
Internal Audit report – Fitness to Practise end-to-end process

Executive Summary

As part of the 2022-23 Internal Audit Plan as approved by the Committee, BDO LLP have undertaken a review of the Fitness to Practise end-to-end process.

The purpose of this risk review was to evaluate and test independently, HCPC’s core fitness to practise activities and to determine whether these meet the regulatory expectations as set out within the PSA’s standards. Given the recent PSA sample period was before some initiatives will have fully embedded, assurance is provided on more recent cases, under the revised regimen.

Previous consideration	The report has been reviewed by ELT
Decision	The Committee is invited to discuss the report.
Next steps	Recommended actions agreed with the Executive will be tracked for progress in the Committee’s standing recommendation tracker report.
Strategic priority	All
Risk	As detailed in the findings
Financial and resource implications	The cost of the audit is included in the Internal Audit annual fee.
Author	BDO LLP

HCPC

FITNESS TO PRACTISE - END TO END

INTERNAL AUDIT REPORT - FINAL

JUNE 2023

LEVEL OF ASSURANCE:

DESIGN

MODERATE

EFFECTIVENESS

MODERATE

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The matters raised in this report are only those which came to our attention during our audit and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. The report has been prepared solely for the management of the organisation and should not be quoted in whole or in part without our prior written consent. BDO LLP neither owes nor accepts any duty to any third party whether in contract or in tort and shall not be liable, in respect of any loss, damage or expense which is caused by their reliance on this report.

DISTRIBUTION LIST		
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FOR INFORMATION	Kellie Green	Interim Head of Fitness to Practice

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EXECUTIVE SUMMARY

LEVEL OF ASSURANCE: (SEE APPENDIX I FOR DEFINITIONS)		
DESIGN	MODERATE	Generally, a sound system of internal control designed to achieve system objectives with some exceptions.
EFFECTIVENESS	MODERATE	Evidence of non-compliance with some controls, which may put some of the system objectives at risk.

SUMMARY OF FINDINGS (SEE APPENDIX I)			# OF AGREED ACTIONS
H	-		-
M	1		1
L	2		2
TOTAL NUMBER OF FINDINGS: 3			

OUR TESTING DID NOT IDENTIFY ANY MAJOR CONCERNS SURROUNDING THE CONTROLS IN PLACE TO MITIGATE THE FOLLOWING RISKS:

- ✓ The quality control, assurance (QA) process is built throughout the FtP process, is sound and with any identified quality issues addressed.
- ✓ Appropriate review and oversight arrangements are in place for the end-to-end process.
- ✓ The programme for improvements to FtP are focussed on closing gaps identified by HCPC’s QA team and PSA.

BACKGROUND & SCOPE

As part of the 2022/23 Internal Audit Plan, we have undertaken a review of the Fitness to Practise end-to-end process.

Fitness to practise (FtP) is the process used by statutory professional regulators to investigate and act on complaints or deal with concerns made about registrants. The process aims to ensure that those practising do not pose a risk to the public through misconduct, lack of competence, physical or mental health issues or other issues that would impede the practitioner’s ability to adhere to the standards expected.

HCPC receives an annual monitoring report from the Professional Standards Authority (PSA), the regulator overseeing the work of HCPC and other UK healthcare professional regulators. The 2021/22 report stated that HCPC only met one out of five FtP standards (13 to 18 in the PSA listing). In response, HCPC put in place a range of improvement measures.

In August 2022, PSA re-visited and re-tested HCPC against the FtP standards 13 to 18. The period covered was April 2022 - August 2022. In this audit we have reviewed the FtP end-to-end process as well as the quality assurance aspects to assess whether there has been progress of FtP since the PSA’s review.

PURPOSE

The purpose of this risk review was to evaluate and test independently, HCPC’s core FtP activities and to determine whether these now meet the regulatory expectations as set out within the PSA’s standards. Given the recent PSA sample period was before some initiatives will have fully embedded, we provide assurance on more recent cases, under the revised regimen.

