



Centre for  
**Health Service Economics  
& Organisation**

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## **Cost-efficiency review of the health professional regulators (Annexes)**

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Jenny Ball | Alistair Rose

Stuart Redding | Jonathan White

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Jenny Ball, Stuart Redding, Alistair Rose and Jonathan White

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5<sup>th</sup> Floor Zone B, Skipton House, 80 London Road, London SE1 6LH  
Nuffield College, New Road, Oxford OX1 1NF

Corresponding authors:

Jenny Ball  
Project Lead, Centre for Health Service Economics & Organisation  
jenny.ball@chseo.org.uk

Stuart Redding  
Visiting Fellow, Centre for Health Service Economics & Organisation  
stuart.redding@chseo.org.uk

Alistair Rose  
Centre Project Manager, Centre for Health Service Economics & Organisation  
alistair.rose@chseo.org.uk

Jonathan White  
Project Lead, Centre for Health Service Economics & Organisation  
jonathan.white@chseo.org.uk

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## Table of contents (Annexes)

<b>Annex 1. List of registered professions .....</b>	<b>1</b>
<b>Annex 2. Apportionment of overall operating cost burden between registrants and taxpayers .....</b>	<b>2</b>
<b>Annex 3. Operating costs .....</b>	<b>4</b>
Annex 3.1. Operating Expenditure Template contents.....	4
Annex 3.2. Operating Expenditure Template guidance notes .....	8
Annex 3.3. Sensitivity analysis on premises arrangements .....	11
<b>Annex 4. Scale analysis .....</b>	<b>13</b>
Annex 4.1. Non-Ln-Ln charts for each of the core functions and for overall expenditure .....	13
Annex 4.2. Ln-Ln charts for each of the core functions and for overall expenditure .....	18
Annex 4.3. Tables showing how estimates of the savings from consolidation have been derived .....	22
<b>Annex 5. Scale-adjusted analysis .....</b>	<b>25</b>
Annex 5.1. 'Distance-from-the-line' charts .....	25
Annex 5.2. RAG-rated 'task' metrics.....	28
Annex 5.2.1. Regulator-specific risk.....	30
Annex 5.2.2. Supplementary Data Template contents .....	34
Annex 5.2.3. Supplementary Data Template guidance notes .....	37
Annex 5.2.4. Details of how each metric has been RAG-rated.....	38
<b>Annex 6. Registrants' compliance costs .....</b>	<b>41</b>
Annex 6.1. Overview of survey of registrants' compliance costs for registration and renewal .....	41
Annex 6.1.1. Aim of survey .....	41
Annex 6.1.2. Marketing of the survey.....	41
Annex 6.2. Survey results of registrants' compliance costs for registration and renewal .....	42
Annex 6.2.1. Numbers of complete responses by regulator and profession....	42
Annex 6.2.2. Types of respondents .....	44
Annex 6.2.3. Compliance costs: time spent complying .....	46
Annex 6.2.4. Financial costs faced by respondents .....	49
Annex 6.2.5. Other findings .....	49
Annex 6.3. Estimation of total annual monetised cost of compliance .....	51
Annex 6.3.1. Methodology .....	51
Annex 6.3.2. Data sources used.....	52
Annex 6.3.3. Results .....	52
Annex 6.4. Details of wage data used .....	54
Annex 6.4.1. Data sources .....	55
Annex 6.5. Details of staff volume data used.....	59
Annex 6.5.1. Data sources and assumptions.....	59
Annex 6.6. Full survey instructions and contents .....	60
Annex 6.6.1. Survey instructions .....	60
Annex 6.6.2. Key principles and validation for survey questions .....	61
Annex 6.6.3. Renewal survey contents.....	61
Annex 6.6.4. Registration survey contents.....	63
<b>Annex 7. Pre-registration education and training providers' compliance costs .....</b>	<b>68</b>
Annex 7.1. Overview of survey of education and training providers' compliance costs.....	68
Annex 7.1.1. Aim of survey .....	68
Annex 7.1.2. Marketing of the survey.....	68

Annex 7.2. Analysis of survey responses .....	69
Annex 7.2.1. Numbers of complete responses by regulator and compliance activity .....	70
Annex 7.2.2. Details of courses for which estimates were submitted .....	70
Annex 7.2.3. Compliance costs: time spent complying .....	71
Annex 7.2.4. Caveats relating to Table A7D .....	72
Annex 7.2.5. Interpretation of time spent complying by regulator .....	73
Annex 7.3. Estimation of annual total monetised cost of compliance .....	73
Annex 7.4. Education survey contents.....	77

## Annex 1. List of registered professions

Table A1: List of registered professions by regulator

Regulator	Registered professions
<b>GCC</b>	Chiropractors
<b>GDC</b>	Dentists
	Dental hygienists
	Dental therapists
	Clinical dental technicians
	Orthodontic therapists
	Dental nurses
	Dental technicians
<b>GMC</b>	Doctors
<b>GOC</b>	Dispensing opticians
	Optometrists
<b>GOsC</b>	Osteopaths
<b>GPhC</b>	Pharmacists
	Pharmacy Technicians
<b>HPC</b>	Arts Therapists
	Biomedical scientists
	Chiropodists/Podiatrists
	Clinical scientists
	Dieticians
	Hearing Aid Dispensers
	Occupational Therapists
	Operating Department Practitioners
	Orthoptists
	Orthotists/Prosthetists
	Paramedics
	Physiotherapists
	Practitioner psychologists
	Radiographers
Speech and language therapists	
<b>NMC</b>	Nurses
	Midwives
<b>PSNI</b>	Pharmacists

Source: Annex A of CHRE's Performance review report 2010/11<sup>1</sup>

<sup>1</sup> See [http://www.chre.org.uk/img/pics/library/110623\\_Final\\_-\\_CHRE\\_Performance\\_Review\\_report\\_2010-11\\_%28Colour\\_for\\_web\\_-\\_PDF\\_version%29.pdf](http://www.chre.org.uk/img/pics/library/110623_Final_-_CHRE_Performance_Review_report_2010-11_%28Colour_for_web_-_PDF_version%29.pdf)

## Annex 2. Apportionment of overall operating cost burden between registrants and taxpayers

This annex uses data on the income received by regulators to estimate how the burden of overall operating costs is shared between registrants and taxpayers.

In some instances, the cost of paying fees associated with registering with a particular statutory regulator is passed from the registrant to the employer – i.e. either in the form of the employer directly paying the fee on behalf of the registrant or indirectly through the annual wage negotiation process. Since the extent to which this practice occurs is not known (and the associated tax implications are hard to discern), the estimation of the implicit taxpayer contribution is made on the assumption that registrants meet the cost of fees.

Table A2: Estimation of the share of overall operating costs borne by registrants and taxpayers

Regulator	Reporting year	Start of reporting year	Income received in fees (£ '000s)	Grant income received from DH (£ '000s)	Assumed marginal tax rate for registrants	Estimated income tax foregone (£ '000s)
NMC	2010/11	1 <sup>st</sup> April	£51,397	£189	20%	£10,279
GMC	2010	1 <sup>st</sup> January	£89,742	£4,521	38%	£34,102
HPC	2010/11	1 <sup>st</sup> April	£16,844	£0	20%	£3,369
GDC	2010	1 <sup>st</sup> January	£22,425	£0	28%	£6,279
GPhC	2010/11	1 <sup>st</sup> April	£7,795	£1,767	20%	£1,559
GOC	2010/11	1 <sup>st</sup> April	£6,366	£36	20%	£1,273
GOsC	2010/11	1 <sup>st</sup> April	£2,910	£96	20%	£582
GCC	2010	1 <sup>st</sup> January	£2,522	£112	20%	£504
PSNI	2010/11	1 <sup>st</sup> June	£790	£0	20%	£158
<i>sub-total</i> <sup>2</sup>			£200,790	£6,721		£58,106
<b>Investment income received and corporation tax foregone</b>			<b>Investment income received (£ '000s)*</b>		<b>Assumed corporation tax rate</b>	<b>Estimated corporation tax foregone (£ '000s)</b>
NMC	2010/11	1 <sup>st</sup> April	£876		26.7%	£234
GMC	2010	1 <sup>st</sup> January	£663		25.7%	£171
HPC	2010/11	1 <sup>st</sup> April				
GDC	2010	1 <sup>st</sup> January				
GPhC	2010/11	1 <sup>st</sup> April				
GOC	2010/11	1 <sup>st</sup> April	£70			
GOsC	2010/11	1 <sup>st</sup> April				
GCC	2010	1 <sup>st</sup> January	£2			
PSNI	2010/11	1 <sup>st</sup> June	£27			
<b>Total</b>			<b>£202,398</b>	<b>£6,721</b>		<b>£58,511</b>
			(A)	(B)		(C)
<b>Key calculation of operating cost burden shares</b>						
Income from fees, investments and grants (£'000) = A+B = £209,119						
<b>Cost burden borne by taxpayers (£'000) = B+C = £65,232 (31%)</b>						
<b>Cost burden borne by registrants (£'000) = A-C = £143,887 (69%)</b>						

<sup>2</sup> Totals may not sum exactly, due to rounding

Source: Regulators' Annual Accounts; average salaries detailed in Annex 6.4; further sources shown as footnotes below

\* This is included as a current cost because, in some sense, it represents a surplus on past fee income. If a surplus had not been earned on past fee income, the proceeds could not have been invested and the annual income from these investments therefore represents the additional fee income that would need to be collected from current registrants in order to operate at the same level of expenditure.

The burden of meeting the overall operating costs of the system of statutory regulation of healthcare professionals is borne by registrants (in the fees that they pay) and taxpayers (in the form of taxes foregone and income received from government grants). The table above uses information on the income received from these sources to estimate how the burden of costs is borne between registrants and taxpayers.

Grants allocated by government represent a direct burden on taxpayers of about £7 million a year. In addition, taxpayers bear the burden of certain taxes foregone, estimated to represent up to £58.5m<sup>3</sup>.

The figure of £58.5m consists of two components. The first component is an estimate of the income tax foregone based on the estimated marginal tax rate that applies at the mean salary of the healthcare professions covered by each of the regulators<sup>4</sup> (£58.1m). The accuracy of this calculation could be improved by using a distribution of workers' salaries, but this information is not easily available. It is likely that some higher earners would pay a higher marginal tax rate than those earning the average wage. In this case, our calculation would underestimate the tax-payer contribution. However, this calculation assumes that all registrants reclaim the tax on their fees. If they do not do so, our estimate of the tax-payer contribution would be over-stated.

The second component is an estimate of the amount of corporation tax forgone (£405,000). Two of the nine regulatory bodies, GMC and NMC, have charitable status, which means that they do not have to pay tax on investment income, interest and rent<sup>5</sup>. There are two rates of Corporation Tax: the Small Profits rate and the main rate<sup>6</sup>. In 2010, these rates were 21% and 28% respectively. The Small Profits rate is applied to amounts less than £300,000 and the main rate is used for amounts of greater than £1.5m. For values between these points, tax relief is calculated for 7/400ths of each pound.

Overall, the taxpayer bears up to 31% of the global costs of operating the system of statutory regulation of healthcare professionals (£58.5m+£.6.7m/£209.1m), with the remainder assumed to be borne by registrants themselves.

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<sup>3</sup> We do not include any estimate of the excess burden of taxation, partly because our estimate of the taxpayer contribution is an upper bound rather than a precise point estimate

<sup>4</sup> See Annex 6.4 for further details of salary data used

<sup>5</sup> See <http://www.hmrc.gov.uk/charities/tax/basics.htm>

<sup>6</sup> See <http://www.hmrc.gov.uk/rates/corp.htm>

## Annex 3. Operating costs

This annex sets out:

- the contents of Schedules A, B and C of the Operating Expenditure Template;
- the template's guidance notes; and
- sensitivity analysis on variable premises arrangements.

### Annex 3.1. Operating Expenditure Template contents

The Operating Expenditure Template was used to gather data from the different regulators; the contents of its Schedules A, B and C are presented on subsequent pages. Schedule A is presented across two pages with all subcategories displayed.

The following instructions were prominently featured above Schedule A itself (rather than in the separate guidance notes document):

*Please complete the following table with financial data from your most recently audited and published accounts. Overheads should first be entered into Schedule B. Then, complete the 'Proportion of total overhead' cells below (so that they add up to 100%) using an appropriate methodology. This will apportion the total of the Schedule B overheads between the rows below.*

*Important: at a minimum, please complete the bold headings at the top of each section below; and complete the sub-categories if possible.*



Table A3A: Schedule A (Financial Data) of the Operating Expenditure Template  
(Continued overleaf)

	Directly assigned expenditure (£)			Proportion of total overhead (%)	Apportioned overheads	Directly engaged employment (Full Time Equivalent staff)		Notes
	In-house staff	Other direct costs	Contracted-out costs			In-house staff (FTEs)	Other staff (FTEs)	
<b>Registration of Individuals</b>								
<b>1 Standards (total)</b>	£0	£0	£0	0.0%	£0	0	0	
1.1 Standards setting and review					£0			
1.2 Supplementary guidance production and review					£0			
1.3 Promotion and accessibility of standards					£0			
1.4 Other (please specify)					£0			
<b>2a Pre-registration Education and/or Training (total)</b>	£0	£0	£0	0.0%	£0	0	0	
2.1a Standards setting and review					£0			
2.2a Quality assurance of providers/programmes					£0			
2.3a Other (please specify)					£0			
<b>2b Post-registration Education and/or Training (total) - where applicable</b>	£0	£0	£0	0.0%	£0	0	0	
2.1b Standards setting and review					£0			
2.2b Quality assurance of providers/programmes					£0			
2.3b Other (please specify)					£0			
<b>3 Registration (total)</b>	£0	£0	£0	0.0%	£0	0	0	
3.1 New Student Registration					£0			
3.2 New Full Registration - UK applicants					£0			
3.3 New Full Registration - EU applicants					£0			
3.4 New Full Registration - Non-EU international applicants					£0			
3.5 Renewals (students)					£0			
3.6 Renewals (full) - UK applicants					£0			
3.7 Renewals (full) - EU applicants					£0			
3.8 Renewals (full) - Non-EU international applicants					£0			
3.9 Registration appeals/restoration to register					£0			
3.10 Maintaining and promoting register for stakeholders					£0			
3.11 Protecting titles					£0			
3.12 Other (please specify)					£0			
<b>4 Fitness to Practise (total)</b>	£0	£0	£0	0.0%	£0	0	0	
4.1 Receiving and screening complaints					£0			
4.2 Preparing for and supporting Interim Orders Panels					£0			
4.3 Preparing for and supporting Investigating Committees					£0			
4.4 Preparing for and supporting Final Hearings					£0			
4.5 Preparing for and supporting Review Hearings					£0			
4.6 Handling appeals					£0			
4.7 Other (please specify)					£0			
<b>5 Continuing Fitness to Practise (total)</b>	£0	£0	£0	0.0%	£0	0	0	
5.1 CPD					£0			
5.2 Planning for revalidation					£0			
5.3 Undertaking revalidation					£0			
<b>6 Governance (total)</b>	£0	£0	£0	0.0%	£0	0	0	
6.1 Supporting Council to fulfil its role					£0			
6.2 Supporting Committees (statutory and non-statutory) to fulfil their role					£0			
6.3 Other (please specify)					£0			
<b>7 Other (total)</b>	£0	£0	£0	0.0%	£0	0	0	
7.1 Anything not mentioned above (please specify)					£0			

Table A3A: Schedule A (Financial Data) of the Operating Expenditure Template  
(Continued from previous page)

	Directly assigned expenditure (£)			Proportion of total overhead (%)	Apportioned overheads	Directly engaged employment (Full Time Equivalent staff)		Notes
	In-house staff	Other direct costs	Contracted-out costs			In-house staff (FTEs)	Other staff (FTEs)	
<b>Registration of Businesses (where applicable)</b>								
<b>8 Standards (total)</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>0.0%</b>	<b>£0</b>	<b>0</b>	<b>0</b>	
8.1 Standards setting and review					£0			
8.2 Supplementary guidance production and review					£0			
8.3 Promotion and accessibility of standards					£0			
8.4 Other (please specify)					£0			
<b>9 Registration (total)</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>0.0%</b>	<b>£0</b>	<b>0</b>	<b>0</b>	
9.1 New Registration					£0			
9.2 Renewals					£0			
9.3 Registration appeals/restoration to register					£0			
9.4 Other (please specify)					£0			
<b>10 Fitness to Practise</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>0.0%</b>	<b>£0</b>	<b>0</b>	<b>0</b>	
10.1 Receiving and screening complaints					£0			
10.2 Preparing and supporting Hearings					£0			
10.3 Handling appeals					£0			
10.4 Other (please specify)					£0			
<b>11 Governance</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>0.0%</b>	<b>£0</b>	<b>0</b>	<b>0</b>	
11.1 Supporting Council to fulfil its role					£0			
11.2 Supporting Committees (statutory and non-statutory) to fulfil their role					£0			
11.3 Other (please specify)					£0			
<b>12 Inspections</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>0.0%</b>	<b>£0</b>	<b>0</b>	<b>0</b>	
<b>13 Other (total)</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>0.0%</b>	<b>£0</b>	<b>0</b>	<b>0</b>	
13.1 Anything not mentioned above (please specify)					£0			

**Table A3B: Schedule B (Overheads) of the Operating Expenditure Template**

	Unallocated Overheads	Total Cost	In-house staff (no. of Full Time Equivalent)	Other staff (no. of Full Time Equivalent staff)	Notes
1	Depreciation and amortisation	£0	N/A	N/A	
2	Finance Department Costs	£0			
3	Human Resources Department	£0			
4	IT (capital)	£0			
5	IT Operating Costs (revenue)	£0			
6	Premises (capital) - e.g. constructing or buying premises	£0			
7	Premises (revenue) - e.g. leasing costs, mortgage interest	£0			
8	Estates management - e.g. costs of running the premises	£0			
9	Legal costs (where not already directly assigned)	£0			
10	Other professional services (where not already directly assigned)	£0			e.g. tax advisers, architects, management consultants, insurance etc.
11	Communication, PR, marketing and stakeholder relations (where not already directly assigned)	£0			
12	Expenses (travel & other)	£0			
13	Procurement	£0			
14	Chief Executive/Registrar/Senior Management Team (or equivalent)	£0			
15	Project Costs (please specify project title)	£0			i.e. short term, discrete activities - e.g. moving offices, opening registers for a new profession
16	Exceptional one-off items (please specify)	£0			
17	Other (please specify)	£0			

Please give details of the apportionment methodology that you have used to determine the Proportion of total overhead\* cells shown in Schedule A:

Table A3C: Schedule C (Other Data) of the Operating Expenditure Template

Data item	Please enter information				Notes
	UK	EU		Non-EU	
		Automatic recognition	General recognition		
1 Total number of registrants (at year-end)					
1a - of which new student registrations		Not applicable			
- of which new full registrations					
1b - of which student renewals (or retained registrants)		Not applicable			
- of which full renewals (or retained registrants)					
1c - exits or removals					
2 Number of registrants on specialist register(s)					
2a - of which new registrations					
2b - of which renewals (or retained registrants)					
2c - exits or removals					
3 Interval for renewal of registration (e.g. every 2 years for main register, every 3 years for specialist registers)					
4 Total number of businesses registered (at year-end)					
4a - of which new registrations					
4b - of which renewals (or retained)					
4c - exits or removals					
5 The post code(s) of the location of regulators' office(s)					
6 Tenure of offices - e.g. leasehold, freehold					
7 Net Internal Area (m <sup>2</sup> ) for each office					For a definition of Net Internal Area, please go to <a href="http://www.voa.gov.uk/corporate/publications/comp.html#a3">http://www.voa.gov.uk/corporate/publications/comp.html#a3</a>
7a - of which meeting rooms dedicated to conducting Hearings					
7b - % occupancy of in-house meeting rooms dedicated to conducting Hearings					
7c - % of Hearing days conducted in external meeting rooms					
8 % of FTEs who require permanent accommodation in regulator's offices					
9 Total working days lost to sickness (in-house staff, FTEs)					

### Annex 3.2. Operating Expenditure Template guidance notes

The following guidance notes (in italics) were provided to regulators to help them complete the Operating Expenditure Template correctly.

*The accompanying spreadsheet requests various data relating to the operating expenditure of regulating the healthcare professions. By collecting this data in a standard template, it will be possible to compare costs across the 9 regulators on a consistent (if not yet directly comparable) basis.*

*Although it is clear that some regulators may face legitimately higher costs for factors outside their control – e.g. relating to profession-specific complexity or risk – at this stage the focus is on collecting raw operating expenditure. External drivers of cost, in*

as far as these vary from one regulator to the other, will be considered and incorporated in a separate and subsequent stage.

#### *Financial year*

*Please populate the spreadsheet with financial data relating to your most recently audited and published accounts. Please state the year and accounting period in the input cells at the top of Schedule A. Unless publication of a new annual report is imminent, we would expect regulators to base their submission on a set of accounts that have already been published.*

#### *Categories listed in Schedule A*

*The rows in Schedule A list the main regulatory activities, grouped by the 6 core regulatory functions<sup>7</sup> (plus one 'other' category). It is expenditure in these 6 core functions that is of primary interest. The sub-categories – revealed by clicking on the '+' buttons in the left hand margin – are listed to help you map expenditure to the appropriate function, as well as allowing for more detailed analysis.*

*If there are areas of expenditure not covered by the categories listed in Schedule A, then please specify these – either within categories 1-6 or 7, as appropriate.*

*Those organisations regulating or inspecting premises/businesses as well as individuals, should report this expenditure separately (categories 8-13 in Schedule A).*

*The first 3 data columns in Schedule A (columns D, E and F) relate to expenditure that can be directly assigned to particular functions/activities. These costs should be separated into those that relate to in-house staff (i.e. salaries, including on-costs such as pension contributions), other directly assigned in-house costs (e.g. dedicated equipment) and any functions/activities that have been contracted out (e.g. where perhaps whole functions, like registration, have been contracted out to an external supplier).*

*In addition, there are two columns (I and J) requesting information on the number of Full Time Equivalent staff directly engaged in the activities listed. Column I should be used to record in-house FTEs directly engaged in the activities listed, while column J should be used for contracted-out staff directly engaged in the activities listed. This will help regulators directly assign labour costs to functions and may provide a means for allocating overheads down to the listed activities/functions (or at least those that are provided in proportion to labour input).*

*Columns G and H relate to overheads and are explained further in the following section. You should begin by entering your overhead costs in Schedule B. Then, by entering the percentage of overheads allocated to each of the categories listed in Schedule A (column G), the amount of overhead (column H) will be automatically populated.*

---

<sup>7</sup> A sixth function labelled 'Continuing Fitness to Practise' has been defined to include both CPD and revalidation. This is because CPD does not fit easily into any of the other 5 functions and the growing importance of revalidation may warrant separate consideration.

## *Overheads (Schedule B)*

*Please enter your overhead expenditure in Schedule B. These costs cover anything that has not been directly assigned to the categories list in Schedule A. If you have categories of expenditure outside of those listed, please specify these.*

*Overheads should be allocated to the functions listed in Schedule A using an appropriate methodology. In an ideal world, the drivers of each category of overhead should be profiled and apportioned using an appropriate metric or metrics. In practice, use your discretion to strike an appropriate balance between sophistication (and accuracy) of the apportionment and data/resource constraints.*

## *Contextual information (Schedule C)*

*The information requested in Schedule C is required to allow unit costs to be calculated, to analyse the impact of variable office accommodation arrangements and to compute some simple benchmarking information on the provision of support functions.*

*It also requests certain information about the mix of registrants, which is one way of assessing the relative complexity of the registration process across regulators. Please note that where new registrations, renewals and exits are requested, this refers to all such instances over the course of the year being reported. The 'Total number of registrants' is the stock of registrants at the end of the year being reported.*

*The data requested in data item 2 (relating to specialist registers) is a subset of, rather than an addition to, the data requested in data item 1 (relating to the main register).*

## *Pre-population of the spreadsheet*

*Wherever possible, we have used information from each regulator's latest annual report to pre-populate certain cells. However, it is likely that most cells will remain unpopulated, and those that have been populated will need to be checked.*

*Only the cells highlighted in a particular colour need to be populated with data. All other cells are derived.*

## *Reconciliation*

*The sum of all expenditure submitted will need to reconcile to expenditure before tax as stated in the latest set of audited, published accounts.*

## *Encryption*

*While the high-level expenditure totals entered into the spreadsheet will reconcile to figures already in the public domain, most of the data submitted will be categorised slightly differently and/or reported at a finer level of detail than published material. Furthermore, since regulators may (for example) be reporting labour costs relating to tasks performed by a small number of individuals, sensitive salary information may (in effect) be revealed.*

*For this reason, it is recommended that regulators encrypt their data before submitting it to CHRE. All data will be handled sensitively and securely. On*

*completion of the cost-efficiency review, the Centre for Health Service Economics and Organisation will destroy all underlying data.*

*[An annex was supplied explaining how to encrypt data securely using the AES-256 algorithm and a complex 20-character password].*

### **Annex 3.3. Sensitivity analysis on premises arrangements**

Regulators have different arrangements in place with regards to the business premises they occupy. Some regulators own their premises outright (whether through donation or through a mortgage they have repaid in full), some are repaying debt used to buy their premises, while others are renting through either a short or more long-term leasing agreement.

