaths after the suspension of Accreditation	professional legal qualification. 2. We undertake frequent training for all those reviewing the cases and I attach two documents that outline criteria for our process and give guidance to those undertaking initial scrutiny. 3. Timescales will vary depending on the volume of material. Typically, it takes between 1 and 10 days for the complete papers to be received from the regulator. 4. It is possible for the person who performed the detailed case review to be a member, though this is rare. 5. This will depend upon the complexity of the case and the issues. Typically, slightly more than half a day is sufficient, given that the detailed case review will have identified the key questions of concern and the there will be advice from the external legal adviser which, again, will direct the reader to salient documents and identify key questions. Obviously, panellists are not limited to those documents. 6. The statutory deadlines vary according to what the decision is. If the decision is not appealable by the registrant, the Authority has 56 days in which to lodge an appeal. If it is appealable, we have 66 days. 7. The Authority has always been able to reach decisions within the statutory deadline (aside from a very small number of cases where, through an administrative error, the regulator has not notified the Authority of the decision within our deadline). The Authority will, if necessary, outsource cases for advice from external lawyers where they are particularly lengthy, complex or raise difficult legal questions, or if a large number of cases require

		detailed review at any particular time. It is worth noting that cases of the size mentioned, in fact, form a small proportion of our case load and, while it can take some months from commencement of the case to its completion, much of this time is accounted for by very lengthy adjournments between the different stages, particularly if one part of the hearing over-runs.
25 October 2021	The following request was made: 1. 'This question concerns the initial review of cases. Combining information from the two FOI responses (16 August 2021 and 9 September 2021), I believe that there are 3 members of staff (one of whom has a legal qualification and two that do not) who undertake the initial review of cases heard by tribunals of regulators (GMC, NMC, etc). The decisions of those 3 individuals on whether or not to refer cases for detailed case review are made purely on the written decisions of each of the tribunals. In other words, those three individuals must decide whether or not to refer a case for a detailed case review without reading the transcripts of testimony, documentary evidence, etc. Please will you confirm whether my understanding of this stage of the process is correct and if I have misunderstood, please will you explain what I have misunderstood? 2. Please will you provide a copy of any guidance or criteria that those who undertake the initial review of cases are given in order that they select the appropriate cases for the detailed case review and do not fail to refer cases that should be subject to detailed case review? 3. This question concerns the detailed case review. I understand from what you have sent that the detailed case review is performed by a legally qualified member of staff, who reviews the transcripts and documents before the panel once they are received by the PSA. In general how long does it take for the documents to be received by the PSA from tribunals of regulators? 4. You have said that the final stage is the case meeting with three members of the authority and an external legal adviser. Do the three members of the authority include either or both the initial reviewer and/or the person who performed the detailed case review? 5. It is clear that the case meeting involves some individuals who were not involved in either	We provide the following response: Thank you for your email dated 2 November 2021. I can confirm that we do not hold any information relating to your request below. The role of the Professional Standards Authority is to 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. We oversee the work of the ten statutory bodies, that regulate health professionals in the UK and social workers in England. Should you want further information about our role please visit our website via the following link https://www.professionalstandards.org.uk/

	the initial review or the detailed case review. In general how much time is required for the individuals with no prior knowledge of the case to be made familiar with the case on which they must make a decision to appeal? 6. After the end of a tribunal of a regulator, how long does the PSA have in which to commence an appeal to the High Court? 7. How does the PSA achieve this three stage process in the permitted time period when some hearings of the MPTS/GMC last for months and involve tens of thousands of pages of documentary evidence?'	
3 November 2021	The following request was made: I'm a reporter for the news team at LBC and I've been reporting on the UKHSA investigation into the Immensa Health Clinic Lab in Wolverhampton – after a reported 43,000 potentially incorrect PCR tests from the site. I'm aware the lab won't be operating while the investigation is ongoing, but I wanted to check a couple of other details to ensure I'm reporting accurately on the story, and am requesting the following information under the Freedom of Information Act (2000): 1) Number, and location, of government approved labs in the UK which are used for covid testing run by Dante, or its subsidiaries. 2) The number of covid tests carried out by each covid testing lab run by Dante, or its subsidiaries, per month since June 2020 – broken down by location – and how many of these were negative/positive. 3) The number of covid tests carried out at the Immensa health clinic in Wolverhampton per month since it began covid testing in 2020 – where those results were for – and the number of negative/positive results per month.	We provide the following response: I write in relation to your freedom of Information request, which we received on 11 November 2021, where you requested information about; 'Malicious emails sent to the department'. "The date range for the requests is from 2018 to present day. The data shall include a breakdown by year and by individual departments (e.g. separate departments, agencies, or public bodies within the main government agency), if applicable". I can confirm that, there are no exemptions we are releasing the information in full and the response is below; 1. How many malicious emails have been successfully blocked? All, but no records kept 2. What percentage of malicious emails were opened by staff? 0 3. What percentage of malicious links in the emails were clicked on by staff? 0 4. How many ransomware attacks were blocked by the department? All, but no records kept 5. How many ransomware attacks were

		successful? 0
19 November 2021	The following request was made: Please find below my FOI request regarding malicious emails sent to the department. The date range for the requests is from 2018 to present day. The data shall include a breakdown by year and by individual departments (e.g. separate departments, agencies, or public bodies within the main government agency), if applicable. 1. How many malicious emails have been successfully blocked? 2. What percentage of malicious emails were opened by staff? 3. What percentage of malicious links in the emails were clicked on by staff? 4. How many ransomware attacks were blocked by the department? 5. How many ransomware attacks were successful?	We provide the following response: Please see attached all information in relation to your request except that which is covered by the exemptions listed below. Information relating to the BACP's submissions for their annual review. We consider that this information is exempt from disclosure under section 36(2) of the FOIA and is therefore being withheld. This is because the release of this information would contravene subsections 2(b)(ii) and 2(c); where disclosure: *"would, or would be likely to, inhibit—* *(2)(b)(ii)the free and frank exchange of views for the purposes of deliberation, or* *(c)would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs.* This section of the FOIA is subject to the 'public interest test' being performed. Consequently, it is our obligation under section 2(2)(b) to consider whether or not 'in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information'. We believe that if we were to release the information, registers and accredited registers would be unwilling to provide the information necessary to enable a free and frank exchange of views during process of applying for accreditation (reaccreditation) or when working with us to

