

Audit Committee, 14 June 2017

BSI ISO9001 audit

Executive summary and recommendations

### **Introduction**

BSI have been on site to carry out the ISO9001:2008 surveillance audit; with the following findings;

- One minor non-conformance around closure of an earlier internal non conformity, not being closed off in time (based on new Improvement log processes) p 13.
- one opportunity for improvement around improving efficiency in managing services by using a spreadsheet with a traffic light system. p 13.
- one opportunity for improvement around maintaining a log of applicable legislation in the Maintenance / Facilities area (ISO9001:2015 requirement)

### **Decision**

The Audit Committee are asked to discuss the report.

### **Resource implications**

None known

### **Appendices**

BSI Audit report ISO9001:2008 – May 2017

### **Date of paper**

31 May 2017

# Assessment Report

## The Health and Care Professions Council

|                      |                          |
|----------------------|--------------------------|
| Assessment dates     | 10/05/2017 to 10/05/2017 |
| Assessment location  | London (000)             |
| Report Author        | Fred Ullman              |
| Assessment Standards | ISO 9001:2008            |



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## Executive Summary

### Strategic Direction:

From the assessed evidence the indications are that the management system continues to meet its aims and objectives in achieving the organisations strategic direction to updated the IT system to SharePoint maintain the 16 professional principals replace the registration system by August 2017.

### Intended Outcomes ref - Site Management:

From the visit and subsequent management interview it was evident that the site management were aware of and developing the overall business commitment and strategy in relation to the intended outcomes.

### Line of Site conforming Evidence:

Evidence suggests that the planning and improvement programmes and associated flowcharts for EMR - International -UK processes were effectively implemented and communicated.

### Strengths & Improvement Opportunities in achieving its Intended Outcomes:

The strengths and improvement opportunities were highlighted as detailed further in this report and were reviewed for their potential impact on the operational processes; there are new application forms which will be Trailed using 25 EMR and 25 International applicants in June 2017. Developing a new organisation web site with the first phase completed and currently awaiting approvals to carry out project to completion.

## Assessment objective, scope and criteria

The objective of the assessment was to conduct a surveillance assessment and look for positive evidence to ensure that elements of the scope of certification and the requirements of the management standard are effectively addressed by the organisation's management system and that the system is demonstrating the ability to support the achievement of statutory, regulatory and contractual requirements and the organisation's specified objectives, as applicable with regard to the scope of the management standard, and to confirm the on-going achievement and applicability of the forward strategic plan and where applicable to identify potential areas for improvement of the management system.

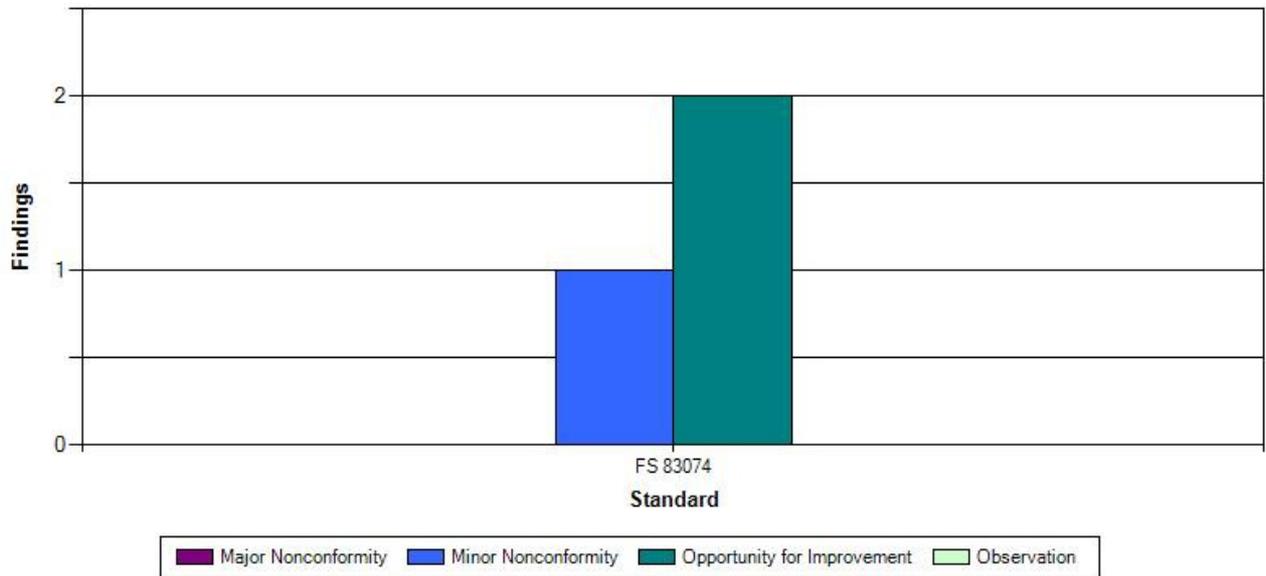
The scope of the assessment is the documented management system with relation to the requirements of ISO 9001:2008 and the defined assessment plan provided in terms of locations and areas of the system and organisation to be assessed.

