

# Audit of the General Osteopathic Council's initial stages fitness to practise process

August 2014

## About the Professional Standards Authority

The Professional Standards Authority for Health and Social Care<sup>1</sup> 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 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 also set standards for organisations holding voluntary registers for people in unregulated health and care occupations and accredit those organisations that meet our standards.

To encourage improvement we share good practice and knowledge, conduct research and introduce new ideas including our concept of right-touch regulation.<sup>2</sup> We monitor policy developments in the UK and internationally and provide advice to governments and others on matters relating to people working in health and care. We also undertake some international commissions to extend our understanding of regulation and to promote safety in the mobility of the health and care workforce.

We are committed to being independent, impartial, fair, accessible and consistent. More information about our work and the approach we take is available at [www.professionalstandards.org.uk](http://www.professionalstandards.org.uk).

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<sup>1</sup> The Professional Standards Authority for Health and Social Care was previously known as the Council for Healthcare Regulatory Excellence

<sup>2</sup> CHRE. 2010. *Right-touch regulation*. Available at <http://www.professionalstandards.org.uk/policy-and-research/right-touch-regulation>

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# 1. Overall assessment

## Introduction

- 1.1 In May 2014 we audited the eight cases that the General Osteopathic Council (GOsC) closed at the initial stages of its fitness to practise (FTP) process during the 12 month period from 1 May 2013 to 30 April 2014.
- 1.2 At the initial stages of the FTP process, the health and care professional regulators decide whether complaints should be referred for a hearing in front of an FTP panel or whether they should be closed.
- 1.3 We operate a risk based approach to carrying out audits and we audit each regulator at least once every three years. We carried out our last audit of the initial stages of the GOsC's FTP process in August 2012. In our last audit report (published in September 2012<sup>3</sup>) we found that *'the GOsC generally handles FTP cases well and has continued to operate a robust initial stages casework system'*. However, we recommended that the GOsC take steps to improve the letters it sends to complainants and registrants setting out the Investigating Committee's decisions, to ensure that clear and comprehensive reasons are provided and that all aspects of complaints are addressed.
- 1.4 The GOsC invited us to carry out an audit of its initial stages FTP process in 2014, with the aim of using our feedback as part of its quality assurance of the effectiveness of new case management processes and guidance which were introduced during 2013.
- 1.5 In this audit we looked for evidence that the GOsC had maintained its good standard of casework and that the recommendations from our last audit had been considered and addressed.
- 1.6 Three of the eight cases that we audited this year were investigated by the GOsC following the changes that had been implemented during 2013. During our audit we therefore looked for evidence of compliance with the GOsC's new processes, as well as the overall impact of the changes that have been introduced.
- 1.7 The changes which the GOsC introduced in 2013 were:
  - New processes and standard case management forms for use on all case files (effective from July 2013). The case management forms include a risk assessment form, a case management form, an investigation plan and evidence grid, monthly case reports and a chronology
  - Several new policies, most notably, updated Guidance for the Investigating Committee (IC) and an accompanying decision making flowchart (effective from October 2013).
- 1.8 Our overriding aim in conducting audits is to seek assurance that the health and care professional regulators we oversee are protecting patients, service users and the public and maintaining confidence in the reputation of the professions

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<sup>3</sup> Audit of the General Osteopathic Council's initial stages fitness to practise process (September 2012): <http://www.professionalstandards.org.uk/docs/audit-reports/gosc-ftp-audit-report-2012.pdf?sfvrsn=0>

and the system of regulation. During our audit, we assessed whether the GOsC had achieved these aims in the particular cases we reviewed. We considered whether any weaknesses in the handling of any of these cases might also suggest that the public might not be protected, or confidence not maintained in the system of regulation, in future cases.

- 1.9 We summarise our findings and conclusions in relation to the audit that we conducted in 2014 below.

