

Consultation on our Strategic Plan 2023-26

Report of findings

May 2023

About the Professional Standards Authority

The Professional Standards Authority for Health and Social Care promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and voluntary registration of people working in health and care. We are an independent body, accountable to the UK Parliament.

We oversee the work of 10 statutory bodies that regulate health professionals in the UK and social workers in England. We review the regulators' performance and audit and scrutinise their decisions about whether people on their registers are fit to practise.

We also set standards for organisations holding voluntary registers for people in unregulated health and care occupations and accredit those organisations that meet our standards.

To encourage improvement we share good practice and knowledge, conduct research and introduce new ideas including our concept of right-touch regulation. We monitor policy developments in the UK and internationally and provide advice to governments and others on matters relating to people working in health and care. We also undertake some international commissions to extend our understanding of regulation and to promote safety in the mobility of the health and care workforce.

Our organisational values are: integrity, transparency, respect, fairness and teamwork. We strive to ensure that our values are at the core of our work. More information about our work and the approach we take is available at www.professionalstandards.org.uk.

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1. Introduction

Our role

The Professional Standards Authority helps to protect the public through our work with organisations that register and regulate people working in health and social care. We are an independent UK body. Our role and duties are set out in the Health and Social Care Act 2002 (as amended).

The vision of the Authority is: safer care for all through high standards of competence and conduct in health and social care professionals. Our mission is: to protect patients, service users and the public by improving the regulation and registration of health and social care professionals.

There are three main areas to our work:

- We oversee the work of the 10 statutory bodies that regulate health and social care professionals in the UK
- We accredit registers held by non-statutory registering bodies of health and care professionals
- We aim to improve regulation by providing advice to UK government and others, conducting/commissioning research and promoting the principles of right-touch regulation.

Why we consulted

The aims and objectives of the Authority are published in its strategic plan. We also publish an annual business plan setting out how we will achieve these objectives. To date, we have published our strategic aims as part of the annual business plan. The objectives were set for a period of three years and were updated on a rolling basis.

For 2023-26, we will publish a three-year strategic plan which is not refreshed annually, although progress against the plan will be reviewed regularly. We consulted publicly on the draft 2023-26 strategic plan for the first time, with the aim that this would enable a broader group of stakeholders to contribute to our plans.

The draft Strategic Plan 2023-26 included three overarching strategic aims:

1. Strategic Aim 1: to protect the public by delivering highly effective oversight of regulation and registration
2. Strategic Aim 2: to make regulation and registration better and fairer
3. Strategic Aim 3: to promote and support safer care for all

The themes from our *Safer care for all* report, which was published in September 2022, underpin these aims. These themes are: tackling inequalities; regulating for new risks; facing up to the workforce crisis; and accountability, fear and public safety.

The consultation and who responded

The public consultation sought views on our draft Strategic Plan 2023-26.¹ The consultation ran for 11 weeks, from 8 December 2022 to 24 February 2023.

The consultation asked 12 substantive questions and 35 stakeholders responded. Respondents included 11 of the statutory regulators and Accredited Registers that the Authority oversees, one patient representative body, 11 professional associations, and three NHS organisations.

We also asked stakeholders for their views on specific areas of the draft Strategic Plan 2023-26 as part of other engagement during the consultation period. The main vehicle for this was engagement on our *Safer care for all* report, since the four themes run through all the strategic objectives.

¹ Available at: https://professionalstandards.org.uk/docs/default-source/publications/consultation-response/our-consultation/2022-consultation-on-draft-professional-standards-authority-strategic-plan-2023-2026/psa-public-consultation-on-its-draft-strategic-plan-2023-26.pdf?sfvrsn=704a4b20_7

2. The consultation findings

There was broad agreement for much of the Strategy overall. A recurring area of support across all questions was for the Authority to play a convening role and share best practice across regulators and the Accredited Registers. The greater focus on Equality, Diversity and Inclusion (EDI) was also welcomed. The need for organisations to work together to address workforce issues was a recurring theme.

