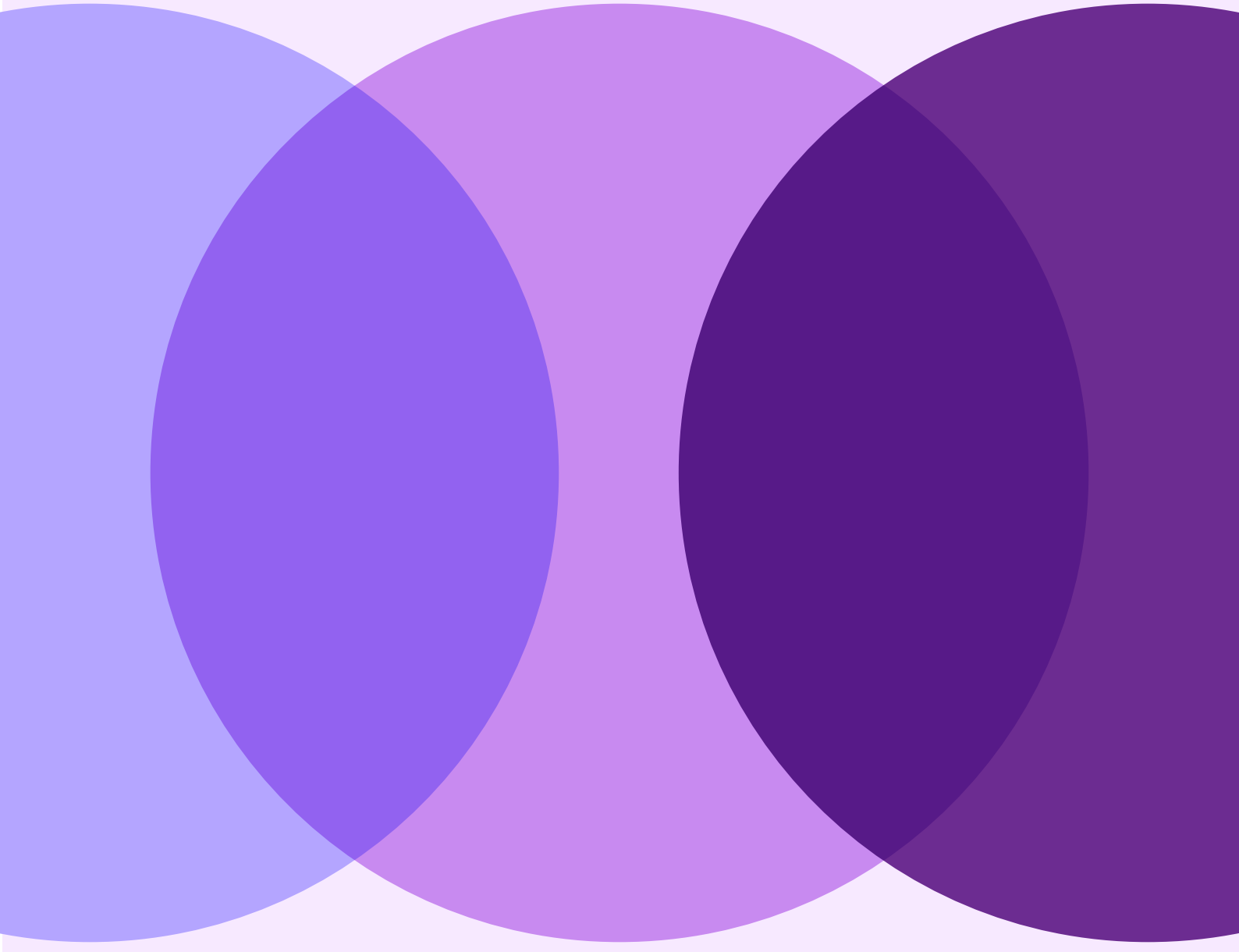
Guidance

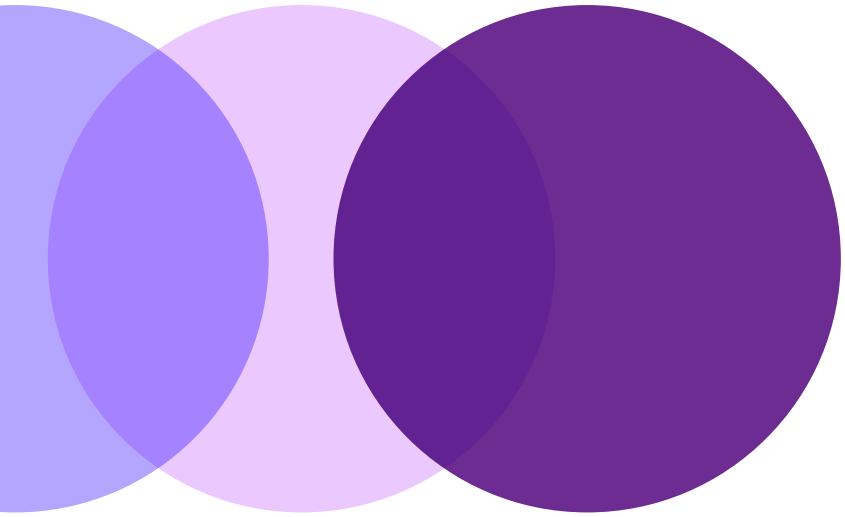
professional standards authority
for Health and Social Care

Good practice guide

Lessons from meeting our EDI Standard for regulators

2025





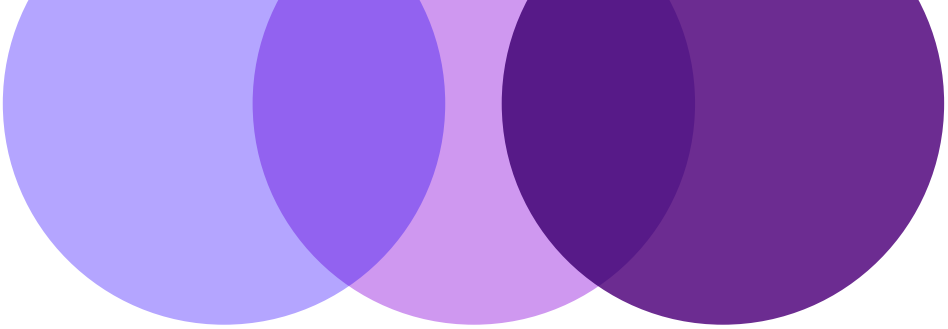
About the Professional Standards Authority

The Professional Standards Authority for Health and Social Care (PSA) is the UK's oversight body for the regulation of people working in health and social care. Our statutory remit, independence and expertise underpin our commitment to the safety of patients and service-users, and to the protection of the public.

There are 10 organisations that regulate health professionals in the UK and social workers in England by law. We audit their performance and review their decisions on practitioners' fitness to practise. We also accredit and set standards for organisations holding registers of health and care practitioners not regulated by law.

We collaborate with all of these organisations to improve standards. We share good practice, knowledge and our right-touch regulation expertise. We also conduct and promote research on regulation. We monitor policy developments in the UK and internationally, providing guidance to governments and stakeholders. Through our UK and international consultancy, we share our expertise and broaden our regulatory insights.

Our core values of integrity, transparency, respect, fairness, and teamwork, guide our work. We are accountable to the UK Parliament. More information about our activities and approach is available at www.professionalstandards.org.uk.



Why we produced this guidance

Persistent inequalities in health and social care continue to affect both the public and professionals. Patients and service users from some groups experience unfairness in terms of access to health and care services, treatment outcomes, and barriers in raising concerns or seeking redress.

At the same time, professionals from some groups continue to be disproportionately subject to complaints, referrals, and regulatory sanctions. These disparities undermine public confidence, compromise fairness, and risk perpetuating structural disadvantage.

While we recognise that these challenges are complex and deep-rooted, regulators have a unique and influential role in helping to tackle inequality by ensuring that their processes are fair and inclusive, and by using their position to lead and influence change. For our part, we have changed the way we assess the performance of regulators to raise our expectations over time and support improvement by identifying and sharing good practice. This guidance is part of our work to help address those challenges.

