professional
standards
authority

for Health and Social Care

Standards for Regulators: Evidence framework

The Standards for regulators (the Standards) describe the outcomes of good regulation for each of the regulator's functions.

Introduction

The evidence framework, set out in the table below, provides examples of evidence that we may review as part of our assessment of a regulator against the Standards. The examples listed within the 'possible evidence' column are not meant to be exhaustive, and because the regulators operate within different contexts, the relevance of different types of evidence will vary from regulator to regulator. For that reason, we do not prescribe a definitive set of evidence that we will use to assess all regulators.

As the list of possible evidence is not exhaustive, we may choose to use additional evidence in our assessment. Similarly, we are unlikely to use all possible evidence for all Standards for all regulators. The information we will seek from the regulators will be proportionate and depend on what we have access to, and where relevant will likely be sought through requests for further information.

When assessing against the Standards, we may deem it necessary and appropriate to seek feedback from a wide range of stakeholders, including registrants, members of the public, patients and/or staff of the regulator.

Certain elements within the evidence framework could be relevant across all Standards. For example:

- feedback received including concerns provided to us by stakeholders (members of the public, patients, staff of regulators
- or third-party organisations and findings from surveys)
- relevant parts of our regular dataset
- information from our reviews of the regulator's final fitness to practise decisions under our Section 29 process
- information and findings gathered from our audit

This document will be reviewed in collaboration with the regulators prior to its implementation, and will be subject to regular review once operational.

Governance

Standard	Possible evidence
Standard 1	
Good governance The governing body and senior leaders put in place arrangements for the organisation to effectively protect the public and maintain public confidence.	• Evidence of the regulator's documented purpose and how this is articulated for stakeholders, including how this relates to its statutory objectives as set out in its legislation • Evidence of activities undertaken by the regulator that are in line with its statutory objectives, and how the regulator considers any potential conflicts of its work with these, for example work to support or develop the profession • Business and strategic plans, including how these relate to statutory functions • Evidence that the regulator seeks to ensure that leadership decisions are informed by an understanding of risks and evidence, including practice risks and the external operating context • Evidence of the management of potential conflicts of interest within governance structures including up to date published registers of interests • Evidence about how the regulator embeds new regulatory policies across its functions • Evidence of consistent application of regulatory policies • Evidence that the regulator provides routes for members of staff to raise concerns e.g. through a whistleblowing policy / freedom to speak up guardian • Evidence that the regulator measures the impact and effectiveness of its policies

	- Outcomes of internal audits / reviews of Board / Council effectiveness reviews and evidence that the regulator has acted on those outcomes - Evidence of how the regulator has assessed its organisational culture and any learning it has taken to make improvements - Examples of the regulator encouraging openness and learning when things have gone wrong - Clear rationale how the regulator determines what information is discussed in public and private e.g. through application of policy / guidance - Board and Committee agendas (to be requested by exception on the basis of risk)

Standard 2

Reporting on organisational performance and addressing concerns The organisation publicly reports on its performance, identifies and acts on learning and addresses concerns about its performance.	- Annual reports and other publicly available performance information - Evidence of adherence to the Charity Commission Governance Code to support good governance practices and informal self-assessments (where relevant) - Details of transparent, easily accessible processes for raising concerns with the regulator, including how it defines corporate complaints - Examples that the regulator offers channels for both internal and external stakeholders—including the public, whistleblowers, and through any freedom to speak up guardian—to raise concerns, and provides data on concerns raised as well as evidence of learning from them - Examples of action taken in response to published inquiries and other relevant reports, including reports / findings by the PSA, external inquiries, relevant policy reports, coroners' reports etc - Examples of the regulator proactively seeking feedback, identifying and applying learning - Evidence that the regulator measures the impact and effectiveness of its policies

General

Standard	Possible evidence

Standard 3

Equality, Diversity & Inclusion (EDI)	- Refer to the **Standard 3 Evidence Matrix**