		improve standards in the future. This may include both existing and potential new registers. This would prevent us from performing our duty under the National Health Service Reform and Health Care Professions Act 2002, section 25G as inserted by the Health and Social Care Act 2012, section 229. We believe that the public interest in the Authority being able to help and support registers and potential accredited registers to improve public protection and to be able to share information without fear that it will be publicly disclosed – particularly before the point they are accredited - outweighs other public interest considerations, and therefore we are maintaining the exemption. The outcomes of all assessments are published and can be found here Professional Standards Authority accredited register assessments and BACP's previous outcome can be found here https://www.professionalstandards.org.uk/docs/default-source/accredited-registers/panel-decisions/bacp-annual-review-outcomes.pdf?sfvrsn=84357220_10 We consider that the majority of the information you have requested in relation to Scope of Practice and Education (SCoPEd) framework has previously been shared under FOI and we attach this for your reference. There have been three further email exchanges since this information was published which we consider to also be exempt under s36 of the Act, this information relates to documents refer to strategic relationships with bodies that are not directly involved in the Scoped project.

22 November 2021	The following request was made: Please would you provide details of all contact, correspondence and joint meetings between the Professional Standards Authority and the British Association of Counselling and Psychotherapy (BACP), 15 St John's Business Park, Lutterworth, Leicestershire LE17 4HB, United Kingdom between 1 December 2020 and 1st October 2021 including contacts relating to the PSA December 2020 Consultation on the Future Shape of the Accredited Register Programme and to the Scope of Practice and Education (SCoPEd) framework being developed by the BACP and others.	We provide the following response: Please see attached all information in relation to your request except that which is covered by the exemptions listed below. Information that is already in the public domain which is exempt under s21 of the FOI in that it is reasonably accessible. Information relating to discussions at the Authority's public Board meetings https://www.professionalstandards.org.uk/about-us/meet-our-board/board-meetings-and-agendas/board-papers-and-agendas and information relating to the consultation and outcomes can be found here; https://www.professionalstandards.org.uk/search-results?indexCatalogue=site%2Dsearch&searchQuery=accredited+registers+consultation&wordsMode=0 We have also redacted personal information about individuals from documents under s41(2) of the FOI. We have withheld the minutes of meetings relating to the Private Board Meetings and the Steering groups consisting of members of the Board and the Executive. We consider that this information is exempt from disclosure under section 36(2) of the FOIA and is therefore being withheld. This is because the release of this information would contravene subsections 2(b)(ii) and 2(c); where disclosure: *"would, or would be likely to, inhibit—* *(2)(b)(ii)the free and frank exchange of views for the purposes of deliberation, or* *(c)would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of*

		public affairs. This section of the FOIA is subject to the 'public interest test' being performed. Consequently, it is our obligation under section 2(2)(b) to consider whether or not 'in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information'. We believe that it is essential for the Authority's Executive and Board to be able to hold a free and frank exchange of views to challenge the role and work of the Authority in a free and frank way to ensure that our primary aim of protecting the public is met. We believe that this outweighs other public interest considerations, and therefore we are maintaining the exemption.
8 December 2021	The following request was made: Please provide all documentation and correspondence (emails, letters, reports, minutes) with relevant dates held by the Professional Standards Authority (PSA) from July 2020 in respect of the PSA Board's decision to re-design all bar the first of the Accredited Registers Programme design principles, as stipulated in the PSA Consultation on the shape of the Accredited Registers programme document. This also includes: the minutes of all PSA meetings where the matter was discussed, other options considered, decisions made including the rationale for abandoning the design principles and what they have been replaced with; consultation with and feedback from Accredited Register Holders; consultation with and feedback from relevant stakeholders;and consultation with and feedback from service user groups	We provide the following response: As we confirmed in our email of 7 December 2021, the only information we hold in relation to your request relates to an application for accreditation currently going through the assessment process. We consider that this information is exempt from disclosure under section 36(2) of the FOIA and is therefore being withheld. This is because the release of this information would contravene subsections 2(b)(ii) and 2(c); where disclosure: *"would, or would be likely to, inhibit—* *(2)(b)(ii)the free and frank exchange of views for the purposes of deliberation, or* *(c)would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs.* This section of the FOIA is subject to the 'public

		interest test' being performed. Consequently, it is our obligation under section 2(2)(b) to consider whether or not 'in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information'. We believe that if we were to release the information, registers and accredited registers would be unwilling to provide the information necessary to enable a free and frank exchange of views during process of applying for accreditation (reaccreditation) or when working with us to improve standards in the future. This may include both existing and potential new registers. This would prevent us from performing our duty under the National Health Service Reform and Health Care Professions Act 2002, section 25G as inserted by the Health and Social Care Act 2012, section 229. We believe that the public interest in the Authority being able to help and support registers and potential accredited registers to improve public protection and to be able to share information without fear that it will be publicly disclosed – particularly before the point they are accredited - outweighs other public interest considerations, and therefore we are maintaining the exemption. We will publish the outcome of this assessment in due course. The outcomes of all assessments are published and can be found here Professional Standards Authority accredited register assessments

10 December 2021	The following request was made: For the year 2021 1. Correspondence and/or communications between the Authority and any holder of an Accredited Register covering the subject of the establishment of a future Accredited Register or sub-register for Life Coaching This request can exclude the National Counselling Society as their application is in the public domain 2. Correspondence and/or communication between the Authority and any professional body not currently an Accredited Register holder on the establishment of a future Accredited Register or sub-register for Life Coaching	
10 February 2022	The following request was made: Financial performance- Please could you provide your current performance against your Financial KPIs under FOI?	We provide the following response: We provide the following response; 1. We have attached the requested information. 2. We provide the following information; Payment of invoices in 5 days; please find attached on a year to date and month by month basis and payment of invoices in 10 days; please find attached on a year to date and month by month basis Budgeted income / expenditure variance less than 5% (excluding Section 29). We only record this information in as year to date (to the end of month/period etc); YTD May 8.62% [673/737] YTD June 7.74% [1,020/1,105] YTD July 8.25% [1,352/1,474] YTD August 7.61% [1,702/1,842] YTD September 7.80% [2,038/2,211] YTD October 6.76% [2,405/2,579] YTD November 6.93% [2,743/2,947]

