

Standards Review

Standards of Good
Regulation & Standards for
Accredited Registers

2025





About the Professional Standards Authority

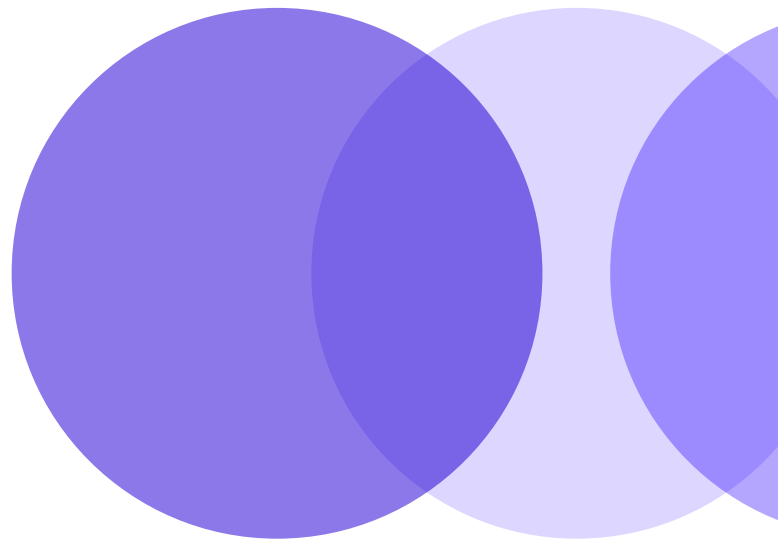
The Professional Standards Authority for Health and Social Care (PSA) is the UK's oversight body for the regulation of people working in health and social care. Our statutory remit, independence and expertise underpin our commitment to the safety of patients and service-users, and to the protection of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

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Foreword

This consultation on our Standards of Good Regulation and our Standards for Accredited Registers comes at a critical point in time. Health and social care are experiencing incredible pressures which have affected everyone involved, not least practitioners, patients and service users. Change is necessary to meet growing demand for services and create the conditions to train, recruit and retain the right people to take on the positions of trust that practitioners hold.

We are already seeing new roles, new technology and new service models change how regulators and Accredited Registers assess risk and take action to protect the public. But with the current pace of change in service delivery across the UK, for example through digitisation and use of Artificial Intelligence (AI), we all need to redouble our collaborative efforts to ensure that regulation and registration are capable of supporting and anticipating these changes. Regulation needs to move to a more preventative approach, and one that recognises its own impacts (positive and negative) on the people it is intended to regulate and protect. No matter what progress we make, there will always be more to do to ensure that health and social care, and the regulation that supports them, are fair and inclusive.

As we enter the last year of our current Strategic Plan and start the work to prepare for 2026-2029, there is no better time to be asking our stakeholders and the people we serve whether two of our most important tools are fit for purpose. The Standards we set in 2025 are likely to be fixed for at least the next five years, and shape how regulators and Accredited Registers fulfil their purpose of protecting the public in the context of those

continuing pressures and efforts to reform health and social care.

Vision and Mission:

Protecting the public is a shared purpose between the PSA and the organisations that we oversee, but our role is slightly different to theirs because we are able to look across regulators, Accredited Registers and the whole health and social care sector. It is from our purpose and unique position that we derive our vision and mission:

- **Our Vision:** Safer care for all through high standards of conduct and competence in health and social care professionals.
- **Our Mission:** To protect patients, service users and the public by improving regulation and registration of health and social care professionals.

The Standards are a pivotal component of how we deliver our mission and achieve our vision. They are the instruments we use to hold the organisations we oversee to account. But more than that, the Standards are key to driving improvement by challenging organisations to change, as we have done recently by introducing and assessing standards for equality, diversity and inclusion. The next version of the Standards must look for the right things so that we can effectively test how well regulation is working in each organisation and incentivise improvement in achievable ways to move the model of health and social care practitioner regulation forward.

This consultation is one of the steps we are taking to revise the Standards to make sure they are focused on the right things to protect the public. In this step, our primary question is “Are we looking for the right things for the benefit of the public?”. We have reason to reflect on this question because many of our Standards are routinely met by the organisations that we oversee, which tells us the systems of regulation are broadly working well, but we still hear of individual cases that suggest that experiences are not consistent even in organisations that meet our Standards. Therefore, a further question we have is “Does meeting the Standards mean an organisation delivers good regulation?”

Once we hear from you and make decisions about what the Standards should be focused upon, we will move to the next step to engage again on how we assess the Standards. After agreeing the Standards and the evidence we will use to measure them, we will then start planning for implementation. This will include considering if we need to make changes to our assessment processes, how to adapt them if we are looking for, and measuring new things, and how best to present the findings from our assessments in our published reports.

We are open to changing the Standards as much or as little as is needed: a radical revision or minor amends depending on what we hear from you during this consultation. As a result, some of the questions we are asking at the beginning of the consultation are broad and open so that we can consider what we should keep, change or add.

But we also have some proposals for change that we want to test:

- Bringing the two types of standards into alignment where it is possible,
- Making the standards clearer, more accessible and transparent,
- Whether and how we should take an interest in organisational governance, culture and leadership given how often it emerges as a challenge in the health and social care sector, and the impact it can have on performance,
- Whether measures could be introduced to remove gaps in criminal convictions checks for some health and social care practitioners, and
- Whether new criteria for registers applying for accreditation will support public confidence.

Responses to this consultation will not only shape the future of the Standards, but also how we assess organisations against those Standards, and inform our thinking about our next Strategic Plan. With so much on the horizon that could change health and social care, and its regulation, we need your views to be able to think exhaustively about how we prepare to play the most effective role through our oversight. So please do take the opportunity to influence our decisions on how we protect the public, address harms and improve regulation.

Caroliine Corby
Chair

Alan Clamp
Chief Executive Officer

Before you read the rest of this document

This consultation explainer is designed to help you respond to our questions on the the Standards we use to assess the performance of regulators and Accredited Registers.

As there are many common questions, we are using one survey to gather your views on the two sets of Standards.

This document should help you to understand:

- our work to oversee the health and care professional regulators and Accredited Registers
- what this consultation is about and why we need your input.

It also sets out a full list of the consultation questions (these can be found at [Annex A](#)) and a full list of our Standards (these can be found at [Annex B](#) and [Annex C](#)).

