

2021/22

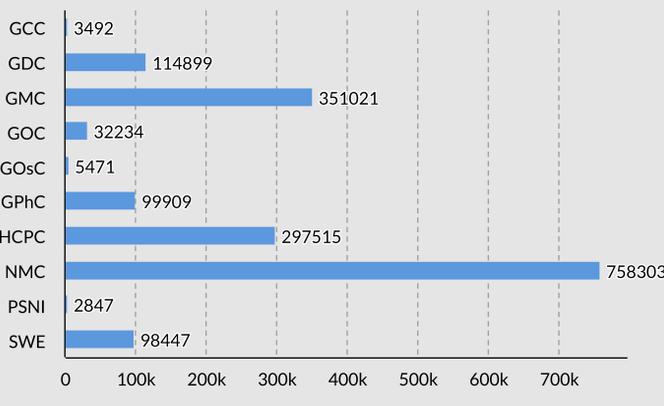
The year in numbers



- The oversight of 10 statutory bodies that regulate health and social care professionals in the UK
- The accreditation of registers of health and care professionals held by non-statutory bodies
- The provision of commissions to, and undertaking investigations for, government
- The provision of advice to other similar organisations in the UK and overseas

An overview of what we do

Number of registrants per health and social care professional regulator



#1

The regulators we oversee

- General Chiropractic Council (GCC)
- General Dental Council (GDC)
- General Medical Council (GMC)
- General Optical Council (GOC)
- General Osteopathic Council (GOsC)
- General Pharmaceutical Council (GPhC)
- Health and Care Professions Council (HCPC)
- Nursing and Midwifery Council (NMC)
- Pharmaceutical Society of Northern Ireland (PSNI)
- Social Work England (SWE)



#2

Performance Reviews



Performance review consultation

Following consultation, we designed a new, more streamlined approach to our performance review process which we will implement in 2022/23.



A new approach to performance reviews

Our performance reviews published this year demonstrate that the regulators continue to protect the public - meeting most of our Standards of Good Regulation. Where regulators do not meet a Standard, it usually relates to their fitness to practise processes.

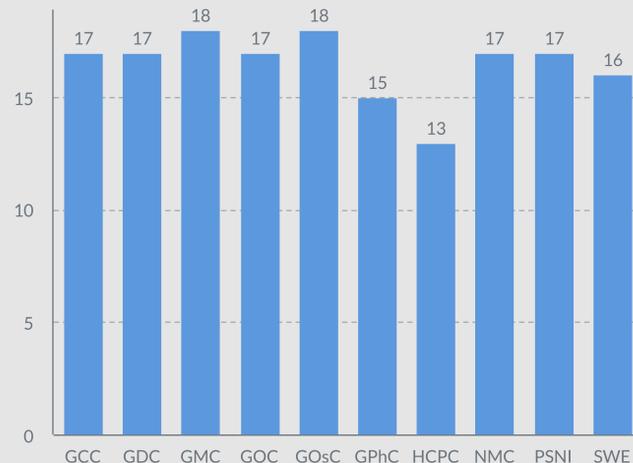
We continued to work with HCPC on its fitness to practise improvement plan, including closer monitoring, attending operational meetings and the HCPC's Fitness to Practise Improvement Board.

#3

Standards met by regulators



GDC, SWE & PSNI reports were published after financial year-end in April, May and June 2022.



#4

Scrutinising fitness to practise decisions



2,137 final fitness to practise decisions scrutinised

A 6% increase in cases notified to us as the regulators held more hearings following the pandemic.



101 detailed case reviews

Seven cases referred this financial year were upheld or settled by consent, one was withdrawn because the registrant was removed from the register; 11 remaining cases are listed for hearing in 2022/23.

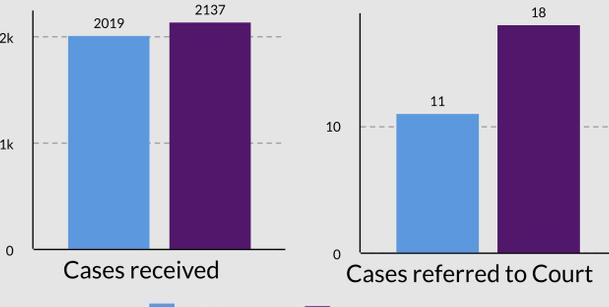


26 case meetings

Where we decided not to refer a case to Court, we identified learning points to feedback to the regulators.



18 cases referred to court



#5

Accrediting registers



23 registers

Changes made to the programme as a result of our strategic review, included the introduction of a new 'public interest test' to consider whether the benefits of the activities of practitioners on a Register outweigh any risks.

We also introduced a revised fees model, and a risk-based assessment cycle.

We launched a safeguarding pilot scheme aimed at addressing the current gap in checks of self-employed Accredited Register practitioners.

We continued to raise awareness of the programme, its benefits and why it's important to use practitioners registered under the umbrella of the programme. We also redesigned our communications toolkits.



100,000 practitioners



Covering 60 occupations

#6

Improving regulation



Covid-19 learning review

At the beginning of the year, we published our Covid-19 learning review containing cases studies from each of the regulators. It aimed to identify lessons for professional regulation from the early stages of responding to the pandemic.



3 research reports published

Research published on whether consistency between regulators matters, ethical dilemmas during the pandemic and cognitive bias in decision-making.

We shared insights and facilitated discussions during the year at online/hybrid events. This included the annual symposium focusing on bridging the gaps in the patient safety system including in relation to equality, diversity and inclusion. The theme for our joint seminar with the Welsh government was on *Ensuring flexibility and resilience in a regulatory system under pressure*. We also held a follow-up seminar on the professional duty of candour in Scotland.



Online/hybrid events

#7

Reforming regulation

Three proposals in the consultation that need clarifying to ensure they do not reduce public protection:

Towards the end of 2020/21 the Government published its consultation on *Regulating healthcare professionals, protecting the public*. Our main aim in responding to the consultation was to ensure that the reforms stayed focused on public protection.

1 Reducing the grounds for action in the fitness to practise process.

We had concerns about proposals in three areas of the consultation. We believed that, if not addressed, these could inadvertently create a gap in public protection as well as reduce accountability and transparency. We made these the focus of our engagement with stakeholders.

2 Using 'accepted outcomes' to settle fitness to practise cases.

We produced two short reports: one outlining the three areas and detailing how they could be addressed; the second focusing on the proposed reforms to the fitness to practise process.

3 Proposal to give regulators more freedom so they can decide how they use the duties and powers they will be given in law.

We created a new area on our website to explain our concerns in more detail, including sets of FAQs. We also held several roundtables to explain our concerns, including with representative bodies for both patients and professionals.