
Internal Audit report – Registration Assurance Processes and International Registrants

Executive Summary

As part of the 2023-24 Internal Audit Plan as approved by the Committee, BDO LLP have undertaken a review of registration assurance processes & international registrants.

The primary objective of this review was to assess and review the assurance framework and associated procedures for registrations from abroad.

Previous consideration	None
Decision	The Committee is invited to discuss the report.
Next steps	Recommended actions agreed with the Executive will be tracked for progress in the Committee’s standing recommendation tracker report.
Strategic priority	All
Risk	As detailed in the findings
Financial and resource implications	The cost of the audit is included in the Internal Audit annual fee.
Author	BDO LLP



HCPC
**REGISTRATION ASSURANCE PROCESSES
AND INTERNATIONAL REGISTRANTS**

INTERNAL AUDIT REPORT - FINAL
SEPTEMBER 2023

LEVEL OF ASSURANCE:

DESIGN	MODERATE ¹
EFFECTIVENESS	MODERATE

¹ Equivalent to 'Green Amber'

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RESTRICTIONS OF USE

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

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EXECUTIVE SUMMARY

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

SUMMARY OF FINDINGS (SEE APPENDIX I)			# OF AGREED ACTIONS
H	0		0
M	2		2
L	0		0
TOTAL NUMBER OF FINDINGS: 2			

OUR TESTING METHODOLOGY COVERED THE FOLLOWING AREAS:

- Policies, procedures and guidance
- International Application verification
- Quality assurance framework
- Quality assurance team
- Reporting and oversight arrangements

BACKGROUND & SCOPE

As part of the Health & Care Professions Council (HCPC) internal audit plan for 2023/24, as approved by the Audit and Risk Assurance Committee (ARAC), we completed a review of registration assurance processes & international registrants.

Applicants who wish to join the HCPC register must use one of three routes to get onto the register depending on the country in which they trained: UK, international, or eligible under the Swiss Citizens Rights Agreement.

As a statutory regulator of several health and care professions, HCPC’s overall purpose is to protect the public by setting, and maintaining, base level standards of proficiency. As such, it is responsible for ensuring international applicants for registration are suitably qualified and experienced, with supporting evidence of identify and English language proficiency.

International registrations are processed by the Registration Department using the Dynamics 365 CRM system. Application forms may be submitted on paper or electronically but must be uploaded to the CRM system prior to processing. Applications are assessed against the relevant Standards of Proficiency by two Registration Assessors to confirm English language requirements are met and to verify that the documents and evidence provided are satisfactory.

Assessments have four possible outcomes: Acceptance, Request for Further Information, Test of Competence (where this is unclear from the application itself), or Rejection. Applicants can appeal within 28 days.

PURPOSE

We assessed and reviewed the assurance framework and associated procedures for registrations from abroad. We assessed whether the controls were robust,

focusing on registrant verification and the quality assurances checks therein. We assessed whether the process was efficient, effective, pragmatic, and aligned to UK registration processes where practicable.

CONCLUSION

HCPC have clearly defined processes in place for processing international applications. We noted several areas of good practice for example, sample testing of ten accepted applications for registration had no issues identified.

However, as part of our work we have identified two findings of MEDIUM significance. The MEDIUM significance findings related to:

1. Procedures require updates on the process where only one assessor is used to make application assessments, when there are resource constraints. This issue is further heightened by a lack of clarity over the minimum level of quality assurance (QA) checks to be completed around the different international registration processes. As a result of resourcing constraints, no second line checks were completed in July 2023. Where there is a lack of forward planning, reduced or no QA checks completed at the second line and a lack of clarity over the first line process in times of resource constraints, incorrect registrants may be put onto the register.
2. The volume of processing activity for international registration applications has significantly increased against prior years and forecasted expectations, resulting in a higher workload for the department. Correspondingly, the International team was increased by 11 employees in 2022 with their fixed term contracts extended at the start of summer 2023. However, there has not been an effective review of immediate resourcing needs to ensure HCPC will not fall short if faced with further increases in application volume. We observed that some management information presented covering appeals data did not clearly separate

UK and International registrants in data tables and graphs, which may make it difficult to understand the significantly higher level of appeals received for international registrations when compared to UK registration. Where information is combined it is hard to clearly identify the component costs attributable to international registrations and make informed decisions on areas such as resourcing.

