Consultation outcome report

Standards review

Report on results of our public consultation

professional
standards
authority
for Health and Social Care

2025

Consultation outcome report

Standards Review

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for Health and Social Care

2025

We received

176

responses to our consultation on revisions to our Standards of Good Regulation and Standards for Accredited Registers held between 13 February and 8 May 2025

Key findings and next steps

We think our proposals for change were the right ones

The responses to our consultation suggest that we have identified most of the key changes that we want to make to the Standards. This means that we want to align the Standards as much as possible, make them clearer to different audiences that use them, provide more information about the evidence we require as a minimum, and explore further, in the drafting of revised standards, how we can set proportionate expectations around:

- leadership, governance and, as a product, culture,

- failure to declare issues of professional suitability,

- criteria for applicants for accreditation.

See overleaf for more detail

The findings from our Evidence review

Our Evidence review and associated internal review of published literature highlighted a range of areas where regulation can improve and consequently areas to consider changes as part of the Standards review. Key themes arising include:

- the need for greater collaboration and alignment between regulators,

- the value of expanding our oversight to look at governance, leadership and culture and

- the need for improvements in referral of cases to complaints processes.

The scale of change required is greater than we expected

The vast majority of what the current Standards expect of regulators and registers will remain the same. However, combining what we heard in the consultation and from the Evidence review suggests that we need to make some more significant changes to the structure of our Standards, the evidence requirements we set, as well as introduce some new requirements either as amendments to current standards or, in some cases, new standards. That means we need to reconsider the pace at which we thought we might introduce revised standards.

We need to give more time to engage with stakeholders

We have been open to the consultation exercise leading us to wherever the evidence takes us. That evidence is telling us that, we need take a longer and deeper approach to the second round of engagement than we previously planned. This is so that we can explore different approaches to making changes to:

- the standards,
- the evidence we collect to show they are met.

We also want to take longer to understand the consequences of those changes with our stakeholders, including regulators and Accredited Registers. This will also mean we can think carefully about the pace of implementation and how it may be phased to ensure that everyone has time to prepare.

Key facts and statistics from our consultation and evidence review

Evidence reviewed
330 Documents

Consultation responses
176 Responses

Responses from
28 Members of the Public

Responses from
94 Registrants

Responses from
69 organisations

Responses from
All four nations of the UK

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.

Contents

About this consultation response

1.1.   Our Strategic Plan 2023-26 committed to reviewing the standards we use to report on regulator performance and to grant Accredited Register status. We wanted , as part of the review, to know whether the Standards are still fit for purpose considering the changes to both healthcare and regulation and to address any gaps.

1.2.   We held a public consultation, open from 13 February to 8 May 2025, to 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

- how we may further improve the Standards

1.3.   Alongside the consultation we also launched a Call for Evidence for any research, data, or other published evidence and carried out our own internal review of the published literature which suggested ways professional regulation and registration could improve.

1.4.   This report is a summary of the 176 responses we received to the consultation and relevant findings from the Call for Evidence and internal evidence review. Taking the two types of evidence together, we also set out our decisions on what we will do next to revise the Standards.

How we analysed responses to the consultation

1.5.   We received 162 responses through our online survey. We have reported the responses to closed questions in the survey throughout this report. 35 questions in the survey were open-ended. We read every response to the open-ended questions. We prepared a list of unique responses to each question. We then re-read all the responses applying up to six codes to each response. We then counted the number of times that unique responses were made to understand whether consistent themes emerged in the responses. We also conducted quality assurance checks throughout the coding process to make sure that we were interpreting the comments fairly. Where it is possible to do so, we have highlighted if particular respondent types expressed different views to all respondents.

1.6.   Organisational respondents are listed in Appendix A and a summary respondent analysis has been included in Appendix B.

1.7.   We received 14 responses via email. We initially attempted to incorporate these responses into the same data as the online survey but found that some respondents had varied their answer options or not answered the questions

directly meaning we could not be certain that we were analysing like for like for data. Therefore, we have not included these responses in the summary graphs or statistics. We have included the views of these respondents in the thematic summaries of responses.

Are our Standards looking for the right things?

2. What we asked in the consultation

2.1. We sought 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 wanted to hear views on whether we have the right approach in assessing a regulator or register's performance in a way that protects the public.

2.2. We asked if respondents:

- Agreed that the Standards are an effective way of assessing and reporting the performance of regulators and registers

- Had suggestions for what we should keep, change, add or remove from the Standards

- Had suggestions to make our Standards fit for the future

- Had any other comments or suggestions to strengthen the Standards

3. What we heard

"The Standards provide a clear, structured, and transparent framework for assessing and reporting the performance of regulators and accredited registers. By using these benchmarks, the PSA is able to systematically evaluate whether regulators are fulfilling their duties effectively, particularly in protecting the public. The Standards encourage consistency across assessments while also allowing for a risk-based approach that focuses attention where the potential for harm is greatest..."

Accredited Register

Are our Standards effective?

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

Legend:
- Yes
- No
- Not sure
- No response

	Yes	No	Not sure	No response
	80	49	30	3
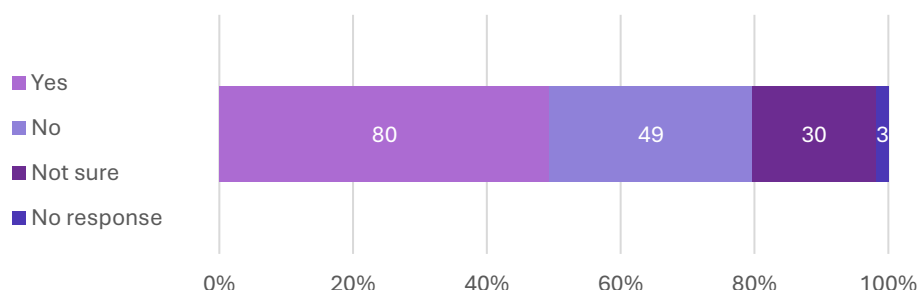
3.1. Almost half of respondents to the online survey (80, 49.4%) agreed the Standards were an effective way of assessing and reporting the performance of regulators and registers. Most respondents who agreed did not give their reasons. When a rationale was given, it was often framed around:

- clear standards supporting credibility of regulators and Accredited Registers,

- standards providing consistency, transparency and accountability,

- the breadth of the standards covering the right things.

3.2. A few respondents also pointed to other factors, such as: prioritising patient safety, providing reassurance around quality and safety, driving improvement in regulation and registration, and that there might not be any other effective tool for the PSA to use.

3.3. Some respondents agreed, but still wanted to see changes to the Standards in line with the proposals we made in the consultation document. A small group wanted to see the Standards we set around education and training strengthened.

3.4. Less than a third of respondents disagreed (49, 30.2%). When respondents disagreed they mostly pointed to particular experiences with, or decisions made by, regulators or Accredited Registers; or they thought that practitioner complaints were too burdensome or took too long to resolve. A smaller group pointed to the PSA lacking enforcement powers if regulators did not meet the Standards of Good Regulation as a sign of ineffectiveness.

3.5. Less than a fifth were not sure (30, 18.5%). No consistent patterns emerged from this group of responses but some mentioned that the Standards could better reflect the different contexts of professional practice, national challenges, or account for the context in which regulators and Accredited Registers worked.

What should we keep, change, add or remove?

3.6. For the Standards of Good Regulation, when we asked what we should keep, change, add or remove we received lots of responses, but most were not shared views of respondents. The most consistent responses were for the following:

Keep	Change	Add	Remove
All the Standards Standards that promote patient safety, confidence, accountability, transparency and responsiveness	The complaints standard to make the process more helpful to complainants and less harmful to registrants Consider the independence of the regulator and conflicts of interest in the decisions it makes	A stronger requirement to engage with stakeholders in regulation Stronger powers to intervene when a regulator does not meet standards	Nothing Duplication within standards and across other forms of oversight (such as Charity Commission, legal requirements)

3.7. For the Standards for Accredited Registers, when we asked the same question we again received few consistent responses, but these were the most common:

Keep	Change	Add	Remove
All the standards	Nothing Strengthen education and training requirements Enhance complaints requirements to include timeliness Simplify the requirements of the equality, diversity and inclusion	Improvements to transparency in complaints processes and summary data	Duplication within standards and across other forms of oversight (such as Charity Commission, legal requirements)

	standard and its interactions with other standards.		

Fit for the future

3.8. Respondents' views on making the Standards fit for the future were diverse but there were some consistent themes in the responses:

- The impact of digital, online and Artificial Intelligence (AI) technologies on health and social care and regulation which will require regulators, Accredited Registers and the PSA to set standards that are adaptive to the changing the context. For example, the standards need to be ready for new ethical questions, risks to patients and practitioners, and opportunities to innovate and improve patient and service user care and regulation and registration.

- Outcome focused and flexible standards were seen as a key mechanism to ensure that the Standards were adaptable to changing contexts.

- Less common, but still a consistent part of some of the responses, was moving to an increasingly preventative approach that sought to move the focus away from handling regulatory complaints towards learning, local resolution and supporting practitioner wellbeing.

- Some respondents pointed to the process that we should use to keep the Standards fit for the future, such as more frequent reviews or more regular engagement and co-production with a wider group of affected stakeholders.

- Many respondents did not provide comments on the Standards, but instead on our processes and how they thought they could be improved for the future.

