The Nursing and Midwifery Council's response to the Professional Standards Authority's consultation on 'A review of the Standards of Good Regulation'

About us

1 We exist to protect the public by regulating nurses and midwives in the UK. We do this by setting standards of education, training, practice and behaviour so that nurses and midwives can deliver high quality healthcare throughout their careers.

2 We maintain a register of nurses and midwives who meet these standards, and we have clear and transparent processes to investigate nurses and midwives who fall short of our standards. From 2019, we will also regulate the new profession of nursing associate.

3 We responded to the Professional Standards Authority's ('the Authority') consultation last year on potential changes to the Standards of Good Regulation (SoGR), and we welcome this further opportunity to comment on the proposed individual SoGR. Our response consists of two parts, an initial part where we outline our overarching views and rationale for these, and a second part where we provide our views on the individual SoGR.

Our views on the Standards of Good Regulation

Structure of the Standards of Good Regulation

4 We welcome the Authority's ambition of rationalising the SoGR, for these to be structured thematically, and for them to be flexible enough to allow for innovation while maintaining transparency and public protection (2.1 of the consultation document). Such an approach is helpful in principle as a number of our aims and approaches are shared across our regulatory functions. Therefore we agree with the assessment that the suggested approach could reduce duplication and potentially reduce the regulatory burden on professional regulators. We are concerned however that these aspirations have not been achieved with the final set of proposed Standards and that this is potentially a missed opportunity to make some fundamental changes to the new SoGR.

5 We also agree with the approach that the Principles of Good Regulation should form the basis for assessing performance and that such an approach would help foster consistency (1.6 of the consultation document).

6 We recognise that this is ambitious and would potentially be more difficult to assess than input based measurements designed around processes. To overcome this it would be helpful to consider and establish what the characteristics of good outcomes look like. In our view this would allow for a framework focused on maintaining public protection, flexible enough to allow professional regulators to be innovative and proactive, and which will foster further cooperation to identify and

share best practice. Additionally, it would place professional regulators in a position where they would be able to adjust and accommodate for situations arising from a changing healthcare landscape and future challenges and demands.

7 As highlighted in our response last year, studies into regulatory performance have demonstrated the advantage of measuring outcomes as opposed to inputs in determining and improving regulatory effectiveness.[1]Such an outcome focussed approach is not limited to the sphere of professional regulation and has already been accepted across the wider healthcare sector and beyond. We encourage the Authority to consider such an outcome focussed approach and how the SoGR can be deployed to promote best practice. This model has already been adopted across the UK, for example by the Care Quality Commission (CQC), the Financial Conduct Authority and the Scottish Care Inspectorate. We are working towards moving our own regulatory model to this outcomes measured approach.

8 Our overarching concern in this area is that we believe that the SoGR should be outcome focussed, be qualitative in scope, and assess the approach of professional regulators to maintaining public protection overall. We also believe standards should designed in such a way as to encourage learning from mistakes and facilitate sharing of best practice.

Our views on the General Standards

9 We have concerns about the general standards (Standard 1-5) to the extent that these are primarily about policies, processes and inputs. It is difficult to see how the Authority will be able to define what good performance looks like in each of these five areas and even more difficult to see how any assessment could be fair, objective and evidence based. We are also concerned that there is a significant degree of duplication between some of these new general standards and the function-specific standards which follow, for example the need to provide accurate and accessible information about our register, which appears in standards 1 and 10, and the new standard 3 about diversity which in our view should be an essential part of maintaining up to date regulatory standards addressed in standards 6-9.

10 We are therefore unpersuaded of the value of introducing the five new general standards and would be concerned that these will divert the focus of both the Authority and regulators from delivering our core regulatory functions.

11 Good governance is important to ensure healthy well-functioning organisations but it is not a regulatory function. Ensuring good governance is the business of each regulator's Council and they are directly accountable for this to Parliament and the public. In the case of the NMC, as a charity, we are also accountable to the Charity Commission and the Office of the Scottish Charity Regulator. As a matter of good governance we already undertake annual reviews of the effectiveness of our Council and abide by good corporate standards such as the Cabinet Office Code of Corporate Governance and the Charity Governance Code. We are additionally

[1] '*Measuring Regulatory Performance: evaluating the impact of regulation and regulatory policy*', Cary Coglianese, Organisation for Economic Co-operation and Development (OECD), Expert Paper No. 1, August 2012 - http://www.oecd.org/gov/regulatory-policy/1_coglianese%20web.pdf

subject to both internal and external audit and the Authority has oversight of Council appointments. We do not see the need or the added benefit that we or the public would gain from the Authority seeking to extend its activity in these areas.