One of the key aims of this project is to identify where unit operating costs may be higher or lower than expected given a regulator's scale and 'task' with a view to suggesting areas where efficiency gains could be made. However, regulators' circumstances with regards to the business premises that they occupy also impact their operating expenditure (and arguably this element of their operating expenditure might not be directly amenable to change). Limited data or information relating to ownership and/or payment arrangements in relation to regulators' premises was collected for the purpose of this report and therefore the impact of premises arrangements on expenditure (or unit operating costs) is not known with certainty. The purpose of this annex, therefore, is to apply some sensitivity analysis to explore what proportion of each regulator's expenditure (or unit operating costs) may be attributable to their business premises arrangements.

In most cases, the value of each regulator's fixed assets (land and buildings) at year-end is known (because it is often reported in regulators' Annual Accounts), and where it is not known, can be imputed. An upper bound estimate of the associated premises cost can therefore be calculated by estimating the annual mortgage payments, covering capital and interest, consistent with each regulator's land and buildings asset value.

Table A3D shows that the relative position of each regulator in the distribution of unit operating costs across regulators appears not to be significantly sensitive to different premises arrangements. Therefore, the operating expenditure as reported by regulators via the Operating Expenditure template (Annex 3.1) is used in the main analysis contained within this report – i.e. with no further adjustment to account for variable premises arrangements.

Table A3D: Sensitivity analysis on premises arrangements

2010, 2010/11	Total expenditure per registrant (minus exceptional, one-off items and non-core activities) £ (A)	Value of fixed assets (land and buildings) at year-end (£000s)	Implied annual mortgage payment on a 25- year, repayment mortgage, at 4% interest	Implied annual mortgage payment per registrant (B)	% impact (A/B*100)
NMC	£68	*£17,229	£1,102,862	£1.66	2%
GMC	£368	£12,593	£806,103	£3.37	1%
HPC	£76	£2,250	£144,027	£0.67	1%
GDC	£278	£4,459	£292,471	£3.06	1%
GPhC	£165	**£2,618	£167,583	£2.67	2%
GOC	£192	***£3,048	£195,108	£8.44	4%
GOsC	£711	£2,244	£143,654	£68.31	10%
GCC	£721	£5,281	£338,060	£75.87	11%
PSNI	£340	n/a	n/a	n/a	n/a

Source: Operating Expenditure templates and regulators' Annual Accounts

\* Includes £5.7 million refurbishment of Portland Place

\*\* Imputed value based on £2,000 per m<sup>2</sup> (Lambeth Place)

\*\*\* Imputed value based on £2,000 per m<sup>2</sup> (Harley Street)



## Annex 4. Scale analysis

This annex sets out:

- the full set of non-Ln-Ln charts for each of the core functions and for overall expenditure;
- the full set of Ln-Ln charts for each of the core functions and for overall expenditure; and
- tables showing how estimates of the savings from consolidation have been derived.

### Annex 4.1. Non-Ln-Ln charts for each of the core functions and for overall expenditure

The following charts illustrate the relationship between unit operating costs (both at overall level and for individual functions) and scale of operation. Because neither the unit costs nor the scale have been adjusted using natural logarithms, these are referred to as 'non-Ln-Ln' graphs.

*Chart A4A: Non-Ln-Ln chart of unit operating costs against scale (function: Overall; denominator: per registrant)*

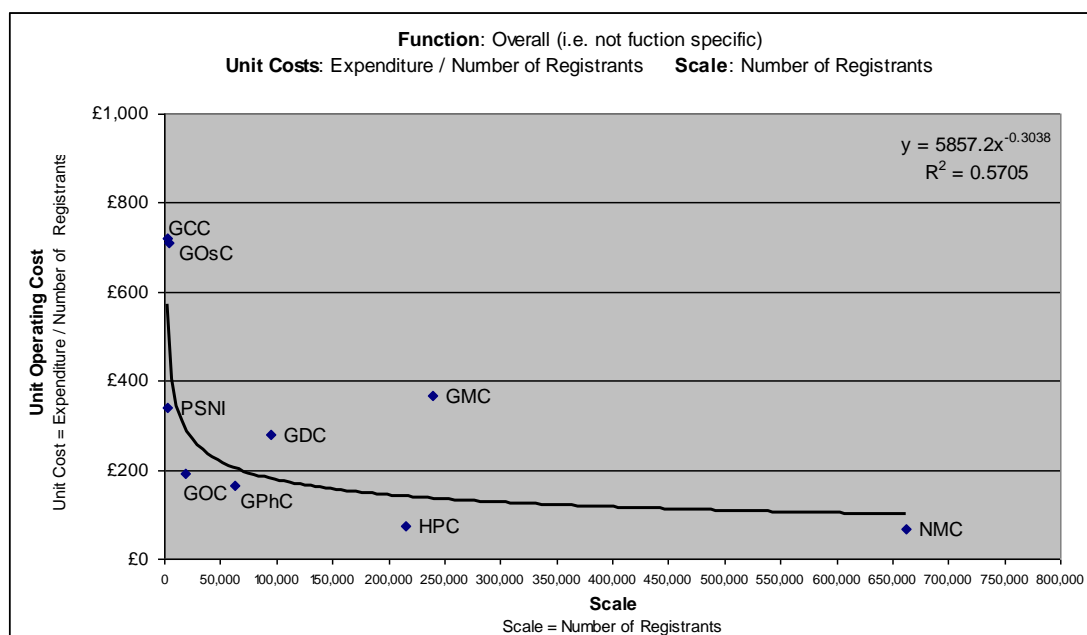


Chart A4B: Non-Ln-Ln chart of unit operating costs against scale (function: Standards & Guidance; denominator: per registrant)

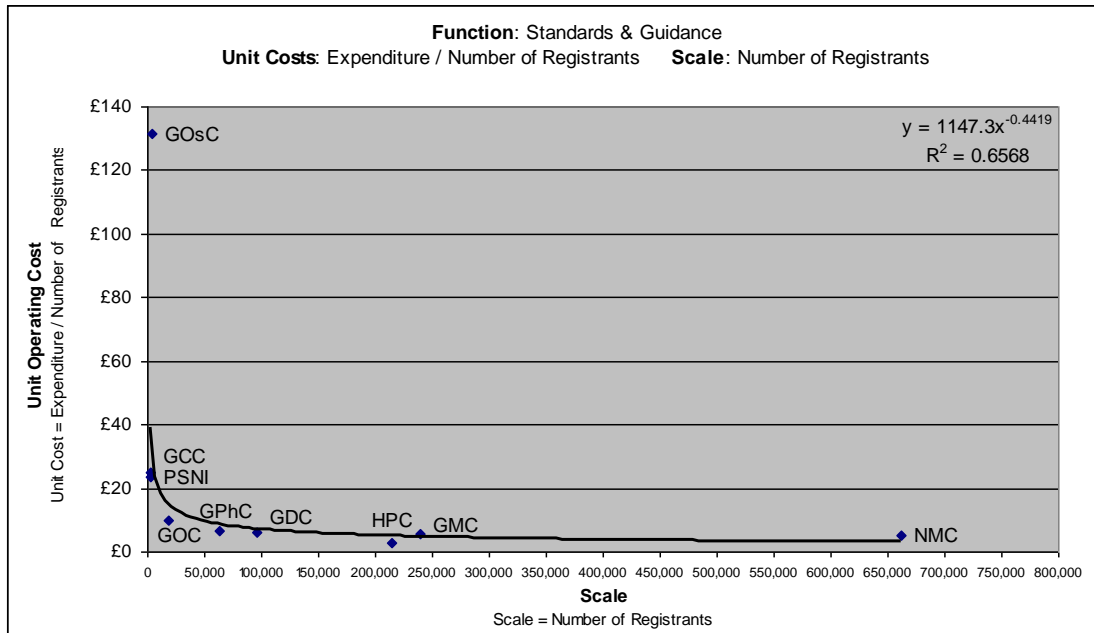


Chart A4C: Non-Ln-Ln chart of unit operating costs against scale (function: Registration; denominator: per registrant)

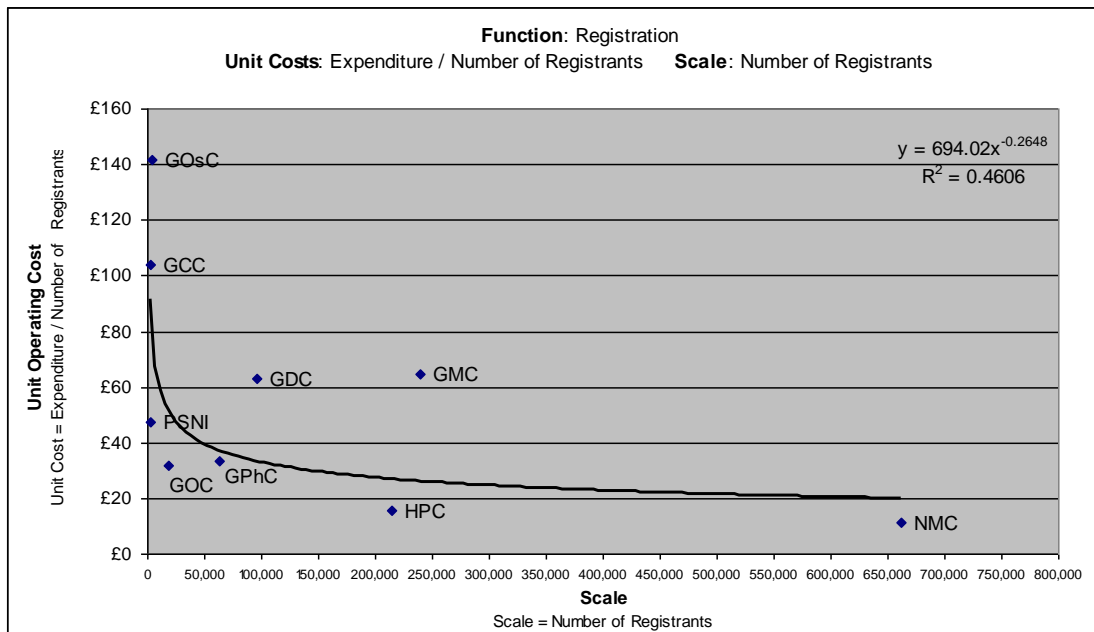


Chart A4D: Non-Ln-Ln chart of unit operating costs against scale (function: Education & Training; denominator: per registrant)

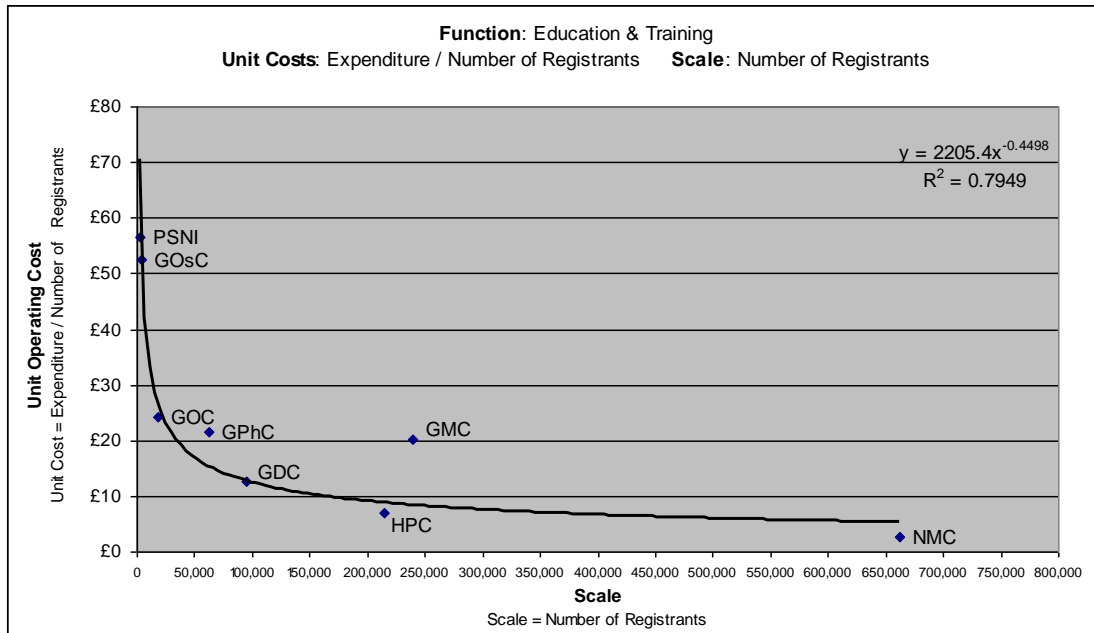


Chart A4E: Non-Ln-Ln chart of unit operating costs against scale (function: Education & Training; denominator: number of pre-registration courses assured)

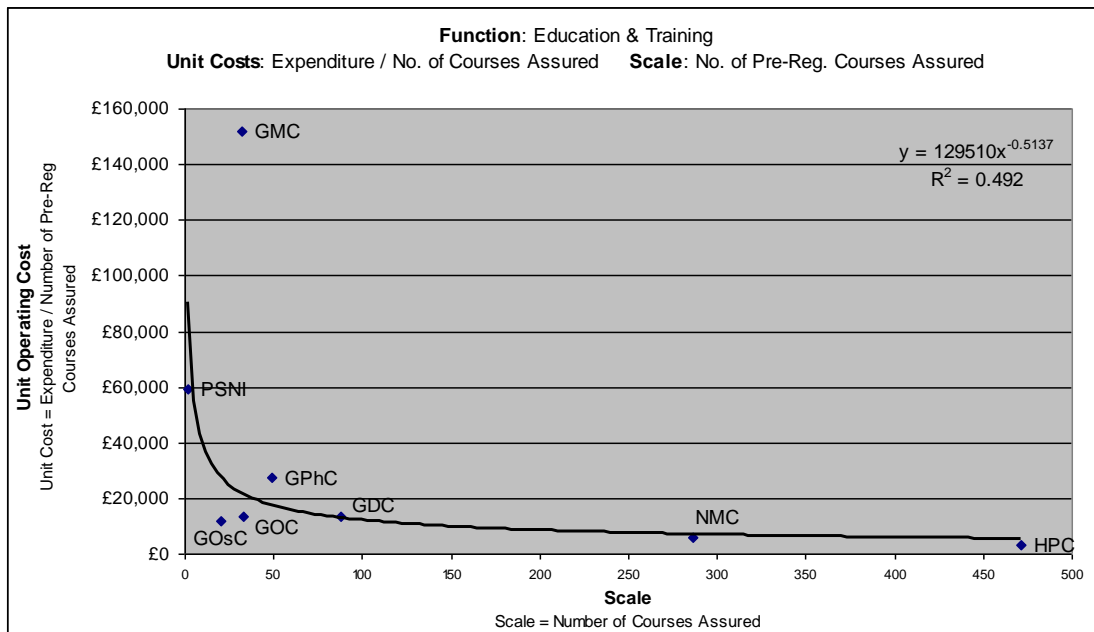


Chart A4F: Non-Ln-Ln chart of unit operating costs against scale (function: Fitness to Practise; denominator: per registrant)

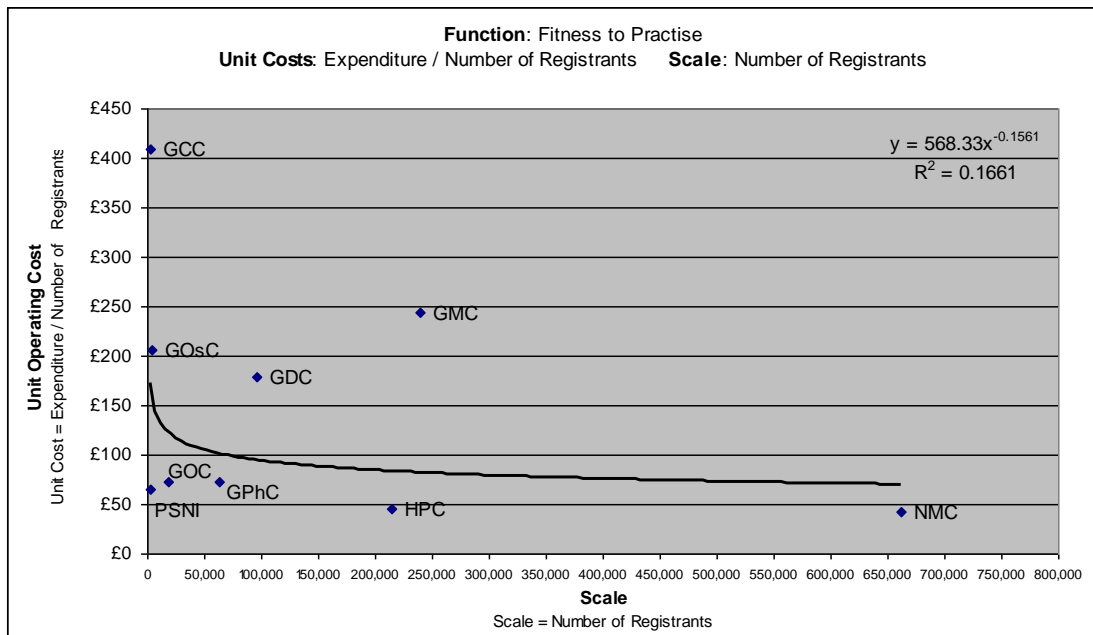


Chart A4G: Non-Ln-Ln chart of unit operating costs against scale (function: Fitness to Practise; denominator: number of complaints received)

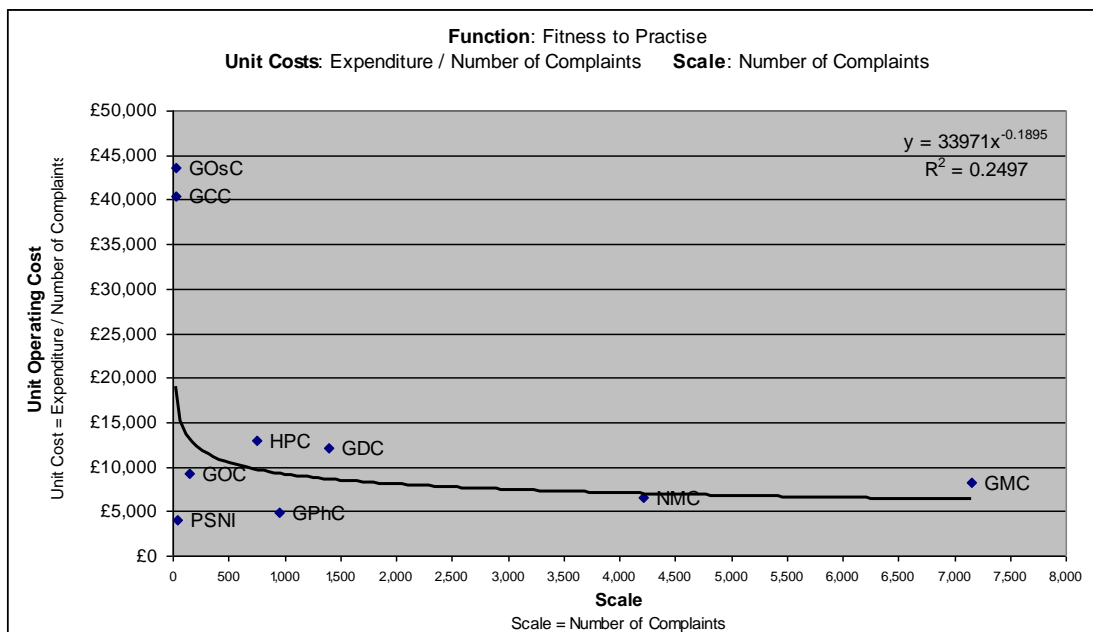


Chart A4H: Non-Ln-Ln chart of unit operating costs against scale (function: Continuing Fitness to Practise; denominator: per registrant)

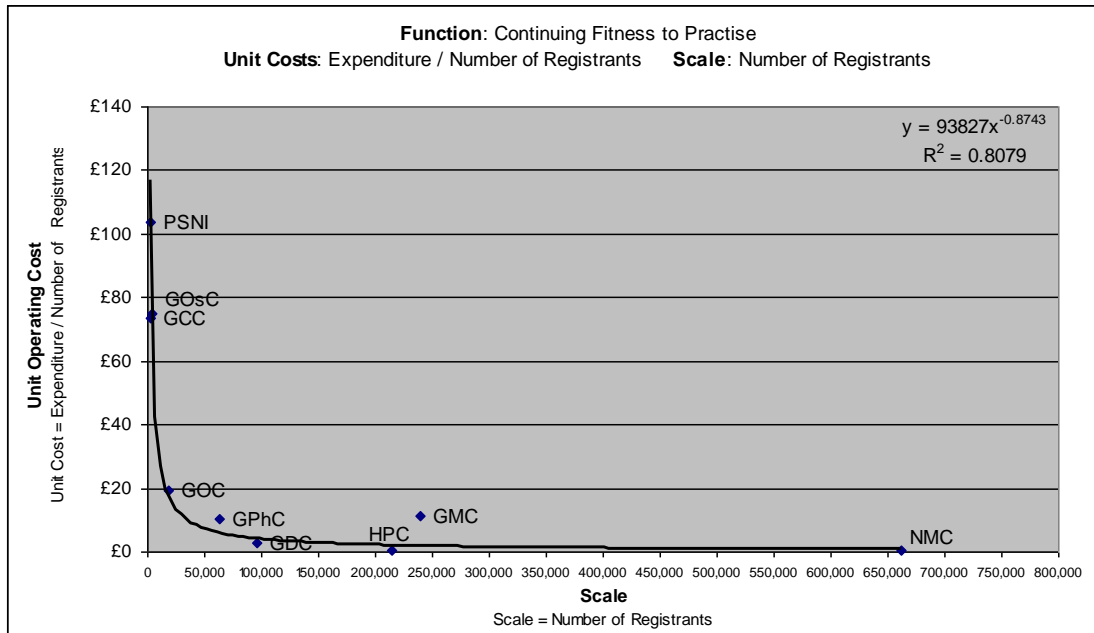
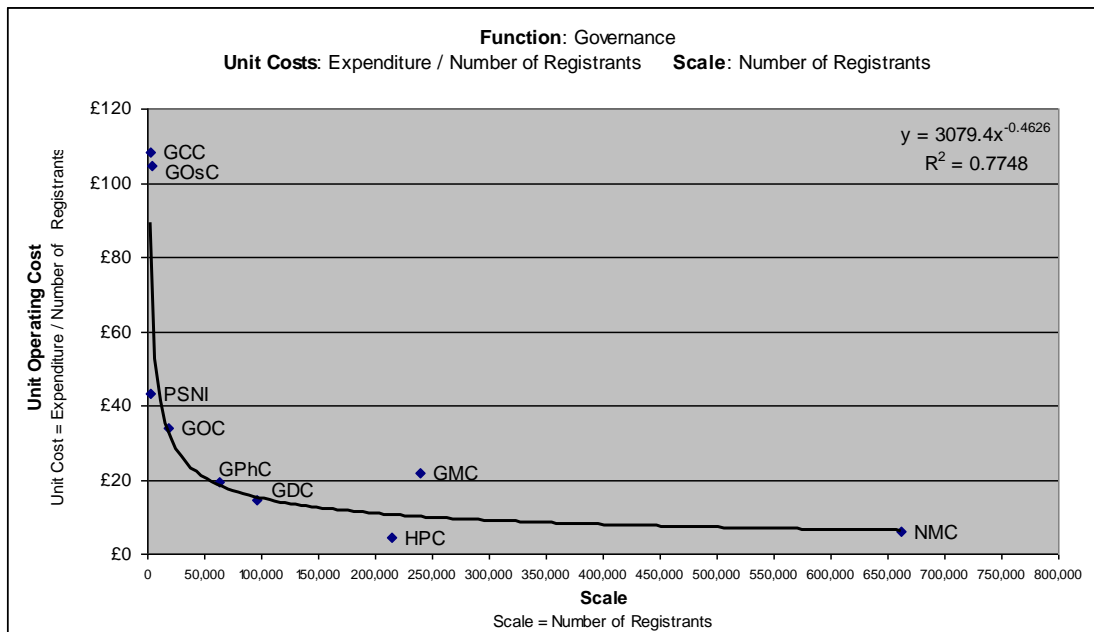


Chart A4I: Non-Ln-Ln chart of unit operating costs against scale (function: Governance; denominator: per registrant)



## Annex 4.2. Ln-Ln charts for each of the core functions and for overall expenditure

The following charts are similar to those presented in Annex 4.1, but instead adjust both the unit cost and the scale using natural logarithms. A linear (straight-line) relationship can then be depicted between the two.