Other comments to strengthen the Standards

3.9. There were no common themes emerging from the responses to this question. Respondents tended to provide their views on how to strenghen our impact as an organisation, assessment processes or supporting guidance rather than the Standards themselves, making suggestions such as:

- Setting clearer performance indicators and providing examples of good practice

- Enhancing reporting with more nuanced assessment or performance review outcomes that show direction of travel or less binary than our current 'met/not met' approach

- For regulators, having stronger powers to intervene or to respond to complaints

- Promote our work more (particularly in relation to the Accredited Registers programme)

4. What our Evidence review told us

4.1. We did not find evidence directly relevant to these consultation questions.

5. What we propose to do next

5.1. We have heard that the Standards are an effective tool to assess and report on the performance of regulators and Accredited Registers. However, there are areas in the Standards that can be strengthened or clarified using the suggestions from the consultation responses.

5.2. We will prepare a draft of the Standards using all the feedback we received, paying particular attention to the consistent feedback. Beyond the specific proposals we tested in later consultation questions, of particular interest to us in drafting the Standards are:

- Preserving the requirements of the standards, while finding ways to reduce duplication and complexity.

- Setting clearer expectations relating to minimum requirements and the evidence we would like to see

- Setting outcome focused standards that encourage regulators and Accredited Registers to take preventative and adaptive approaches to risks to the public

Alignment of the Standards

6. What we asked in the consultation

6.1. We think the two sets of Standards should be the same wherever possible, and in line with the principles of right-touch regulation[1]. If there is variation between the two sets of Standards, it should be explained.

6.2. We asked if respondents:

- thought that the Standards should be aligned as much as possible
- agreed or disagreed with three proposals for alignment: outcome focused standards, flexibility in how standards are met, and professional standards and guidance are kept up to date and informed by evidence.

7. What we heard

> "While we believe it is beneficial to help patients and service users better understand the distinctions between a regulator and an Accredited Register, the PSA should be cautious to ensure these differences are not conflated, as their alignment could lead to further confusion. It is crucial that the public clearly differentiates between a statutory register maintained by a regulator and a voluntary Accredited Register."
>
> Health and care provider

Should we align the Standards?

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

Legend: Yes, No, Not sure, No response

Values: 110 | 9 | 29 | 14

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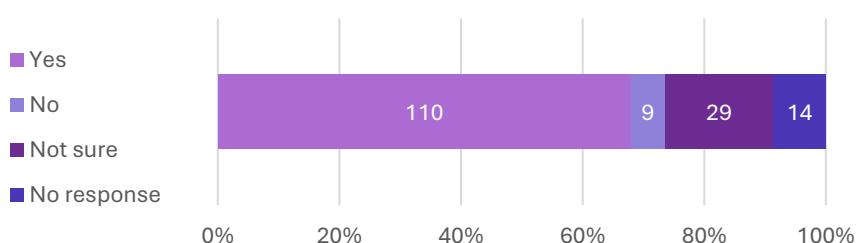
[1] Reviewing Right-touch regulation - a discussion paper | PSA

7.1. Most respondents to the online survey (110, 68%) thought that the Standards should be aligned as much as possible. Few respondents (9, 6%) did not think the Standards should be aligned. Approaching a fifth of respondents (23, 18%) were not sure.

7.2. When respondents gave "yes" responses they most often provided no explanation. When an explanation was provided the most common response was that this would assist with clarity and transparency, especially for patients and service users who were unlikely to understand the differences between the two forms of oversight. Other respondents pointed out that the Standards were already very similar in their expectations and that alignment would support consistency across the different models.

7.3. Some respondents who were in favour of alignment also stated that full alignment would not be possible because of the differences between regulators and Accredited Registers, and that it was important to be transparent with the public about those differences.

7.4. When respondents answered "no" or "not sure" they again more commonly provided no explanation. If reasons were given they did not form consistent themes but included negative impacts on smaller Accredited Registers, infringing flexibility and innovation, and having the potential to confuse members of the public.
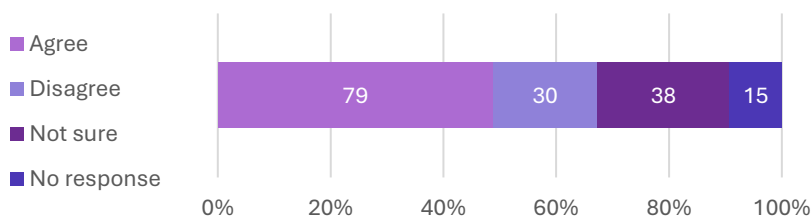
Our three proposals for aligning the Standards

Do you agree/disagree with our proposals on alignment?
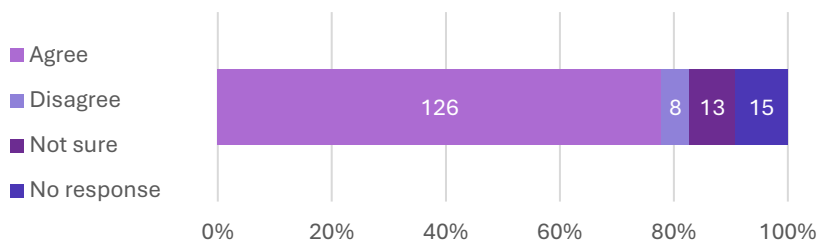**Outcome focused standards**

	Agree	Disagree	Not sure	No response

107 | 14 | 27 | 14

0%   20%   40%   60%   80%   100%
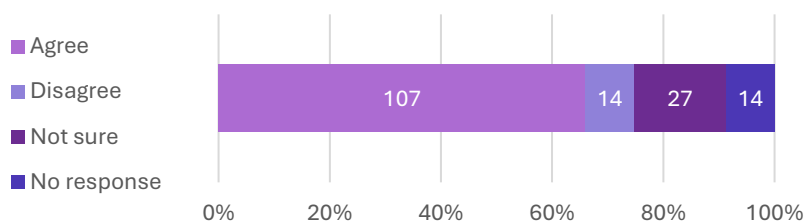
Do you agree/disagree with our proposals on alignment?
Flexibility in how the standards are met

	Agree	Disagree	Not sure	No response

79 | 30 | 38 | 15

0%   20%   40%   60%   80%   100%

Do you agree/disagree with our proposals on alignment?
Professional standards and guidance are kept up to date and informed by evidence

	Agree	Disagree	Not sure	No response

126 | 8 | 13 | 15

0%   20%   40%   60%   80%   100%

7.5.   Agreement for our specific proposals ranged from just under half to more than three quarters of respondents to the online survey. Disagreement was low for our proposals on outcome focused standards and professional standards. However, disagreement and uncertainty was higher for our proposals around flexibility in how standards are met. Uncertainty, for similar reasons, was also higher for our proposal for outcome focused standards.

7.6.   Most often, respondents did not explain their reasons for their answers but where there was agreement, the reasons tended to be focused on:

- Outcome focused standards would move the Standards towards assessment of impact and effectiveness of regulation and registration, rather than procedural compliance

- Flexibility being essential to recognise the different organisation types, sizes, practitioner roles and contexts, and national differences in service delivery and governance

- Evidence-based and up-to-date professional standards being a foundational requirement of regulation and registration, and required for credibility and legitimacy

7.7. Some respondents who agreed with the proposals stated that the evidence requirements that will underpin the Standards will require specific consideration if we carry forward proposals for alignment to make sure that they are fair and informed by evidence.

7.8. Again, more often than not, reasons were not given but where there was disagreement or uncertainty, the reasons commonly pointed to:

- The potential for inconsistency and lack of accountability if minimum expectations are not set and assessed

- Respondents feeling unable to form a view until they see revised Standards and evidence requirements

8. What our Evidence review told us

8.1. We did not find evidence directly relevant to these consultation questions.

9. What we propose to do next

9.1. We heard that aligning the Standards as much as possible is well supported, even if we must be cautious about ensuring that the detail of the requirements is sensitive to the different types of organisation that we oversee. We have also heard that in aligning the Standards that we must ensure that we do not mask the important differences between the two types of organisation that we oversee.

9.2. We have also heard that our three proposals for alignment of the Standards are well supported, but that as we move forward we will need to provide more explanation about how outcomes focused standards, with flexibility in how they are met, will support appropriate alignment in the practice of regulators and Accredited Registers in fulfilling their public protection functions.

9.3. We will redraft the Standards with the view that wherever possible we have the same standards for both regulators and Accredited Registers. However, we will not remove the important distinctions that arise from the different legal bases for the two types of oversight. We will also, as we move onto thinking about the detail of the evidence requirements that will sit beneath the Standards, make sure that we build in different detailed expectations, where it is appropriate, for regulators and Accredited Registers.

