



## **Review of the Fitness to Practise Rules and Guidance**

**The Bar Standards Board's response to the consultation on the review of the Fitness to Practise Rules and Guidance**

**October 2013**

## Executive Summary

1. In March 2013, the Bar Standards Board ('BSB') conducted a short consultation on the Fitness to Practise Rules (Annexe O to the Code of Conduct of the Bar of England & Wales) and accompanying Guidance.
2. The Rules were amended with a view to: ensuring that the Fitness to Practise process is fully compliant with the Human Rights Act 1998 and Equality Act 2010; increasing clarity; amending out of date references and technical complexities; softening references to adversarial terminology; and, modernising and streamlining the drafting style.
3. The BSB also produced supplementary Guidance to support the application of the current Rules. The first version was issued in 2011 and has now been subsequently updated to reflect any changes to the Rules proposed as a result of this review of the Rules.
4. The changes to both were not considered controversial or far-reaching and the BSB did not expect to receive a wide response to the consultation: indeed this was the outcome, and only one formal response was received. The response did not raise any significant issues and has not led to substantive changes to the BSB's proposed course. The response was considered in accordance with the regulatory objectives as set out in the Legal Services Act 2007, alongside the regulatory principles.
5. This 'consultation response paper' is issued by the BSB and summarises the main points raised by the consultation and the responses. It also sets out the BSB's analysis and comments in relation to the responses received on each question. This paper identifies areas where the BSB has agreed to amend the Rules and Guidance, which will be actioned and included in the finalised version of the Rules and Guidance, to be submitted to the LSB for approval.
6. The BSB's current intention is to publish the new Fitness to Practise Rules and Guidance at the same time as the new 'BSB Handbook' is introduced, which is currently scheduled for January 2014.

## Background

7. The BSB regulates barristers called to the Bar in England and Wales, in the public interest. The BSB aims to identify areas of risk and take action to mitigate any risk to the public or consumers in the provision of legal services. This includes making provision for taking action where the BSB becomes aware of issues that call into question a barrister's ability (fitness) to practise on physical or mental health grounds.
8. The purpose of the Fitness to Practise Rules is to prescribe the manner in which any issue concerning a barrister's fitness (or unfitness) to practise for health reasons should be managed. The Rules give the BSB the ability to refer a practising barrister to a Fitness to Practise (FTP) panel where there are concerns that he/she may be:
  - i) incapacitated due to a physical or mental condition (including addiction); and,

- ii) as a result, the barrister's fitness to practise is seriously impaired; and,
  - iii) suspension from practice, or the imposition of conditions on their practise, is necessary to protect the public.
9. Under the Bar's regulatory processes, 'fitness to practise' does not include matters of professional conduct or discipline (these are managed under a separate conduct process).

### **The current review**

10. The existing FTP Rules have not been substantively revised since 2005. Under this review, the current revisions to the Rules and Guidance have centred on:
- i) removing, where possible, references to technical complexities. For example, the descriptions of the application of interim suspensions and interim prohibitions have been unified into one concept, now named 'interim restriction';
  - ii) softening references to adversarial terminology, given that the proceedings are not disciplinary, for example referencing the 'directing of restrictions' rather than 'imposing penalties', 'questioning' rather than 'cross-examining', and 'barrister' rather than 'defendant';
  - iii) modernising and streamlining the drafting style and terminology, for example, replacing "Chairman" for "Chair", and replacing "Complaints Committee" with "Professional Conduct Committee" (in light of the name change, effective from January 2012);
  - iv) removing, where possible, details of administrative matters that might more appropriately appear in supplementary guidance; and,
  - v) increasing clarity, particularly in relation to the anticipated outcomes of the Rules.
11. In accordance with the BSB's commitment to openness and transparency, a consultation exercise was conducted to obtain the views of any party who has an interest in, or will potentially be impacted by, the changes to ensure that no areas have been overlooked.

### **Analysis of consultation responses**

12. The consultation period ran from 22 March 2013 to 6 May 2013 and only one response from the Bar Council was received. It should also be noted that the Council of the Inns of Court (COIC) provided the BSB with informal comments on the new Rules and Guidance in the context of its role in convening Fitness to Practise Panels and administering hearings: this is referenced at Paragraph 48 below.
13. The low response rate was anticipated since the Rules and Guidance had already been widely and thoroughly considered by expert Working Group members, the BSB Equality and Diversity Advisor, and appointed solicitors. Additionally, the need for the BSB to invoke FTP proceedings is currently infrequent (there are currently less than four cases of this kind a year).