Chart A4J: Ln-Ln chart of unit operating costs against scale (function: Overall; denominator: per registrant)

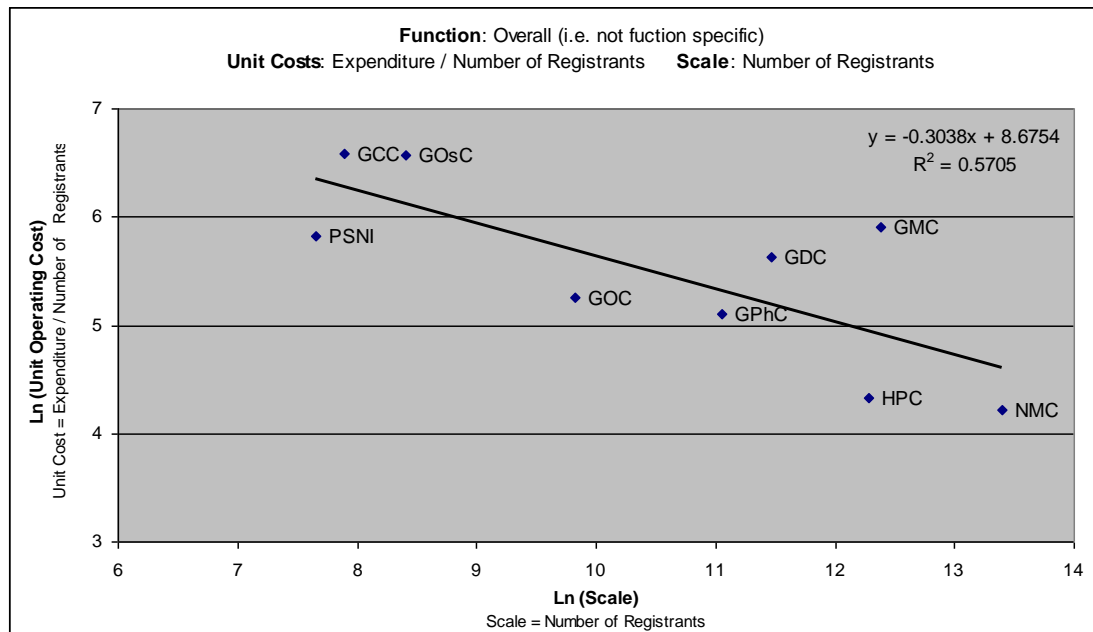


Chart A4K: Ln-Ln chart of unit operating costs against scale (function: Standards & Guidance; denominator: per registrant)

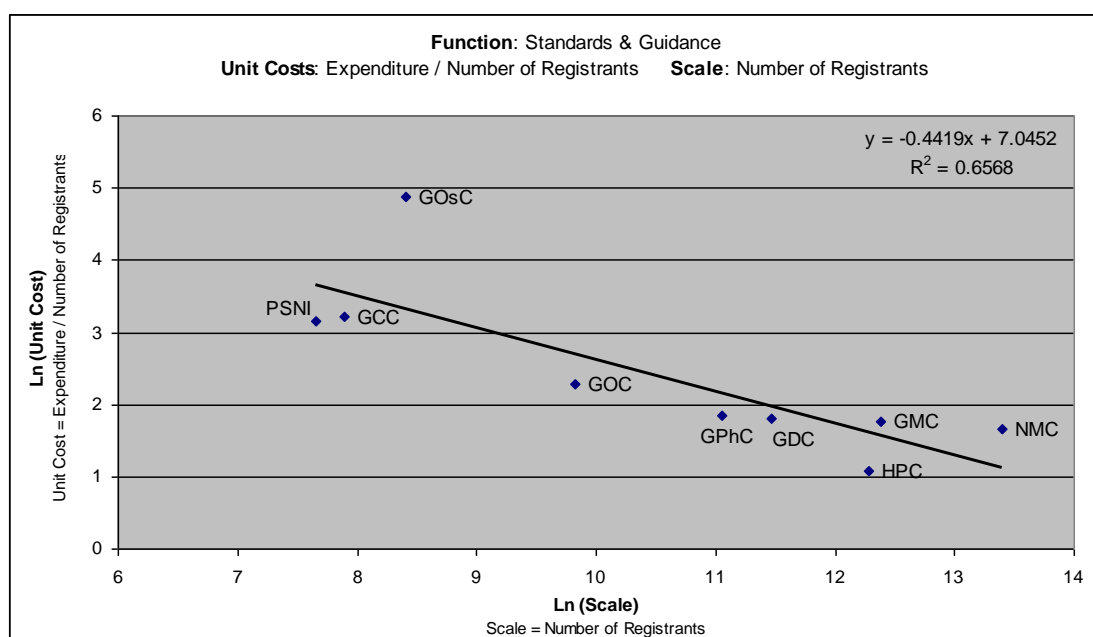


Chart A4L: Ln-Ln chart of unit operating costs against scale (function: Registration; denominator: per registrant)

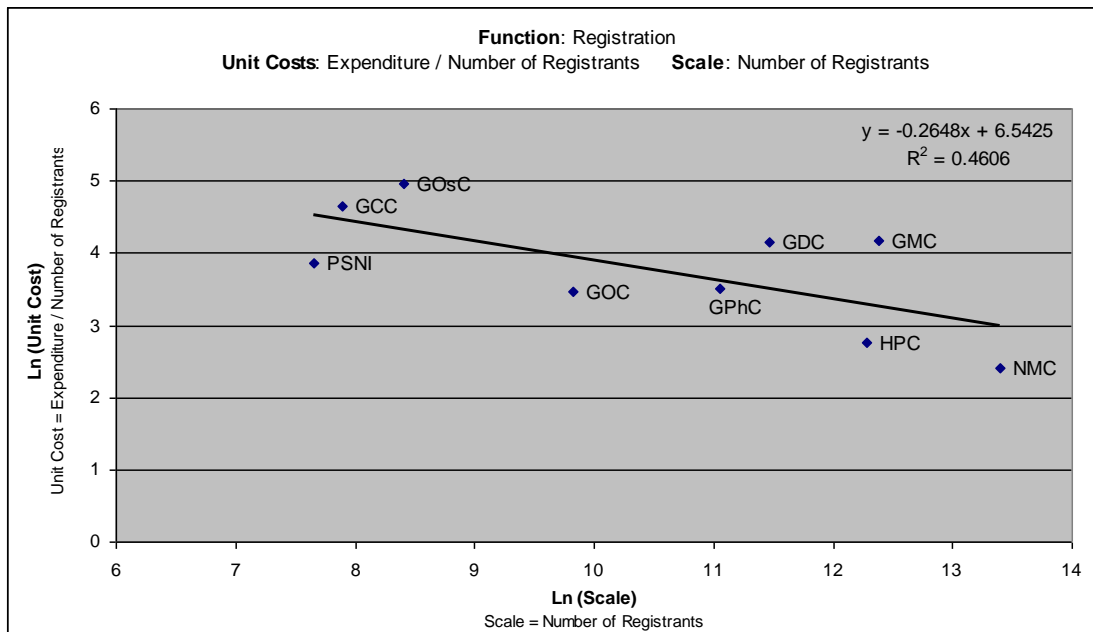


Chart A4M: Ln-Ln chart of unit operating costs against scale (function: Education & Training; denominator: per registrant)

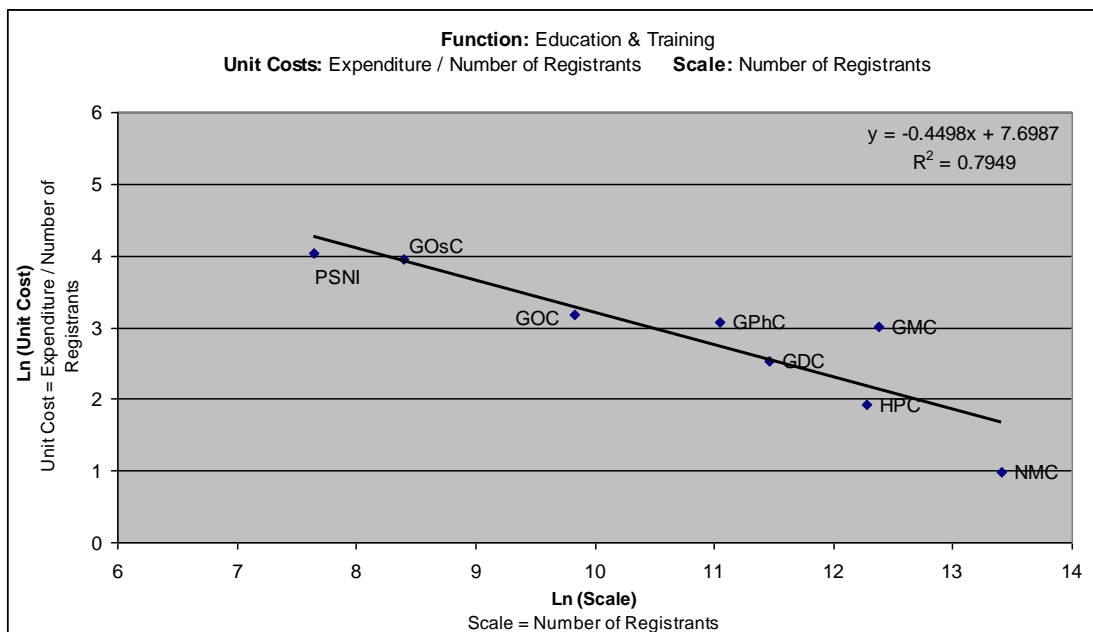


Chart A4N: Ln-Ln chart of unit operating costs against scale (function: Education & Training; denominator: number of pre-registration courses assured)

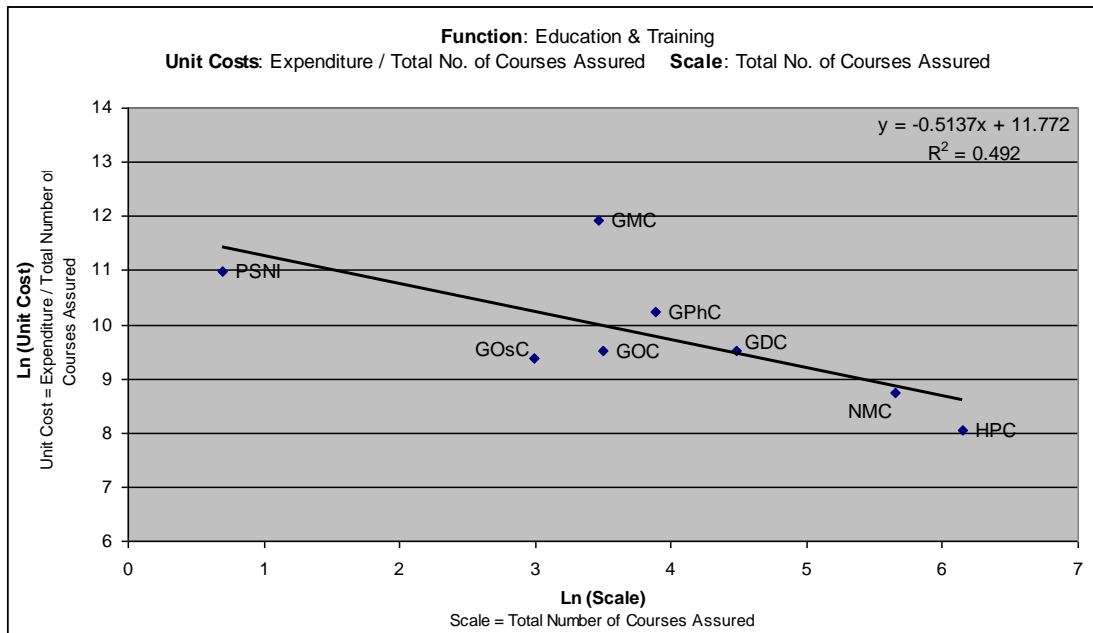


Chart A4O: Ln-Ln chart of unit operating costs against scale (function: Fitness to Practise; denominator: per registrant)

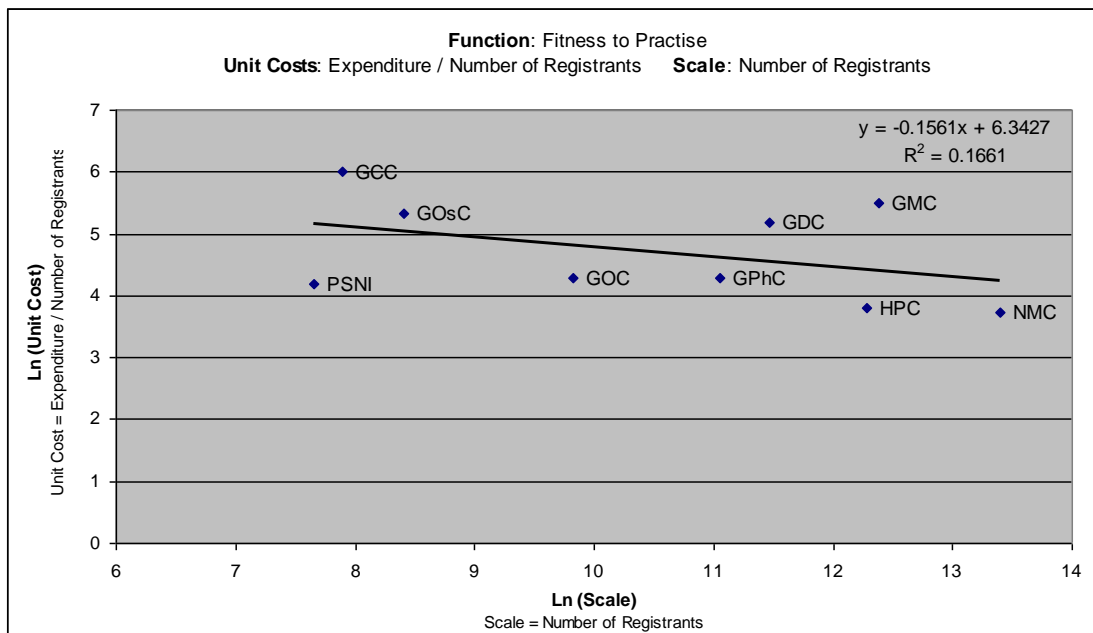




Chart A4P: Ln-Ln chart of unit operating costs against scale (function: Fitness to Practise; denominator: number of complaints received)

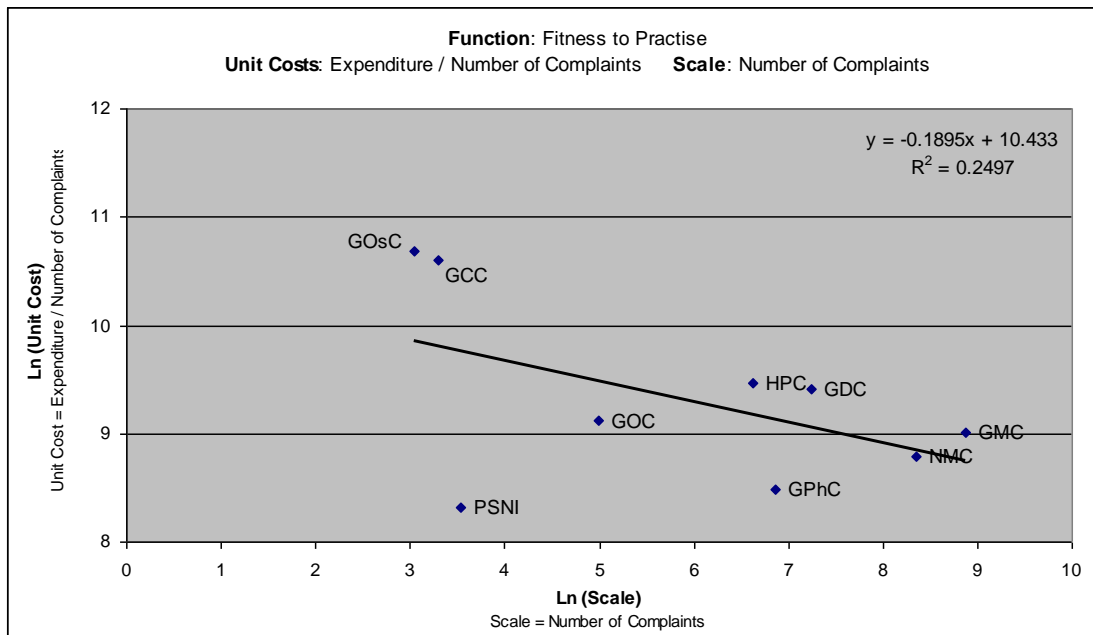


Chart A4Q: Ln-Ln chart of unit operating costs against scale (function: Continuing Fitness to Practise; denominator: per registrant)

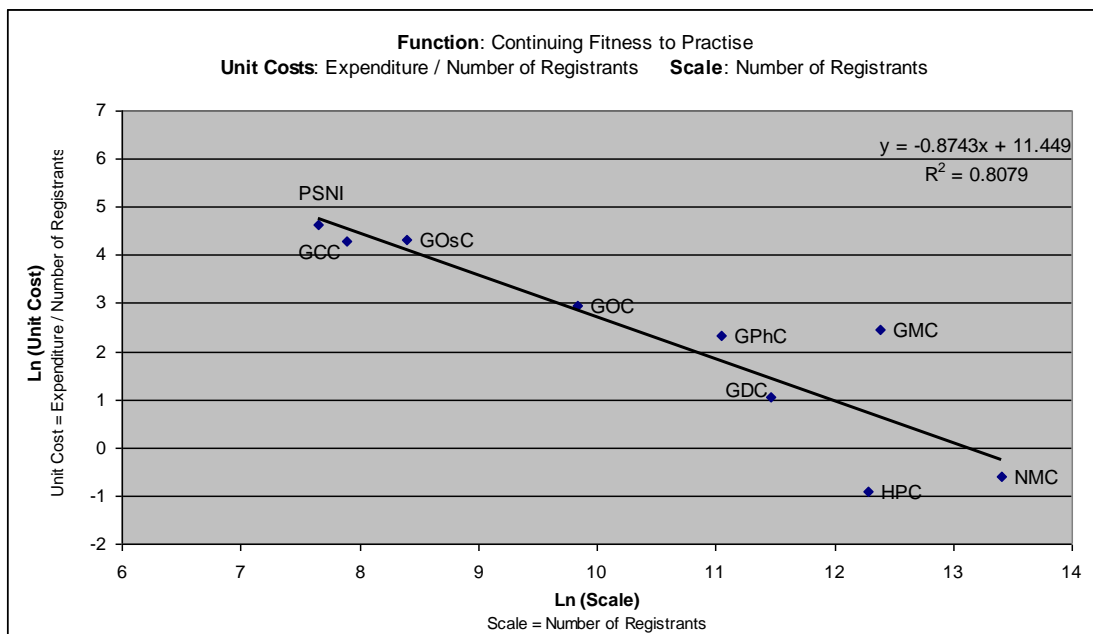
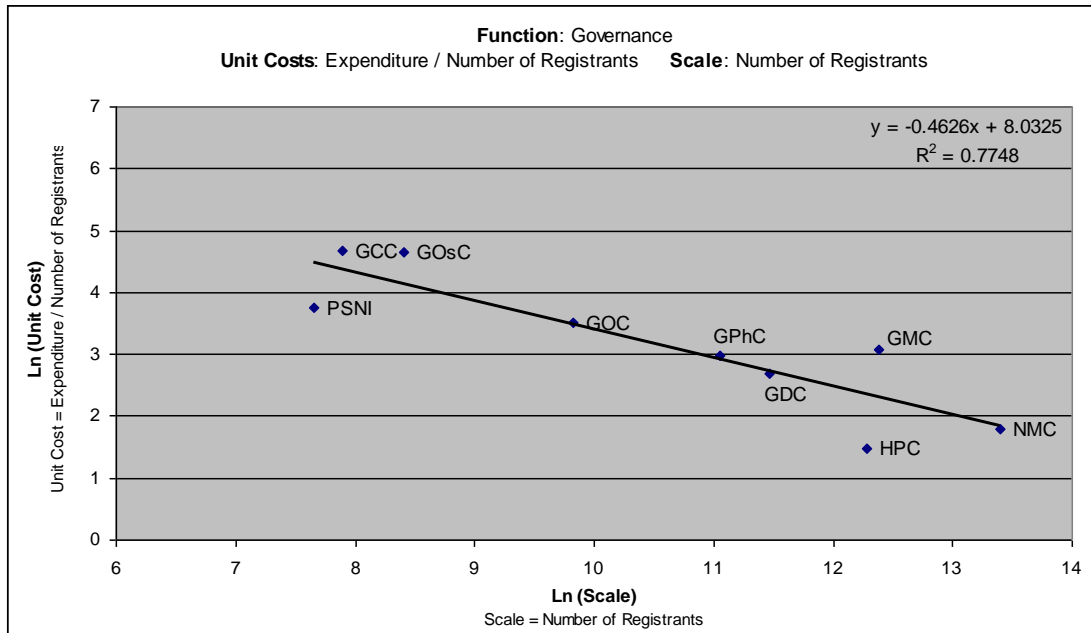


Chart A4R: Ln-Ln chart of unit operating costs against scale (function: Governance; denominator: per registrant)



**Annex 4.3. Tables showing how estimates of the savings from consolidation have been derived**

The following tables illustrate various examples of consolidation, including the steps through which the savings estimates have been derived.