Clarity, accessibility and transparency

10.   What we asked in the consultation

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

10.2.   We asked respondents if:

- They found any of the Standards difficult to understand

- They could tell us about areas of unhelpful overlap in the Standards

- It was clear how we assess whether a regulator or Accredited Register has met the Standards

- They agreed or disagreed with proposals we had to remove unhelpful overlap in the Standards

11.   What we heard

"Some Standards for Accredited Registers can be difficult to interpret due to the technical language and the way expectations are described. This is especially true for users without regulatory experience. More clarity around what evidence is required — and how it will be judged — would make the Standards more transparent and easier to apply."
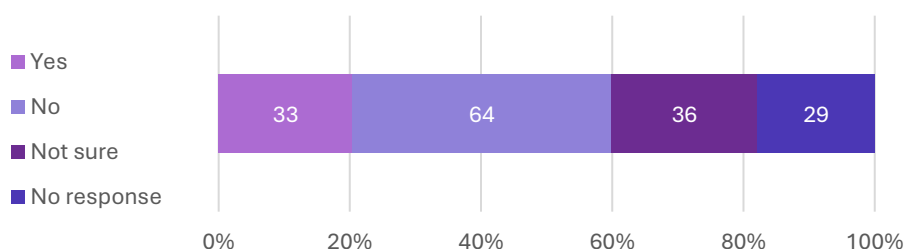
Professional body
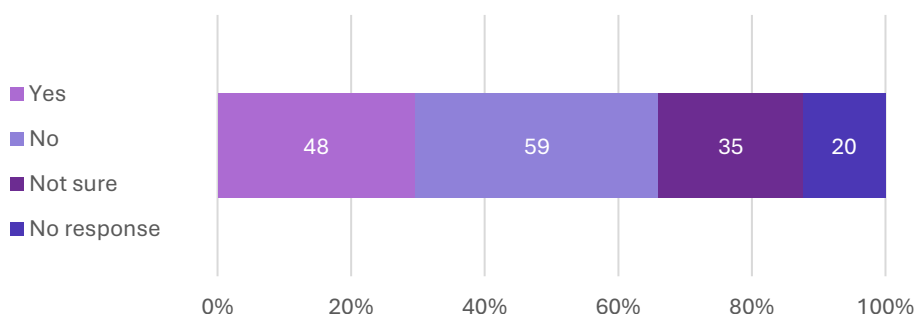
Are our Standards difficult to understand?

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

Legend:
- Yes
- No
- Not sure
- No response

Yes	No	Not sure	No response
35	67	41	19
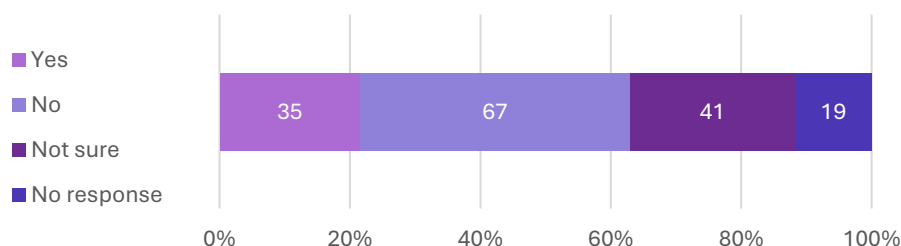
Are there any Standards for Accredited Registers you find difficult to understand?

Legend:
- Yes
- No
- Not sure
- No response

Yes	No	Not sure	No response
33	64	36	29

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

Legend:
- Yes
- No
- Not sure
- No response

Yes	No	Not sure	No response
48	59	35	20

11.1.   We received similar responses to the questions we asked about both sets of Standards, but slightly more respondents chose not to answer the question about the Standards for Accredited Registers. Around 40% of respondents did not find the Standards difficult to understand, but around a third did and more than a third were not sure.

11.2.   Again, most commonly, respondents did not explain their reasons for their responses to the questions.

11.3.   When respondents gave reasons for why they did not find the Standards difficult to understand they tended to acknowledge that they had expertise in the subject area which, in some instances, was developed over time interacting with the Standards and with PSA staff. Regulators often pointed to the introduction of our

Equality, diversity and inclusion standard (Standard 3) as an example of how to make the expectations of new standards clear and the work to meet them achievable over time.

11.4.   The reasons for finding the Standards difficult to understand included:

- A lack of examples of good practice

- Specific wording that was dense, too technical or misleading

- Overlap between Standards making providing evidence against each one repetitive and confusing

- The purpose or intent of the requirements not being clear

11.5.   More than half of respondents answered "no" or "not sure" when asked if Standards made it clear how we assess whether a regulator or Accredited Register has met a standard. Less than third answered "yes".

11.6.   Regulators and Accredited Registers tended to comment that there was a lack of clarity around the detail of how judgements are made based on evidence for each Standard. However, some regulators pointed to the introduction of Standard 3 as an example of where there was sufficient clarity.

11.7.   Some respondents, tending to be registrants or patients and service users, felt the outcomes of assessments were not clear or widely promoted.
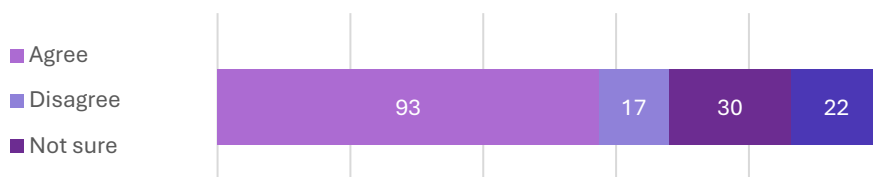
Finding unhelpful overlap

11.8.   Most respondents did not answer the question we asked to help us find instances of overlap in the Standards.

11.9.   Some respondents gave us specific examples which included:

- Overlapping requirements related to key public protection functions (such as complaints handling) and our equality, diversity and inclusion requirements.

- Overlap in the Standards of Good Regulation related to complaints handling standards

- Overlap in the minimum requirements that underpin the Standards for Accredited Registers

11.10. Some respondents thought there was no overlap and the Standards were well structured.
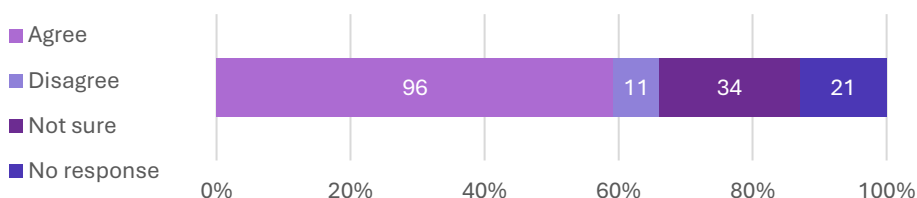
Our proposals for removing overlap

Do you agree/disagree with our proposals to remove unhelpful overlap in the Standards of Good Regulation?
Merging our Standards on raising concerns being supported through raising complaints about practitioners (Standards 14 and 18)

Legend:
- Agree
- Disagree
- Not sure

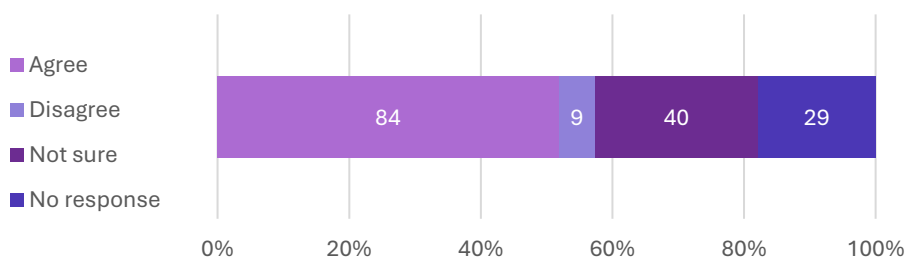|	
Agree	93
Disagree	17
Not sure	30
	22

Do you agree/disagree with our proposals to remove unhelpful overlap in the Standards of Good Regulation?
Separating the two parts of Standard 15 about complaints about practitioners being 1) fair and proportionate and 2) timely

Legend:
- Agree
- Disagree
- Not sure
- No response

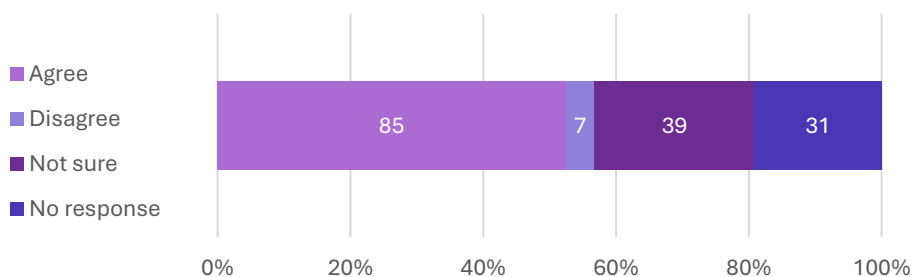|	
Agree	96
Disagree	11
Not sure	34
No response	21

0% 20% 40% 60% 80% 100%

Do you agree/disagree with our proposals to remove unhelpful overlap in the Standards for Accredited Registers?

Merging our Standards for Accredited Registers 1 and 7 on processes for considering risks from practice

Legend:
- Agree
- Disagree
- Not sure
- No response

Agree	84
Disagree	9
Not sure	40
No response	29

0% 20% 40% 60% 80% 100%

Do you agree/disagree with our proposals to remove unhelpful overlap in the Standards for Accredited Registers?

Reducing overlap between the minimum requirements

Legend:
- Agree
- Disagree
- Not sure
- No response

Agree	85
Disagree	7
Not sure	39
No response	31

0% 20% 40% 60% 80% 100%

11.11. Around half to two thirds of respondents ageed with the different proposals we put forward to remove overlap in the standards.

11.12. When respondents agreed with the proposals for the Standards of Good Regulation they mostly did not give their reasons, but when they did they indicated that the proposals were sensible and supported clarity. Specifically for the separation of the standard about timeliness of complaints handling processes it was stated that this would mean the PSA and regulators could focus in on the issues affecting the length of processes.

11.13. For the Standards of Good Regulation, respondents who disagreed or were not sure, and gave reasons, commented that the proposal to:

- merge standards around raising concerns and supporting complainants may place too much emphasis on complainants being supported rather than provide fair and equal support to everyone involved in a complaint.

- separate timelines from the standard related to fair and proportionate complaints may lead to perverse incentives around speed of complaints handling rather than quality or felt the causes of delays were complex and in some cases beyond the control of regulators.

11.14. For the Standards for Accredited Registers, respondents who agreed or disagreed mostly gave no reason. When reasons were given for agreement these included that the proposals supported clarity and would improve experiences of the assessment processes.

