

Significant preventable events framework

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Author: Chief of Staff
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1. Purpose

- 1.1 This framework describes the events that the GOC has defined as being outside its risk tolerances in relation to public protection or impact to public confidence in our ability to regulate. It outlines the related policies that inform the identification, reporting and response to significant preventable events.

2. Scope

- 2.1 This framework applies to all who work on behalf of the GOC. The following teams will incorporate the framework into the induction of their new staff:
- Case Progression
 - Governance (Chief of Staff and managers only)
 - Investigations
 - Hearings
 - Fitness to Practise (FTP) Legal
 - Legal
 - Registration
 - Senior Management Team (SMT)
- 2.2 This framework should be read in conjunction with the following policies and procedures:
- Freedom to speak up policy for employees, member and workers
 - Risk management strategy and policy
 - Significant incident policy

3. Background

- 3.1 This framework was previously named the 'GOC never-event framework'. However, a review of the national policy environment in relation to never-events has led to the framework being retitled. This is to avoid confusion with NHS never-events or any subsequent reform of the NHS never-event framework. It also has been amended to increase an emphasis on the GOC's duty of candour, and to ensure that staff speak up when events occur.
- 3.2 In revising the framework we have moved away from describing a set of operational events to a framework that emphasises reducing risk to public protection. The framework is constructed to outline the events we consider outside our tolerance of risk. These events are likely to have a significant impact on public confidence in respect to our ability to regulate.

4. Definition

- 4.1 We define a significant preventable event as a public protection issue that was entirely in our control to prevent. This is an event that impacts public protection which effective management controls should prevent from happening. It does

not cover all public protection events. This is particularly the case where we had no control over events or limited chance to intervene from a regulatory perspective prior to harm occurring.

4.2 The types of incidents defined as significant preventable events have been identified using the following criteria:

- a. significant / serious patient safety implications;
- b. high level of reputational risk;
- c. scored 5 on the risk impact scale (annex one); and
- d. within the GOC's operational control to prevent.

4.3 In practical terms, the significant preventable events we describe will be a consequence of something we have failed to do or has not done within a required timescale.

4.4 We have identified four significant preventable events:

- a. No student registrant, qualified registrant or body corporate will be registered, renewed or restored unless all required qualifications, CPD, identity checks, documentary evidence and fitness to practise suitability checks have been completed and verified.
- b. No registrant whether student or fully qualified individual or body a corporate will be suspended or removed from the register without approval and appropriate checks by an appropriate manager
- c. No Fitness to Practise Committee order (substantive or interim) should lapse; expire; or fail to be reviewed due to a scheduling issue without an authorised decision being made that it is no longer necessary and/or that a review is not required; and
- d. All registration status changes following a substantive or interim hearing, including any appeal outcome that results in a change to registration status to be updated within three working days of the hearing concluding, or the appeal outcome being determined.

4.5 These events are ones that are entirely in our control as a regulator. Our internal control environment should be designed to prevent them from happening. We have excluded events where the GOC had the opportunity to influence events to reduce public protection risk, as these are covered by our wider risk assessment processes. The policy will be regularly reviewed to ensure it accurately captures the events we consider preventable. The GOC is also at risk of significant events, which may be preventable or unpreventable, but would require an immediate emergency response from the organisation. For example, these could include (but are not limited to):

- a. Severe data loss as result of a cyber-attack or other unforeseen circumstances;

- b. Serious misconduct by a senior leader in the organisation, leading to an arrest;
- c. High profile incident or incidents that impact public confidence in the GOC's ability to adequately protect the public;
- d. Anything identified as a serious incident by Charity Commission guidance and therefore requiring a report to the regulator
- e. A Fitness to Practise Committee does not extend a substantive order within the required timeframes due to procedural issues (which are not scheduling related)

4.5 The GOC operates a significant incident policy which sets out its organisational response to any issue that might qualify as significant, regardless of whether it is preventable or not.

5. Responsibilities

All employees

- 5.1 Employees should be familiar with the significant incident policy and the freedom to speak up policy for employees, members and workers. All employees in the named departments in paragraph 2.1 must ensure that they are familiar with the significant preventable events framework.
- 5.2 Employees should comply with any management direction, internal control or standard operating procedure intended to stop a significant preventable event from occurring.
- 5.3 Employees have a duty to identify and report any suspected significant preventable events or significant events. Failure to knowingly do so or to attempt to conceal an issue is likely to be considered a disciplinary matter.

