

Education and Training Committee, 12 September 2013

The Professional Standards Authority for Health and Social Care report
'Lapses in professional registration – impact, issues and ideas for
improvement'

Executive summary and recommendations

Introduction

The attached paper summarises and discusses the Professional Standards Authority for Health and Social Care's (PSA) report 'Lapses in professional registration – impact, issues and ideas for improvement'.

The paper identifies areas of good practice from the PSA's report and areas where we could develop our own approach further.

Decision

The Committee is invited to discuss the attached paper.

Background information

None

Resource implications

There are no resource implications associated with this paper.

Financial implications

There are no financial implications associated with this paper.

Appendices

- PSA report – 'Lapses in professional registration – impact, issues and ideas for improvement'

Date of paper

2 September 2013

The Professional Standards Authority for Health and Social Care report ‘Lapses in professional registration – impact, issues and ideas for improvement’

1. Introduction

- 1.1 This paper summarises and discusses the Professional Standards Authority for Health and Social Care’s (PSA) report ‘Lapses in professional registration – impact, issues and ideas for improvement’. A full copy of the report is appended to this paper.
- 1.2 In their report on the 2011-2012 performance review, the PSA identified a range of different approaches taken by regulators to handle lapsed registration. As a result, they decided to look at this area in more detail during 2012-2013.
- 1.3 The PSA met with the HCPC at the beginning of 2013 and also asked us to submit a detailed response to a series of questions around registration renewal and how we handle registration removals. They then reviewed this information alongside submissions from other regulators, before publishing the report.
- 1.4 References to paragraph numbers in brackets are to paragraphs in the PSA report.

Terminology

- 1.5 As set out in paragraph 1.11 of the PSA’s report, each regulator uses different terminology to explain the process by which a registrant renews their registration. For clarity, we have used the terms ‘renewal’ to mean the biennial process a registrant goes through to renew their registration and ‘removal’ to mean when a registrant is removed from the Register for a failure to renew their registration or pay their registration fee.

2. Overview of HCPC registration processes

- 2.1 Each profession we regulate has a two year registration renewal cycle. This means that every registrant renews their HCPC registration every two years. There are different dates of renewal for different professions (see www.hcpc-uk.org/registrants/renew/renewaldates/).
- 2.2 Registrants can renew their registration either through our online system or by completing and returning a registration renewal form. We encourage registrants to renew online as it is a faster process.
- 2.3 Every time a registrant renews their registration, they are asked to pay their registration fee and sign several professional declarations. They declare that:
- they have continued to practise their profession since their last registration (or meet our return to practice requirements);
 - they have continued to meet the HCPC's standards of proficiency for the safe and effective practice of their profession;
 - there have been no changes to their health or relating to good character which they have not advised HCPC about and which would affect your safe and effective practice of their profession; and
 - they have continued to meet the HCPC's standards for continuing professional development.
- 2.4 At the same time, we also select 2.5% of registrants who have been on the Register for more than two years for CPD audit.
- 2.5 Registrants can be removed from the Register for the following reasons:
- failure to renew their registration; or
 - failure to pay the registration fee; or
 - failure to meet our CPD standards.
- 2.6 Registrants can choose to pay their registration fee by direct debit every six months, rather than in a lump sum. Registrants can also be removed from the Register if their direct debit payment fails during the registration cycle.

Promoting renewal

- 2.7 Each time a profession renews its registration we:
- issue a news item (and sometimes a media release) on our website;
 - place articles in our 'In Focus' newsletter; and
 - work with the relevant professional bodies and professional press to promote the importance of renewing on time.
- 2.8 We also promote registration renewals at our events aimed at registrants and our employer events.

Removal rates

- 2.9 Every time a profession goes through the registration renewal process, a certain percentage of registrants are removed from the Register for the reasons set out on the previous page (full removal rates for each regulator are set out in annex one on page thirty five of the report).
- 2.10 We recognise that there is considerable difference between the removal rates of each profession (see table two on page seventeen of the report). For example, the removal rate for social workers in 2012 when they first renewed their registration was 9.5%, whilst the removal rate for radiographers in 2012 was 4.3%.
- 2.11 There may be a number of reasons for the differences in renewal rate (see paragraphs 3.10 – 3.12). We continue to monitor renewal rates and promote proactively the importance of renewing on time.

3. Good practice

- 3.1 This section summarises good practice amongst the regulators identified by the PSA in section five and our response in those areas, as well as potential areas of work for the future.
- 3.2 The PSA identifies that regulators could do the following to reduce the number of registrants inadvertently removal off the Register:
- sending timely, targeted reminders;
 - reinforcing messages about the risks of removal;
 - making communication more effective;
 - enabling registrants to pay their fees via a number of different means, including direct debit;
 - enabling registrants to renew online; and
 - maximising the use of voluntary removal for those who want to leave the profession.
- 3.3 As set out in section two above, we already carry out many of these actions either before a profession enters its renewal period or during the renewal period. For example, registrants can already choose to pay their registration fee by direct debit and can renew their registration online.
- 3.4 However, we have identified the following areas as being ones where we could develop our approach further:
- increased use of email as a communication tool during the renewal process; and
 - continued engagement with employers around renewals.
- 3.5 We note that a number of regulators support online CPD recording. Although not directly linked to registration renewal, this is an area we hope to explore in the future as part of a broader review of registrations systems and processes.

Lapses in professional registration

Impact, issues, and ideas for improvement

August 2013

About the Professional Standards Authority

The Professional Standards Authority for Health and Social Care¹ promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and voluntary registration of people working in health and care. We are an independent body, accountable to the UK Parliament.

We oversee the work of nine statutory bodies that regulate health professionals in the UK and social workers in England. We review the regulators' performance and audit and scrutinise their decisions about whether people on their registers are fit to practise.

We also set standards for organisations holding voluntary registers for people in unregulated health and care occupations and accredit those organisations that meet our standards.

To encourage improvement we share good practice and knowledge, conduct research and introduce new ideas including our concept of right-touch regulation². We monitor policy developments in the UK and internationally and provide advice to governments and others on matters relating to people working in health and care. We also undertake some international commissions to extend our understanding of regulation and to promote safety in the mobility of the health and care workforce.

We are committed to being independent, impartial, fair, accessible and consistent. More information about our work and the approach we take is available at www.professionalstandards.org.uk.

¹ The Professional Standards Authority for Health and Social Care was previously known as the Council for Healthcare Regulatory Excellence

² Council for Healthcare Regulatory Excellence, 2010. *Right-touch regulation*. Available at <http://www.professionalstandards.org.uk/policy-and-research/right-touch-regulation>

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1. Introduction

- 1.1 In 2009, the *Nursing Times* published an article about a mental health trust which had recently brought in a policy for checking the professional registration status of their nursing staff.³ The monthly checks of the register identified up to eight nurses a month who had failed to ensure they remained registered by paying the fee required to be retained on the register. The *Nursing Times* believed at the time that the failure of nurses to re-register was a problem throughout the NHS.
- 1.2 The Nursing and Midwifery Council reported in 2011⁴ that 5 out of 288 GP practices in Kent were employing nurses not on the register and that most GPs were unaware of their responsibility for checking the registration status of nurses.
- 1.3 In our 2011-12 performance review we found a range of different approaches taken by regulators in dealing with lapsed registration, and we made a commitment to look more closely at this area of practice in 2012-13⁵.
- 1.4 Health professionals and social workers⁶ are personally responsible for ensuring that they remain registered⁷ if they are practising. It is a responsibility fundamental to being a professional. For the most part, renewals and fee payments take place without a hitch. However, a minority lapse every year, some of whom run the risk of breaking the criminal law by practising while unregistered.
- 1.5 We are interested in this issue because the accuracy of a register is fundamental to public protection. Through our *Standards of Good Regulation*⁸ the regulators we oversee are required to ensure that only those who meet the regulator's requirements are registered, and that people can find and check a health professional and social worker's registration. A statutory register of professionals is more than just a list: it vouches for the standards of competence and suitability of the people on it.
- 1.6 This report looks at the extent to which registration lapses could undermine these requirements and considers what this means for public protection. In doing so,

³ The Nursing Times, 21 July 2009. *Trust threatens to dock nurse pay over lapsed registration*. Helen Mooney. Available at: <http://www.nursingtimes.net/trust-threatens-to-dock-nurse-pay-over-lapsed-registrations/5003819.article>. Accessed 22/03/13.

⁴ As reported in Pulse, 9 November 2011. *Fraudulent or rogue nurses employed by up to 200 practices*. Available at: <http://www.pulsetoday.co.uk/fraudulent-or-rogue-nurses-employed-by-up-to-200-practices/13008358.article#.UWKQXXqy71U>. Accessed 02/04/13.

⁵ Council for Healthcare Regulatory Excellence, June 2012. *Performance review report: Safety First*. Para 7.13, p 11. Available at: <http://www.professionalstandards.org.uk/docs/scrutiny-quality/chre-performance-review-report-2011-12.pdf?sfvrsn=0>. Accessed 13/05/13.