As a result we are able to assign a MODERATE rating to the design and effectiveness of the controls in place to manage international registrations.



EXECUTIVE SUMMARY

SUMMARY OF GOOD PRACTICE

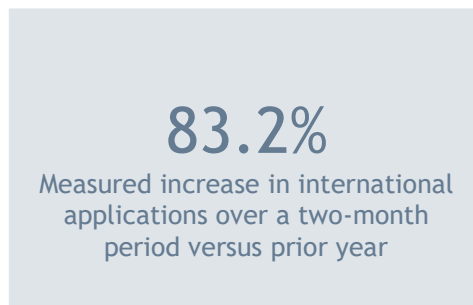
- ▶ **Policy documentation:** The documents reviewed give a clear picture of how international applications are received, checked, verified, reviewed, queried, quality reviewed by management and completed. The guidance is straightforward and relevant to current processes. Policy documents are available to staff on MS Teams, and 17 of the 20 process guides specify the process owner and the date of last revision.
- ▶ **Applicant processing:** We sampled 20 applications processed during the last 12 months (August 2022 - July 2023) of which ten applications were accepted and ten that were rejected. We looked to verify whether there was a satisfactory audit trail evidencing onboarding in line with policies, procedures, and guidance. All 20 included evidence of valid ID, proof of address, necessary checks completed, and verification documents stored on file to make the required decision. For all ‘accepted’ applications we found no issues with the first line assurance completed.
- ▶ We observed that the checks performed to verify applications are genuine require evidence of the applicant’s identity, qualifications and experience, and prompt follow-up where any documentation is missing or unsatisfactory. The practical application of these controls is recorded via the Dynamics 365 evidence trail.
- ▶ **Reporting of key themes:** Information provided to senior management, committees and the Council included key findings relevant to the quality of international applications, specifically highlighting areas for development regarding English language requirements, progressing incomplete applications and completing verification checks prior to registration. Where concerns were raised over the efficacy of the English Language Proficiency self-declaration, new requirements will be discussed by the Education and Training Committee in September and formally implemented in March 2024.

SUMMARY OF KEY THEMES

Although there was good practice noted, we also noted the following where HCPC can improve the international registration process further:

- ▶ **Quality assurance checks first and second line** - one instance out of ten (for rejected applications) where only one assessor (and not two as prescribed by the guidance and to support in first line assurance) was involved in the assessment process. Coupled with the lack of forward planning for second line quality checks whereby there are staffing constraints and thus no second line checks were conducted in July this heightens the risk that incorrect decisions are made and not identified and subsequently rectified.
- ▶ **Financial Information:** Management information covering the forecasted volume and cost of international registration activities is not produced on a sufficiently regular basis or presented with supporting context of the financial costs and opportunities, to support management in forecasting the number of employees required to process the expected volumes of activity.

USEFUL STATISTICS



DETAILED FINDINGS



DETAILED FINDINGS

RISK 2: Where appropriate due diligence is not undertaken over international registrant applications, there is a risk the unqualified or unsuitable applicants are able to practise one of HCPC 15 regulated professions, potentially putting the safety of patients and the reputation of HCPC at risk.

RISK 4: International registrants do not meet the minimum threshold to perform their role to a good standard to ensure the reputation of HCPC and the safety of patients is maintained.

FINDING 1 - Quality assurance, first and second line	TYPE
<p>It is important to have robust controls in place at the first and second line to ensure that if errors are made, these are identified and rectified in a timely manner.</p> <p>First line quality assurance checks</p> <p>The ‘Assessment Preparation Guidance’ and the ‘Assessors and Assessor Pairing Guidance’, as part of first line assurance requires that all international registration assessments are conducted by two suitably qualified assessors. We tested a sample of 20 applications (ten accepted and ten rejected) to assess whether they had been assessed by two assessors. We identified that in one instance (for a rejected application), reference, AA803939, the test of competence was performed by a single assessor, with the remaining 19 in our sample showing evidence of dual assessment.</p> <p>We were informed by the Registration Manager that sometimes only one assessor can perform the test of competence due to resource constraints. Where this is the case HCPC will confirm with the applicant first that they are happy to proceed on this basis. However, we did not find exceptions permitting this within guidance.</p> <p>Second line quality assurance checks</p> <p>Monthly QA reports are produced listing the assurance activities undertaken throughout the Registration Department to review activity for errors. These break down the work performed into 15 processes, against which a risk rating is assigned, and the monthly volume processed and check recorded.</p> <p>We reviewed the June and July 2023 reports to verify whether they evidenced reasonable and proportionate checks of monthly activity. While reasonable checks were conducted in June, the July 2023 report stated that no checks were performed on the following processes:</p> <ul style="list-style-type: none"> • UK correspondence • International apps • International verification • International emails • Renewals (paper) • UK verification • International correspondence <p>Details of the QC checks performed in June and July 2023 are included within Appendix V.</p>	EFFECTIVENESS