12 We are concerned that reaching a fair assessment against each of these new general standards could require extensive scrutiny and review of almost every aspect of the work of each regulator's Council, plus involve additional documentation which could be disproportionate and out of step with right touch regulation. This would create a significant additional burden on regulators, as well as significant additional work for the Authority. This raises questions around how this would be funded and potential additional costs for regulators through the levy, the largest proportion of which is met by the NMC's registrants' fees.

Measurement and assessment

13 We welcome the Authority's ambition in rationalising the SoGR with the objective of making these less burdensome. As we have highlighted previously, we do not believe that the 'met/not met' approach is the most beneficial measurement.

14 We encourage the Authority to take into consideration the individual context in which the professional regulators operate. This includes difference and limitations in the legislative frameworks and requirements of the regulators, the regulatory powers of the regulators, the regulatory approaches taken by the regulators, and the availability of Department of Health and Social Care (DHSC) and parliamentary time and resources to address structural and other issues.

15 Additionally, we believe that a linear 'met/not met' decision based largely on quantitative process derived data is no longer appropriate. The healthcare environment is complex, fast paced, changing and diverse. The professional regulators therefore face different challenges and take necessarily diverse approaches for different reasons, aiming to achieve different objectives, measured against different sets of criteria.

16 Linked with this is that a number of the draft SoGR are wide in scope and include a number of elements. An example of this is draft SoGR 16 which currently reads: "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." A potential consequence of this approach is that it would be possible for a professional regulator to be considered to have met all but one of the elements of this SoGR, and would then be considered to have 'not met' the full SoGR. Even though an accompanying narrative section would be helpful and provide valuable context, this would in our view be a disproportionate outcome.

17 We encourage the Authority to consider adopting a CQC type of approach towards measurement and assessment. The approach adopted by the CQC in assessing health and social care services includes a more nuanced rating ranging across 'Outstanding, 'Good', 'Requires improvement' to 'Inadequate' and each rating is broken down into key questions and key lines of enquiry which creates an outcome focussed approach depending on the sector being assessed.[2] This approach has

[2] https://www.cqc.org.uk/what-we-do/how-we-do-our-job/ratings

proven effective as a flexible assessment framework but also provides consistency and allows the CQC to focus on areas that matter most. We feel the framework is easily understandable for the public highlighting what good care looks like and a useful tool for increasing the public voice and responding to their needs, along with being an effective tool for providing accountability and enabling improvement.

18 Such an outcomes focussed approach has also been embraced by other regulators across the UK, for example by the Scottish Care Inspectorate. In its role the Care Inspectorate assess registered care services in Scotland and look at a number of areas, including staffing and the management. Each area of the service is graded from 1 to 6 with 6 being excellent. The Care Inspectorate also has a focus on supporting improvement in care, including by providing guidance and sharing best practise.[3] Such an approach is aligned with the Scottish Government's 'Scottish Regulators' Strategic Code of Practice'.[4]

19 Adopting a similar approach would require the Authority to revisit how it engages with the professional regulators to gather information, focussing more on qualitative measurements and the impact of regulators' approaches, linked back to public protection. However, we feel the potential added value of this approach to public protection and effective oversight is significantly greater. This approach is also currently adopted by a number of commercial and public sector service providers such as the National Audit Office at a reasonable cost to public sector bodies. Typically, such approaches use existing material such as internal and external audits, and therefore we anticipate that it would be a cost effective approach which would not adversely affect the professional regulator levy.

20 In July 2018 our Council considered and discussed the Authority's Lessons Learned Review of the NMC's handling of concerns about midwives' fitness to practise at Furness General Hospital. In addition to this the Gosport Independent Inquiry Report was published in June 2018 and themes in that report resonate with the key findings in the Lessons Learned review. In response to the Lessons Learned Review we have adopted a programme of work to address the findings and to ensure that patients and families are at the heart of what we do. We will be reporting to Council and the Authority on an ongoing basis as we deliver our programme of work.

21 Going forwards we believe that more outcome focused SoGR, centred on transparency and good practice, would be helpful in supporting improvement - such as our response to the Lessons Learned Review - and supporting regulators to share best practice and maintain public protection.

