

Equality, Diversity and Inclusion self-assessment

Review of PSA's assessment under Standard 3 (EDI)

2024/25

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. There are:

10

Organisations that regulate health professionals in the UK and social workers in England.

This report covers the
period 1 April 2024 to
31 March 2025

Our performance review process

We have a statutory duty to report annually to Parliament on the performance of the 10 regulators we oversee. We do this by reviewing each regulator's performance against our Standards of Good Regulation and reporting what we find. Our equality, diversity and inclusion (EDI) action plan for 2023-2024 contained an action for us to conduct a self-assessment against Performance Review (EDI) Standard 3. The intention behind this action was to demonstrate leadership by holding ourselves to account for the quality of our work on EDI.

We modified Performance Review Standard 3, so it was more relevant to our work and functions. Our first self-assessment reviewing our EDI performance for 2023/24 was rigorous. We committed to reassessing our performance.

This is our second self-assessment. It reviewed our performance from 1 April 2024 to 31 March 2025 using the modified Performance Review Standard 3. The judgements we made against the modified standard incorporated a range of evidence to form an

overall picture of our performance. As with the performance reviews of each of the regulators, meeting the Standard means that we are satisfied, from the evidence we have considered, that we are performing well in that area. It does not mean there is no room for improvement. Where we have identified areas for improvement, we will pay particular attention to them as we continue to monitor our performance.

Key findings and areas for improvement

Standard 3 on Equality, Diversity and Inclusion

Based on our current performance, we are satisfied we meet the expected outcomes of Performance Review Standard 3. We have taken several steps to improve our EDI performance since our first self-assessment. We have improved our data collection and now have up to date EDI data on our panel decision-makers. We have expanded our engagement activities, working in new ways to engage and hear from diverse audiences. We delivered a programme of EDI development sessions and strengthened our training approach by moving towards a self-directed, team-specific approach to EDI development. We have also introduced internal processes for continuous improvement and learning regarding EDI issues and conducted an EDI audit of our decision-making processes within our Section 29 function.

There is more work that we can do. We need to improve our EDI data analysis as part of our evidence-based policy. This includes improving the consistency of our equality impact assessments and using findings from EIAs to drive forward better EDI outcomes. We also need to collect data from those raising concerns with us and focus on improving how we hear more from patients and service users in our work.

Outcomes met: This year PSA met 4 out of 4 outcomes.



Assessment of our performance against Standard 3

As part of our performance review approach to assessing Standard 3, the Standard is broken down into four separate outcomes. For a regulator to meet the Standard, we need to be assured that the regulator has met all four of the outcomes. We adopted a broadly similar approach with our self-assessment, while striving to ensure we were as self-critical as possible. Our assessment of our performance against the four outcomes is set out below.

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

Last year we noted we had a strong governance structure to embed EDI across the organisation. We had clear corporate equality objectives supported by EDI action plans that were regularly updated to drive forward good practice. In addition, progress against actions and EDI activity was regularly and publicly reported against. There have been no changes to this approach this year.

We continue to conduct Equality Impact Assessments (EIAs). This year, EDI training on structural inequality and wider discrimination was provided to help widen staff understanding and improve staff confidence in completing EIAs.

This year, improvements have been made to EDI data collection. The new HR and payroll system introduced this year now holds EDI data for staff; this allows collation and analysis of EDI data relating to panel decision-makers. In addition, clear efforts have been made to both explain the importance and encourage staff to share and update their EDI data the new HR and payroll system.

Overall, with the improvements made to data collection during 2024/25, we determined that this outcome is met.

Ongoing opportunity for improvement

Now that we have closed the gap on the data we hold on our panel decision-makers, we know our focus needs to look at increasing the diversity of decision-makers. We also recognise we can improve the consistency of our EIAs, including responding to changes in terminology and using findings from EIAs to drive forward better EDI outcomes.

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

We amended indicators under this outcome given its focus on regulators. We turned the focus to our HR and staff engagement functions.