14. The Bar Council response has been given careful consideration by the BSB and full analysis of their response to individual questions is set out below. Generally, however, they agreed that the proposed Rules and Guidance were fit for purpose and aligned with the BSB's Regulatory Objectives.
15. However, the Bar Council, at the outset, stated that it was their understanding that most regulators now employ a single Panel with the jurisdiction to consider all matters affecting fitness to practise, including misconduct and health. This, they commented, has the advantage of allowing a single panel to take a holistic view of the professional's fitness to practise and consider multi-factorial cases, without the need to transfer between panels.

### **Comment**

16. The BSB's own research revealed that a number of regulators still employ separate 'health' panels and Committees to specifically review issues of health (e.g. the ILEX Professional Standards, Nursing and Midwifery Council), although it is accepted that the General Medical Council (GMC), among other regulators, adopts a the single panel approach.
17. The approach the BSB takes to FTP proceedings needs to accord with the nature of its overall regulatory system. The current Tribunal system for dealing with misconduct issues tends towards the adversarial: focussing on enforcement of the terms of the Code of Conduct. In relation to health issues, it is thought more appropriate, in the context of the current regulatory system, to operate a process that is inquisitorial in nature and focuses on assisting the barrister to address health issues while ensuring the public is protected. A single approach has its advantages, which may or may not be appropriate for the Bar. However, it would involve extensive changes to the BSB's regulatory regime that fall out with the terms of this review and would require more detailed research to determine whether such changes are necessary to address the risks posed in the legal regulatory environment as opposed to those arising from the regulation of health professionals. Given the relative infrequency of FTP proceedings, the need for fundamental changes to the BSB's disciplinary system are not, at this time, considered to be justified by any available evidence.
18. The BSB is therefore not considering this approach as proposed by the Bar Council, at this stage. However, it will continue to monitor trends in the regulatory environment to ensure that the approach to Fitness to Practise remains effective, within the context of the Bar.

### **Accessibility of the Rules and Guidance**

#### ***Question 1: Is there anything further that the BSB should do to make the Fitness to Practise process more accessible?***

19. The consultation considered the means by which issues of Fitness to Practise come to light to establish whether there were any concerns about the *accessibility* of the processes to the public. The review research revealed that most issues came to light

during the investigation of misconduct complaints. On no occasion have issues been raised by members of the public directly, despite the availability of detailed information regarding the Fitness to Practise procedure on the BSB website.

20. The Bar Council, in their response, could not suggest any ways to improve the accessibility of the Fitness to Practise process for members of the public. They were not surprised that there were no referrals from third parties, given that health issues are unlikely to be known to members of the public that come into contact with barristers.

#### **Comment**

21. The BSB will continue to monitor the means by which issues concerning a barrister's health and fitness to practise come to light, as well as whether any concerns are raised by the public about the availability of information on the processes. The BSB, and the Professional Conduct Committee (PCC) will also continue to be alert to issues of fitness revealed by complaints, given that these are less likely to be identified or raised by members of the public.

#### **Proposed amendments to the Fitness to Practise Rules**

***Question 2: The BSB are of the view that no substantial changes need to be made to the current Fitness to Practise process. Do you agree that the process is fit for purpose and aligns with the regulatory objectives?***

22. The Bar Council agreed that the process is fit for purpose and aligns with the regulatory objectives.

#### **Comment**

23. In light of the consultation responses received, the BSB will maintain the processes, as set out in the revised Rules and Guidance.

***Question 3: Are there any definitions in the Rules which lack clarity?***

24. A number of amendments and additions have been proposed to the definitions included in the Rules, with the aim of providing increased clarity and ease of reference. For example, changes were made to the definitions of: "Fitness to Practise"; the 'PCC'; 'President'; 'suspension'; 'prohibition'; 'notice'; 'restriction'; "lay person"; and 'medical'. These definitions are now set out in the Rules.

25. The Bar Council, in their response, indicated that the definitions set out in the Rules were clear.

#### **Comment**

26. In light of the consultation responses received, the Bar Standards Board is of the view that the definitions remain clear and no amendments are required.