The consultation questions comprise of:

- some general questions about you – we will use this information to analyse the responses (more about how we will use and protect your data can be found in [our Privacy Notice](#))
- some common questions about the Standards of Good Regulation and Standards for Accredited Registers
- a specific question about the Standards for Accredited Registers.

Finally, it tells you the important things you need to know:

- how to respond to the consultation
- how we approach confidentiality
- our consultation process.



"This project emphasises that co-production and equitable partnerships with patients are vital in developing forward-thinking patient-centred standards and evidence frameworks. Patients have rightly called for clearer standards, simplified language and formats that cater to their diverse needs, such as easy-read and audio versions to promote inclusivity. Through including diverse patients in the process and incorporating their feedback, this will ensure that the standards and evidence frameworks that the Professional Standards Authority adopt better reflect the lived experiences of those it aims to protect."

Source: Conclusion from Insight report, **Enabling patient engagement in the Professional Standards Authority standards review**, November 2024, Patients' Association

1. Background and context

Our work overseeing health and social care professional regulators and Accredited Registers

Providing safe health and social care to the UK public depends on the people who deliver services being qualified, experienced, and trustworthy. There are organisations who work to check that health and social care practitioners meet standards before they are allowed to work, and throughout their careers. They also consider complaints, and in very serious cases, take action if they think someone should no longer work in health and social care.

Our role is to oversee these organisations to help make sure they:

- Protect, promote and maintain the health, safety and wellbeing of the public;
- Promote and maintain public confidence in practitioners; and
- Promote and maintain proper professional standards.

We oversee two types of organisations:

- **Regulators** for health and social care professionals who are required by law to be registered (such as doctors, dentists, pharmacists, nurses and paramedics).
- **Accredited Registers** for health and social care practitioners who are not required by law to be registered (such as psychotherapists, acupuncturists, rehabilitation workers, complementary therapists and cosmetic practitioners).

We carry out this work by assessing the regulators and Accredited Registers against Standards. Our Standards are informed by the PSA's principles of right-touch regulation which state that regulators and registers should act in a way which is proportionate, consistent, targeted, transparent, accountable and agile.

We have similar, but not the same, standards and assessment processes for both regulators and Accredited Registers.

Standards of Good Regulation

The PSA reviews the work of 10 health and social care professional regulators. These organisations register health and social care professionals working in occupations that Parliament has said must be regulated. We review each regulator on an annual basis, with a more in-depth review every three years. We use the [Standards of Good Regulation \(Annex B\)](#) as a benchmark to assess and improve their performance.

The Standards cover the regulators' four key functions:

1. Setting standards and guidance
2. Assuring the quality of education and training of practitioners
3. Making good decisions on who can become and continue to be a practitioner
4. Considering complaints about practitioners.

In addition, there are General Standards that look across all a regulator's activities. These five Standards cover a range of areas including: providing accurate, accessible information; clarity of purpose; equality, diversity and inclusion; reporting on performance and addressing organisational concerns; and consultation and engagement with stakeholders to manage risk to the public.

We assess information throughout the year relating to a regulator's performance – the level of detail we go into depends on whether it is a periodic review (a deeper review that occurs every three years) or monitoring year. If we need to look in more detail at a particular risk we identify in a monitoring year, we will do so.

Towards the end of each regulator's review period, an internal panel will decide, based on our analysis, whether the regulator has met or not met each Standard.

We then publish our performance review report to explain what we looked at and what we found.

Standards for Accredited Registers

In 2012, the law was amended to give the PSA powers to accredit registers of practitioners that are not regulated under law. One of our powers is to set criteria that must be met before we can grant accreditation. We called our criteria the Standards for Accredited Registers.

The Accredited Registers programme now covers 29 registers and over 120,000 practitioners across health and social care. This includes approximately 60 different types of occupations including counsellors and psychotherapists, complementary therapists and cosmetic practitioners. Practitioners work in a variety of settings including the NHS, education, voluntary organisations and independent practice.

To accredit a register, the PSA assesses it against the [Standards for Accredited Registers](#). Each Standard is supported by minimum requirements ([Annex C](#)). When a new register applies for accreditation, we use the Standards to make a decision on whether we should grant accreditation. Once accredited, we re-assess Accredited Registers every three years against the Standards and conduct annual checks during the years in between. We publish the reports from our assessment processes.

The Standards ensure that Accredited Registers operate in the public interest and perform functions that are necessary to protect the public. The Standards for Accredited Registers

include a 'public interest test', that allows us to balance the risks and benefits of the practice of registrants to determine if it is in the public interest to accredit a register.

The context in which revised Standards need to work

Our [Strategic Plan 2023-26](#) includes an ambition to help make regulation better, and fairer. Reviewing our Standards is an important part of how we will lay the groundwork for achieving this in the years that follow. It is an opportunity for us to refocus regulation, placing greater emphasis on 'upstream'¹ and preventive measures that can support professionals to achieve high standards of care. Our Standards also need to take account of the UK Government's priorities for professional regulation, and for health and social care transformation more broadly.

A compelling case for reform, evolution and improvement

The previous UK Government had initiated a programme of legislative reform for the regulators we oversee. The first step of this was the regulation of Anaesthesia Associates and Physician Associates by the General Medical Council (GMC), which came into force in December 2024. At the time of writing, we are awaiting an update from the new Government about its priorities for professional regulation.

We hope reform will go ahead, and at pace. Changes to the legislation underpinning the roles of the regulators, some of which has not been updated for decades, could enable regulators to be more agile. They could also bring the potential for less adversarial fitness to practise processes. Our Standards both need to allow for the potential of reform, and for reform to be implemented for the regulators we oversee at different times.

There are also changes in regulation more broadly. The previous UK government's smarter regulation programme sought to promote innovation and growth.² The new government has set up a Regulatory Innovation Office to speed up access to new technologies such as artificial intelligence (AI) in healthcare.³ Within England, there is a major review underway into the roles of the Care Quality Commission, which regulates service providers, and a number of other organisations in the patient safety landscape.⁴

The direction of travel seems clear: regulation must be an enabler to innovation, while maintaining public confidence by mitigating risks. Achieving this will mean looking wider than legislative reform.

A case for refocusing regulation?

