Standards of Good Regulation

Evidence framework

October 2019

Introduction

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

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 Standard. 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 standard 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. Some information that forms the possible evidence will be publicly available, some will be held by the Authority, and some we will need to seek from regulators. This is highlighted within the framework (see key below), but it should be noted that there will be variation in what is publicly available across the regulators and that these are not categorical. The information we will seek from the regulators will be kept to a minimum, will depend on what we have access to, and where relevant will likely be sought through requests for further information or targeted reviews.

Certain elements within the evidence framework could be relevant across all Standards, for example feedback provided to us by members of the public or third-party organisations. Within the evidence framework, we have only highlighted certain such elements where our experience tells us we are more likely to use this information.

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

Key:

- Information likely to be publicly available or held by the Authority
- ❖ Information the Authority will likely need to seek from regulators

General Standards	
	Possible evidence
Standard One The regulator provides accurate, fully accessible information about its registrants, regulatory requirements, guidance, processes and decisions.	• Information on availability and accessibility of information about regulatory activities, distribution plan to stakeholders, availability in other formats/languages • Document review schedules ❖ Documents and guidance for regulator staff on what information is publicly available, and what should not be disclosed, and any disclosure policies and guidance • Information held by the Authority from checks on the accuracy of information published on the register • Guidance documents for education and training providers, and for students/trainees, are published on the regulator's website • Published standards for education and training • Published information on approved educational programmes and the approvals/quality assurance (QA) process • Published information about the register, including what it is for, how to check it, what it contains and what types of information it does not display • Clear, published information for applicants (including, where relevant, businesses and premises), including the standards of registration, how these are applied, how the regulator decides on admission to the register, and the appeals process ❖ Evidence that feedback from users about accessibility of the register and the information it holds is regularly gathered and reviewed • Published information on the regulator's role in relation to illegal practice, and about action the regulator has taken in respect of this • Published information for stakeholders on the continuing fitness to practise (CFTP) process • Information available to stakeholders, including guidance, on how the fitness to practise (FTP) process is carried out and what kinds of complaints can be dealt with • Information about how the regulator communicates to registrants and to the wider public about the outcomes of its FTP activity e.g. by publication of statistical data and case summaries or an annual FTP report • Process for publication of FTP decisions, and guidance on what should not be published • Published hearing outcomes and associated register notations

Standard Two The regulator is clear about its purpose and ensures that its policies are applied appropriately across all its functions and that relevant learning from one area is applied to others.	• 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 • Council/Board oversight of strategic delivery • Evidence of the management of potential conflicts of interest within governance structures ❖ Evidence about how the regulator embeds new regulatory policies across its functions ❖ Evidence of consistent application of regulatory policies across the regulator, for example, a policy on the approach to drink driving offences that relates to both FTP and registration ❖ Processes to share learning across the organisation and examples of this working in practice, for example, learning from trends in FTP referrals and outcomes (including, where applicable, student FTP outcomes), or from the outcomes of premises/business inspection, where applicable
Standard Three The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.	• Information available to and collected by the regulator about registrants and the processes that affect them, such as FTP and registration ❖ Evidence that data collected is analysed, actions taken in response to issues identified by this analysis, and evidence of the impact of these actions • Research or other activities undertaken by the regulator to inform itself about issues relevant to equality, diversity and inclusion (EDI) ❖ Evidence of the regulator's understanding of its responsibilities in terms of EDI, and how it reports on these ❖ Data on the composition of Council/Board, committees and assessor pools, and how these compare with the registrant and wider population ❖ Details of how the regulator ensures that its processes are free from bias, including data collection methods and other processes that ensure fairness and objectivity ❖ Actions taken by the regulator to address concerns raised by stakeholders about the impact of its processes ❖ Examples of Equality Impact Assessments undertaken by the regulator • Information on processes in place that allow anyone to raise a concern, for example those unable to put a concern in writing • Information and concerns raised with the Authority by stakeholders • Guidance for stakeholders in relation to students and registrants with disabilities • Signposting for vulnerable individuals in contact with the regulator to appropriate support mechanisms • Policy/ies relating to reasonable adjustments