Table A4S: Consolidation of two small regulators (each of size 3,000 registrants)

label	formula	Exponent	Multiple
a		-0.3038	
b			5857.2

Theoretical expenditure as separate regulators:

		Regulator A	Regulator B	Aggregate across Reg A and Reg B
Number of registrants	c	3,000	3,000	6,000
Unit operating costs (expenditure per registrant)	d	£514.45	£514.45	£514.45
Annual expenditure	e	£1,543,341	£1,543,341	£3,086,682

Theoretical expenditure as consolidated regulators:

		Regulator A	Regulator B	Consolidation of Reg A and Reg B
Number of registrants	f	3,000	3,000	6,000
% increase in size of organisation (number of registrants)	g	100%	100%	-
Fold increase in size of organisation (number of registrants)	h	2.00	2.00	-
Predicted % decrease in unit costs due to consolidation	i	19%	19%	19%
Predicted unit operating costs (expenditure per registrant)	j	£416.76	£416.76	£416.76
Predicted annual expenditure	k	£1,250,285	£1,250,285	£2,500,570
Predicted annual expenditure saving due to consolidation	l	£293,066	£293,066	<b>£586,112</b>

**Table A4T: Consolidation of one small regulator (of 3,000 registrants) with a large regulator (of 200,000 registrants)**

label	formula		
a		Exponent	-0.3038
b		Multiple	5857.2

Theoretical expenditure as separate regulators:

			Regulator A	Regulator B	Aggregate across Reg A and Reg B
Number of registrants	c		200,000	3,000	203,000
Unit operating costs (expenditure per registrant)	d	$b \cdot (c^a)$	£143.63	£514.45	£149.11
Annual expenditure	e	$d \cdot c$	£28,725,470	£1,543,341	£30,268,810

Theoretical expenditure as consolidated regulator:

			Regulator A	Regulator B	Consolidation of Reg A and Reg B
Number of registrants	f		200,000	3,000	203,000
% increase in size of organisation (number of registrants)	g		2%	6667%	-
Fold increase in size of organisation (number of registrants)	h	$(g/100)+1$	1.02	67.67	-
Predicted % decrease in unit costs due to consolidation	i	$1-(h^a)$	0.45%	72%	1.51%
Predicted unit operating costs (expenditure per registrant)	j	$(1-i) \cdot d$	£142.98	£142.98	£142.98
Predicted annual expenditure	k	$j \cdot f$	£28,595,833	£428,937	£29,024,771
Predicted annual expenditure saving due to consolidation	l	$e-k$	£129,637	£1,114,403	£1,244,040

**Table A4U: Consolidation of two small regulators (each of size 3,000 registrants) with a large regulator (of size 200,000 registrants)**

label	formula		
a		Exponent	-0.3038
b		Multiple	5857.2

Theoretical expenditure as separate regulators:

			Regulator A	Regulator B	Regulator C	Aggregate across Regs A, B and C
Number of registrants	c		200,000	3,000	3,000	206,000
Unit operating costs (expenditure per registrant)	d	$b \cdot (c^a)$	£143.63	£514.45	£514.45	£154.43
Annual expenditure	e	$d \cdot c$	£28,725,470	£1,543,341	£1,543,341	£31,812,151

Theoretical expenditure as consolidated regulator:

			Regulator A	Regulator B	Regulator C	Consolidation of Regs A, B and C
Number of registrants	f		200,000	3,000	3,000	206,000
% increase in size of organisation (number of registrants)	g		3%	6767%	6767%	-
Fold increase in size of organisation (number of registrants)	h	$(g/100)+1$	1.03	68.67	68.67	-
Predicted % decrease in unit costs due to consolidation	i	$1-(h^a)$	0.89%	72%	72%	2.97%
Predicted unit operating costs (expenditure per registrant)	j	$(1-i) \cdot d$	£142.34	£142.34	£142.34	£142.34
Predicted annual expenditure	k	$j \cdot f$	£28,468,671	£427,030	£427,030	£29,322,731
Predicted annual expenditure saving due to consolidation	l	$e-k$	£256,799	£1,116,311	£1,116,311	£2,489,421

**Table A4V: Consolidation of the 'education & training' function of three medium sized regulators (each accrediting 50 pre-registration courses)**

label	formula		
a		Exponent	-0.5137
b		Multiple	129510

Theoretical expenditure for specific function, under separate regulators:

			Regulator A	Regulator B	Regulator C	Aggregate of function across Reg A, B and C
Number of pre-registration courses assured	c		50	50	50	150
Unit operating costs (expenditure per pre-reg course)	d	$b \cdot (c^a)$	£17,359.71	£17,359.71	£17,359.71	£17,359.71
Annual expenditure	e	$d \cdot c$	£867,985	£867,985	£867,985	£2,603,956

Theoretical expenditure for specific function, under consolidated regulator:

			Regulator A	Regulator B	Regulator C	Consolidation of function across Reg A, B and C
Number of pre-registration courses assured	f		50	50	50	150
% increase in size of organisation (number of pre-reg courses)	g		200%	200%	200%	-
Fold increase in size of organisation (number of pre-reg courses)	h	$(g/100)+1$	3.00	3.00	3.00	-
Predicted % decrease in unit costs due to consolidation	i	$1-(h^a)$	43%	43%	43%	43%
Predicted unit operating costs (expenditure per pre-reg course)	j	$(1-i) \cdot d$	£9,872.91	£9,872.91	£9,872.91	£9,872.91
Predicted annual expenditure	k	$j \cdot f$	£493,646	£493,646	£493,646	£1,480,937
Predicted annual expenditure saving due to consolidation	l	$e-k$	£374,340	£374,340	£374,340	£1,123,020

Table A4W: Consolidation of all regulators (except the NMC) to a super-regulator of size 640,000

label	formula		
a		Exponent	-0.3038
b		Multiple	5857.2

Theoretical expenditure as separate regulators\*:

			GMC	HPC	GDC	GPhC	GOC	GOsC	GCC	PSNI	Aggregate across all except NMC
Number of registrants	c		239,253	215,095	95,463	62,825	18,582	4,456	2,663	2,103	640,440
Unit operating costs (expenditure per registrant)	d	$b^*(c^a)$	£136.02	£140.49	£179.81	£204.18	£295.62	£456.18	£533.41	£573.08	£160.68
Annual expenditure	e	$d^*c$	£32,542,474	£30,218,109	£17,165,294	£12,827,733	£5,493,286	£2,032,758	£1,420,475	£1,205,177	£102,905,305

Theoretical expenditure as consolidated regulator:

			GMC	HPC	GDC	GPhC	GOC	GOsC	GCC	PSNI	Consolidation of all except NMC
Number of registrants	f		239,253	215,095	95,463	62,825	18,582	4,456	2,663	2,103	640,440
% increase in size of organisation (number of registrants)	g		168%	198%	571%	919%	3347%	14273%	23950%	30354%	-
Fold increase in size of organisation (number of registrants)	h	$(g/100)+1$	2.68	2.98	6.71	10.19	34.47	143.73	240.50	304.54	-
Predicted % decrease in unit costs due to consolidation	i	$1-(h^a)$	26%	28%	44%	51%	66%	78%	81%	82%	-
Predicted unit operating costs (expenditure per registrant)	j	$(1-i)^*d$	£100.85	£100.85	£100.85	£100.85	£100.85	£100.85	£100.85	£100.85	£100.85
Predicted annual expenditure	k	$j^*f$	£24,128,998	£21,692,630	£9,627,577	£6,335,989	£1,874,021	£449,394	£268,567	£212,090	£64,589,266
Predicted annual expenditure saving due to consolidation	l	$e-k$	£8,413,476	£8,525,478	£7,537,717	£6,491,744	£3,619,266	£1,583,364	£1,151,907	£993,086	£38,316,039

\* please note that each regulator's unit operating costs are those that would be expected given just the regulator's size (and not their actual unit operating costs).

## Annex 5. Scale-adjusted analysis

This annex sets out:

- 'Distance-from-the-line' charts for each function and for overall expenditure; and
- the table of RAG-rated 'task' metrics, followed by several related items:
  - the derivation of a metric to capture regulator-specific risk, followed by an explanation of the US NPDB data and method used for mapping from US to UK professions;
  - the contents of the Supplementary Data Template, followed by the guidance notes that were provided to regulators; and
  - details of how each metric has been RAG-rated.

### Annex 5.1. 'Distance-from-the-line' charts

In the following charts, a value of less than 1 implies that the regulator is 'below the line', i.e. has lower unit costs than their scale would predict. A value above 1 implies that the regulator is 'above the line', i.e. has higher unit costs than their scale would predict. (See Section 5 of the main report for an interpretation of the significant deviations from the line).

*Chart A5A: 'Distance-from-the-line chart', (function: Standards & Guidance; denominator: per registrant)*

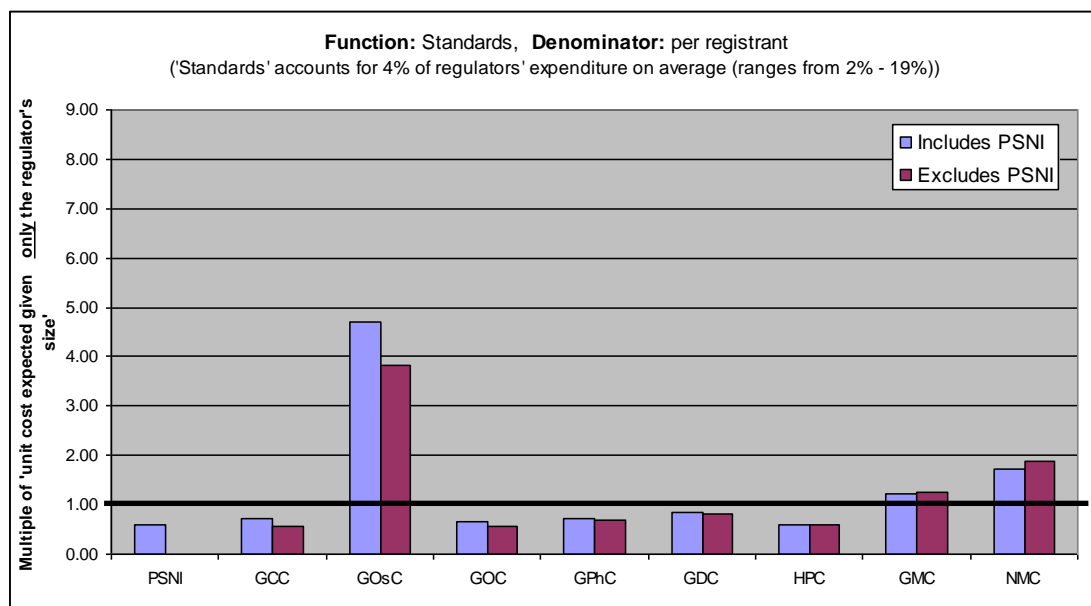


Chart A5B: 'Distance-from-the-line chart', (function: Registration; denominator: per registrant)

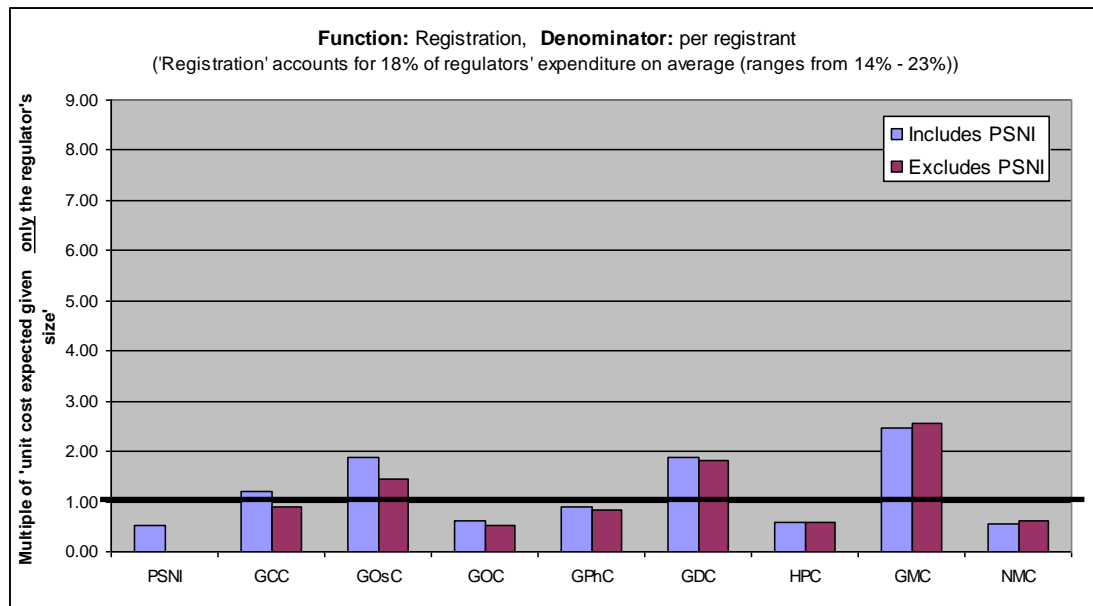


Chart A5C: 'Distance-from-the-line chart', (function: Education & Training; denominator: number of pre-registration courses accredited)

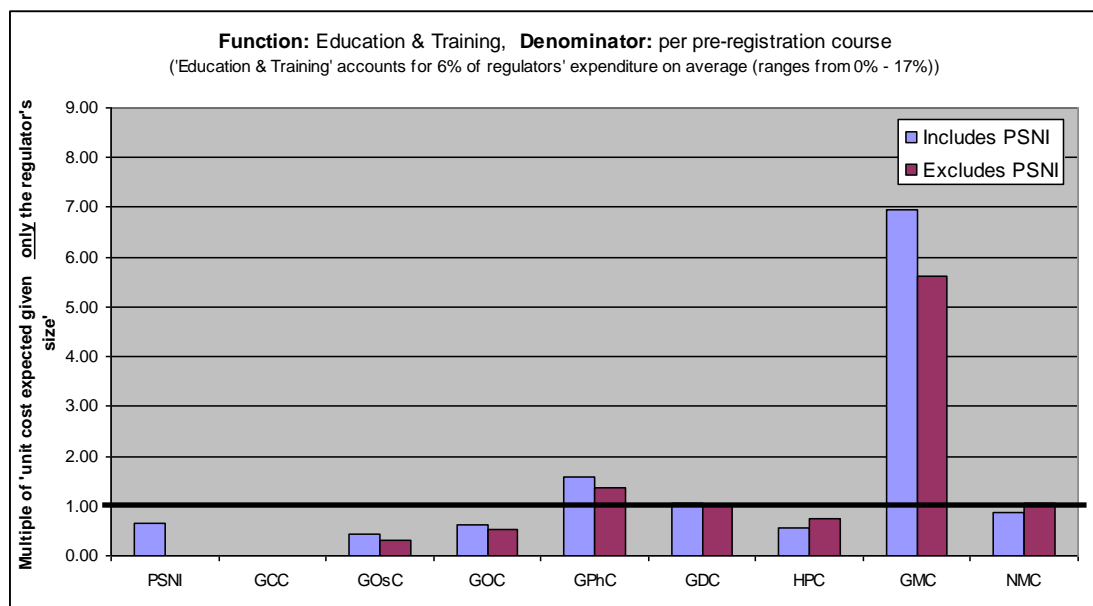


Chart A5D: 'Distance-from-the-line chart', (function: Fitness to Practise; denominator: number of complaints received)

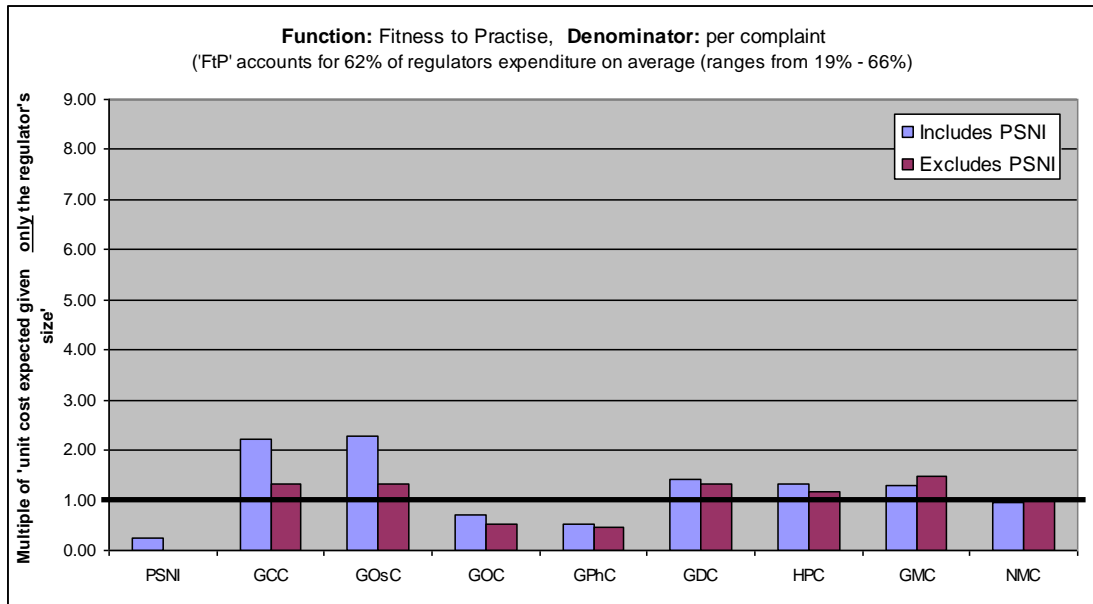


Chart A5E: 'Distance-from-the-line chart', (function: Governance; denominator: per registrant)

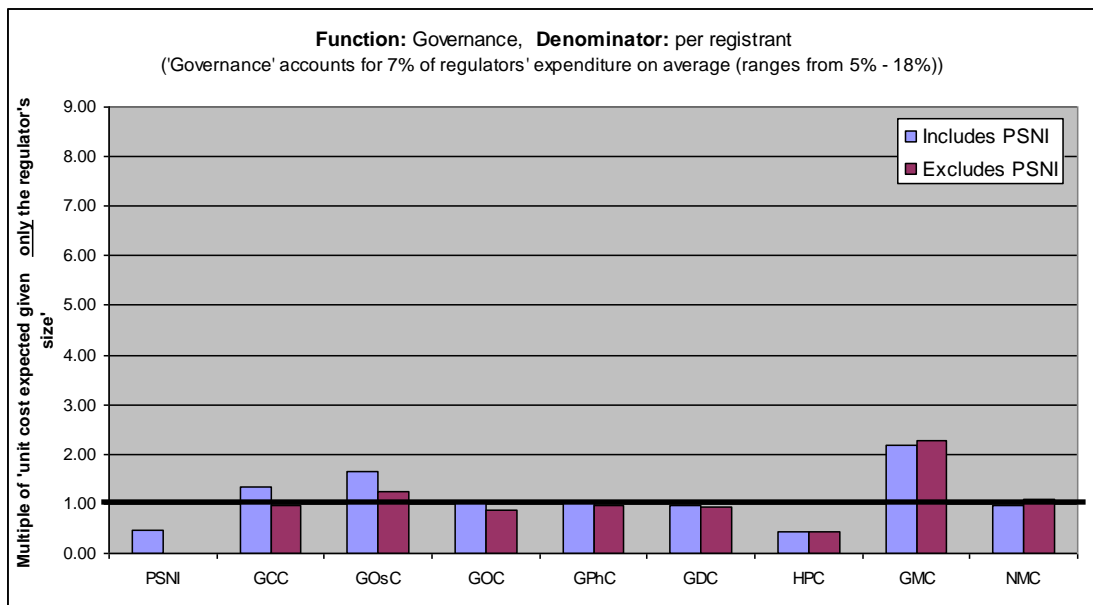
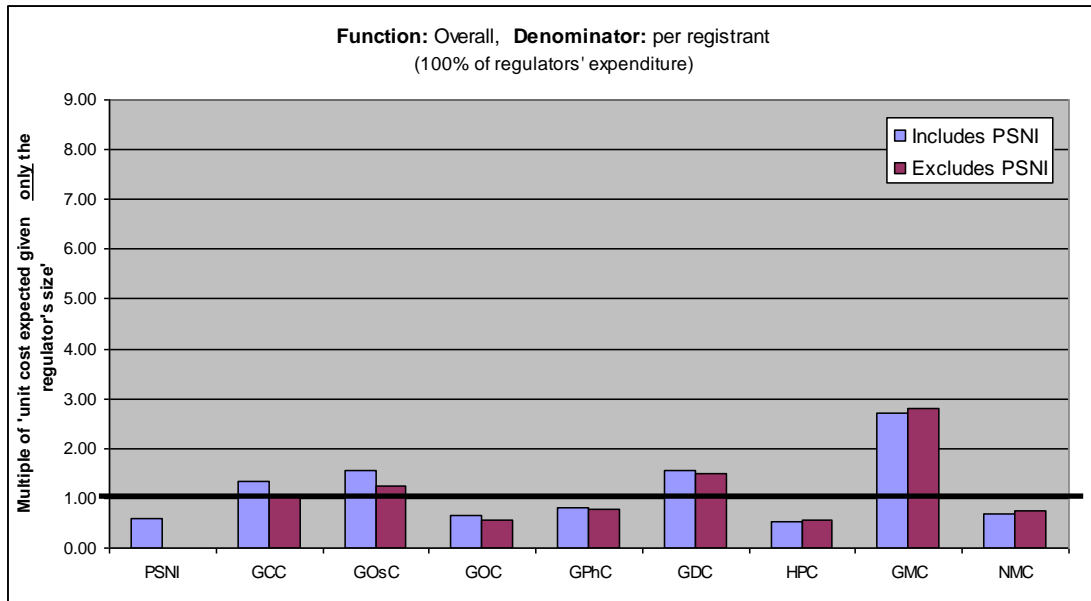


Chart A5F: 'Distance-from-the-line chart', (function: Overall; denominator: per registrant)



## Annex 5.2. RAG-rated 'task' metrics

The Red/Amber/Green (RAG) 'task' metrics table is presented overleaf. Where a cell has a centre in one colour and a border in another, this is intended to show that both colours apply to that cell. Subsequent sections of this annex relate to how the table's contents have been derived.



RAG ratings: Green Amber/green Amber Amber/Red Red

Table A5G: Red-Amber-Green (RAG) 'task' matrix

Function	Metric Category		Metric No.	Metric	Regulator										
					NMC	GMC	HPC	GDC	GDC - dentists	GDC - DCPs	GPnC	GOC	GOsC	GCC	PSNI
Overall	Regulatory 'force' required	Body of knowledge	0.1	Body of knowledge (FTE for the main pre-registration education and training courses)	3 years	5 years	2-3 years	N/A	5 years	2-3 years	4 years (Pharms) (2 years for Techs)	3 years	4 years	4 years	4 years
		Relative risk	0.2	Average rank of malpractice payouts	2.3	1.0	7.3	N/A	3.8	9.0	7.3	4.5	4.3	6.5	6.3
	Operational complexity of task	0.3	Number of professions regulated	2	1	15	7	N/A	N/A	2	2	1	1	1	
Standards	Operational complexity of task	1.1	Maturity of profession (years since act established)	110 years (Midwives) 93 years (Nurses)	154 years	2-52 years (depending upon profession)	N/A	91 years	4 - 44 years (depending upon DCP profession)	143 years (Pharms) (1 year for Techs)	54 years	19 years	18 years	83 years	
Registration	Operational complexity of task	2.1	Proportion of registrations that are new (i.e. initial registrations as opposed to renewals)	3.4%	5.4%	6.8%	7.1%	N/A	N/A	15.9%	Approx. 6%	6.7%	5.7%	9.6%	
		2.2	Proportion of initial registrations that are non-UK	14%	At least 23%	Data not available	20%	N/A	N/A	Data not available	Approx. 3%	1%	0%	3%	
		2.3	Specialist register?	No	Yes	No	Yes	N/A	N/A	No	Yes	No	No	Yes	
Education & Training	Operational complexity of task	3.1	Typical length of pre-registration education and training (FTE for the main pre-registration education and training courses)	3 years	5 years	2-3 years	N/A	5 years	2-3 years	4 years (Pharms) (2 years for Techs)	3 years	4 years	4 years	4 years	
		3.2	Is there a pre-registration training year (in addition to the institutional pre-registration education and training)?	No	Yes	No	No	N/A	N/A	Yes (Pharmacists)	Yes (both Disp. Opticians and Optometrists)	No	No	Yes	
		3.3	Does the regulator assure post-registration training? If so, for all or just some registrants?	Yes - for some registrants	Yes - for all registrants	Yes - for some registrants	Yes - for some registrants	N/A	N/A	Yes - for some registrants	Yes - for some registrants	No	No	No	
		3.4	Number of institutions (providing pre-registration training)	82	32	122	43	N/A	N/A	44	12	11	3	2	
FtP	Other	4.0	Rate of complaints (number of complaints per year per 100 registrants*)	0.6	3.0	0.3	N/A	3.3	0.2	1.5	0.8	0.5	1.0	1.6	
		4.1	Gender mix (% male registrants)	11.0%	58.0%	25.0%	30.0%	58.0%	11.0%	49.0%	45.0%	51.0%	51.0%	36.0%	
		4.2	Proportion of cases originating from the employer or regulator (2008-10*)	42.0%	17.0%	50.0%	34.0%	N/A	N/A	Data not available	21.0%	16.0%	17.0%	49.0%	
		4.3	Proportion of cases originating from the public (2008-10*)	21.0%	65.0%	29.0%	47.0%	N/A	N/A	Data not available	58.0%	84.0%	83.0%	51.2%	
		4.4	Proportion of cases where allegation type = competency (2008-10*)	6.0%	13.0%	43.9%	36.0%	N/A	N/A	Data not available	Data not available	Data not available	40.0%	45.0%	
		4.5	Proportion of cases where allegation type = conviction/caution (2008-10*)	20.0%	10.0%	10.0%	5.0%	N/A	N/A	Data not available	13.5%	12.8%	2.5%	13.0%	
		4.6	% closed before ICP	30.0%	56.0%	29.0%	39.0%	N/A	N/A	70.0%	1.0%	0.0%	0.0%	70.0%	
		4.7	% closed before Final Hearing	85.0%	90.0%	59.0%	85.0%	N/A	N/A	93.8%	80.0%	49.0%	61.0%	91.0%	
4.8	Means to defend allegations (average salaries)	£33,600	£84,835	£34,899	£55,412	£84,900	£29,776	£38,000	£26,941	£35,000	£35,000	£38,000			

Notes:

\* assumes each complaint lodged against different registrants

^ 2008-10 figures calculated as an average of the three years' data weighted by the caseload in each year

### ***Annex 5.2.1. Regulator-specific risk***

This annex provides the derivation of metric 0.2 in Table A5G above, which aims to act as a proxy for the 'regulatory force' required by each regulator. Metric 0.2 is important in interpreting the 'distance-from-the-line' charts presented in Section 5 (and presented in full in Annex 5.1).

The concept of 'right touch regulation' implies that regulators be required to exert regulatory force in proportion to the level of risk associated with the profession or professions they regulate.

Risk can be conceptualised into a measure of the frequency of harm and the extent of harm, as follows:

- frequency of harm – the likelihood that a healthcare professional will cause harm by breaching standards of practice and thereby calling into question their continued fitness to practise, for example through an incident of misconduct or professional incompetence; and
- extent of harm – how much damage a healthcare professional causes, conditional on an incident of malpractice occurring.

When multiplied together, the frequency and extent of possible harm associated with a particular profession, theoretically speaking, provides the average amount of harm that a given number of practitioners are likely to cause over a particular time-frame. This in turn can be thought of as providing the justification for a given degree of regulatory force required.

The purpose of this part of the annex is to describe how a single measure of risk has been calculated to act as a proxy of the regulatory force required by each regulator – i.e. the derivation of metric 0.2 in Table A5G, which is important in interpreting the 'Distance from the line' charts in Section 5.

#### *5.2.1.1. Frequency of harm*

Instances of healthcare professionals causing harm to patients are thankfully rare. However, instances of harm do occasionally happen. The exact frequency with which such events occur is not something that is known with certainty, not least because such knowledge would depend upon all such instances being reported.

However, the rate of complaints made about particular healthcare professions in the UK is something that is known. If the propensity to make a complaint about a particular profession (for a given level of harm) and the average veracity of complaints is constant, the number of complaints received by a regulator per registrant will be a good proxy for the extent to which the frequency of harm varies across regulators.

Since there is a strong degree of persistence in the distribution of the rate of complaints over time (both across professions within the same regulator and across regulators), for the purposes of constructing a metric of risk, frequency of harm is

proxied by the rate of complaints by regulator in 2010 (or the nearest equivalent) – see Table A5H below.