***Question 4: Is the role of the Medical Member of the Panel sufficiently reasonable and clear in the Rules and/or Guidance?***

27. The original consultation paper<sup>1</sup> explained that the titles of the ‘Appointed Medical Advisor’ (AMA) and ‘Medical Expert’ in the current Rules have been amended to ‘Medical Examiner’ and ‘Medical Member’ respectively, so that the roles are more clearly defined and less easily confused; only the Medical Examiner is able to provide advice on the medical evidence and/or to perform any independent medical examinations.
28. The Bar Council expressed concern that the role of the Medical Member on the Panel was still not clear. They questioned whether it was the role of the medical member to provide some insight into the professional’s condition for the benefit of the other panel members, and argued that, if so, whether this insight should be considered a matter of evidence, which both parties have the opportunity to challenge. They also questioned why the BSB had not taken the approach of some other regulators, which is to remove the requirement for a medical panel member, because of the risk that the medical panel member could seek to provide an expert opinion during panel deliberations, which the parties would not be aware of or could not be challenged.

**Comment**

29. The Rules refer to the provision of medical and expert opinion by the Medical Examiner, however, the BSB accepts that it would also be beneficial to further explain within the Guidance the role of the Medical Examiner as compared to the Medical Member; Paragraph 79 has been amended as a result.
30. The BSB will also request that the roles of those involved in proceedings are set out clearly in COIC’s training and guidance for Panel members; in particular, it should be made clear that the Medical Member’s role is distinguishable from that of the Medical Examiner. Additionally, it will be emphasised that any formal advice or expert opinion should always be provided to all parties, in accordance with Rule 13(b) and 39.
31. However, the BSB remains of the view that a person with medical experience should be included in panels dealing with health issues. Their role is not to provide expert evidence but to bring to bear some level of experience on the context of the issues being raised, which other panels will not have. It should be noted that similar objections to those raised by the Bar Council could be made in relation to the barrister members of the panel who could be seen as able to provide “expert” views on legal issues but whose role is only to provide context and experience of the matters under consideration to allow for effective and informed deliberations. The BSB therefore intends to retain the use of medically qualified members on FTP panels. We do not consider there to be sufficient evidence, at this stage, to alter the basic composition of the Panel, and is of the view that drawing medical expertise from the Panel will promote a balanced approach to decision-making.

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<sup>1</sup>You can access the original Consultation Paper on the BSB’s website, here: <https://www.barstandardsboard.org.uk/about-bar-standards-board/consultations/closed-consultations/fitness-to-practise-rules-and-guidance/>

**Question 5: The aim of the Rules is to protect the public. Taken as a whole, do you consider that they present a proportionate and expeditious means of achieving the aim of being fair to the barrister and protecting the public?**

32. A large proportion of the consultation paper addressed each Rule or section of the Rules in turn, explaining what changes had been made and making comparisons with the old Rules.
33. The Bar Council expressed concern at the suggestion that a barrister could be suspended from practice on an interim basis without the BSB having first obtained medical advice. They proposed that, to be fair to the barrister, the BSB should be required to use its best endeavours to seek medical advice before imposing an interim suspension. This will avoid assumptions being made about a barrister's abilities, which are not supported by medical opinion.

**Comment**

34. The BSB, in the consultation paper, put forward the suggestion that the BSB should be able to impose an interim suspension prior to a referral to a panel. We then went on to explain why this was not considered an appropriate approach, and why we had rejected it (see Paragraph 8.41. of the consultation paper also Paragraph 50 - 52 below).
35. Nevertheless, it is still considered reasonable for a *Panel* to have the power to impose an Interim Suspension, given that barristers should not be able to practise if the immediately available evidence indicates that they present a risk to the public.
36. The BSB has a duty to ensure that prompt action is taken to protect the public and the wider public interest, and it is important for action to be taken in short order, in cases presenting the most significant risk. It will therefore not always be possible to gather all the evidence that might potentially be available to make a final decision prior to the Preliminary Hearing, but it is still essential that action can be taken if the barrister poses an obvious risk. However, a Panel will only impose interim restrictions on a barrister's practice where it is satisfied, based on the available evidence, that it is necessary to protect the public or is in the barrister's own interests to do so (Rule 15): by definition, this evidence must present serious concern. Paragraph 48 of the Guidance also indicates that a Panel should not give undue regard to a previous decision to impose an interim restriction when making a determination at the full Hearing, since a lower 'test' is applied at the Preliminary Hearing.
37. Finally, the barrister will also be provided with copies of any information received (Rule 7) and given sufficient opportunity to make representations (Rule 9) prior to a Preliminary Hearing, which can include any medical evidence they wish to present at that stage.