⁶ The Professional Standards Authority's remit covers the regulation of health professionals across the UK, and social workers in England. The regulatory bodies we oversee are: General Chiropractic Council, General Dental Council, General Medical Council, General Optical Council, General Osteopathic Council, General Pharmaceutical Council, Health and Care Professions Council, Nursing and Midwifery Council, and Pharmaceutical Society Northern Ireland.

⁷ And for doctors, also licensed.

⁸ Professional Standards Authority, June 2010. *The Performance Review Standards, Standards of Good Regulation*. Available at: <http://www.professionalstandards.org.uk/docs/scrutiny-quality/120720-the-performance-review-standards-%28updated%29-psa-version.pdf?sfvrsn=0>. Accessed 30/07/13.

we uncover the problems that lapsing registrations can cause, and suggest ways in which the regulators could tackle them.

- 1.7 We know that not all lapses are problematic, for instance some can be put down to people voluntarily leaving the workforce. Because of a lack of information about why registrants lapse, it is difficult to distinguish between the problematic ones and the rest. We therefore begin our report by explaining when and why lapsed registrations can be a problem for employers, professionals, and the public alike, and how they threaten the integrity of regulators' registers. We go on to examine the size of the problem and how different regulators and professions compare in terms of their lapsing rates.

Recommendations

- 1.8 In the final three sections of the report we examine the situation from the perspective of the registrant, the regulator and the wider sector to identify ways in which the current systems could be improved to reduce the number of problematic lapses, and make it easier for employers to keep track of the registration status of their staff. We suggest that regulators should think about how they can better support registrants to renew their registration and pay their fees on time. In addition, we hope they will use the Law Commissions' review⁹ as an opportunity to explore the benefits of a more coherent approach to renewal and lapsing across health and care professional regulation.

Terminology

- 1.9 By 'lapsed registration' we mean people automatically coming off the register because:
- they have failed to take part in the regulator's periodic renewal or retention
 - they have failed to take part in the regulator's continuing professional development (CPD) or continuing fitness to practise (CFtP) exercise, or
 - they have failed to pay the required fee.
- 1.10 We have only considered CPD or CFtP in this report where a registrant's failure to engage with it results in *automatic* removal. Removal for not meeting the standard of CPD or CFtP required has not been considered because we felt this constituted a different type of removal process. In addition, we have not looked at the GMC's relicensing process because it governs a doctor's ability to practise rather than their presence on the register.
- 1.11 We have used the terms 'renewal' and 'retention' interchangeably, as there is no consistency of terminology among the regulators. We have used 'restoration' to describe the process by which registrants may return to the register following a lapse.

⁹ See the Law Commission's website for details:
http://lawcommission.justice.gov.uk/areas/Healthcare_professions.htm

2. Why can lapsing registrations be a problem?

- 2.1 From time to time, usually once a year, all health professionals and social workers have to pay a renewal fee and declare themselves fit to practise in order to stay on the relevant regulator's register.
- 2.2 Every time these declarations and payments are due, a number of registrants deliberately let their registration lapse because they want to leave the profession. However, a number also inadvertently lapse from the register, either as a result of the registrant's failure to comply with the registration requirements or because of a mistake by the regulator.
- 2.3 We examine below the potential impact that these inadvertent registration lapses can have on public protection, registrants, and employers, as well as on the integrity and reputation of professional regulation as a whole.

What are registration lapses?

- 2.4 Renewals and fee payments are part of professional life, and are required by all nine of the professional regulators we oversee. There are three aspects of the renewal cycle that can lead to registration lapsing:
 - Fee payments are generally required annually. Not paying the fee is very likely to lead to removal from the register
 - Regular declarations of fitness to practise are another feature common to most registration cycles. Failure to do so, or failure to do so correctly can result in removal from the register
 - CPD or continuing fitness to practise declarations or checks are less frequent – cycle lengths vary from one year to five, however failing to cooperate with these requirements can also lead to automatic removal from the register.
- 2.5 In addition, albeit rarely, a mistake by the regulator can result in a registrant being removed from the register in error. This could be, for example, a failure to process the application or payment in time, or correctly.

A complex picture

- 2.6 People can lapse from the register for a number of different reasons. We anticipate that some of these lapses can be accounted for by workforce turnover, in other words people retiring, moving abroad, or changing careers. There are, however, a number of situations that are problematic.
- 2.7 We have used Table 1 to show the possible scenarios and their outcomes. These scenarios are not necessarily mutually exclusive.

Table 1: Lapsing scenarios and their related issues

	Description	Why is this an issue?	Nature of issue	
1	The registrant: <ul style="list-style-type: none"> Lapses deliberately Is no longer practising Knows they have lapsed. The regulator is aware of the lapse.	No issues	No issues	
2	The lapsed registrant is subject to an FtP investigation	No jurisdiction over lapsed registrants; cannot pursue the case	Public protection risk Regulatory performance issue	Threat to integrity of register and public confidence
3	The lapsed registrant is subject to conditions of practice and is still practising	No jurisdiction over lapsed registrants; cannot monitor compliance with conditions	Public protection risk Regulatory performance issue	
4	A complaint about a lapsed registrant is not recorded	A potentially serious FtP issue may be overlooked when the person applies to return to the register	Public protection risk Regulatory performance issue	
5	The lapsed registrant is: <ul style="list-style-type: none"> Not aware that he/she has lapsed, and Still practising. 	It is illegal for a person to use a protected title or carry out certain functions if not on the relevant register	Illegal practice: criminal offence	
		Indemnity cover may not be available if negligence occurs	Insurance issue: impact on members of the public seeking compensation Insurance issue: potential impact on registrant if compensation claimed	
6	The regulator removed the registrant in error	The regulator's systems are not reliable	Regulatory performance issue	
		(If relevant) Temporary loss of a qualified professional for the employer	Impact on employer	
		The professional is unable to practise and may be	Impact on registrant	

	Description	Why is this an issue?	Nature of issue
		financially disadvantaged	
7	The regulator is not aware of the lapse	The regulator's systems are not reliable	Regulatory performance issue
8	The regulator has not informed the registrant that they have lapsed	The regulator's systems are not reliable	Regulatory performance issue
		The registrant may continue to practise thereby breaking the criminal law	Illegal practice: criminal offence
9	The registrant: <ul style="list-style-type: none"> Has lapsed through non-compliance with renewal or payment requirements Has stopped practising as a result, and Would like to return to practice ASAP. 	(If relevant) Temporary loss of a qualified professional for the employer and possible reduction in quality of care	Impact on employer
			Impact on patients
		Possible loss of access to services	Impact on patients
		The professional is unable to practise and may be financially disadvantaged	Impact on registrant
10	The lapsed registrant is: <ul style="list-style-type: none"> Aware that he/she has lapsed, and Still practising. 	Knowingly practising while unregistered is a breach of criminal law, and can be symptomatic of an underlying unprofessional attitude	Unprofessional behaviour
			Illegal practice: criminal offence
			Insurance issue: impact on members of the public seeking compensation
			Insurance issue: potential impact on registrant if compensation claimed
11	<ul style="list-style-type: none"> The registrant has failed to renew, and The regulator has failed to remove them. 	The regulator may not have the necessary assurances of the registrant's fitness to practise	

Threat to integrity of register and public confidence

A problem for employers and staff

- 2.8 In the opening paragraphs of this report, we gave two examples that illustrate the frequency of registration lapses. We spoke to three senior staff from two NHS trusts in England. Two managed allied health professionals, who are covered by more than one regulator, and one was a nursing director. We also spoke to a senior member of staff responsible for adult social care assessments in a local authority in England.
- 2.9 All three NHS staff knew of cases in the past two years of practitioners' registrations lapsing, with nurses emerging as the most likely to lapse, perhaps because of their larger numbers (most likely to be scenario 9). The local authority employee we spoke to was not aware of any social workers lapsing in his current place of work.
- 2.10 Employers take the employee out of professional practice when they become aware that an employee's registration has lapsed, pending their return to the register. Some employers allow such employees to work at a lower pay grade that does not require registration with the regulator, if the opportunity arises, while others suspend them.
- 2.11 The impact on the service can be significant with the loss of a key front line professional. This can have a knock-on effect on the quality of the service provided, putting patients and service users at risk.
- 2.12 All three organisations said they monitored the registration status of their staff to prevent inadvertent lapses from arising. They had processes in place for prompting renewals when they were due, and for checking all their professionals' registration status on a regular basis, either annually or monthly. The staff we spoke to told us their faith in the renewal system was greatly bolstered by the existence of these local processes.
- 2.13 Some of the regulators, including the Nursing and Midwifery Council (NMC), General Dental Council (GDC) and General Medical Council (GMC) have set up information sharing systems with NHS bodies. This can help to reduce the work of employers and improve the accuracy and timeliness of the employing organisations' tracking systems.
- 2.14 We were also told that historically not all local authorities had the capacity to track renewals for social workers, but that this might change now that social workers all have to renew by the same date. The local authority we spoke to said they found the exercise of renewing registration for social workers much simpler following the transfer from the General Social Care Council (GSCC) to the Health and Care Professions Council (HCPC), which unlike the former GSCC, requires all registrants of the same profession to renew at the same time.
- 2.15 For NHS trusts, the task of tracking renewals is more complex, as they deal with a large number of different professions covered by different regulators.