Although we have already seen encouraging signs of progress, real change will require long-term commitment and sustained effort. We also recognise that there is no single approach that will be right for every regulator or every context. This report is not intended to prescribe specific actions. Rather, it is intended as a way of sharing ideas and highlighting emerging practices that others may wish to consider or adapt in their own work.

About this guidance

This report is based on examples of good practice identified through our 2023/24 performance reviews of the health and care regulators we oversee.

It showcases a range of work regulators are undertaking to embed equality, diversity and inclusion across their regulatory functions. The examples presented here do not represent an exhaustive list of all activity in this area, nor are they intended to suggest that these approaches are the only ways to make progress. Rather, they reflect the work that regulators have shared with us during our assessments, and which we consider may be of interest to others.

How we developed this guidance

The examples included in this report were selected from the good practice we highlighted in our 2023/24 performance review reports. We invited the regulators involved to provide further information about their work, including:

- Why they chose to carry out the work
- Any challenges they faced and how they addressed them
- Any updates or developments since we published our 2023/24 report
- Any impacts they have identified so far
- The lessons they have learned through the process
- Any advice they would offer to other regulators considering similar work.

We hope this report will serve as a useful source of ideas and inspiration, and we encourage regulators to reflect on the examples included here, consider whether similar approaches might support their work, and continue to share learning with others.

What is our EDI Standard?

Each year we assess the 10 statutory regulators we oversee against our Standards of Good Regulation. **Standard 3** is our Equality, Diversity and Inclusion (EDI) Standard. In 2023, we introduced a new approach to assessing regulators against Standard 3, including adding four outcome statements. We did this because we wanted to:

- raise our expectations for meeting this Standard, which had been set at a relatively low bar when it was introduced in 2019
- make our assessments more transparent and consistent, building on the improvements we made to our processes when we introduced our new approach to performance reviews from 2021/22
- do more to support regulators to make further improvements.

Standard 3:
The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.

The four outcomes are:

1. The regulator has appropriate governance, structures and processes in place to embed EDI across its regulatory activities.
2. In terms of EDI, the regulator ensures that students and registrants are equipped to provide appropriate care to all patients and service users, and have appropriate EDI knowledge and skills.
3. In terms of EDI, the regulator makes fair decisions across all regulatory functions.
4. The regulator engages with and influences others to advance EDI issues and reduce unfair differential outcomes.

Good practice by Standard 3 Outcome

1. The regulator has appropriate governance, structures and processes in place to embed EDI across its regulatory activities

Embedding EDI effectively requires more than isolated initiatives; it requires a strategic and visible organisation-wide commitment. Evidence indicates that diversity in leadership can accelerate change and improve decision-making, and regulators are taking action to improve the diversity of their senior leaders and decision-makers, supported by more complete data on the diversity of those in post.

Regulators that demonstrate good practice in this area have clear strategies and action plans, with established governance structures and mechanisms to inform and direct change, including effective use of Equality Impact Assessments. Regular public reporting demonstrates accountability and commitment to improvement, and helps to maintain the momentum needed to tackle complex issues over longer time periods. Without these foundations, efforts to address inequalities are likely to be fragmented, reactive or less effective.

Good practice we noted:

General Optical Council

The GOC has a wide range of active staff networks. This year it launched a new group on social mobility, demonstrating it proactively identifies and creates new networks to improve coverage of different groups and demographics. Staff network activities included workshops on neurodiversity, blogs on LGBTQ+ history month and a Spring Festivals Celebration, which marked various religious and spiritual events that traditionally take place in the Spring. We think the way the GOC uses these networks to raise awareness and help embed EDI across the organisation is good practice.

Case study:
General Osteopathic Council

The GOsC decided that its Guidance for Pre-registration Education needed to be updated and conducted an Equality Impact Assessment. This identified that the GOsC's pre-consultation engagement did not include people with specific expertise and lived and learned experience about EDI issues in undergraduate education. In addressing this issue, the GOsC faced two main challenges:

- The osteopathic profession and the student population are small and not representative of the wider population. The GOsC used different channels and informal support groups to encourage people with relevant lived and learned experience to come forward and offered them small payments to speak to the GOsC in a focus group.
- Some of those who did participate were not comfortable engaging with a regulator and did not believe anything would happen as a result of their feedback. The GOsC created a safe space to share views by spending time to welcome participants, agreeing ground rules and committing to providing feedback to the group about how their comments had influenced the consultation process.