**Question 6: Do you have any other comments on any of the proposed amendments to the Rules, which are not specifically addressed by the questions already included in this consultation paper?**

38. The Bar Council had no other comments on the Rules.

### **Proposed amendments to the Supplementary Guidance**

***N.B:** The current version of the guidance is issued solely in the BSB's name. However, the intention in relation to the revised version of the guidance is to issue it jointly with the Bar Tribunals and Adjudications Service (BTAS) given that the contents apply both to BSB staff and Committee members as well as BTAS panel members: the guidance is therefore now titled 'joint' guidance.*

**Question 7: Are the processes in relation to making reasonable adjustments, as outlined in the Guidance satisfactory (see Paragraphs 12 – 14 of the Guidance)?**

39. Paragraph 12 of the Guidance, produced to support the Rules, makes clear that Panels have an obligation under the Equality Act 2010 to make reasonable adjustments for disabled persons. Also, panels must consider whether the barrister is fit to practise, on the assumption that reasonable adjustments can be, or should have been, made in relation to their provision of legal services.

40. The Bar Council commented that the processes for making reasonable adjustments were satisfactory.

### **Comment**

41. In light of the comments received, the BSB is satisfied that the provisions in relation to making reasonable adjustments are sufficiently clear to be taken into account and applied by Panel members.

**Question 8: Is the Guidance supporting the Fitness to Practise process clear to follow and does it provide the necessary level of detail to inform decision-making? Specifically consider:**

- ***the factors to be taken into account by the PCC when considering whether to refer a matter to a Fitness to Practise Panel (See Paragraph 15 – 21 of the guidance);***
- ***the factors, which need to be taken into account by Fitness to Practise Panels, when considering whether to direct an interim suspension or prohibition (See Paragraphs 29 – 33 of the Guidance);***
- ***the decision-making criteria to be used by the Fitness to Practise Panel in determining whether the barrister is unfit to practise (See Paragraph 42 of the Guidance).***

42. The Bar Council raised concerns that the Guidance contained limited recognition that there may be a range of medical opinion as to the effect that a particular illness or

condition may have on fitness to practise and the effectiveness of treatment. They were also of the view that the Guidance does not adequately have regard to the fact that the barrister concerned may wish to put his own (potentially conflicting) medical advice before the panel. The Bar Council suggested that the Guidance should set out how the panel should deal with disagreements between medical professionals as to the effect of a medical condition on fitness to practise, and the efficacy of any treatment.

### **Comment**

43. The need for a panel to balance conflicting evidence is inherent in any decision-making process of this nature and the BSB is satisfied that the Rules and guidance provide for this. As stated previously, the Rules and Guidance make clear that the barrister will be able to make representations throughout the process. Rule 37 (c) states that:

*“the barrister may, on his or her own behalf or through his or her representative:*

*(i) make representations in writing or orally,*

*(ii) produce evidence.... and,*

*(iii) put questions to any Medical Examiner whose report is in evidence before the Panel”.*

44. The barrister will therefore be afforded the opportunity to challenge the evidence put forward by the Medical Examiner and put forward their own medical evidence.
45. Additionally, as stated at Rule 37 of the Rules, *“the proceedings will be governed by the Rules of natural justice”*. As such, the Panel will be required to balance all evidence fairly before concluding whether the barrister is fit to practice, or whether to impose conditions. Indeed, Paragraph 44 of the Guidance states that *“where the facts are disputed, the Panel must...give reasons as to why a barrister’s evidence was not preferred”*. This guidance emphasises the need for the panel to consider fully any potentially conflicting medical evidence. There is also no specific prohibition on the Panel asking for an independent second opinion, should there be conflicting medical evidence that it does not feel able to resolve
46. In light of this, the BSB is satisfied that the provisions within the Rules and Guidance are sufficient to allow the Panel to fairly balance and determine conflicts in medical opinion.