		Payment error rate less than 3%. We only record this information in year to date form (to the end of month/period etc); YTD May 0% [0/74] YTD June 0% [0/139] YTD July 0% [0/179] YTD August 0% [0/230] YTD September 0% [0/287] YTD October 0% [0/341] YTD November 0% [0/400] Late purchase order rate less than 10%. We only record this information in year to date form (to the end of month/period etc) YTD May 4.3% [2/47] YTD June 6.6% [4/61] YTD July 6.0% [5/84] YTD August 6.0 [6/100] YTD September 6.5%[8/124] YTD October 9.0% [13/145] YTD November 8.0% [14/176] YTD December 7.2% [14/195] 3. The information was omitted in error, and we have sent you a copy of the updated Executive Report, this will be acknowledged in the minutes on the meeting which will be published in the near future. 4. We do not report on this information at the current time but have provided it at your request.
11 February 2022	The following request was made: Please include the information for each of the following periods; 2018-19, 2019-20 and 2020-21: · The total number of cases of losses in each year. · The total cost of losses in each year.	We provide the following response: The total number of cases of losses in each year. In 2018-19 - 2 In 2019-20-2 In 2020-21- nil

	· An itemisation of each loss including what it was for and how much it cost. · The total number of special payments in each year. · The total value of special payments in each year. · An itemisation of each special payment including what it was for and how much it cost.'	· The total cost of losses in each year. In 2018-19- £ 44.42 In 2019-20- £ 114.42 In 2020-21 For an itemisation of each loss including what it was for and how much it cost, please see attached). The total number of special payments in each year (the same as losses) The total value of special payments in each year (the same as losses).
25 February 2022	The following request was made: Please can you provide your policy for remote working/hybrid working for your employees. Does your policy permit remote working/hybrid working in the longer term.	We provide the following response: We provide the following response: Please see attached our Hybrid working policy. Please be advised that this policy is currently a pilot scheme for the organisation and we are regularly assessing it.
12 April 2022	The following request was made: '**Question 1**: Did PSA at any point carry out a special review of GMC's 1990s register routes based upon the Alemi event - to ascertain if there are any other routes which need further checks from the 1990s? Did the Secretary of State for Health and Social Care ask PSA to carry out an investigation of the risks in other 1990s routes to the GMC register? Did PSA recommend a special review to Parliament, DHSC or GMC? Please provide any communication between GMC and PSA and DHSC and Parliament pertaining to the flawed register routes of 1990s. GMC stated after Alemi event per above that "***We are now considering whether any further checks of any other groups of doctors may be required***" However, they did not perform analysis of other un-checked routes ie Existing Specialist route of 1996.	We provide the following response: We provide the following response: We have attached to this email the information the Authority holds in response to your request. Attached is: 1. An example of the letter sent to all regulators 2. Our 'rapid review' of regulators' international registrations processes in 2013 3. The GMC's letter of 30 November 2018 outlining the actions they were taking in response to Alemi 4. An update letter from the GMC in June 2019 We are satisfied that the GMC has completed the actions it told us it would do in 2018 and 2019.

	Question 2: Does PSA have any internal communications held between GMC and PSA pertaining to GMC's statement above that GMC are considering any further checks of other groups of doctors? Are any documents held by PSA specifically asking GMC to check other routes in the 1990s? Did PSA raise any concerns to GMC when GMC did NOT consider further checks of any other group of doctors which may be required - despite promising to do so per their published statement above. 3. Did PSA take any action pertaining to the 1990s routes to the GMC register after Alemi was identified as holding fake qualifications ? If so, what?'	We didn't consider the issue under our special investigations criteria following Alemi, but we have considered it in our last four performance reviews (since 2017/18) of the GMC, those publications can be found on our website here https://www.professionalstandards.org.uk/publications/performance-reviews In particular, in 2019/20 we noted the review that the GMC did of other routes to registration at risk of fraudulent applications.
17 May 2022	The following request was made: Per attached letter and letter excerpt which was sent by PSA's Mark Stobbs to Chief Executives of the regulators which PSA oversees, please may I request the GMC response to this PSA letter - Mark Stobbs requested a response by Jan 11 2019. I specifically need a copy of their response to the questions asked by Mark in the letter excerpt attached. I already have two general update letters from Charles Massey to PSA Alan Clamp dated June 10 2019 and Nov 30 2018 so I do not need these. I need the letter from GMC replying to Mark Stobbs request	We provide the following response: Unfortunately, we do not hold the information that you request. There wasn't an equivalent letter to the GMC to that sent to the GDC. This is because the GMC wrote to us about the problem with the doctor and told us what they would do about it. We then wrote to the other regulators asking if they had any similar routes to qualification which might have led to similar concerns. We received a number of letters from the GMC about the problem, which we have disclosed to you in full.
1 June 2022	The following request was made: '...all of the evidence and transcripts to which I would be entitled as an interested public observer.' [re case Kyle Blackburn]	We provide the following response: We consider that this information is exempt from disclosure under section 36(2) of the FOIA and is therefore being withheld. This is because the release of this information would contravene subsections 2(b)(ii) and 2(c); where disclosure: "would, or would be likely to, inhibit— (2)(b)(ii)the free and frank exchange of views for

		the purposes of deliberation, or (c)would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs. This section of the FOIA is subject to the 'public interest test' being performed. Consequently, it is our obligation under section 2(2)(b) to consider whether or not 'in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information'. We believe that if we were to release the information, registers and accredited registers would be unwilling to provide the information necessary to enable a free and frank exchange of views during process of applying for accreditation or when working with us to improve standards in the future. This may include both existing and potential new registers. This would prevent us from performing our duty under the National Health Service Reform and Health Care Professions Act 2002, section 25G as inserted by the Health and Social Care Act 2012, section 229. We believe that the public interest in the Authority being able to help and support registers and potential accredited registers to improve public protection and to be able to share information without fear that it will be publicly disclosed – particularly before the point they are accredited - outweighs other public interest considerations, and therefore we are maintaining the exemption.