22 We also believe that the Authority can play a greater role in encouraging shared learning and best practice between regulators by making information available which allows benchmarking of performance, and by facilitating shared learning outside of the annual reviews, for example supporting regulators more to raise issues and share best practice throughout the year. We are strongly in favour of such a proactive approach and believe this would help maintain public protection as it would allow regulators and the Authority to work in closer cooperation to identify potential issues and act in a timely manner.

[3] http://www.careinspectorate.com/index.php/about-us
[4] https://www.gov.scot/resource/0046/00467429.pdf

Comments on the proposed Standards of Good Regulation

This table sets out our specific comments on the proposed Standards of Good Regulation (SoGR) and the consultation questions.

Group of SoGR	SoGR	Consultation questions and NMC comments
General standards	**Standard 1:** The regulator provides accurate, easily accessible information about its registrants, regulatory requirements, guidance, processes and decisions**.**	**Question 1. Do the new Standards appropriately reflect the areas the Authority should be considering across the regulators' functions?** We are unconvinced of the purpose of the General Standards, and are unclear about how regulators will be assessed against these. We believe the SoGR should be focussed on sharing good practice and there is scope for the Authority to do more in this area which would in our view also increase the value of the performance review process. We think that the binary 'met'/not met' assessment tool is not optimal in assessing performance and a more nuanced assessment framework would be more helpful. In regards to Standard 2, we note that this Standard consists of three separate elements and wording used is broad and subject to interpretation. In our view it would be helpful to further define what the Authority would be reviewing and how regulators would be assessed. We welcome the additional focus on Equality, Diversity and Inclusion (EDI) and would be interested to be considered as part of a pilot to help inform the design. We see the benefit of having an opportunity for healthcare regulators to present their approach to EDI in a way that looks at how the organisation is managing EDI in context with their work. We believe that EDI considerations are paramount and underpin all aspects of the role of professional regulators. Therefore we would however query if it might be less beneficial having one separate standard that could lead
	Standard 2: 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.	
	Standard 3: The regulator understands the diversity of the registrant population and those registrants' service users and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.	
	Standard 4: The regulator reports on its performance and addresses concerns identified about it.	

	Standard 5 - The regulator consults and works with employers, regulators and other stakeholders across all its functions to identify and manage risks to the public in respect of its registrants.	away from the EDI elements being addressed in the other standards. We also welcome that the Authority recognises in relation to new standard three, it should not duplicate the work of the Equality and Human Rights Commission (EHRC). We suggest it would be more beneficial to add additional requirements to other standards that question how they address EDI – for example there could be an evidence requirement added to Standard 16: "The regulator ensures that all decisions are made in accordance with its processes, are proportionate, consistent and fair – that fitness to practise outcomes should be monitored and analysed by protected characteristic". It would be helpful if the Authority would be able to clarify further how Standard 4 will be assessed. **Question 2. Is any of the wording of the general Standards unclear or inappropriate? Please suggest changes.** We have difficulty understanding how the Authority would be able to assess Standard 4 on the basis of selected information and reach objective outcomes focused judgments. In the absence of any measurable element to this standard it is difficult to determine what would be achievable or reasonable. Any assessment could only be subjective and therefore potentially contentious and open to disagreement. It is unclear from the consultation document how far the definition of 'performance' extends and indeed could encompass every aspect of a regulator's activities. Reporting on traditional performance measures, such as Key Performance Indicators' (KPIs), is relatively straightforward but is only a limited snapshot of performance and would result in an over-simplistic assessment. If the Authority's definition extends more widely, as references to third parties, the courts and Information Commissioner's Office (ICO) appear to suggest, then not only would the Authority be continuing to duplicate the work of others but would in effect be replicating and second-guessing the work of each regulator's Council. We do not

		consider this an appropriate role for the Authority. In regards to Standard 5 we would welcome a clearer definition of the scope of the standard. This would be helpful due to the fact that it is not clear in our view whether it refers to information sharing as part of a regulator's processes or to wider consultation on broader issues. In the context of wider consultation on broader issues we suggest the following changes to the wording: • 'Employers, regulators and other stakeholders' – These groups are too specific and not inclusive of all our priority stakeholders. We suggest changing to 'all key relevant stakeholder groups…'; and • 'To identify and manage risk' – we feel this is too narrow and does not reflect that our work includes developing and monitoring our regulatory approaches. We believe that the SoGR should require a high standard for current processes and a separate standard on work to develop future approaches. **Question 3. Do you anticipate any particular difficulties for regulators in providing evidence to demonstrate performance against the general Standards?** We do not have any additional comments on this and we encourage the Authority to consider our arguments outlined under question 1 and 2. **Question 4. Are there particular points about the general Standards where you would welcome further clarity?** We do not have any additional comments on this and we encourage the