A risk to the public

- 2.16 When a professional lapses from the register, they must refrain from practising until they are restored (scenario 9). This has knock-on effects for patients who may find they no longer have access to services, or that there is a reduction in the quality of care because of staff shortages.

- 2.17 A further risk concerns recourse to indemnity compensation. Professional indemnity insurance covers professionals for claims of negligence or malpractice that might be made against them. Those working in the NHS are generally covered for negligence regardless of their registration status by the relevant NHS insurance body¹⁰. However, those who are not, including GPs and nurses working for GP practices in England, and people who are sub-contracted to the NHS, need to arrange their own indemnity cover, which is generally only available to people with professional registration¹¹.
- 2.18 A proportion of the health and social work workforce could therefore become ineligible for professional indemnity cover when they lapse from the register (scenarios 5 and 10). Without this cover, there is a risk of patients being financially disadvantaged should they claim compensation from a professional who does not have professional indemnity cover due to their lapsed registration and who has insufficient funds to meet the entirety of the claim.
- 2.19 In addition, there are issues relating to fitness to practise which are cause for concern. We know of a small number of instances where registrants under investigation or under conditions of practice have been allowed to lapse (scenarios 2 and 3) despite this being prohibited by legislation. As professional regulatory bodies have no jurisdiction over unregistered practitioners, they cannot adjudicate on any fitness to practise complaints about them (unless the individual applies for restoration to the register). This means that the registrant cannot be held to account; the hearing, which it may be in the public interest to hold, cannot take place; and the registrant may avoid having a record against their name on the public register.
- 2.20 People lapsing while subject to conditions of practice may be less risky but are nevertheless problematic, because their fitness to practise has been found to be impaired. Even if they cease to practise when they lapse, there is still a question mark over their fitness to practise if they apply to return to the register or wish to move to other jobs or professions where they may pose a risk.
- 2.21 There is also an issue arising out of our powers under section 29 of our legislation to appeal regulators' final fitness to practise decisions¹². The

¹⁰ The NHS Litigation Authority (NHSLA) in England, the Welsh Risk Pool in Wales, the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) in Scotland, and the Health and Personal Social Services in Northern Ireland.

Under these schemes, professionals are covered by vicarious liability, meaning that organisations are responsible for claims made against their staff. When an employee is negligent in the course of their employment, and the negligent act arises out of that employment, the employers are vicariously liable for that act. So, healthcare professionals are covered by their employer's membership of the NHS indemnity schemes in relation to such negligent acts. We were told by NHSLA that a professional's registration status does not affect the way claims are dealt with.

¹¹ We were not able to conduct systematic research into whether private insurance firms require professional registration, or whether an individual's registration status at the time of an incident affects their eligibility for indemnity cover. We did however speak to the Medical Defence Union, which provides cover for 50% of UK medical practitioners and 30% of dentists. They told us that professional registration was a requirement for membership, and that not being registered could invalidate the indemnity cover – decisions about this are made on a case-by-case basis.

¹² Our power to refer decisions to court comes from Section 29 of the National Health Service Reform and Health Care Professions Act 2002.

legislation gives us the power to appeal decisions that are unduly lenient to court. However, we have found that any registrant who has had no finding of impairment or who had a caution imposed can let their registration lapse after the conclusion of the fitness to practise panel hearing and before the expiry of the statutory period in which we can appeal the decision. Similarly, an individual's registration may lapse during the period before any appeal is finally concluded. This may make it difficult for a court to take the usual action upon a successful appeal, either to send back the case to the panel for reconsideration, or to substitute its own sanction, because by that time the individual concerned is no longer a registrant. This scenario, which we have encountered twice in the exercise of our Section 29 powers, represents a threat to public protection in relation to 'unduly lenient' outcomes where the registration status of the relevant individuals has been allowed to lapse. This allows them to reapply to the register at a later date without going through the more stringent process that is applied to people who have previously been struck off.

- 2.22 There could also be a risk to the public if regulators fail to record complaints made about former registrants, or if their systems are not sufficiently reliable to ensure that such complaints are picked up if the registrant applies to return to the register (scenario 4). On the other hand, even if the complaint is picked up at this point, it may be difficult to obtain reliable evidence due to the passing of time affecting people's recollection of events.
- 2.23 We have no reason to believe that any of these fitness to practise scenarios occur very frequently, but they are worth noting as they present a possible risk to the public.

A problem for professionals

- 2.24 While our primary focus is on protecting the public, it is worth noting that registration lapses can have a serious impact on the professional. It is therefore firmly in their interests to comply with renewal and payment requirements. Registrants also need to have confidence in their regulator.
- 2.25 If they continue to practise (scenarios 5 and 10) they are likely to be committing a criminal offence in relation to the use of protected titles (for most regulated professions) or undertaking protected functions (for some professions). This is a prosecutable offence, and could result in a fine of up to £5,000, in addition to the individual acquiring a criminal record that will have to be disclosed to employers and to regulators.
- 2.26 Furthermore, if the regulator finds out that they have been practising while unregistered when they apply to return to the register, this behaviour may be viewed as a sign that the person is not of suitable character and their application for restoration to the register may be rejected.
- 2.27 Being unable to practise for a time can disadvantage registrants financially in the short term through immediate loss of earnings. In addition, for those in private practice in particular, this can lead to the longer-term loss of patients if people are put off by the period during which the individual is unable to practise professionally.
- 2.28 A final implication for registrants arises from the impact of lapsed registration on insurance cover (scenarios 5 and 10). As discussed above, if a professional is

not registered, they may not be covered for negligence, and would have to pay for any negligence claims out of their own pocket.

A threat to the integrity of and confidence in the register

- 2.29 Registration lapses can be problematic as they undermine the fundamental role of the professional register and of registration as a whole.
- 2.30 A professional register is more than just a list. It vouches for the standards of competence and suitability of the individuals on it, and to their continuing compliance with the requirements of registration. It is also a comprehensive record of who in the country is qualified and legally permitted to practise a particular profession. Employers, members of the public and other professionals need to be able to trust the regulator to perform these functions effectively in order to maintain confidence in the system of regulation.
- 2.31 Any mistakes or inconsistencies naturally give rise to concerns about their performance as regulators, and can also be damaging to the reputation and integrity of professional regulation.
- 2.32 One of the NHS employers we spoke to for this project told us of occasions when they believed the regulator had allowed registrants to lapse in error (the registrant had fulfilled their renewal requirements) (scenario 6). If this is true, it undermines the integrity of the register, because people who should have been registered were not. It also has the potential to damage people's confidence in the system of regulation.
- 2.33 If the regulator does not immediately become aware of a registration lapse (scenario 7), and/or fails to inform the registrant (scenario 8), again this poses a threat to the public's, registrants' and employers' confidence in professional regulation.
- 2.34 Five of the nine regulators do not remove a registrant who has failed to renew or comply with the requirements for renewal until a specified time after the renewal deadline (scenario 11). The General Osteopathic Council, General Medical Council and Pharmaceutical Society of Northern Ireland wait for one, two, and three months respectively – though it is worth noting that all three have relatively low numbers of lapses (as we will see when we look at the lapsing data in the following section).
- 2.35 If the professional has failed to renew, this may mean that they have failed to submit the required declarations relating to fitness to practise and continuing professional development (and/or failed to pay the required fee). Therefore, for a limited period of time, a number of people for whom the regulator does not have the necessary assurances of fitness to practise remain on the register.
- 2.36 This undermines the accuracy of the register as well as sending out a confusing message to registrants who can continue to practise having failed to renew. There is also a reputational risk for the regulator in the event that an individual should harm a patient in the time between their failing to renew and the regulator removing them from the register.

Summary

- Lapses in registration are a problem for employers, professionals and the public. They also have the potential to damage public confidence in regulation and the integrity of the register.
- The situations that give rise to these problematic outcomes are varied. Some relate to the behaviour of the registrant, others to the regulator's own role and processes.
- Problematic lapses are likely to represent only a small proportion of the total, but their impact could be significant. It is therefore worth considering what actions could be taken to reduce both the numbers and the impact.

3. Lapsing in numbers

- 3.1 To help us understand the nature and size of the problem at hand we asked the regulators to tell us how many registrants had lapsed from their register in a recent reporting period.
- 3.2 The following paragraphs and graphics set out our findings.

Total number of lapses by regulator

- 3.3 We have represented the lapsing data in Figure 1 below (see Annex 1 for the full data table). This shows the lapses as a proportion of each regulator's registrant base. It should be noted that the GMC operates a licensing system. Licensed doctors are required to revalidate every five years to renew their licence. Unlicensed doctors pay a retention fee, but do not have to make any declarations or undertake CPD. The figures in this report only cover lapses from the register, as we have not considered the lapsing of licenses in this report.
- 3.4 We felt that it was most useful to compare data representing the number of people who lapse when the entirety of the register is required to renew and/or pay the fee. That said, the figures quoted for the General Pharmaceutical Council (GPhC), which has a rolling register, are for the largest renewing cohort with an expiry date of 31 December¹³. The HCPC data covers the most recent two-year renewal cycle for all the professions they regulate. For the remaining regulators, the figures are for a year to reflect their annual cycles.
- 3.5 As mentioned in the previous section, any analysis is hampered by the fact that we do not know the circumstances surrounding any of the reported lapses. Workforce turnover is likely to account for many of the lapses, but this is hard to quantify as a number of those leaving the workforce will use the formal voluntary removal route.