The GOsC used the findings of its focus group to inform development of additional EDI guidance and resources for osteopaths. It has since built on this work, including jointly funding research on the experiences of under-represented groups in osteopathic educational institutions and disseminating those findings. It has also started collecting EDI data on progression as well as enrolment, which has allowed the GOsC, in collaboration with education providers, to set actions and targets to reduce identified differentials.

2. In terms of EDI, the regulator ensures that students and registrants are equipped to provide appropriate care to all patients and service users, and have appropriate EDI knowledge and skills

To ensure equitable care, students and registrants must be equipped with the knowledge, skills, and confidence to meet the diverse needs of patients and service users. This includes understanding how protected characteristics and social determinants of health can influence care needs, access, and outcomes. Regulators play a vital role in setting expectations for inclusive practice through their standards for education, training, and professional conduct.

Regulators are embedding EDI into their education standards and ensuring that students from all backgrounds are supported to succeed, including making use of data to identify and address differential attainment. We have also seen regulators produce and disseminate various guides, toolkits and other resources to support registrants across a wide range of EDI-related topics to enable them to provide better care to all patients and service users.

Good practice we noted:

General Osteopathic Council:
The GOsC's standards show a clear focus on EDI, across its requirements for registrants, pre-registration trainees, and Osteopathic Education Institutions.

General Chiropractic Council:
The GCC's Education Standards for education providers have a clear focus on EDI. Providers must ensure students can apply and understand the principles of EDI and recognise the impact of discrimination and health inequalities.

The GCC's EDI toolkit for registrants is designed to raise awareness of best practice and support chiropractors to meet legal requirements.

Good practice we noted (for Outcome 2 continued):

General Medical Council:

The GMC has a well-established programme of work on fair training cultures, which we consider to be good practice. It collects data on learners' progression, experiences and outcomes, which is analysed by protected characteristic. It has added optional questions to its National Training Survey to support this. The GMC has also carried out analysis of intersectionality and the effects this can have on differential attainment. The GMC requires training organisations to demonstrate action they are taking to address inequality of opportunity for learning, either through annual action plans or self-assessment against the GMC's standards.

The GMC provides further guidance and resources for doctors on how to provide inclusive and effective care for patients who share certain protected characteristics (including older patients, and trans and gender diverse patients). It has also published a series of interactive case studies, Good Medical Practice in action, to illustrate how the standards apply in a variety of scenarios, including some where specific EDI considerations are relevant.

Social Work England:

We consider that the extent of Social Work England's emphasis on equality and inclusion within its professional standards and supporting guidance amounts to good practice. We also consider that the extent to which its standards for education and training providers emphasise equality, inclusion, and supporting students amounts to good practice.

Case study:
General Optical Council

Each year, providers of GOC approved qualifications are required to submit annual monitoring and reporting (AMR) forms as one part of the GOC's quality assurance process.

As part of this, providers submit data on key metrics including EDI and widening participation in areas such as admissions, progression, attainment and risk. The GOC identifies key themes in the information and data it collects and shares this learning with the sector in its annual optical education reports. These reports provide an overview of optical education and training in the UK and share examples of current and good practice. For example, the most recent report included examples of widening participation initiatives such as strategies to address and analyse identified recruitment and attainment gaps in the EDI data, and support infrastructure to recommend to qualification teams and module leads adjustments for students with disabilities, among others. The GOC hopes that, by sharing current practice across the sector, providers will be able to compare their own activities to identify any potential gaps or potential quality improvements in their own provision.

The GOC has expanded the information it collects from providers to include information on progression and attainment by protected characteristic. This annual dataset will allow the GOC to identify trends over time and generally improve its evidence base. Because of the differences between providers, in terms of size, type, qualifications offered and reporting schemes, the GOC has tried to make the AMR form flexible enough to be suitable for all. Some providers questioned the need to provide some data, or were unable to provide the data requested – for example where data might risk the anonymity of students. The GOC told us it listens to feedback from providers and uses it to make incremental changes to the data it collects each year.