The Darzi Review⁵ made a case for large-scale NHS reform in England. Many of the challenges identified in the report chime with those we highlighted in our 2022 report, [Safer care for all](#). We found there is a need for regulators and registers to be agile and keep pace with changes in the sector affecting how care is funded and delivered. Regulators have an important role in regulating for new risks and helping to reduce inequalities. We also recommended that

regulatory strategies are embedded within workforce transformation to help keep patients safe while minimising any additional regulatory burden.

The use of Accredited Registers for some of the new roles being developed to widen access to care is an example of regulatory strategies in action. The expansion of the Accredited Registers since our last strategic review of the programme in 2021, and the 15,000 increase in the number of practitioners they cover, demonstrates the value and the benefits they provide for unregulated roles.⁶

For patients and service users, the differences between a regulator and an Accredited Register are likely to be not well understood. In our view, this points to a need for greater alignment between the expectations we have of an Accredited Register and those we have of a statutory regulator. There will remain important differences between the two, but we should strive for consistency of Standards where this is appropriate and relevant and explain where there is a need for difference.⁷

Artificial Intelligence deserves a special mention here. It is creating significant opportunities, as well as risks, for the provision of training of health and social care professionals,⁸ the way care itself is delivered,⁹ and the way regulators and registers fulfil their responsibilities.¹⁰ The Prime Minister has indicated that the use of technology will be central to reforming the NHS in England.¹¹ These developments are rapid and not always well understood, and the role of professional regulators in ensuring their safe deployment is sometimes overlooked.¹² This is not an area where we can sit back and wait for direction. Both the PSA and the organisations it oversees are going to need to be proactive in identifying and managing the risks, and working collaboratively in a complex landscape, and our Standards are one way we can support this.

Humanising regulation

Only a minority of complaints about health and care professionals result in any restrictions on their practice. However, the negative impacts on those involved in an investigation into a health or care professional's fitness to practise can be severe. Reports into the deaths of professionals involved in fitness to practise cases highlight how devastating this can be for personal and professional lives.¹³ And, as highlighted in a recent UK-wide landmark study by the Open University,¹⁴ bringing a complaint about a traumatic event to a professional regulator can also be highly distressing for complainants and witnesses in the process.

This demonstrates how it is in everyone's interests to shift the focus of regulation onto more preventative measures. Professional regulation needs to support professionals to meet high standards in what are often challenging and pressured workplace environments. We have long understood the important role of regulation in preventing harm, rather than taking action after the event.¹⁵

In our sector, this requires us to understand how the different regulatory interventions might affect registrants' behaviour in positive and negative ways. How best can they support registrants to meet minimum standards? How might they unwittingly be causing harm or undermining the quality and safety of care by driving the wrong sorts of behaviours?¹⁶ So that

our Standards can support this type of preventative approach, we will be considering in detail, function by function, and based on evidence, how professional regulation can capitalise on the positives and minimise the negatives.

This approach needs to extend to a consideration of how the culture of the regulator or Accredited Register is affecting how effective and fair it is in the delivery of its functions. In the past few years, we have introduced a new Equality, Diversity and Inclusion (EDI) Standard for regulators and registers that has raised the bar in this area. However, there needs to be a continued focus on EDI, and additionally a better understanding of how internal culture, governance and leadership affect a regulator's or register's performance. The need for this is demonstrated by the Rise Review of the Nursing Midwifery Council (NMC),¹⁷ which was conducted by Nazir Afzal OBE and Rise Associates. The NMC commissioned this review after serious concerns, including about organisational culture, were raised by a whistleblower in 2023. The review found evidence of safeguarding failures on the basis of the accounts of those it spoke to. It also found that people working in the organisation have experienced racism and other forms of discrimination and bullying. Whilst we had already identified the need to review our Standards before these findings were made, these findings demonstrate that we need to reflect upon the focus of our work and our ways of working more generally.

2. About this consultation

Objectives of this Review

We have identified the following objectives for our Standards' review:

- To **establish** whether the current Standards are fit for the purpose of reviewing and assessing regulator and register performance and driving improvement in regulation, and in doing so, protect the public.
- To **consider** if there any gaps in our oversight.
- To **consider** the extent to which the two sets of Standards should be aligned.

This consultation does not set out the proposed new Standards, but instead seeks views on broad proposals for changes to the [Standards of Good Regulation](#) and [Standards for Accredited Registers](#) before we develop revised versions of the Standards to be implemented from 2026.

Our Strategic Plan 2023-26 committed to reviewing both sets of Standards to assess whether they are still fit for purpose considering the changes to both healthcare and regulation and to address any gaps.

One survey
to gather views
on **two** sets of
Standards

This consultation will help us understand:

- if the Standards help us look for the right things to assess performance and drive improvement for the public benefit,
- whether our proposals for changes to the Standards are sound, and
- how we may further improve the Standards.

To gather initial feedback, we conducted pre-consultation workshops with stakeholders between June and October 2024. We met with regulators, Accredited Registers, organisations representing patients, organisations representing registrants, government officials, and patients and service users from across the UK. We used the feedback we heard to prepare this consultation document.

During these workshops, we heard:

- **From patients:** that our Standards and evidence framework could be clearer, more accessible to patients and made available in different formats to promote inclusivity. We also heard that we should have a corporate version of the Standards and a user-friendly version for wider stakeholders such as members of the public.
- **From registrant representative groups:** that organisational culture should be included in our Standards, and that there are two dimensions of culture that our Standards should assess: the culture a regulator creates within itself as an organisation, and the culture it projects to its registrants and the public. We also heard that the duty of candour should apply to regulators and their workforce. This could be measured through the regulator's level of transparency, including a transparent publication policy and a good website that's easy to access and understand.
- **From the regulators:** that the Standards largely cover all the relevant grounds and the activities undertaken by the regulators. Overall, the regulators would welcome more guidance on how to meet Standards and examples of good practice.
- **From the Accredited Registers:** that the standards and minimum requirements are not quite flexible enough for the range of organisations and types of practitioner, that we should focus more on outcomes, and we could make our standards clearer and reduce cross-over between requirements to make the process of providing evidence to us easier.
- All groups we engaged with stressed the importance of us assessing culture and governance of the regulators, particularly in light of the Independent Culture Review of the NMC.