¹³ This represents 87% of the pharmacist register and 42% of the pharmacy technician register.

Figure 1: Registrant numbers and lapses by regulator (for reported renewal cycle)



	NMC	HCPC	GDC	GCC	PSNI	GPhC	GMC	GOC	GOsC
Lapsing rate (%age of register per cycle)	7.6%	6.2%	4.6%	2.5%	1.4%	1.1%	1.1%	0.7%	0.1%

3.6 Figure 1 shows us that the NMC has the highest lapsing rate with 7.6% across nursing and midwifery, followed by the HCPC with 6.2%. The GOsC, on the other hand, has the lowest rate with 0.1%. It is difficult to draw any conclusions about the variations between the regulators as we do not have robust data about what causes them.

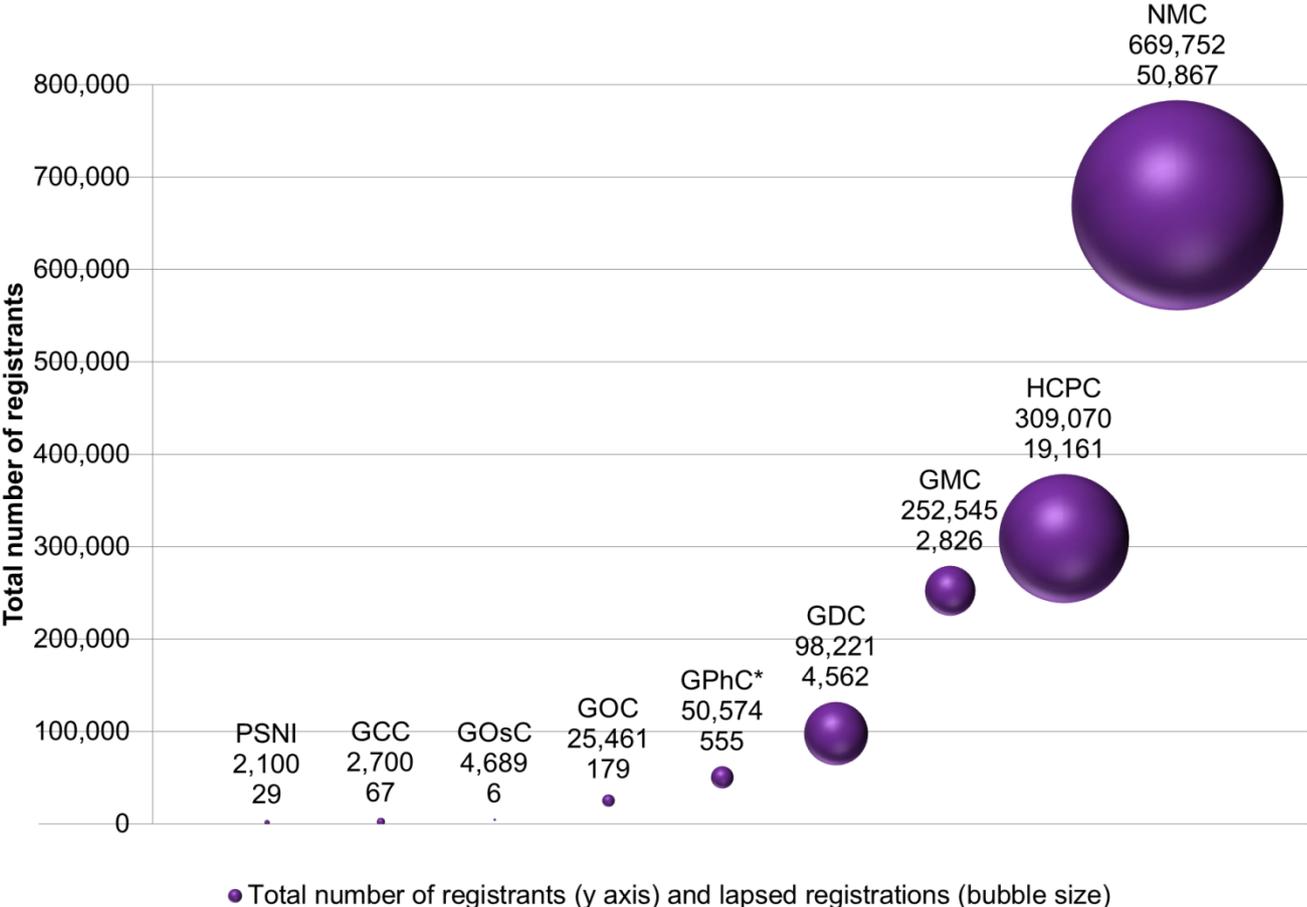
3.7 Across all professional groups, around 5.5% of registrants lapse in the course of a cycle. Although Figure 1 does not give a total for a specific reporting period¹⁴, and the figures from the HCPC represent biennial lapses, we can nevertheless estimate that approximately 68,000¹⁵ health and care professionals lapse from the registers every year.

¹⁴ We were unable to obtain figures from the same reporting year from all the regulators.

¹⁵ For this calculation, we halved the HCPC lapsing numbers as their lapsing figures are over a two year period to show the annual lapsing rates.

3.8 Figure 2 puts these percentages into context by showing the number of lapsed registrations (bubble size) in relation to the size of the register (position on y axis). The two biggest regulators, the NMC and the HCPC, contribute the greatest number of lapses, while the GMC, as the third largest has relatively few. Among the medium and smaller regulators, the GDC has a comparatively high number of lapses.

Figure 2: Registrant numbers and lapses by regulator (per cycle)



*The figures quoted for the GPhC are for their largest renewing cohort which represents 87% of the pharmacist register and 42% of the pharmacy technician register.

3.9 Several of the regulators regulate more than one professional group. To try to understand how much influence the regulator’s own actions have on lapsing rates we looked at the data by registrant group for three regulators who provided us with data for more than one group. It is set out in Table 2.

Table 2: Registration lapsing rates as a percentage of total registrants for multi-profession regulators (where data was available) (renewal cycle dates from 2011 to 2013)

	Profession	Percentage
GDC	Dentists	2.3%
	Dental Care Professionals	6.1%
GPhC	Pharmacists	1.0%
	Pharmacist technicians	1.4%
HCPC	Paramedics	2.0%
	Clinical scientists	3.5%
	Orthoptists	3.8%
	Operating Department Practitioners	2.9%
	Dietitians	4.8%
	Radiographers	4.3%
	Biomedical scientists	4.8%
	Physiotherapists	5.2%
	Speech and language therapists	5.1%
	Prosthetists/ orthotists	5.2%
	Occupational therapists	5.6%
	Chiropodists / podiatrists	5.7%
	Practitioner Psychologists	6.5%
	Arts therapists	7.4%
Hearing aid dispensers	8.8%	
Social workers	9.5%	

- 3.10 We can see from this table that even within the same regulator, where the same regulatory processes apply, lapsing rates vary between the professional groups. For the paramedics, approximately 2% lapsed over their last renewal cycle, while for social workers and hearing aid dispensers, it is almost 10%. The two latter professions have relatively recently come under the regulatory remit of the HCPC, and the high rates may be put down to people who were no longer practising allowing their registration to lapse.
- 3.11 Dentists (2.3%) and dental care professionals (6.1%), who are both registered with the GDC, are another example of the variation.
- 3.12 These figures suggest that a regulator’s approach to renewals is not the only factor to influence lapsing rates. Workforce turnover¹⁶, other factors associated

¹⁶ We did not find a robust way of comparing the lapsing rates with data on workforce churn, so were not able to determine what proportion of lapses could be put down to people leaving the profession. An unknown number of those leaving the profession may opt to do so through the regulator’s voluntary removal procedures, rather than letting their registration lapse. This makes it difficult to estimate the number of problematic lapses.

with people leaving the workforce, such as gender, and the registrant's relationship with and attitudes towards regulation are all likely to come into play in varying degrees.

- 3.13 It may be worth investigating whether some groups are more likely to lapse than others because of contextual factors, however this does not fall within the scope of this project.

Summary

- Data provided by the regulators suggests that around 68,000 registrants lapse from the register every year. The rates at which they lapse vary widely between the regulators and between professional groups. The NMC has the highest lapsing rate at 7.6%, while the GOsC's rate is the lowest at 0.1%.
- It seems that the regulator's approach to renewals is not the only factor influencing registrant behaviour, however. Factors specific to individual registrant groups, such as the registrants' relationship with and attitudes towards regulation, and how the regulator interacts with its registrants, are also likely to have a major impact – as shown by the variation in lapsing rates at multi-professional regulators. In addition, we anticipate that workforce turnover accounts for a large number of lapses.

4. The registrant's perspective: fulfilling professional responsibility

- 4.1 Registrants are required by regulators to assist them in ensuring that the register is accurate and up to date. They should be motivated to do so by their sense of professionalism, as well as their duty and responsibility for making sure their own entry is up to date.
- 4.2 It is useful for us to examine more closely what is required of registrants for them to remain registered, as each regulator has a different renewal process and cycle, meaning that what is required of registrants varies across the professions.