*Table A5H: Rate of complaints by regulator, 2010 (or nearest equivalent year)*

	<b>Rate of complaints (number of complaints received per 100 registrants) (A)</b>
NMC	0.6
GMC	3.0
HPC	0.3
GDC	1.5
GDC (dentists)	3.3
GDC (DCPs)	0.2
GPhC	1.5
GOC	0.8
GOsC	0.5
GCC	1.0
PSNI	1.6

Source: Supplementary Data Template, Operating Expenditure Template

#### *5.2.1.2. Extent of harm*

From a practical perspective, a measure of the extent of harm associated with particular professions might reasonably be constructed on the basis of the size of compensation pay-outs made to patients suffering instances of harm.

In the UK context, where a large proportion of regulated staff are employed by NHS organisations, and where a culture of patients seeking legal redress is not well established, data relating to the compensation paid to individuals as a result of practitioner malpractice is not routinely available. The NHS Litigation Authority, who operate a scheme for NHS provider organisations to pool the risk associated with clinical negligence claims, state that their data on payments is held at an organisation rather than an at individual or profession level.

However, the National Practitioner Data Bank (NPDB<sup>8</sup>) has since September 1990 collected the details of malpractice payments associated with a range of health professionals, albeit in relation to healthcare provided in the USA. By observing differences in summary malpractice payout statistics across professions, it may be possible to draw inferences about relative differences in the extent of harm that can be caused by different categories of healthcare professional. (Further details of the NPDB, including a description of how, for the purposes of this report, US descriptions of healthcare professionals were mapped to UK definitions is provided in Annex 5.2.1.4).

Extrapolating any such US findings to the UK will depend upon the extent to which the following assumptions hold:

- staff descriptions and their roles are the same or similar in the US as the UK;

<sup>8</sup> See <http://www.npdb-hipdb.hrsa.gov/>

- regulation of the professions in the US has the same or similar relative impact on each profession as in the UK so the relativities in recorded harm across professions are unaffected; and
- the relationship between harm and payout is the same in the US as the UK.

Based on these assumptions, summary measures of the value of malpractice payments can be calculated for regulators of healthcare professionals in the UK. Since 'no-fault' malpractice payouts in the US context are sometimes made, where the claimant accepts a sum of money without the facts of the case being determined in the claimant's favour, the minimum and lower quartile values are excluded. Mapping the payout data for particular professions to the UK's regulatory bodies, produces the data presented in Table A5I below.

*Table A5I: Summary measures of NPDB payouts mapped to UK regulators*

	<b>Mean (B)</b>	<b>Median (C)</b>	<b>Upper Quartile (D)</b>	<b>Maximum (E)</b>
NMC	\$245,084	\$77,288	\$229,843	\$18,273,975
GMC	\$206,750	\$95,927	\$242,942	\$23,823,009
HPC	\$106,739	\$42,938	\$115,005	\$9,703,929
GDC	\$34,942	\$9,813	\$30,165	\$14,265,998
GDC - dentists	\$33,795	\$9,550	\$28,885	\$14,265,998
GDC - DCPs	\$42,561	\$11,557	\$38,672	\$565,721
GPhC	\$46,899	\$4,248	\$19,220	\$6,425,505
GOC	\$116,215	\$41,093	\$137,107	\$1,836,065
GOsC	\$188,885	\$92,006	\$220,517	\$19,491,553
GCC	\$60,590	\$17,218	\$59,814	\$1,378,755
PSNI	\$46,899	\$4,248	\$19,220	\$6,425,505

Source: NBDB extract, dated 23<sup>rd</sup> November 2011; values are shown in 2010 constant prices

### *5.2.1.3. Relative risk*

The data in Tables A5H and A5I can be multiplied together to produce a measure of risk that captures the annual frequency and extent of harm of professions associated with each of the regulatory bodies. Each of the four measures (i.e. the mean, median, upper quartile and maximum) can then be ranked by regulator (with the highest value being ranked first) and a simple average of these ranks reported. This is summarised in the table below.

Table A5J: Derivation of 'average rank' variable for each regulator, using frequency and extent of harm (Tables A5H and A5I, above)

	Average annual pay-out per registrant				Average rank
	A*B	A*C	A*D	A*E	
NMC	\$1,558	\$491	\$1,461	\$116,168	<b>2.25</b>
GMC	\$6,181	\$2,868	\$7,263	\$712,242	<b>1</b>
HPC	\$373	\$150	\$402	\$33,881	<b>7.25</b>
GDC	\$513	\$144	\$443	\$209,366	<b>5.75</b>
GDC - dentists	\$1,110	\$314	\$949	\$468,731	<b>3.75</b>
GDC - DCPs	\$104	\$28	\$95	\$1,385	<b>9</b>
GPhC	\$716	\$65	\$293	\$98,083	<b>7.25</b>
GOC	\$926	\$327	\$1,092	\$14,624	<b>4.5</b>
GOsC	\$890	\$434	\$1,039	\$91,859	<b>4.25</b>
GCC	\$614	\$175	\$606	\$13,979	<b>6.5</b>
PSNI	\$758	\$69	\$311	\$103,884	<b>6.25</b>

The 'average rank' figure in the far right-hand column (in bold-type) forms metric 0.2 in Table A5G (Annex 5.2) and is subsequently used as a measure of regulatory force required in the interpretation of the 'distance-from-the-line' charts in Section 5 of the main report.

#### 5.2.1.4. Details of the National Practitioner Data Bank (NPDB) and the mapping of US to UK professions

This section provides further details of the NPDB and a description of how, for the purpose of this report, US descriptions of healthcare professionals were mapped to UK definitions.

The National Practitioner Data Bank (NPDB), a US federal information clearing house responsible for receiving, storing and disseminating information about medical malpractice payments and adverse actions taken against healthcare practitioners, is administered by the Health Resources and Services Administration (HRSA). It was established through the Health Care Quality Improvement Act of 1986 and began collecting data from 1<sup>st</sup> September 1990.

Medical Malpractice Payers must report to the NPDB all payments made for the benefit of physicians, dentists and other health care practitioners in settlement of or in satisfaction in whole or in part for a claim or judgement against such a practitioner. The NPDB therefore covers a wide variety of medical practitioners. Physicians are those most widely reported to the data bank, making up 70% of all practitioner records, with dentists accounting for 13%, nurses and nursing-related roles 9%, and chiropractors 3%.

The description of health practitioners in the NPDB does not always match descriptions for healthcare professionals in the UK (notwithstanding any differences in their respective roles). Therefore, for the purposes of this study, a mapping from US to UK professional descriptions has been devised, as follows:

Table A5K: Mapping of US to UK professions

UK Regulator	UK Description	US Description
GCC	Chiropractors	Chiropractor
GDC	Dentists	Dentist
GDC	Dentists	Dental Resident
GDC	Dental hygienists	Dental Hygienist
GDC	Dental therapists	No Match
GDC	Clinical dental technicians	No Match
GDC	Orthodontic therapists	No Match
GDC	Dental nurses	No Match
GDC	Dental technicians	No Match
GMC	Doctors	Allopathic Physician (MD)
GMC	Doctors	Phys. Intern/Resident (MD)
GOC	Dispensing opticians	Optician
GOC	Optometrists	Optometrist
GOsC	Osteopaths	Osteopathic Physician (DO)
GOsC	Osteopaths	Osteo. Phys. Intern/Resident (DO)
HPC	Arts therapists	Art/Recreation Therapist
HPC	Biomedical scientists	Medical Technologist [changed to 501(6/15/09)]
HPC	Biomedical scientists	Medical/Clinical Lab Technologist [available 6/15/09]
HPC	Biomedical scientists	Medical/Clinical Lab Technician [available 6/15/09]
HPC	Chiropractors/podiatrists	Podiatrist
HPC	Clinical scientists	Cytotechnologist [available 11/22/99]
HPC	Dieticians	Dietician
HPC	Hearing Aid Dispensers	Hearing Aid/Instrument Specialist [available 10/17/05]
HPC	Occupational therapists	Occupational Therapist
HPC	Operating Department Practitioners	Surgical Technologist [available 6/15/09]
HPC	Operating Department Practitioners	Surgical Assistant [available 6/15/09]
HPC	Orthoptists	No Match
HPC	Orthotists/prosthetists	Orthotics/Prosthetics Fitter
HPC	Paramedics	EMT, Paramedic
HPC	Physiotherapists	Physical Therapist
HPC	Practitioner psychologists	Clinical Psychologist [last use 9/9/02]
HPC	Practitioner psychologists	Psychologist [available 9/9/02]
HPC	Radiographers	Nuclear Med. Technologist
HPC	Radiographers	Rad. Therapy Technologist
HPC	Radiographers	Radiologic Technologist
HPC	Radiographers	X-Ray Technician or Operator [available 6/15/09]
HPC	Speech and language therapists	Speech/Language Pathologist
NMC	Nurses	Registered (RN) Nurse
NMC	Nurses	Nurse Practitioner
NMC	Nurses	Advanced Nurse Practitioner [3/5/02 - 9/9/02]
NMC	Midwives	Nurse Midwife
GPhC	Pharmacists	Pharmacist
GPhC	Pharmacists	Pharmacy Intern [available 9/9/2002]
GPhC	Pharmacist technicians	Pharmacy Technician [available 9/9/2002]
PSNI	Pharmacists	Pharmacist
PSNI	Pharmacists	Pharmacy Intern [available 9/9/2002]

The mapping shown above was used to create summary malpractice payout statistics for each UK regulator (see Table A5I above). Where data for more than one profession applies to a single regulator, a weighted-average statistic is computed using the share of registrants for different professions within a regulator.

### **Annex 5.2.2. Supplementary Data Template contents**

The Supplementary Data Template was used to gather additional information from regulators. The contents of its 'Fitness to Practise', 'Education and training summary' and 'Maturity of profession' sections were as follows.

Table A5L: 'Fitness to Practise' section of Supplementary Data Template

	2010	2009	2008
Total number of complaints received			
<b>Source of complaint</b>			
% received directly from members of the public			
% received directly from employers or initiated by the regulator/registrar			
<b>Type of allegation</b>			
% complaints with an allegation type of "caution" or "conviction" for a criminal offence			
% complaints with an allegation type of "misconduct"			
% complaints with an allegation type of "lack of competence"			
% complaints with an allegation type of "fraudulent"			
<b>Employment status</b>			
% complaints concerning registrants working in the NHS			
% complaints concerning registrants who are self-employed			
<b>Stage of closure</b>			
% complaints considered by an Investigating Committee			
% complaints with a case to answer - i.e. referred to Final hearing			

The 'Education and training summary' section of the Supplementary Data Template is presented overleaf. The following instructions were placed above the table, in addition to the guidance notes.

*Please check that the information in the green cells (which refers to your specific regulator) is accurate. The underlying data has been supplied in a separate spreadsheet for your information. Information on the other regulators is also provided in the table below (and in the separate spreadsheet) to provide you with context on how your regulator compares to others.*

Please note that the 'separate spreadsheet' / regulator-specific worksheets are not present in these annexes for reasons of space.

**Table A5M: 'Education and training summary' section of Supplementary Data Template**

Regulator	Pre-registration education and training					Post-registration education and training	
	Number of institutions <sup>(1)</sup>	Number of types of courses <sup>(2)</sup>	Total number of courses <sup>(3)</sup>	Pre-registration includes a training year? <sup>(4)</sup>	Course FTE <sup>(5)</sup>	Description of post-registration education and training <sup>(6)</sup>	Relevant to all registrants (i.e. universal) or some registrants? <sup>(7)</sup>
NMC	83	20	586	No	Most <u>3 years</u> (but some 2 and 4 year courses)	Specialist Community Public Health Nurse (SCPHN) Community Practitioner Nurse Prescribing Independent and Supplementary Nurse Prescribing Preparation of Supervision of Midwives Teacher/ Mentorship/ Education programmes Specialist Practitioner Qualification (SPQ) Return to Practice Overseas Programme EU Aptitude Test EU Nurse Adaptation Programme	Only some registrants
GMC	30	1	30	Yes (Foundation year 1 before full registration)	<u>6 years</u>	Involves the assurance of: GP and specialist training programmes GP trainers Trainee posts	Universal - all registrants
HPC	130	43-127	339	No	Most <u>3 years</u> (but some 2 and 4 year courses)	Supplementary prescribing for Allied Health Professionals Non-medical prescribing Local analgesia (podiatrists/ chiropodists)	Only some registrants
GDC	43	18	88	No?	<u>5 years</u> generally (dentists) <u>2-3 years</u> for Dental Care Professionals	13 specialist lists: Special Care Dentistry Oral Surgery Orthodontics Paediatric dentistry Endodontics Periodontics Prosthodontics Restorative dentistry Dental Public Health Oral Medicine Oral Microbiology Oral and Maxillofacial Pathology Dental and Maxillofacial Radiology	Only some registrants
GPhC	26-31	9 <sup>(26)</sup>	43 <sup>(27)</sup>	Yes (pharmacists) <sup>(28)</sup>	<u>5 years</u> generally (pharmacists) (4 years at university plus pre-registration year) <u>2 years</u> generally (pharmacy technicians) <u>1 year</u> generally (OSPAP) <sup>(29)</sup>	Independent prescribing programmes Dispensing assistants Medicines counter assistants (Some of the above is pre-registration for non-registered?)	Only some registrants
GOC	12 <sup>(30)</sup>	7	23	Yes (optometrists)	<u>4 years</u> (optometrists) (3 years at university, 1 year pre-registration training year) <u>3 years</u> dispensing opticians	For optometrists: Additional supply Independent prescribing Supplementary prescribing  For dispensing opticians: Contact lens prescribing	Only some registrants
GOsC	10	6	19	No	<u>3 or 4 years</u>	None	n/a
GCC	3	1	3	No	<u>4 years</u>	None	n/a
PSNI	2	1	2	Yes	5 years	None	n/a

**Footnotes**

**Definitions:**

- (1) Number of institutions offering pre-registration training and education.
- (2) Number of "different" types of pre-registration courses: "different" is defined as where profession or branch of study and/or qualification level is different
- (3) Number of instances of pre-registration courses: i.e. a count of every instance of a pre-registration course
- (4) Indicator of whether a training year (distinct from university/ institutional training) is part of the pre-registration education and training regime.
- (5) Indicator of the typical length of the pre-registration education and training regime (including university/ institutional study and training year where appropriate)
- (6) Description of any post-registration education and training (that the regulator assures)





### *Education & Training summary tab*

*The summary sheet contains 7 variables relating to the number and range of courses/institutions accredited by each regulator – 5 relating to pre-registration Education & Training and 2 relating to post-registration Education & Training. This information has been compiled using information found on each regulator’s website.*

*Footnotes, plus a separate spreadsheet containing underlying information for each regulator, explain how the figures have been derived.*

*Our aim in producing these metrics is to provide a broad indication of how the task of accrediting providers of Education & Training varies across regulators. Details of other regulators are provided for context. Please check that the figures in the summary sheet broadly reflect the task faced by your regulatory body.*

### *Maturity of professions tab*

*As a proxy for the maturity of regulated professions please enter the year in which the profession or professions regulated by your organisation were statutorily regulated for the first time.*

### **Annex 5.2.4. Details of how each metric has been RAG-rated**

The table overleaf illustrates the criteria by which Red, Amber and Green ratings have been applied in Table A5G.

Table A50: Criteria for Red/Amber/Green 'task' ratings  
Continued overleaf

				Red	Red/ Amber	Amber	Amber/ Green	Green
Overall	Regulatory force required	0.1	Body of knowledge (FTE for the main pre-registration education and training courses)	5 years or more	Not used	4 years	Not used	3 years or less
		0.2	Relative risk – average rank of malpractice payouts	1	Greater than 1 to less than 4	4 to 5 inclusive	Greater than 5 to less than 9	9
	Complexity	0.3	Number of professions regulated	10 or more	Not used	9 to 3 inclusive	Not used	2 or less
Standards	Complexity	1.1	Maturity of profession (years since act established)	20 years or less	Greater than 20 to less than 50 years	50 to 60 years inclusive	Greater than 60 to less than 140 years	140 years or more
Registration	Complexity	2.1	Proportion of registrations that are new (i.e. initial registrations as opposed to renewals)	9% or more	Not used	4% to 9% exclusive	Not used	4% or less
		2.2	Proportion of initial registrations that are non-UK	15% or more	Not used	5% to 15% exclusive	Not used	5% or less
		2.3	Specialist register?	Yes	Not used	Not used	Not used	No
E&T	Complexity	3.1	Typical length of pre-registration education and training (FTE for the main pre-registration education and training courses)	5 years or more	Not used	4 years	Not used	3 years or less
		3.2	Is there a pre-registration training year (in addition to the institutional pre-registration education and training)?	Yes	Not used	Not used	Not used	No
		3.3	Does the regulator assure post-registration training? If so for all or just some registrants?	Yes – for all registrants	Not used	Yes – for some registrants	Not used	No
		3.4	Number of institutions (providing pre-registration training)	80 or more	Not used	30 to 80 exclusive	Not used	30 or less

Table A50: Criteria for Red/Amber/Green 'task' ratings  
Continued from previous page

				Red	Red/ Amber	Amber	Amber/ Green	Green
FtP	Complexity	4.0	Rate of complaints (number of complaints per year per 100 registrants)	3 or more	Not used	1 to less than 3	Not used	Less than 1
		4.2	Proportion of cases originating from the employer or regulator (2008-10 <sup>^</sup> )	40% or more	Not used	More than 20% to less than 40%	Not used	20% or less
		4.3	Proportion of cases originating from the public (2008-10 <sup>^</sup> )	30% or less	Not used	More than 30% to less than 80%	Not used	80% or more
		4.4	Proportion of cases where allegation type = competency (2008-10 <sup>^</sup> )	42% or more	Not used	More than 20% to less than 42%	Not used	20% or less
		4.5	Proportion of cases where allegation type = conviction/caution (2008-10 <sup>^</sup> )	5% or less	Not used	More than 5% to less than 12%	Not used	12% or more
		4.6	% closed before ICP	10% or less	Not used	More than 10% to less than 50%	Not used	50% or more
		4.7	% closed before Final Hearing	50% or less	Not used	More than 50% to less than 90%	Not used	90% or more
		4.8	Means to defend allegations (average salaries)	£40,000 or more	Not used	Not used	Not used	Less than £40,000

Notes:

<sup>^</sup> 2008-10 figures calculated as an average of the three years' data weighted by the caseload in each year

## **Annex 6. Registrants' compliance costs**

This annex describes the surveys and methodology used to estimate registrants' compliance costs.

### **Annex 6.1. Overview of survey of registrants' compliance costs for registration and renewal**

The health professionals' regulators impose compliance costs on registrants as part of:

- initial professional registration; and
- renewal of registration and continuing professional development (CPD) reporting

#### ***Annex 6.1.1. Aim of survey***

CHSEO developed and deployed two anonymous online surveys of registrants (one for initial registration and one for renewal and CPD reporting) with the aim of:

- investigating potential variation across regulators in the compliance costs that regulators impose on registrants; and
- estimating an annual total monetised compliance cost imposed on registrants.

More specifically, the aim of the surveys was to obtain estimates of the time (and money) spent by registrants in complying with initial registration, renewal of registration and CPD reporting across each of the nine regulators.

(The tables in this annex show regulators ranked in alphabetical order rather than size order. This is because they were generated automatically using the Pivot Table functions in Microsoft Excel and IBM SPSS).

#### ***Annex 6.1.2. Marketing of the survey***

Following discussion with CHRE, potential survey respondents were identified by marketing the survey address ([www.chseo.org.uk/survey](http://www.chseo.org.uk/survey)) through a number of professional bodies. The survey was open for completion over a period of 40 days (opening on Friday 3<sup>rd</sup> February and closing on Wednesday 14<sup>th</sup> March).

This annex first provides an overview of the number and type of respondents to each survey before setting out the main findings on time taken, expenses incurred and other items of interest. The survey results are then combined with data on the typical number of registrants that register and renew each year and representative hourly wage rates in order to estimate a total annual monetary cost of compliance.

## **Annex 6.2. Survey results of registrants' compliance costs for registration and renewal**

The following analysis only covers fully completed survey responses<sup>9</sup>, and also excludes a very small number<sup>10</sup> of responses where respondents cited implausibly<sup>11</sup> high time estimates (99 hours or 999 minutes, the maximums allowable by the survey software) to one or more questions. In many cases, this was likely due to a misinterpretation of the CPD question, which asked how long it took to *report* CPD activities, rather than the time taken to carry out CPD activities themselves. The satisfaction scores relating to these implausibly high estimates still average 5 out of 10 (meaning 'neither satisfied nor dissatisfied'), which supports our interpretation.

Importantly, whilst respondents were asked to choose from a set of ranges when asked about the time taken by a particular task (such as '0-14 minutes', '15-29 minutes' etc.), they were asked to type a precise estimate if they chose the highest, open-ended range (e.g. 'more than 4 hours'). The estimates of time taken therefore contain a large amount of variation, with a skewed distribution where the highest estimate is often vastly higher than the lowest estimate, even if most estimates are low. Medians (which, compared to means, are less sensitive to extreme and uncommon observations) are therefore used to summarise the results on time taken.

In order to preserve respondents' anonymity, in tables showing numbers of people, table cells containing fewer than 6 people have been replaced with an asterisk.

### ***Annex 6.2.1. Numbers of complete responses by regulator and profession***

Respondents were asked to complete the renewal and CPD reporting survey if the last payment that they made to their regulator was for renewal, or to complete the registration survey if the last payment that they made to their regulator was for initial registration. This ensured that the experience of registration or renewal would be relatively recent and fresh in the respondent's mind.

A further consequence of this structure is that the vast majority of survey responses will relate to renewal rather than initial registration, as only a small fraction of respondents will be at the start of their careers. This is proportionate from an economic perspective, as registration occurs only once during a typical career whereas renewal occurs many times.

#### ***Annex 6.2.1.1. Renewal and CPD reporting survey***

Table A6A shows that of 1,077 renewal responses, a majority of respondents were from the GOC or the NMC, with reasonable numbers of responses obtained for the remaining regulators (apart from the PSNI, for which there were none).

Overall, 21% of respondents reported being required to submit evidence of CPD at some point in the past, with 4% of respondents having had their CPD audited. (These percentages exclude GMC respondents, as the GMC does not require its registrants

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<sup>9</sup> Out of a total of 1,219 renewal and CPD survey responses, 142 were incomplete; out of a total of 96 registration responses, 42 were incomplete or related to non-UK respondents (whom the survey was not targeted at).

<sup>10</sup> 9 renewal and CPD survey responses and 1 registration survey response

<sup>11</sup> i.e. responses that were not only high but unusual, in that many other respondents had reported substantially lower time estimates.

to submit CPD). There is notable variation between regulators although this may partly be explained by small sample sizes in particular areas.

*Table A6A: Number of renewal and CPD responses by regulator and profession*

	No. of complete & valid responses	Ever required to submit CPD?	Ever had CPD audited?
GCC	49	46	34
GDC	46	17	*
Dentist	46	17	*
GMC	17	Not applicable	Not applicable
GOC	527	123	*
Dispensing optician	35	*	0
Optometrist	492	119	*
GOsC	32	13	*
GPhC	16	6	*
Pharmacist	16	6	*
HPC	16	*	*
Occupational therapist	*	0	0
Paramedic	*	0	0
Physiotherapist	*	*	*
Podiatrist/Chiropodist	*	0	0
Prosthetist/Orthotist	*	0	0
Speech and language therapist	8	*	*
NMC	374	12	*
Midwife	34	*	*
Annual retention	24	*	0
Periodic renewal	10	*	*
Nurse	340	10	*
Annual retention	302	7	*
Periodic renewal	38	*	0
<b>Overall</b>	<b>1,077</b>	<b>219</b>	<b>43</b>

No responses were received for the PSNI

The GMC does not require its registrants to submit CPD

#### *Annex 6.2.1.2. Registration survey*

As expected, Table A6B shows that there are far fewer responses to the initial registration survey. Again, the responses are concentrated on the GOC and the NMC, with few responses relating to other regulators.

Table A6B: Number of registration responses by regulator and profession

	No. of complete & valid responses
GCC	*
GDC	*
Dentist	*
GMC	*
Provisionally registered	*
GOC	21
Optometrist	21
Non-student	*
Student	*
GOsC	*
HPC	*
Speech and language therapist	*
NMC	19
Midwife	*
Nurse	*
<b>Overall</b>	<b>53</b>

No responses were received for the PSNI or GPhC

### **Annex 6.2.2. Types of respondents**

To judge representativeness and aid the interpretation of subsequent results, the following tables break down the respondents by gender, age and time since registration. Clearly a wide range of respondents were surveyed.