July was a ‘challenging period’ for the Registration Department as no Team leaders were present to undertake second line assurance checks, and it was often difficult to resource sufficient employees capable of carrying out the necessary checks to ensure a minimum level of QA activity. The ‘TOTAL’ row in the July report incorrectly calculated the total percentage of activity reviewed, e.g. the July report stated that 48% of the total activity was checked, however 810 checks were performed of 24,053 processes representing 3.3%. Moreover, the reports do not specify the required volume of activity to be covered by the QA process, or in total, and therefore do not indicate whether this is satisfactory.

Please see Appendix 1 for further detail over checks completed and risks ratings for June and July 2023.

IMPLICATION**SIGNIFICANCE**

Where quality assurance checks at the first and second line are not robust, sufficiently robust and do not follow a consistent and systematic methodology there is a risk that incorrect decisions are made to accept or reject international registrants which could put patient safety in jeopardy.

MEDIUM**RECOMMENDATIONS****ACTION OWNER****MANAGEMENT RESPONSE****COMPLETION DATE**

1. We recommend for the first line assurance:

- a) The ‘Assessment Preparation Guidance’ and the ‘Assessors and Assessor Pairing Guidance’ should be updated to include the process where there may be staffing constraints. This process should be referred to as an ‘exception’ rather than the norm and all evidence should be retained on file to demonstrate the process has been followed.

*RICHARD HOUGHTON,
HEAD OF REGISTRATION*

WE ACCEPT THE FINDINGS AND ADD THAT FURTHER ANALYSIS WILL BE COMPLETED BY THE END OF THE MONTH TO UNDERSTAND THE NUMBER AND REASONS FOR THE EXCEPTIONS.

30 NOVEMBER 2023

We recommend for second line assurance:

- b) The Quality Assurance report template for second line checks should be updated to specify the volume of review activity for each process.
- c) A formula column could be included to calculate whether the actual volume checked was at or above the required QA level.
- d) Where there is a variance in the level of QA undertaken, these should be explained.

*RICHARD HOUGHTON,
HEAD OF REGISTRATION*

WE ACCEPT THE FINDINGS AND CONFIRM THAT WE WILL BE INTRODUCING A NEW QUALITY ASSURANCE PROCESS FOR INTERNATIONAL APPLICATIONS FOLLOWING RECOMMENDATIONS FROM THE QUALITY ASSURANCE TEAM. AS PART OF THIS IMPROVEMENT A NEW REPORTING TEMPLATE WILL BE INTRODUCED.

31 OCTOBER 2023



DETAILED FINDINGS

RISK 5: Senior management, committees and the Council are unaware of International Applicant information.