01 July 2022	The following request was made: 1. This request for information relates to your experience of handling compliance cases (by which we mean cases involving engagement by you with the firms, organisations, or individuals which you regulate regarding potential breach of their regulatory obligations), the associated timescales and outcomes and your approach to follow up. 2. We wish first of all to know: (a) how many compliance cases were opened by you in the each of last five calendar years (i.e., 2017, 2018, 2019, 2020 and 2021); (b) of the compliance cases opened in each of those years, how many remain open and how many have been resolved; (c) of the compliance cases opened in each of those years which have been resolved: (i) how many were resolved without the opening of a formal investigation (by which we mean the exercise of statutory powers to gather information from firms, organisations, or individuals suspected of breaching their regulatory obligations); (ii) how many (distinguishing between those resolved without the opening of a formal investigation and other cases) were resolved in (i) less than six months; (ii) between six months and 12 months; and (iii) more than 12 months 3. Second, we wish to know, in relation to the resolved cases disclosed in your response to Q2(b) above (and distinguishing in each case between those resolved with and without the opening of a formal investigation) how many resulted in: (a) a finding or admission of breach on the part of the regulated firm, organisation or individual; (b) a payment of a financial penalty and/or making of financial redress; (c) a change (or undertakings as to a change) in the conduct of the regulated firm, organisation or individual;	We provide the following response: The Authority is not itself a regulator and we do not manage complaince cases. It may be helpful to set out a little bit more information about our role; Our role The Authority promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and voluntary registration of people working in health and care. We are an independent organisation, accountable to the UK Parliament. We oversee the work of ten statutory organisations, that regulate health professionals in the UK and social workers in England. We review the regulators' performance and audit and scrutinise their decisions about whether people on their registers are fit to practise. We can refer final fitness to practise panel decisions to court where we believe the decision was not sufficient to protect the public; maintain public confidence in the profession; and/or maintain proper professional standards. The Professional Standards Authority's reviews under Section 29 of the National Health Service Reform and Health Care Professions Act 2002 (the Act). The Authority reviews all final fitness to practise decisions of the Regulators. Section 29 of the Act gives us the power to refer certain decisions of the

	(d) a change in the senior management of the regulated firm or organisation; (e) none of the above. 4. Third, we wish to know, in relation to each of those resolved cases disclosed in your responses to Q3(a)-(d) above, in how many of those cases (distinguishing in each case between those resolved with and without the opening of a formal investigation) have you: (a) followed up with the firm, organisation, or individual to check up on the compliance areas examined in the resolved case; (b) opened another compliance case (whether related to the resolved case or not) involving the same firm, organisation, or individual.	regulators to court if we consider that the outcome is not sufficient to protect the public. If our appeal is successful a judge can substitute an outcome or remit the case back to the HCPC to be heard again. It may also be helpful for you to consider our annual report which sets out how many cases we have received and how many we have appealed each year https://www.professionalstandards.org.uk/about-us/our-annual-reports
11 July 2022	The following request was made: all documents and emails pertaining to the recent attempt to have Applied Behavioural Analysis made a regulated profession	We provide the following response: We consider that this information is exempt from disclosure under section 36(2) of the FOIA and is therefore being withheld. This is because the release of this information would contravene subsections 2(b)(ii) and 2(c); where disclosure: “would, or would be likely to, inhibit— (2)(b)(ii)the free and frank exchange of views for the purposes of deliberation, or (c)would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs. This section of the FOIA is subject to the ‘public interest test’ being performed. Consequently, it is our obligation under section 2(2)(b) to consider whether or not ‘in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information’.

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

		The meetings are held in public and the annual review of risk management is due in November, so please do contact us if you would like to attend this or any future meetings or if we can provide you with any further information.
9 August 2022	The following request was made: The PSA website states that where they disagree that a FTP decision protects the public, they can step in to make an appeal etc. Can you please obtain the relevant case numbers from the GMC and provide the following information for each one: ➢ Was the FTP decision reviewed by the PSA? ➢ Was the FTP decision challenged? ○ Where YES: Can you provide the link for each case (E.g. from here: https://www.professionalstandards.org.uk/what-we-do/our-work-with-regulators/decisions-about-practitioners/previous-cases) I trust this won't be an issue as it is already redacted/anonymised. ○ Where NO: Can you provide any detail around how this decision was made -if such information is indeed logged. Additionally, can you advise what, if any, protections are in place for patients following fine and/or prosecution for sexual offences, where a suspension has finished/been lifted?	We provide the following response: Unfortunately, we are not able to identify the cases in the list definitively and nor are we able to seek the information from the GMC. However, we do appreciate the serious nature of the request and would like to provide you with more information if possible. The Authority reviews all FtP decisions made by the regulators. However, we can only refer a case where it meets the criteria within the legislation in that the decision is insufficient for the protection of the public. More detail about the Authority's role and remit can be found here; https://www.professionalstandards.org.uk/docs/default-source/section-29/section-29-general/professional-standards-authority-section-29-process-and-guidelines.pdf?sfvrsn=cf2b4920_4 If after considering the process, you would like to request further information or to arrange a meeting to discuss this further please don't hesitate to contact us.

12 September 2022	The following request was made: We are seeking any complaints you have received in the last 10 years about the GMC's conduct on dealing with complaints of sexual misconduct perpetrated by doctors with the victim being a healthcare worker/colleague	We provide the following response: Unfortunately, we do not hold the information that you request. This is because the Authority is not a complaint handling body nor are we a regulator ourselves. This means that we are unable to investigate formal complaints about the GMC nor do we have any powers to intervene in the GMC's work, for example to compel it to take any action, such as to reconsider a decision. The GMC's decisions may only be challenged through its own processes or in a court of law. We do welcome feedback from the public to help inform out performance reviews of the GMC. However, we don't categorise this feedback by issue. We categorise them either by where they are in the regulator's process, like closed at the first stage, concern about a final decision or by the regulator function, for example registration, fitness to practise, policy etc. I know this will be disappointing to you. However, I hope it may be helpful to you to explain a little about our role. **Our role** The Authority promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and voluntary registration of people working in health and care. We are an independent organisation, accountable to the UK Parliament. We oversee the work of ten statutory organisations, that regulate health