### **Summary of findings**

- 1.10 We are pleased to report that this audit did not identify any decisions to close cases at the initial stage of the FTP process that might pose a risk to patient safety and/or the maintenance of public confidence in the profession and the regulatory process.
- 1.11 We also identified good practice in terms of the GOsC's handling of personal or sensitive information relating to FTP cases (see paragraph 2.2).
- 1.12 Our overall conclusion is that the GOsC's initial stages FTP process protects the public and maintains public confidence in regulation. However, we identified some weaknesses or areas for improvement which are set out below:
- The absence of recorded risk assessments in five cases (these cases were investigated prior to the introduction of the GOsC's new case management procedures in July 2013)
  - Delays in gathering information, or failure to share relevant information with the parties in three cases
  - One Investigating Committee (IC) decision that would have been strengthened by additional reasoning being recorded and/or communicated to the parties
  - Some weaknesses in customer care in seven of the eight cases that we audited which are set out fully at paragraph 2.22
  - Some weaknesses in record keeping in six cases.
- 1.13 We have set out our full assessment of the GOsC's handling of the eight cases closed at the initial stages of its FTP process that we audited, including the good practice we identified, in our detailed findings below.

### **Method of auditing**

- 1.14 In March 2010 we led a meeting with representatives from all the nine health and care professional regulators to agree a 'casework framework' which describes the key elements common to the initial stages of an effective fitness to practise process that is focussed on protecting the public. A copy of the final casework framework agreed can be found at Annex 1 of this report.
- 1.15 When auditing a regulator, we assess their handling of cases against this casework framework. Our detailed findings are set out below under the headings referred to in the casework framework. We also take into account information gathered during previous audits, information we are provided with in our annual performance review of the regulators, concerns we receive about the

performance of the regulator, and any other relevant information that is brought to our attention.

- 1.16 In this audit we reviewed eight cases which had been closed by the GOsC without being referred for a hearing in front of an FTP panel.
- 1.17 Our audits are usually based on a six-month period ending shortly before the start of the audit. Given the relatively small size of the GOsC's caseload, we decided to include in our audit all eight cases that the IC had closed between 1 May 2013 and 30 April 2014.

### **The GOsC's FTP framework**

- 1.18 Under the GOsC's current FTP process, GOsC staff do not have the power to close complaints. There are two points at which complaints can be closed without referral for a formal hearing by a fitness to practise panel (the Professional Conduct Committee or the Health Committee):
- A Screener (an osteopath member of the IC) may decide that the GOsC does not have the power to consider the complaint that has been made and may, therefore, close it<sup>4</sup>
  - The IC may find that the registrant has "no case to answer" in respect of professional misconduct, incompetence, or ill-health<sup>5</sup> and close the complaint.
- 1.19 If the IC concludes that there is a case to answer in relation to a particular complaint, it will refer it for a formal hearing in front of either the Professional Conduct Committee or the Health Committee, in accordance with section 20(1)(d) of the Osteopaths Act 1993.
- 1.20 If the IC decides that there is no case to answer and therefore that the complaint should not be referred to either the Professional Conduct Committee or the Health Committee, the GOsC notifies the complainant and the registrant of the IC's decision (and the reasons for it) before closing the complaint. In these circumstances the IC may also decide to issue a letter of advice to the registrant - if it considers that doing so would be beneficial to the registrant's future practice. However, the IC has no statutory powers to enforce compliance with any advice issued.

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<sup>4</sup> If the Screener concludes that there is no power to investigate and that the case should be closed, a second opinion must be obtained from a lay member of the IC.

<sup>5</sup> The 'case to answer' test requires the IC to ask itself: a) Is there a real prospect of the alleged facts being proved before the Professional Conduct Committee/Health Committee? b) If so, is there a real prospect that those facts would amount to: i. Unacceptable Professional Conduct or ii. Professional Incompetence or iii. That the ability to practise as an osteopath is seriously impaired because of a physical or mental condition?

## 2. Detailed findings

- 2.1 Overall, we found that the GOsC's initial stages FTP process continues to protect the public and maintains public confidence in regulation. In particular, our audit showed that well-reasoned decisions were made in seven of the eight cases that we audited (see paragraph 2.17).
- 2.2 We also identified good practice in terms of the GOsC's handling of personal or sensitive information relating to FTP cases. We saw that it is the GOsC's general practice to
- password-protect all sensitive documents that are sent to the parties by email
  - issue both the registrant and the complainant with a unique password to enable them to access the documents
  - inform the parties that they will need to answer security questions if they wish to discuss their case by telephone.
- 2.3 Data security breaches can adversely affect public confidence in the regulator and we welcome the measures which the GOsC has adopted to ensure that information is communicated to the parties to FTP cases as securely as possible.
- 2.4 We identified a number of weaknesses or areas of improvement based on our audit of cases against the casework framework (see Annex 1) and these are set out below.