CONCLUSION

Overall, HCPC have adequate arrangements in place to manage the FtP process. Generally, where it is not, HCPC is actively working on making improvements. We have identified one Medium priority, two Low priority findings and one observation.

HCPC has developed and put in place a robust control framework, including policies and procedures. The framework underpins processes in operation and enable FtP cases to be managed efficiently and in line with HCPC’s risk appetite.

We found oversight and quality processes in place, coupled with comprehensive guidance. Quality assurance processes are in place at each decision phase, to maximise the probability of a fair, appropriate and proportionate decision being made.

There is regular reporting on FtP cases to several groups, providing management with sufficient information to enable oversight, particularly on case progression. However, we note that the reports to Council can be 9-12 pages long. This information would be better summarised in an executive summary at the front of the report and thus enable key issues to be readily identifiable.

The three areas for development are:

- ensure that guidance and documentation is reviewed and up to date given that such documents are heavily used by case officers.
- consider making the link clearer between PSA Standards and policies and guidance.
- ensure that the information presented to the Council includes information upfront as to whether KPIs are achieved and PSA requirements met.

We therefore provide a MODERATE assurance assessment, over the design and its operational effectiveness.



EXECUTIVE SUMMARY

SUMMARY OF GOOD PRACTICE

- ▶ We confirmed for our random sample of cases, covering the period November 2022 to January 2023 (post the October 2022 PSA visit and testing) that documentation and evidence to support the final decisions made for contracts were adequately recorded on the 'Nexus' system, giving a satisfactory evidence trail. This helped to demonstrate compliance with PSA Standard 15.
- ▶ On average a complaint is received and opened within 24 hours. This allows for complainants to be informed as to whether HCPC can investigate the case further or whether the case should be reported elsewhere, e.g., to another regulator.
- ▶ There is regular reporting to Senior Management on live FtP cases including progress against key performance indicators (KPIs), timeliness, the number of interim orders and other key statistics to enable Senior Management to have sufficient oversight. In addition, the Council receives monthly reports on high level FtP data including information on caseloads, timeliness of cases etc. As information is built on, month-on-month, this allows the Council to identify themes and trends as time progresses.
- ▶ HCPC introduced a Service Improvement Plan as a result of the adverse findings raised by the PSA in 2021/22. HCPC have been clearly active, working on delivering this plan to improve their FtP process and ensure alignment to PSA requirements. HCPC had another PSA review in October 2022 which focused on cases covering April 2022-August 2022. At the time of the fieldwork, the formal report from PSA had not been received.

SUMMARY OF KEY THEMES

HCPC has elements of a robust control framework in place, however we identified one MEDIUM priority, two LOW priority findings and one observation. These related to:

- ▶ Policies and procedures are not up to date and have no set review schedule to ensure changes in regulations are reflected timely. Caseworkers rely on these. (MEDIUM)
- ▶ There is limited reference to the Professional Standards Authority (PSA) on the HCPC website and the standards are not directly referenced in FtP guidance. It is helpful to link regulator policies & procedures with the PSA Standards. This enables confirmation of completeness and aids caseworkers' understanding of the principles that underlie the policies. (LOW)
- ▶ Council receive regular reports detailing monthly statistics/KPIs for FtP. These reports would benefit from a summary section upfront to detail whether KPIs have been achieved to allow for an efficient and effective understanding as to whether targets are achieved. (LOW)

USEFUL STATISTICS



DETAILED FINDINGS



DETAILED FINDINGS

RISK: Policies, procedures and guidance materials are in place, up to date, clear and readily available to staff for the end-to-end FtP process. The policies, procedures and guidance allow for HCPC to meet their own and PSA’s requirements and align to best practise.