ISO 9001:2008

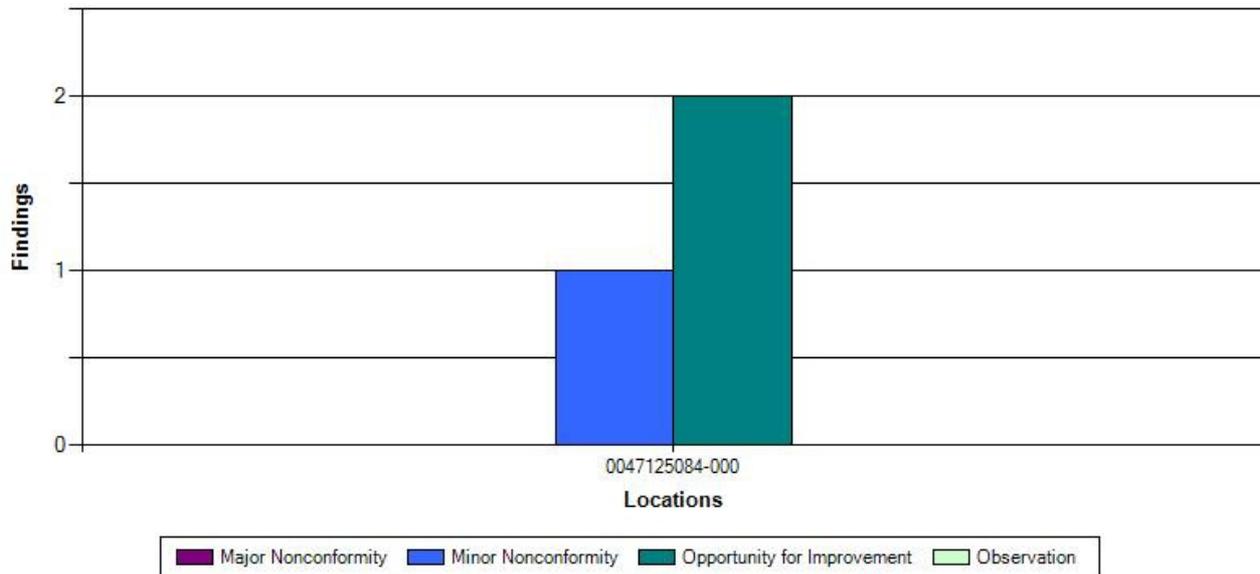
Health & Care Professions Council management system documentation

### NCR Summary

#### Which standard(s) BSI recorded findings against



**Where BSI recorded findings**



**Definitions:**

Nonconformity  
Non-fulfilment of a requirement.

Major nonconformity  
Nonconformity that affects the capability of the management system to achieve the intended results. Nonconformities could be classified as major in the following circumstances:  
 - If there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements;  
 - A number of minor nonconformities associated with the same requirement or issue could demonstrate a systemic failure and thus constitute a major nonconformity.

Minor nonconformity  
Nonconformity that does not affect the capability of the management system to achieve the intended results.

Opportunity for improvement  
It is a statement of fact made by an assessor during an assessment, and substantiated by objective evidence, referring to a weakness or potential deficiency in a management system which if not improved may lead to nonconformity in the future. We may provide generic information about industrial best practices but no specific solution shall be provided as a part of an opportunity for improvement.

Observation  
It is ONLY applicable for those schemes which prohibit the certification body to issue an opportunity for improvement. It is a statement of fact made by the assessor referring to a weakness or potential deficiency in a management system which, if not improved, may lead to a nonconformity in the future.