-
- 4.3 Table 3 below shows, by regulator, what professionals have to do to remain on the register, and when the opportunities to lapse occur.
 - 4.4 It highlights some of the key differences between the regulators' renewal cycles in terms of how and how frequently registrants can lapse: not paying the fee, not engaging with the renewal process, and not engaging with the continuing fitness to practise or CPD process¹⁷.

¹⁷ Except for the GMC whose relicensing procedures were not considered as part of this report.

Table 3: Lapsing opportunities relating to fee payment, retention/ renewal, and CPD/ CFtP processes across the nine regulators

	Lapse for non-payment of fee	Frequency – fee	Possibility of lapsing mid-term for non-payment of fee	Lapse for non-engagement with retention (e.g. FtP declaration)	Frequency – retention declaration	Removal for non-engagement with CPD/ CFtP process	Frequency – CPD/CFtP declaration
GCC	Yes	Annual (Dec)	No (instalments made in advance)	Yes	Annual (Dec)	Yes	Annual (Dec)
GDC	Yes	Annual (Dentists: Dec; DCPs: July)	No (no payment by instalments)	N/A (no retention process)	-	Yes	Every 5 years (Dentists: Dec; DCPs: July)
GMC	Yes	Annual	Yes (payment by instalments)	N/A*	-	N/A*	N/A*
GOC	Yes	Annual (March)	No (no payment by instalments)	Yes	Annual (March)	Yes	Every 3 years (Dec)
GOsC	Yes	Annual (anniversary of registration)	Yes (payment by instalments)	Yes	Annual (anniversary of registration)	Yes	Annual (anniversary of registration)
GPhC	Yes	Annual (anniversary of registration)	Yes (payment by instalments)	Yes	Annual (anniversary of registration)	Yes	Usually every 5 years (no link to renewal)
HPCP	Yes	Every two years (set date by profession)	Yes (for Direct Debit)	Yes	Every two years (set date by profession)	Yes	Every two years (date of retention)
NMC	Yes	Annual (anniversary of registration)	No (no payment by instalments)	Yes	Every three years (anniversary of registration)	Yes	Every three years (anniversary of registration)
PSNI	Yes	Annual (June)	No (no payment by instalments)	Yes	Annual (June)	Yes	Annual (June)

* The GMC operates a licensing system.

Fees

- 4.5 All professionals are required to pay a fee on a regular basis. Failure to do so will almost always result in automatic removal from the register.
- 4.6 All the regulators, with the exception of the HCPC who require payments every two years, charge an annual fee. Five regulators – the GCC, GMC, GOSc, GPhC, and HCPC – allow the fee to be paid in instalments. For the GMC, GOSc and GPhC, they are paid in arrears, while the GCC and HCPC require instalments to be paid in advance.
- 4.7 If registrants pay in instalments, this usually means they can be automatically removed from the register for non-payment mid-way through the registration cycle. However, payments in instalments are made to the GCC in advance. The GCC requires the full fee to be paid before the start of the registration year. Registrants can therefore miss their instalments without being removed mid-cycle, as long as they settle outstanding payments before the new cycle begins.

Fitness to practise declarations

- 4.8 All the regulators except the GDC and the GMC require their registrants to make regular declarations about their fitness to practise¹⁸. This is in addition to the expectations set out in professional codes that registrants should report to the regulator any fitness to practise concerns. Registrants are likely to come off the register if they fail to engage with this process, and can also be removed (though can be reinstated once the issue is resolved) if they make a mistake in completing the relevant forms.
- 4.9 The declaration coincides with a fee payment for all the regulators except the NMC, who require the fee to be paid every year and retention declarations to be submitted every three years.

Continuing fitness to practise and CPD declarations

- 4.10 Most of the regulators have a compulsory CPD or continuing fitness to practise framework, which requires registrants to regularly declare that they have met the relevant requirements set by the regulator. If registrants do not engage with this process, they are likely to be removed from the register automatically.
- 4.11 Declarations are usually sought at the point of retention, but there are some exceptions. For the GOC, Continuing Education and Training (CET) declarations are sought two months prior to renewal, and registrants can be removed for non-compliance at this point.
- 4.12 The GPhC can call a registrant to review their CPD portfolio at any point during the year, and will similarly remove the registrant for non-compliance.

¹⁸ Although as we noted above, the GMC operates a relicensing system.

Timing

- 4.13 The time of year when registrants have to renew varies from regulator to regulator. Some have a fixed date for all registrants, some have a different date for each of their registrant groups, and others have a rolling register where the registrant renews on the anniversary of their initial registration.

Summary

- In order to remain registered, professionals have to, on a regular basis, pay the required fee, make a declaration about their fitness to practise, and for most, from time to time declare that they have met the CPD requirements.
- The frequency and sequencing of these three actions varies across the regulators, and we address these inconsistencies in our later chapters.
- It remains the registrant's professional responsibility to ensure that they meet these requirements by doing whatever is asked of them within the timeframes set by the regulator.
- That said, it is in the regulator's interests to support registrants to renew on time, as unwanted registration lapses threaten the effective maintenance and integrity of the register.

5. The regulator's perspective: supporting registrants and improving processes

- 5.1 Through our *Standards of Good Regulation*¹⁹, we require the regulators to ensure that only those who meet the regulator's requirements are registered, and that people can find and check a health professional and social worker's registration²⁰.
- 5.2 As we saw in the previous chapter, registrants are responsible for renewing their registration, but it is also in the regulator's interests to encourage and support them to fulfil this responsibility. Where regulators can raise awareness of the importance of renewal, and make the task less onerous on the registrant, we anticipate that the number of inadvertent lapses might go down.
- 5.3 We asked the regulators what they do to prevent inadvertent registration lapses, and found a wide range of different practices, including much that was positive that could be shared across the regulators. We have set out in this section some measures we consider might be useful to support registrants through the renewal process, thereby helping to reduce lapsing rates.
- 5.4 Regulators also have a process to follow, defined in legislation. We know of a few isolated instances where mistakes have been made by some of the regulators. These mistakes can badly affect registrants and employers, and have serious public protection implications. We have looked at some examples of this to highlight the need for vigilance on the part of the regulators.

Advance notice of renewal

- 5.5 All of the regulators have legislation governing the retention process. Amongst other things, it sets out a timeframe for sending out reminders about retention. The prescribed notice period is set out in the regulator's rules and represents a minimum. In practice however, regulators tend to send out reminders earlier than their rules require. The number of reminders that are sent to the registrant prior to their due date is not prescribed in legislation.

¹⁹ Professional Standards Authority, June 2010. *The Performance Review Standards, Standards of Good Regulation*. Available at: <http://www.professionalstandards.org.uk/docs/scrutiny-quality/120720-the-performance-review-standards-%28updated%29-psa-version.pdf?sfvrsn=0>. Accessed 30/07/13.

²⁰ Social workers in England only.

Table 4: Timing and number of retention reminders by regulator

	Minimum prescribed notice period (rounded to the nearest week)	First reminder sent (average in weeks)	Average number of reminders including statutory notice
GCC	5 (34 days)	10	6 (1 letter plus 5 emails)
GDC	4 (28 days)	10-12	3 (plus emails and texts)
GMC	4 (31 days)	4 (31 days)	1 for direct debits; 2 for other payment methods
GOC	8 (59 days)	12	1 statutory reminder plus 7-8 email reminders
GOsC	4 (28 days)	8	2
GPhC	4 (before due date*)	8 (before due date*)	7 (3 letters and 4 emails)
HCPC	6 (42 days)	12	3
NMC	6 (45 days) (retention and fee)	6	1
PSNI	4 (30 days)	5	3

* Rather than expiry. The GPhC requires registrants to renew two months before their registration expires.

- 5.6 We can see from the table that the number of reminders varies hugely, from nine to just one before the due date, although we have not been able to determine the impact of these differing practices.
- 5.7 Most regulators use different methods of communication to let registrants know their payment is coming up. Some, such as the HCPC, GDC, GOC and GPhC, have the capacity to monitor the applications and payments coming in, and therefore to send out reminders just to those registrants who have yet to submit. In this way, they are able to send emails to decreasing numbers of registrants as the due date approaches.
- 5.8 The prescribed notice period varies from four weeks to over eight. In practice first reminders are sent up to 12 weeks before. The latest first reminder comes from the GMC. As they have no retention process, this is simply a reminder for payment.
- 5.9 Different professions may as a group respond differently to different notice periods. Some may respond positively to a notice sent well in advance, while others may prefer to be told closer to the due date.
- 5.10 Regulators may want to explore how registrants respond to different notice periods and means of communication to determine the optimum for the profession(s) they regulate.

Improving communication

Raising awareness of the importance of renewal

- 5.11 The regulators all have different strategies for communicating information about the importance of renewal and the consequences of lapsing to their registrants. Some rely on the reminder letter, while others have more developed programmes

of communication, such as the GDC, HCPC, and the GPhC, which, alongside their direct communication with registrants, also have media communications programmes covering articles, press releases and interviews. The HCPC runs employer events around the country every year and works with professional bodies to raise awareness of the importance of the renewal process.