Case study:
General Chiropractic Council

In 2023, the GCC surveyed registrants to understand their attitudes and experiences related to EDI. This found that only 57% of registrants agreed the chiropractic profession adequately served diverse communities and that over 25% of registrants did not feel adequately prepared to manage EDI in the workplace. It also found that the profession was split on the need for mandatory EDI training, with 47% agreeing or strongly agreeing it was necessary.

The GCC's research identified a relatively small group of registrants (around 12%) who viewed such training as being ideologically driven, and a much larger group (around 46%) whose comments indicated an approach of providing the same care for all. As the GCC noted, this "highlighted an underlying gap in registrants' understanding of the importance of tailored care in achieving truly equitable health outcomes, and how a uniform approach to care provision may inadvertently perpetuate health inequalities."

The GCC took the decision to go ahead with EDI as the mandatory subject for focused reflection in the 2023/24 CPD year, linking it relevant standards in The Code. To support this, the GCC published 10 EDI scenarios in its monthly newsletter for registrants which examined how protected characteristics could impact patient care.

Case study:
General Chiropractic Council (continued)

The GCC has reflected on the impact of its use of focused reflection in CPD to influence registrant attitudes regarding EDI, including using the findings of an independent thematic review of CPD responses. It found that:

- There was little or no evidence that underlying registrant attitudes towards EDI changed as a result of this approach. The GCC concluded that "focused reflection is not necessarily appropriate as a way to shift the needle".
- Although registrants valued the use of scenarios to illustrate the application of EDI knowledge in patient care, the scenarios were necessarily short and targeted and not enough to fill the gaps in knowledge identified by registrants themselves. The GCC has reflected that it would be sensible to identify any gaps in CPD provision before introducing a specific requirement to allow time to engage with CPD suppliers in preparation.
- Only 8% of registrants intended to continue their EDI learning beyond the 2023/24 CPD year. While the CPD focus provide a short-term framework for learning, the GCC recognised the need to think about how to sustain this over the longer term.

In the course of our performance review work for 2024/25, we have received positive comments from stakeholders regarding the GCC's focus on EDI in its CPD requirements – notably that it had raised the profile of EDI issues within the profession, improved registrants' understanding of EDI and helped foster a more inclusive profession.

3. In terms of EDI, the regulator makes fair decisions across all regulatory functions

Evidence has shown that some groups – particularly those from ethnic minority backgrounds – have been disproportionately impacted by regulatory processes, notably in fitness to practise experiences and outcomes.

These disparities are often the result of complex, intersecting factors, including workplace culture, referral practices, and systemic bias. Over recent years, regulators have significantly improved the quality of EDI data they hold for their registrants which, in turn, has allowed them to identify unfairness in decision-making and prioritise activity to reduce it.

Case study:
General Pharmaceutical Council

The GPhC wanted to explore and understand whether there was any under or over representation of those who share particular protected characteristics in its fitness to practise (FtP) processes. It analysed the data it held about registrants who had entered the FtP process in 2021/22. To ensure its analysis was robust, the GPhC:

- prepared a dataset that removed concerns not linked to an individual and only included each registrant once
- merged categories which included very small numbers of registrants to allow statistical analysis
- limited the scope of the analysis to pharmacists because the number of concerns about pharmacy technicians was low
- focused the analysis on the protected characteristics of age, sex and ethnicity, for which the GPhC held the most complete data
- commissioned an external company to provide support and guidance and carry out the initial analysis.

The GPhC published an initial analysis report in October 2023 with a more detailed report in January 2024, which sets out the methodology and limitations of the analysis, as well as the findings. It has subsequently repeated the analysis in-house using its 2023/24 FtP data and plans to repeat this on an annual basis, publishing its findings on the GPhC website.

> "This work provided reassurance about the robustness and objectivity of many aspects of our FtP processes. It has also helped to raise awareness internally of the importance of looking at potential disproportionalities in our regulatory processes. It has provided useful information for stakeholders, the pharmacy sector, and the general public and we often cite the report and our findings."