## Assessment Participants

| Name                   | Position                             | Opening Meeting | Closing Meeting | Interviewed (processes) |
|------------------------|--------------------------------------|-----------------|-----------------|-------------------------|
| Mr Roy Dunn            | Head of Business Process Improvement | X               | X               | X                       |
| Ms Kayleigh Birtwistle | Quality Compliance Auditor           | X               | X               | X                       |
| Mr Dushyan Ashton      | Registration Manager International   |                 |                 | X                       |
| Ms Ann Lubasinska      | Registration Manager -EMR            |                 |                 | X                       |
| Mr Paul Robson         | Registration Manager -UK             |                 |                 | X                       |
| Rob Pope               | Facilities Manager                   |                 |                 | X                       |
| Abu Jagana             | Facilities Administrator             |                 |                 | X                       |
| James McMahon          | Office Facilities Manager            |                 |                 | X                       |
| Tony Glazier           | Web & Design Manager                 |                 |                 | X                       |
| Daniel Knight          | Publishing Manager                   |                 |                 | X                       |
| Lisa Sinclair          | Internal Communications' Manager     |                 |                 | X                       |
| Sue Traynor            | Learning Development Manger          |                 |                 | X                       |
| Jason Darcy            | Learning Development Officer         |                 |                 | X                       |

## Assessment Findings

### The assessment was conducted on behalf of BSI by

| Name            | Position    |
|-----------------|-------------|
| Fred Ullman     | Team leader |
| Steve Griffiths | Team member |

### Assessment conclusion and recommendation

The audit objectives have been achieved and the certificate scope remains appropriate. The audit team concludes based on the results of this audit that Health & Care Professions Council does fulfil the standards and audit criteria identified within the audit report and it is deemed that the management system continues to achieve its intended outcomes.

RECOMMENDED - The audited organization can be recommended for continued certification to the above listed standards, and has been found in general compliance with the audit criteria as stated in the above-mentioned audit plan.

### Use of certification documents, mark / logo or report

The use of the BSI certification documents and mark / logo is effectively controlled.

### Findings

#### Opening Meeting:

Discussion with the client on the BSI protocol relating the assessment sampling and raising of nonconformities, and agreement with the assessment plan which was set at the last assessment, due to events being undertaken at Social / Media section are off site, therefore the assessment plan was changed to include infrastructure/environmental with the facilities manager.

Existing scope remains the same with no change.

Management changes to quality system - there are minor changes currently being undertaken this being fully under control.

Transition to 9001:2015 the programme - the client is looking to complete the readiness review August 2017 formal date to be confirmed with BSI Customer Care Office.

#### Registrations - EMR:

Went through the process with the Registration Manager for European Mutual Registration (EMR) applicants, against the process flowchart and using the submitted information from the applicants using

the application on the website, against Directive 2005/36/EC listing extra information links to -guidance notes- physiotherapist's - European Professional Card - English Proficiency the following were sampled:

- # applicant AA6 [REDACTED] date stamped [REDACTED].2017 checked payment of £495 using the online system for payment this was confirmed 04.05.2017 for Social Worker
- # Checked the education and training information submitted, course information completed and stamp by University June 2006, certificates on file and additional information submitted European Master's Degree in Care for Women Victims of Gender based Violence dated [REDACTED] 2016.
- # # Vetting information checked entered onto electronic system and held has hard copiers passport and ID card valid until 11.08.2020, these documents are checked using external "Document Checker" Span passport number clarified has ES [REDACTED] A on file document signed checked.
- # Career History - recorded the longest period with "District Attorney's Office" from 10.06.2010 to 09.12.2015, references applied for these are on file with very detail reference, Background Check Consent Form signed 18.04.2017, and these sections 11 & 12 cover the Declaration process.
- # During this sample was informed by the Registration Manager that new application form will be trailed in June 2017 has the exiting form identifies external partner "Knoll Background Worldwide" are no longer being used. These are being replaced by the 200 external partners already registered on the system, these were checked and listed on the master spread sheet completing all the checks i.e. [REDACTED] [REDACTED] registration number SW [REDACTED] dated 01.08.2012 his next review 01/12/2018 [REDACTED] 648733 SW11 [REDACTED], these completed the formal checks relating to qualifications - work history detail on the checklist the applicant qualification was recorded NO not meeting the qualification based on the Social workers in England Standards of Proficiency dated 2012, following further review against the employment and qualification the section was changed to YES, able to work in UK.
- # Admitted to register acceptance letter and registration fee 08.03.2017 valid until 30.11.2018.
- # Confirmation of registration and certificate issued.

The detail process was fully complied with followed the flow chart.