		professionals in the UK and social workers in England. We review the regulators' performance and audit and scrutinise their decisions about whether people on their registers are fit to practise. We can refer final fitness to practise panel decisions to court where we believe the decision was insufficient to protect the public; maintain public confidence in the profession; and/or maintain proper professional standards. **How we consider feedback about the GMC's performance** We report on the performance of the health and care regulators, including the GMC. Our annual performance review, published and presented to Parliament, is our assessment of how well the GMC has been fulfilling its role to protect the public. In our performance reviews, we gather information about the GMC's performance during the year and assess whether it meets our 18 *Standards of Good Regulation*. These Standards consider how well the GMC manages its key regulatory functions, including how well it manages its registration process. At the end of our assessments, we publish our decision on whether the GMC has met our Standards in our performance review. Our reports do not include details of any individual cases but will discuss areas of a regulator's work which

		have been raised with us and cause concern. The feedback that we receive from registrants and applicants to the register can be highly valuable to us in providing insights into the GMC's work. We would be keen to hear more about your concerns and you can provide any details you wish to share to me.
12 October 2022	The following request was made: This is an information request relating to the number of staff who are contractual home workers. Please include the following information: • The number of staff that currently work employed by the organisation that are contractual home workers Please also include the following information: • The number of contractual home workers employed by the organisation in each of the last three financial years: 2019-20, 2020-21, 2021-22 By "contractual home workers" I mean employees who have it written into their contracts that their normal working arrangements are to work from home."	We provide the following response:
14 October 2022	The following request was made: Please respond to my initial FOI request in relation to the below cases: • Dr Benjamin Amrakpovughe Obukofe https://www.gmc-uk.org/doctors/5202294 • Dr Dana Faratian https://www.gmc-uk.org/doctors/6049507 • Dr Amitabh Kumar https://www.gmc-uk.org/doctors/7053276 • Mohsan Bilal ANWAR https://www.gmc-uk.org/doctors/7671906 Further to my initial questions, can you please also advise: • Who within the PSA reviews and determines whether to challenge such cases? • Is any Training received in relation to Sex Offenders, Sexual Violence or the	We provide the following response: The Authority receives every case heard by the MPTS and, unless the decision was an erasure or a further suspension, reviews them all. The process has varied over the years but, essentially, the cases are reviewed initially to see whether the decision raises any concerns and

	Rehabilition of Sex Offenders by those with the power to make these decisions, in order to give scientific and evidentiary backing to what is often a Subjective decision making process? • If it were found that the PSA should have challenged a decision, but didn't, what steps can be taken to address this? • In relation to this, is there a deadline after which a decision can no longer be challenged? • It appears that there is no limit to how many times a Doctor can be Suspended and remain on the Register; what Safeguards are in place with respect to this? o E.g. Where a Doctor is not erased as it is felt they can remediate, but then the Doctor does not take the necessary steps year upon year -how long can this continue for? • In the PSA's view, what constitutes as 'fundamentally incompatible with continuing to be a registered medical practitioner'? • In 2012 the GMC indicated that it was looking into ways to automatically erase Sex Offenders from the Medical Register. I have asked the GMC where they stand now and would like to extend this question to the PSA as to whether they have a view with respect to convicted Sex Offenders remaining on the Medical Register?	a sample of initial reviews are second checked. If there are concerns, the Authority sends for the papers and evidence which are reviewed by a lawyer. If concerns remain after that review, the Authority considers the case at a Case Meeting where senior decision-makers receive external legal advice and decide whether or not to appeal. The Authority has a short time limit in which to appeal. In cases where a sanction has been imposed, the appeal must be lodged within 67 days of the decision. It is not possible to appeal after that time has expired. When considering the decision, the Authority needs to take into account the legal framework and the decisions of the courts have been taken in respect of our jurisdiction. In particular, we need to bear in mind: • At present there is no formal requirement that a conviction for a sexual offence leads to erasure – regulators' sanctions guidance, however, make the seriousness of such offences clear. • Decisions in respect of sanction are "multi-factorial" and panels need to weigh a number of different matters including the seriousness of the offence (recognising that there is a scale of seriousness even for serious offences), comments made by the court, their assessment of the registrant's insight and the likely risk of repetition, testimonial evidence about the registrant and the context of the offence. The courts have recognised that people may disagree on the sanction but that does not necessarily make the decision wrong and the courts are

		reluctant to overturn decisions where the panel has reached a decision that appears open to it. • A sanction of a suspension for 12 months with a review is a serious sanction in that it protects the public by preventing the doctor from working with patients and a future panel is able to review progress and, indeed, erase the registrant at a later stage. • The purpose the sanction is to protect the public, not to punish. • The courts will be reluctant to overturn panels' assessments of a registrant's insight and the risk of repetition on the basis that the panel has seen the registrant and is in the best position to reach that decision. In respect of the decisions that you raise, all were reviewed. After the first hearing, one was reviewed at second check, the others at detailed case review or case meeting. None were challenged. All review decisions were reviewed and were not challenged. It is important to recognise that review hearings will focus on the registrant's progress since the initial hearing and that the public interest considerations which might have led to erasure are unlikely to have changed since the first hearing. In all of the cases the view was taken that, having regard to the courts' approach, the Authority was unlikely to be able to bring a successful challenge to the panel's decision. You ask what safeguards are in place once a suspension has been lifted. There are no formal safeguards in place on the basis that the panel

		has reached a decision that the registrant is now fit to practise without restriction. The fact of the suspension will be available to those contacting the GMC for the fitness to practise decision history. In response to your more recent questions insofar as they are not dealt with above: 1. Decisions to close cases at second check and after the detailed case review are taken by the Director of Scrutiny and Quality. Decisions at later stages are taken by panels chaired by the Chief Executive or a member of the Authority's Board together with other members of the Authority's staff who have been trained in the jurisdiction and our approach. 2. Decision-makers have not received training on sex offenders and so forth. It is not clear to us that this will be of assistance in assessing decisions which, to a large extent, depend on the individual circumstances of each case. 3. There is no limit to the number of times that review panels can re-impose suspensions. We do not consider that this is necessarily wrong. While a doctor is suspended, they cannot practise medicine and so there is no risk to patients. Panels will examine reasons why a doctor has not remediated and will also take into account other matters such as deskilling – in some cases a further suspension may be imposed to address that point even though the panel considers that the doctor has remediated the initial misconduct.