### Receipt of initial information

- 2.5 During our audit we looked to see whether the GOsC was adhering to guidance in the casework framework which includes:
- That there are no unnecessary tasks or hurdles for complainants/informants
  - Complaints/concerns are not screened out for unjustifiable procedural reasons
  - Providing clear information
  - Giving a timely response, including acknowledgements and seeking clarification where necessary.
- 2.6 Under the GOsC's current process, complaints are only classed as formal complaints at the point at which either a completed complaint form or a signed statement is received from the complainant. We found three cases where we considered that formal complaints could have been opened at an earlier stage as there was sufficient information to identify the registrant and understand the nature of the concerns. We also noted that, had formal complaints been opened in these cases at an earlier stage, the GOsC would have missed its key performance indicators for a) screening decisions to be made within three weeks of receipt of the complaint and b) IC decisions to be made within four months of receipt of the complaint. We would encourage the GOsC to review this aspect of its initial stages FTP process to consider whether it should log a formal FTP case

once the initial complaint is received, provided that the identity of the registrant and the nature of the concerns are clear.

- 2.7 We also identified one case where the GOsC had failed to follow up on the outcome of the registrant's court hearing, despite being notified of the relevant hearing date. Nearly three months elapsed following the court hearing before the registrant informed the GOsC that he had in fact been convicted. In response to our feedback the GOsC has accepted that it should have followed up on the outcome of the registrant's court hearing more promptly in this case. The GOsC plans to introduce a case management checklist as part of its new quality assurance process, which will be used as a tool to ensure that cases are progressed appropriately and relevant evidence is obtained at an early stage in the investigation.

### **Risk assessment**

- 2.8 Conducting risk assessments on receipt of new complaints and upon receipt of further information is necessary in order to enable the regulator to assess what action should be taken and to prioritise appropriately. In some circumstances the regulator may need to take immediate action to protect the public, such as applying for an interim order to be imposed to prevent the registrant from practising unrestricted while the investigation is on-going. The casework framework indicates that records should be kept of the reasons for risk assessment decisions.
- 2.9 We audited five cases where there was no record that the GOsC had undertaken a risk assessment, either on receipt of the complaint or later in the lifetime of the case. We did not conclude that the GOsC had as a result failed to protect the public, but we were concerned by the absence of documentation to demonstrate that the GOsC had appropriately considered the risks in each case.
- 2.10 We noted that risk assessments were carried out in the remaining three cases that we audited which had been investigated under the GOsC's new case management procedures.
- 2.11 We are pleased to note that, as of July 2013, the GOsC introduced a formalised system for carrying out initial risk assessments and reviewing those assessments in light of new information received during the lifetime of each case. The GOsC's new risk assessment process is based on a scoring system which takes into account risks relating to: the interests of patients and members of the public; the interests of the registrant; and the wider public interest; as well as any mitigating factors.
- 2.12 We audited three cases that had been opened following the introduction of that formalised risk assessment process. In relation to one of those cases we concluded that more detailed reasons could have been recorded explaining why an interim order was not necessary by reference to the relevant legal test<sup>6</sup>. The GOsC has welcomed this feedback on its new process for risk assessments and plans to brief its staff on the importance of applying the relevant legal test when deciding whether or not to apply for an interim order.

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<sup>6</sup> Section 21 of the Osteopaths Act 1993 requires the Investigating Committee to be satisfied that it is necessary to suspend the osteopath's registration in order to protect members of the public.