**Question 9: Does the Guidance effectively cover the administrative and practical steps to be followed within the process (See Paragraphs 89 – 91 of the Guidance)?**

47. The Bar Council accepted that the Guidance effectively covers the administrative and practical steps to be followed within the process.
48. Informally, however, COIC raised concerns that Paragraph 1 of Schedule 1 in the Rules, states that *“the President shall appoint and maintain a list of...medical...persons eligible*

*to be members of a Fitness to Practise Panel*” (emphasis added). Currently COIC provides the President with the name of a medically qualified person suitable to sit on a panel taken from a short list of medical practitioners compiled by the executive staff. There is no formal “panel” from which the medical members are selected and they are selected according to the needs of the particular hearing. COIC is of the view that *maintaining* a standing list of medical persons suitable to sit on Panels is disproportionate to actual need, given the infrequency of the proceedings. However, under the current revised Rules as they stand, COIC would be required to recruit and maintain a standing list of specific medical members, who would only sit very rarely.

### **Comment**

49. The BSB agrees that the requirement to “maintain” a standing list of Medical Panel Members is disproportionate for the reasons put forward by COIC. Paragraph 1 of Schedule 1 has therefore been amended to limit the role of the President to merely the ‘appointment’ of Medical Members and not for the maintenance of a standing ‘list’. However, lay and barrister members, as well as Queen’s Counsels eligible to sit as Chairs, will be drawn from the same COIC panel of members as for Disciplinary Tribunal panels.

### **Powers of immediate suspension**

#### ***Question 10: Do you think that the proposed processes will allow the PCC to process cases (particularly the most urgent) expeditiously?***

50. As stated at paragraph 34 above, as part of the review process, the BSB considered the need to include powers for the PCC to suspend a barrister immediately without prior reference to a FTP panel. However, it was not considered appropriate in health-related cases to give the PCC such power given the absence of any medical expertise on the PCC and because formal medical evidence might not be available at this stage.
51. The BSB are of the view that the proposed approach aligns with the stated outcomes of the Rules (see Paragraph 3.3. of the consultation paper) and strikes the right balance between mitigating any immediate risk to the public by ensuring that a Panel is convened in short order where necessary, and being fair to barristers by allowing them an opportunity to make representations and present medical evidence before a decision is taken whether or not to suspend them from practice.
52. The Bar Council agreed that the proposed process allowed for urgent cases to be dealt with expeditiously.

### **Comment**

53. Taking into account the response received, the BSB is content that the processes are expeditious and that cases can be progressed at a speed which accords with the risk presented.

## **Future changes to the Rules and the introduction of the new BSB Handbook**

***Question 11: Do you have any comments on the BSB's proposal to extend the Fitness to Practise Rules to be applicable to non-barristers, in accordance with the provisions of the proposed new BSB Handbook, without further consultation?***

54. In line with the BSB's intention to extend the BSB's regulatory remit to non-barristers as a result of regulation of entities, it was envisaged at the time of consulting that the FTP Rules would also need to be amended further to allow them to be applicable to both barristers holding a practising certificate *and* 'authorised (non-BSB) individuals'.
55. As the BSB had already consulted extensively on the new BSB Handbook, this consultation on the FTP processes posed the question as to whether there was a need to further consult on the revisions necessary to make the Rules applicable to "authorised (non- BSB) individuals" (AIs). Such revisions were to be limited to amending any definitions to accord with those covered by the new Handbook and extending any reference to 'barristers' to also include 'AIs'. The Rules would have also needed to be amended to allow the BSB to disqualify or suspend 'AIs' from working in a BSB regulated entity.
56. The BSB received no comments on the proposal to extend the relevant Rules to AIs.

### **Comment**

57. Although no objections were raised to amending the Rules and Guidance to accord with the extension to 'AIs' during the consultation process, the Standards Committee of the BSB considered the extension of the Rules to non-barristers at its meeting in July 2013 and took the decision that such an extension was not necessary or appropriate given the nature of FTP proceedings. It considered that it would be more appropriate to refer issues of fitness to practise in relation to non-barrister professionals working in BSB regulated entities to the primary professional regulator. Therefore, the decision has now been taken that the final FTP Rules will apply only to "BSB authorised individuals", that is, only "individuals authorised by the Bar Standards Board to carry out reserved legal activities including a) practising barristers; b) second six pupils c) registered European Lawyers". This altered approach has also received wider support from COIC.