The organisation promotes Equality, Diversity and Inclusion and takes action to reduce inequalities and assures its policies and processes are fair and equitable to all.	*We propose that the outcomes and indicators in the S3 evidence matrix should be retained beyond 2025/26 because they have provided a clear structure to our S3 assessments since 2023/24, they remain relevant to the redrafted S3 wording and are familiar to regulators and relevant staff in the PSA. We have not identified further indicators or sources of evidence to add, nor have we identified any current indicators that we would want to remove. However, we will take account of feedback from regulators during the engagement phase to come, and have further discussions within the team, and can make adjustments to the content of the S3 matrix if required. We will also need to amend the presentation of the matrix e.g. removing the years and changing the format and/or title, which we will flag to regulators when the standards and evidence framework are circulated. We could also present the content of the matrix within the Evidence Framework itself rather than have a separate S3 document – there are pros and cons to that.*

Standard 4

Engaging and working with others The organisation engages and collaborates effectively, in order to inform, enhance and deliver its work. It seeks appropriate alignment with other organisations, and identifies and manages risks to the public in respect of its registrants.	• Information on stakeholders' feedback about the effectiveness of the engagement process around any significant changes to the regulator's work, such as the revision/development of standards and guidance • Consultations with stakeholders and actions taken as a result • Examples of working relationships with relevant stakeholders, for example patient groups, professional bodies, unions, employers and other regulators • Information sent to the PSA by stakeholders through the Share Your Experience process / requests for feedback / surveys • Information on how the regulator works with other organisations to gather and share intelligence (with appropriate data protection measures) about its registrants, and where appropriate refers fitness to practise cases to those organisations through a process that is documented, consistent, fairly applied, and regularly reviewed • Processes for communicating/disclosing non-published FITNESS TO PRACTISE information to relevant stakeholders, for example employers, as appropriate • Examples of alignment or evidence that regulators are considering alignment between themselves through policies / processes / MoUs in the interests of promoting public protection where possible

- Examples of the regulator working with others to manage risks identified in respect of their registrants

Standards and Guidance

Standard	Possible evidence
Standard 5	
Standards and Guidance for Registrants The organisation maintains, publishes and promotes up to date standards and guidance that support health and care practitioners to act professionally and practise safely, prioritising public protection	• Current standards / guidance for registrants, and any supporting material which helps registrants in their understanding and application • Information on the time since the last revision of the standards, and details on the way in which that review was carried out • Information about the processes for revising / developing, implementing and evaluating Standards / Guidance, including how stakeholder feedback is taken into account. This includes details of how the regulator has taken account of current and future needs of the healthcare landscape (such as technology, partnership working between patients / service users and registrants, the need for flexibility, move to more community-based care, preventative healthcare) • Information received by the PSA on whether the standards / guidance remain fit for purpose and reflects patient and service user care and safety

Education and Training

Standard	Possible evidence
Standard 6	
Standards for Education and Training The organisation maintains and publishes up-to-date standards for education and training that prioritise public protection,	• Detail of how the standards for education link/map to the standards for registrants and prioritise public protection and take account of the evolving workplace (technology, partnership working between patients / service users and registrants, the need for flexibility, move to more community-based care, preventative healthcare) • Detail of a formal process for review of the education standards and information about the frequency and outcome of reviews

prepare learners to work safely and effectively and meet the needs of diverse populations.	• Detail of evaluation of the effectiveness of the standards development/review process, including in relation to the account taken of stakeholders' views and of QA outcomes • Evidence that the regulator's standards for education and training require the standards for registration to be included as part of the programme curriculum • Evidence that the regulator's standards for education and training provide for patient, service user and/or carer involvement in education and training programmes • Evidence that the regulator makes available guidance for education and training providers to help them understand and meet the regulator's standards • Further detail on the specific components of patient safety which should be covered in standards for education and training – e.g. the role of patients, the public, carers and families play in preventing patient safety incidents and improving safety, instilling resilience, capacity to self-care, for example. • An explicit reference to further key areas of risk which regulators should expect education and training providers to have systems in place to manage e.g. work-based learning, AI (alongside technology) and assessment of professionalism. • Evidence that the regulator can be assured that students and trainees understand how the regulator is supportive of professionalism.