## Gathering information and evidence

- 2.13 Gathering relevant information and evidence at an early stage in the FTP process is essential to enabling a regulator to ensure that appropriate decisions can be reached and that any necessary action is taken promptly.
- 2.14 In three cases we considered that the GOsC's information-gathering could have been improved. Details of these cases are provided below:
- In the first case the GOsC obtained the complainant's statement and disclosed it to the registrant before it had obtained copies of the complainant's GP records. We were concerned that neither the complainant nor the registrant had the opportunity to consider the records and take them into account in their written representations to the IC before the IC considered the case. We also considered that the GOsC should have provided the complainant's further comments to the registrant for information, provided that doing so would not have delayed the decision-making process. The GOsC has told us that it does not as a matter of course send the complainant's GP records to the registrant at the investigation stage and that it is its practice to give the complainant the opportunity to make final comments. We would encourage the GOsC to consider whether its current processes represent best practice in terms of ensuring that the IC has the benefit of informed representations from both parties
  - In the second case the GOsC did not identify that the registrant had a previous conviction for a similar offence to that which had prompted the current investigation for nearly three months. This resulted in a delay by the GOsC in commissioning a health assessment, and in the case being considered by the IC. We also noted that the GOsC's registration department failed to notify the regulation department of the registrant's earlier charge/conviction at the relevant time, in accordance with the GOsC's process
  - In the third case (which was one of the three cases we audited that had been opened following the introduction of the GOsC's new case management procedures) the GOsC did not request the complainant's medical records, tests and expert report until over three months into the investigation. We considered that this information could usefully have been sought at an earlier stage and provided to the expert instructed by the GOsC. We also note that the IC meeting at which this case was due to be considered was adjourned as the information was still awaited. In response to our feedback about this case the GOsC has agreed that the medical records and other relevant information should have been sought at an earlier stage.
- 2.15 The GOsC has informed us that it plans to introduce a case management checklist as part of its new quality assurance process, which will be used as a tool to ensure that cases are progressed appropriately and relevant evidence is obtained at an early stage in the investigation. We will follow up on the introduction of this measure in the performance review and we will look for evidence of its impact in our next audit of the GOsC's initial stages FTP process.

## Evaluation and giving reasons for decisions

- 2.16 Ensuring that detailed reasons are given for decisions which clearly demonstrate that all the relevant issues have been addressed, is essential to maintaining public confidence in the regulatory process. The provision of well-reasoned decisions also acts as a check to ensure that the decisions themselves are robust.
- 2.17 We are pleased to report that this audit did not identify any decisions to close cases that might pose a risk to patient safety or to the maintenance of public confidence in the profession and the regulatory process. We also generally found that the IC provided clear and detailed reasons for its decisions. However we found one case where we considered that the IC decision could have been strengthened by including additional reasons to explain the nature of the “inconsistencies” in the complainant’s account that the IC identified, as well as its conclusion that the complainant’s account was ‘implausible’. The only basis for the IC’s decision appeared to be that the complainant claimed that the registrant had failed to stop treatment when the complainant reported pain while accepting that the registrant had appropriately ceased treatment in similar circumstances at a previous treatment session. We note that the GOsC had already identified a concern about the reasoning in this case as a result of an external audit of IC decisions that it commissioned in January 2014.
- 2.18 We are pleased to note that in July 2013 (shortly after the case referred to above was closed) the GOsC implemented a programme of work to improve the quality of the reasons provided by the IC for its decisions. This included issuing new IC decision making guidance in October 2013 as well as providing detailed training to IC members on decision-making and providing reasons for their decisions.
- 2.19 We are pleased that this audit did not identify any concerns about the quality of the IC’s decisions or reasoning in the three cases we reviewed which post-dated the introduction of the new procedures. We hope the GOsC continues to build upon the improvements it has already achieved in relation to ensuring that adequate reasons are provided for IC decisions.

## Customer care

- 2.20 Good customer service is essential to maintaining confidence in the regulator. In our last audit we concluded that customer service was one of the GOsC’s strengths.
- 2.21 In this audit we were pleased to see evidence that the GOsC had implemented a recommendation from our last audit – the GOsC has clarified the wording it uses in explaining to complainants the purpose and limitations of our initial stages audits.
- 2.22 However, we were disappointed to find weaknesses in the GOsC’s customer care in seven of the eight cases that we audited. These cases are detailed below:
- In one case which we audited the GOsC had failed to address a comment made by the complainant that the registrant should be immediately suspended. We considered that the GOsC would have delivered better customer care if it had explained its interim order process to the complainant in its response. We were concerned to note that there was a

delay of a month in notifying the parties of the IC decision in this case, even though the complainant had chased the GOsC two weeks after the IC meeting, and had been assured that they would be notified of the outcome as soon as possible

