Audit Committee 12 June 2018

Internal audit report – Continuing Professional Development

Executive summary and recommendations

Introduction

As part of the Internal Audit Plan for 2017-18, Grant Thornton have undertaken a review continuing professional development. The objective of the review was to assess whether HCPC's approach and method for continuing professional development (CPD) are clear, unambiguous and effective.

Decision

The Committee is asked to review and discuss the report.

Background information

See Grant Thornton's report, attached

Resource implications

None

Financial implications

Grant Thornton's agreed fees for 2017-18 were £47k including VAT.

Appendices

Internal Audit Report – Continuing Professional Development

Date of paper

1 June 2018

Grant Thornton

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The Health and Care Professions Council

Continuing Professional Development – Final Report

Distribution		Timetable	
For action	Greg Ross-Sampson, COO/Director of Operations	Fieldwork completed	18 December 2017
	Richard Houghton, Head of Registration	Draft report issued	23 February 2018
For information	Marc Seale, Chief Executive and Registrar	Management comments	19 April 2018, 11 and 22 May 2018
	Audit Committee	Final report issued	25 May 2018

Contents

Glossary

The following terms are used in this report:

HCPC   The Health and Care Professions Council

CPD   Continuing professional development

FtP   Fitness to Practice

1　Executive Summary

1.1 Background

As part of our 2017-18 Internal Audit Plan, it was agreed with the Health and Care Professional Council's Audit Committee and Management that Internal Audit would perform an audit of continuing professional development. The objective of the review was to assess whether HCPC's approach and method for continuing professional development (CPD) are clear, unambiguous and effective.

The scope of the review was to evaluate whether the CPD processes are effective and operating as intended. In addition, to assess whether HCPC's CPD assessors are appropriately qualified, trained and understand their roles and responsibilities in assessing CPD submissions.

The HCPC is a regulator whose primary objective is "to safeguard the health and well-being of persons using or needing the services of registrants". They are required under legislation to maintain and publish a register of qualified health and care professionals ("Registrants"). As of 31 March 2017, HCPC's register held records of 350,330 registrants from the 16 professions they regulate. To ensure that registrants are meeting the standards required, the HCPC carries out an audit of the registrants' CPD submissions every two years. The CPD audit report looking at audits between 2013-2015 showed that 80.8% met the required standards, 18.9% were classed under other reasons such as; deferral, did not renew or voluntarily deregistered, and the remaining 0.3% were removed from the register. Those registrants whose request to be deferred from the CPD audit process is accepted during any registration period, do not have to submit a CPD profile, but they are automatically selected for audit during the next registration period, two years later.

During the 2013-15 period, HCPC carried out its fourth audit of CPD's and invited 8,164 registrants across the 16 health and care professions that they regulate to submit their CPD profiles for audit. Of the 8,164, 1,535 (18.7%) either had their request for a deferral accepted (10.7%) or were removed from the register on a voluntary or 'non-renewal' basis (8.0%). This left 6,629 CPD profiles that were actually assessed, 6,593 (99.5%) were accepted; 14 (0.2%) were placed under assessment; and 22 (0.3%) resulted in the registrant being removed from the Register.

We analysed 10 of the professions audited during the 2016-17 audit period in order to compare their headline results with the previous, 2013-15 CPD audit period.

Two Assessors; an Occupational Therapist and Speech and Language Therapist were interviewed during the course of the audit. This was to obtain their views on the effectiveness of the CPD Assessment process, as well as how well prepared they were to undertake their roles as Assessors.

We also witnessed an Assessment Day in operation, in order to understand the logistics of the day; the level of interaction and discussion between the pairs of Assessors; and to observe how much time was given to reviewing each CPD profile.

To complete our review of the Assessment process we undertook a detailed review of a sample of 25 submitted CPD profiles, in order to consider whether the information provided was deemed by the Assessors to meet the five CPD standards, and if not, what action was then taken to ensure compliance.

1.2 Overall assessment

Based on the extent of the work we have carried as set out in out in scope of work (see Appendix A), we have identified only two low rated matters.

1.3 Key findings

The table below details the key findings from our review:

Risk / Process	High	Medium	Low	Info.
Communication	-	-	-	1
CPD – record keeping	-		1	-
Assessors' quality & training				
Assessment process	-		1	1
Deferral process				
Total	-		**2**	**2**

Further details of our findings and recommendations are provided in Section 2 of this report.

Refer to Appendix B for definitions of internal audit issue ratings.