Standard 7

Quality Assurance of Education and Training The organisation is effective in assuring itself that education and assessment providers are delivering learners who meet the education outcomes and other relevant registration requirements, and provide a safe environment for learning.	• Description/process documents/guidance relating to the QA process, including analysis, inspection, appointment and training of visitors/inspectors/panels, and process review • Where applicable, evidence of how the regulator manages and delivers assessments/examinations that lead to registration • Information on the regulator's work to promote proportionality in the QA process • Evidence of a regulator's QA activity, including outcome reports and any concerns or trends identified and follow up action taken, for example where approval is subject to conditions • Evidence of a process to raise concerns about education/training programmes and action taken in respect of these concerns, including number of concerns raised and monitoring of any themes • Information on how feedback from educational institutions, students and other stakeholders is gathered, and how this feedback is used

- Evaluation of whether programmes deliver trainees that meet the needs for registration, including the use of feedback from employers
- Evidence that the focus of the QA process is on confirming that providers are producing students and trainees that meet the standards for registration
- Evidence that the regulator takes account of any relevant trends and learning from student fitness to practise outcomes where appropriate as evidence for the QA process

Registration

Standard	Possible evidence
Standard 8	
The public register The organisation maintains an accurate and accessible published register of all health or care practitioners, clearly indicating any restrictions on their registration. Where appropriate, this applies to businesses and premises, who are registered.	• Online register format, content and accessibility • Information on the rationale for including the information displayed on the register, including legal requirements where applicable • Register checks undertaken by the PSA • Process for updating and quality assuring the register, including the checking of data accuracy • Information on links between fitness to practise and registration functions to ensure that registrants remain appropriately registered • Information on how the register is updated with fitness to practise information
Standard 9	
The registration process The organisation operates a transparent, proportionate, efficient and fair process to allow only suitable practitioners, and, where applicable, businesses or	• Standard Operating Procedures (SOPs)/process documents and any other information outlining how the regulator deals with illegal practice allegations • Data on the number of illegal practice cases reviewed by the regulator per year, and examples of how these were managed • Information for the public about illegal practice and how the regulator deals with allegations of illegal practice

premises to join, remain on, and return to its register.	

Standard 10

Protecting the public from unregistered practitioners The organisation takes proportionate action in response to the risk of people misleading the public about their registration status.	• Standard Operating Procedures (SOPs)/process documents and any other information outlining how the regulator deals with illegal practice allegations • Data on the number of illegal practice cases reviewed by the regulator per year, and examples of how these were managed • Information for the public about illegal practice and how the regulator deals with allegations of illegal practice

Standard 11

Continuing suitability for registration The organisation has proportionate requirements and processes in place in place to assure that registrants maintain their skills and are suitable to practice.	• Information about the process registrants must follow to demonstrate continuing fitness to practise (CFTP) • Information about the organisation's process for identifying and responding to concerns that registrants may be unsuitable for registration (such as being cautioned or charged for a criminal offence being subject to investigation or sanction by other regulatory bodies, or inclusion on a relevant barred list) • SOPs/process documents that describe how CFTP is assessed by the regulator • Evidence that the regulator seeks feedback on its CFTP processes, and considers this feedback when making changes to these processes • Evidence that the regulator regularly reviews its CTP processes to ensure these remain fit for purpose • Information for registrants and the public about how the regulator assesses CFTP • Information about how the regulator monitors the operation of its CFTP system, such as compliance levels and performance reporting