- In a second case we found that there was a failure to inform the registrant of a change in the GOsC caseworker who was handling the investigation (although we noted that the registrant was informed when there was a change back to the original caseworker at later date)
- In a third case we found a delay of a month in addressing a query from the complainant (and the response appeared to have been prompted by a chaser from the complainant) despite the complainant having originally been informed that a response would be sent the following week. We also noted in this case that the GOsC had used the term '*wrongly holding himself out...*' without any further explanation about what that meant in the letter sent to the parties notifying them of the IC decision. A further concern was that although the complainant immediately raised a query about that term the GOsC did not provide a substantive response for two months
- In a fourth case we found that the GOsC failed to inform either the complainant or the registrant of the date of the IC meeting at which the case would be considered. When the complainant raised a query about this, the GOsC informed them that the IC meeting would be held in September, but no specific date was provided
- In a fifth case we found a delay of nearly three weeks in acknowledging the registrant's response to the allegations. We also noted that the GOsC did not notify the complainant of the IC's decision until 3 working days after it had notified the registrant. In response to our feedback about this case the GOsC has agreed that the decision letters should have been sent to the parties at the same time
- In a sixth case we found that the GOsC had not notified the registrant and complainant of the decision to adjourn the IC meeting until two weeks after the meeting date (in the registrant's case) and three weeks after the meeting date (in the complainant's case)
- In the seventh case we found that the GOsC had requested information that it already had (because that information had accompanied the initial complaint). The draft statements that were sent to the complainant also omitted to include relevant information which the complainant had provided. We also noted in this case that the GOsC did not contact the complainant at agreed times on three occasions during a 3-month period. The GOsC has informed us that the caseworker dealing with the case was unexpectedly absent due to personal reasons and has assured us that it does have appropriate processes in place for the handover and cover of casework in staff members' absences.

2.23 In December 2013 the GOsC introduced a programme of internal audit, in which case files are reviewed and audited by the Professional Standards Department on a quarterly basis, with a focus on customer service and compliance with key

performance indicators. We hope that this additional quality assurance will help to ensure that the GOsC improves the consistency of its customer service going forward.

- 2.24 We also note that the GOsC has and/or plans to introduce the following specific changes, which should assist with addressing the concerns, highlighted above:
- introducing an internal key performance indicator as part of its new Quality Assurance Framework which requires the registrant's response to be acknowledged within two working days
  - introducing an internal key performance indicator as part of its new Quality Assurance Framework which requires the parties to be notified of the IC decision within 10 working days
  - informing both the registrant and the complainant of the actual date of the IC meeting at which their case will be considered.

### Guidance

- 2.25 It is good practice to have staff guidance, documents and tools setting out the regulator's established policies and procedures, in order to ensure consistency and efficiency in case management.
- 2.26 We are pleased to report that our audit did not identify any concerns in this area.
- 2.27 We refer to the changes which the GOsC made to its processes and policies during 2013 and which were evident in three of the eight cases that we audited above (see paragraph 1.7).

### Record keeping

- 2.28 We consider that the maintenance of a single comprehensive record of all actions and information on a case is essential for effective case handling and good quality decision making. Poor record keeping can lead to inappropriate decision making and poor customer service.
- 2.29 We identified the following concerns during this audit:
- In one case we were concerned that there was no record that the GOsC had considered (and decided against) interviewing other potential witnesses. There was therefore no audit trail on the file demonstrating that any consideration had been given to such further investigation, or of the reasons for deciding not to undertake it
  - In four cases we were unable to locate a copy of the IC decision or minutes on the paper or electronic files. The GOsC has informed us that at the time these cases were closed it was not its practice to include a copy of the IC minutes on the case file. The IC's decisions were explained in the decision letters that were sent to the parties and these letters were contained in the files
  - In five cases there was no record of a link to the registrations process or evidence that the registrant's previous FTP history had been taken into account by the GOsC. See also concerns about the GOsC's registration department's failure to notify the regulation department of the registrant's

earlier charge/conviction at the relevant time at paragraph 2.14. The GOsC has informed us that it routinely checks a registrant's previous FTP history on receipt of a FTP complaint. Where there is relevant FTP history, the new and old cases are linked and the documents from the old case are reviewed. The GOsC accepts that the cases that we audited did not demonstrate that such checks had been done in circumstances where the registrant in fact had no previous FTP history