To make sure that any changes to our Standards are the right ones, we want to hear from anyone who has an interest in the Standards. This can include, but is not limited, to:

- regulators
- Accredited Registers
- health and social care professionals/practitioners
- patient and public groups
- professional representative organisations and unions
- employers
- members of the public.

We will use our analyses of the consultation's findings to make sure we understand what we should be looking for in our assessment processes. We will then prepare revised Standards and

evidence frameworks and decide whether we should align the two sets of Standards more closely.

Following this, we plan to engage with stakeholders again to test the revised versions and make sure our thinking about how to measure the Standards in our assessment processes is correct.

After agreeing the Standards and evidence we will use to measure them, we will then start planning for implementation, which will include considering if we need to make changes to our assessment processes if we are looking for and measuring new things, and how best to present the findings from our assessments in our published reports.

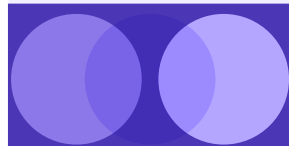
We will publish consultation outcome reports in 2025. The revised Standards will be published in 2025 and come into effect in 2026.

Call for evidence

As part of this review, the PSA is collating any research, data, or other published evidence which suggests ways professional regulation and registration could improve.

If you are aware of any such published materials, it would be helpful if you could provide a link or reference, and any accompanying commentary you would like to include. We will then consider this alongside the evidence we have identified, when looking in more detail at the changes we would like to make to the Standards.

We are particularly interested in how regulation and registration can do more to prevent harm and minimise any negative unintended consequences.



**Find out more about our call for evidence
on our [dedicated web page](#).**

How the consultation is set out

This section sets out a short overview of the consultation format. A full list of the consultation questions relating to each of the Standards can be found at [Annex A](#).

This document is intended to be read alongside the online survey. You can complete as many of the questions as you like in each section.

The consultation has seven common areas of questions and one area specific to the Standards for Accredited Registers. These are:

- About you and / or your organisation
- Are our Standards looking for the right things
- Alignment of the Standards of Good Regulation and Standards for Accredited Registers
- Clarity, accessibility and transparency
- New standards on culture and/or governance and/or leadership
- Supporting public expectations for criminal records checks
- New criteria for registers applying for accreditation
- Additional questions: implementation and equalities impact.

How to respond to the consultation

We welcome responses to any or all of the questions in this consultation.

Please respond by completing our online survey available at this [link](#).

If you are unable to use the online survey you may send a written response to our questions in this document, please include the question numbers provided, ([Annex A](#)) to: standardsreview@professionalstandards.org.uk or our postal address is:

Professional Standards Authority for Health and Social Care
16-18 New Bridge Street, London EC4V 6AG

If you have any queries, or need an accessible version of this document, please contact us on 020 7389 8030 or by email at standardsreview@professionalstandards.org.uk

Please return your response to us by **5pm on 8 May 2025**.

We welcome responses to this consultation in Welsh. A Welsh version of our consultation explainer can be found [here](#).

Confidentiality

We will manage information you give us in accordance with our information security policies. You can find them on our website: [PSA Privacy Notice](#)

Any information we receive, including personal information, may be published or disclosed in accordance with the access to information regimes (primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 2018 (DPA) and the Environmental Information Regulations 2004).

If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you think the information is confidential.

If we receive a request for disclosure of the information, we will take full account of your explanation, but we cannot give an assurance that confidentiality will be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the PSA. We will process your personal data in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties.

Our consultation process

Our consultation process is based on the current Cabinet Office principles on public consultation, '[Consultation principles: guidance](#)'.¹⁸

If you have concerns or complaints / comments which you would like to make relating specifically to the consultation process itself, please contact us:

standardsreview@professionalstandards.org.uk

or our postal address is:

Professional Standards Authority for Health and Social Care
16-18 New Bridge Street
London EC4V 6AG

PSA | 13 February 2025

Annex A

Full list of consultation questions

Part A: Common questions covering the Standards for Accredited Registers and the Standards of Good Regulation

Section 1: About you and / or your organisation

To consider how different people respond to the consultation, we need to ask some questions that will help us break down responses in our analyses. We want to understand how members of the public or service users might think or feel differently from people involved in the delivery and regulation of health and social care.

We also need your permission to process your responses, so we are asking you to confirm that you will permit us to process responses in line with our [Privacy Notice](#).

All respondents

Question 1: What is your name? (optional)

Question 2: What is your email address? (optional)

Question 3: Are you responding on:

- 1) your own behalf
- 2) behalf of an organisation

Individuals

Question 4: From which country of the UK are you responding:

- 1) England
- 2) Northern Ireland
- 3) Scotland
- 4) Wales
- 5) Outside the UK

Question 5: Are you responding as:

- 1) a member of the public or health and social care service user?
- 2) A practitioner regulated by law?
- 3) A practitioner on an accredited register?
- 4) A practitioner on an unaccredited register?
- 5) Any other type of respondent? (please specify)

If Selected option 2: Question 6: Are you registered with:

- 1) GCC (General Chiropractic Council)
- 2) GDC (General Dental Council)
- 3) GMC (General Medical Council)
- 4) GPhC (General Pharmaceutical Council)
- 5) GOC (General Optical Council)
- 6) GOsC (General Osteopathic Council)
- 7) HCPC (Health and Care Professions Council)
- 8) NMC (Nursing and Midwifery Council)
- 9) PSNI (Pharmaceutical Society of Northern Ireland)
- 10) Social Work England

If you selected option 3: Question 7: Are you registered with:

- 1) AHCS (Academy for Healthcare Science)
- 2) ACP (Association of Child Psychotherapists)
- 3) ACC (Association of Christians in Counselling and Linked Professions)
- 4) Athena Herd Foundation
- 5) BAacC (British Acupuncture Council)
- 6) BACP (British Association of Counselling and Psychotherapy)
- 7) BAPT (British Association of Play Therapists)

- 8) BASRaT (British Association of Sport Rehabilitators and Trainers)
- 9) BOHS (British Occupational Hygiene Society)
- 10) BPC (British Psychoanalytic Council)
- 11) BPS (British Psychological Society)
- 12) The CBT Register (BABCP/AREBT)
- 13) CNHC (Complementary and Natural Healthcare Council)
- 14) COSCA (Counselling and Psychotherapy in Scotland)
- 15) HGI (Human Givens Institute)
- 16) IOT (Institute of Trichologists)
- 17) IFA (International Federation of Aromatherapists)
- 18) JCCP (Joint Council for Cosmetic Practitioners)
- 19) NCPS (National Counselling and Psychotherapy Society)
- 20) National Hypnotherapy Society
- 21) PTUK (Play Therapy UK)
- 22) RCT (Register of Clinical Technologists)
- 23) RWPN (Rehabilitation Workers Professional Network)
- 24) Save Face
- 25) UKAHPP (UK Association for Humanistic Psychology Practitioners)
- 26) UKBHC (UK Board of Healthcare Chaplaincy)
- 27) UKCP (UK Council for Psychotherapy)
- 28) UKPHR (UK Public Health Register)
- 29) UKSBA (UK Society for Behaviour Analysis)

Organisations

Question 8: Which UK countries does your organisation operate in?