Last year we noted our HR policies are robust. We also noted all staff have an EDI objective and that staff are supported and encouraged to improve their EDI knowledge and skills. This continues this year with a strong programme of corporate EDI development sessions delivered. A model of evaluating corporate EDI training has been developed and will continue to be rolled out next year. The new model will help to assess the longer-term impact of our EDI training. In addition, a more self-directed, team-specific approach to EDI development and learning has been encouraged resulting in bespoke EDI training being delivered within teams.

The EDI Working Group organised and delivered a number of awareness days and concluded a series of pulse surveys. Feedback in the annual staff survey and pulse surveys remain positive.

With the continued delivery of EDI training and robust HR policies we determined that this outcome remains met.

Ongoing opportunity for improvement

We recognise that there are 'live' EDI issues receiving much national and international focus and development opportunities for staff on these would build confidence.

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

Last year we noted staff, Board and committees receive EDI training. This has continued this year. In addition, this year our panellists have received training on EDI issues, including training on the new Performance Review (EDI) Standard 3 for Performance Review panellists and specific tailored EDI content for Section 29 panellists.

This year, the Performance Review, Accredited Registers and Section 29 teams introduced internal processes for continuous improvement and learning regarding EDI issues. We also recognise an internal audit review of our approach to EDI in relation to Section 29 processes was conducted this year. The audit was satisfied with our approach to EDI and Section 29 processes regarding decision-making and mitigating our risk for unconscious bias.

The limitations to our EDI data about our staff and Board members identified last year, has been addressed through the new HR and payroll system. The new system has also allowed us to widen the breadth of our analysis of EDI data held on panellists. We recognise that we do not collect EDI data from those sharing their experiences with us. However, this year

our Policy team commissioned research on **Barriers and enablers to making a complaint to a health or social care professional regulator**. The research findings have helped us to better understand the experiences of people who want to complain or who have complained and the potential barriers or enablers they may face.

Overall, this year data collection has improved. There have been improvements in using evidence to inform EIAs. We also identified good examples of how we use evidence, particularly our own commissioned research, to inform and improve regulatory practice. We have also improved our processes for embedding EDI within decision-making functions. Consequently, we determined that this outcome is met.

Ongoing opportunity for improvement

We recognise that we need to improve our EDI data analysis. We need to consider how we use our EDI data to drive decision-making, including developing a more structured approach to identifying themes and incorporating these in policy work.

Our own research has shown there are barriers to making complaints and there is more that we need to do in this area. As part of this work, we need to focus on how we collect data from those raising concerns with us. Now that we have data on panellists and widened the pool of available panellists, we know we need to increase the diversity of those who sit on our panels.

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

Last year we identified good efforts being made to engage with a wide range of stakeholders, including supporting a diversity of people to attend our events throughout the year. We also recognised a number of challenges in engaging with a more diverse group of stakeholders. This year efforts have been made to expand our audience groups, and this is reflected in our 2024 stakeholder engagement survey receiving our highest number of responses. Across our teams we also recognised evidence of good practice in initiatives to engage with diverse stakeholders and audiences, including working with the Patients Association to run a focus group of diverse service-users to inform the Standards Review consultation.

We recognise good efforts to make use of relevant evidence and research. However, we think there is more that we can do to through our research and policy to understand issues that adversely affect groups of patients and service users who share protected characteristics.

Last year we noted that we have clear internal procedures and policies in place to allow staff to speak up about discrimination and bias, alongside robust staff engagement channels that are well-utilised. We also identified clear process to respond to EDI-related complaints embedded within our governance arrangements. These arrangements have

not changed. In addition, all teams have routes that allow stakeholders to speak out about bias and discrimination.

We publish our research and our EDI analysis in a number of areas across the teams. This includes analysis against EDI Standards, equality impact assessments supporting accreditation decisions, and learning points from Section 29 case decisions.

Overall, with the improvements made to our engagement activities this year, we determined that this outcome is met.

Ongoing opportunity for improvement

Insights from our research into the barriers to complaining to health and social care regulators provide opportunities for improvement. We are working to incorporate these into our revised Standards of Good Regulation and Standards for Accredited Registers.

We are also focusing on improving our routes to allow registrants, patients and service users to be more frequently heard in our work. Whilst we publish much of work, we recognise that we do not currently publish all our equality impact assessments, and we commit ourselves to this next year.



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