- In one case an inadequate record had been kept, in that relevant documents were not filed on a linked case concerning the same registrant. It is important that documents are saved on all linked cases so that each case contains a complete record, enabling decisions about that case to be made on the basis of all the relevant information. We considered that joining the two files would have resulted in better record keeping
- In three cases there were discrepancies between the documents included on the electronic and paper files held by the GOsC
- In one case we had concerns about information security after the screener considering the case downloaded a file to their personal computer, as they were having difficulties accessing it electronically. The GOsC has informed us that screeners, as members of the IC, receive regular guidance and training on information governance (most recently in May 2014) and that all information sent to screeners electronically is password protected. We are pleased to note that the GOsC plans to incorporate our feedback on this issue into its forthcoming training for screeners.

2.30 The GOsC has informed us that it has and/or plans to introduce the following changes which should assist with addressing the concerns identified above:

- including a stand-alone copy of the IC decision on the file
- carrying out and recording an FTP history check at the initial stages of the investigation (there is a specific case management form which records the check and is a standard document included on all files)
- considering joining cases in similar circumstances to the case outlined above.

2.31 We were pleased to see evidence that a check of previous FTP history had been carried out in the three cases that we audited which had been dealt with under the GOsC's new case management procedures. We consider this to be evidence of a demonstrable improvement in the GOsC's process.

### **Timeliness and monitoring of progress**

2.32 The timely progression of cases is one of the essential elements of a good FTP process. It is essential to manage workflow evenly, because delays in one part of the process that cause backlogs can stress the system unless relieved quickly.

2.33 We identified some concerns relating to delays in gathering information and in updating or responding to queries raised by the parties. These are detailed at paragraphs 2.14 and 2.22.

### **Protecting the public**

- 2.34 Each stage of the regulatory process should be focused on protecting the public and maintaining public confidence in the profession and the regulatory system.
- 2.35 We are pleased to report that in this audit we did not find any examples of closure decisions that raised concerns about public protection or the maintenance of public confidence in the profession and the regulatory process.

## 3. Conclusions and recommendations

- 3.1 Our overall conclusion is that the GOsC's initial stages FTP process protects the public and maintains public confidence in regulation. In particular, the cases that we audited generally demonstrated appropriate decision-making by the IC and did not give rise to any public protection concerns.
- 3.2 We acknowledge the steps that the GOsC has already taken to improve its FTP processes – in particular, by introducing a new risk assessment process and a formalised process for carrying out and recording that a FTP history check has been carried out. We were pleased to see evidence of better case handling in the three cases that we audited which had been investigated under the GOsC's new case management procedures.
- 3.3 We recommend that the GOsC reviews the findings contained in this audit report and gives particular attention to the following areas:
  - Reviewing its current process for determining when a formal complaint has been received and when its key performance indicators start running
  - Ensuring that sufficient information is gathered at an early stage in the investigation and that all relevant information is shared amongst the parties
  - Ensuring that a reasonable level of customer service is provided to the parties.
- 3.4 We would recommend that the GOsC continues to build upon the good practice we have identified and that it addresses the weaknesses or areas of improvement identified in this audit. We look forward to seeing further evidence of improvement in the GOsC's case management once its new processes and procedures have been fully embedded.



# 1. Annex 1: Fitness to practise casework framework

1.1 The purpose of this document is to provide the Authority with a standard framework as an aid in reviewing the quality of regulators' casework and related processes. The framework will be adapted and reviewed on an on-going basis.

## Stage specific principles

Stage	Essential elements
Receipt of information	<ul style="list-style-type: none"> <li>• There are no unnecessary tasks or hurdles for complainants/informants</li> <li>• Complaints/concerns are not screened out for unjustifiable procedural reasons</li> <li>• Provide clear information</li> <li>• Give a timely response, including acknowledgements</li> <li>• Seek clarification where necessary.</li> </ul>
Risk assessment	<p><u>Documents/tools</u></p> <ul style="list-style-type: none"> <li>• Guidance for caseworkers/decision makers</li> <li>• Clear indication of the nature of decisions that can be made by caseworkers and managers, including clear guidance and criteria describing categories of cases that can be closed by caseworkers, if this applies</li> <li>• Tools available for identifying interim orders/risk.</li> </ul> <p><u>Actions</u></p> <ul style="list-style-type: none"> <li>• Make appropriate and timely referral to Interim Orders Committee or equivalent</li> <li>• Make appropriate prioritisation</li> <li>• Consider any other previous information on registrant as far as powers permit</li> <li>• Record decisions and reasons for actions or for no action</li> <li>• Clear record of who decided to take action/no action.</li> </ul>