### **Registrations - International:**

Followed the process using the Registration Flow Chart with Dushyan Ashton - Registration Manager procedure using the same process flow chart used by EMR sampled the following:

- # Application number AA65 [REDACTED] for Music Therapist - ASO [REDACTED] 1999 meeting Article 12(1)(c) Professional Order 2001, application dated 10.03.2017 all the processes identical already seen on the EMR sample, the information was sent to the external assessor 25.03.2017 and the First Report of Assessment was returned with NO against sections 13.32 and 13.34 requesting further information and letter sent to applicant 25.04.2017, information was sent and forwarded to the assessors same day 25.04.2017, on the Second Report of Assessment information sent was accepted 04.05.2017, there is still further information requested by the office

### **Registrations – UK - Paul Robson:**

Procedure flow chart 20161129 for UK Applications was followed through with the UK Registration Manager by selecting newly applied applicant these are log onto spread sheet under name and date its planned at 25 applications are completed in day and from the submission completion with 10 working days, currently meeting the SLA completing in 6 days.

Sampled the following applicant for social worker listed on the system under reference number i.e. AA [REDACTED] dated 27.04.2017 for [REDACTED] the following logged;

- # personnel details

- # National Insurance number
- # Declaration of Qualifications which are historical back to 2003
- # Due to inconsistencies letter sent for further information dated 06.05.2017 requesting further information relating to FEE - Address and ID this all recorded on the control sheet, awaiting information from Scotland and applicant, on-going.

Sampled applicant AA6[REDACTED] - Ms [REDACTED] dated 19.4.17 for Social Worker and examined the information on the system:

- # qualifications-University of the West of England Bristol checked the PASS list held on store dated 30.03.2017 which listed Ms [REDACTED] under the programme PGDip Step Up to Social Work course run from 01.01.2016 to 23.03.2017 all compliant.
- # Fee - checked payment on system, letter sent 19.04.2017 requesting the completion of the declaration for DD
- # Control sheet on system updated
- # Registered 05.05.2017 under SW1[REDACTED]
- # Confirmation and Registration letter valid for 2 years - certificate issued and DD Mandate signed and dated by applicant

Process effectively managed.

### **Quality management system - key controls - Internal Audits, Corrective Actions:**

Examined the quality management system which is currently held Lotus Notes which details interaction and sequence diagram setting the process from Governance linking to the Privy Council and Stakeholders listing the main functions being Communication - Fitness to Practise - Policy & Standards - Education- Registration these are hyperlinked to their i.e. Education which as the Approval process for the courses listed on the approved of courses held PDF file on the system. Annual Monitoring & Planning of the courses to ensure these being effectively managed and the resources are meeting the requirements, any updated on courses these are inspected by the external partners.

Internal Audit - held under the compulsory procedures using more risk base approach, audit schedule 20170410QUAAOD Audit Schedule has been compiled from January to December- checked the following audits under Registration March 2017.

- # Audit on International Registrations dated 06.03.2017 covering 9001 and 27001 using the template listing the objective evidence and reviewing the findings there were no Nonconformities and one observation recorded it was identified on the previous audits dated 01.03.16 that one nonconformity was raised and recorded on the improvement log which is identified under the department's and date, the reason not for the nonconformity was that the process was not being effectively implemented and need to be updated and reissued a target date of April 2016 was given, this was not completed until November 2016 and the improvement log this all been updated to reflect this see NCR.

- # Internal Audit dated 10.03.2017 on UK Registrations selecting applicant and checking personally identifiable information and recording the AA and SW reference numbers selected, the findings identified no NCR's or observations, the processes were being effectively implemented.

Near Miss Report - 20170331QUARPTNMR62 Council M br 63 file number, raised on system relating to Council Members may have paid too much National Insurance, have contacted HMRC to determine if incorrect advice or correct advice, this currently on going.

**Communications - Publishing:**

The Publications Manager demonstrated his processes through Publication job code 28032017HQT (Fitness to Practice department)

The following processes were evidenced:

- \* Production schedule
- \* Standard used House style content
- \* Quality checks & reviews
- \* Project material version controlled
- \* Legal Sign off
- \* Design stage
- \* Amendments
- \* Final version control

\*Quote seen to be accepted on 13/02/2017 - Ref 23829

Document embedded onto website using CMS system and includes history of changes to documentation.

Publishing Communications Procedure No 20150415, date code revision 17/02/2015

Work seen to be scheduled through the yearly planner.

Publications of standards time lines are fixed and seen to meet criteria of on time delivery goals  
Publications of Guidance have more flexible timelines.

Anna Cleary - Publications Officer competency demonstrated through examination of various records.

All processes sampled deemed to meet the standard.