		4. We do not have a list of conduct which is obviously fundamentally incompatible with remaining on the register: in practice, decisions need to take account of the full circumstances of a case, including the registrant's insight and remediation. 5. The Government has set out its proposals for offences which will lead to automatic erasure from the register in its consultation paper Regulation healthcare professionals, protecting the public - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/978833/Regulating_healthcare_professionals__protecting_the_public.pdf (see paragraph 301). We await the Government's decisions in the light of that consultation.
8 November 2022	The following request was made: I am writing to request the following information in relation to: Invitation to tender and statement of requirement: "Website maintenance, hosting and development services" published on 27th January 2022, under the Freedom of Information Act 2000 • Copy of winning bid • Value of winning tender • Number of bidders • Details of all bidders • Ranking of all bidders	We provide the following response: In regard to the above request I can confirm the below; Copy of winning bid No winning bidder Value of winning tender No winning bidder Number of bidders 3 Details of all bidders Blu zetta, Dbaas, Love the Idea Ranking of all bidders 1) Love the Idea, 2) Blu Zetta, 3) Dbaas Ltd
8 November 2022	The following request was made: Could you please provide mw with up to date names, job titles and email addresses for your Senior IT staff, such as;	We provide the following response: In regard to the above request I can confirm that we have one ICT Manager and one ICT Support

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

7 December 2022	The following request was made: Please include the information for each of the following financial years; 2019/20, 2020/21, 2021/22: • The number of staff working at the organisation in each of these financial years • The total wage bill for each of these years Please also provide me with the current headcount of staff.”	We provide the following response: In regards to the above request I can confirm all information in regards to financial years can be found in our Annual reports for those years which I have attached. Annual Report 21/22 – Page 80. Annual Report 20/21 – Page 73 / 74 Annual Report 19/20 – Page 57 The current number of staff employed is 45.
16 January 2023	The following request was made: 1/ In the time since the establishment of the Professional Standards Authority, has the authority conducted any research into the proportion of professionals working in the healthcare services, regulated by those regulators in your oversight, to establish the proportion of professionals working in these regulated sectors of healthcare, who are not registrants, but are however directly or indirectly involved in the care of NHS patients? 2/ Specifically, in the case of the GPhC who regulates pharmacists and technicians, has the PSA sought to determine the proportion of non GPhC registrants who none the less, present to NHS patients and, or conduct work relating to the provision of fulfilling prescriptions for NHS patients, but are not regulated by the GPhC? 3/ Generally; In the areas of healthcare, regulated by the CQC, these have regulated powers over the employers of non CQC employed healthcare workers, for example nurses and midwives. Who is responsible for the potential crossover of regulatory investigation in which an employee of an NHS trust has impacted the conduct of non CQC regulated registrant who is under investigation in the fitness to practise system? 4/ Who is responsible for those professionals servicing NHS contracts in the sectors represented by the ten regulators in the PSA oversight, that are not required to be registered, but could otherwise impact on the safety of NHS patients?	We provide the following response: We do not hold any recorded information in relation to your request and are therefore unable to provide anything under the FOIA. However, we hope the following information will be helpful to you; 1. No 2. No 3. We expect the regulator and the CQC to co-operate with investigations. However, where an individual is not regulated or within the powers of the CQC only the employer has the power to take action against them. 4. The relationship is between the relevant NHS and the contractor and is governed by the normal principles of contract liability. There is no other regulatory oversight of the individuals concerned.

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

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

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<tr><td>17 April 2023</td><td>The following request was made:

‘I'm looking for the following figures for fin years (April-March) 2018/19 and 20/19/20 and 2020/21 for the BACP:

-Number of members
-How many complaints per year
-How many were heard by the BACP

I was able to get the first 2 for 20/21 from the annual review:
https://www.professionalstandards.org.uk/docs/default-source/accredited-registers/panel-decisions/bacp-annual-review-2021.pdf?sfvrsn=84357220_12

But can't find earlier annual reviews with this info. I contacted the BACP directly citing transparency under #6 in the PSA Accreditation framework:
"Governance The governance of the organisation supports public protection and promotes transparency, integrity, and accountability."

but they redirected me to you. Could you please assist?’</td><td>We provide the following response:

Please see timeframes for which we hold the data in the table below – this does not match exactly to the dates requested but is the nearest we have. We have interpreted the request for complaints ‘heard by the BACP’ as those for which there was a decision to progress to a full hearing.

<table><tr><td></td><td>Number of Accredited Register registrants</td><td>Total Complaints received (includes Professional Conduct Procedure (PCP) complaints and Article 12.6)</td><td>Complaints progressed to a full hearing (includes all complaints routes)</td></tr><tr><td>2018/19 (Jan-Oct 2018)</td><td>34,872 (as of 20 Dec 2018)</td><td>130</td><td>22</td></tr><tr><td>2019/20 (Jan-Oct 2019)</td><td>37,160* (as of 1 Dec 2019)</td><td>241</td><td>35</td></tr><tr><td>2020/21 (Jan 2020-Dec 2020)</td><td>40,040 (as of 5 March 2021)</td><td>267</td><td>50</td></tr></table>* BACP have members who are not on the Accredited Register, BACP reported that it had 50,594 members this year,</td></tr>
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		we don't however have data on member numbers for the other years.
16 May and 15 June 2023	The following request was made: '…information regarding a conflict of interest between both The National Counselling and Psychotherapy Society, The National Hypnotherapy society and Chrysalis Not For Profit Limited.'	We provide the following response: I can confirm that we do hold information falling within the scope of your request. However we need more time to consider it. I wish to advise you that we believe the following exemption applies to the information that you have requested: S36 prejudice to the effective conduct of public affairs. By virtue of section 10(3), where public authorities have to consider the balance of the public interest in relation to a request, they do not have to comply with the request until such time as is reasonable in the circumstances. The Authority has not yet reached a decision on the balance of the public interest. Due to the need to consider, in all the circumstances of the case, where the balance of the public interest lies in relation to the information that you have requested, the Authority will not be able to respond to your request in full within 20 working days. However, please find attached the remainder of the information we hold in relation to your request, in particular pages 11-12. 15 June 2023 – response part two -