- 1) UK wide
- 2) GB wide
- 3) England only
- 4) Northern Ireland only
- 5) Scotland only
- 6) Wales only
- 7) Not a UK based organisation

Question 9: Are you responding on behalf of: (select all that apply)

- 1) A professional regulator
- 2) A system regulator
- 3) An Accredited Register
- 4) A prospective register
- 5) A health or care service oversight body
- 6) A health or care service provider
- 7) The UK Government or Devolved Administration
- 8) A patient representative organisation
- 9) A union, professional body, defence organisation, trade or an employer body
- 10) An insurer or indemnifier
- 11) A legal services provider
- 12) An employer of health and care professions or occupations
- 13) Other, please specify

Question 10: What is the name of the organisation you are responding on behalf of?

Question 11: What is your job title?

Permission to process your response

Question 12: Please confirm that you give permission to analyse your response and report depersonalised summaries (please see our Privacy Notice for more details about how we process data for consultations)

- 1) I give permission for my response to be analysed and reported under the terms of the PSA's Privacy Notice.
- 2) I do not give permission for my response to be analysed. Please note, this will mean that we cannot take your views into consideration.

Section 2: Are our Standards looking for the right things?

Issue

The Standards of Good Regulation and Standards for Accredited Registers are the benchmarks we use to assess an organisation's performance. We use a risk-based approach to assess performance. Through this review we want to ensure we are looking for the right things to assess performance and drive improvement (such as encouraging preventative regulation) for the public benefit.

The Standards that we use to assess both regulators and Accredited Registers focus on the four key functions that they all perform to protect the public. These four functions are:

- Setting standards and guidance
- Assuring the quality of education and training of practitioners
- Making good decisions on who can become and continue to be a practitioner
- Considering complaints about practitioners.

For regulators we also set general standards that cover:

- Transparency, communication and engagement in activities
- Clarity of purpose and appropriate application of policy
- Equality, diversity and inclusion
- Performance reporting, learning from concerns and responding to learning in the health and social care sector
- Working with stakeholders to identify and manage risks to the public in respect of their registrants.

For Accredited Registers we set some similar and some extra standards:

- Eligibility and public interest so that we can determine if a register can and should be accredited before we consider all other standards
- Governance, including financial and organisational management, and strategic leadership and accountability.
- Management of risks arising from the services that practitioners provide
- Communications and engagement
- Equality, diversity and inclusion.

Complaints about practitioners (known as fitness to practise for the regulators) has historically been, and remains, an area of high-risk. As such, we have always had more Standards in that area to address those risks. However, we are aware that focus on complaints could result in presenting an unbalanced picture of overall performance or not identifying regulatory risks and issues in other areas, such as education and training. We want to know if we have the balance of the Standards right so that our attention during each assessment is focused where it needs to be.

Similarly, because we use a risk-based approach to assess performance, we are interested in hearing your views as to whether those Standards that are routinely met remain important areas that we should test regularly, or whether these are areas that do not require as much attention because they are at lower risk of not being met. For example, we only rarely find that regulators do not meet the Standards we set for accuracy of their online lists of practitioners or setting standards for education and training. For Accredited Registers, where we made quite significant changes to our standards in 2021, there is not yet a similar pattern of Standards that are routinely met, but we think this may start to happen now that we have assessed all of the organisations against the revised Standards.

We also understand the important role of regulation in preventing harm, rather than just taking action after the event. In professional regulation this requires us to understand how the different regulatory functions and tools affect registrants' behaviour in positive and negative ways.

Proposal

To seek your views on whether we are looking for the right things to assess a regulator or register's performance and drive improvement for the benefit of the public. We also want to hear your views on whether we have the right approach in assessing a regulator or register's performance in a way that protects the public.

Question 13: Do you agree that the Standards are an effective way of assessing and reporting the performance of the regulators and registers?

- 1) Yes
- 2) No
- 3) Not sure

Please explain

Question 14: To assess the performance of regulators and drive improvement in regulation for the benefit of the public what should we keep, change, add or remove in the Standards of Good Regulation?

Keep Please explain your answers

Change Please explain your answers

Add Please explain your answers

Remove Please explain your answers

Question 15: To accredit registers and drive improvement in registration for the benefit of the public what should we keep, change, add or remove in the Standards for Accredited Registers?

Keep Please explain your answers

Change Please explain your answers

Add Please explain your answers

Remove Please explain your answers

Question 16: Do you have any suggestions on how we can make our Standards fit for the future?

Question 17: Do you have any other comments or suggestions to further strengthen the Standards? (Please avoid repeating comments already detailed earlier in your answers).

Section 3: Alignment of Standards of Good Regulation and Standards for Accredited Registers

Issue

For patients and service users, the differences between a regulator and an Accredited Register are likely to be not well understood. In our view, this points to a need for greater alignment between the expectations we have of an Accredited Register and those we have of a regulator.

Proposal

We believe the two sets of Standards should be the same wherever possible and in line with the principles of right-touch regulation. If there is variation between the two sets of Standards, it should be explained.

The Standards of Good Regulation and Standards for Accredited Registers are mostly the same in the following areas:

- How the public registers are managed
- Setting of standards for registrants
- Education and training requirements for applicants and registrants
- Communications and engagement with a regulator or Accredited Register's stakeholders
- Complaints about practitioners
- Equality, diversity and inclusion.