#### *Annex 6.2.2.1. Renewal and CPD reporting survey*

The breakdowns are as follows:

Table A6C: Number of renewal and CPD responses by regulator and gender

Regulator	Female	Male	Total
GCC	19	30	49
GDC	10	36	46
GMC	5	12	17
GOC	258	269	527
GOsC	13	19	32
GPhC	13	3	16
HPC	15	1	16
NMC	304	70	374
Annual retention	268	58	326
Periodic renewal	36	12	48
<b>Overall</b>	<b>637</b>	<b>440</b>	<b>1,077</b>

No responses were received for the PSNI



Table A6D: Number of renewal and CPD responses by regulator and age

Regulator	Under 20	20-29	30-39	40-49	50-59	60-64	65+	Total
GCC	0	12	18	6	9	*	*	49
GDC	0	0	8	12	21	*	*	46
GMC	0	7	*	*	*	0	0	17
GOC	*	69	97	136	151	44	29	527
GOsC	0	*	11	10	6	*	0	32
GPhC	0	*	*	*	7	0	0	16
HPC	0	*	*	*	*	*	0	16
NMC	0	15	53	123	161	15	7	374
Annual retention	0	13	50	104	140	12	7	326
Periodic renewal	0	*	*	19	21	*	0	48
<b>Overall</b>	*	<b>110</b>	<b>202</b>	<b>296</b>	<b>360</b>	<b>66</b>	<b>42</b>	<b>1,077</b>

No responses were received for the PSNI

Table A6E: Number of renewal and CPD responses by regulator and years since registration

Regulator	Less than 1 year	1-4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years	45 years or more	Total
GCC	0	15	14	16	*	*	0	0	0	0	0	49
GDC	0	*	*	*	*	*	12	11	*	*	*	46
GMC	0	8	*	*	*	0	*	*	0	0	0	17
GOC	8	52	52	67	44	78	74	69	39	24	20	527
GOsC	0	14	6	*	*	*	0	0	0	0	0	32
GPhC	0	0	*	*	*	*	*	*	*	0	0	16
HPC	0	*	*	*	*	*	0	0	*	0	0	16
NMC	0	16	39	41	39	62	67	65	29	12	*	374
Annual retention	0	15	36	35	36	53	55	54	27	11	*	326
Periodic renewal	0	*	*	6	*	9	12	11	*	*	0	48
<b>Overall</b>	<b>8</b>	<b>110</b>	<b>125</b>	<b>137</b>	<b>97</b>	<b>154</b>	<b>156</b>	<b>149</b>	<b>77</b>	<b>38</b>	<b>26</b>	<b>1,077</b>

No responses were received for the PSNI

#### Annex 6.2.2.2. Registration survey

Table A6F: Number of registration responses by regulator and gender

Regulator	Female	Male	Overall
GCC	*	*	*
GDC	0	*	*
GMC	0	*	*
GOC	12	9	21
GOsC	0	*	*
HPC	*	0	*
NMC	17	2	19
<b>Overall</b>	<b>31</b>	<b>22</b>	<b>53</b>

No responses were received for the PSNI or GPhC

Tables A6G and A6H show the age of registration survey respondents followed by their number of years since registration. Because respondents were asked to answer the registration survey only if their last payment to their regulator was for registration, it was expected that most respondents would be aged 20-29 and would report few years since their initial registration. Instead, some respondents report that it is many years since their initial registration. This may indicate that these respondents misread the instructions and answered the registration survey instead of the renewal one (perhaps because the registration survey was the first link presented on the survey

page), even though their registration was many years ago. Whilst this casts doubt on the reliability of some registration survey responses, registration is of less economic significance than renewal (as it only happens once in a typical career).

*Table A6G: Number of registration responses by regulator and age*

Regulator	Under 20	20-29	30-39	40-49	50-59	60-64	65+	Overall
GCC	0	*	*	*	0	0	0	*
GDC	0	0	0	0	*	0	*	*
GMC	0	*	0	0	0	0	0	*
GOC	*	7	7	*	*	*	*	21
GOsC	0	0	*	*	0	0	0	*
HPC	0	0	*	0	0	0	0	*
NMC	0	*	*	8	6	*	0	19
<b>Overall</b>	*	11	12	12	13	*	*	53

No responses were received for the PSNI or GPhC

*Table A6H: Number of registration responses by regulator and years since registration*

Regulator	Less than 1 year	1-4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years	45 years or more	Overall
GCC	*	0	*	*	0	0	0	0	0	0	0	*
GDC	0	0	0	0	0	0	0	*	0	*	0	*
GMC	*	0	0	0	0	0	0	0	0	0	0	*
GOC	6	*	*	*	0	0	*	*	0	0	*	21
GOsC	0	*	0	0	0	*	0	0	0	0	0	*
HPC	*	0	0	0	0	0	0	0	0	0	0	*
NMC	*	*	*	*	*	*	*	*	*	0	0	19
<b>Overall</b>	14	8	*	6	*	*	*	9	*	*	*	53

No responses were received for the PSNI or GPhC

### **Annex 6.2.3. Compliance costs: time spent complying**

The tables below constitute the main survey results – estimates of registrants’ time spent complying – and are also used in subsequent sections of this annex to estimate the overall annual monetised cost of compliance associated with registration, renewal and CPD reporting.

#### *Annex 6.2.3.1. Renewal and CPD reporting survey*

The results in Table A6I show that renewal places only a small annual time burden on registrants. There is nonetheless variation between regulators, with the GCC and GOsC medians being notably higher than others, and the GMC median being particularly low. In all cases it appears to be easy to find the relevant form.

Table A6I: Breakdown of annual median time (minutes) associated with renewal

Abbreviation	Find form	Familiarise with process	Collect documents	Provide information	Overall renewal
GCC	0	15	25	20	60
GDC	0	1	0	2	7
GMC	0	1	0	2	3
GOC	0	5	0	2	10
GOsC	0	5	20	20	49
GPhC	0	5	0	2	8
HPC	0	5	3	2	18
NMC	0	5	0	2	12
Annual retention	0	5	0	2	12
Periodic renewal	0	5	0	10	15
<b>Overall</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>2</b>	<b>12</b>

No responses were received for the PSNI

Note: in any given year, NMC registrants go through either annual retention or periodic renewal.

Table A6J considers the annual median time burden of CPD keeping (which applies to all respondents) alongside CPD submitting and audit (which only apply to some respondents). The 'Overall CPD' column shows the median CPD time across registrants once CPD keeping, submitting and audit are added together at the individual level. (It therefore reflects the fact that CPD submitting and audit do not apply to all registrants; regulators with lower rates of CPD submitting and audit will show a lower burden).

The table shows that the annual median time burden of CPD keeping and recording is more significant than that of renewal, amounting to a number of hours in some cases. Again, there is notable variation between regulators. Whilst it is acknowledged that there may be reasons why compliance costs may vary across professions/regulators, not addressed in this annex, the low GOC burden (which is backed by a large sample) might demonstrate potential to make this process less burdensome, although it is noted that GOC has a small number of audit respondents. The NMC, GDC and GOsC burdens also appear to be relatively low.

Table A6J: Breakdown of annual median time (minutes) associated with CPD reporting

Regulator	CPD keeping	CPD submitting	CPD audit	Overall CPD
GCC	35	60	52	145
GDC	55	25	120	60
GOC	15	7	7	17
GOsC	55	40	52	70
GPhC	240	25	30	270
HPC	150	162	570	150
NMC	55	60	124	55
Annual retention	55	120	7	55
Periodic renewal	55	25	240	55
<b>Overall</b>	<b>35</b>	<b>15</b>	<b>52</b>	<b>37</b>

No responses were received for the PSNI

The GMC does not require its registrants to submit CPD

Table A6K presents the overall renewal and CPD reporting burdens together. A further 'Overall' column in the table is calculated by adding the overall renewal and CPD reporting estimates together at the individual level. Similarly to its component parts, the overall burden shows notable variation, with the GOC burden being lowest overall. The GDC and NMC estimates are also comparatively low, as is the estimate for the GMC (which does not include CPD reporting).

*Table A6K: Overall annual median time (minutes) associated with renewal and CPD reporting*

Regulator	Overall renewal	Overall CPD	Overall
GCC	60	145	219
GDC	7	60	71
GMC	3	Not applicable	3
GOC	10	17	32
GOsC	49	70	152
GPhC	8	270	288
HPC	18	150	187
NMC	12	55	67
Annual retention	12	54.5	64
Periodic renewal	14.5	54.5	75
<b>Overall</b>	<b>12</b>	<b>Not applicable</b>	<b>57</b>
<b>Overall excluding GMC</b>	<b>12</b>	<b>34.5</b>	<b>57</b>

No responses were received for the PSNI  
The GMC does not require its registrants to submit CPD

#### *Annex 6.2.3.2. Registration survey*

Whilst it must be kept in mind that the registrants survey achieved a lower response rate than the renewal/CPD survey, Table A6L shows that registration can also incur a burden amounting to several hours. The GOC and NMC estimates (which have comparatively larger samples) are lower than for the other regulators. It is noted that whilst the GMC ID check only takes a few minutes, a respondent reported having to queue for several hours (as the check is conducted in person at medical school) so the burden is larger than just the ID check itself.

*Table A6L: Overall median time (minutes) associated with registration*

Regulator	Find form	Familiarise with process	Collect documents	Fill in form	GMC ID check	Overall registration
GCC	22	45	37	112	Not applicable	227
GDC	3	7	22	10	Not applicable	106
GMC	0	45	22	10	210	286
GOC	3	22	22	10	Not applicable	66
GOsC	0	45	37	22	Not applicable	136
HPC	10	7	67	37	Not applicable	121
NMC	3	22	22	22	Not applicable	69
<b>Overall</b>	<b>3</b>	<b>22</b>	<b>22</b>	<b>22</b>	<b>210</b>	<b>76</b>

No responses were received for the PSNI or GPhC

#### ***Annex 6.2.4. Financial costs faced by respondents***

As well as asking for the time burden faced by respondents, the survey enabled them to enter and describe any financial costs that they incurred as part of the compliance process. However, the results are difficult to interpret because it is hard to draw the line between those financial costs that can truly be classed as part of the compliance process and those that are associated with more general professional expectations/responsibilities, and there is inconsistency of reporting between respondents. Nonetheless, the key points made are summarised below.

##### *Annex 6.2.4.1. Renewal and CPD reporting survey*

11.7% (126/1,077) of renewal and CPD reporting survey respondents reported an additional financial cost. Of these responses, the mean amount is £206 and the median is £10 (reflecting a distribution that is skewed by a small number of very high estimates).

- A small number of respondents included the time cost of carrying out their CPD, with one arguing that it was of no proven benefit. A small number of other respondents included the costs paid to CPD course providers, which were said to vary greatly by course. These respondents make up many of the high costs reported.
- Several respondents listed their professional indemnity insurance as an additional financial cost, as it is required by their regulator. These costs run into hundreds of pounds per year.
- The smaller financial costs reported include a number of entries for postage costs (including by recorded and special delivery), the cost of telephone calls, photocopying/scanning costs, and direct debit and credit card fees.

##### *Annex 6.2.4.2. Registration survey*

18.9% (10/53) of registration survey respondents reported an additional financial cost. Here, the mean is £252 and the median is £20, so the distribution is again heavily skewed by a small number of very high estimates.

- As well as phone calls, postage (including special delivery), GP letters and proof of vaccinations, some respondents listed higher amounts for insurance and for college fees (e.g. for the College of Chiropractors and the College of Optometrists).

#### ***Annex 6.2.5. Other findings***

Below, summaries are presented of satisfaction scores reported and the fraction of respondents that use online methods when interacting with their regulator.

##### *Annex 6.2.5.1. Renewal and CPD reporting survey*

Table A6M shows that whilst all regulators are making use of online systems for renewal and CPD reporting, there is notable variation in the use of these online systems.

*Table A6M: Number of respondents who used the internet for renewal and CPD reporting*

<b>Regulator</b>	<b>Not online</b>	<b>Online</b>	<b>% online</b>
GCC	9	40	82%
GDC	22	24	52%
GMC	7	10	59%
GOC	64	463	88%
GOsC	8	24	75%
GPhC	0	16	100%
HPC	7	9	56%
NMC	209	165	44%
Annual retention	170	156	48%
Periodic renewal	39	9	19%
<b>Overall</b>	<b>326</b>	<b>751</b>	<b>70%</b>

No responses were received for the PSNI

The survey asked respondents for an overall satisfaction score between 0 and 10 (inclusive) relating to the renewal and CPD reporting process. To encourage respondents to use the scale consistently, the following descriptions were allocated to the highest possible score, the lowest possible score and the middle possible score. For maximum clarity, these definitions were included in the actual drop-down box from which respondents selected their chosen score.

10 = extremely satisfied

5 = neither satisfied nor dissatisfied

0 = completely dissatisfied

Table A6N shows variation in renewal and CPD satisfaction scores by regulator. Average scores only fall below 5 ('neither satisfied nor dissatisfied') in the case of the GOsC's mean score; all other means and medians are always above 5 (notably so in some cases).

*Table A6N: Mean and median renewal and CPD satisfaction scores by regulator*

<b>Regulator</b>	<b>Mean</b>	<b>Median</b>
GCC	5.4	5
GDC	6.0	5
GMC	7.3	8
GOC	7.4	8
GOsC	4.7	5
GPhC	6.8	7
HPC	6.5	7
NMC	6.1	5
Annual retention	6.2	5
Periodic renewal	5.8	5
<b>Overall</b>	<b>6.7</b>	<b>7</b>

No responses were received for the PSNI

Further analysis shows that the mean satisfaction score is higher for those who used online methods than those who did not. (The mean scores, across all regulators, are 7.1 for those who used online methods and 5.9 for those who did not).

### *Annex 6.2.5.2. Registration survey*

The same satisfaction scoring system and question format was used in the registration survey. Here, only the GDC's mean result falls below 5, with the mean and median results at or above 5 in all other cases (again, sometimes notably so). However, it must be kept in mind that these findings are based upon smaller sample sizes than those for the renewal/CPD survey.

*Table A60: Mean and median renewal and CPD satisfaction scores by regulator*

<b>Regulator</b>	<b>Mean</b>	<b>Median</b>
GCC	5.0	5
GDC	4.8	5
GMC	6.0	6
GOC	7.1	8
GOsC	5.7	5
HPC	5.0	5
NMC	6.8	7
<b>Overall</b>	<b>6.5</b>	<b>7</b>

No responses were received for the PSNI or GPhC

Because of the small number of respondents it is less meaningful to differentiate between those who used online methods and those who did not. The mean satisfaction score is nonetheless slightly higher amongst those who did *not* use online methods in the case of registration. (The mean score is 6.75 for those who did not use online methods and 6.2 for those who did).

## **Annex 6.3. Estimation of total annual monetised cost of compliance**

The following method combines the time burdens from the above survey with other data in order to produce an estimate of the total annual monetised cost of compliance associated with registrants' registration, renewal and CPD reporting processes. The methodology, data sources and results are set out below:

### ***Annex 6.3.1. Methodology***

The methodology differs between the two surveys.

#### *Annex 6.3.1.1. Renewal and CPD reporting*

The compliance time cost of renewal and CPD reporting can be calculated as the product of three things:

For each regulator:

- the median number of hours (per registrant, per year) spent complying with renewal and CPD reporting;
- the typical number of professionals that renew per year; and

- an average hourly wage relating to that regulator's registrants (at around the midpoint of their career). These wages are argued to represent the opportunity cost<sup>12</sup> of a typical registrant's time.

#### *Annex 6.3.1.2. Registration*

A similar approach can be used to calculate the overall compliance time cost of registration, although please take note of the different wage rates needed:

For each regulator:

- the median number of hours (per registrant, per year) spent complying with initial registration;
- the number of professionals that register per year; and
- an average hourly *starting wage* relating to that regulator's registrants (who will be at the start of their career). Here, these wages are argued to represent the opportunity cost of a new registrant's time.

#### **Annex 6.3.2. Data sources used**

The data used in the total annual monetised compliance cost estimate is set out in three places within this annex. In each case, full details of the data sources used are provided and the assumptions that have been applied:

- Tables A6K and A6L from the survey results in this section contain estimates of the median minutes per registrant spent on registration, renewal and CPD reporting processes. These estimates are converted into hours for this particular calculation.
- Annex 6.4 presents average wage rates for each regulator's registrants. For certain regulators (particularly those with a large number of registrants of different types and seniority), wage rates are identified for different staff types and seniority levels and are then weighted by staff numbers. Separately, the Annex contains data on starting salaries, some of which are also derived through a similar weighted averaging process.
- Annex 6.5 sets out the number of professionals that register and renew each year. The data is taken from the operating cost templates as completed by the regulators themselves, alongside some minor assumptions.

#### **Annex 6.3.3. Results**

##### *Annex 6.3.3.1. Renewal and CPD reporting*

Table A6P sets out the components and results of the compliance time cost associated with renewal and CPD reporting. Following the method above, the rightmost column is the product of the three columns to its left.

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<sup>12</sup> If registrants were not complying with regulators' processes, they would be carrying out their usual tasks; wages are assumed to reflect the value of these usual tasks.



Table A6P: Total annual monetised cost of compliance associated with renewal and CPD reporting

		Average hourly wage	Average annual number of renewals	Median renewal and CPD hours (per registrant, per annum)	Total annual monetised cost of compliance associated with renewal and CPD reporting
<b>GCC</b>		£20.56	2,398	3.64	£180,000
<b>GDC</b>		£33.55	88,665	1.19	£3,532,000
<b>GOC</b>	Student	£4.98	3,726	0.53	£10,000
	Non-Student	£18.76	19,783		£195,000
<b>GOsC</b>		£20.56	4,156	2.53	£216,000
<b>HPC</b>		£22.29	100,221	3.12	£6,961,000
<b>NMC</b>		£21.46	See below	See below	See below
	Annual retention	£21.46	426,593	1.07	£9,763,000
	Periodic renewal	£21.46	213,296	1.25	£5,721,000
<b>GPhC</b>		£21.05	54,214	4.80	£5,479,000
<b>PSNI</b>	Trainee	£12.70	10	No data	No data
	Pharmacist	£22.80	1,892	No data	No data
<b>GMC</b>	Provisional	Not applicable	6,813	0.04	Not applicable
	Full	£44.98	219,576		£412,000
<b>Overall</b>					<b>£32,469,000</b>

The overall compliance time cost for renewal is estimated at £32.5 million per annum, taking account of the fact that the GMC does not require its registrants to submit CPD.

### 6.3.3.2. Registration

Table A6Q provides a similar presentation of the compliance time cost associated with registration. Again, the rightmost column is the product of the three columns to its left.

Table A6Q: Total annual monetised cost of compliance associated with registration

		Average hourly starting wage	Average annual number of registrations	Median registration hours (per registrant)	Total annual monetised cost of compliance associated with registration
<b>GCC</b>		£11.75	153	3.78	£7,000
<b>GDC</b>		£13.62	6,798	1.76	£163,000
<b>GOC</b>	Student	£4.98	1,218	1.10	£7,000
	Non-Student	£12.34	1,125		£15,000
<b>GOsC</b>		£10.28	300	2.27	£7,000
<b>HPC</b>		£13.52	14,654	2.01	£398,000
<b>NMC</b>		£13.52	22,528	1.14	£348,000
	Annual retention	Not applicable	Not applicable	Not applicable	Not applicable
	Periodic renewal	Not applicable	Not applicable	Not applicable	Not applicable
<b>GPhC</b>		£14.32	10,008	No data	No data
<b>PSNI</b>	Trainee	£12.70	194	No data	No data
	Pharmacist	£15.00	14	No data	No data
<b>GMC</b>	Provisional	£14.70	7,008	4.76	£490,000
	Full	£19.52	5,856		£544,000
<b>Overall</b>					<b>£1,979,000</b>

Because of the far smaller number of registrations and the lower wage rates, the time cost of compliance (estimated to be £1.98 million per annum) is far lower than the time cost of renewal and CPD registration. The GMC makes up a high share of the cost, although this is partly driven by a higher average wage.

### 6.3.3.3. Renewal, CPD reporting and registration combined

Adding together the time cost of compliance for renewal, CPD reporting and registration gives an annual total of £34.5 million.

## Annex 6.4. Details of wage data used

This annex provides further detail on the sources of the starting and average wage rates used in Annex 6.3. (To calculate the compliance cost of renewal and CPD reporting, overall average wages are needed, whereas to calculate the compliance cost of registration, starting wages (i.e. from the beginning of a registrant's career) are needed). In each case, the wages are argued to represent the opportunity cost of registrants' time; if registrants were not complying with regulators' processes, they would be carrying out their usual tasks, and the wages are assumed to reflect the value of these usual tasks.

The following hourly wage rates are used in the compliance cost calculations.

Table A6R: Average hourly wages used in the compliance cost calculation

		Average hourly wage	Average hourly starting wage
<b>GCC</b>		£20.56	£11.75
<b>GDC</b>		£33.55	£13.62
<b>GOC</b>	Student	£4.98	£4.98
	Non-Student	£18.76	£12.34
<b>GOsC</b>		£20.56	£10.28
<b>HPC</b>		£22.29	£13.52
<b>NMC</b>		£21.46	£13.52
	Annual retention	£21.46	Not applicable
	Periodic renewal	£21.46	Not applicable
<b>GPhC</b>		£21.05	£14.32
<b>PSNI</b>	Trainee	£12.70	£12.70
	Pharmacist	£22.80	£15.00
<b>GMC</b>	Provisional	Not applicable	£14.70
	Full	£44.98	£19.52

### Annex 6.4.1. Data sources

The following table illustrates the data sources and assumptions that have been used to compute the hourly wage rates. Within particular regulators, weighted averages have sometimes been used to capture different wage rates for different types and grades of staff. The most current data has been used; websites were accessed in March 2012. ‘Midpoint’ indicates that the midpoint has been taken of a range from a given data source. See <http://www.nhscareers.nhs.uk/details/default.aspx?id=766> for Agenda for Change pay bands.