FINDING 2 - Management reporting and processing capacity			TYPE
<p>It is important for those responsible for the operational delivery and the overall organisation to have sufficient oversight of the day-to-day activities to ensure that informed decision making takes place including directing resources to those areas which need it most. This includes especially where the risks or costs are different across different streams of activity and those activities fluctuate in volumes or costs.</p> <p>Regular financial information on registration costs is reported to the Council, which ensures there is satisfactory oversight of the costs incurred. However, some non-financial information presented to Senior Management covering registration is combined (i.e., covers registration activity as a whole) rather than separating out the UK and International registrations information. For example, the Registration Department Performance Report June 2023 lists the volume of appeals processed in total and includes a chart showing the number of appeal decisions made per month over the last two years but without matching figures for the volume received each month. By comparison, applications data is split into separate tabs for UK and International applications with separate charts showing the monthly performance median and volume received.</p> <p>While the appeals commentary notes that 23 appeals were received in June 2023, and 54 in the financial year to date (of which 41 were from international applicants), data on the volume of appeals received in international and UK is not presented as the chart only shows the number of appeal decisions made. This may make it difficult for the recipients to identify what is driving the volume of appeals received, e.g., whether there is a disproportionate volume of appeals being received from International applicants over a period of several months which may reflect underlying issues in the international registration process.</p> <p>There has also been periodic forecasting to understand the volume of international applications expected in the future, arising from an increased volume of applications received against expectations over the last year. We were informed that the Head of Education recently compiled a business case demonstrating the income and direct costs associated with paying assessor fees for international registrations which identified there is a margin of approximately £300 per application, which is considered reasonable.</p> <p>The 12,500 international applications initially forecast for 2023 has since been increased to 15,500. August 2023 activity included processing approximately 4,000 new applications. An increased level of forecasting for the expected volume of processing activity in future months would be beneficial.</p>			DESIGN
IMPLICATION			SIGNIFICANCE
<p>Where there is not sufficient regular assessment and reporting of the volume and onboarding of international applications there is a risk that resources will not be delegated appropriately to help ensure international applications are managed in a timely period to support in qualified practitioners supporting patients. There is also a risk that staff are overwhelmed with work and their wellbeing negatively impacted.</p>			MEDIUM
RECOMMENDATIONS	ACTION OWNER	MANAGEMENT RESPONSE	COMPLETION DATE
<p>2. We recommend:</p> <p>a) Appeals reporting data presented in charts and data tables is split between UK and International registrants and includes detail of the monthly volume of appeals received for each to aid comparison with the</p>	<i>RICHARD HOUGHTONHEAD OF REGISTRATION</i>	<i>A) WE ACCEPT THE FINDINGS AND WILL INCLUDE THE MONTHLY VOLUME OF APPEALS RECEIVED IN MANAGEMENT REPORTS, WITH ALL THE REPORTING DATA SPLIT BETWEEN UK AND INTERNATIONAL</i>	31 OCTOBER 2023
<p>September 2023 monthly applications received and processed.</p>			31 OCTOBER 2023



<p>b) Implementing a regular financial forecast covering the volume and associated costs of international registrations activity over the next 2-3 months.</p> <p>c) Re-consider resource capacity once volume forecasts are determined.</p>		<p><i>REGISTRANTS.</i></p> <p><i>B) WE ACCEPT THE FINDINGS AND FURTHER ANALYSIS WILL BE COMPLETED.</i></p> <p><i>C) REVIEW RESOURCE CAPACITY ONCE VOLUME FORECASTS ARE DETERMINED.</i></p>	<p><i>31 OCTOBER 2023</i></p>
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OBSERVATIONS

Timeliness of application process

To drive efficiency in the registration process, the New Applications guidance sets a service standard of 60 working days from the receipt of an application to making the first registration decision.

Testing identified that eight of ten sampled applications were processed within 60 working days, with the exceptions being:

- AA792114: Received 26th August 2022, First decision 23rd November 2022 (slightly over by 3 working days)
- AA766309: Received 22nd April 2022, First decision 26th Jan 2023

Discussion of the latter identified this was due to a bank transfer from a country designated as ‘high risk’, and we were provided with evidence that registration staff have been instructed to no longer accept transfers from these countries. We were advised that the risk of this reoccurring should now be minimal. As such, this is raised as an observation due to a mitigating control being in place, specifically that applicants from these countries should instead make payment via Semafone.

Effectiveness of Quality Checks performed during the audit period

We were provided with a copy of the ‘Quality Check’ spreadsheet, which is used by Registration Managers to assess the effectiveness of departmental activity. We established through interviews and document review that the current process does not assess the department as a whole, instead focusing on individual/team performance against flexible quality targets. The targets are periodically assessed by Registration Managers to determine whether they are realistic and achievable, and may be changed depending on their effectiveness as a motivational goal. Ultimately, these are used to forecast future work and measure individual performance.

For example, the latest targets set for individuals were to process the following volume of applications or correspondence (no defined timeframe however was defined for the period these need to be achieved within):

Online applications 25 - 30

Feedback received 18 - 23

This is inconsistent with the grouping of registration activity by individual processes presented in the monthly Quality Assurance reports.