### **Equality analysis**

***Question 12: Do the revisions to the Rules raise any equality issues not identified in Paragraph 10 above or the Equality Analysis (Annex 5 of the Consultation Paper). If so, do any further revisions need to be made to the Rules and/or Guidance?***

58. The BSB is committed to promoting equality and diversity throughout the Bar and within the BSB as an organisation. Every effort is made to ensure that processes and procedures are fair, objective, transparent and free from unlawful discrimination. The

BSB also aims to promote awareness of the obligations under the Equality Act 2010 and consider the protected characteristics under the Act. .

59. Due to the nature and subject of the Rules, particular attention was paid to equality issues throughout the review. Specifically, it was understood that issues relating to the protected characteristics of disability, pregnancy and maternity and age (i.e. older age) are more likely to arise than other protected characteristics in Fitness to Practise proceedings (Paragraph 9 of the Guidance), since barristers from these groups may be more likely to have health issues that could impact on their ability to practise. A full Equality Analysis was included as Annexe 5 to the Consultation Paper<sup>2</sup>. The Analysis concluded that there was no evidence to suggest that any protected group will be disproportionately impacted by the Rules and Guidance or the changes introduced under this review.
60. The Bar Council expressed the view that the Guidance seems to focus purely on a failure to comply with treatment being a relevant factor in imposing restrictions on practise. They considered that the availability of treatment, specifically to disabled barristers, as well as their likelihood of complying with the treatment, should be actively considered (and as such expressly cited in the Guidance).

### **Comment**

61. The BSB recognises that the ability to comply with a treatment should be considered as a relevant factor by Panels when determining what conditions to impose on a barrister's practise. As such, Paragraph 52(c) of the Guidance states that, before imposing conditions, the Panel should satisfy itself that:

*“(c) the barrister will abide by conditions relating to his or her medical condition(s), treatment and supervision, and that circumstances do not prevent the barrister from doing so”.*

62. However, for further clarity, the BSB has added into Paragraph 42(j) and 46(a) of the Guidance that, when deciding what restriction to impose, the Panel should only consider the fact of the barrister seeking treatment as a relevant factor, where treatment is actually *relevant* and *available*.

### **Summary of Policy Decisions**

63. The following is a summary of the main decisions taken by the BSB in response to this consultation:

#### **Role of Medical Member:**

- The Role of the Medical Examiner, as compared to the role of the Medical Member should be more clearly defined at Paragraph 79 of the Guidance.

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<sup>2</sup> You can access the full Equality Analysis on the BSB's website, here: [https://www.barstandardsboard.org.uk/media/1461008/annex\\_5\\_-\\_130320\\_-\\_fitness\\_to\\_practise\\_rules\\_-\\_consultation\\_-\\_equality\\_screening\\_-\\_final.pdf](https://www.barstandardsboard.org.uk/media/1461008/annex_5_-_130320_-_fitness_to_practise_rules_-_consultation_-_equality_screening_-_final.pdf)

### **Training of Panel Members:**

- The BSB will request of COIC that Panel training makes it clear the distinction between the role of the Medical Examiner and that of the Medical Member, and specifies that no formal medical opinion/advice should be provided without both parties being party to it.

### **Maintenance of Panel Member List:**

- Removal of the requirement in the Rules for COIC to *maintain* a list of Medical Panel Members eligible to sit on Panels, given their infrequency (Schedule 1 of the Rules and Paragraph 84 of the Guidance).

### **Availability of treatment:**

- The Guidance will be amended at Paragraph 42(j) and 46(a) to make clear that treatment should only be considered as a factor by the Panel in determining whether to impose conditions on a barrister's practice, where it is "relevant and available".

### **Development of information leaflet:**

- Although not a particular concern of this consultation, the BSB will also consider producing a specific information leaflet for the benefit of those involved in Fitness to Practise proceedings.

## **Next Steps**

**64.** In line with the consideration of the responses received to the consultation paper, as outlined above, the Rules and Guidance have been revised to include the changes made as result of the consultation and wider BSB approval process, and to reflect the format of the pending BSB Handbook (eg in future the 'Rules' will be referred to as 'Regulations' and this change in terminology will be reflected throughout).

**65.** The BSB will apply for LSB approval of the Rules and Guidance that apply to 'BSB authorised individuals' in October 2013 with a view to the new Rules and Guidance coming into effect in January 2014.

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### **Bar Standards Board**