FINDING 1 - POLICIES AND PROCEDURES			TYPE
<p>Fitness to practise (FtP) policies, procedures and guidance should support staff with the underlying key concepts and methodology to manage FtP cases consistently, transparently and timely.</p> <p>We reviewed the policies, procedures and guidance (guidance) in place, such as the `fitness to practise process, information for employers and managers` policy and confirmed they provide staff with the agreed and up to date methodology for the end-to-end FtP process. The guidance references best practice themes and processes including the criteria for progressing cases. However, the guidance does not refer to the key performance indicators (KPIs) in place of completing cases within 33 weeks outside of final hearings, and 39 weeks for final hearings.</p> <p>Fitness to practise guidance is not consistently reviewed on an annual basis, for example the `FtP process, information for employees and managers` document was last updated in January 2019. There is no review timetable in place for updating FtP guidance.</p> <p>We acknowledge that as part of an ongoing review of documentation, staff are in the process of updating the FtP guidance and it is anticipated that guidance will be subject to an annual review.</p>			DESIGN
<p>IMPLICATION</p> <ul style="list-style-type: none"> Where agreed KPIs are not formally documented within policies, procedures and guidance there is a risk that HCPC do not manage cases timely which can have detrimental impacts on both public safety and the well-being of practitioners. There should be a formalised regular review process in place for guidance and policies to ensure completeness. 			SIGNIFICANCE
			MEDIUM
RECOMMENDATIONS	ACTION OWNER	MANAGEMENT RESPONSE	COMPLETION DATE
<p>1. We recommend that fitness to practise policies, procedures and guidance:</p> <ol style="list-style-type: none"> formally include the KPIs staff are expected to achieve for managing fitness to practise cases. Include a documented review and approval process. 	<p><i>Kellie Green - Interim Head of Fitness to Practise</i></p>	<p><i>KPIs will be added to relevant best practice standards (guidance) documents.</i></p> <p><i>A documented review and approval process will be added to all fitness to practise policies and best practice standards (guidance)</i></p>	<p>30 June 2023</p> <p>31 July 2023</p>



DETAILED FINDINGS

RISK: Policies, procedures and guidance materials are in place, up to date, clear and readily available to staff for the end-to-end FtP process. The policies, procedures and guidance allow for HCPC to meet their own and PSA's requirements and align to best practise.

FINDING 2 - PROFESSIONAL STANDARDS AUTHORITY			TYPE
<p>HCPC are required to comply with the Professional Standards Authority (PSA) when undertaking their work as a regulator. The standards cover five core areas of: General Standards, Guidance & Standards, Education & Training, Registration and Fitness to Practise.</p> <p>We reviewed the policies, procedures and guidance, and as noted in finding one and in appendix 1, the guidance documentation and FtP flowchart aligns to the requirements within the standards and for the sample selected demonstrated compliance with them. However, on review of the guidance we noted that there was no direct reference to PSA as the HCPCs regulator. Whilst HCPC are keen for the guidance to represent HCPC's policies and methodologies, the guidance is based on and is required to comply with PSA standards. Therefore, it is important for registrants, patients and employees to understand the basis for the procedures and why they are so important in protecting patient safety.</p> <p>On review of the HCPC website we noted limited reference to the PSA. The only references identified related to PSA reports issued but no other background information regarding PSA was included. Background and narrative of how PSA helps to support the work undertaken by HCPC including aspects such as Education and Training would be beneficial to all stakeholders.</p>			DESIGN
IMPLICATION			SIGNIFICANCE
<ul style="list-style-type: none"> Where there is no direct reference to PSA standards within the FtP documentation and via the website there is a risk that staff do not understand the underlying principles and expected behaviours when managing FtP cases. 			LOW
RECOMMENDATIONS	ACTION OWNER	MANAGEMENT RESPONSE	COMPLETION DATE
2. We recommend HCPC directly reference in either guidance or on the HCPC website reference to the PSA standards and how these support in a safer environment for all stakeholders.	<i>Claire Amor, Executive Director of Governance, Assurance and Planning</i>	<i>This information will be added to our website in the next deployment.</i>	01/09/2023



DETAILED FINDINGS

RISK: Management information is relevant, regular, accurate, complete, and allows for informed decision making.