Through this review we would like to align the Standards in the following ways:

- All Standards are outcome focused and describe what it is necessary for a regulator or Accredited Register to achieve to protect the public rather than specify how they achieve this
- The guidance and evidence framework underpinning all Standards are clear on how to meet a standard, and offer flexibility in how a standard may be met
- The expectation that we already have for regulators to keep professional standards and guidance up to date and evidence-informed should be the same for Accredited Registers.

We believe there should not be alignment between the two sets of Standards in the following areas:

- Only the Standards for Accredited Registers should consider eligibility and whether it is in the public interest for a register to be accredited, because these are not relevant to regulators whose status is set out in law
- Only the Standards of Good Regulation can consider regulators' prosecutions of legal offences about misuse of professional titles, because titles are not protected under the Accredited Registers programme.

Question 18: Do you think that the Standards should be aligned as much as possible?

- 1) Yes
- 2) No
- 3) Not sure

Please explain

Question 19: Do you agree/disagree with our proposals on alignment?

Outcome focused standards

- 1) Agree
- 2) Disagree
- 3) Not sure

Please explain

Flexibility in how the standards are met

- 1) Agree
- 2) Disagree
- 3) Not sure

Please explain

Professional standards and guidance are kept up to date and informed by evidence

- 1) Agree
- 2) Disagree
- 3) Not sure

Please explain

Section 4: Clarity, accessibility and transparency

Issue

The PSA protects the public and upholds public confidence by overseeing the regulation and registration of health and care practitioners. It is important that everyone understands how we carry out our regulatory role.

In our pre-consultation engagement with patients and service users we heard that our Standards can be hard to understand. In addition, feedback from regulators and Accredited Registers highlighted the need for greater clarity and transparency on the evidence framework that we use to judge whether a standard has been met.

We have also identified some areas of unhelpful overlap in each set of Standards and associated guidance which we would like to remove as part of this review as well as areas that need to be simplified:

- In the Standards for Accredited Registers we propose to merge the two Standards which deal with identifying and managing risk (Standards 1 and 7). In addition, there is significant overlap in the minimum requirements supporting the Standards which we think can be made easier to understand and use.
- In the Standards of Good Regulation there is overlap in the Standards which relate to raising concerns and being supported through fitness to practise complaints (Standards 14 and 18) so we are proposing combining these Standards. In addition, we would split Standard 15 which focuses on the fairness and proportionality of the fitness to practise process as well as timeliness of the process. As fitness to practise timeliness is a current issue for many of the regulators, we consider it would be more transparent, fairer and appropriate for this to be a standalone Standard.

Proposal

The Standards of Good Regulation and Standards for Accredited Registers and associated guidance should be:

- Accessible to all audiences and introduce alternative versions if required
- Simple and concise and contain minimal duplication
- Clear and transparent about how decisions are made on whether a regulator or Accredited Register has met the Standards.

Question 20: Are there any Standards of Good Regulation you find difficult to understand?

- 1) Yes
- 2) No
- 3) Not sure

If **yes**, please explain

Question 21: Are there any Standards for Accredited Registers you find difficult to understand?

- 1) Yes
- 2) No
- 3) Not sure

If **yes**, please explain

Question 22: Could you tell us the areas where you think there is unhelpful overlap in our Standards?

Question 23: Is it clear how we assess whether a regulator or Accredited Register has met the Standards?

- 1) Yes
- 2) No
- 3) Not sure

Please explain

Question 24: Do you agree/disagree with our proposals to remove unhelpful overlap in the Standards?

Standards for Accredited Registers

Merging our standards around processes for the considering risks from practice

- 1) Agree
- 2) Disagree
- 3) Not sure

Please explain

Standards for Accredited Registers

Reducing overlap between the minimum requirements

- 1) Agree
- 2) Disagree
- 3) Not sure

Please explain

Standards of Good Regulation

Merging our standards around raising concerns and being supported through raising complaints about practitioners

- 1) Agree
- 2) Disagree
- 3) Not sure

Please explain

Standards of Good Regulation

Separating out the two parts of our standard about complaints about practitioners being 1) fair and proportionate and 2) timely

- 1) Agree
- 2) Disagree
- 3) Not sure

Please explain

Section 5: New standards on culture and/or governance and/or leadership

Issue

For a long time we, and others, have been considering the repeated instances where the organisational leadership, governance or culture of important institutions serving the public can have negative impacts on staff and members of the public. In health and care we can look to the major inquiries at Mid-Staffordshire NHS Foundation Trust,¹⁹ Gosport War Memorial Hospital²⁰ or Telford Hospital NHS Trust.²¹ In each of these instances, the culture within organisations contributed to unacceptable outcomes for patients and service users.

We think it is important to ensure that all our Standards drive improvement in the health and care regulatory environment and the introduction of a Standard focused on internal culture, governance and leadership will assist us in doing so.

In July 2024, the findings of an independent culture review²² into the Nursing and Midwifery Council (NMC) were published. The review was conducted by Nazir Afzal OBE and Rise Associates, who were commissioned by the NMC after serious concerns, including about organisational culture, were raised by a whistleblower in 2023. The review found evidence of safeguarding failures on the basis of the accounts of those it spoke to and that people working in the organisation have experienced racism and other forms of discrimination and bullying.

The NMC has accepted all the review's recommendations for improvement. The PSA has been asked to chair the NMC Independent Oversight Group which will receive regular updates on the NMC's progress and scrutinise the impact of measures it introduces to improve its culture and performance.

Recent changes to our EDI Standards for regulators and registers are already driving improvements, but there is more to be done in the area of internal culture, governance and leadership.

The Standards for Accredited Registers already assess aspects of governance and leadership of an organisation and we would like to bring our Standards of Good Regulation in line with this. However, neither of our Standards measure the health of the internal culture at a regulator or Accredited Register and we would like to consider if this could be included in both sets of Standards.

Often failings in health and care identify that a lack of collaboration and sharing of good practice across regulatory authorities is one of the causes for risks to the public going unaddressed for too long. We want to explore whether we could introduce expectations in our standards for collaboration and sharing of good practice across regulators and Accredited Registers.

Proposal

To bring the Standards of Good Regulation in line with the Standards for Accredited Registers in assessing whether the governance of an organisation supports public protection and promotes transparency, integrity and accountability.