1.4 Basis of assessment

Whilst we report by exception we identified the following examples of best practice in the course of our review:

- The quality, clarity and availability of advice and guidance communications was evident, with a clear emphasis on helping the registrants through the CPD process being demonstrated.
- All registrants' CPD profiles reviewed were considered by two Assessors, at least one of whom was from the same profession, and both names were detailed on the profile front sheet, and on the Net Regulate system.
- There is a significant quantity of clear and effective communications available to registrants, in a variety of media, to guide them through the requirements of the CPD and CPD audit process. (These are detailed in Appendix A.)
- Whilst the Assessors do not receive regular training/re-training in the Assessment process, they are briefed prior to each Assessment Day, and reminded of the key requirements that they are looking for. In addition, the Assessors, commented on the assistance provided by the Registrations team, regarding any questions or concerns they had about the process, or specific CPD returns during the day.

2 Detailed Findings

2.1 Compliance with CPD policies and procedures

| 1. | **Low** | **CPD – record keeping** |

Finding and Implication	Proposed action	Agreed action *(Date / Ownership)*
Good Practice: We would expect as a good practice that records are kept up to date and where possible minimising the dependency on a combination of manual and semi-automated systems, can give rise to error, omission or duplication of effort. **Finding:** Registrants who don't submit their CPD profiles by the required deadline are given a series of reminders and deadlines, which if not met are extended. e.g. • Letter CPD003 advises them that their portfolio is overdue and gives them a further 28 days to submit it, but if they don't… • Letter CPD004 gives them a further 14 days to comply, but if they don't… • Letter CPD005 gives them a further 28 days to comply, and then if they don't…	**R1**: A periodic report of profiles which have remained at the 'under scrutiny' stage for extended periods should be produced and the reasons for profiles appearing on this list investigated.	***Action 1 :*** We acknowledge that this is a manual process but all the required data is on the spreadsheet without the need to create a separate report which will add a further manual step. We use the existing spreadsheet to identify those records which have remained at 'under scrutiny' for extended periods. Moving forward the new CPD Online Service will allow us to view reports easily with daily statistical views and advanced reporting for specific queries. *Responsible Officer: Richard Houghton* *Date of implementation: Already in place*

1.	**Low**	**CPD – record keeping**

Finding and Implication	Proposed action	Agreed action *(Date / Ownership)*
• Letter CPD006 gives them 28 days' notice of removal from the HCPC Register unless they appeal. The above warnings and deadlines are repeated at the 'Further Information' and 'Further Time' stages. Where a registrant fails to meet the deadlines set out their record on the Net Regulate system has to be 'paused' to avoid the system automatically continuing to count down and ultimately removing them from the Register. Such cases are then manually tracked on an 'Under Scrutiny' spreadsheet. Having to run a combination of manual and semi-automated systems, can give rise to error, omission or duplication of effort. In the sample of 25 portfolios reviewed, one case had been marked as 'under scrutiny' on the Net Regulate system, and despite the required information being submitted in January 2017, and removed from the manual tracking, the details weren't amended on Net Regulate, the registrant's submission wasn't acknowledged, and the profile not assessed.		

2.	**Low**	**Assessment process**

Finding and Implication	Proposed action	Agreed action *(Date / Ownership)*
Good practice: We would expect as a good practice that assessors clearly record the decision to accept further information upon reviewing the evidence provided. This leaves a transparent audit trail leaving no ambiguity in the decision process. **Finding:** We carried out a review of 25 CPD profiles, choosing a mix of those (18) that had required further information at first assessment, those that were accepted at first assessment (7), and noted that all 25 were eventually accepted as meeting the CPD standards. Upon review of the 18 requiring additional information, we agreed with the decision reached to request additional information, albeit that in 5 cases, across two professions, the Assessors were not specific in the information that was missing.	**R2**: In addition, whilst there is not a requirement for the Assessors to explain why they have accepted a CPD profile at the first Assessment, management should implement a requirement that where further information has been requested from the registrant, Assessors confirm how and why any information subsequently received has rectified the original omissions. This will ensure there is a transparent audit trail leaving no ambiguity in the decision process.	*Action 2:* This is a good improvement suggestion and whilst there is no risk as we have a full audit trail of the registrant submission(s) and assessors record of assessment(s) this recommendation has been adopted and implemented with the template amended to ensure that CPD assessors provide a reason for accepting the profile. *Responsible Officer: Richard Houghton* *Date of implementation: Completed*

3.	Info	Communications

Observation on the use of 'dated' list

One of the main reasons for profiles not being accepted at the first CPD Assessment is in relation to Standard 1, and the failure of registrants to provide a dated list evidencing 'continuous' CPD activity, without unexplained gaps of more than 3 months, for the full two-year period. There is some inconsistency in relation to the need for a 'dated list' of CPD activities.