4. The regulator engages with and influences others to advance EDI issues and reduce unfair differential outcomes

Many of the most persistent inequalities in health and care are systemic in nature and cannot be resolved by regulators acting alone. However, regulators are well placed to influence change beyond their own organisations, and we have seen regulators collaborate with a wide range of stakeholders including patient and service user groups, registrants, education providers, employers, and community groups.

Engaging with people who have experienced exclusion or discrimination can present regulators with particular challenges – especially if regulators are seen as part of the problem – which can require time and commitment to overcome. We have seen regulators use a range of methods at different scales to engage with diverse stakeholders, from one-to-one interviews and small focus groups to large-scale surveys.

Good practice we noted:

Health and Care Professions Council:

The HCPC engaged extensively with AbleOTUK* on several initiatives resulting in changes across multiple processes, including:

- **separating health questions from character declaration questions for applicants and registrants**
- **improving the wording on the online application form to ensure that the meaning and intention of the declarations are clear to applicants, and**
- **triaging health declarations to prevent managed conditions automatically entering the FtP process.**

*AbleOTUK is an Occupational Therapy Network/Advocacy Group for practitioners, students, researchers, educators and people with disabilities/long-term health conditions. It develops resources in a range of topics such as disclosure and supporting Occupational Therapy colleagues with a disability/health condition.

Social Work England:

Social Work England engages with a diverse range of stakeholders via its National Advisory Forum (NAF), which co-produces a significant amount of work with Social Work England. When undertaking consultations, Social Work England often holds pre-consultation events to involve specific groups in the process. We consider the extent of the NAF's involvement in Social Work England's work, and its associated commitment to co-production, is evidence of good practice.

Good practice we noted (for Outcome 4 continued):

General Pharmaceutical Council:

The GPhC has set up three feedback forums made up of patients/public, pharmacy students/trainees, and pre-registration pharmacy technicians. The GPhC has also engaged with a variety of stakeholder organisations such as the UK Black Pharmacist Association, ADHD UK (a charity for people with attention deficit hyperactivity disorder), and patient group INFACT to hear about the lived experience of patient safety issues affecting women and girls. We commend the GPhC's work to engage with a diverse range of stakeholders during the review period.

General Medical Council:

Th GMC has been working with partners to promote supportive inductions for international medical graduates (IMGs). It collaborated with NHS England, the British Medical Association and the Medical Protection Society to produce Welcoming and Valuing IMGs, a set of comprehensive induction standards. It works with employers and educators to support them to implement these standards and to share good practice. For over 10 years, it has been running Welcome to UK Practice workshops, which are free and designed to support doctors new to the UK. They provide practical advice and explore different ethical scenarios that an IMG may encounter. They explain the GMC's key standards and guidance and are designed to equip doctors with knowledge and skills to provide appropriate care in an environment that may be very different from their country of qualification.

General Optical Council:

The GOC has been running annual surveys of registrants and the public for several years and using the findings to inform its work. One recent example was the joint statement it published on bullying, harassment, abuse, and discrimination, which was prompted by the findings from its 2023 registrant survey. The GOC also used its survey findings to inform the review of its standards and to identify new areas for future research. We think the way that the GOC applies the findings from its annual surveys is good practice.

Case study:
General Dental Council

As part of its wider research programme, the GDC contracted with an external provider to seek the views of patients and the public, giving the GDC access to a market research panel of approximately 30,000 people. The GDC has used this panel to inform a number of pieces of research in recent years, such as its 2024 Public Survey. For this piece of work, the GDC was able to survey over 2,400 people, allowing it to analyse the results in different ways, including in terms of gender, age, ethnicity and socio-economic grouping. It followed this up with in-depth interviews with a small number of respondents to provide further qualitative evidence. The GDC has also accessed the panel to seek diverse views to inform its planning and thinking on specific issues, for instance in relation to professional standards, raising concerns, and its approach to hearings.

The GDC has found that having an independently recruited panel, with independently facilitated activity, has provided a systematic and robust approach to hear from individual members of the public. The GDC has also found it to be a flexible, responsive and cost-effective way of engaging patients and the public in a range of ways, and that working with a contractor over a number of years improves their understanding of the GDC and what it wants to achieve from the work.