FINDING 3 - MANAGEMENT INFORMATION AND OVERSIGHT			TYPE
<p>Information provided across the organisation should be proportionate and allow for effective and informed decision making.</p> <p>We reviewed the information presented to the Steering group (weekly), the Plan and Review group (weekly) and the Council (6 meetings per annum) on FtP cases, the FtP improvement plan and KPI targets set. We identified that the information provided to the Council is a 9-12-page report which contains KPIs and associated narrative to verify whether KPIs have been achieved and where they have not an explanation is provided.</p> <p>Whilst the information included in the report to the Council is useful it would be beneficial to have a summary page at the start of the report which tells the reader upfront whether KPIs have been achieved and the size of the variance if not.</p>			DESIGN
IMPLICATION			SIGNIFICANCE
<ul style="list-style-type: none"> Where reports do not highlight the key message of the report content upfront to the desired audience, there is a risk that decisions made may not be as effective, as information can be too much and therefore convoluted. 			LOW
RECOMMENDATIONS	ACTION OWNER	MANAGEMENT RESPONSE	COMPLETION DATE
3. We recommend that a summary of KPI achievement and progress against the FtP improvement plan is highlighted at the start of the report allowing key messages to be clear to readers.	<i>Kellie Green - Interim Head of Fitness to Practise</i>	<i>We will undertake a review to ensure that the report remains relevant and useful.</i>	<i>31 December 2023</i>



OBSERVATION

RISK: There is sufficient focus on the elapsed time a complaint is handled and addressed, from the time the complaint comes in, to the point the case goes to hearing or is closed or dealt with by other means.

MANAGING FITNESS TO PRACTISE CASES

We tested a sample of ten FtP cases of low, medium and high risk that were managed in the period November 2022 to January 2023. The cases arose after the period audited by PSA in its latest visit. We assessed whether cases were managed in line with the investigation process as set out in the `FtP process, information for employees and managers` policy document and in line with the internal timeframes of 33 weeks and 39 weeks for cases that reached final hearing. Of the ten cases reviewed we identified:

For 1/10 (FTP.85261) the KPI of completion within 39 weeks was not achieved.

We acknowledge that the case, FtP.85261, was subject to multiple interim order reviews and was progressed to final hearing as a high-risk case and therefore required additional time for completion. Effectively, it was an older and more complex case.

For the remaining nine cases in our sample, we identified no issues. However, on review of the reports provided to Council we noted that KPIs are not routinely achieved month on month and this is indicative of the work being undertaken to close older cases. For example, for November 2022, December 2022 and January 2023, the achievement of the `receipt to concluded at final hearing from ICP decision of 39 weeks` scored 16%, 13.3% and 0% respectively of KPIS achievement.

APPENDICES



APPENDIX I: PSA STANDARDS

Ref	Standard	Previously achieved (2020/21) and followed up on (2021/22)	Our finding (with <u>examples</u> shown of process design & operation demonstrated)
14	The regulator enables anyone to raise a concern about a registrant.	Yes	<p>Effective:</p> <ul style="list-style-type: none"> Anyone can raise a complaint and the means to do so is simple and accessible online or via telephone or letter. All correspondence and issues raised are triaged by HCPC to assess in the first instance, if it is a complaint that falls within HCPC’s remit. This was not an historic area of concern for PSA.
15	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 evidence is available to support decision-makers to reach a fair decision that protects the public at each stage of the process	No	<p>Effective:</p> <ul style="list-style-type: none"> Process design flowcharts clearly state several stages where cases are monitored and reviewed, with a particular prioritisation of severity and risk to patient safety. Where a case is deemed to exceed a threshold, it must be reviewed by Senior Decision Maker, increasing likelihood of fair and equitable case handling. We confirmed for our sample selected, evidence of appropriate review. Several instances in the progression and review of cases to consider, allow cases to close at the earliest opportunity, thus not holding unwarranted allegations open longer than necessary. Staff are given training and clear guidance on case handling. The guidance provided to caseworkers reinforces the need for evidence and provides examples. Guidance provides caseworkers with types of cases and guidance on what to do if there is no evidence, or where there is a set level of evidence required but not met. Evidence of the case is attached to each case in the Nexus system, this along with the guidance ensures that decision makers have the information readily available to make prompt and appropriate decisions. Furthermore, the policies reinforce the duty to protect the public. There is an overarching QA framework operating which provides additional quality checks.