Table A6S: Data sources for starting pay, average pay and hours worked

Regulator and registrant type	Data source for starting pay	Data source for average pay	Data source for hours worked (if applicable)
<b>General Chiropractic Council</b>	£20,000 per annum: Prospects careers website <sup>13</sup>	£35,000 per annum: judgment based on Prospects careers website <sup>14</sup>	1,703 hours: judgment based on 37.5-hour week excluding 25 days annual leave and 8 days statutory leave
<b>General Dental Council</b> <i>(a) and (b) weighted by the share of Dentists and Dental Nurses in GDC registrant numbers</i>	(a) Dentists £29,800 per annum: Prospects careers website <sup>15</sup> (b) Dental nurses £15,860 per annum: Agenda for Change Band 3 <sup>16</sup>	(a) Dentists £84,900 per annum: Dental Earnings and Expenses report 2009/10 <sup>17</sup> . (b) £29,776 per annum: weighted average of median FTE total earnings for qualified nurses in bands 3-6 (Table 17.1, PSSRU 2011 <sup>18</sup> ). Weighted using the share of qualified nurse FTEs by Agenda for Change band in the underlying sample	(a) Dentists 1,689 hours: survey <sup>19</sup> (b) Dental nurses 1,566 hours: assumed to be the same as for nurses

<sup>13</sup> See [http://www.prospects.ac.uk/chiropractor\\_salary.htm](http://www.prospects.ac.uk/chiropractor_salary.htm)

<sup>14</sup> See [http://www.prospects.ac.uk/chiropractor\\_salary.htm](http://www.prospects.ac.uk/chiropractor_salary.htm)

<sup>15</sup> See [http://www.prospects.ac.uk/dentist\\_salary.htm](http://www.prospects.ac.uk/dentist_salary.htm)

<sup>16</sup> See <http://www.nhscareers.nhs.uk/details/default.aspx?id=188>

<sup>17</sup> Information Centre for Health and Social Care (2011), Dental Earnings and Expenses 2009/10. See <http://www.ic.nhs.uk/pubs/dentalearnexp0910enwa>

Regulator and registrant type		Data source for starting pay	Data source for average pay	Data source for hours worked (if applicable)
<b>General Optical Council</b>	Student	£4.98 per hour: National Minimum Wage for those aged 18-20 <sup>20</sup>	£4.98 per hour: National Minimum Wage for those aged 18-20	Wage is already in hourly format
<i>(a) and (b) weighted by the share of Optometrists and Dispensing Opticians in GOC registrant numbers</i>	Non-Student	(a) Optometrists £23,750 (midpoint) per annum: Prospects careers website <sup>21</sup> (b) Dispensing Opticians £15,000 per annum: Prospects careers website <sup>22</sup>	(a) Optometrists £22.08 per hour: Annual Survey of Hours and Earnings 2011 <sup>23</sup> (b) Dispensing Opticians £20,000 per annum: Prospects careers website <sup>24</sup>	(a) Optometrists: wage is already in hourly format (b) Dispensing Opticians 1,703 hours: judgment based on 37.5-hour week excluding 25 days annual leave and 8 days statutory leave
<b>General Osteopathic Council</b>		£17,500 (midpoint) per annum: Next Step careers website <sup>25</sup>	£35,000 per annum: judgment based on Prospects careers website <sup>26</sup>	1,703 hours: judgment based on 37.5-hour week excluding 25 days annual leave and 8 days statutory leave

<sup>18</sup> See <http://www.pssru.ac.uk/project-pages/unit-costs/2011/index.php>

<sup>19</sup> Information Centre for Health and Social Care (2010), Dental Working Hours England and Wales 2008/09 and 2009/10. See <http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/dentistry/dental-working-hours-england-and-wales-2008-09-and-2009-10>

<sup>20</sup> See [http://www.direct.gov.uk/en/Employment/Employees/TheNationalMinimumWage/DG\\_10027201](http://www.direct.gov.uk/en/Employment/Employees/TheNationalMinimumWage/DG_10027201)

<sup>21</sup> See [http://www.prospects.ac.uk/optometrist\\_salary.htm](http://www.prospects.ac.uk/optometrist_salary.htm)

<sup>22</sup> See [http://www.prospects.ac.uk/dispensing\\_optician\\_salary.htm](http://www.prospects.ac.uk/dispensing_optician_salary.htm)

<sup>23</sup> Office for National Statistics (2011), Annual Survey of Hours and Earnings, Table 14a (hourly pay excluding overtime for ophthalmic opticians). See <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-235202>

<sup>24</sup> See [http://www.prospects.ac.uk/dispensing\\_optician\\_salary.htm](http://www.prospects.ac.uk/dispensing_optician_salary.htm)

<sup>25</sup> See <https://nextstep.direct.gov.uk/PlanningYourCareer/JobProfiles/JobProfile0289/Pages/default.aspx>

<sup>26</sup> See [http://www.prospects.ac.uk/osteopath\\_salary.htm](http://www.prospects.ac.uk/osteopath_salary.htm)

Regulator and registrant type	Data source for starting pay	Data source for average pay	Data source for hours worked (if applicable)
<b>Health Professions Council</b>	£21,176 per annum: Agenda for Change Band 5 <sup>27</sup>	£34,899 per annum: weighted average of median FTE total earnings for qualified AHPs (Table 17.2, PSSRU 2011) Weighted using the share of qualified AHP FTEs by Agenda for Change band in the underlying sample	1,566 hours: 37.5 hours per week excluding 29 days annual leave and 8 days statutory leave (PSSRU 2011)
<b>Nursing &amp; Midwifery Council</b>	£21,176 per annum: Agenda for Change Band 5 <sup>28</sup>	£33,600 per annum: weighted average of median FTE total earnings for qualified nurses (Table 17.1, PSSRU 2011) Weighted using the share of qualified nurse FTEs by Agenda for Change band in the underlying sample	1,566 hours: 37.5 hours per week excluding 29 days annual leave and 8 days statutory leave (PSSRU 2011)
<b>General Pharmaceutical Council</b>  <i>(a) and (b) weighted by the share of Pharmacists and Pharmacy Technicians in GPhC registrant numbers</i>	(a) Pharmacist £25,000 (midpoint) per annum: Royal Pharmaceutical Society illustrative estimate <sup>29</sup> (b) Pharmacy Technician £18,402 per annum: Agenda for Change Band 4 <sup>30</sup>	(a) Pharmacist £38,000 per annum: Community Pharmacist (PSSRU 2011) (b) Pharmacy Technician £25,900 per annum: average of AHP median FTE total earnings for Agenda for Change bands 4 and 5 (Table 17.2, PSSRU 2011) <sup>31</sup>	(a) Pharmacist 1,667 hours: 40 hours per week excluding 29 days annual leave and 8 days statutory leave (PSSRU 2011) (b) Pharmacy Technician 1,566 hours: assumed to be the same as for AHPs

<sup>27</sup> See <http://www.nhscareers.nhs.uk/details/Default.aspx?Id=190>;

<sup>28</sup> See [http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0005/372992/004106.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0005/372992/004106.pdf)

<sup>29</sup> See <http://www.rpharms.com/about-pharmacy/careers-in-pharmacy.asp>

<sup>30</sup> See <http://www.nhscareers.nhs.uk/details/Default.aspx?Id=237>

<sup>31</sup> See <http://www.nhscareers.nhs.uk/details/Default.aspx?Id=237>

Regulator and registrant type		Data source for starting pay	Data source for average pay	Data source for hours worked (if applicable)
<b>Pharmaceutical Society of Northern Ireland</b>	Trainee	£21,176 per annum: Agenda for Change Band 5 <sup>32</sup>		Assumed to be the same as for pharmacists
	Pharmacist	£25,000 (midpoint) per annum: Royal Pharmaceutical Society illustrative estimate <sup>33</sup>	£38,000 per annum: Community Pharmacist (PSSRU 2011)	1,667 hours: 40 hours per week excluding 29 days annual leave and 8 days statutory leave (PSSRU 2011)
<b>General Medical Council</b>	Provisional	£31,400 per annum: Median FTE total earnings for Foundation Year 1 (PSSRU 2011)		2,136 hours: 48 hours per week excluding 25 days annual leave and 8 statutory leave days (PSSRU 2011)
<i>Weighted using the share of FY2+ FTEs by staff type in the underlying sample; GPs and GP registrars taken into account using a separate data source<sup>34</sup></i>	Full	£41,700 per annum: Median FTE total earnings for Foundation Year 2 (PSSRU 2011)	£84,835 per annum: weighted average of median FTE total earnings for doctors of Foundation Year 2 and above (Table 17.3, PSSRU 2011)	For starting pay: 2,136 hours, i.e. 48 hours per week excluding 25 days annual leave and 8 statutory leave days (PSSRU 2011) For average pay: weighted average of hours as in PSSRU (2011), although sickness days are not accounted for

<sup>32</sup> See <http://www.pharmalife.co.uk/prr/documents.php?doc=overview>

<sup>33</sup> See <http://www.rpharms.com/about-pharmacy/careers-in-pharmacy.asp>

<sup>34</sup> See <http://www.ic.nhs.uk/statistics-and-data-collections/workforce/nhs-staff-numbers/nhs-staff-2001--2011-overview>

## Annex 6.5. Details of staff volume data used

This annex sets out the staff volume data needed to calculate the annual monetised cost of compliance in Annex 6.3. Data is needed (for each regulator) on the average number of registrations and renewals per annum. This data is set out below alongside related assumptions.

### Annex 6.5.1. Data sources and assumptions

Staff numbers are taken from the operating cost templates as completed by the regulators themselves. Some adjustments are needed in the case of the HPC and the NMC:

- HPC operate a two-yearly renewal cycle with an uneven balance of renewals in each year. The operating cost template is therefore not representative of the average annual number of renewals. HPC's average number of renewals is therefore calculated as half of (Stock of registrants minus Number of new registrations).
- NMC operate a system whereby (more detailed) Periodic Reviews are conducted every three years, with (less detailed) Annual Reviews in intervening years. NMC's average number of Periodic Reviews is therefore calculated as one third of (Stock of registrants minus Number of new registrations). Similarly, NMC's average number of Annual Reviews is therefore calculated as two thirds of (Stock of registrants minus Number of new registrations).

The resulting staff numbers are presented in the table below.

Table A6T: Average number of registrations and renewals by regulator

		Average annual number of registrations	Average annual number of renewals
<b>GCC</b>		153	2,398
<b>GDC</b>		6,798	88,665
<b>GOC</b>	Student	1,218	3,726
	Non-Student	1,125	19,783
<b>GOsC</b>		300	4,156
<b>HPC</b>		14,654	100,221
<b>NMC</b>		22,528	See below
	Annual retention	Not applicable	426,593
	Periodic renewal	Not applicable	213,296
<b>GPhC</b>		10,008	54,214
<b>PSNI</b>	Trainee	194	10
	Pharmacist	14	1,892
<b>GMC</b>	Provisional	7,008	6,813
	Full	5,856	219,576

## **Annex 6.6. Full survey instructions and contents**

As described earlier in Annex 6, CHSEO developed two online surveys to estimate the cost of compliance (registrants' time and money) associated with (i) initial professional registration and (ii) renewal of professional registration (including CPD). The surveys were opened for responses on Friday 3<sup>rd</sup> February and closed on Wednesday 14<sup>th</sup> March. The survey address ([www.chseo.org.uk/survey](http://www.chseo.org.uk/survey)) was marketed through a number of professional bodies to ensure that all of the health professional regulators were represented.

The following sections set out the instructions provided to respondents alongside key survey contents and features.

### ***Annex 6.6.1. Survey instructions***

The following instructions (italicised) were displayed at [www.chseo.org.uk/survey](http://www.chseo.org.uk/survey). They ultimately ask respondents to click one of two links, leading either to the registration survey questions or to the renewal survey questions. Both sets of questions were hosted using a secure, paid account on the Survey Monkey service ([www.surveymonkey.com](http://www.surveymonkey.com)).

*Thank you for participating in this 5-10 minute anonymous online survey. Its aim is to collect data on how much time (and money) that registrants spend complying with their regulators' registration or renewal processes. You will be asked questions relating to your experience of either registration or renewal based upon your most recent recollection of the process.*

*To begin, please read the following and then click the appropriate link. Please only complete one of them.*

- If the last time you paid a fee to your regulator was for initial registration then...  
...please click here to complete the registration survey  
[link to <https://www.surveymonkey.com/s/S5RYTTP>]*
- If the last time you paid a fee to your regulator was to renew your registration then...  
...please click here to complete the renewal survey  
[link to <https://www.surveymonkey.com/s/RLQP5DX>]*

*Further information about this survey:*

- The results from the survey will inform a review of the cost-efficiency of professional regulation, conducted on behalf of the Council for Healthcare Regulatory Excellence (CHRE).*
- The survey is completed anonymously; no personally identifiable information is asked for. Results from the survey will be reported at an aggregate level so that individual responses are non-identifiable.*
- All information submitted through the survey will be encrypted. (Once you click through to the survey, you should see a padlock icon or an 'https' designation in your web browser).*
- On completion of the research, all data (including survey responses) will be returned to CHRE and deleted by us.*



### **Annex 6.6.2. Key principles and validation for survey questions**

To facilitate analysis and increase the number of complete responses, respondents were required to answer all questions apart from those with a free text response. Invalid inputs (e.g. text typed into a number field) were automatically detected, with the respondent then asked to correct them. Unless complete and valid responses were provided, the survey would not continue onto the next page of questions.

For ease of use, many of the questions asked respondents to select from a list of ranges (e.g. '2-3 hours', '3-4 hours' etc.) where the highest option is open-ended and ambiguous (e.g. '4 hours or more'). When such questions are critical to the analysis, respondents who selected these options were asked for a precise response (e.g. asked to type in the number of hours), therefore reducing the need to apply assumptions in subsequent analysis.

### **Annex 6.6.3. Renewal survey contents**

The following questions were asked to all renewal survey respondents. The survey also asked Nursing and Midwifery Council registrants the following question: "The last time you renewed your registration, was this an Annual Retention or a Periodic Renewal (every 3 years)?" Subsequent questions and prompts were then customised with the phrase 'annual retention' or 'periodic renewal'.

For the most important questions below, the different response options are presented using indented bullet points.

- Are you male or female?
- How old are you?
- Which regulator are you registered with?
- What is your registered profession?
- For how many (completed) years have you been registered?
- Where did you qualify to practise?
  - UK
  - Non-UK
- Through which means did you complete the renewal process? (Please select as many as appropriate).
  - Post
  - Online
  - Telephone
- *Prompt: Thinking back to when you were last required to renew your registration, please answer the following questions as accurately as you recall. When asked about the amount of time spent, please provide the time that you actively spent pursuing the goal, rather than the time that elapsed.*
- How long did it take you to find the renewal form?
  - No time at all - it was handed/posted/e-mailed to me
  - No time at all - a renewal notification was posted/e-mailed/texted to me
  - Less than 1 minute
  - 1 - 4 minutes
  - 5 - 9 minutes
  - 10 -14 minutes
  - 15 minutes or more (please specify a whole number of minutes)
- How long did it take you to familiarise yourself with the renewal process - e.g. reading guidance, speaking to colleagues or asking questions?

- Less than 1 minute
  - 1 - 9 minutes
  - 10 - 19 minutes
  - 20 - 29 minutes
  - 30 minutes or more (please specify a whole number of minutes)
- How long did you spend collecting the documents and other information required to complete the renewal - e.g. providing details of any changes to your circumstances?
  - No documents were needed
  - 1 - 9 minutes
  - 10 - 19 minutes
  - 20 - 29 minutes
  - 30 minutes or more (please specify a whole number of minutes)
- How long did it take you to provide this information to your professional regulator, whether online, over the phone or on paper?
  - Less than 5 minutes
  - 5 - 14 minutes
  - 15 - 24 minutes
  - 25 minutes or more (please specify a whole number of minutes)
- How long did you spend (in the last complete year) keeping a record of your CPD (including any associated documentation)? Do not include time spent doing the CPD itself.
  - Less than 10 minutes
  - 10 - 19 minutes
  - 20 - 29 minutes
  - 30 - 39 minutes
  - 40 - 49 minutes
  - 50 - 59 minutes
  - 1 hour or more (please specify to the nearest hour)
- Have you ever been required to submit a record of your CPD to your professional regulator?
  - Yes
  - No
- (If applicable) Thinking back to the last time you were required to submit a record of your CPD, how much of your time was taken up by the submission process?
  - Less than 5 minutes
  - 5 - 9 minutes
  - 10 - 19 minutes
  - 20 - 29 minutes
  - 30 minutes or more (please specify a whole number of minutes)
- Aside from routinely recording or submitting your CPD, have you ever been selected to have your CPD record audited?
  - Yes
  - No
- (If applicable) Thinking back to the last time your CPD record was audited, how much of your time was taken up by the audit process?
  - Less than 15 minutes
  - 15 - 29 minutes
  - 30 - 44 minutes
  - 45 - 59 minutes
  - More than 1 hour (please specify to the nearest hour)
- Other than the retention fee itself, did you incur any other financial costs in the process?

- Yes
- No
- (If applicable) You just answered that you faced some additional financial costs associated with the renewal process. Please give a brief description of these costs.
  - Free text box
- (If applicable) What was the sum total of these additional financial costs to you?
- On a scale from 0 to 10, how satisfied were you with the renewal process that you were required to undertake?
  - 10 = extremely satisfied
  - 5 = neither satisfied nor dissatisfied
  - 0 = completely dissatisfied
- Please add any further comments in the box below.
  - Free text box

#### **Annex 6.6.4. Registration survey contents**

The following questions were asked to all registration survey respondents apart from those who were trained outside of the UK. (The survey was not targeted at non-UK respondents although they were provided with a free text comment box). The question wording (and, more importantly, a key prompt) was to some extent customised based on the respondent's stated regulator. The customised prompts for GMC full registration, GMC provisional registration, PSNI Pharmacists, PSNI Trainees, GPhC Pharmacists and GOC Students are presented at the end of this section.

For the most important questions below, the different response options are presented using indented bullet points.

- Are you male or female?
- How old are you?
- Which regulator are you registered with?
- What is your registered profession?
- (PSNI only) Are you registered as a:
  - Trainee pharmacist
  - Pharmacist
- (GOC only) Are you registered as a student?
  - No - I am already qualified (and am registered as an optometrist or dispensing optician)
  - Yes - I am not yet qualified (and am registered as a student)
- Where did you qualify to practise?
  - UK
  - Non-UK
- (GMC only) Are you:
  - Provisionally registered
  - Fully registered
- For how many (completed) years have you been registered?
- *Prompt (see end of this section for the specific prompts used for GMC full registration, GMC provisional registration, PSNI Pharmacists, PSNI Trainees, GPhC Pharmacists and GOC Students): The following questions relate to the time and money that you spent when complying with the registration process set by your regulator (i.e. compliance costs).*

*Please note that the questions relate only to the initial registration process. Therefore, please do not include any compliance costs associated with any subsequent registration such as specialty registration or the recording of additional qualifications.*

*Please think back to when you went through the process of initial registration with your regulator and answer the following questions as accurately as you recall. When asked about the amount of time spent, please provide the time that you spent actively pursuing the goal, rather than the time that elapsed (unless otherwise specified).*

- Through which means did you complete the registration process? (Please select as many options as appropriate).
  - By post
  - Over the telephone
  - Online
  - In person
- How long did it take you to find the registration application form?
  - No time at all - it was handed/posted/e-mailed to me
  - Less than 5 minutes
  - 5 - 14 minutes
  - 15 - 29 minutes
  - 30 - 44 minutes
  - 45 - 60 minutes
  - 1 hour or more (please specify to the nearest hour)
- How long did it take you to familiarise yourself with the registration process - e.g. reading guidance, speaking to colleagues or asking questions?
  - Less than 15 minutes
  - 15 - 29 minutes
  - 30 - 59 minutes
  - 1 hour - 1 hour 29 minutes
  - 1 hour 30 minutes - 1 hour 59 minutes
  - 2 hours - 2 hours 59 minutes
  - 3 hours - 3 hours 59 minutes
  - 4 hours or more (please specify to the nearest hour)
- How long did you spend collecting the documents and other information required to complete the registration application - e.g. providing proof of identification, qualification certificates, photos and approvals/references?
  - Less than 15 minutes
  - 15 - 29 minutes
  - 30 - 44 minutes
  - 45 - 59 minutes
  - 1 hour - 1 hour and 14 minutes
  - 1 hour and 15 minutes - 1 hour and 29 minutes
  - 1 hour and 30 minutes - 1 hour and 44 minutes
  - 1 hour and 45 minutes - 1 hour and 59 minutes
  - 2 hours or more (please specify to the nearest hour)
- How long did it take you to fill in the registration application form and send it (along with any supporting information) to your professional regulator?
  - Less than 5 minutes
  - 5 - 14 minutes
  - 15 - 29 minutes
  - 30 - 44 minutes
  - 45 - 59 minutes
  - 1 hour - 1 hour 14 minutes
  - 1 hour 15 minutes - 1 hour 29 minutes

- 1 hour 30 minutes - 1 hour 44 minutes
- 1 hour 45 minutes - 1 hour 59 minutes
- 2 hours or more (please specify to the nearest hour)
- In terms of elapsed time - i.e. from the moment you submitted your application to the point you were notified of the outcome - how long did it take for your application to be processed? (Not including appeals)
  - Less than 7 days
  - Between 7 and 14 days
  - Between 15 and 21 days
  - Between 22 and 28 days
  - Between 1 and 2 months
  - More than 2 and up to 3 months
  - More than 3 and up to 4 months
  - More than 4 and up to 5 months
  - 5 months or more (Please specify whole number of months)
- (GMC provisional only) How long did it take you to comply with the GMC ID check (usually conducted at your medical school during the 4th or 5th year)? Please include time spent finding appropriate identification documents and attending the ID check itself.
  - Less than 30 minutes
  - 30 - 59 minutes
  - 1 hour - 1 hour 29 minutes
  - 1 hour 30 minutes - 1 hour 59 minutes
  - 2 hours - 2 hours 59 minutes
  - 3 hours - 3 hours 59 minutes
  - 4 hours - 4 hours 59 minutes
  - 5 hours or more (please specify to the nearest hour)
- Other than the registration fee itself, did you incur any other financial costs in the process?
  - Yes
  - No
- (If applicable) You just answered that you faced some additional financial costs associated with the registration process. Please give a brief description of these costs.
  - Free text box
- (If applicable) What was the sum total of these additional financial costs to you?
- On a scale from 0 to 10, how satisfied were you with the registration process that you were required to undertake?
  - 10 = extremely satisfied
  - 5 = neither satisfied nor dissatisfied
  - 0 = completely dissatisfied
- Please add any further comments in the box below.
  - Free text box

For GMC full registration, GMC provisional registration, PSNI Pharmacists, PSNI Trainees, GPhC Pharmacists and GOC Students, different 'prompt' text was used prior to the 'how much time' questions. The different prompts are listed below.

- GMC provisional registration:  
*The following questions relate to the time and money that you spent when complying with the provisional registration process set by the GMC (i.e. compliance costs).*

*Please think back to when you went through the process of provisional registration and answer the following questions as accurately as you recall. When asked about the amount of time spent, please provide the time that you spent actively pursuing the goal, rather than the time that elapsed (unless otherwise specified).*

- GMC full registration:

*The following questions relate to the time and money that you spent when complying with the full registration process set by the GMC (i.e. compliance costs associated with full registration).*

*Please note that the questions relate only to the full registration process - therefore please do not include any compliance costs associated with the provisional registration process that you would have undertaken previously. Also, please do not include any compliance costs associated with any subsequent registrations such as specialty or GP registration.*

*Please think back to when you went through the process of full registration and answer the following questions as accurately as you recall. When asked about the amount of time spent, please provide the time that you spent actively pursuing the goal, rather than the time that elapsed (unless otherwise specified).*

- GPhC Pharmacist registration:

*The following questions relate to the time and money that you spent when complying with the registration process set by your regulator (i.e. compliance costs).*

*Please note that the questions relate only to the pharmacist registration application itself. Therefore, please do not include any compliance costs associated with the pre-registration training year or the registration assessment. Please also do not include any compliance costs associated with any subsequent registration such as specialty registration or the recording of additional qualifications.*

*Please also note that the focus of this survey is to gather data regarding compliance costs associated with new pharmacist registrations; please do not complete the survey (just close it now) if you were formerly an RPSGB registrant and transferred to the GPhC.*

*Please think back to when you went through the process of pharmacist registration and answer the following questions as accurately as you recall. When asked about the amount of time spent, please provide the time that you spent actively pursuing the goal, rather than the time that elapsed (unless otherwise specified).*

- PSNI Pharmacist Registration:

*The following questions relate to the time and money that you spent when complying with the pharmacist registration process set by your regulator (i.e. compliance costs).*

*Please note that the questions relate only to the pharmacist registration application itself. Therefore, please do not include any compliance costs associated with trainee registration, the pre-registration training year or the registration assessment. Please also do not include any compliance costs associated with any subsequent registration such as specialty registration or the recording of additional qualifications.*

*Please think back to when you went through the process of pharmacist registration and answer the following questions as accurately as you recall. When asked about the amount of time spent, please provide the time that you spent actively pursuing the goal, rather than the time that elapsed (unless otherwise specified).*

- PSNI Trainee Registration:

*The following questions relate to the time and money that you spent when complying with the pharmacist trainee registration process set by your regulator (i.e. compliance costs).*

*Please note that the questions relate only to the pharmacist trainee registration application itself. Therefore, please do not include any compliance costs associated with the pre-registration training year or the registration assessment.*

*Please think back to when you went through the process of trainee registration and answer the following questions as accurately as you recall. When asked about the amount of time spent, please provide the time that you spent actively pursuing the goal, rather than the time that elapsed (unless otherwise specified).*

- **GOC Student:**

*The following questions relate to the time and money that you spent when complying with the student registration process set by your regulator (i.e. compliance costs).*

*Please think back to when you went through the process of student registration with your regulator and answer the following questions as accurately as you recall. When asked about the amount of time spent, please provide the time that you spent actively pursuing the goal, rather than the time that elapsed (unless otherwise specified).*

## **Annex 7. Pre-registration education and training providers' compliance costs**

This annex describes the survey and methodology used to estimate pre-registration education and training providers' compliance costs.

### **Annex 7.1. Overview of survey of education and training providers' compliance costs**

The health professional regulators impose compliance costs on pre-registration education and training providers as part of their:

- initial programme approval;
- on-going monitoring of approved programmes;
- programme re-approval;
- approving major changes to programmes; and
- quality assurance processes.

Table A7A (overleaf) sets out further details regarding these quality assurance processes and an indication of where processes differ for specific regulators.

#### ***Annex 7.1.1. Aim of survey***

CHSEO developed a paper-based survey of education providers with the aim of:

- investigating potential variation across regulators in the compliance costs that they impose on pre-registration education and training providers; and
- estimating an annual total monetised compliance cost imposed on pre-registration education and training providers.

More specifically, the aim of the survey was to obtain an estimate of the compliance cost imposed by each regulator on an education provider (for a typical course) for each of the four quality assurance processes listed above. For example, on average, regulator X imposes Y person hours of compliance activity on an education provider for programme re-approval (of a typical course).

It is important to note that, for the purpose of this survey it is necessary to assume that the 'institution-effect' is constant – i.e. that the time it takes an institution to comply with a regulator's requirements is solely driven by the requirement imposed and not by the efficiency (or otherwise) with which the institution responds. In practice this might not be the case, however, our approach of targeting a small number of education and training providers that offer a wide range of courses quality assured by a wide range of regulators (described below) means that variation in the 'institution-effect' is somewhat reduced.

#### ***Annex 7.1.2. Marketing of the survey***

In order to obtain survey responses relating to a range of courses assured by a range of regulators in an efficient and timely manner, education and training providers that are most 'highly quality-assured' – i.e. those institutions that provide a number of courses that are quality assured by a range of health professionals' regulators – were primarily targeted.