The GDC has found that this kind of engagement benefits from forward planning and clarity of thought and purpose, noting the need to "carefully consider the various operational, policy and research purposes public voice and co-production could contribute to." The GDC research team works with business leads within the GDC and the contractor, for example to help scope and commission the work and provide support with contract management. "Over time, colleagues can also see in action the advantage of co-production and public voice in our work, and rapid and agile project turn arounds help reassure colleagues concerned about project progress."

Case study:
Health and Care Professions Council

The HCPC wanted to ensure that it produced a revised Standards of Conduct Performance and Ethics (SCPEs) that was as accessible as possible. With input from its EDI forum, it established a working group to provide ideas and feedback about supporting material that would help registrants, service users and others understand the SCPEs. It used its newsletter and consultation workshops to raise awareness of the working group and recruit members. The make-up of the group included people with lived experiences including neurodivergence, disability, and English as a second language.

To get the most from the working group, the HCPC:

- held meetings online to make them more accessible, and also provide other ways for participants to engage such as via the chat function, via email or in separate meetings
- used the first meeting to help participants get to know each other and establish ways of working
- held meetings every two months for a year, giving the HCPC enough time to respond to feedback and provide new content for the group to consider, while maintaining momentum with the work.

The length of time (12 months) this work took provided a challenge in terms of turnover among the group as people's availability changed. The HCPC has reflected that it would discuss the nature of the work and time commitment with people in more depth at the beginning of future projects. It also recommended thinking about the need for such groups at an early stage in future projects.

The HCPC also had to manage expectations within the group, particularly in terms of what it could achieve with the time and resources available. Some of this involved discussions around individual versus group preferences.

Case study:
General Medical Council

In 2021, the GMC took the decision to accelerate the work it had already started to tackle inequalities in medical education and training, and the disproportionate patterns of FtP complaints it received from employers. It set itself two targets:

- to eliminate the disproportionate pattern of fitness to practise complaints we receive from employers, in relation to a doctor's ethnicity and place of qualification, by 2026
- to eliminate discrimination, disadvantage and unfairness in undergraduate and postgraduate medical education and training by 2031.

It is working to deliver these objectives through its Fairer Employer Referrals (FER) and Fair Training Cultures (FTC) programmes. Some of the key learnings the GMC has identified from these programmes are set out below.

Fairer Employer Referrals

- The programme enhanced the GMC's existing stakeholder relationships, providing greater opportunities for collaboration.
- The value of having good practice examples which are evidence-based and relevant to the environments in which they might be applied.
- The nature of the target and the focus on cultural change in local environments means that it has not been easy to measure direct impact.
- Running the programme in phases has allowed the GMC to monitor changes in the system and adapt its approach as needed.

Fair Training Cultures

- Over the last 10-years the GMC has improved its data quality by collecting new demographic characteristics for registrants.
- Other organisations may also hold useful data. The GMC has collected over 200 postgraduate exam results run by many different organisations and published a multivariate analysis to shine a light on differences in pass rates across the entire medical education system.

Case study:
General Medical Council (continued)

- Stakeholders told the GMC that the biggest barrier to change was the lack of evidence around what works, and this contributed to the reluctance in organisations to invest in the large-scale interventions that may deliver change. When interventions were funded, very few had the resource to evaluate impact. The GMC chose to directly fund the delivery and evaluation of three initiatives over three years and has built confidence and increased take-up of similar initiatives.
- From 2019 the GMC rolled out new a requirement for all educational organisations (medical schools, postgraduate training organisations and medical royal colleges and faculties) to create action plans to address inequality, and to evaluate their impact.

Wider lessons and tips

The complexity of the causal factors, challenges of changing culture, and perceptions of burdening an already pressurised system posed a risk that stakeholders might resist the GMC's proposals. The GMC made it clear that, although delivery would require significant engagement and commitment from stakeholders, it would take the lead role and that the GMC owned the targets.