- 5.12 The learning from these and similar examples of good practice could benefit other regulators, although we appreciate that each may need to tailor its approach to the characteristics of the profession(s) it regulates.

Changes of address

- 5.13 Regulated health professionals in the UK and social workers in England are required to keep their regulator informed of any changes of postal address as and when they occur. In practice, however, registrants do not always keep the regulator informed of address changes. To help prevent this from happening, regulators can raise registrants' awareness of the importance of keeping their details up to date.
- 5.14 For some, this is done only at the point of registration and renewal – but these messages may not reach those registrants for whom the regulator no longer holds a valid address. Others take a more proactive approach, for example by publishing articles in their newsletters (HCPC and GOsC), or by asking for change of address information as part of the compulsory online CPD/CFtP process – for example, the new GOC online renewal system has this facility. There may be value in raising registrants' awareness of the importance of letting the regulator know about changes of address outside the normal registration and renewal processes.
- 5.15 Some regulators (including the GMC and HCPC) also actively follow up returned mail – which is a practical and simple way of establishing changes of address.

Means of communication

- 5.16 Some of the regulators keep in touch with their registrants by email and telephone as well as by post, and some keep details of their employers. The GDC for example contacts its registrants about their renewal by post initially, then follows up with email and text message reminders.
- 5.17 In addition, not all the regulators send out information about retention by post. For some, like the HCPC, notifications are sent out by email to registrants who have opted into the paperless system. If this practice becomes more widespread, a change of legislation may be required to broaden the requirement about postal address changes to email as well.
- 5.18 Holding a range of contact details for each registrant should significantly reduce the chances of the regulator being unable to contact the registrant. It should therefore also reduce the chances of the registrant being unaware of upcoming renewal requirements.

Style of communication

- 5.19 Finally, the nature, tone and presentation of the communications relating to retention are likely to influence their effectiveness. For example, the GDC reviewed the presentation and wording of their notices of payment and found that

they were too wordy with overly legalistic language, and were therefore not having the impact they should. As a result they developed a format inspired by the standard paper utility bill (see Annex B), on the grounds that this would communicate a clearer message to registrants and be more likely to motivate them to pay on time.

- 5.20 It is possible that different professions may typically respond differently to different types of communication. This could be by virtue of their working environments as well as the culture of the group as a whole. For example, the GDC's new format may be appropriate for dentists and DCPs, but might not be the best way to communicate with art therapists.

Paying the fees

- 5.21 How and when the regulator collects the fee may affect the prevalence of non-payment.
- 5.22 Offering registrants different ways to pay their fee is one way to make it easier for the registrant to pay on time. All the regulators have systems in place for payments to be made in a number of different ways, including cheque, debit or credit card, bank transfers, etc. All accept payments by direct debit.
- 5.23 Through direct debits, payments are made automatically when they are due, meaning that their success does not depend on action by the registrant. All but the GOsC accept direct debits at no extra charge.
- 5.24 Direct debits may fail however. While they reduce the chances of the registrant not paying, they can fail if for example the registrant forgets to let the regulator know about changes to their bank details. Figures from the GDC indicate that the risk of direct debits failing is small (fewer than 100 for 35,500 direct debit payers) but real nevertheless.
- 5.25 The GCC asks all registrants to pay their fees in the preceding year. Under this regime, failed direct debit payments have no impact on public protection as the registrant legitimately stays on the register until the annual payment is due in full. This could be a practical solution to the problem of payments failing, although it may present other practical challenges.
- 5.26 Finally, it is possible that linking the fee payment to the submission of a CPD or continuing fitness to practise declaration might also help reduce the number of failed payments, because when combined they become a more significant event in the eyes of the registrant. The minority of regulators who require payments to be made independently of any other retention actions may wish to interrogate their own data to determine whether aligning payment to the retention exercises would reduce the likelihood of payment failure.

Penalty charges and readmission fees

- 5.27 Some regulators impose a penalty charge or administration fee for registrants who want to return to the register having let their registration lapse²¹. Some, such

²¹ For the purposes of this report, we have used the term restoration to describe this situation.

as the HCPC, waive the charges if the registrant applies within a set period after having lapsed.

Table 5: Cost to registrant of restoring to the register after lapsing

	Typical restoration fee (or difference between renewal and restoration)
GCC	No fee (£50 cheaper to restore than to renew)
GDC	No fee
GMC	£300
GOC	£70
GOsC	No fee
GPhC	Pharmacists: £246; Pharmacy Technicians: £189
HCPC	£115
NMC	No fee
PSNI	£500

- 5.28 Table 5 shows that five of the nine regulators have a fee for restoration. The PSNI charges the most at £500, while the GCC's fee is £50 cheaper than the standard renewal fee.
- 5.29 We feel that it is fair to charge a fee reflecting the additional administration generated by unnecessary lapse. We have not been able to demonstrate from our data whether this additional charge has a notable deterrent effect²², but in the absence of any evidence to the contrary, proportionate charges should be considered an appropriate means of encouraging timely renewals. We do note that the regulator with the highest lapsing rate, the NMC, has no financial deterrents²³.

Online retention

- 5.30 In recent years, some regulators have developed online services through which registrants can apply for retention and report their CPD or CFtP activity.
- 5.31 Table 6 below sets out, for each regulator, whether an online service is available for retention and CPD/CFtP. We can see that most of the regulators have online facilities for both.

²² The GOC, GMC and GPhC all charge for restoration following a lapse and have low lapsing rates. However, among those regulators which do not charge, are both the NMC, which has the highest lapsing rate, and the GOsC, which has the lowest.

²³ We have been informed by the NMC that they wish to introduce a penalty charge, but that this would require a change in their legislation by means of a Section 60 Order.

Table 6: Online services by regulator

	Online retention	Online CPD/ CFtP recording
GCC	Yes	Yes
GDC	Yes	Yes
GMC	N/A	N/A
GOC	Yes	Yes
GOsC	Yes	Yes
GPhC	Yes	Yes
HCPC	Yes	No*
NMC	No**	No**
PSNI	No***	Yes

* Source: <http://www.hpc-uk.org/registrants/account/>

** Source: <http://www.nmc-uk.org/Contact-us/What-you-can-do-online/>

*** Source: <http://www.psn.org.uk/wp-content/uploads/2012/12/Self-declaration-form-and-guidance-notes-v2-Dec-2012.pdf>

5.32 Introducing these online services removes some of the practical obstacles to compliance, making it quicker and more straightforward. We hope that the regulators who have not yet put them in place might do so in the near future.

Encouraging voluntary removal for people leaving the profession

5.33 It is worth noting that all the regulators have a procedure for voluntary removal from the register.

5.34 This is a more robust procedure than lapsing because it requires the applicant to declare that there are no problems with their practice or suitability, to ensure they are not leaving the register because of a fitness to practise issue. It also provides the regulator with an opportunity to record their reasons for leaving the register.

5.35 Encouraging greater use of formal voluntary removal could help to distinguish those people who are leaving the register for legitimate reasons, provided the processes are designed to collect information about why people want to leave the register.

Reducing the number of operational errors

5.36 In Table 1 on pages 7 and 8, and in paragraphs 2.19 and 2.20, we explain how allowing a registrant to lapse while they are under investigation or subject to conditions may constitute a public protection risk, as well as a risk to public confidence in the regulatory process.

5.37 We know that from time to time registrants who are subject to a fitness to practise investigation are allowed, inadvertently, to lapse. This means they no longer fall under the regulator's jurisdiction, and the case cannot be brought against them.

This is potentially a very risky situation, as the allegations may be serious. They can also lapse after the fitness to practise determination but before we have appealed the decision under our Section 29 powers, meaning that in some circumstances we would be unable to appeal an unduly lenient decision.

5.38 Registrants could also be subject to conditions at the time their registration lapses, in which case the regulator has no means of ensuring they have met the conditions, should they want to return to the register.

5.39 We are also aware of occasions where:

- Registrants have done all that was required to renew, but have been removed in error
- The regulator has not been aware that registrants have lapsed
- The regulator has not informed the registrant that they have lapsed.

5.40 These scenarios raise concerns about the robustness of the processes and can have serious implications for registrants and employers, as well as public protection, and confidence in regulation.

Summary and recommendations

- Our discussions with the regulators highlighted a wide variety of practices. While there were many examples of good practice, we feel that more could be done by some to improve the service for registrants.
- The following could help to reduce the number of inadvertent lapses:
 - Sending timely, targeted reminders
 - Reinforcing messages about the risks of lapsing
 - Making communication more effective
 - Enabling registrants to pay their fees via a number of different means including direct debits
 - Enabling registrants to renew online
 - Maximising the use of voluntary removal for people wanting to leave the profession.
- In addition, regulators must do what they can to eliminate mistakes and ensure they are meeting their own requirements in the renewals process.