Table A7A: Overview of regulators' four pre-registration education and training quality assurance activities\*

Quality assurance activity	Frequency of activity	Nature of activity	Notable exceptions/ deviations
Initial programme approval	<b>Occurs once</b> when a new programme is introduced	Some regulators adopt a <b>cohort approach</b> visiting each year to follow the first cohort of students through the course  Some regulators adopt a <b>single visit approach</b> (HPC, NMC, GDC (dental care professionals), GOsC and GCC)	The GMC, GDC (dentists), GPhC and GOC adopt the cohort approach.  The HPC, NMC, GDC (dental care professionals), GOsC and GCC adopt a single visit approach.
Ongoing monitoring of approved programmes	Monitoring is usually undertaken at <b>yearly intervals</b> (when programme re-approval is not scheduled)	The majority of regulators adopt a purely <b>paper-based approach</b> . Should annual monitoring throw up significant concerns, regulators may opt to revisit.	The <b>NMC</b> (through their QA suppliers) carry out <i>visits</i> to the majority of institutions as part of their annual programme monitoring process. However, around a significant proportion of their education and training providers have 'earned autonomy' status which exempts them from a visit – allowing the NMC to focus on those institutions that have not been awarded 'earned autonomy' status.
Programme re-approval	Approximately every <b>5 years</b>	Institutional <b>visits</b> form the foundation of programme re-approval.	The <b>HPC's</b> initial programme approval is usually 'open-ended' subject to satisfactory monitoring (annual programme monitoring and major change monitoring) – i.e. the HPC does not appear to have a programme re-approval process as such as it uses an on-going monitoring process.
Approving major changes to programmes	<b>Ad hoc</b> – occurs when a major changes to a programme requires more intensive scrutiny	Occurs where a major change to a programme requires more intensive scrutiny and <b>includes a visit</b> .	N/a

\* information adapted from CHRE paper 'The quality assurance regimes applied by the health professions regulatory bodies on higher education institutions', February 2009, [http://www.chre.org.uk/img/pics/library/pdf\\_1286379852.pdf](http://www.chre.org.uk/img/pics/library/pdf_1286379852.pdf)

It was acknowledged at the outset of the survey, that it may be difficult to obtain a high number of estimates within the survey's timescales. However, this is the first time that such a survey has been conducted and the aim was to attempt to obtain at least one estimate of the compliance cost imposed by each regulator (for a typical course) for the key compliance activities.

## Annex 7.2. Analysis of survey responses

The survey contained a set of questions relating to each of the four compliance processes (initial programme approval, on-going monitoring, programme re-approval and major change approval). The survey format allowed targeted institutions to provide estimates (where feasible) relating to any of these four processes for any (typical) course regulated by one of the nine regulators for any recent compliance activity.

The survey asked institutions to estimate person hours (split by administrative, academic, clinical and 'other' staff types) spent complying with regulators' requirements against the relevant compliance process – using either data recorded by the institution, via recollections of those staff involved in the process or a combination of these methods.

### ***Annex 7.2.1. Numbers of complete responses by regulator and compliance activity***

Responses from three institutions covering a range of courses, regulators and compliance activities were received. Table A7B below shows that almost full coverage across two of the compliance activities – on-going monitoring and programme re-approval – was achieved. However, it was not possible to achieve coverage for the other two compliance activities – initial programme approval and major change approval.

*Table A7B: Number of responses by regulator and compliance activity*

Regulator	Compliance Activity			
	Initial programme approval	On-going monitoring	Programme re-approval	Approval of major change
NMC	0	1	2	1
GMC	0	1	1	0
HPC	1	3	0	0
GDC (Dentists)*	0	1	1	0
GDC (DCPs)*	0	1	0	0
GPhC	0	1	1	0
GOC	0	1	1	0
GOsC	1	1	1	0
GCC	0	1	1	0
PSNI	0	0	0	0

\*Estimates relating to dentistry and dental care professionals have been separated out – whilst assured by the same regulator, compliance costs are likely to differ for these two groups of professions.

### ***Annex 7.2.2. Details of courses for which estimates were submitted***

Table A7C below provides some high-level details relating to the courses for which compliance cost estimates were submitted (without revealing the specific course or institution). The table demonstrates that the courses surveyed were typical and that the compliance activity, for which estimates were provided, was generally carried out relatively recently. However, for programme re-approval, in some instances, the compliance activity was carried out four or five years ago. This is to be expected since, for most regulators/ courses, programme re-approval occurs every five years.

Table A7C: Details of courses for which compliance cost estimates were submitted

	Compliance Activity			
	Initial programme approval	On-going monitoring	Programme re-approval	Approval of major change
NMC	None	BNurs (2011)	BMid (2008) BSc Nursing (2011)	BSc Nursing (2011)
GMC	None	Medicine (2012)	Medicine (2012)	None
HPC	BSc 2012	BSc (2010/11) Aggregate estimate provided by one institution providing an average across 10 HPC approved courses (course types included BSc, MSc, MA and Pg Dip)	None	None
GDC (Dentists)	None	BDS (2011)	BDS (2007)	None
GDC (DCPs)	None	BSc Oral Health Science (2011)	None	None
GPhC	None	MPharm (2012)	MPharm (2010)	None
GOC	None	BSc (2011/12)	BSc (2007/8)	None
GOsC	MOst 2009/10	MOst 2011/12	BSc 2009/10	None
GCC	None	MChiro 2010	MChiro 2007	None
PSNI	None	None	None	None

### Annex 7.2.3. Compliance costs: time spent complying

Table A7D below presents the compliance costs estimates (person hours – totalled across each of the staff types) per course by regulator and compliance activity. In the few cases where there is more than one estimate per regulator per compliance activity, the mean value is presented.

The majority of the estimates supplied were formed via recollections of those staff involved in the process or via a combination of recollections and some recorded data – indicating that this information tends not to be routinely recorded by institutions.

Table A7D: Compliance cost estimates, per course, by regulator and compliance activity (person hours)

Regulator	Compliance Activity			
	Initial programme approval	On-going monitoring	Programme re-approval	Approval of major change
NMC		177	503	718
GMC		432	456	
HPC	120	49		
GDC (Dentists)		15	546	
GDC (DCPs)		12		
GPhC		5	529	
GOC		39	191	
GOSc	365	32	365	
GCC		21	90	
PSNI				

#### **Annex 7.2.4. Caveats relating to Table A7D**

The following notes were provided by the institutions that submitted compliance cost estimates presented in Table A7D and should be kept in mind when interpreting the estimates:

##### *On-going monitoring*

*Course assured by the NMC: "It is difficult to estimate clinical staff time as this activity is often lead by a few individuals but numerous others in the clinical environment participate in the preparation and visit" (Clinical staff time makes up 30 person hours of the 177 person hour estimate).*

*Course assured by the HPC: "We attempt to incorporate compliance [with the regulator] on an on-going basis so that work towards successful annual monitoring is on an on-going basis and [the estimate] is possibly an under-estimate." (This quote relates to one of the three estimates that form the 49 person hour mean estimate presented in Table A7D.)*

*Course assured by the GOSc: "Collecting of information [is] aided by [our] internal quality [assurance] processes for which the same data is generated".*

*Course assured by the GCC: "The annual monitoring requirements have changed recently due to legislative changes requesting data that the University does not as yet collect". A conflict of interest is noted for this estimate – the head of department that provided this estimate is also an appointed member of the GCC.*

##### *Programme re-approval*

*Course assured by the GPhC: "This [estimate] is based upon the re-accreditation process in 2010 carried out by the RPSGB. The process changed in 2011 when the GPhC took over responsibility for accreditation."*

*Course assured by the GCC: A conflict of interest is noted for this estimate – the head of department that provided this estimate is also an appointed member of the GCC.*

## **Annex 7.2.5. Interpretation of time spent complying by regulator**

### *Annex 7.2.5.1. On-going monitoring*

Bearing in mind the small samples and the caveats listed above, the estimates in Table A7D indicate that compliance costs associated with on-going monitoring appear to vary considerably. The estimate for the GMC is considerably higher than those for the other regulators. The estimate for the NMC is also significantly higher – however, it must be noted that, as described in Table A7A, it is understood that the NMC includes institutional visits as part of their on-going monitoring process, whereas, generally speaking, other regulators do not. The GPhC's estimate appears to be notably low. However, it must be reiterated that each of these estimates are based upon just one submitted estimate. The remaining regulators appear to have compliance costs associated with on-going monitoring of around 12-49 person hours per course.

### *Annex 7.2.5.2. Programme re-approval*

Table A7D indicates that compliance costs associated with programme re-approval appear to be relatively consistent across regulators at around 400 to 500 person hours per course. However, again bearing in mind the small sample sizes and the caveats listed above, the GOC and GCC appear to be notable exceptions with lower compliance costs estimates. There is no estimate for the HPC since, as described in Table A7A it is understood that the HPC adopt a different approach with an 'open-ended' initial programme approval process subject to satisfactory on-going monitoring. The HPC therefore does not appear to have a programme re-approval process as such.

### *Annex 7.2.5.3. Initial programme approval and major change approval*

Only two estimates were provided for initial programme approval and one estimate for major change approval. There is, therefore, not enough data to comment on variation across regulators for these compliance activities.

## **Annex 7.3. Estimation of annual total monetised cost of compliance**

An estimate of the annual total monetised cost of compliance imposed upon pre-registration education and training providers can be calculated using the following estimates:

- Average person hours spent complying with regulators' quality assurance processes, per course, by compliance activity and regulator (i.e. Table A7D above).
- Average hourly wages for those individuals carrying out the compliance activity (use of hourly wages are argued to represent the opportunity cost<sup>35</sup> of individuals' time) (Table A7E below)
- Typical number of courses subjected to each of the compliance activities each year (Table A7F below)

Table A7E (below) presents estimates of hourly wages for individuals carrying out compliance activities.

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<sup>35</sup> If individuals within education and training institutions were not complying with regulators' quality assurance processes they would be carrying out their usual tasks; wages are assumed to reflect the value of these usual tasks.

Table A7E: Estimates of hourly wages for individuals carrying out compliance activities

	Regulator	Estimate of hourly wage
Administrative staff	n/a	£11
Academic staff	n/a	£22
Clinical staff	GCC	£20.56
	GDC	£33.55
	GOC	£18.76
	GOsC	£20.56
	HPC	£22.29
	NMC	£21.46
	GPhC	£21.05
	PSNI	£22.80
	GMC	£44.98
Other staff	n/a	£22

The hourly wage estimates for clinical staff represent the average pay for the profession(s) regulated by the relevant regulator. These wages are the same as those used for the registrants' survey. Details of the data sources used to derive these estimates can be found in Table A6S, Annex 6.4.1. These estimates assume that an average member of clinical staff within an education and training institute earns the same wage as an average member of the relevant profession.

The hourly wage estimates for administrative and academic staff are obtained from the Annual Survey of Hours and Earnings (Office for National Statistics, 2011)<sup>36</sup>.

Table A7F (below) presents estimates of the typical number of pre-registration education and training courses that might be subject to on-going monitoring and programme re-approval each year.

<sup>36</sup> See <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-235202>

*Table A7F: Estimates of typical number of pre-registration education and training courses that might be subject to on-going monitoring and programme re-approval each year*

Regulator	Estimate of total number of pre-registration education and training courses	<b>On-going monitoring</b> Estimate of the number of pre-registration education and training courses subjected to on-going monitoring each year*	<b>Programme re-approval</b> Estimate of the number of pre-registration education and training courses subjected to programme re-approval each year^
NMC	286	286	57
GMC	32	32	6
HPC	471	471	94
GDC	88	88	18
GPhC	49	49	10
GOC	33	33	7
GOsC	20	20	4
GCC	5	5	1
PSNI	2	2	0
Total	986	986	197

\* assumes that each pre-registration education and training course is subjected to on-going monitoring each year

^ assumes that a fifth of all pre-registration education and training courses are subject to programme re-approval each year (i.e. on the assumption that, generally speaking, programme re-approval occurs approximately once every five years for the majority of courses/ regulators).

These estimates have been derived using the estimates of the total number of pre-registration education and training course assured by each regulator (gathered through the supplementary data template, Annex 5.2.2). It has then been assumed that each of these courses are subject to on-going monitoring each year and a fifth of the courses are subject to programme re-approval each year (on the assumption that, generally speaking, programme re-approval occurs approximately once every five years for the majority of courses/ regulators).

Table A7G below presents monetised compliance cost estimates, per course, by compliance activity and regulator. Each estimate has been calculated by applying an appropriate hourly wage (Table A7E) to the associated person hours spent complying (for each staff type). As with Table A7D, in the few cases where there is more than one estimate, the mean value is presented.

*Table A7G: Monetised compliance cost estimates, per course, by regulator and compliance activity (£s)*

Regulator	Compliance Activity			
	Initial programme approval	On-going monitoring	Programme re-approval	Approval of major change
NMC		£2,778	£10,202	£13,825
GMC		£5,720	£6,072	
HPC	£2,426	£792		
GDC (Dentists)		£343	£6,006	
GDC (DCPs)		£229		
GPhC		£55	£8,280	
GOC		£671	£3,290	
GOsC	£7,056	£657	£7,056	
GCC		£326	£1,673	
PSNI				

Table A7H (below) presents *annual* monetised compliance cost estimates, per course, by compliance activity and regulator. Each estimate has been calculated by applying an estimate of the number of pre-registration education and training courses that might be subject to on-going monitoring and programme re-approval each year to the monetised estimates presented in Table A7G.

*Table A7H: annual monetised compliance cost estimates by regulator and compliance activity (£s)*

Regulator	Compliance Activity			
	Initial programme approval	On-going monitoring	Programme re-approval	Approval of major change
NMC		£794,415	£583,553	
GMC		£183,040	£38,861	
HPC		£373,032	£0	
GDC (Dentists)		£8,237	£28,829	
GDC (DCPs)	Insufficient data to produce estimate	£14,680	£0	Insufficient data to produce estimate
GPhC		£2,695	£81,142	
GOC		£22,143	£21,712	
GOsC		£13,142	£28,225	
GCC		£1,628	£1,673	
PSNI		£110	£3,312	
Total			£1,413,122	

Bearing in mind the small sample sizes and caveats described in this annex, Table A7H indicates that the annual total monetised compliance cost imposed on pre-registration education and training providers might be around £1.4m and £0.8m per year for on-going monitoring and programme re-approval respectively.

There is not enough data to estimate a total monetised compliance cost for initial programme approval and approval of major change. However, it could be assumed that initial programme approval and approval of major change, together, impose a compliance cost of a similar order to that of programme re-approval (both these activities are likely to occur less frequently than programme re-approval). This would imply an annual total monetised compliance cost across all of the four compliance activities of around £3m (on-going monitoring: £1.4m, programme re-approval: £0.8m and initial programme approval and major change approval together: £0.8m)



#### **Annex 7.4. Education survey contents**

The full survey document is presented overleaf.



## **Health Professional Regulators' Assurance of Education Providers: Survey of Education Providers' Costs of Compliance**

The Council for Healthcare Regulatory Excellence (CHRE, the body that oversees the UK's nine health professional regulatory bodies) is conducting a cost-efficiency and effectiveness review of the health professional regulators. As part of this work CHRE are conducting a survey (organised by the Centre for Health Service Economics and Organisation, CHSEO) to understand how much time education providers spend complying with health professional regulators' quality assurance processes.

We would therefore like to hear about the time that your institution / department spends complying with your relevant health professional regulators' quality assurance of your educational programme(s) (i.e. your compliance costs) via this short survey.

Health professional regulators' quality assurance processes vary by regulator but can generally be classed as:

- Annual programme monitoring
- Programme re-approval (often occurs every 3-5 years)
- Approval of major change to a programme
- Initial programme approval

Your institution / department may have complied with some of these regulatory activities more recently (e.g. complying with a regulator's annual programme monitoring process) with some compliance activities having occurred a number of years ago (e.g. complying with a regulator's initial approval or re-approval process). However, we would like to hear from you regarding your institution / department's compliance costs associated with as many of these processes as possible – whether via data recorded by your department or via recollections of those staff involved in the processes.

If you are able to provide estimates of your institution / department's compliance costs, for particular academic programmes, associated with:

- Annual programme monitoring – **then please complete 'Section A'**
- Programme re-approval – **then please complete 'Section B'**
- Approval of major change to a programme – **then please complete 'Section C'**
- Initial programme approval – **then please complete 'Section D'**

**Please complete as many sections as possible.**

**To do so, click the grey boxes and then type into them. Use your mouse to select from lists and set checkboxes. When finished, save this file on your computer.**

Please then email the completed file to: [jenny.ball@nuffield.ox.ac.uk](mailto:jenny.ball@nuffield.ox.ac.uk) by **21<sup>st</sup> March 2012**

Data collected via the survey will be reported on at an aggregate level and will not be attributed to specific education providers. If you have any questions regarding the survey, please contact Jenny Ball at the Centre for Health Service Economics and Organisation (CHSEO) on: [jenny.ball@nuffield.ox.ac.uk](mailto:jenny.ball@nuffield.ox.ac.uk) or 020 7972 1447.

## Section A: Annual Programme Monitoring

### A1. Please complete the following initial details:

Academic institution:	(e.g. University of xx)
Course:	(e.g. BSc xx)
Year:	(i.e. the year that the annual monitoring being reported on took place)
Please choose the relevant health professional regulator from the drop-down list: (Click to select)	

### A2. Please estimate the total 'person hours' <sup>37</sup> spent collecting information or preparing documents required for the 'annual programme monitoring' process:

	Number of person hours
Administrative staff	
Academic staff	
Clinical staff	
Other individuals, please specify in the grey boxes below:	

### A3. Please estimate the total 'person hours' spent completing 'annual programme monitoring' forms:

	Number of person hours
Administrative staff	
Academic staff	
Clinical staff	
Other individuals, please specify in the grey boxes below:	

<sup>37</sup> A person hour is defined as one hour worked by one person. For example, if 2 people both worked on an activity for 3 hours each this would equate to 6 person hours.

**A4. Were there any other compliance activities associated with the ‘annual programme monitoring’ process not covered above?**

Please specify activity:

Please estimate the total ‘person hours’ spent complying with the above activity:

	Number of person hours
Administrative staff	
Academic staff	
Clinical staff	
Other individuals, please specify in the grey boxes below:	

**A5. Have the above estimates been provided using:**

	Checkbox
Data recorded by your department	<input type="checkbox"/>
Information recalled by staff involved in the process	<input type="checkbox"/>
A combination of the above	<input type="checkbox"/>

**A6. Do you have any further comments regarding this estimate?**

Response:

**A7. Do you have any other data or information, that does not fit into this template, that you would be willing to share with us that would be useful in estimating compliance costs? If so please provide details below:**

Response:

## Section B: Programme Re-approval

### B1. Please complete the following initial details:

Academic institution:	(e.g. University of xx)
Course:	(e.g. BSc xx)
Year:	(i.e. the year when programme re-approval process took place)
Please choose the relevant health professional regulator from the drop-down list: (Click to select)	

### B2. Please estimate the total 'person hours'<sup>38</sup> spent planning and gathering information in preparation for the 'programme re-approval' visit:

	Number of person hours
Administrative staff	
Academic staff	
Clinical staff	
Other individuals, please specify in the grey boxes below:	

### B3. Please estimate the total 'person hours' taken up during the 'programme re-approval' visit:

	Number of person hours
Administrative staff	
Academic staff	
Clinical staff	
Other individuals, please specify in the grey boxes below (e.g. students, prospective employers, patients):	

<sup>38</sup> A person hour is defined as one hour worked by one person. For example, if 2 people both worked on an activity for 3 hours each this would equate to 6 person hours.

**B4. Please estimate the total ‘person hours’ taken up by compliance activities following the ‘programme re-approval’ visit (e.g. providing follow-up information or feedback to the regulator):**

	Number of person hours
Administrative staff	
Academic staff	
Clinical staff	
Other individuals, please specify in the grey boxes below:	

**B5. Were there any other compliance activities associated with the ‘programme re-approval’ process not covered above?**

Please specify activity:

Please estimate total ‘person hours’ spent complying with the above activity:

	Number of person hours
Administrative staff	
Academic staff	
Clinical staff	
Other individuals, please specify in the grey boxes below:	

**B6. Have the above estimates been provided using:**

	Checkbox
Data recorded by your department	<input type="checkbox"/>
Information recalled by staff involved in the process	<input type="checkbox"/>
A combination of the above	<input type="checkbox"/>

**B7. Do you have any further comments regarding this estimate?**

Response:

**B8. Do you have any other data or information (that does not fit into this template) that you would be willing to share with us that would be useful in estimating compliance costs? If so please provide details below:**

Response:

## Section C: Approval of Major Change to a Programme

### C1. Please complete the following initial details:

Academic institution:	(e.g. University of xx)
Course:	(e.g. BSc xx)
Year:	(i.e. the year when assurance of major change process took place)
Please choose the relevant health professional regulator from the drop-down list: (Click to select)	

### C2. Please estimate the total 'person hours'<sup>39</sup> spent planning and gathering information in preparation for the 'approval of major change' visit:

	Number of person hours
Administrative staff	
Academic staff	
Clinical staff	
Other individuals, please specify in the grey boxes below:	

### C3. Please estimate the total 'person hours' taken up during the 'approval of major change' visit:

	Number of person hours
Administrative staff	
Academic staff	
Clinical staff	
Other individuals, please specify in the grey boxes below (e.g. students, prospective employers, patients):	

<sup>39</sup> A person hour is defined as one hour worked by one person. For example, if 2 people both worked on an activity for 3 hours each this would equate to 6 person hours.

**C4. Please estimate the total ‘person hours’ taken up in any compliance activities following the ‘approval of major change’ visit (e.g. providing any follow-up information to the regulator, providing feedback to the regulator):**

	Number of person hours
Administrative staff	
Academic staff	
Clinical staff	
Other individuals, please specify in the grey boxes below:	

**C5. Were there any other compliance activities associated with the ‘approval of major change’ visit not covered above?**

Please specify activity:

Please estimate total ‘person hours’ spent complying with the above activity:

	Number of person hours
Administrative staff	
Academic staff	
Clinical staff	
Other individuals, please specify in the grey boxes below:	

**C6. Have the above estimates been provided using:**

	Checkbox
Data recorded by your department	<input type="checkbox"/>
Information recalled by staff involved in the process	<input type="checkbox"/>
A combination of the above	<input type="checkbox"/>

**C7. Do you have any further comments regarding this estimate?**

Response:

**C8. Do you have any other data or information (that does not fit into this template) that you would be willing to share with us that would be useful in estimating compliance costs? If so please provide details below:**

Response:



## Section D: Initial Programme Approval

### D1. Please complete the following basic details:

Academic institution:	(e.g. University of xx)
Course:	(e.g. BSc xx)
Year:	(i.e. year of initial programme approval process; if the 'initial programme approval' process was conducted over a number of years please provide an estimate associated with just one year/ one visit and specify the year of the visit )
Please choose the relevant health professional regulator from the drop-down list: (Click to select)	

Was the 'initial programme approval' process conducted over a:

	Checkbox
Single visit	<input type="checkbox"/>
Many visits over a number of years (cohort approach)	<input type="checkbox"/>

### D2. Please indicate the total 'person hours'<sup>40</sup> spent planning and gathering information in preparation for the 'new programme approval' visit:

	Number of person hours
Administrative staff	
Academic staff	
Clinical staff	
Other individuals, please specify in the grey boxes below:	

### D3. Please indicate the total 'person hours' taken up during the 'new programme approval' visit:

	Number of person hours
Administrative staff	
Academic staff	
Clinical staff	
Other individuals, please specify in the grey boxes below (e.g. students, prospective employers, patients):	

<sup>40</sup> A person hour is defined as one hour worked by one person. For example, if 2 people both worked on an activity for 3 hours each this would equate to 6 person hours.

**D4. Please indicate the total ‘person hours’ taken up in any compliance activities following the ‘new programme approval’ visit (e.g. providing any follow-up information to the regulator, providing feedback to the regulator):**

	Number of person hours
Administrative staff	
Academic staff	
Clinical staff	
Other individuals, please specify in the grey boxes below:	

**D5. Were there any other compliance activities associated with the ‘new programme approval’ process not covered above?**

Please specify activity:

Please indicate total ‘person hours’ spent complying with the above activity:

	Number of person hours
Administrative staff	
Academic staff	
Clinical staff	
Other individuals, please specify in the grey boxes below:	

**D6. Have the above estimates been provided using:**

	Checkbox
Data recorded by your department	<input type="checkbox"/>
Information recalled by staff involved in the process	<input type="checkbox"/>
A combination of the above	<input type="checkbox"/>

**D7. Do you have any further comments regarding this estimate?**

Response:

**D8. Do you have any other data or information (that does not fit into this template) that you would be willing to share with us that would be useful in estimating compliance costs? If so please provide details below:**

Response:





Centre for  
**Health Service Economics  
& Organisation**

Skipton House  
80 London Road, London SE1 6LH  
Nuffield College  
New Road, Oxford OX1 1NF  
Tel. 020 7972 5219, [www.chseo.org.uk](http://www.chseo.org.uk)  
A Centre of the Department  
of Economics, University of Oxford