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Parliamentary Bulletin



PSA research: Factors that enable and hinder people from making complaints

The PSA commissioned research to explore the obstacles that service users and healthcare professionals encounter when considering whether to make a complaint.

As parliamentarians, you'll have heard constituents' stories of healthcare which did not go well. While the vast majority of health and care professionals are dedicated and competent, there are times when the experience of service users falls short of expectations.

Hearing complaints can help identify learning and opportunities to prevent future harm, so it is vital for supporting effective regulation.

However, we know that people can experience barriers to making a complaint. As an oversight body for health and care professional regulators or registers, we wanted to better understand the barriers.

The PSA-commissioned research aimed to identify practical improvements that can make complaints pathways more accessible.

I think clear time frames, consequences if those time frames aren't met, some kind of transparency from the start of what kind of powers these regulators really have and what outcomes look like from these people.



Service user, Complained

Barriers and enablers to making a complaint to a health or social care professional regulator

The research findings highlight the need for regulators and Accredited Registers to do more to raise public awareness of their role, the routes available for raising concerns and the type of concerns that they can investigate. The findings also make clear the need for better signposting to the right organisation with which to raise a complaint. Feedback from respondents showed that improved accessibility of complaints processes and the provision of more support for those making complaints would be helpful. Also useful would be ensuring that those making complaints understand what actions are being taken and what to expect from the complaints process.

The report makes these and other key recommendations. We will be using the research findings to help inform the changes we are making to the Standards we use to assess the performance of the health and care professional regulators and the Accredited Registers. The revised Standards are due to be published early next year.



Our impact

Patient Safety

Reducing risks to patients by appealing through the courts fitness to practise decisions which do not protect the public.



Public Confidence

Building trust in health and social care services by undertaking research into key areas such as sexual misconduct.

Professional Standards

Driving ongoing improvements in the regulators and Accredited Registers by monitoring and overseeing their key regulatory functions.

A unified focus on patient safety

We responded to a series of Government announcements relating to health and social care regulation made over the summer.

These made recommendations and set out next steps on issues which have long been of interest to us. The announcements included the [NHS 10-year Health Plan](#) for England and the Scottish Government's [commitment to strengthening regulation of non-surgical cosmetic procedures](#) which was followed by a [commitment on the same issue for England](#). July saw publication of the conclusions of the [Dash](#) and [Leng reviews](#) and the [consultation report on NHS managers' regulation](#).

While each of the four nations – England, Scotland, Wales, and Northern Ireland (NI) – is responsible for meeting the health and social care needs of its own population, devolved competence over professional regulation differs across these jurisdictions. While the scopes of these announcements are country-specific, the implications for professional regulation and public protection are wider and need to be thought about at a four-country level.

The regulation of non-surgical cosmetic procedures is a useful illustration of this.

The new measures in England and Scotland, which will include licensing schemes and tougher penalties for illegal practice, mark a significant step forward in protecting the public from harm. The PSA has repeatedly raised concerns about the lack of oversight in this sector and supports the introduction of robust safeguards. However, with our UK-wide remit, we remain concerned about the regulatory gaps in Wales and NI, where no equivalent licensing schemes currently exist covering these types of procedures. This inconsistency risks encouraging 'cosmetic tourism', with individuals seeking treatments from unregulated providers in countries with weaker protections.

The context for health delivery is different across the four countries, and again within each country at a local level – so it is right that professional regulation is not used as a default but as one of a range of tools. The growing number of associate and assistant roles that have evolved in recent years within medicine, nursing and the psychological professions demonstrate the demand for more diverse workforces. As health and care delivery is devolved, there is great potential for divergence in how these roles are deployed and regulated across the UK.

Is the answer to have a broad, overarching regulatory framework that can provide for consistency on the issues that matter most, while allowing enough flexibility for tailoring at a local level?



This could be described as a regulatory strategy to support workforce change and is one of the solutions we would like to explore further with the UK Government (and devolved counterparts) to see how it could

support patient safety as workforce plans for each country are shaped for the future. Please get in touch with us to find out more about this.

Care Professionals Register meets key PSA test as Casey Commission considers future of adult social care

We were pleased to announce in July that the Care Professionals Register had provisionally met the public interest test for accreditation by the PSA.

This milestone recognises that care professionals are an eligible group for accreditation and that their work provides clear public benefit.

Accreditation through the PSA offers a way to build public confidence in care services by setting expectations for safe and ethical practice and providing a clear route for raising concerns. This is important for a workforce that plays a vital role in care homes, in the community and in people's homes, often working with vulnerable people. The Register is administered by the National Association of Care and Support Workers (NACAS). The PSA will continue to work with NACAS as it prepares its application for full accreditation.

Currently, in England, only social workers are regulated with none of the wider social care workforce currently subject to any form of professional regulation. This is in contrast to the other parts of the UK where different groups within the social care workforce are regulated.



The decision comes at a timely moment as the Casey Commission, which is examining the future of adult social care in England, continues its work. We wrote to the Commission recently to share our view that it will be difficult to consider the challenges facing adult social care without considering the question of workforce regulation and whether there is a need for a regulatory strategy for social care alongside a workforce strategy to help manage risks arising from professional practice. Skills for Care has also published its position on the registration of the adult social care workforce in England – proposing that it is well placed to host any future register. We remain committed to working with all stakeholders with an interest in improving standards and support in this area.

Find out more about the Accredited Registers programme [here](#).

Sharing good practice on inclusion in professional regulation

We recently published guidance based on good practice from meeting our EDI Standard for regulators.

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, healthcare 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.

We recently published [Lessons from meeting our EDI Standard for regulators – good practice guidance](#).

The guidance highlights a range of work the regulators we oversee are undertaking to embed equality, diversity and inclusion across their regulatory functions. The report is based on examples of good practice identified through the PSA's performance reviews. The guidance is a way of sharing ideas and highlighting emerging practices that others may wish to consider or adapt in their own work.



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.



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Interim Director of Regulation and Accreditation

Upcoming events

For more information, including how to attend our events, contact us

Turning insights
from complaints
into action:
preventing harm
in care

Policy Symposium
7 October 2025

Preventing
harm: turning
insight into
impact

Research Conference
18 November 2025

Tackling sexual
misconduct in
healthcare

Webinar Series
23 September 2025
29 September 2025

The PSA was set up following the Inquiry into failings at Bristol Royal Infirmary to ensure that professional regulation remains focused on public protection and the public interest. We protect the public by promoting high standards of competence and conduct among health and social care professionals.

The PSA's quarterly bulletin highlights how we can work together to create a health and social care system that promotes safety for all. We hope you find the information useful.

Contact information

If you have questions, comments, or would like to meet with a member of our team, please email engagement@professionalstandards.org.uk.