To consider introducing a new standard to assess the organisational culture of a regulator and an Accredited Register and to gather views on how to measure the culture of an organisation.

In addition, we would like to place a greater emphasis in our Standards on regulators and registers doing more to collaborate and share good practice.

Question 25: Do you agree/disagree that organisational governance, leadership and culture are important components of ensuring regulation and registration works in the public interest?

- 1) Agree
- 2) Disagree
- 3) Not sure

Please explain

Question 26: Do you think the Standards of Good Regulation should consider the:

-governance of an organisation?

- 1) Yes
- 2) No
- 3) Not sure

Please explain

Question 27: Do you think the Standards of Good Regulation should consider the:

-leadership of an organisation?

- 1) Yes
- 2) No
- 3) Not sure

Please explain

Question 28: Do you think the Standards of Good Regulation and Standards for Accredited Registers should consider the:

-culture of an organisation?

- 1) Yes
- 2) No
- 3) Not sure

Please explain

Question 29: How do you think that the PSA could assess the:

- governance of an organisation?
- leadership of an organisation?
- culture of an organisation?

Question 30: Should we include in the Standards an expectation that the regulators and Accredited Registers collaborate and share learning with fellow regulators or registers and other interested stakeholders?

- 1) Yes
- 2) No
- 3) Not sure

Please explain

Question 31: Which areas of collaboration do you think we should focus on?

Section 6: Supporting public expectations for criminal records checks

Issue

For the majority of health and social care practitioners, criminal record checks are carried out by their employers, though this may not always happen consistently. But for self-employed practitioners there might not be a regular check or any check at all.

The law around who can access criminal convictions information is also different in each country of the UK so we cannot take one approach for the whole of the UK.

We want to improve assurance on criminal convictions checks for self-employed practitioners and those that are employed but not checked without forcing unnecessary repeated checks for employed practitioners or conflicting with the law in each country of the UK. We also don't want to create expectations for regulators and registers that are unnecessarily burdensome or not fit for purpose.

Proposal

To set a proportionate expectation that criminal convictions checks are assured by regulators and Accredited Registers for people who are self-employed or employed but not checked and not covered by another form of check of their criminal records.

Question 32: Do you think regulators and Accredited Registers should collect appropriate assurances around criminal convictions checks when registrants do not routinely have checks?

Regulators

- 1) Yes
- 2) No
- 3) Not sure

Please explain

Accredited Registers

- 1) Yes
- 2) No
- 3) Not sure

Please explain

Question 33: What factors do you think the PSA should consider in making a decision on whether to introduce an expectation for assurances around criminal convictions checks?

Part B: Question specific to Standards for Accredited Registers

Section 7: New criteria for registers applying for accreditation

Issue

We make decisions about accreditation in two stages. In the first stage we consider if the register is eligible for accreditation and if it is in the public interest to accredit the register based on the risks and benefits of the practice in question. In the second stage we consider all the Standards for Accredited Registers, including reassessing the public interest. We have two stages because some organisations are not able to be accredited based on eligibility and the public interest alone and we do not want to force them to be assessed, and pay for assessment, against all standards if these tests cannot be met.

The two-stage process means we are unable to fully consider accreditation as part of the first stage and must wait for a full assessment to be completed at a later date. Not being able to consider accreditation broadly in the first stage could undermine confidence in our process. This is because we might publish a report that says that we think one of our Standards is met and appear to endorse an organisation that cannot meet our Standards or is acting in a way that will affect the reputation of the programme.

Proposal

To introduce changes that mean we can consider more factors in the first stage of the assessment process. We could either make changes to the Standards so that we can undertake compliance checks to make sure that a register is operating lawfully, or we could be more flexible in our process so that we stop progressing an application if it is apparent that our Standards could not be met after the first stage of assessment.

Questions

Question 34: Do you think we should amend the Standard we use in the first stage of assessment to include compliance checks for relevant legislation, such as equality, diversity and inclusion, preventing modern slavery, or data protection?

- 1) Yes
- 2) No
- 3) Not sure

Please explain

Question 35: Do you think we should have a more flexible process to be able to stop progressing an application at the first stage of assessment if there is good reason to think that any of our Standards cannot be met?

- 1) Yes
- 2) No
- 3) Not sure

Please explain

Additional questions:

Question 36: Which factors should we be considering in planning for implementation of any revisions to the Standards of Good Regulation and/or Standards for Accredited Registers?

Standards of Good Regulation Free text response

Standards for Accredited Registers Free text response

Question 37: Do you think any of the proposals in this consultation could impact (positively or negatively) on any persons with protected characteristics covered by the public sector equality duty that is set out in the Equality Act 2010 or by Section 75 of the Northern Ireland Act 1998 or on family formation, family life and relationships?

We are required by law to uphold the Welsh Language Standards (No.8) Regulations 2022 so that people who speak, read, and write in Welsh can have the same opportunity to use the Welsh language as anyone using the English language. We are also required to consider the impacts of changes to the Standards on opportunities to use the Welsh Language and treating the Welsh language no less favourably than the English Language.

There may be impacts caused by the influence our Standards have on regulators and Accredited Registers and the resulting effects on:

- | **Members of the public** interacting with regulators and Accredited Registers to:
 - use online registers.
 - find information about practitioners and their roles,
 - engage with policy development and research,
 - raise concerns about a practitioner, or
 - make complaints about a regulator or Accredited Register.
- | **Registrants** who are expected to meet professional standards or other requirements to be able to register as a practitioner.
- | **Staff** who work at regulators, Accredited Registers and organisations responsible for health and social care.

Therefore, we want to seek and consider views on whether there are any positive or adverse impacts caused by our proposals for the Standards, and if there are ways that we can enhance the positive impacts and reduce the negative impacts.

Question 38: Thinking about the groups described above or anyone else you think might be impacted, do you think our proposals have any impacts on:

	Positive impact	Adverse impact	None or Neutral impact
Opportunities to use the Welsh Language?			
Treating the Welsh Language no less favourably than the English language?			

Please explain

Question 39: Do you think there are ways to enhance the positive impacts or reduce the negative impacts of our proposals on:

	Yes	No	Not sure
Opportunities to use the Welsh Language?			
Treating the Welsh Language no less favourably than the English language?			