Page 15 of the 'Information for registrants' guide states that "… You need to send us [a dated list] …", BUT, in the note to Assessors provided as guidance by the Registrations team, it is stated that "… We recommend that registrants include a dated list…" We also noted that the main reason for failing at the first assessment is due to the lack of a dated list, although receipt of a dated list is not checked prior to the assessment day in all cases.

We understand from management the guidance was recently reviewed and approved by Council and the Education and Training Committee.

Info	Time take by Assessors in reviewing CPDs

Observation made during our onsite visit

Finding:

At an average reading speed of circa 200 words per minute (wpm), this is insufficient time to both find, and read the relevant information in full. The 'Summary of practice history' may be up to 500 words long, and the 'Statement of how [they] have met the standards' may be up to 1,500 words. We have challenged management on the time spent by Assessors, and based on our observations, Assessors spent around five minutes on each assessment. However we understand from management that there is no time limit or targets impinged on Assessors. Assessors are paid for each initial assessment, however they are not paid for any subsequent requests for information and assessments.

A Internal Audit Approach

Approach

As part of our 2017-18 Internal Audit Plan, it was agreed with the Health and Care Professional Council's Audit Committee and Management that Internal Audit would perform an audit of continuing professional development (CPD).

Our approach to this audit involved:

- undertaking an assessment of how the CPD information and guidance is communicated to registrants and whether this information is clear, unambiguous and available to all registrants in an appropriate way;

- undertaking such testing as is necessary to provide assurance as to the design and operational effectiveness of the continuing professional development processes;

- holding discussions with key Registrations staff, and review documentation as necessary, to gain a broad understanding of the CPD policies and processes already in place for registrants, to ensure that they meet HCPC's standards for CPD;

- undertaking a check of a sample of CPD submissions to check they were received by the deadline, if further information was requested, the request was communicated on a timely basis by the Registrations team to the registrant, and the assessment has been carried out in accordance with the CPD appropriate guidance;

- undertaking a review of the controls in place to check that conclusions reached on CPD assessments are objective based and transparent;

- Sample testing applications for deferrals (if possible) and check an appropriate level of scrutiny, challenge and evidence has been assessed before approving/rejecting a deferral.

The review did not cover the following:

- the adequacy of the CPD assessment that is carried out by the assessors;

- HCPC's appeals process in respect of the appropriateness of the decisions made to reject CPD submissions.

- the new online CPD submission process.

We achieved our audit objectives by:

- Meeting with audit sponsors and other key contacts to gain an understanding of the processes in place and the risk areas, building upon information gained through the audit planning process

- Reviewing key policies, procedures and other documents to support management's representations.

The findings and conclusions from this review will support our annual opinion to the Audit Committee on the adequacy and effectiveness of internal control arrangements.

Additional information

Client staff

The following staff were consulted as part of this review:

- Richard Houghton, Head of Registration

- Natalie Berrie, Registration Manager

- Adam Mawson, Acting Registration Manager

- Felicity Court, Assessor, Speech & Language Therapist

- Valerie Burnett. Assessor, Occupational Therapist

- Ashley Antonio-Mortley, Registration Appeals Manager

Documents received / examined

The following documents were received or looked at during the course of this audit:

- 'Continuing professional development and your registration' Guide

- '2013-2015 Continuing Professional Development Audit Report'

- 'Standards of conduct, performance and ethics' Guide

- 'Promoting your HCPC registration' Guide

- 'Continuing professional development and your registration' Guide

- 'Is it time to renew?' note

- CPD process letter pack

- Guidance note for Assessors – (made available to Assessors on each Assessment Day)

- Spreadsheet 'Copy of GT Selected for CPD 09.16 to 09.17'

- Sample files viewed on the Net Regulate computer programme

Locations

The following location was visited during the course of this review:

- Health and Care Professions Council
  Park House
  184 Kennington Park Road
  London SE11 4BU

Acknowledgment

We would like to take this opportunity to thank the staff involved for their co-operation during this internal audit.

B Definition of audit issue ratings

Audit issue rating

Within each report, every audit issue is given a rating. This is summarised in the table below.

Rating	Description	Features
High	Findings that are fundamental to the management of risk in the business area, representing a weakness in control that requires the immediate attention of management	• Key control not designed or operating effectively • Potential for fraud identified • Non compliance with key procedures / standards • Non compliance with regulation
Medium	Important findings that are to be resolved by line management.	• Impact is contained within the department and compensating controls would detect errors • Possibility for fraud exists • Control failures identified but not in key controls • Non compliance with procedures / standards (but not resulting in key control failure)
Low	Findings that identify non-compliance with established procedures.	• Minor control weakness • Minor non compliance with procedures / standards
Improvement	Items requiring no action but which may be of interest to management or best practice advice	• Information for department management • Control operating but not necessarily in accordance with best practice