		Authority to consider our arguments outlined under question 1 and 2.
Professional standards and guidance	**Standard 6:** The regulator maintains up-to-date standards of conduct and competence which are kept under review and prioritise patient and service user centred care and safety. **Standard 7:** The regulator provides guidance to help registrants apply the Standards and ensures this guidance is up to date, addresses new and developing areas of practice, and prioritises patient and service user centred care and safety.	**Question 5. Do the revised Standards governing standards and guidance appropriately reflect the outcomes of this area of the regulators' work?** We broadly agree that the revised standards appropriately reflect the outcomes of this area of our work. However, there are two areas in which we would appreciate further clarification. Firstly, the Standards for conduct and competence are set out in our Code. Based on the wording of Standard 6 it is not clear how the standards of proficiency fit in. It would be helpful if the Authority could clarify if these would be included under the professional standards and guidance Standards or under the education and training Standards. In standard 7 the Authority refers to regulators providing guidance that addresses new and developing areas of practice. This could be interpreted as indicating that regulators should be issuing guidance that addresses clinical practice matters. This would appear to be a change from previous advice and our understanding is that issuing guidance on clinical practice matters is not within our remit. We have withdrawn clinical practice guidance from our website in recent years however we continue to publish supporting information to help registrants apply our standards. It would be helpful if this standard could be clarified so that it is clear on the types of guidance regulators should be issuing and what would be considered to be beyond our regulatory remit. **Question 6. Does the reference to 'patient and service user centred care and safety' remain appropriate? What other words would you suggest?** In recent publications we have used the phrases 'person-centred care' or 'patient safety and public protection' in this context. The Authority may

		wish to consider their appropriateness for the SoGR. **Question 7. Do you have any views about the evidence requirements in respect of the Standards about standards and guidance?** We broadly agree with the evidence requirements you suggest. However we believe there may be greater need for clarity regarding how feedback from patients and service users is gathered and used. In particular we would appreciate clarity as to whether this should be gathered just as part of formal consultation processes or whether it should form an integral part of business as usual in this area.
Education and training	**Standard 8:** The regulator maintains up-to-date standards for education and training which are kept under review, and prioritise patient and service user centred care and safety. **Standard 9:** The regulator has a proportionate and transparent mechanism for assuring 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.	**Question 8. Do the revised Standards in respect of education and training appropriately reflect the outcomes of this area of the regulators' work?** We broadly agree that the revised standards appropriately reflect the outcomes of this area of our work. However, we would appreciate clarification as to whether the reference to 'up to date standards for education and training' includes standards for education and training providers as well as programmes and proficiencies for those being admitted to or remaining on our register. This is an area where the NMC has made recent changes, having recently published our new Standards framework for nursing and midwifery education. The framework standards apply to education institutions seeking NMC approval of their programmes and NMC Approved Education Institutions (AEIs) who have been granted programme approval and their practice learning partners. The Framework sets out the high level standards that we believe provide assurance of a good, safe and effective education provider and will apply to all programmes, education providers and work based learning partners. We have adopted this approach to separate out the requirements of training providers from the requirements for individual programmes and students and we believe this provides greater clarity and transparency.

		However, as highlighted under question 5 we would appreciate any clarification by the Authority where the standards of proficiency would fit in with these Standards. **Question 9. Are there other aspects in respect of education and training work which ought to be included?** Further to our answer to question 8, if the current interpretation of 'up to date standards for education and training' does not include standards for education and training providers, we believe that it should and that specific reference to standards for education and training providers needs to be added to standard 8. **Question 10. Do you have any views about the evidence requirements in respect of the Standards about education and training?** We notice that in the evidence requirements for standard 8 the Authority make reference to learning from student fitness to practise cases to inform the education process. Whilst we do not have regulatory responsibility for nursing and midwifery students we are looking at developing our monitoring processes of institutions to capture this information, and to ensure that institutions are learning from their fitness to practise cases as part of our quality assurance of AEIs. We have found fitness to practise evidence from recently qualified registrants is useful to inform Quality Assurance (QA) and in the development of our new standards. By looking for trends in reasons why newly qualified nurses were being referred to us with fitness to practise concerns, we were able to identify areas where the current education requirements and proficiencies may have been lacking. We were then able to apply this learning to strengthen the standards on the skills and attributes needed by newly qualified

