



Professional Standards Authority - A review of the Standards of Good Regulation consultation

Council of Deans of Health written submission - September 2018

The Council of Deans of Health welcomes the opportunity to contribute to this consultation. The Council represents the 83 UK university faculties engaged in education and research for nursing, midwifery and the allied health professions.

Key messages

1. Healthcare professional regulation should be outcome-focused and risk-based.
2. Healthcare education is regulated by both professional healthcare regulation and higher education regulation. There is a need to ensure that regulation is not duplicative, but also that regulatory gaps do not occur if regulators were to simultaneously retreat from regulating necessary education and training functions.
3. The provision of education standards and the effective and proportionate quality assurance of education providers are core functions of healthcare professional regulators. Standards of education and training are equally important to public protection as standards relating to fitness to practise.
4. Regulators should work collaboratively with education providers to enable flexibility and innovation in education and training, which enables student choice, enhances career pathways, allows individuals to meet the requirements of professional registration and upholds patient safety.
5. Partnership working with other key stakeholders, regulators and statutory bodies will enable healthcare regulators to better identify and resolve fitness to practise issues, thereby enhancing patient protection.

General Standards

1. Do the new Standards appropriately reflect the areas the Authority should be considering across the regulators' functions?

The Council believes the new Standards reflect the areas of regulation that the PSA should be considering. We welcome new Standard 2, which will focus the attention of healthcare regulators on their core

purpose. The Council would like to reiterate that the regulation of professional healthcare education, as well as fitness to practise functions, is central to patient protection.

The Council welcomes new Standard 3, which focuses on diversity and ensuring that regulators work to reduce barriers for registrants from diverse backgrounds. The Council appreciates the limits of the PSA's remit in this area and the role of the Equality and Human Rights Commission in this respect. Finally, the Council supports the introduction of Standard 4, which will help to ensure that regulators are as transparent as possible and swiftly address performance concerns.

2. Is any of the wording of the general Standards unclear or inappropriate? Please suggest changes.

Yes. Standard 5 should also refer to regulators engaging with the public and patients, in addition to engagement with employers and other regulators, in order to better understand risks to the public and matters of public protection.

3. Do you anticipate any particular difficulties for regulators in providing evidence to demonstrate performance against the general Standards?

No comment.

4. Are there particular points about the general Standards where you would welcome further clarity?

No comment.

Professional standards and guidance

5. Do the revised Standards governing standards and guidance appropriately reflect the outcomes of this area of the regulators' work?

Yes.

The redaction of the reference to engagement with stakeholders in standard 3 of the existing standards of good regulation relating to guidance and standards is adequately covered by the proposed new standard 5. Further, the redaction of the reference to accessible formats in standard 4 of the existing standards of good regulation relating to guidance and standards is adequately covered by the proposed new standard 1.

6. Does the reference to 'patient and service user centred care and safety' remain appropriate? What other words would you suggest?

The Council suggests the use of the phrase: 'patient and service user care and safety.'

7. Do you have any views about the evidence requirements in respect of the Standards about standards and guidance?

The Council welcomes the inclusion of information relating to the gathering of feedback and reviewing standards of competence and conduct within the evidence framework. This is crucial to ensuring that standards of proficiency are related to current practice.

Education and training

8. Do the revised Standards in respect of education and training appropriately reflect the outcomes of this area of the regulators' work?

Healthcare education is regulated by both professional healthcare regulation and higher education regulation. In England, this includes both the Office for Students and Ofsted, depending on the specific programme. There is a need to ensure that regulation is not duplicative, but also that regulatory gaps do not occur if regulators were to simultaneously retreat from regulating education and training provision. The Council welcomes the reference to healthcare regulators engaging with other regulators, as mentioned in paragraph 2.16 of the consultation document.

The new standards for education and training streamline the existing standards, but still link education and training standards to standards of registration and reference the need for proportionate regulation.

The Council welcomes the fact that the PSA has taken forward the recommendation of the Francis Report and included a reference to the important role of students in recognising and flagging concerns about poor practice.

9. Are there other aspects in respect of education and training work which ought to be included?

No comment.

10. Do you have any views about the evidence requirements in respect of the Standards about education and training?

The Council welcomes inclusion of the periodic review of standards and the evaluation of quality assurance procedures in the evidence framework. This will allow for reflection by regulators and improvement where necessary.

Further, the Council particularly supports the inclusion of evidence of guidance given to students with disabilities within the framework. This will help to ensure widening access and that these students do not face unnecessary barriers to successful careers in the healthcare sector.

Registration and continuing fitness to practise

11. Do the revised Standards about registration and continuing fitness to practise appropriately reflect the outcomes in this area of the regulators' work?

Yes, the Council believes the revised standards appropriately reflect the outcomes in this area of the regulators' work. We welcome the reference to protected titles in standard 12, as where relevant a protected title acts to provide reassurance to the public.

12. Are there other aspects in respect of registration and continuing fitness to practise which ought to be included?

No comment.

13. Does Standard Thirteen provide an appropriate level of protection for the public while ensuring that regulators have the flexibility to develop arrangements which are suitable for their registrants and service users?

Yes. Regulators need to be assured that individual registrants continue to be fit to practise. However, regulators should be permitted flexibility in ensuring this, as individual regulators will uphold this standard in different ways.

14. Do you have any views about the evidence requirements in respect of the Standards about registration and continuing fitness to practise?

No comment.

Fitness to practise

15. Do the revised Standards appropriately reflect the outcomes of the fitness to practise area of the regulators' work?

Yes.

16. Are there other aspects of fitness to practise work which ought to be included?

No comment.

17. Are the Standards appropriately flexible to enable regulators to adapt their fitness to practise processes where necessary?

Yes.

18. Do you have any views about the evidence requirements in respect of the Standards about fitness to practise?

The Council welcomes the reference to joint-working on fitness to practise, MOUs and agreements with other bodies. This should support better sharing of information, minimise the risk of duplicating work, and improve public protection.

Questions about measuring performance and implementation

19. Do you have any concerns about our proposal to implement the new Standards in the performance reviews beginning in 2020?

No.

20. Would you support a pilot process in 2019? If you are a regulator, would you be willing to take part in the pilot?

We support a pilot in 2019, as this will be beneficial for the implementation process.

Impact assessment of the proposals

21. Do you have any evidence about the impact of these proposals on the regulators and any likely increase or decrease in the burden on them?

N/A.

22. Are there any aspects of these proposals that you feel could result in differential treatment of, or impact on, groups or individuals based on the following characteristics as defined under the Equality Act 2010:

- Age
- Gender reassignment
- Ethnicity
- Disability
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation
- Other (please specify)

N/A.

For more information contact:

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