Standard Four The regulator reports on its performance and addresses concerns identified about it and considers the implications for it of findings of public inquiries and other relevant reports about healthcare regulatory issues.	• Papers and information to Council/Board and/or committees about the regulator's performance, including in relation to corporate complaints, and internal and external reports ❖ Details of processes for informing Council/Board and/or committees of concerns raised about the organisation and/or its staff • Annual reports and other publicly available performance information • Details of transparent, easily accessible processes for raising concerns with the regulator, including how it defines corporate complaints ❖ Data on the number of concerns raised by stakeholders, including the public, about the regulator and those dealt with as corporate complaints, and examples of these ❖ Evidence of learning from corporate complaints ❖ Examples of action taken in response to published inquiries and other relevant reports, including reports by the Authority, external inquiries, relevant policy reports, coroners' reports ❖ Details of customer feedback sought and collected, and learning gained from this
Standard Five The regulator consults and works with all relevant stakeholders across all its functions to identify and manage risks to the public in respect of its registrants.	• Evidence of the regulator working appropriately in the different countries of the UK (where applicable) • 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 and employers • MoUs and information sharing processes with relevant stakeholders, including for sharing FTP information, and evidence of the outcomes of these processes • Information sent to the Authority by stakeholders through the Share Your Experience process ❖ 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 FTP cases to those organisations through a process that is documented, consistent, fairly applied, and regularly reviewed • Processes for communicating/disclosing non-published FTP information to relevant stakeholders, for example employers, as appropriate ❖ Guidance for staff about signposting complainants to other organisations, where appropriate, and evidence of this occurring
Guidance and standards	
	Possible evidence

Standard Six The regulator maintains up-to-date standards for registrants which are kept under review and prioritise patient and service user centred care and safety.	• Current standards for registrants, and any supporting material • Evidence of the governance framework for standards development ❖ Information on how the regulator evaluates standards for registrants, including the gathering of feedback, and the scheduled frequency of such reviews • Information on the time since the last revision of the standards, and details on the way in which that review was carried out • Detail of evaluation of the effectiveness of the standards development/review process, including in relation to the account taken of stakeholders' views • Evidence of prioritisation of service user care and safety within the standards • Evidence of the regulator gathering feedback from all relevant stakeholders about the standards and how this feedback is taken into account • Information received by the Authority on whether the standards are prioritising patient and service user centred care and safety, including concerns raised with the Authority
Standard Seven The regulator provides guidance to help registrants apply the standards and ensures this guidance is up to date, addresses emerging areas of risk, and prioritises patient and service user centred care and safety.	• Current guidance for registrants and any supporting material • Information on how guidance relates to standards and reflects patient and service user care and safety ❖ Information on how the regulator identifies areas for guidance development, including how these address emerging areas of risk ❖ Processes for developing, implementing, evaluating and revising guidance, including how stakeholder feedback is taken into account in these processes ❖ Details of the time since the last revision of guidance documents, and information about the way in which that review was carried out
Education and training	
	Possible evidence
Standard Eight The regulator maintains up-to-date standards for education and training	• Detail of how the standards for education link/map to the standards for registrants and prioritise patient and service user centred care and safety ❖ Detail of a formal process for review of the educational standards and information about the frequency and outcome of reviews

which are kept under review, and prioritise patient and service user care and safety.	❖ 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
Standard Nine The regulator has a proportionate and transparent mechanism for assuring itself that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator's requirements for registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.	• Description/process documents/guidance relating to the QA process, including analysis, inspection, appointment and training of visitors/inspectors/panels, and process review ❖ Information on the regulator's work to promote proportionality in the QA process • Inclusion of lay visitors/inspectors/panel members • 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 ❖ Information outlining the evidence used in QA processes, including external reports ❖ 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 FTP outcomes where appropriate as evidence for the QA process
Registration	
	Possible evidence
Standard Ten The regulator maintains and publishes an accurate register of those who meet	• Online register format and content • Information on the rationale for including the information displayed on the register, including legal requirements where applicable • Register checks undertaken by the Authority