**Web & Digital Communications:**

The Web & Digital Manager demonstrated his processes which includes the three main departmental functions of :

- \* Internal
- \* Deployment
- \* Video Content

Requests are documented and tracked on the requests spread sheet and meet delivery targets and goals

The tribunals project was demonstrated with the following evidenced and checked:

- \* Film Brief
- \* Meetings
- \* Clip of draft video
- \* Confirmation video meets the requirements
- \* Lessons learnt

The web deployment project was demonstrated with the following evidenced and checked:

- \* Requirements documentation

- \* Meetings
- \* Approved supplier quotes
- \* Testing & Testing scripts 27/07/2016

Major new projects also include developing a new organisation web site with the first phase completed and currently awaiting approvals to carry out project to completion.

This was deemed necessary after internal and external stakeholder feedback to confirm an organisational need to provide a website that will be more efficient and effective.

High level Objectives are included in the overall communications strategy and work plans documentation for 2017 evidenced.

██████████ - Web & Digital officer competency demonstrated through examination of various records.

██████████ - Web & Digital officer competency demonstrated through examination of various records.

All processes sampled deemed to meet the standard.

### **Internal Communications:**

The following controls and processes were demonstrated by the Internal Communications Manager:

- \* Strategic 5 year plan set by the Executive Management Team
- \* Objectives - Remain responsive, Leading area of Responsibilities & Communications, Respond to Government changes.
- \* Work to agreed action plan and communicated to EMT at quarterly performance meetings

Currently Working on employee survey feedback actions, originally taken from 2016 including action plan to improve the following:

- \* Improve Collaboration
- \* Improve Leadership
- \* Improve Career Development
- \* Provide flexible working

All actions progress is communicated and prioritized for a 3 month period.

Communication plans exist for individual departments.

Main Internal Communications Planning Procedure No 0804 was produced at Rev 0, 08/05/2017

Risks are identified and processes put in place to mitigate the following:

- \*Information inaccuracies
- \*Work overload
- \*Missing Timelines

All processes sampled deemed to meet the standard.

**Staff Development & Training:**

New function recently set up and managed by Sue Traynor and assisted by Jason Darcey.

The department organises the organisations training needs and requirements and responds to departmental work plans and direction from the EMT.

They also provide and manage external venues when required.

All suppliers were evidenced to have gone through an approval process and are also monitored for performance.

Three types of training is provided:

- \* Mandatory
- \* Closed list
- \* Advertise training offerings aligned to strategic vision and goals

The department also provide E - learning both internally and externally

All training learning requests are logged and scheduled to meet demand.

Learning & Development Procedure No 24, Rev 5, 08/05/2017 was produced.

Training evaluation forms for 2017 were evidenced to be collected, acted upon and documented.

All processes sampled deemed to meet the standard.

**Maintenance / Facilities:**

All maintenance of the facilities services were demonstrated to be effectively managed by the department's team of 3.

The extensive list of maintenance requirements includes the management in line with legislation for the following:

Electricity  
Water  
Security  
Health & Safety  
Gas  
Air conditioning & Heating  
Waste  
Lifting Equipment  
Pest Control  
Working at height

Licenses and criminal record checks are validated of security staff.

Areas sampled included:

PAT Testing carried out on 17/12/2016

DSE Assessments' for all staff for existing staff in 2016 and new staff in 2017  
 Through examinations and serving of lifts EPL was evidenced to be carried out on 29/03/2017  
 Fire alarm testing is carried out weekly  
 Fire extinguisher / fire control panel inspections and servicing - last checks evidenced to be carried out on 1/02/17  
 Gas boiler servicing - last checks evidenced to be carried out on 31/10/16  
 Legionella risk assessments and monitoring carried out quarterly and temperature testing carried out monthly

Fire evacuations carried out twice annually with reports available and lessons learnt

All service providers and contractors go through rigorous government approvals and checks before they can be hired or employed.

OFI - The business will find it more efficient and effective to manage services more proactively using a spread sheet and traffic light system to identify risks and timelines.

OFI - The department need to have access to the legal requirement register and update legislation at least twice yearly.