6. The wider perspective: improvements across the regulatory framework

- 6.1 Having looked at what regulators can do to encourage registrants to renew and pay their fees on time, we consider here what else could be done to improve public protection and to boost confidence in the regulatory system.
- 6.2 We explained in Section 2 of this report that employers play an important role in tracking renewals and helping them to run smoothly, thereby reducing the number of lapses of practising registrants. Many employers, including NHS employers, have to deal with professionals from a range of regulators.
- 6.3 We consider now whether bringing greater consistency to the regulatory framework could help make this task easier for employers, and enhance confidence in regulation, and suggest ways in which the Law Commissions' review of the regulators' legislation could contribute.

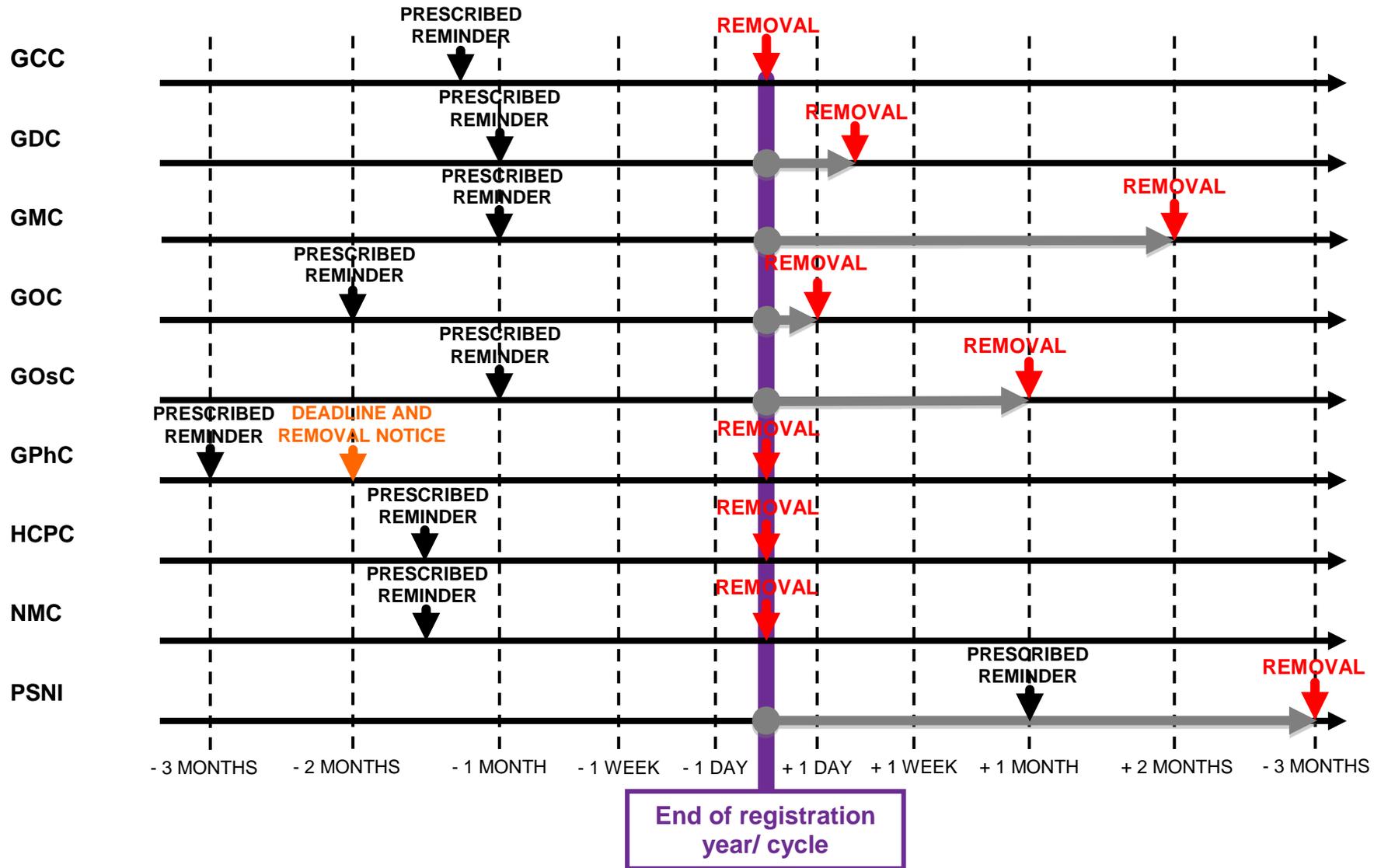
Timing of renewals

- 6.4 Table 3 on page 20 highlights the different requirements relating to renewals, fee payments and CPD that exist across the health and care professional regulatory system. The variation across the regulators is striking.
- 6.5 The frequency, timing, and nature of the retention tasks are different for each regulator. In the previous sections, we explained that employers take on some responsibility for reminding their staff about impending renewals, and for checking their staff's registration status on a regular basis. From an employer's point of view, the variations across the regulators are unhelpful because they make it difficult to keep track of who needs to do what to renew, and when.
- 6.6 Having some uniformity in what is required and how frequently across the professions would no doubt simplify the administrative task for employers. However, aligning the renewal dates across or even within the professions could have a significant financial impact on regulators and employers (who sometimes subsidise or pay registration fees).
- 6.7 The Law Commissions' review of the legislation governing the nine regulators we oversee might be an opportunity for regulators to consider whether their current approaches are the most appropriate for their professions, and whether anything would be gained from having a more consistent approach across the regulatory framework.

Aligning policies about when to remove

- 6.8 Figure 3 on the following page shows the key stages of the renewals process on a timeline: statutory reminder, due date/ registration expiry and removal. The timing varies widely across the regulators.

Figure 3: Renewal and removal timelines by regulator



- 6.9 The GCC, GDC, GOC, GPhC, HCPC, and NMC all remove their registrants within days, if not on the day, of registration expiry if they have failed to pay and/or make their renewal submissions. The GOsC, the GMC, and the PSNI, on the other hand, remove the registrant after 1 month, 2 months and 3 months respectively.
- 6.10 The GPhC is the only regulator to require renewal submissions and payment in advance of the deadline – registrants who fail to meet the deadline can continue to work until the end of their registration year but cannot do anything to prevent their impending removal. The NHS trust staff we spoke to who managed pharmacists did not see this system as problematic in terms of patient safety, but they did find it confusing and counterintuitive.
- 6.11 The GMC and the GOsC told us that the delay between the end of the registration year and the removal date was administrative, and did not present a further opportunity for the registrant to submit their renewal application or pay the fee. The PSNI on the other hand accepts renewal submissions up to three months after the deadline at the end of the registration year, and sends out a statutory reminder one month after this deadline.
- 6.12 The areas highlighted with grey arrows in Figure 3 represent a grey area in terms of the individual's registration status. We have assurances from the regulators that they remain fully-fledged registrants during this time – particularly in relation to fitness to practise complaints – but we still have concerns.
- 6.13 The time lag between the deadline and removal seems to undermine the purpose of the deadline, as registrants continue to be able to work despite having failed to renew or pay the fee on time. In addition, as we explained in paragraph 2.35, it may constitute a time during which the regulator does not have the necessary assurances of a registrant's fitness to practise.
- 6.14 It also sends out a mixed message to employers and members of the public who may be wrongly led to believe that the professional is fully registered – and all that this entails (see paragraph 2.30 above) – because they can continue to work and still appear on the register.
- 6.15 In essence, it undermines the principle of registration and the integrity of the register by allowing registrants who should have been removed to remain registered and practising. We appreciate that regulators may need time to carry out the administrative tasks relating to registration lapses, but feel that allowing more than a week between due date and removal without a clear justification seems unreasonable.
- 6.16 Of equal concern though is the difference in the regulatory practices that this graphic highlights. The pharmacy profession is a clear illustration of this – those registered in Northern Ireland have a three month grace period after the end of the registration year in which to renew their registration, while those registered with GPhC have to renew two months in advance.
- 6.17 As we explained in Section 2, employers need to keep track of renewal dates and registration statuses. For employers who have to do this across a range of professions, the variation could lead them to being unclear about when a

registrant has to renew or pay their fee, and when the lapsed registrant needs to be removed from professional practice.

- 6.18 Our discussions with employers lead us to believe that aligning approaches to renewal and lapsing would make this task less onerous for them. In doing so, it could reduce the likelihood of people coming off the register while in practice, and all that that entails (see Section 2).
- 6.19 We hope that the Law Commissions' review might encourage regulators to harmonise their approaches to when, in relation to the year end:
- renewal submissions and payments are due, and
 - registrants will be removed for non-submission or non-payment.
- 6.20 We also suggest the review considers whether anything is to be gained from allowing registrants to remain registered for longer than a week following the due date.

Enabling the use of technology

- 6.21 Finally, we mentioned in Section 5 that we hoped the regulators might make use of the many means of communicating available today, to communicate with registrants about renewals and fee payments. In some cases, the regulators are not assisted by their legislation, which might stipulate, for example, that they send renewal forms in hard copy.
- 6.22 This is an aspect of the regulators' legislation that we feel could benefit from modernising in the Law Commissions' review.