Concerns

Standard	Possible evidence
Standard 12	
Raising concerns about a registrant The organisation ensures that the process for raising a concern is accessible to all, makes clear the types of concerns that should be referred to it, and supports timely local resolution of cases where appropriate.	• Information about engagement activity undertaken to gauge and/or improve awareness of the regulator's fitness to practise process • Information available to staff and decision-makers on the kinds of concerns that can be dealt with • Information on referrals through a regulator's premises/business inspection function, where applicable • Information on accessibility of fitness to practise complaints process including clarity and accessibility of key information, tailored support for different groups (such as reasonable adjustments) in making a complaint and multiple methods available for making a complaint • Guidance for staff about signposting complainants to other organisations, where appropriate, and evidence of this occurring • Approach to reaching underrepresented groups who may wish to raise a complaint • Evidence of signposting of support available from advocacy organisations and other complaints organisation • Complaints roadmap with key points, potential outcomes and timeframes for each stage • Defined point of contact for complainants or suitable alternative approach • Evidence of system for regular communications throughout the process, even if there is limited progress
Standard 13	
Investigating and resolving concerns – timeliness The organisation considers, investigates and resolves concerns about registrants as	• SOPs/process documents that set out how the regulator manages the stages of the fitness to practise process, and associated forms/template letters • SLAs and KPIs related to each of the stages of the fitness to practise process and evidence of how compliance is monitored; outcomes of the monitoring process and action taken in respect of non-compliance

quickly as is possible for a fair and safe resolution of the case	• Information on how the regulator assures itself that it is progressing cases in a timely manner and investigating these thoroughly • Evidence that timescales for each stage of the fitness to practise process are actively monitored, and that cases are managed efficiently and proactively to avoid delay • Evidence that the regulator clearly sets out how it determines which complaints meet its threshold for investigation, and how this threshold is applied consistently, fairly, and in line with its standards, rules and policies • Relevant dataset (including contextual narrative) • Fitness to practise Council Paper

Standard 14

Investigating and resolving concerns – fairness The organisation's policies and process for considering, investigating and resolving concerns about registrants are fair, proportionate, consistent and transparent, while protecting the public and maintaining public confidence.	• Processes to quality assure decisions taken not to investigate, and identification of any relevant learning • Process for, and outcome of, regular internal assurance of decisions made by decision-makers at all levels of the fitness to practise process • Information about the number of upheld concerns raised/complaints made about the quality of fitness to practise decisions, and actions taken in response. • Information on the appointment, training and evaluation of decision-makers • Guidance documents for decision-makers to ensure consistency of decisions • Evidence that the regulator clearly sets out how it determines which complaints meet its threshold for investigation, and how this threshold is applied consistently, fairly, and in line with its standards, rules and policies • Information about processes and thresholds being published / shared with parties to ensure transparency • Relevant dataset

Standard 15

Concerns about registrants - identifying and acting on risk The organisation identifies and	• SOPs/processes for initial and continuing risk assessment of cases, as well as the process by which the regulator prioritises cases • Guidance for decision-makers on criteria for interim order referrals

manages risks in all cases which suggest a registrant poses a serious risk to public safety and confidence and takes timely action to restrict practice where necessary (such as interim measures).	• Processes and guidance for staff on risk assessment and management of cases both at receipt and throughout the life of an investigation • Processes for reviewing whether risk assessments are effective and timely

Standard 16

Concerns about registrants – support for all parties The organisation provides complainants, witnesses and registrants involved in a complaint with the support they need throughout the case and keeps them informed about case progression in a sensitive and timely way.	• Information for participants in the process. This can include what information may be requested, estimated timeframes for the different stages of the process, details of when updates will be provided and what to expect from the regulator at each stage. • Guidance for witnesses, complainants, registrants, vulnerable parties etc. • SLAs, SOPs and guidance for staff on keeping all parties up to date regularly; monitoring of compliance with those SLAs, SOPs and guidance documents; and prompt taking of remedial action and identification of thematic issues • Information, guidance and training available to staff, and processes in place to identify and support vulnerable parties and/or signpost them to support services • Information on the opportunity for all parties to provide feedback / raise concerns about the process, and lessons learned / action taken as a result.