		The information that had been held back for further consideration was a section of the NCPS application. Having now reviewed this we consider that the information is exempt from disclosure under section 36(2) of the FOIA and is therefore being withheld. This is because the release of this information would contravene subsections 2(b)(ii) and 2(c); where disclosure: *"would, or would be likely to, inhibit—* *(2)(b)(ii)the free and frank exchange of views for the purposes of deliberation, or* *(c)would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs.* This section of the FOIA is subject to the 'public interest test' being performed. Consequently, it is our obligation under section 2(2)(b) to consider whether or not 'in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information'. We believe that if we were to release the information, registers and accredited registers would be unwilling to provide the information necessary to enable a free and frank exchange of views during process of applying for accreditation or when working with us to improve standards in the future. This may include both existing and potential new registers. This would prevent us from performing our duty under the National Health Service Reform and Health Care Professions Act 2002, section 25G as inserted by the Health and Social Care Act 2012, section

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We believe that the public interest in the Authority being able to help and support registers and potential accredited registers to improve public protection and to be able to share information without fear that it will be publicly disclosed – particularly before the point they are accredited - outweighs other public interest considerations, and therefore we are maintaining the exemption.</td>
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<td>15 June 2023</td>
<td>The following request was made:

“If possible, please can you let me know the following:
1. How many complaints about the GMC, have you received per year, since 2020.
2. How many feedback about the GMC, have you received per year, since 2020.

I realise you cannot act on GMC complaints but you still receive them. I do understand you cannot deal with individual complaints about health/social care practitioners. In the first instance, it is often better to contact an employer and/or the regulator. But you do collect public and professional feedback about regulators via your website or, concerns @ professionalstandards.org.uk.”</td>
<td>We provide the following response:

In regard to the above request and point 1 mentioned, I can confirm that as we are not a complaint handling body we do not categorise ‘share your experience’ feedback in this way and therefore do not hold this information.

In relation to your second question, I have added a table below of the feedback which may be concerns received regarding the GMC.
<table>
<tr><th>Year</th><th>No of GMC feedback/concerns received</th></tr>
<tr><td>2019-2020</td><td>74</td></tr>
<tr><td>2020-2021</td><td>64</td></tr>
<tr><td>2021-2022</td><td>51</td></tr>
<tr><td>2022-2023</td><td>118</td></tr>
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18 June 2023	The following request was made: I wish to make a Freedom of Information Request (FOI) for a copy of the PSA review and any documentation/information used to produce the review of the MPTS Tribunal, Dr Valero, held between 23 Jan and the 7 Feb 2023.	We provide the following response: Information regarding the PSA's decision making process, documentation, decision making and remit can be found here Decisions about health and care practitioners (professionalstandards.org.uk) A copy of the determination on this matter (attached to this letter). We consider that releasing information in relation to our decision making on this matter is exempt under section 36 in that it would be likely to prejudice "the effective conduct of public affairs". We believe it would inhibit free and frank advice and discussion when making decisions. However, we have also considered the public interest test in relation to this matter and on balance feel the public interest in transparency means that we should share our recommendation; 'Recommendation: The misconduct was isolated to two patients and there is no evidence of repetition since or that he poses a risk in continuing to practise. He has shown insight and undertaken remediation and the panel noted the supportive testimonials. No further action recommended. Director's review comments: I agree with the initial review. The panel has considered the facts carefully and I do not consider that we can show its views were wrong. Its decision on impairment is carefully considered

		and I think warning addresses any public protection concerns.'
21 June 2023	The following request was made: "1. What methods are used inside British Prisons for the non surgical 'Chemical' and 'Non Chemical' castration of prisoners in certain categories? 2. Are the methods used reversible ? 3. Do any of these methods include the use of 'Restriction of blood flow to the genital areas via main artery constriction' ? … And if so which artery is utilised? 4. Do any of these methods include the use of 'injectable', or 'implantable' microchips ? 5. Are these methods also used for Parolees ? 6. How long do these various methods of 'Non Surgical Castration' last ?"	We provide the following response: In regard to all the above requests, please be advised we do not hold this information
11 July 2023	The following request was made: "Can you provide me with information regarding the numbers of cases referred to you about the failings in professional standards arising from hospital deaths of austic patients diagnosed with Borderline Personality Disorder."	We provide the following response: We do not hold the information you have requested. Please note that the Authority is not itself a regulator and therefore we do not receive cases. You may wish to contact the GMC or NMC directly as the cases would be referred to them as the regulator.
24 July 2023	The following request was made: "What I want to know is whether the PSA assessed the HCPC as meeting all the Standards of Good Regulation in relation to registration despite being aware of the following three serious untoward incidents which I know to have occurred within the HCPC's Registration Department during 2022/23. The three incidents of which I am personally aware are:	We provide the following response: We have confirmed with our Regulation and Accreditation team regarding the above points and their responses are below; 1. We did have information on this issue. We

	1. The HCPC granted registration to a cohort of paramedics from Ireland. When these paramedics were already here practising in the UK, the HCPC wrote to them to say they had made an error in admitting them to the register, they did not actually meet the standards necessary for HCPC registration and the HCPC would need to start fitness to practise proceedings to try and remove them from the register. 2. The HCPC granted registration to a cohort of paramedics from Nigeria. When these paramedics relocated to the UK (with their families and children) and started to work in the UK, it became apparent to their NHS Trust that there were some significant differences between the work of a paramedic in Nigeria and the work of a paramedic in the UK and the paramedics probably ought not to have been granted HCPC registration. The Trust felt obliged to refer the entire cohort to the HCPC's Fitness To Practise Department, terminated their employment and offered them a sum of money to just leave the UK and "go home". 3. A third incident which I found deeply troubling is that an international applicant telephoned the HCPC to chase a decision on their application for registration, they were placed on hold but the HCPC staff member didn't apply the hold correctly, so the applicant heard the staff member and a colleague proceed to make racist remarks about people from their country. The applicant made a formal complaint to the HCPC about this and received an apology, so there must be a record of it within the HCPC. I want to know if the PSA is aware of all of the incidents above and yet gave the HCPC a successful rating.."	explored it in detail with the HCPC and were assured with the way it was handled by the HCPC. It is our understanding that the HCPC did not initiate fitness to practise proceedings against any of the affected registrants. We have summarised our findings in paragraphs 11.14 and 11.15 of the report. 2. We do not hold information on this second issue. 3. We are not able to identify this from the information provided. Should you wish to provide further information such as the name of the Trust mentioned in item 2, or further information regarding item 3 we can share with the team under 'share your experience' for their consideration. Please note that our report does not set out full details of everything that we considered during the assessment and review, but it provides enough information so that people can understand how we reached our decision about each Standard. I have included a link to our Performance Review page on our website which outlines our processes. https://www.professionalstandards.org.uk/what-we-do/our-work-with-regulators/read-performance-reviews
16 August 2023	The following request was made: Please see below responses following your Freedom of Information Request dated 15 August 2023.	We provide the following response: Answers in previous column

