

Table 1 - represents the current model

| Guidance and Standards | Education and Training | Registration | Fitness to practise |
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| 1. Standards of competence and conduct reflect up-to-date practice and legislation. They prioritise patient and service user safety and patient and service user centred care | 1. Standards for education and training are linked to standards for registrants. They prioritise patient and service user safety and patient and service user centred care. The process for reviewing or developing standards for education and training should incorporate the views and experiences of key stakeholders, external events and the learning from the quality assurance process | 1. Only those who meet the regulator's requirements are registered | 1. Anybody can raise a concern, including the regulator, about the fitness to practise of a registrant |
| 2. Additional guidance helps registrants apply the regulators' standards of competence and conduct to specialist or specific issues including addressing diverse needs arising from patient and service user centered care | 2. The process for quality assuring education programmes is proportionate and takes account of the views of patients, service users, students and trainees. It is also focused on ensuring the education providers can develop students and trainees so that they meet the regulator's standards for registration | 2. The registration process, including the management of appeals, is fair, based on the regulators' standards, efficient, transparent, secure, and continuously improving | 2. Information about fitness to practise concerns is shared by the regulator with employers/local arbitrators, system and other professional regulators within the relevant legal frameworks |
| 3. In development and revision of guidance and standards, the regulator takes account of stakeholders' views and experiences, external events, developments in the four UK countries, European and international regulation and learning from other areas of the regulators' work | 3. Action is taken if the quality assurance process identifies concerns about education and training establishments | 3. Through the regulators' registers, everyone can easily access information about registrants, except in relation to their health, including whether there are restrictions on their practice | 3. Where necessary, the regulator will determine if there is a case to answer and if so, whether the registrant's fitness to practise is impaired or, where appropriate, direct the person to another relevant organisation |
| 4. The standards and guidance are published in accessible formats. Registrants, potential registrants, employers, patients, service users and members of the public are able to find the standards and guidance published by the regulator and can find out about the action that can be taken if the standards and guidance are not followed. | 4. Information on approved programmes and the approval process is publicly available | 4. Employers are aware of the importance of checking a health professional's and social worker's registration. Patients, service users and members of the public can find and check a health professional's and social worker's registration | 4. All fitness to practise complaints are reviewed on receipt and serious cases are prioritised and where appropriate referred to an interim orders panel |
| | | 5. 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 risk based manner | 5. The fitness to practise process is transparent, fair, proportionate and focused on public protection |
| | | 6. Through the regulator's continuing professional development/revalidation systems, registrants maintain the standards required to stay fit to practise | 6. Fitness to practise cases are dealt with as quickly as possible taking into account the complexity and type of case and the conduct of both sides. Delays do not result in harm or potential harm to patients and service users. Where necessary the regulator protects the public by means of interim orders |
| | | | 7. All parties to a fitness to practise case are kept updated on the progress of their case and supported to participate effectively in the process |
| | | | 8. All fitness to practise decisions made at the initial and final stages of the process are well reasoned, consistent, protect the public and maintain confidence in the profession |
| | | | 9. All final fitness to practise decisions, apart from matters relating to the health of a professional, are published and communicated to relevant stakeholders |
| | | | 10. Information about fitness to practise cases is securely retained |

Table 2 - an example of the blended approach

| Principles | | | |
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| 1. The regulator's processes and procedures are transparent, secure, fair and proportionate. They prioritise patient and service user safety and patient and service user centred care. | | | |
| 2. Decisions made within each of the functions are well reasoned, consistent, protect the public and maintain confidence in the profession. | | | |
| 3. The regulator shares information across the functions with all relevant stakeholders where appropriate, and in a timely manner. In particular, it raises awareness with employers about the importance of checking a health professional's and social worker's registration, provides access to information about registrants' fitness to practise status (except in relation to their health) and provides access to a list of approved education programmes. | | | |
| 4. The regulator takes account of stakeholders' views and experiences, external events, developments in the four UK countries, European and international regulation and learning from other areas of the regulators' work to develop fair, proportionate and informed standards and guidance. | | | |
| 5. The regulator provides appropriate guidance and support to stakeholders engaged in its processes. | | | |
| 6. Standards and guidance documents are informative and published in accessible formats. Stakeholders can easily find the documents. | | | |
| 7. The regulator can evidence the outcomes of continuous improvement across its functions | | | |
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| a. Standards of competence and conduct reflect up-to-date practice and legislation | a. Standards for education and training are linked to standards for registration. | a. Only those who meet the regulator's requirements are registered | a. Anybody can raise a concern, including the regulator, about the fitness to practise of a registrant. |
| b. Additional guidance helps registrants apply the regulator's standards of competence and conduct to specialist or specific issues including addressing diverse needs arising from patient and service user centered care. | b. Process for quality assuring education programmes is focused on ensuring they can develop students and trainees so that they meet the regulator's standards for registration. | b. Risk of harm to the public and 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 risk based manner | b. Deal with matters as quickly as possible, assessing risk appropriately and reducing harm to patients and service users, prioritising serious cases and referring for an interim order hearing where necessary |
| | c. Action is taken if the quality assurance process identifies concerns about education and training establishments. | c. Through the regulator's continuing professional development/revalidation systems, registrants maintain the standards required to stay fit to practise. | c. Where necessary, the regulator will determine if there is a case to answer and if so, whether the registrant's fitness to practise is impaired or, where appropriate, direct the person to another relevant organisation |