11.15. When respondents disagreed or were not sure, and gave reasons, they commented that:

- merging the standards related to risk may overlook two distinct functions of the Standards: identifying risk, and ongoing management of risks.

- Overlap was inevitable in the minimum requirements

12. What our Evidence review told us

12.1. We did not find evidence directly relevant to these consultation questions.

13. What we propose to do next

13.1. We have heard that our Standards make sense to specialist audiences but even amongst those there is a level of familiarity and expertise required to be able to engage with them fully. Other stakeholders in the Standards, particularly registrants and patients and service users, have told us that the Standards are not accessible to them.

13.2. We will revise the Standards and evidence frameworks to remove unhelpful overlap, including addressing those areas specifically mentioned in the consultation document, and with different audiences in mind:

- To merge the Standards of Good Regulation 14 on raising concerns and the Standards of Good Regulation 18 being supported through raising complaints about practitioners

- To separate the two parts of the Standards of Good Regulation 15 about complaints about practitioners being 1) fair and proportionate and 2) timely

- To merge the expectations set out in Standards for Accredited Registers 1 and 7 on processes for considering risks from practice.

13.3. We also do not think the whole framework should be written for multiple audiences and that breaking down the Standards and evidence framework into different components will mean that we can prepare parts of the framework that are specifically designed for the audiences. We are considering different options for this as we draft the revised Standards, and test our proposals through engagement.

Culture, governance and leadership

14. What we asked in the consultation

14.1. 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. 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.

14.2. The Standards for Accredited Registers already contain requirements for governance and leadership so we asked some of our questions about the Standards of Good Regulation only.

14.3. We asked respondents if they:

- agreed or disagreed that governance, leadership and culture are important components of ensuring regulation and registration works in the public interest

- thought the Standards of Good Regulation should consider the: governance of an organisation, and the leadership of an organisation

- thought the Standards of Good Regulation and the Standards for Accredited Registers should consider the culture of an organisation

- had suggestions about how we might assess governance, leadership and culture

- thought we should include in the Standards an expectation for regulators and Accredited Registers to collaborate and share learning

- had suggestions for the areas of collaboration we should focus on

15. What we heard

"Governance, leadership and culture have a huge impact on how well organisations protect patients and the public.   Poor culture can lead to serious failings, where concerns are ignored, risks are missed, and harm is allowed to continue."

Member of the public

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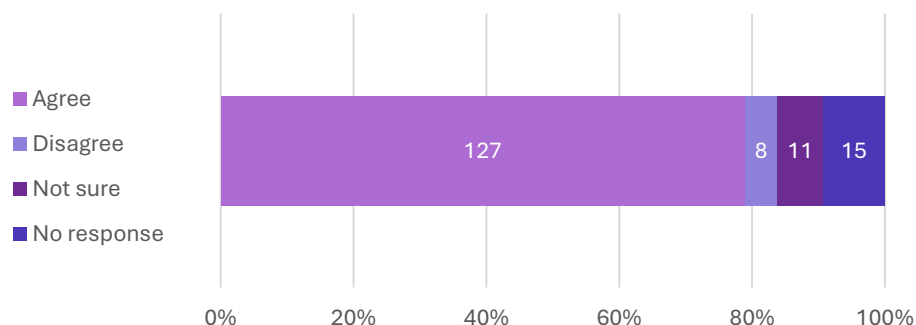

15.1.   The majority of respondents to the online survey (127, 79%) agreed that governance, leadership and culture are important components of ensuring regulation and registration work in the public interest. Few respondents (8, 5%) disagreed, and few were not sure (11, 7%). Most respondents did not explain the reasons for their answers.

15.2.   When respondents gave reasons for agreeing, they expressed the following consistent themes:

- Culture, leadership and governance interact to affect decision-making, psychological safety, organisational performance, outcomes of processes, and the ability to be transparent and truly independent

- Leaders role modelling the right behaviours and creating safe cultures affects organisational performance.

- Failures in culture, leadership and governance can affect confidence in the system of regulation

15.3. Some respondents agreed, but were less confident that culture was as important a factor as governance and leadership. Some agreed but stated that it was very challenging to measure a whole organisation's culture and that culture change was a slow process.

15.4. Those respondents who disagreed or were not sure also highlighted that they were less certain that culture was as important compared to governance and leadership. Some of the respondents who disagreed felt the PSA had not set out the evidence for why a change was required to the Standards.

15.5. Whether respondents agreed, disagreed or were not sure, it was a fairly consistent theme that further engagement was required with stakeholders to set any standard and the evidence requirements. Across all response types, there was also a consistent view that amending existing Standards was a viable option that may be preferable to creating new Standards.

Governance and leadership in the Standards of Good Regulation

Do you think the Standards of Good Regulation should consider the governance of an organisation?

	Yes	No	Not sure	No response

125 · 5 · 14 · 18
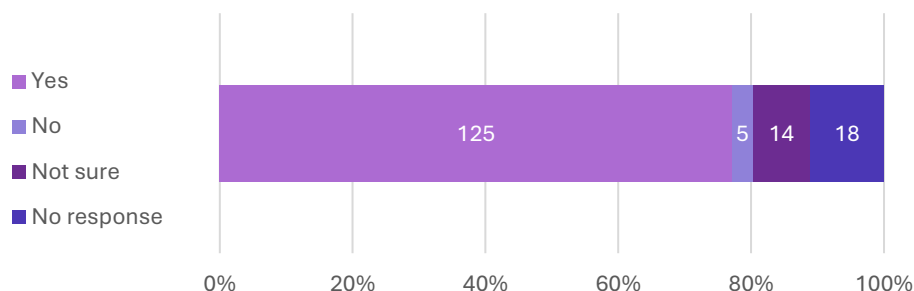
Do you think the Standards of Good Regulation should consider the leadership of an organisation?

	Yes	No	Not sure	No response

126 · 7 · 15 · 14
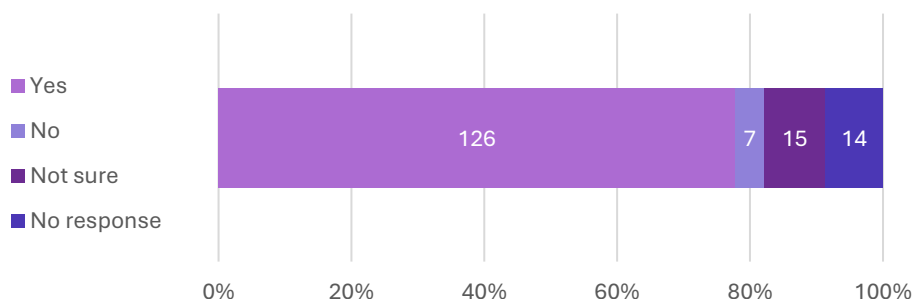
15.6. We received high levels of agreement to our questions about including governance and leadership expectations in the Standards of Good Regulation (more than
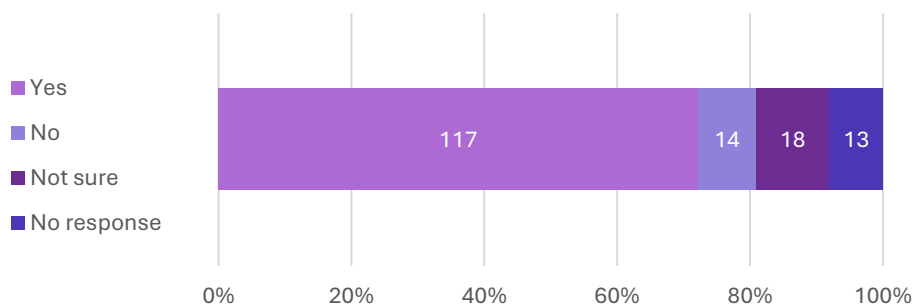
three quarters of respondents to the online survey). Responses expressing disagreement were few, as were responses expressing uncertainty.

15.7.   When respondents provided reasons, which the majority did not, they clustered around these themes:

- Agreement: Governance shapes decisions and performance in organisations, as well as organisational characteristics like transparency, integrity and accountability

- Agreement: Good leadership empowers positive behaviours and supports learning cultures, while focusing on performance of functions

- Agreement: Further engagement is necessary and a cautious approach should be taken to prevent disproportionate assessment processes

- Disagreement and uncertainty: Governance is already captured in the Standards and the oversight of regulator Council appointments, and the proposal interferes with the responsibilities of governing Councils and may intrude on employment matters.

Culture in both sets of Standards

Do you think the Standards of Good Regulation and Standards for Accredited Registers should consider the culture of an organisation?

Yes
No
Not sure
No response

117	14	18	13

0%   20%   40%   60%   80%   100%

15.8. Again, levels of agreement were high in response to our question about including consideration of organisational culture in both sets of Standards (just under three quarters of respondents). Respondents who disagreed or were not sure were a slightly larger group compared to our questions about governance and leadership (8 and 11% of responses, respectively).

15.9. Few respondents provided reasons for their answers, however when provided, the explanations can be summarised as:

- Agreement: Culture shapes how decisions in an organisation are made ethically, fairly, and openly and this can interact with how complaints are handled.

- Disagreement: Rather than focus on culture, the PSA should continue to focus on the outputs and outcomes of functions that protect the public

- Disagreement: Organisational culture is difficult to measure, constantly changing, and micro-cultures emerge in larger organisations making an organisational assessment difficult to reach from the outside

- Disagreement: The potential for duplication of oversight that may come from other bodies or legal requirements on regulators and Accredited Registers

- Uncertainty: Respondents wanted more detail to be able to comment and particularly wanted to be clear about the benefits so that any effect on costs could be justified

- Uncertainty: The PSA should learn from other organisations that measure culture in their standards, and focus any assessment on the effectiveness of organisational tools to understand and preserve or change culture

Measuring governance, leadership and culture

15.10. We received a wide range of suggestions for ways to measure governance, leadership and culture. Respondents tended to give us measures for each of the three areas individually, but in our review we have identified that the suggestions overlap considerably so we have not broken them down in this consultation response document.