Managers/heads of department

- 5.4 Managers and heads of department are responsible for ensuring the internal control environment in their department is designed to stop significant preventable events from occurring.
- 5.5 Managers and heads of department have a responsibility to regularly review the management checks and ensure they are fit for purpose. The regularity of these reviews will be determined by the relevant director.
- 5.6 Managers and heads of department are responsible for establishing a culture of trust and encourage reporting from all staff. This includes an understanding of their specific responsibilities under the freedom to speak up policy for employees, members and workers.

Chief of Staff

- 5.7 The Chief of Staff is responsible for working with colleagues to develop the framework for review by Senior Management Team (SMT) and Audit, Finance Committee (ARC), prior to approval by Council.
- 5.8 The Chief of Staff is responsible for developing a significant incident policy, for review by Senior Management Team (SMT) and Audit, Finance Committee (ARC), prior to approval by Council.
- 5.9 The Chief of Staff is responsible for coordinating departments to ensure reporting is timely and accurate to the relevant external stakeholders (including the Professional Standards Authority (PSA), Charity Commission and Information Commissioner's Office where appropriate).

Directors

- 5.10 Directors will be responsible for overseeing the internal control environment created by managers and heads of department to stop significant preventable events from occurring.
- 5.11 Directors are responsible for promoting a culture consistent with the freedom to speak up policy for employees, members and workers. This includes ensuring that there is a consistent emphasis on the duty of care and the duty of candour within their directorates.
- 5.12 Directors will set 'the tone at the top' by ensuring that there is a clear focus on stopping significant preventable events from occurring, and reducing the risk of other significant events taking place.
- 5.13 Directors will be responsible for ensuring that any lessons learnt from a significant preventable event are implemented.
- 5.14 Directors will be accountable to the Chief Executive and Registrar for any significant preventable events that occur in their areas of responsibility.
- 5.15 Directors with no direct responsibility for areas identified at risk of significant preventable events have a duty to cooperate and coordinate with their peers to ensure that the corporate environment stops preventable events from occurring. This includes playing an enabling role through the appropriate corporate services and mechanisms, such as IT, Finance or People and Culture.

Chief Executive and Registrar

- 5.16 The Chief Executive and Registrar is accountable to Council in respect to the significant preventable event framework. The Chief Executive and Registrar is also responsible for promoting a culture of candour and enabling staff to have the freedom to speak up.

6. Identification and reporting of a significant preventable event

- 6.1 The person who identifies that a significant preventable event has occurred is responsible for immediately reporting the incident to their head of department and director. For the purposes of reporting, suspected significant preventable events must be clearly identified as such, even if the status is uncertain at the time of report.
- 6.2 Due to the risk implications associated with significant preventable events, the director with responsibility for the area in which the incident occurred will assume the role of the risk owner. In the event the incident relates to areas in which more than one director has responsibility, the risk of owner responsibility will be shared.
- 6.3 The process for assessing and responding to a suspected significant preventable event is set out in the significant incident policy.
- 6.4 Council and ARC will be informed by the Chief of Staff if a significant preventable event has occurred. A detailed report will also be included in the quarterly significant incidents and exceptions report to ARC. Communication with stakeholders will be determined as part of the operational response. The GOC will uphold its duty of candour and ensure that all preventable significant events are reported to the PSA. A summary of significant events (preventable or otherwise) will be included in the annual report along with a summary of any remedial action and lessons learned.

7. Failure to report a significant event

- 7.1 This framework is designed to provide employees with clarity on their responsibilities and what to do if a significant preventable event happens. It is important that we all work in a culture where openness, transparency and learning from the incident are key.
- 7.2 A failure to report a significant event (preventable or otherwise) can signal regulatory, cultural and safety failings in an organisation. In some circumstances, it may not be apparent that an incident is a significant preventable event until there has been some degree of investigation. In these circumstances, the possibility that a significant preventable event has occurred should still be reported as soon as it is identified.
- 7.3 Failure to report a significant event should be thoroughly investigated to understand what prevented the recognition and reporting of the incident.
- 7.4 If the failure to report was a deliberate act, this is likely to constitute a serious failing by employees involved. Such matters will be considered under the GOC's disciplinary policy.