Stage	Essential elements
Gathering information/evidence	<p data-bbox="603 333 849 365"><u>Documents/tools</u></p> <ul data-bbox="603 371 1270 443" style="list-style-type: none"> <li data-bbox="603 371 1270 403">• Guidance for caseworkers/decision makers</li> <li data-bbox="603 409 1107 443">• Tools for investigation planning.</li> </ul> <p data-bbox="603 483 715 515"><u>Actions</u></p> <ul data-bbox="603 521 1347 817" style="list-style-type: none"> <li data-bbox="603 521 1214 553">• Plan investigation/prioritise time frames</li> <li data-bbox="603 560 1302 631">• Gather sufficient, proportionate information to judge public interest</li> <li data-bbox="603 638 1270 710">• Give staff and decision makers access to appropriate expert advice where necessary</li> <li data-bbox="603 716 1347 817">• Liaise with parties (registrant/complainant/key witnesses/employers/other stakeholders) to gather/share/validate information as appropriate.</li> </ul>
Evaluation/decision	<p data-bbox="603 871 849 902"><u>Documents/tools</u></p> <ul data-bbox="603 909 1286 981" style="list-style-type: none"> <li data-bbox="603 909 1286 981">• Guidance for decision makers, appropriately applied.</li> </ul> <p data-bbox="603 1021 715 1052"><u>Actions</u></p> <ul data-bbox="603 1059 1353 1435" style="list-style-type: none"> <li data-bbox="603 1059 1318 1131">• Apply appropriate test to information, including when evaluating third party decisions and reports</li> <li data-bbox="603 1137 1289 1169">• Consider need for further information/advice.</li> <li data-bbox="603 1176 1150 1207">• Record and give sufficient reasons</li> <li data-bbox="603 1214 1278 1245">• Address all allegations and identified issues</li> <li data-bbox="603 1252 983 1283">• Use clear plain English</li> <li data-bbox="603 1290 1270 1361">• Communicate decision to parties and other stakeholders as appropriate</li> <li data-bbox="603 1368 1267 1435">• Take any appropriate follow-up action (e.g. warnings/advice/link to registration record).</li> </ul>

## Overarching principles

Stage	Essential elements
Protecting the public	<ul style="list-style-type: none"> <li>• Every stage should be focused on protecting the public and maintaining confidence in the profession and system of regulation.</li> </ul>
Customer care	<ul style="list-style-type: none"> <li>• Explain what the regulator can do and how, and what it means for each person</li> <li>• Create realistic expectations.</li> <li>• Treat all parties with courtesy and respect</li> <li>• Assist complainants who have language, literacy and health difficulties.</li> <li>• Inform parties of progress at appropriate stages.</li> </ul>
Risk assessment	<ul style="list-style-type: none"> <li>• Systems, timeframes and guidance exist to ensure ongoing risk assessment during life of case</li> <li>• Take appropriate action in response to risk.</li> </ul>
Guidance	<ul style="list-style-type: none"> <li>• Comprehensive and appropriate guidance and tools exist for caseworkers and decision makers, to cover the whole process</li> <li>• Evidence of use by decision makers resulting in appropriate judgements.</li> </ul>
Record keeping	<ul style="list-style-type: none"> <li>• All information on a case is accessible in a single place.</li> <li>• There is a comprehensive, clear and coherent case record</li> <li>• There are links to the registration process to prevent inappropriate registration action</li> <li>• Previous history on registrant is easily accessible.</li> </ul>
Timeliness and monitoring of progress	<ul style="list-style-type: none"> <li>• Timely completion of casework at all stages</li> <li>• Systems for, and evidence of, active case management, including systems to track case progress and to address any delays or backlogs.</li> </ul>

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