15.11. Consistently raised measures included:

- Confidential surveys, or interviews with staff

- Reviewing key data reported about staff (for example, number of staff leaving, staff diversity, number of employee relations matters, number of Freedom to Speak Up cases)

- Reviewing organisational policies, such as whistleblowing, training and Freedom to Speak Up

- Reviewing how well a regulator or Accredited Register engages with its stakeholders

- Listening to regulator or Accredited Register stakeholder views

- Observation of Council and Board meetings

- Commissioning of Board effectiveness reviews and using key data about meetings and how well they operate

- Commissioning and the findings of external audits

- Scrutinising internal decision making including how risks are identified and managed and conflicts of interest are managed.

- Reviewing appointment processes

- Reviewing how transparently an organisation behaves (such as publishing minutes and papers from meetings)

- Reviewing how organisational complaints are handled

- Remaining focused on the outcomes of the functions that protect the public

- Reviewing the tools and approaches that the Board or Council uses to measure, learn and improve.

15.12. Some respondents highlighted that many of the potential measures are required already through the Standards, our assessment processes or existing legal responsibilities even if not contained in a specific PSA Standard.

15.13. Some expressed more specific reservations about how we might reliably measure culture.

Collaboration in the Standards

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?

Yes	No	Not sure	No response
102	13	30	17
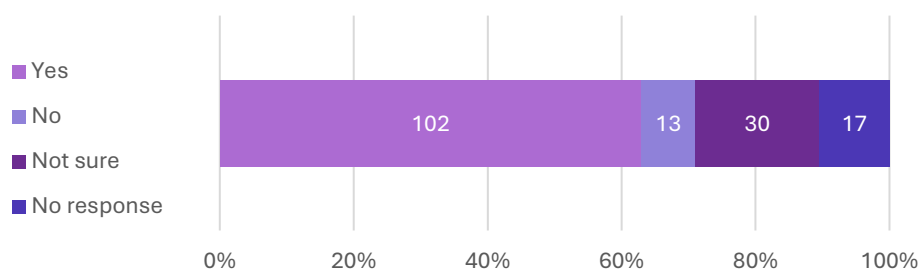
15.14. Approaching two thirds (102, 63%) of respondents to the online survey replied "yes" when asked whether the Standards should include an expectation for collaboration between regulators, Accredited Registers and other interested stakeholders. 13 (8%) and 30 (19%) of respondents replied with "no" or "not sure", respectively.

15.15. Respondents who gave reasons for replying "yes" viewed a mandatory requirement or collaboration positively, highlighting the benefits it would bring and examples where it was already happening. These included:

- Collaboration being an essential role for public protection bodies

- Where regulators and Accredited Registers are working in the same sectors (such as mental health) it will support consistency

- The Accredited Registers Collaborative being an example of good practice

- The organisations we oversee facing similar challenges and being able to share learning and good practice

15.16. Respondents who gave "no" and "not sure" answers also viewed collaboration positively, but not a mandatory requirement owing to what they perceived to be the impacts. These included:

- Limitations on sharing information that arise from the law

- The effect on smaller organisations that do not have the same level of resources to commit to collaborative efforts

- The challenge of measuring collaboration through making it mandatory

Areas for collaboration

15.17. Most respondents did not give us suggestions for the areas of collaboration that the PSA should encourage. Few consistent themes emerged from the responses

that we received, but we have indentified the following areas for further consideration as we consider whether to revise our Standards:

- Improving the experience of complaints processes and exploring options for local resolution before regulatory complaints are taken forward

- Tackling challenges on the horizon such as digital, online and AI informed health and care and its effects on regulation and registration

- Focusing on patient safety learning and preventing repeated harms that could be avoided

- Joint initiatives to engage the public to support their understanding of their options when something goes wrong with their care

16. What our Evidence review told us

16.1. Our evidence review highlighted the value of assessing governance, culture and leadership within organisations and provided some helpful insights in how we might go about this. This includes what we might cover within a new Standard in this area and the requirements underpinning it.

16.2. On culture specifically, there is a large amount of research evidence demonstrating the importance of healthy workplace cultures to patient safety outcomes, which we believe has relevance to regulators too, given the safety critical nature of their work. The wider literature on organisational culture suggests that it is difficult to demonstrate how culture improvements on their own necessarily lead to performance improvements, but that when they are combined with other quality drivers it is possible to identify positive impacts.

16.3. The evidence review also suggested a case for including a focus on collaboration within the Standards, identifying key areas where greater collaboration between regulators and wider stakeholders would be beneficial. This is also a theme arising from the current programme of legislative reform for the regulators we oversee where greater collaboration is an expectation of the policy direction of Government.

17. What we propose to do next

17.1. We recognise that culture, leadership and governance are distinct but inter-related characteristics of an organisation. We heard clearly that we should make changes to our Standards to include consideration of culture, leadership and governance, but we want to explore the subject in greater detail at the next stage of engagement to explore the most proportionate way for us collect, assess and report on these subjects. The Evidence review provided some models which the PSA could use when developing any new requirements of its own.

17.2. On culture specifically, we will be carefully considering how we use and frame the new Standards to encourage improvement in this area without being prescriptive or over-ambitious in what we can realistically measure and assess. We are acutely

aware that the primary responsibility for organisational culture, leadership and governance sits with Councils and Boards and so our current thinking is that we may collect evidence about the effectiveness of the tools and systems that are used in regulators and Accredited Registers.

17.3.   We have heard clearly that this is a particular area that regulators and Accredited Registers want to see engagement activities focused upon to ensure that the evidence requirements are proportionate to the different types of organisations that we oversee. Therefore we plan to extend the period of engagement on a draft of the Standards to give more time to exploring the detail of the evidence requirements.

17.4.   We have also heard that including expectations around collaboration would be valued by stakeholders, but we must be cautious about a disproportionate impact on smaller regulators and Accredited Registers and think carefully about how we measure collaboration during the next phase of engagement.

Criminal records checks

18. What we asked in the consultation

18.1. 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 some self-employed practitioners there might not be a regular check or any check at all.

18.2. 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.

18.3. We asked respondents if they:

- Thought regulators and Accredited Registers should collect appropriate assurances around criminal convictions check when registrants do not routinely have checks

- Had suggestions for the factors we should consider in making a decision on whether to introduce an expectation for assurances around criminal convictions checks

19. What we heard

"Our standards of practice require registrants to disclose information that could impact their fitness to practise/train. Criminal record checks cannot replace this expectation, and there is a risk it provides a false sense of assurance to the registrant, regulator and employer. Until the Government has provided a response to the Bailey Review, we would be reluctant to support proposals for mandating criminal record checks for registrants by the regulator."

Regulator

Should regulators and Accredited Registers collect assurances?

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

Regulators
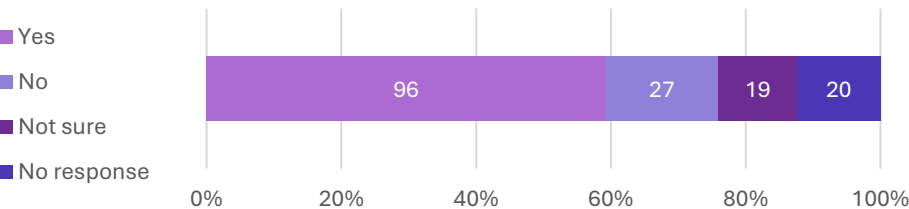
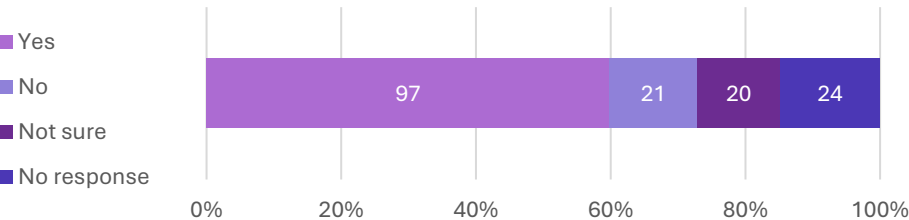|	Yes	No	Not sure	No response
	96	27	19	20

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

Accredited Registers

	Yes	No	Not sure	No response
	97	21	20	24

19.1. More than half of respondents to the online survey responded with "yes" to our question about regulators and Accredited Registers collecting appropriate

assurances around criminal convictions checks when registrants do not routinely have them. Around a quarter of respondents replied with "no" or "not sure".

19.2.   Most respondents did not explain their reasons for their answers. Where reasons were given for responding "yes", the most frequent response from people who declared themselves to be members of the public was the expectation that these checks are mandatory and in some cases the expression of surprise that they are not happening for all health and social care practitioners. Some regulators and Accredited Registers replying "yes" indicated that that already had systems of checks in place in addition to a system of declarations and considered this proportionate and important for public protection.