			<ul style="list-style-type: none"> Monitoring of case progression is possible with the system. We found monitoring to be undertaken to ensure timeliness. We reviewed a sample of ten cases and identified overall cases were managed within set KPI timeframes of 33 weeks and 39 weeks for a full decision to be made. Decisions are clearly documented. Evidence of an appropriate individual (job role and name) is included on final decisions. Documentation was in place for our sample tested and available on Nexus to support the final decisions made. An explanation supporting the outcome for decisions were in place for the four samples which had been closed. Interim Orders can be put in place at any point during the investigation. We noted that one of our sample tested cases resulted in an Interim Order at the correct stage. The case in question related to a sexual assault allegation outside of the registrant’s work context. The Steering Group meet on a weekly basis and monitor and review current caseloads and timelines on a granular level with the Council having a more high-level oversight which we consider to be appropriate and proportionate. <p>Areas for development</p> <ul style="list-style-type: none"> We note that guidance is not up to date. For example, the guidance does not refer to the key performance indicators (KPIs) in place of completing cases within 33 weeks outside of final hearings, and 39 weeks for final hearings. Fitness to practise guidance is not consistently reviewed on an annual basis, for example the `FtP process, information for employees and managers` document was last updated in January 2019. There is no review timetable in place for updating FtP guidance. 	
16	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.	No	<p>Effective:</p> <ul style="list-style-type: none"> All of the above findings apply. Our examination of the policies and procedures established that they are aligned with the PSA Standards. <p>Areas for development</p> <ul style="list-style-type: none"> We note that there is not a direct reference to the PSA Standards and case law does not feature prominently in the guidance to caseworkers. In practice, good policy design and guidance flows from requirements in law and from PSA Standards, if the policy and guidance is written in cognisance of them. Thus, if staff follow the policy and guidance correctly, they will 	



			<p>be, in principle, adhering to case law and meet the PSA Standards. Moreover, PSA Standards, cut across different stages of the FtP lifecycle, so the mapping of PSA Standards to each stage of the FtP process could be challenging. Nonetheless, the ability to support HCPC policies and procedures with reference to case law and PSA standards would be a useful exercise, even if completed by the Policy team, to assure itself that policy and procedure documentation is properly grounded.</p> <ul style="list-style-type: none"> On review of the HCPC website we noted limited reference to PSA. The only references identified related to PSA reports issued but no other background information regarding PSA was included. Background and narrative of how PSA helps to support the work undertaken by HCPC including aspects such as Education and Training would be beneficial to all stakeholders. This would also support in compliance with policies, procedures and guidance if staff are clear that these are set by the regulator and therefore adds extra gravitas to the guidance.
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.	No	<p>Effective:</p> <ul style="list-style-type: none"> We note that both the procedures documented, and our sample of cases tested, complaints are identified as high, medium and low risk to identify which cases may need more attention and which may take longer. Staff are aware of the use of Interim Orders as they are covered in great detail within policies. The policies list many types of occurrences that would result in an Interim Order likely to be required (e.g. sexual assault, violence, serious dishonesty etc.) In our sample, one case had clearly exceeded the threshold for an Interim Order and an Interim Order was correctly and promptly applied (sexual assault case).
18	All parties to a complaint are supported to participate effectively in the process.	No	<p>Effective:</p> <ul style="list-style-type: none"> Members of the public, including both registrants and complainants can view policies, procedures and guidance on the HCPC website, thus demonstrating transparency and managing expectations, in terms of timescale for cases to go through the full FtP process, should that occur. When a case is progressed past the initial stages, the parties are contacted and given time to respond and involve their legal representatives, etc. Registrants are informed at the start of the process about the complaint and the complainant is notified that the HCPC are investigating the case. Our testing confirmed that timescales are met and cases going to final hearing will usually have much more time to prepare.