Summary and recommendations

- This chapter has identified a number of issues that might be most effectively addressed from a system-wide perspective, and the Law Commissions' Review may be a unique opportunity to do so.
- We have not come to any conclusions about whether professionals should renew in batches or on different dates throughout the year, but feel that this question may merit further consideration.
- We do however believe there would be benefits to aligning policies on when to remove registrants if they fail to comply with renewal requirements, to help employers deal with renewals and lapses.
- We also recommend that the Review brings up-to-date any legislation that currently prevents regulators from using modern means of communication to facilitate the renewals process.

7. Conclusion

- 7.1 Lapses in registration can have a significant impact on employers, registrants and the front line, with knock-on effects on the quality of care. We anticipate that a small number present an immediate risk to the public, in particular when a person who is subject to a fitness to practise investigation is allowed to lapse.
- 7.2 The greatest risk, however, is to the integrity of professional registers and to the confidence people have in them. Our *Standards of Good Regulation*²⁴ stipulate that only those who meet the regulator's requirements should be registered, and that people should be able to find and check a health professional and social worker's registration.
- 7.3 Every instance of a person not being registered when they should be, or conversely of a professional remaining registered when they should not, or of processes otherwise malfunctioning, can erode people's trust in the system.
- 7.4 We know that some regulators are doing good work to reduce the numbers of lapses, but also that more could be done by others, and we would like to see this good practice being shared and learnt from.
- 7.5 We have also highlighted the different approaches to renewal, some of which may be more problematic than others. A consistent approach to the relative timings of due dates, registration expiry dates and removal dates would undoubtedly be preferable to the confused picture we have now. We hope the regulators will use the Law Commissions' review as an opportunity to develop greater consistency in this area.
- 7.6 Employers can monitor and support their staff through the process, but ultimately it is the professional's responsibility to make sure they remain registered. In doing so they support the regulator to keep the register as accurate as possible at all times.

²⁴ Professional Standards Authority, June 2010. *The Performance Review Standards, Standards of Good Regulation*. Available at: <http://www.professionalstandards.org.uk/docs/scrutiny-quality/120720-the-performance-review-standards-%28updated%29-psa-version.pdf?sfvrsn=0>. Accessed 30/07/13.

8. Annex 1: Lapsed registration data table (removals for non-payment or non-engagement with renewal – lapsing figures given for one cycle²⁵)

	Profession (reporting year)	Total number of registrants	Number of lapsed registrants	Lapsing rate by regulator (%age)	Total number of registrants by regulator	Number of lapsed registrants by regulator	Lapsing rate by regulator (%age)
GCC	Chiropractors (2011)	2,700	67	2.5	2,700	67	2.5
GDC	Dentists (2010)	38,205	886	2.3	98,221	4,562	4.6
	Dental Care Professionals (2011)	60,016	3,676	6.1			
GMC	Doctors (2012)	252,545	2,826	1.1	252,545	2,826	1.1
GOC	Optometrists and dispensing opticians (11-12)	25,461	179	0.7	25,461	179	0.7
GOsC	Osteopaths (11-12)	4,689	6	0.1	4,689	6	0.1
GPhC	Pharmacists (GB) (Dec 2012)	41,499	425	1.0	50,574	555	1.1
	Pharmacy technicians (GB) (Dec 2012)	9,075	130	1.4			
HCPC (varying renewal dates between 2011 and 2013)	Arts therapists	3127	232	7.4	309,070	19,161	6.2
	Biomedical scientists	22,835	1,106	4.8			
	Chiropodists / podiatrists	13,007	742	5.7			
	Clinical scientists	4,704	166	3.5			
	Dietitians	7,782	370	4.8			
	Hearing aid dispensers	1,729	152	8.8			
	Occupational therapists	32,520	1,813	5.6			
	Operating Department Practitioners	11,089	319	2.9			
	Orthoptists	1,304	49	3.8			
	Paramedics	16,938	336	2.0			

²⁵ With the exception of the GPhC whose figures cover the December 2012 renewing cohort.

	Profession (reporting year)	Total number of registrants	Number of lapsed registrants	Lapsing rate by regulator (%age)	Total number of registrants by regulator	Number of lapsed registrants by regulator	Lapsing rate by regulator (%age)
	Physiotherapists	46,689	2,415	5.2			
	Practitioner Psychologists	17,095	1,117	6.5			
	Prosthetists/orthotists	906	47	5.2			
	Radiographers	27,712	1,198	4.3			
	Social workers	88,474	8,425	9.5			
	Speech and language therapists	13,159	674	5.1			
NMC	Nurses and midwives (12-13)	669,752	50,867	7.6	669,752	50,867	7.6
PSNI	Pharmacists (NI) (2012)	2,100	29	1.4	2,100	29	1.4
	Total	1,415,112	78,252	5.5	1,415,112	78,252	5.5

9. Annex 2: Example: GDC renewal reminder

Title INITIALS Surname
Organisation
Addressline1
Addressline2
Addressline3
Addressline4
Posttown
County
POSTCODE
Country

Registration Number: XXXXXX

ID Verification Code: XXXXXX

<date>

REMINDER

Dear Title Surname

Your 2013 Annual Retention Fee and Continuing Professional Development declaration are due

In October we notified you that your annual retention fee (ARF) was due on or before 31 December 2012. We also notified you that you are due to submit your end of cycle CPD Declaration. **If you have recently made a payment then please ignore this letter.**

1

If you would like to keep your name on the register we must receive your annual retention fee for 2013 on or before 31 December 2012.

Your Renewal Details

Dentist Fee =	£576.00
Your Specialties	
<Specialty> =	£72.00

Total due on or before
31 December 2012: £<total>

2

You must make your end of cycle continuing professional development (CPD) declaration.

Your 2008-2012 CPD cycle is coming to an end.

If you do not declare your CPD hours before the deadline or you have not complied with your CPD requirement to do 250 hours of CPD, of which 75 hours is verifiable, your registration may be put at risk. Please ensure that you declare your hours online at: www.eGDC-uk.org by 28 January 2013 or return the paper form sent to you at the end of October.

If you have decided not to retain your registration from 1 January 2013, please sign and date the declaration over leaf and return it to us. Alternatively, you can choose not to inform us and you may be removed for non-payment after 31 December 2012. Please note that we are legally obliged to share with employers (for example, Primary Care Trusts) a list of those registrants that have been removed from the register for non-payment of their ARF.



Please be advised that we will not be able to accept any payments received after 31 December 2012.

Yours sincerely

Evlynn Gilvarry
Chief Executive & Registrar

BARCODE

C3887_P3_06B

How to Pay and Declare CPD

By Phone

You can make payment by credit or debit card over the phone 24 hours a day, seven days a week by calling:

0800 197 4610
(+44 207 000 3650 from overseas).

You will need your registration number and ID verification code provided overleaf, so please make sure you have this letter to hand when making your payment. An automated system will guide you through making your payment.

Online at www.eGDC-uk.org

The eGDC website will allow you to do the following online:

- Submit your CPD returns;
- Pay your annual retention fee;
- Change your contact details, including your registered address;
- See the details which will appear on your annual practising certificate

If you do not have an eGDC account yet, why not set one up now? The online registration process is simple and fast. To create an account, please go to www.eGDC-uk.org and enter the required details, including the ID verification code provided overleaf.

By Post
 Cheques, postal orders or banker's drafts should be made payable to "General Dental Council". Please ensure that you write your name and registration number on the back of the cheque.

Please note that we cannot be responsible for lost or delayed post and we will not be able to accept any payments received after 31 December 2012.

Your renewal details and current specialties are listed below: If you want to renew your specialty, tick the 'Y' in the box next to that specialty. If you do not want to renew a specialty, tick 'N'. You only need to pay for the specialties you wish to renew in addition to your dentist fee.

<Specialty>	Y []	N []	£72.00
<Specialty>	Y []	N []	£72.00
<Specialty>	Y []	N []	£72.00
<Specialty>	Y []	N []	£72.00
<Specialty>	Y []	N []	£72.00
Dentist Fee			£576.00
Total Due			£

Cheque, Draft or Postal Order number:

Cheque Amount £

Tick here if you require a receipt:

Please return your cheque with this form to: General Dental Council. FREEPOST ND 6352, 33 Clarendon Road, London N1 1BR

If you experience any problems or have any questions please do not hesitate to contact our helpline, which is open from 9am to 5pm Monday to Friday (except on 25 and 26 December), on **0800 1777 965 (+44 208 829 8991 from overseas)** or email us at arf@gdc-uk.org. Please be advised however that while our staff will be able to answer your questions you will not be able to make payment or submit CPD hours on this number.

Cancel my registration on 31 December 2012

Reason for cancellation:
 I wish to voluntarily remove myself from the register **OR** I intend to retire from the dental profession

I understand that the title 'Dentist' is protected by law and that if I am not registered with the GDC and I use this title, or any other title, which misleadingly implies that I am a registrant, I risk prosecution in a criminal court. I further understand that if I wish to re-register I will have to pay a fee and meet the current GDC registration requirements.

Contact No _____ **Signature/ Date** _____

Professional Standards Authority for Health and Social Care

157-197 Buckingham Palace Road
London SW1W 9SP

Telephone: **020 7389 8030**

Fax: **020 7389 8040**

Email: info@professionalstandards.org.uk

Web: www.professionalstandards.org.uk

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