19.3.   Some respondents who responded "yes" highlighted the following challenges:

- The requirement for the law to be changed as a pre-requisite (either as a result of the Bailey Review[2] recommendations or through a change to the Rehabilitation of Offenders Act 1974 (Exceptions Order) 1975[3] to include Accredited Registers practitioners)

- The potential for registrants on Accredited Registers to choose not to register because of the additional burden and costs of checks

- The potential for any requirement not to be consistent across regulators and Accredited Registers

- The potential for practitioners to be penalised because of offences the respondents felt were not relevant to professional practice

- The difficulty of selectively applying checks given the different models of service delivery and employment that exist across regulators and Accredited Registers (with a helpful example being dentistry where self-employed dental professionals are common, but the model of self-employment through Care Quality Commission (CQC) regulated dental practices means that checks are undertaken)

19.4.   Respondents who answered "no" or "not sure" highlighted the following reasons:

- The current system of declarations was proportionate and effective, pointing out that a system that required checks would still require practitioners to declare when they received fresh convictions and cautions

- A lack of evidence for proposals to make changes to current system, pointing to low numbers of cases that included failure to disclose convictions or cautions

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[2] Independent Review of the Disclosure and Barring Regime - GOV.UK

[3] The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975

- The potential for duplication because of registrants who are both employed and self-employed

- Changes to the law are required first, and some thought that making a change now was premature and would potentially expose regulators and Accredited Registers to legal risks

The factors we should consider in making decisions

19.5.   Most respondents did not respond to the question we asked about the factors we should consider in making a decision on whether to introduce an expectation for assurances around criminal convictions checks.

19.6.   Most commonly we received two potentially opposing considerations: that the checks are a necessary minimum requirement for public protection, and that introducing a requirement would be duplicative, disproportionate and increase costs and demands on regulators and Accredited Registers and registrants to address an unclear risk.

19.7.   Less frequent, but still relevant to our considerations are the following responses:

- Proportionality to the risks related to the type of practice and form of self-employment

- The potential for increased demand on regulator and Accredited Register registration processes that may increase costs and cause delays

- The potential for increased demand on the agencies that perform the checks

- Infringement of data laws and human rights

- The requirement for guidance on the level and frequency of check

20.   What our Evidence review told us

20.1.   We did not find evidence directly relevant to these consultation questions.

21.   What our other evidence collection on criminal convictions checks told us

21.1.   We analysed information collected from a survey of the regulators and information we routinely colect when we review of the outcomes of final hearings in registrant complaint processes.

21.2.   We found from our analysis of the regulators' requirements and guidance that they generally had similar, but not the same expectations for checks on professional suitability throughout the career of practitioners on their registers. There were

some instances of regulators and Accredited Registers collecting evidence of convictions and cautions, but where it was possible to do so, the norm was that these checks are routinely and regularly conducted by employers and contracting bodies.

21.3. Our analysis of the outcomes of final hearings showed us that failure to declare a matter of professional suitability is a relatively rare occurrence, and treated seriously when it occurs. In most instances the convictions and cautions were at the less serious end of the scale and related to driving offences or personal use of alchohol and drugs while driving. However, we did identify some instances (about 1% of the cases in the period we analysed) of more serious offences which suggested that there was the potential for high impact risks to materialise that may damage public confidence even if they may be rare.

22. What we propose to do next

22.1. We have heard that there is a public expectation for checks on criminal convictions and cautions to be the most rigorous they can be and frequently conducted. We also heard that meeting this expectation might have negative consequences on the cost of regulation, on fairness for registrants with convictions and cautions that would not preclude them from professional practice, and duplicate the assurances that are already in place.

22.2. To balance these two perspectives and to bring consistent approaches that are proportionate to the level of risk, we will develop revised requirements in our Standards that set out the expectations for regulators and Accredited registers to manage the risks related to failure to declare matters of professional suitability, which is the primary mechanism currently in use to manage the risk of professional suitability requirements not being met. We anticipate this will mean we set expectations that are flexible enough to recognise when practitioners are surrounded by additional employer or contracting body assurances and encourage regulators and Accredited Registers to review their approaches when they are not available. This approach also has the benefit of not getting ahead of potential changes to the law in England and Wales or from reform of the regulators.

New criteria for registers applying for accreditation

23. What we asked in the consultation

23.1. We proposed introducing changes that mean we can consider more factors in the first stage of the assessment process for applicants for accreditation. We made two proposals: make changes to the Standards so that we can undertake compliance checks to make sure that a register is operating lawfully, or 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.

23.2. We asked respondents if they thought we should:

- amend the Standard (Standard One) to include compliance checks for relevant legislation

- 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 any of our Standards cannot be met

24. What we heard

"Compliance with relevant legislation—particularly in areas such as equality, diversity and inclusion, data protection, and the prevention of modern slavery—is essential to ensuring that any organisation exercising a public function operates responsibly and ethically. These areas are not optional or aspirational; they are legal obligations that reflect wider public expectations of transparency, fairness, and accountability."

Accredited Register
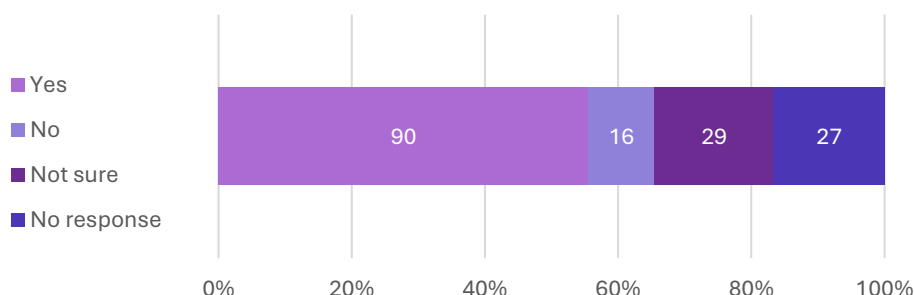
Changing Standard One

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?
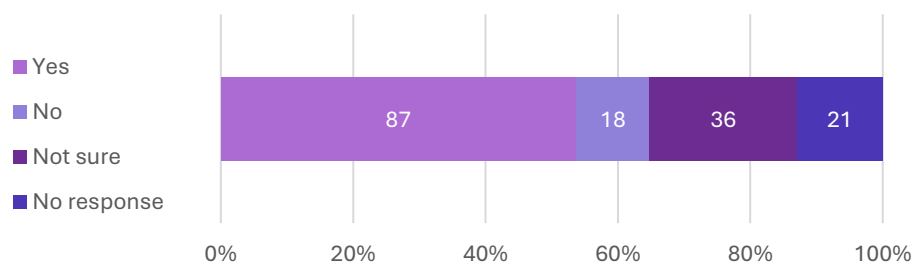
24.1. More than half (87, 54%) of respondents to the online survey replied "yes" to the question we asked about introducing checks for legal compliance as part of our assessment of registers applying for initial accreditation. 18 (11%) respondents replied with "no", and 36 (22%) were "not sure".

24.2. Most respondents did not explain their answers. When reasons for agreement were given, the most consistent response was that introducing the change was necessary to ensure that legal and ethical obligations were being met by applicant registers to carry public trust in the Accredited Registers programme. Some respondents replying "yes" said that it would be important to issue clear requirements and guidance in order to make decisions fairly.

24.3. When respondents replied with "no" or "not sure", no consistent themes emerged but some wanted more information before forming a view and some felt the decisions rested with other oversight organisations.

Changing our processes for applications

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?

Legend: Yes, No, Not sure, No response

Bar values: 90 | 16 | 29 | 27

24.4. We received a similar profile of responses to our question about changing our process for considering applications for accreditation if there is good reason to think that any of our Standards cannot be met. 90 (57%) of respondents replied "yes", 16 (10%) replied "no", and 29 (18%) were "not sure".

24.5. Again, most respondents did not explain their responses. Where respondents agreed they considered the proposal to be important to the credibility of the Accredited Registers programme and was suitable to prevent costs falling on applicants that cannot meet the Standards. However, some who agreed also highlighted that it was important to permit re-applications if circumstances change for the applicant.

24.6. Respondents who replied "no" or "not sure" felt the process might be unfair if it did not include the opportunity to address the questions that the PSA might have on the ability to meet the Standards or wanted more information to be able to reach a conclusion.

24.7. Across all respondents, a common theme of making sure that decisions were transparent, fair and permitted an applicant to respond was evident.

25. What our Evidence review told us

25.1. Our Evidence review did not provide us with any insights into this proposal.

26. What we propose to do next

26.1. For the next stage of engagement, we will prepare a draft of Standard One that includes considering whether the register's actions and the activities of practitioners are lawful so that we can take feedback on the specifics of the change. We will, as part of considering how revisions to the Standards affect our assessment processes, explore introducing the opportunity to halt applications if it is clear that our Standards cannot be met. As part of this work, we will produce

guidance to support applicants to understand the circumstances in which we might consider that the Standards cannot be met or need to consider halting the application process.

Implementation and equalities impact

27. What we asked in the consultation

27.1.   We wanted to make sure that we understood the impact of our proposals on regulators, registers, their stakeholders and patients, service users and the public.