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| | | <ul style="list-style-type: none">• Our review of procedure documents and the cases we examined demonstrated complainants are informed if a decision has been made that HCPC cannot take the case forwards.• Throughout the process, we found that the registrant is kept up to date with the progress of the case and is asked to provide information when required. Both the registrant and complainant are kept up to date with the process at different stages thereafter.• There is active monitoring of cases at an operational level, and at a corporate level through the reporting dashboards. |
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APPENDIX II: DEFINITIONS

LEVEL OF ASSURANCE	DESIGN OF INTERNAL CONTROL FRAMEWORK		OPERATIONAL EFFECTIVENESS OF CONTROLS	
	FINDINGS FROM REVIEW	DESIGN OPINION	FINDINGS FROM REVIEW	EFFECTIVENESS OPINION
SUBSTANTIAL	Appropriate procedures and controls in place to mitigate the key risks.	There is a sound system of internal control designed to achieve system objectives.	No, or only minor, exceptions found in testing of the procedures and controls.	The controls that are in place are being consistently applied.
MODERATE	In the main there are appropriate procedures and controls in place to mitigate the key risks reviewed albeit with some that are not fully effective.	Generally, a sound system of internal control designed to achieve system objectives with some exceptions.	A small number of exceptions found in testing of the procedures and controls.	Evidence of non-compliance with some controls, which may put some of the system objectives at risk.
LIMITED	A number of significant gaps identified in the procedures and controls in key areas. Where practical, efforts should be made to address in-year.	System of internal controls is weakened with system objectives at risk of not being achieved.	A number of reoccurring exceptions found in testing of the procedures and controls. Where practical, efforts should be made to address in-year.	Non-compliance with key procedures and controls places the system objectives at risk.
NO	For all risk areas there are significant gaps in the procedures and controls. Failure to address in-year affects the quality of the organisation's overall internal control framework.	Poor system of internal control.	Due to absence of effective controls and procedures, no reliance can be placed on their operation. Failure to address in-year affects the quality of the organisation's overall internal control framework.	Non-compliance and/or compliance with inadequate controls.

RECOMMENDATION SIGNIFICANCE

HIGH	A weakness where there is substantial risk of loss, fraud, impropriety, poor value for money, or failure to achieve organisational objectives. Such risk could lead to an adverse impact on the business. Remedial action must be taken urgently.
MEDIUM	A weakness in control which, although not fundamental, relates to shortcomings which expose individual business systems to a less immediate level of threatening risk or poor value for money. Such a risk could impact on operational objectives and should be of concern to senior management and requires prompt specific action.
LOW	Areas that individually have no significant impact, but where management would benefit from improved controls and/or have the opportunity to achieve greater effectiveness and/or efficiency.
ADVISORY	A weakness that does not have a risk impact or consequence but has been raised to highlight areas of inefficiencies or potential best practice improvements.



APPENDIX III: TERMS OF REFERENCE

EXTRACT FROM TERMS OF REFERENCE

PURPOSE

The objective of the was to review HCPC's Fitness to Practise core activities to determine whether these meet the regulatory expectations as set out within the PSA's standards. Given the recent PSA sample period was before some initiatives will have fully embedded, we will provide assurance on cases in later periods.