its requirements including any restrictions on their practice. (To include premises and business registration where applicable)	❖ Process for updating and quality assuring the register, including the checking of data accuracy ❖ Information on links between FTP and registration functions to ensure that registrants remain appropriately registered ❖ Information on how the register is updated with FTP information
Standard Eleven The process for registration, including appeals, operates proportionately, fairly and efficiently, with decisions clearly explained. (To include premises and business registration where applicable)	❖ Standard operating procedures (SOPs)/other documents that describe the assessment process for applications for registration, restoration and renewal, and associated forms/template letters • Descriptions of the different processes, timescales and criteria for different applicant types (UK graduates, EEA applicants etc.) • Description of the factors that have to be considered when deciding whether the criteria for registration, restoration and renewal are met ❖ Guidance for decision-makers, and applicants, that describe the process for making decisions on applications/appeals ❖ Evidence of consistent application of the standards and processes for registration ❖ Evidence that the regulator's processes for decision making in relation to registration and appeals are proportionate, fair, efficient and result in clear decisions ❖ KPIs and service level agreements (SLAs) that set out timescales for decision and processing of applications/appeals • Forms and guidance that provide information on the processes for applicants • Processes for raising concerns • Examples of decision explanations, including appeals ❖ Processes to assure the quality of registration decisions, and the outcomes of this, including any learning • Relevant Dataset items • Relevant legislation
Standard Twelve Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a	❖ SOPs/process documents outlining how the regulator deals with illegal practice allegations ❖ Data on the number of cases reviewed by the regulator per year, and examples of how these were managed ❖ Information outlining how the regulator's approach to this area is proportionate to the risks posed ❖ Criteria and SLAs for decision-makers ❖ Evaluation of the consistency of decisions made in relation to taking action about complaints with regard to illegal/ unregistered practice • Information for the public about illegal practice and how the regulator deals with allegations of illegal practice • Information about the regulator's strategy/policies in relation to illegal practice • The regulator's rationale for its approach

proportionate and risk based manner.	• Relevant legislation
Standard Thirteen The regulator has proportionate requirements to satisfy itself that registrants continue to be fit to practise. (To include premises and business registration where applicable)	• Information about the process registrants must follow to demonstrate CFTP ❖ SOPs/process documents that describe how CFTP is assessed by the regulator • Evidence that the regulator has targeted its proportionate CTFP system towards public protection and ensuring that registrants develop their skills in all relevant areas of practice ❖ Evidence that the regulator identifies and uses the information it gathers on how registrants are undertaking CFTP to inform and develop its processes and guidance ❖ 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 CFTP 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 • Relevant legislation
Fitness to practise	
	Possible evidence
Standard Fourteen The regulator enables anyone to raise a concern about a registrant	❖ Information about engagement activity undertaken to gauge and/or improve awareness of the regulator's FTP 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 • Relevant Dataset items • Issues raised with the Authority by the public • Relevant findings from audit carried out by the Authority
Standard Fifteen The regulator's process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that appropriate	❖ SOPs/process documents that set out how the regulator manages the stages of the FTP process, and associated forms/template letters ❖ SLAs and KPIs related to each of the stages of the FTP process and evidence of how compliance is monitored; outcomes of the monitoring process and action taken in respect of non-compliance ❖ Guidance, criteria and SLAs for decision-makers and information about how frequently those documents are reviewed and the process for such review ❖ Information on how the regulator assures itself that it is progressing cases in a timely manner and investigating these thoroughly

evidence is available to support decision-makers to reach a fair decision that protects the public at each stage of the process.	❖ Evidence that timescales for each stage of the FTP process are actively monitored, and that cases are managed efficiently and proactively to avoid delay ❖ Information on the appointment, training and evaluation of decision-makers • 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 items • Concerns raised with the Authority by the public • Information provided by the S29 team at the Authority • Relevant findings from audit carried out by the Authority • Relevant legislation
Standard Sixteen The regulator ensures that all decisions are made in accordance with its processes, are proportionate, consistent and fair, take account of the statutory objectives, the regulator's standards and the relevant case law and prioritise patient and service user safety.	❖ Guidance, criteria and SLAs for decision-makers and information about how frequently those documents are reviewed and the process for such review ❖ 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 FTP process ❖ Information about the number of upheld concerns raised/complaints made about the quality of FTP 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 • Relevant Dataset items • Information provided by the S29 team at the Authority • Concerns raised with the Authority by the public • Relevant findings from audit carried out by the Authority
Standard Seventeen The regulator identifies and prioritises all cases which suggest a serious risk to the safety of patients or service users and seeks interim orders where appropriate.	❖ 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 ❖ 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 ❖ Data on the number of interim order panels convened and interim orders issued • Relevant Dataset items • Relevant findings from audit carried out by the Authority

	• Relevant legislation
Standard Eighteen All parties to a complaint are supported to participate effectively in the process.	• Information for participants in the process, such as guidance for witnesses ❖ 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 about training given to case managers, including about the appropriate considerations with regard to the evidence of vulnerable individuals ❖ Information and guidance 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 on the process, and learning gained from this ❖ Information on the monitoring of complaints made/concerns raised about the FTP process and about witness/informant experiences of the process • Published information about other organisations that can offer parties support (including emotional support) and/or information about support services run or commissioned by the regulator • Published customer service standards / timeframes for the process • Concerns raised with the Authority by the public and third-party feedback • Relevant findings from audit carried out by the Authority