		nurses in order to practise safely and effectively, and how they are taught at present. By looking further we were also able to identify whether there were trends regarding which AEIs these newly qualified nurses had attended. This can be used to help determine whether the AEI in question should be subject to a QA review, and whilst a high frequency of referral of newly qualified nurses from a particular AEI would not be the sole determinant for a QA visit, it would certainly be strong evidence to consider in deciding this. We would therefore suggest that this evidence requirement is amended appropriately so that fitness to practise cases against newly qualified registrants can be used as well as, or instead of, student fitness to practise data in this area.
Registration and continuing fitness to practise	**Standard 10:** The regulator maintains and publishes an accurate register of those who meet its requirements including any restrictions on their practice. **Standard 11:** The process for registration, including appeals, operates proportionately, fairly and efficiently, with decisions clearly explained. **Standard 12:** 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 proportionate and	**Question 11. Do the revised Standards about registration and continuing fitness to practise appropriately reflect the outcomes in this area of the regulators' work?** We are generally supportive of the Standards. However we believe that the wording of these standards should be more aligned with one another. The essence of good regulation, in our, view consists of balancing public protection with treating registrants fairly and not imposing disproportionate burdens in the pursuit of our statutory objective. It is important that requirements and processes for initial registration are proportionate as well as the requirements for on-going registration. At the moment there is a mix of the words proportionate, accurate, fair, and efficient and risk based-all of which flow from the principles of good regulation. We think these principles should be reflected in the wording of the standards. We also think that it would be beneficial to have a clear understanding of what is meant by each term (again with reference to the principles of good

	risk-based manner.	regulation) and how the Authority would measure compliance.
	Standard 13: The regulator has proportionate requirements to satisfy itself that registrants continue to be fit to practise.	In regards to Standard 12, the criminal offences for unregistered practice vary across the professional regulators and this would in our view have to be taken into account by the Authority when assessing the professional regulators. An example of this variation is that some regulators have strict liability offence which is easier to prosecute than the provisions under our legislation. Under our legislation we have the power to hold registrants to account though our Fitness to Practise function. We have also the power to prosecute non-registrants who hold themselves out as registered. This could either be through referral to the Police of conducting our own private criminal prosecution. Both attract significant cost implications which must be proportionate and justifiable when considering expending registrant fees, and have substantive public protection implications. Therefore we believe that the Authority should take these considerations into account when assessing this Standard. **Question 12. Are there other aspects in respect of registration and continuing fitness to practise which ought to be included?** We have not identified any other aspect of registration and continuing fitness to practise which ought to be included in this set of Standards other than what we have outlined in our responses to the individual standards **Question 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?** We are largely supportive of Standard 13. We have mentioned earlier that

		we think that the principles of good regulation should apply to all the standards and how they are measured and we have designed our revalidation model with these in mind. While we understand that continuing fitness to practise is a common phrase across regulation we believe that this wording is potentially unhelpful and possibly limiting, because it conflates ongoing safe and effective practice (which we promote through our Revalidation process) with Fitness to Practise and is not sufficiently flexible to allow for a variety of models. One of the main strengths of our model of Revalidation is that it raises awareness of our Code and the professional standards expected of nurses and midwives by asking them to use it as the reference point for all the requirements. It provides them with the opportunity to reflect on the role of the Code in their everyday practice and demonstrate that they are 'living' these standards. This highlights the Code's central role in the nursing and midwifery professions. Additionally, revalidation encourages nurses and midwives to stay up-to-date in their professional practice by developing new skills and understanding the changing needs of the public and fellow healthcare professionals. It encourages a culture of sharing, reflection and improvement via engaging in professional networks and discussions about practice. Ultimately, it should serve to strengthen public confidence in the nursing and midwifery professions. We think it might also be helpful for the Authority to state its expectations in terms of promoting and ensuring continuing **good** or **effective** practice. For example, we have moved away from using fitness to practise because it is important to differentiate between promoting our Code of practice and thereby promote good practice and professionalism as opposed to addressing sub-standard practice. Our experience from the last two years