- Publish clear objectives and targets and regularly report on progress. "We committed to annually reporting updates to Council and publishing an external report on performance against our measures and targets, as well as regular deep-dive reports from each of the priority workstreams. As a result of reviewing the governance of our EDI work and increasing oversight, we were able to articulate our priorities clearly both publicly and internally to colleagues. This gave us the lever to invest more into our EDI priorities and made us more accountable for working towards targets and reporting on our progress."
- Keep stakeholders informed about the programme's goals, progress, and challenges. Encourage open dialogue to foster trust and collaboration. Make clear 'calls to action' for system stakeholders and continue to prioritise collaboration and engagement.

Case study:
Social Work England

Social Work England had categorised corporate complaints with an EDI theme since it started operating in December 2019. However, Social Work England did not find this to be very useful as it was too broad a category to provide meaningful information about trends. Social Work England had also found it necessary to conduct resource-intensive manual reviews of complaints to respond to information requests about specific EDI issues.

Social Work England decided to create a set of categories to apply to corporate complaints that would provide an appropriate level of granularity. It looked externally for other examples and also used its previous complaints data to identify categories which would be most suitable for its own needs. It settled on a set of nine categories: accessibility, change of gender identity, data collection, discrimination, diversity of Social Work England (including partners), other, reasonable adjustments, recruitment, and relationships/response to causes. Since implementing this approach, Social Work England has been able to use the insight from this analysis to support an equality impact assessment ahead of a consultation exercise.

> "Using your own data as well as researching what others are doing will give you the best chance of identifying a solution that will work for you."

Quick links/find out more

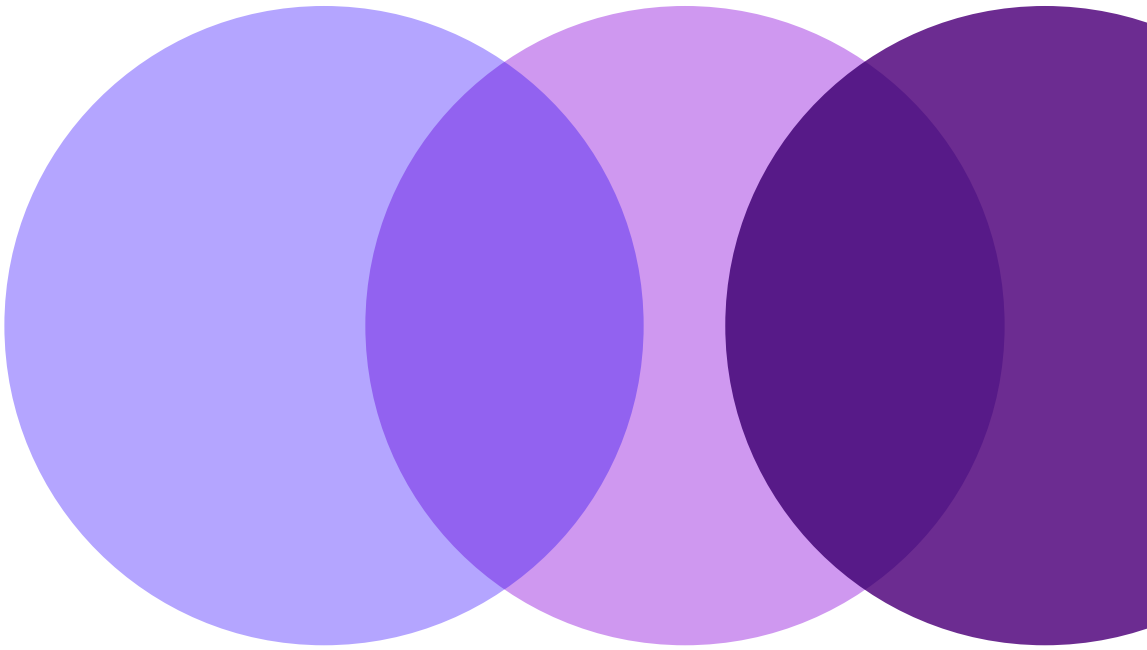
Further examples of good practice and case studies follow for outcomes 3 and 4 on pages 12 to 19, but you can find out more about our performance reviews, our EDI Standard and wider context for our work:

→ Evaluation of our new approach to assessing regulators against our Equality, Diversity & Inclusion Standard

→ 2023/24 performance reviews

→ Guidance for regulators - assessing performance against Standard 3

→ Standard 3 evidence matrix



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