	1. What services are included in the contract(s)? (e.g. printing vs scanning etc)? Print, Scan, Copy, Papercut Hive 2. Which supplier is delivering them? (If in-house, please confirm or if multiple provider please identify them)? Konica Minolta 3. How many contracts does this entail and what's the award value for each? 1, £11,000 over 5 years 4. When do these contracts expire and do they have any extensions? 2028, then rolling 5. What is the annual volumetric data (split by Annual Mono and Annual Colour print)? 65% colour 6. What is the total number of devices supplied? 2 7. What Managed Print Service software solution do you use? Papercut Hive 8. How many Mono MFDs and Colour MFDs do you have? 2 colour MFDs 9. What document management solution do you use? Sharepoint online and Onedrive 10. What High Volume printing devices do you use? Don’t use any, just standard devices 11. Were any framework agreements used to procure the goods/services? If so, which ones? Yes, Y20023 12. Any documentation you can provide me with, e.g. the order form? 13. What department is managing the contract and who's the decision-maker? IT, Corporate Services 14. How many Adobe Acrobat (standard, professional and reader) licenses do you have? 50 Professional	

	15. What is the annual cost? £8081 16. When is the renewal date? March 2024 17. Who is responsible for the contract? IT Manager 18. Do you use any other PDF editing tools? No	
18 August 2023	The following request was made: Please may you provide me, in Microsoft Excel or an equivalent electronic format, with a list of invoices that were not paid within 30 days for the last 6 financial years (2017/18 to 2022/23 inclusive) which would feed into the Regulation 113 Notice you are required to publish each year as part of your obligations under The Public Contracts Regulations 2015, with the following information for each invoice (where available): The name of the Supplier Supplier email address Supplier company registration number Supplier postal address Supplier telephone number Supplier website The date of the invoice The invoice reference The gross value of the Invoice The date the invoice should have been paid by The actual payment date of the invoice The total amount of interest liability due to late payment of the invoice The total amount of interest paid to the supplier due to late payment of the invoice. For the avoidance of doubt we request the data behind payment performance summaries for Regulation 113 Notices, not the summaries themselves. We expect that this information to be readily available and easily accessible in the electronic format requested given the necessity of source data which must have been required to prepare and produce the Regulation 113 Notice. Please may you provide me, in Microsoft Excel or an equivalent electronic format, with a list	We provide the following response: Please see attached data and below following your Freedom of Information Request dated 24 July 2023. Please note we have been unable to sort the attached data into those which were not paid within 30 days. We can do this if requested, however we will need further time to complete this. Please let me know should you want the data sorted. The following data is not available as we do not collect or hold it. Supplier company registration number – We don't collect this information Supplier website – We don't collect this information The date the invoice should have been paid by – We don't have this info as we under government rules that all invoices should be paid withing 10 working days unless there is a dispute The total amount of interest liability due to late payment of the invoice – None in last 6 years The total amount of interest paid to the supplier

	of invoices that were not paid within 30 days for the last 6 financial years (2017/18 to 2022/23 inclusive) which would feed into the Regulation 113 Notice you are required to publish each year as part of your obligations under The Public Contracts Regulations 2015, with the following information for each invoice (where available): The name of the Supplier Supplier email address Supplier company registration number Supplier postal address Supplier telephone number Supplier website The date of the invoice The invoice reference The gross value of the Invoice The date the invoice should have been paid by The actual payment date of the invoice The total amount of interest liability due to late payment of the invoice The total amount of interest paid to the supplier due to late payment of the invoice. For the avoidance of doubt we request the data behind payment performance summaries for Regulation 113 Notices, not the summaries themselves. We expect that this information to be readily available and easily accessible in the electronic format requested given the necessity of source data which must have been required to prepare and produce the Regulation 113 Notice.	due to late payment of the invoice. – None in last 6 years
12 September 2023	The following request was made: This is an information request relating to the number of staff who are allowed to work from abroad. Please include the following information, for the 2020/21, 2021/22, 2022/23 financial years: The number of staff, per year, given permission to work from abroad For each member of staff granted permission, please provide their pay band, the country they have been allowed to work from, the length of time that they have been allowed to work for	We provide the following response: We are only able to provide information for 22/23 as prior to this there weren't any restrictions in place for overseas working. Therefore we wouldn't have had to do anything to our system nor need to be notified if someone was working abroad. Our conditional access policies were applied to all PSA accounts after our cloud move in October

	and the dates they were allowed to work from abroad. Please also provide the reason. If any of this is not possible to provide, please provide the remaining information”	2022, that’s when restrictions would have started to be enforced so for 2022/23 we can provide this information from October until the end of 22/23. 1 member of staff – Head of Function Pay Band 5 – Spain – 24/10/22 (6 days) 1 member of staff – Technical Specialist Pay Band 3 – Australia – 07/12/22 (5 days) 1 member of staff – Pay Band ELT – USA/Cayman Islands – 16/12/22 (14 days) 1 member of staff - Board – Thailand/Australia – 18/12/22 (20 days) 1 member of staff – Administrator Pay Band 1– Germany – 22/12/22 (14 days) 1 member of staff – Pay Band ELT – USA – 11/01/23 (5 days) We are not able to provide the reasons why these individuals were travelling to these countries as that is not information we capture when authorising these requests.