		has shown there is emerging evidence of the efficacy of revalidation in embedding the Code in registrants' day to day practice. We think therefore that this standard could be re-worded to reflect the importance of promoting and ensuring professionalism or professional standards – again in a proportionate fashion. This could then be supported by a clear understanding of what proportionality would look like in this; potentially through case studies and examples if there were to be a broader range of results (as opposed to the met/not met option currently proposed). **Question 14. Do you have any views about the evidence requirements in respect of the Standards about registration and continuing fitness to practise?** As we have stated in our response previously we would reiterate the importance of the Authority providing clear examples of how they would measure each standard.
Fitness to practise	**Standard 14:** The regulator enables anyone to raise a concern about a registrant. **Standard 15:** The regulator's process for examining and investigating cases is proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that the best available evidence is considered for decisions at each stage of the process. **Standard 16:** The regulator ensures	**Question 15. Do the revised Standards appropriately reflect the outcomes of the fitness to practise area of the regulators' work?** We are generally supportive of the proposed SoGR in regards to the professional regulators' fitness to practise functions. However, as highlighted previously in our response we believe that that Standards should be designed to be outcome focussed and in comparison, the fitness to practise Standards are predominantly focused around professional regulators' processes. An example of this is Standard 16 where it could be considered that the phrase 'in accordance with its processes' suggests that process is more important than achieving the best public protection outcome. Additionally, this approach means that there is little room left for the regulator to set its

	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. **Standard 17:** 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. **Standard 18:** All parties to a complaint are kept updated on the progress of their case and supported to participate effectively in the process.	own strategy and be measured on its delivery. This is also reflected in Standard 17 where we believe that instead of prioritising cases, professional regulators should be aiming to address and manage risks to safety of patients and service users. We also believe that compressing ten standards into five means that each standard now has multiple elements. If the current 'met'/'not met' assessment framework is maintained it means that a professional regulator could fail to meet a standard whilst sufficiently meeting most of its constituent parts. It will be difficult to disaggregate what needs to be addressed from what does not. The Authority's suggested factors to consider and possible evidence are the same for all five of the fitness to practise standards, which does not assist in bringing clarity to what each of the Standards is intended to cover. **Question 16. Are there other aspects of fitness to practise work which ought to be included?** We have not identified any other aspect of fitness to practise work which ought to be included in this set of Standards. However, we note that the previous information security standard has been incorporated into the general standards. In contrast, the 'Standards of Good Regulation - Factors to consider and evidence framework' document notes that the potential evidence in regards to the fitness to practise standards section include the following: *Storage and communication of information and documents to ensure that it is dealt with securely when appropriate, and details of the relevant information security policies and procedures. Information about how the regulator checks compliance.* (p.8 of the Standards of Good Regulation - Factors to consider and evidence framework document) The logical conclusion is that information security will still form part of the

		assessment of performance against the fitness to practise standards despite not being mentioned in any of the standards. It would be helpful if the Authority could clarify how this would be assessed and link in with the requirements in the general Standards. However, issues relating to storing and communication of information is covered by data protection legislation and the Information Commissioner's Office (ICO) will be monitoring compliance. Therefore we do not believe this should be duplicated in the SoGR as this will result in duplication of work for professional regulators and is in our view disproportionate. **Question 17. Are the Standards appropriately flexible to enable regulators to adapt their fitness to practise processes where necessary?** We do not have any additional comments on this and we encourage the Authority to consider the points outlined under question 15. **Question 18. Do you have any views about the evidence requirements in respect of the Standards about fitness to practise?** In regards to Standard 15 it could be the case that 'Best available evidence' is not proportionate in some cases and we believe that a more appropriate wording would be 'Sufficient and proportionate evidence'. This would enable professional regulators to decide what type of evidence will be sufficient to enable decision makers to reach the right outcome on a case.
N/A	**General**: Measuring performance and implementation	**Question 19. Do you have any concerns about our proposal to implement the new Standards in the performance reviews beginning in 2020?** We do not have any concerns about the new SoGR being implemented in

		the performance reviews from 2020. However, in the light of our comments we encourage the Authority to take this opportunity in considering how the SoGR could be improved, including in moving towards outcomes focussed standards and how to support shared learning and best practice. **Question 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 would potentially support a pilot in 2019, and in our view it would be particular helpful for a pilot to explore whether to include EDI evidence requirements as part of the other SoGR rather than limited to a single Standard.
N/A	**General**: Impact assessment of the proposals	**Question 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?** We are supportive of the Authority's ambition to reduce the total number of SoGR with the ambition to reduce a level of duplication, and we agree that this has the potential to reduce the regulatory burden on professional regulators. We have outlined how the proposed SoGR could impact on our functions under the individual sections. **Question 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)** **If yes to any of the above, please explain why and what could be done to change this.** We have not identified any aspects of the proposals which could result in differential treatments or impact on individuals or groups based on the protected characteristics set out in the Equality Act 2010.