27.2.   We asked respondents:

- What factors we should be considering in planning for implementation to revisions to the Standards

- Whether any of our proposals could impact (positively or negatively) on people with protected characteristics

- Whether any of our proposals could impact (positively or adversely) on opportunities to use the Welsh Language and treating the Welsh Language no less favourably than the English language

- Where there are ways to enhance the positive impacts or reduce adverse impacts on opportunities to use the Welsh Language and treating the Welsh Language no less favourably than the English language

28. What we heard

Planning for implementation

28.1.   When we asked what factors we should consider when planning for implementation of revisions to the Standards of Good Regulation the following consistent themes arose:

- Regulators need time to prepare for changes to the Standards, including changing methods to collect and report new evidence. Some regulators pointed to the approach taken to the introduction of Standard 3 as a helpful way to phase implementation

- Regulators asked for further engagement on the details of the Standards and evidence requirements

- Regulators requested clear communications and supporting guidance when decisions are made on revisions to the Standards to support implementation

- Some respondents highlighted that the PSA needed to consider legal compliance of its proposals with the Equality Act 2010 and human rights legislation

28.2. For our question about planning for implementation of revisions to Standards for Accredited Registers, these consistent themes emerged in the responses:

- Accredited Registers need time to prepare for changes to the Standards, including changing methods to collect and report new evidence

- Accredited Registers asked for further engagement on the details of the Standards and evidence requirements

- Accredited Registers requested clear communications and supporting guidance when decisions are made on revisions to the Standards to support implementation

- Accredited Registers requested that plans for implementation are sensitive to the different types of organisation and their sizes

Equality, diversity and inclusion

28.3. Responses to our question about the potential for positive and negative impacts on people sharing protected characteristics have highlighted the following potential impacts for us to consider in more detail as we develop the draft Standards for further engagement:
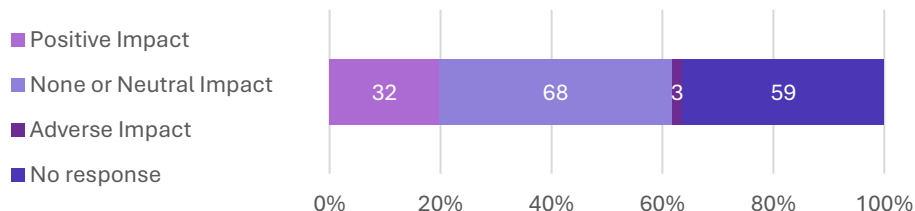
- Potential for impact from the Supreme Court Judgment in For Women Scotland v The Scottish Ministers[4] which stated that, for the purposes of the Equality Act, the terms "man", "woman" and "sex" referred to biological sex, whether and how information relating sex is recorded and displayed on registers

- Potential negative impacts on some groups (particularly men and people from ethnic minorities) from any requirement for criminal conviction and caution checks

- Potential positive impacts for people with learning disabilities from efforts to make the Standards clearer to all

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[4] For Women Scotland Ltd (Appellant) v The Scottish Ministers (Respondent) - UK Supreme Court: **https://www.supremecourt.uk/cases/uksc-2024-0042**
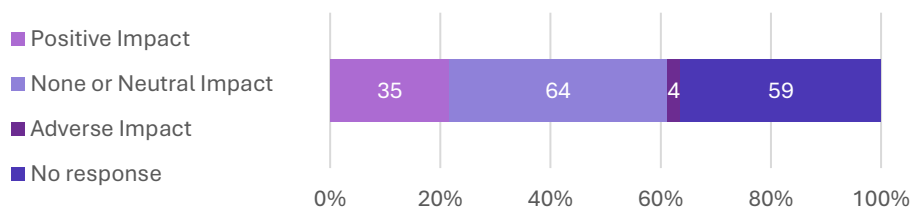
Welsh Language impact

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

Opportunities to use the Welsh Language?

Legend:
- Positive Impact
- None or Neutral Impact
- Adverse Impact
- No response

| Positive Impact	None or Neutral Impact	Adverse Impact	No response
32	68	3	59

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

Treating the Welsh Language no less favourably than the English language?

Legend:
- Positive Impact
- None or Neutral Impact
- Adverse Impact
- No response

| Positive Impact	None or Neutral Impact	Adverse Impact	No response
35	64	4	59

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

Opportunities to use the Welsh Language?
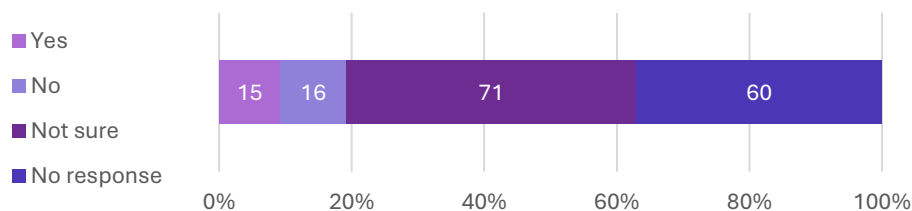
Legend:
- Yes
- No
- Not sure
- No response

Yes	No	Not sure	No response
15	16	71	60

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

Treating the Welsh Language no less favourably than the English language?

Legend:
- Yes
- No
- Not sure
- No response

Yes	No	Not sure	No response
20	15	67	60
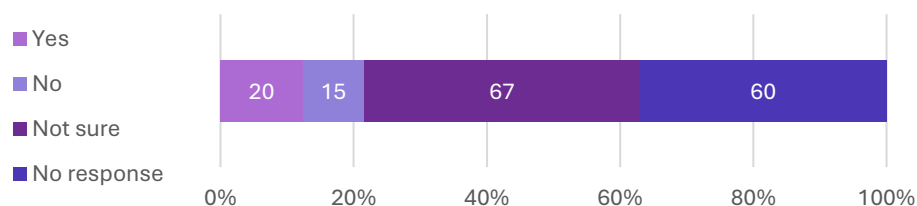
28.4.   The majority of respondents did not answer or replied "not sure" to our questions about impact on the Welsh Language.

28.5.   Most respondents did not explain their reasons for selecting any of the answers. The only positive impact identified was making the Standards accessible to people who speak and read Welsh, including patients and service users.

28.6.   Respondents who reported there would be adverse impacts either did not leave comments or stated that the adverse impact they were reporting was that they did not speak Welsh and did not understand why we asked this question.

28.7.   Again, most respondents did not provide any explanation to their answers about whether there were opportunities to enhance postive and reduce adverse impacts. The only suggestion made to enhance positive impacts was to publish the Standards and associated guidance in Welsh, which is our current practice and a requirement for us under the Welsh Language Standards.

29.   What our Evidence review told us

29.1.   Although our evidence review didn't specifically identify impacts relating to the PSA's Standards there was a signficant amount of evidence arising focussing on the differential impacts of certain parts of the regulatory system on people with protected chracteristics. This includes aspects of education and training with diferential attainment still affecting certain groups as well as revalidation and fitness to practise. In addition there is evidence that the complaints system is harder to navigate for certain groups of complainants.

29.2.   It will therefore be important for the PSA's Standards to seek to encourage regulators and registers to address these issues both through their regulatory levers and their wider influence.

30.   What we propose to do next

30.1.   We have been open to the scale of change to the Standards being led by the evidence we collected and the responses to this consultation. Now that we have considered everything together, we will be extending the period for further engagement on draft Standards from one to two months.

30.2.   We will continue to add to our Equalities Impact Asessment over the course of the further engagement using the findings from these consultation responses. When we are ready to make decisions on the Standards we will finalise the impact assessment for development of the Standards and start a new impact assessment for the changes to our processes.

30.3.   We will continue to publish the Standards in Welsh so there is no less favourable treatment for either Welsh or English language speakers.

Further findings from our evidence review

31. Other highlights from the evidence review

31.1. Our Evidence review touched on a large number of different areas. While there were numerous areas of convergence with the consultation findings, we also identified a number of additional areas for improvement. Highlights include, but are not limited to:

Alignment between regulators

31.2. The evidence review suggested there would be merits in greater alignment of approach across regulators. This was particularly the case for fitness to practise where evidence highlighted disparities in outcomes across regulators and the risks of perceived or actual unfairness across regulators (the Williams Review[5]).

31.3. Sir Robert Francis in the Francis Inquiry into failings at Mid Staffordshire Foundation Trust[6], also criticised the professional regulators for their inconsistency and suggested they should hear cases jointly to ensure their judgements were consistent.

31.4. The PSA in its **guidance**[7] for regulators recently published has also highlighted the value of appropriate consistency across regulators based on research we have commissioned and provided a tool to help regulators establish whether regulatory consistency is desirable. Avoidance of duplication and prioritisation of risk by education and training providers

31.5. The evidence review suggested a case for an explicit requirement for regulators to avoid unnecessary duplication within quality assurance of education and training and have systems in place to anticipate, define and assure themselves that providers are addressing areas of risk.

Appropriate referral of concerns

31.6. The review of evidence pointed to a range of missed opportunities for supporting appropriate referral of concerns to the regulators. It highlighted confusion over thresholds for referral to regulators as well as opportunities for more effective

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[5] Williams review into gross negligence manslaughter in healthcare - GOV.UK: https://www.gov.uk/government/publications/williams-review-into-gross-negligence-manslaughter-in-healthcare

[6] Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry - GOV.UK: https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry

[7]

information sharing and collaboration with employers to support the effective local resolution of cases which may not meet the necessary threshold for referral.

31.7. This suggests the potential for the PSA to place greater focus on this area to encourage regulators both to use their regulatory levers and wider influence in this area.

Improvements to complaints handling and support for parties to a complaint

31.8. There was a significant amount of evidence arising from the literature reviewed making the case for improvements to the way regulators receive and handle complaints and the support they provide to parties to a complaint, both registrants and public complainantsand witnesses.

31.9. This suggests the potential for the PSA to strengthen requirements in this area within the Standards and to draw on the available evidence to encourage best practice amongst regulators.