**Opportunity for improvement**

|                     |   |
|---------------------|---|
| <b>Ref. no</b>      | 1474023-201705-I1   |
| <b>Area/Process</b> | Maintenance / Facilities  |
| <b>Clause</b>       | 6.3   |
| <b>Scope</b>        | FS 83074  |
| <b>Details</b>      | The business will find it more efficient and effective to manage services more proactively using a spread sheet and traffic light system to identify risks and timelines. |

|                     |  |
|---------------------|--|
| <b>Ref. no</b>      | 1474023-201705-I2  |
| <b>Area/Process</b> | Maintenance / Facilities   |
| <b>Clause</b>       | 6.3  |
| <b>Scope</b>        | FS 83074   |
| <b>Details</b>      | The department need to have access to the legal requirement register and update legislation at least twice yearly. |

**Minor (1) nonconformities arising from this assessment.**

|                     |  |
|---------------------|--|
| <b>Ref. no</b>      | 1474023-201705-N1  |
| <b>Area/Process</b> | Quality management system - key controls - Internal Audits, Corrective Actions |

|                                      |   |
|--------------------------------------|---|
| <b>Clause</b>                        | 8.3   |
| <b>Scope</b>                         | FS 83074  |
| <b>Category</b>                      | Minor   |
| <b>Statement of non conformance:</b> | International NCR raised 01.03.2016   |
| <b>Clause requirements</b>           | <p>Control of nonconforming product<br/> The organization shall ensure that product which does not conform to product requirements is identified and controlled to prevent its unintended use or delivery. A documented procedure shall be established to define the controls and related responsibilities and authorities for dealing with nonconforming product.</p> <p>Where applicable, the organization shall deal with nonconforming product by one or more of the following ways:</p> <ul style="list-style-type: none"> <li>a) by taking action to eliminate the detected nonconformity;</li> <li>b) by authorizing its use, release or acceptance under concession by a relevant authority and, where applicable, by the customer;</li> <li>c) by taking action to preclude its original intended use or application;</li> <li>d) by taking action appropriate to the effects, or potential effects, of the nonconformity when nonconforming product is detected after delivery or use has started.</li> </ul> <p>When nonconforming product is corrected it shall be subject to re-verification to demonstrate conformity to the requirements.</p> <p>Records of the nature of nonconformities and any subsequent actions taken, including concessions obtained, shall be maintained (see 4.2.4).</p> |
| <b>Objective evidence</b>            | The internal audit conducted on international dated 01 03 16 identified one nonconformity this has a target date of April 2016 was not completed until November 2016 and the improvement log has not been updated to reflect the current status of corrective action.   |
| <b>Cause</b>                         |   |
| <b>Correction / containment</b>      |   |

## Our next steps

### Next Visit Plan

| Date       | Auditor     | Time  | Area/Process  | Clause |
|------------|-------------|-------|---|--------|
| 09.10.2017 | Neil Weedon | 09.00 | Opening Meeting   |        |
|            |             |       | Quality management system - key controls - see appendix for full listing* |        |
|            |             |       | Staff Development and Training  |        |
|            |             |       | Purchasing/supplier evaluation (see Procurement)                          |        |
|            |             |       | Lunch   |        |
|            |             |       | Work environment and infrastructure/facilities management                 |        |
|            |             |       | Communications - Social Media   |        |
|            |             |       | Finance - Procurement (purchasing and suppliers)                          |        |
|            |             | 16.00 | Interim Meeting   |        |
| 10.10.2017 | Neil Weedon | 09.00 | Finance - Transactions  |        |
|            |             |       | Finance - Forecasting   |        |
|            |             |       | Lunch   |        |
|            |             |       | Education - Quality Assurance   |        |
|            |             |       | Education - Operations  |        |
|            |             |       | Readiness Review - Transition to ISO 9001:2015                            |        |
|            |             | 14.30 | Report Preparation  |        |
|            |             | 16.00 | Closing Meeting   |        |

### Next visit objectives, scope and criteria

The objective of the assessment is to conduct a surveillance assessment and look for positive evidence to ensure the elements of the scope of certification and the requirements of the management standard are effectively addressed by the organisation's management system and that the system is

demonstrating the ability to support the achievement of statutory, regulatory and contractual requirements and the organisations specified objectives, as applicable with regard to the scope of the management standard, and to confirm the on-going achievement and applicability of the forward strategic plan.

The scope of the assessment is the documented management system with relation to the requirements of ISO 9001:2008 and the defined assessment plan provided in terms of locations and areas of the system and organisation to be assessed.

ISO 9001:2008  
Health & Care Professions Council management system documentation

Please note that BSI reserves the right to apply a charge equivalent to the full daily rate for cancellation of the visit by the organisation within 30 days of an agreed visit date. It is a condition of Registration that a deputy management representative be nominated. It is expected that the deputy would stand in should the management representative find themselves unavailable to attend an agreed visit within 30 days of its conduct.