We were informed that a Quality Workshop was recently run to discuss improvements necessary to performance assessment in this area. Additionally, an ‘International Performance Summary’ report recently began weekly production, which provides management with an overview of departmental performance against targets (started in August 2023) such as email responsiveness and days to process applications. As such, this is raised as an observation due to the clear progress made in recent months.

Efficacy of English Language Proficiency self-declaration

While international applications for registration require the applicant to provide confirmation of English language proficiency, HCPC have documented internal concerns about the current approach, which allows candidates to self-declare that they meet the expected standard in lieu of providing a certified English Language Test (IELTS or TOEFL) result. While no concerns were raised in this area during sample testing, there is a valid concern that by allowing candidates to self-declare, they may be able to bypass part of the verification process and be admitted to the register while lacking the required ability.

This issue is clearly documented in the Interim Deputy CEO’s July 2023 report on organisational performance, which demonstrates that senior management are aware and taking active steps to resolve the control gap. This includes detail on the pre-consultation, consultation and post-consultation process which should determine the new requirements in time for formal implementation in March 2024. As such, this evidences that the impact of this risk appears to be clearly understood and accepted.



Data capture on reason for rejection

Three of ten sampled rejections had the 'reason for rejection' field left blank in the CRM system:

AA806855

AA742962

AA797771

Although the information is entered elsewhere on the file clarified this was due to standards of proficiency and therefore did not raise concern, HCPC should consider whether this field could be mandatory to ensure that reliable data is kept for reporting purposes.

APPENDICES



APPENDIX I: QUALITY CHECKS DURING JUNE-JULY 2023

A flow chart to show the first line (step 3) and second line (step 4) quality checks completed when assessing applications for registration.



APPENDIX I: QUALITY CHECKS DURING JUNE-JULY 2023

Relevant to Finding 1, the following tables were extracted from the Registration Quality Assurance (QA) Reports, prepared by the Registration Operations Team:

July 2023 – summary

Process	Risk rating	Number checked	Percentage checked	Highest call score	Lowest call score	Ave. call score (target >90%)	
Phones	High	139	>1%	100%	86%	93%	
Process	Risk rating	Total processed	No. checked	Percentage of total checked	Cat. 3 errors (High impact)	Cat. 2 errors (Medium impact)	Cat. 1 errors (Low impact)
UK apps	High	3773	99	3%	0	0	11
Readmissions	Medium	141	35	25%	1	6	23
UK correspondence	Medium	1006	0	0%	0	0	0
Assessment feedback	Medium	1629	20	1%	0	0	0
International apps	Medium	1676	0	0%	0	0	0
UK emails	Medium	6937	603	9%	0	21	94
Int verification	Medium	3966	0	0%	0	0	0
Int emails	Medium	3941	0	0%	0	0	0
FTP referrals	Medium	0	0	0%	0	0	0
Passlists	Low	515	53	10%	0	0	8
CPD Profiles	Low	0	0	0%	0	0	0
Renewals (paper)	Low	71	0	0%	0	0	0
UK verification	Low	172	0	0%	0	0	0
INT correspondence	Low	226	0	0%	0	0	0
TOTAL:		24053	810	48%	1	27	136

June 2023 – summary

Process	Risk rating	Number checked	Percentage checked	Highest call score	Lowest call score	Ave. call score (target >90%)	
Phones	High	94	>1%	100%	67%	84%	
Process	Risk rating	Total processed	No. checked	Percentage of total checked	Cat. 3 errors (High impact)	Cat. 2 errors (Medium impact)	Cat. 1 errors (Low impact)
UK apps	High	2222	233	10%	1	6	6
Readmissions	Medium	409	37	9%	0	13	27
UK correspondence	Medium	1082	121	11%	0	1	1
Assessment feedback	Medium	1303	38	3%	0	0	3
International apps	Medium	1320	0	0%	0	0	0
UK emails	Medium	4577	777	17%	1	22	155
Int verification	Medium	6271	40	1%	0	0	1
Int emails	Medium	1540	50	3%	0	12	7
FTP referrals	Medium	0	0	0%	0	0	0
Passlists	Low	508	30	6%	0	3	24
CPD Profiles	Low	0	0	0%	0	0	0
Renewals (paper)	Low	100	0	0%	0	0	0
UK verification	Low	214	0	0%	0	0	0
INT correspondence	Low	219	0	0%	0	0	0
TOTAL:		19765	1326	60%	2	57	224

The tables above summarises the number of quality checks completed per each process in June 2023 and July 2023, and the number of errors identified.