32. What we propose to do next

32.1. We will take forward the following amendments to the Standards, that we wish to explore further as we move into the drafting of the revised Standards and the next stage of engagement:

- Develop a new Standard/Standards on governance[8] and leadership

- Increase the focus on alignment and collaboration between regulators

- Reword Standard 3 (EDI) to express the more active role that we expect regulators to play in seeking to tackle inequalities, as well as influencing others to do so

- Amend the wording of Standard 8 (on standards for education and training) to differentiate between standards for education and training *providers* and the standards/learning outcomes for students

- Amend the wording of Standard 9 (on quality assurance of education and training) to require regulators to avoid duplication and have systems in place to anticipate, define and assure themselves that providers are addressing areas of risk

- Develop a new Standard for regulators to demonstrate how they are supporting appropriate referral of concerns to the regulator

- Amend the wording of Standard 14 (on having accessible complaints processes) to place more active responsibility on regulators to improve

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[8] Unlike the Standards of Good Regulation, the Standards for Accredited Registers already cover Governance and Leadership.

complainants' access to and experience of the process for raising a complaint about a registrant

- Amend the wording of Standard 18 (on support for parties to a complaint) to place a more active responsibility on regulators to ensure that the support for registrants and complainants is sufficient and that parties to a complaint are not further harmed by the process.

32.2. The Evidence review also identified some more specific areas that we will consider including in the new detailed requirements we will be drafting to sit beneath the Standards. These are:

- Governance and leadership: Board/Council management, informed decision-making, leadership skills, organisational culture, openness, evaluation and learning, risk-based regulation.

- Regulators standards and guidance (Standards 6 and 7): clarify roles of standards vs guidance, encourage responsiveness of codes, flexible, focus on collaborative development.

- Education and training (Standards 8 and 9): manage risk areas, patient safety components, trusting relationship between regulator and education provider, future-ready professionals, support for interprofessional education, support professionalism.

- Continuing fitness to practise (Standard 13): avoid burden on groups with protected characteristics, align with best practice, peer-to-peer learning, patient feedback integration.

- Fitness to practise (Appropriate referral/local resolution): clarity on referral thresholds, appropriate communication with employers, dedicated liaison functions, sharing of learnings from FtP.

- Fitness to practise - complaints process (Standard 14): improve awareness of regulator role, reach underrepresented groups, accessible and complaints information, tailored support, signposting of advocacy services, complaints roadmap, defined point of contact, regular empathetic communications and expectation management regarding timelines.

- Fitness to practise - investigation process (Standard 15): clear thresholds, effective triaging, transparent investigation process, complainants' sight of professional response to complaint, progress communication.

- Fitness to practise - decision-making (Standard 16): monitor representation of different groups within FtP process, ensure transparency of decisions, quality assurance to ensure fairness and consistency, evidence of consideration of contextual factors, consistent seriousness and public confidence assessment, diverse pool of decision-makers.

- Fitness to practise - support for complainants (Standard 18): simplified process, tailored support, greater transparency of process, improved communication.

Appendix A: List of Organisational Respondents

Action Against Medical Accidents (AvMA)
AHCS
Association of Anaesthetists
Association of Optometrists
Athena Herd Foundation
Boots
BPSWatch.com
British Acupuncture Council
British Association for Nutrition and Lifestyle Medicine
British Association of Art Therapists
British Association of Counsellors and Psychotherapists
British Association of Sport Rehabilitators
British Dental Association
British Medical Association
British Medical Ultrasound Society
British Psychoanalytic Council
Care Quality Commission
Chartered Society of Physiotherapy
Clinical Advisory Network on Sex and Gender
Clyde & Co LLP
Complementary and Natural Healthcare Council
COSCA (Counselling & Psychotherapy in Scotland)
Creative Futures Art Therapy
Evidence Based Social Work Alliance
FODO - The Association for Eye Care Providers
General Chiropractic Council
General Dental Council
General Medical Council
General Optical Council
General Osteopathic Council
General Pharmaceutical Council
Health and Care Professions Council
Health Services Safety Investigations Body
Llais Cymru
LLT (No further information to identify organisation)
MDDUS
National Community Hearing Association – The Association for Community Audiology Providers
National Counselling and Psychotherapy Society / National Hypnotherapy Society
NHS Education for Scotland
NHS Employers
NHS England
Nursing and Midwifery Council

Optometry Wales

Partnership of Counselling and Psychotherapy Bodies

Pharmaceutical Society of Northern Ireland

Psychotherapy and Counselling Union

Rehabilitation Workers Professional Network

RightPath4 Ltd

SEEN in Health: Sex Equality and Equity Network

Social Work England

Society of Radiographers

Sports Massage Association

Sussex Partnership NHS Foundation Trust (Psychological Professions only)

Swan Dental Practice

The Association of Dental Groups

The British Psychological Society

The Institute of Osteopathy

The Medical Defence Union

The Pharmacists' Defence Association

The Register of Chinese Herbal Medicine

The Royal College of Midwives

Thoughtful Therapists

UK Council for Psychotherapy

United Kingdom Board of Healthcare Chaplains

With Woman

Appendix B: Respondent analysis

Tabulated data is drawn from responses to the online survey and where it has been possible to include data from emailed responses. Notes have been provided to record information from responses submitted via email. Most questions were optional and some questions permitted multiple selections which causes different totals of responses.

All respondents

Are you responding on:	Number of Responses
behalf of an organisation?	67
your own behalf?	109
Grand Total	**176**
Note: The figures include submissions via email. Of the 14 submissions submitted by email, 13 were submitted on behalf of an organisation and 1 was submitted by a person on their own behalf.	

Individual respondents

From which country of the UK are you responding?	Number of Responses
England	93
Northern Ireland	2
Outside the UK	1
Scotland	7
Wales	6
Grand Total	**109**

Are you responding as:	Number of Responses
a member of the public or health and social care service user?	28
a practitioner regulated by law?	46
a practitioner on an Accredited Register?	48
a practitioner on an unaccredited register?	3
any other type of respondent (please specify)?	11
Grand Total	**136**

Are you registered with (regulator):	Number of Responses
GDC (General Dental Council)	19
GMC (General Medical Council)	12
HCPC (Health and Care Professions Council)	5
NMC (Nursing and Midwifery Council)	5
Grand Total	**41**

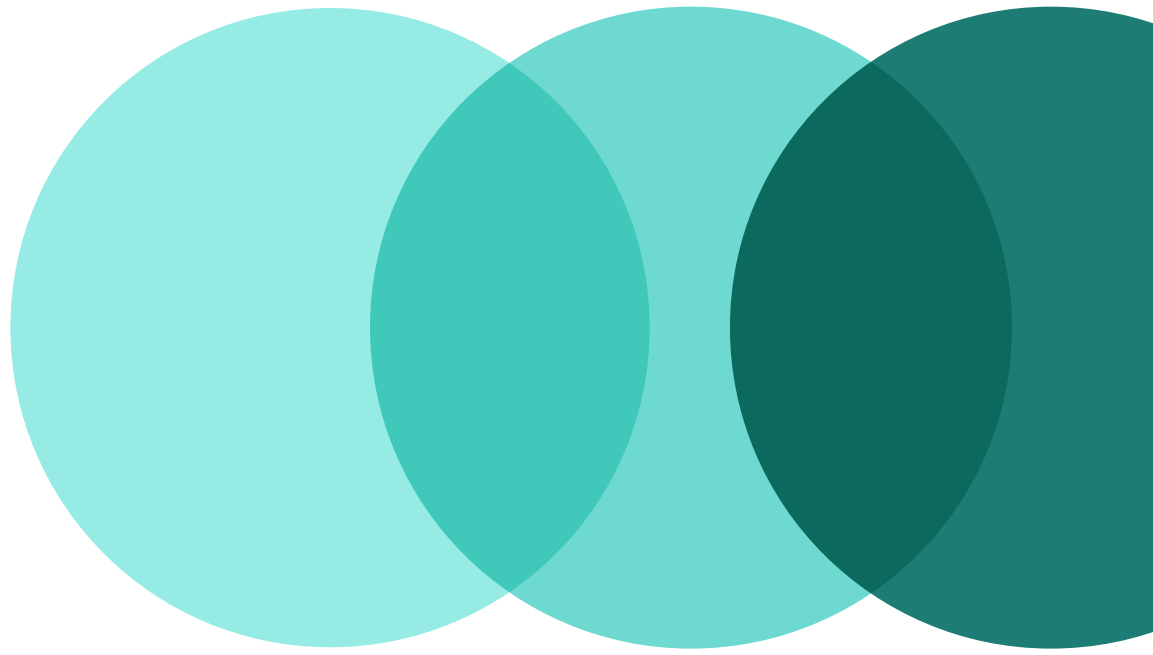| Are you registered with (Accredited Register):	Number of responses
ACC (Association of Christians in Counselling and Linked Professions)	1
AHCS (Academy for Healthcare Science)	3
BACP (British Association of Counselling and Psychotherapy)	11
BAPT (British Association of Play Therapists)	2
BOHS (British Occupational Hygiene Society)	1
BPS (British Psychological Society)	1
CNHC (Complementary and Natural Healthcare Council)	2
COSCA (Counselling and Psychotherapy in Scotland)	1
HGI (Human Givens Institute)	3
NCPS (National Counselling and Psychotherapy Society)	4
UKCP (UK Council for Psychotherapy)	4
UKPHR (UK Public Health Register)	2
Grand Total	**35**

Organisational respondents

Are you responding on behalf of: (select all that apply)	Number of responses
A professional regulator	9
A system regulator	2
An Accredited Register	14
A prospective register	1
A health or care service oversight body	2
A health or care service provider	5
The UK Government or a Devolved Administration	0
A patient representative organisation	2
A union, professional body, defence organisation, trade or an employer body	17
An insurer or indemnifier	4
A legal services provider	1
An employer of health and care professions or occupations	2
Other (please specify)	8
Grand Total	**67**

Which UK countries does your organisation operate in?	Number of Responses
England only	6
GB wide	1
Northern Ireland only	1
Scotland only	2
UK wide	44
Wales only	2
Grand Total	**56**

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