## Your next steps

### NCR close out process

There were no outstanding nonconformities to review from previous assessments.

A minor nonconformity requiring attention was identified. This, along with other findings, is contained within subsequent sections of the report.

A minor nonconformity relates to a single identified lapse, which in itself would not indicate a breakdown in the management system's ability to effectively control the processes for which it was intended. It is necessary to investigate the underlying cause of any issue to determine corrective action. The proposed action will be reviewed for effective implementation at the next assessment.

### How to contact customer service

'Just for Customers' is the website that we are pleased to offer our clients following successful registration, designed to support you in maximising the benefits of your BSI registration - please go to [www.bsigroup.com/j4c](http://www.bsigroup.com/j4c) to register. When registering for the first time you will need your client reference number and your certificate number (47125084/FS 83074).

Should you wish to speak with BSI in relation to your registration, please contact our Customer Engagement and Planning team:

Customer Services  
BSI  
Kitemark Court,  
Davy Avenue, Knowlhill  
Milton Keynes  
MK5 8PP

Tel: +44 (0)345 080 9000

Email: [MK.Customerservices@bsigroup.com](mailto:MK.Customerservices@bsigroup.com)

## Appendix: Your certification structure & on-going assessment programme

### Scope of Certification

#### FS 83074 (ISO 9001:2008)

The management and operation of The Health and Care Professions Council (HCPC) covering: Statutory professional self-regulation Reports to the Privy Council.

### Assessed location(s)

#### London / FS 83074 (ISO 9001:2008)

|   |   |
|---|---|
| <b>Location reference</b>                           | 0047125084-000  |
| <b>Address</b>                                      | Health & Care Professions Council<br>Park House<br>184 Kennington Park Road<br>London<br>SE11 4BU<br>United Kingdom |
| <b>Visit type</b>                                   | Continuing assessment (surveillance)  |
| <b>Assessment reference</b>                         | 8491337   |
| <b>Assessment dates</b>                             | 10/05/2017  |
| <b>Deviation from Audit Plan</b>                    | No  |
| <b>No. of Full Time Equivalent Employees</b>        | 240   |
| <b>Total No. of Effective Employees at the site</b> | 240   |
| <b>Scope of activities at the site</b>              | Main Certificate Scope applies.   |
| <b>Assessment duration</b>                          | 2 day(s)  |

## Changes in the organization since last assessment

There is no significant change of the organization structure and key personnel involved in the audited management system.

No change in relation to the audited organization's activities, products or services covered by the scope of certification was identified.

There was no change to the reference or normative documents which is related to the scope of certification.

## Certification assessment programme

**Certificate Number - FS 83074**

**Location reference - 0047125084-000**

|   |                         | <b>Audit 1</b> | <b>Audit 2</b> | <b>Audit 3</b> | <b>Audit 4</b> | <b>Audit 5</b> | <b>Audit 6</b> | <b>Audit 7</b> | <b>Audit 8</b> |
|---|-------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| <b>Business area/Location</b>   | <b>Date (mm/yy):</b>    | 04/16          | 10/16          | 06/17          | 04/17          | 10/17          | 04/18          | 10/18          | 04/19          |
|   | <b>Duration (days):</b> | 2.0            | 2.0            | 1.0            | 2.0            | 2.0            | 2.0            | 2.0            | 2.0            |
| Quality management system - key controls - see appendix for full listing* |                         | X              | X              |                | X              | X              | X              |                | X              |
| Staff Development and Training  |                         |                | X              |                |                | X              |                |                |                |
| Purchasing/supplier evaluation (see Procurement)                          |                         | X              |                |                |                | X              |                |                | X              |
| Risk register   |                         | X              | X              |                | X              |                | X              |                | X              |
| Work environment and infrastructure/facilities management                 |                         | X              |                |                |                | X              |                |                | X              |
| Senior management interview   |                         | X              |                |                |                |                |                |                | X              |
| Strategic review - using pack of information supplied by BSI              |                         | X              |                |                |                |                |                |                | X              |
| Communications - Social Media   |                         |                | X              |                | X              | X              | X              |                |                |
| Communications - Stakeholders   |                         |                | X              |                | X              |                | X              |                |                |
| Communications - Publishing   |                         |                |                |                | X              |                | X              |                |                |
| Communications - Web & Digital  |                         |                |                |                | X              |                | X              |                |                |
| Communications - Internal Communications                                  |                         |                | X              |                | X              |                | X              |                |                |
| Communications - Events   |                         |                |                |                | X              |                | X              |                |                |
| Finance - Procurement (purchasing and suppliers)                          |                         | X              |                |                |                | X              |                |                | X              |
| Finance - Transactions  |                         | X              |                |                |                | X              |                |                | X              |
| Finance - Forecasting   |                         |                |                |                |                | X              |                |                | X              |
| Education - Quality Assurance   |                         |                | X              |                |                | X              |                |                |                |
| Education - Operations  |                         |                | X              |                |                | X              |                |                |                |