APPENDIX II: DEFINITIONS

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

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



APPENDIX III: TERMS OF REFERENCE

EXTRACT FROM TERMS OF REFERENCE

PURPOSE

The purpose of this review was to provide assurance over the efficacy of the second line of defence rather than repeat second line assurances, where the second line was regarded as strong and provided good coverage. We assessed and reviewed the assurance framework and associated procedures for registrations from abroad. We assessed whether the controls were robust, focusing on registrant verification and the quality assurance checks therein. We assessed whether the process was efficient, effective, pragmatic and aligned to UK registration processes where practicable.

SCOPE AREA

KEY RISKS

APPROACH

Policies, procedures, and guidance

There are no documented, approved and up to date policies, procedures, and guidance for managing international applicants which are accessible to staff and other relevant stakeholders, leading to potential inconsistency in application and, ultimately, putting patient safety at risk.

- We verified the policies, procedures and guidance that were in place to manage international applicants. We verified whether guidance was consistent and up to date reflecting current methodologies.
- We verified whether policies, procedures and guidance were available to staff.
- We verified whether policies, procedures and guidance lent to a timely and effective registration process.

International applicant verification

Where appropriate due diligence is not undertaken over international registrant applicants, there is a risk the unqualified or unsuitable applicants are able to practise one of HCPC 15 regulated professions potentially putting the safety of patients and the reputation of HCPC at risk.

- We verified for a sample of international registrants onboarded in the past year, that they were onboarded in line with policies, procedures, and guidance.
- We verified that where concerns were raised, evidence of the final decision of whether to accept or deny the application was recorded and the required authorisation and approval obtained.
- We verified whether the due diligence checks for international applicants were proportionate.

Quality assurance framework (within Registrations)

Where regular quality assurance checks are not undertaken in regard to international applicants there is a risk that there are inconsistencies with the management of applicants which can lead to reputational damage and potentially put patients at risk.

- We evaluated the suitability of the quality assurance framework.
- We confirmed the quality assurance checks undertaken within the International teams, and whether this seems reasonable. We obtained evidence of the checks undertaken via a walkthrough.
- We confirmed any quality assurance checks undertaken outside of the International team by the Quality Assurance team or others.
- We verified the actions and learnings taken as a result of quality assurance activity.

Quality Assurance Team (QA) process

International registrants do not meet the minimum threshold to perform their role to a good standard to ensure the reputation of HCPC and the safety of patients is maintained.

- We verified the application of the quality assurance framework and process HCPC had over international registrants.
- For a sample of international registrants, we verified the QA activity undertaken. Where concerns had been identified, we verified how these had been managed.

Reporting and Oversight Arrangements

Senior management, committees and the Council are unaware of International Applicant information.

- We verified the reporting in place for international applicants including the costs associated with their onboarding and any key themes arising from the application process. We verified whether the information presented was complete, transparent and allowed for effective decision making.



APPENDIX IV: EXCLUSIONS/LIMITATIONS OF SCOPE

The scope of the review is limited to the areas documented under the scope and approach. All other areas are considered outside of the scope of this review.

Our work is inherently limited by sampling risks and therefore will not provide assurance over all registration assurance processes & international registrants controls within HCPC. We are reliant on the honest representation by staff and timely provision of information as part of this review.

We will not review the approval process of UK Registrants.

APPENDIX V: STAFF INTERVIEWED

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

ANNA RAFTERY	HEAD OF QUALITY ASSURANCE	
LOLITA EIDUKAITE	REGISTRATION MANAGER	
RICHARD HOUGHTON	HEAD OF REGISTRATION	EXECUTIVE SPONSOR
SAMMUEL YEMANE	REGISTRATION MANAGER	



APPENDIX VI: LIMITATIONS AND RESPONSIBILITIES

MANAGEMENT RESPONSIBILITIES

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

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

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

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

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

LIMITATIONS

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

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

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

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

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

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