Please explain

If you said there were ways to enhance positive impacts or reduce negative impacts, please explain:

Annex B: Standards of Good Regulation

General Standards

Standard one: The regulator provides accurate, fully accessible information about its registrants, regulatory requirements, guidance, processes and decisions.

Standard two: The regulator is clear about its purpose and ensures that its policies are applied appropriately across all its functions and that relevant learning from one area is applied to others.

Standard three: 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.

Standard four: The regulator reports on its performance and addresses concerns identified about it and considers the implications for it of findings of public inquiries and other relevant reports about healthcare regulatory issues.

Standard five: The regulator consults and works with all relevant stakeholders across all its functions to identify and manage risks to the public in respect of its registrants. Guidance and standards

Guidance and standards

Standard six: The regulator maintains up-to-date standards for registrants which are kept under review and prioritise patient and service user centred care and safety.

Standard seven: The regulator provides guidance to help registrants apply the standards and ensures this guidance is up to date, addresses emerging areas of risk, and prioritises patient and service user centred care and safety.

Education and training

Standard eight: The regulator maintains up-to-date standards for education and training which are kept under review, and prioritise patient and service user care and safety.

Standard nine: The regulator has a proportionate and transparent mechanism for assuring itself that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator's requirements for registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.

Registration

Standard ten: The regulator maintains and publishes an accurate register of those who meet its requirements including any restrictions on their practice.

Standard eleven: The process for registration, including appeals, operates proportionately, fairly and efficiently, with decisions clearly explained.

Standard twelve: Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk-based manner.

Standard thirteen: The regulator has proportionate requirements to satisfy itself that registrants continue to be fit to practise.

Fitness to practise

Standard fourteen: The regulator enables anyone to raise a concern about a registrant.

Standard fifteen: The regulator's process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that appropriate evidence is available to support decision-makers to reach a fair decision that protects the public at each stage of the process.

Standard sixteen: The regulator ensures that all decisions are made in accordance with its processes, are proportionate, consistent and fair, take account of the statutory objectives, the regulator's standards and the relevant case law and prioritise patient and service user safety.

Standard seventeen: The regulator identifies and prioritises all cases which suggest a serious risk to the safety of patients or service users and seeks interim orders where appropriate.

Standard eighteen: All parties to a complaint are supported to participate effectively in the process.



Find out more about our Standards of Good Regulation and how we currently use them as part of our [performance reviews of regulators](#)

Annex C: Standards for Accredited Registers

Our Standards are:

Eligibility and public interest: The organisation holds a register of people in health and/or social care roles that do not have to be regulated by law. The activities carried out by its registrants are beneficial to the health and/or wellbeing of the public and outweigh any risks/harm. Risks are mitigated by the organisation's standards and requirements for registrants.

Management of the register: The organisation maintains and publishes an accurate register of those who meet its requirements including any restrictions on their practice.

Standards for registrants: The organisation sets appropriate standards for competence, professional and ethical behaviour, and business practice.

Education and training: The organisation sets appropriate education standards for the role(s) registered and ensures that registrants can identify when referral to another health or social care professional may be required.

Complaints and concerns about registrants: The organisation has robust processes in place for ensuring that concerns about registrants are dealt with in a transparent, timely, and fair way.

Governance: The governance of the organisation supports public protection and promotes transparency, integrity, and accountability.

Management of risks arising from the role(s) registered: The organisation has a thorough understanding of the risks to service users and the public presented by the activities undertaken by its registrants and takes action to mitigate them.

Communications and engagement: The organisation provides clear and accessible information to the public, its registrants and other stakeholders about itself, the role(s) it registers, and about the accredited registers programme. It uses engagement with relevant stakeholders to inform and enhance public protection.

Equality, Diversity and Inclusion: The organisation demonstrates its commitment to equality, diversity and inclusion and ensures that its processes are fair and free from unfair discrimination.



Find out more about our [about Accredited Registers](#)

Endnotes

1. Upstream regulation aims to move the focus from one of enforcement to one that seeks to prevent harm from occurring in the first place.
2. [Smarter regulation - GOV.UK](#)
3. [Game-changing tech to reach the public faster as dedicated new unit launched to curb red tape - GOV.UK](#)
4. [Review of patient safety across the health and care landscape: terms of reference - GOV.UK](#)
5. <https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england>
6. For their use in talking therapies: [Psychological wellbeing practitioner | Health Careers](#) and [Psychological wellbeing practitioner | Health Careers](#)
7. This mirrors the approach we encourage regulators to take when considering the need for consistency and variation across the regulators we oversee.
8. [The impact of artificial intelligence on clinical education: perceptions of postgraduate trainee doctors in London \(UK\) and recommendations for trainers | BMC Medical Education | Full Text](#)
9. [AI in Medicine | NEJM](#)
10. [AI in regulation: Applications and use cases](#)
11. [Starmer insists NHS must make better use of tech amid data protection concerns | The Independent](#)
12. [PSA response to Government White Paper on AI regulation](#)
13. [Doctors who commit suicide while under GMC fitness to practise investigation](#)
14. [Witness To Harm, Holding To Account | An Open University research study](#)
15. Malcolm Sparrow's "[The Character of Harms: Operational Challenges in Control](#)" | Harvard Kennedy School
16. This can be, for example where fear of fitness to practise is driving defensive practice, affecting mental health, or even leading to registrants taking their own lives while under investigation. Sources: <https://www.cambridge.org/core/journals/bjpsych-bulletin/article/why-regulation-hurts-balancing-the-need-to-maintain-standards-with-the-mental-health-impact-on-public-sector-professionals/32A084C794DABBCB53FAFC6A8514BE28>; Report on the [dental professionals who died while fitness to practise concerns were investigated](#)
17. <https://www.nmc.org.uk/about-us/shaping-our-culture/independent-reviews/>

18. <https://www.gov.uk/government/publications/enabling-excellence-autonomy-and-accountability-forhealth-and-social-care-staff>
19. <https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry>
20. https://www.gosportpanel.independent.gov.uk/media/documents/070618_CCS207_CCS03183220761_Gosport_Inquiry_Whole_Document.pdf
21. <https://www.gov.uk/government/publications/ockenden-review-of-maternity-services-at-shrewsbury-and-telford-hospital-nhs-trust>
22. <https://www.nmc.org.uk/about-us/shaping-our-culture/independent-reviews/>