|   |  |   |   |   |   |   |   |  |
|---|--|---|---|---|---|---|---|--|
| Fitness to Practice - Adjudication                  |  |   |   |   |   | X |   |  |
| Fitness to Practice - Case Reception & Triage       |  |   |   |   |   | X |   |  |
| Fitness to Practice - Case Preparation & Conclusion |  |   |   |   |   | X |   |  |
| Fitness to Practice - Operations                    |  |   |   |   |   | X |   |  |
| Fitness to Practice - Investigations                |  |   |   |   |   | X |   |  |
| HR/partner validation                               |  | X |   |   |   |   |   |  |
| Policy  |  | X |   |   |   |   |   |  |
| Projects  |  |   |   |   |   |   | X |  |
| Registrations - International                       |  |   |   | X |   |   |   |  |
| Registrations - EMR                                 |  |   |   | X |   |   |   |  |
| Registrations - UK                                  |  |   |   | X |   |   |   |  |
| Registrations - CPD                                 |  |   |   |   |   |   | X |  |
| Registrations - Operations                          |  |   |   |   |   |   | X |  |
| Registrations - Quality Assurance                   |  |   |   |   |   |   | X |  |
| IT - Infrastructure                                 |  |   |   |   |   |   | X |  |
| IT - Service support                                |  |   |   |   |   |   | X |  |
| Secretariat - Information Governance                |  | X |   |   |   |   | X |  |
| Secretariat - Council Processes                     |  | X |   |   |   |   | X |  |
| Readiness Review - Transition to ISO 9001:2015      |  |   | X |   | X |   |   |  |

## Expected outcomes for accredited certification.

### What accredited certification to ISO 9001 means

ISO 9001:2015 specifies requirements for a quality management system when an organization: needs to demonstrate its ability to consistently provide products and services that meet customer and applicable statutory and regulatory requirements; and aims to enhance customer satisfaction through the effective application of the system, including processes for improvement of the system and the assurance of conformity to customer and applicable statutory and regulatory requirements.

### What accredited certification to ISO 9001 does not mean

1) It is important to recognize that ISO 9001 defines the requirements for an organization's quality management system, not for its products and services. Accredited certification to ISO 9001 should provide confidence in the organization's ability to "consistently provide product that meets customer and applicable statutory and regulatory requirements". It does not necessarily ensure that the organization will always achieve 100% product conformity, though this should of course be a permanent goal.

2) ISO 9001 accredited certification does not imply that the organization is providing a superior Product or service, or that the product or service itself is certified as meeting the requirements of an ISO (or any other) standard or specification.

## Notes

*This report and related documents are prepared for and only for BSI's client and for no other purpose. As such, BSI does not accept or assume any responsibility (legal or otherwise) or accept any liability for or in connection with any other purpose for which the Report may be used, or to any other person to whom the Report is shown or in to whose hands it may come, and no other persons shall be entitled to rely on the Report. If you wish to distribute copies of this report external to your organisation, then all pages must be included.*

*BSI, its staff and agents shall keep confidential all information relating to your organisation and shall not disclose any such information to any third party, except that in the public domain or required by law or relevant accreditation bodies. BSI staff, agents and accreditation bodies have signed individual confidentiality undertakings and will only receive confidential information on a 'need to know' basis.*

*This audit was conducted on-site through document reviews, interviews and observation of activities. The audit method used was based on sampling the organization's activities and it was aimed to evaluate the fulfilment of the audited requirements of the relevant management system standard or other normative document and confirm the conformity and effectiveness of the management system and its continued relevance and applicability for the scope of certification.*

*As this audit was based on a sample of the organization's activities, the findings reported do not imply to include all issues within the system.*

## Regulatory compliance

*BSI conditions of contract for this visit require that BSI be informed of all relevant regulatory non-compliance or incidents that require notification to any regulatory authority. Acceptance of this report by the client signifies that all such issues have been disclosed as part of the assessment process and agreement that any such non-compliance or incidents occurring after this visit will be notified to the BSI client manager as soon as practical after the event.*