KEY RISKS

The key risks considered within this area of activity were whether:

- Policies, procedures and guidance materials are in place, up to date, clear and readily available to staff for the end-to-end FtP process. The policies, procedures and guidance allow for HCPC to meet their own and PSA's requirements and align to best practice.
- The policies, procedures and guidance help to ensure an efficient methodology of managing FtP complaints and concerns timely and efficiently.
- FtP cases are consistently managed in line with policies, procedures and guidance.
- There is sufficient focus on the elapsed time a complaint is handled and addressed, from the time the complaint comes in, to the point the case goes to hearing or is closed or dealt with by other means.
- The quality assurance (QA) process is built throughout the FtP process, is sound and with any identified quality issues addressed.
- Management information is relevant, regular, accurate, complete, and allows for informed decision making.
- Appropriate oversight arrangements are in place for the end-to-end process.
- The programme for improvements to FtP are focussed on closing gaps identified by HCPC's QA team.

SCOPE

The following areas were covered as part of this review:

- We reviewed policies, procedures and guidance and look to verify whether they comply with PSA standards and HCPC internal objectives and key performance indicators.
- We reviewed the means to update policy and guidance and its communication to relevant staff.
- We reviewed whether policies, procedures and guidance help to ensure an efficient end-to-end FtP process.
- We reviewed case plans, risk assessment and frontline monthly quality checks and their associated quality control procedures and QA checks or work undertaken by the Quality Assurance team.
- We reviewed where issues were identified as part of the QA process and verify that these have been appropriately dealt with or a plan is in place to manage these (including refinements to policies, procedures and guidance).
- Oversight and governance of the FtP process, including the use of FtP performance data.
- The scope, output and planned success factors for the FtP improvement programme work.
- The sampling period will be cases that were live or recently closed during the period November 2022 to January 2023.
- We included a proportion of higher risk cases.
- Data analytics will be included where practical and useful conclusions can be drawn.



EXCLUSIONS

- We did not review the FtP hearing process or the amendment of registration details following the outcome of a complaint.
- We did not examine in detail the programme management for FtP improvements.
- We did not review outsourced cases.



APPENDIX IV: STAFF INTERVIEWED

BDO LLP APPRECIATES THE TIME PROVIDED BY ALL THE INDIVIDUALS INVOLVED IN THIS REVIEW AND WOULD LIKE TO THANK THEM FOR THEIR ASSISTANCE AND COOPERATION.

Cleo Fearon	Fitness to Practise Case Manager	
Kellie Green	Head of Fitness to Practise	
Laura Coffey	Interim Executive Director of Regulation	



APPENDIX IV: LIMITATIONS AND RESPONSIBILITIES

MANAGEMENT RESPONSIBILITIES

The audit sponsor is responsible for determining the scope of internal audit work, and for deciding the action to be taken on the outcome of our findings from our work.

The Board is responsible for ensuring the internal audit function has:

- The support of the Company's management team.
- Direct access and freedom to report to senior management, including the Chair of the Audit and Risk Committee.
- The Board is responsible for the establishment and proper operation of a system of internal control, including proper accounting records and other management information suitable for running the Company.

Internal controls cover the whole system of controls, financial and otherwise, established by the Board in order to carry on the business of the Company in an orderly and efficient manner, ensure adherence to management policies, safeguard the assets and secure as far as possible the completeness and accuracy of the records. The individual components of an internal control system are known as 'controls' or 'internal controls'.

The Board is responsible for risk management in the organisation, and for deciding the action to be taken on the outcome of any findings from our work. The identification of risks and the strategies put in place to deal with identified risks remain the sole responsibility of the Board.

LIMITATIONS

The scope of the review is limited to the areas documented under Appendix II - Terms of reference. All other areas are considered outside of the scope of this review.

Our work is inherently limited by the honest representation of those interviewed as part of colleagues interviewed as part of the review. Our work and conclusion are subject to sampling risk, which means that our work may not be representative of the full population.

Internal control systems, no matter how well designed and operated, are affected by inherent limitations. These include the possibility of poor judgment in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Our assessment of controls is for the period specified only. Historic evaluation of effectiveness may not be relevant to future periods due to the risk that: the design of controls may become inadequate because of changes in operating environment, law, regulation or other; or the degree of compliance with policies and procedures may deteriorate

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