However, respondents varied in terms of how far they thought the Authority, and those it oversees, should go beyond their strict statutory remit to achieve this. Many respondents raised concerns about the additional resource that might be needed by the Authority, and those it oversees, to deliver its strategy.

A limitation of this analysis is the small response rate of 35. This means that caution should be taken when interpreting results, especially those involving quantitative analysis. Despite this, the detail provided in comments by respondents has allowed for broad themes to be identified.

The context for our strategy

Factors affecting the regulatory landscape

We asked whether there were any factors we should consider in addition to those we have identified in the strategic plan that will affect the regulatory landscape in the next three years.

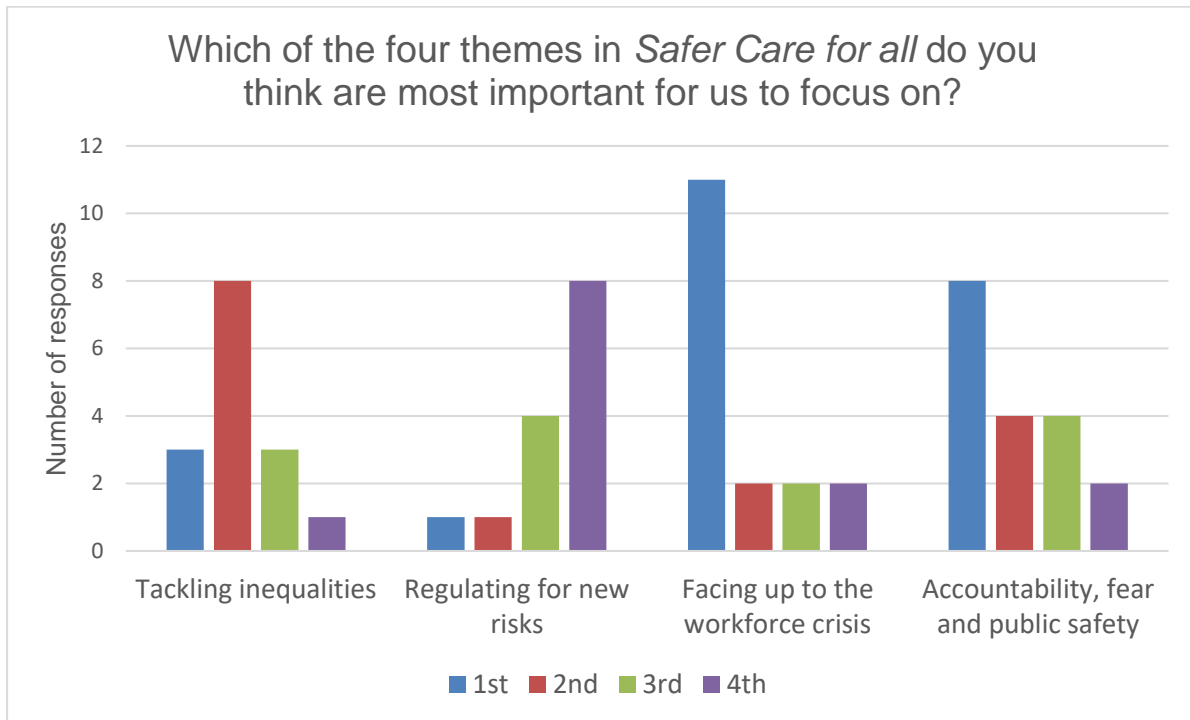
Changes within education and training were highlighted by several respondents. One respondent described the current regulatory landscape for healthcare education as 'complex and fragmented'. The changes to education needed to equip registrants to adapt to new ways of delivering care and developments in technology were highlighted, with some suggesting the Authority should use its oversight role to make sure this happens.

The importance of considering changes to the structure and policy of the NHS was also highlighted. Some respondents commented on the need for the Authority to respond to, and support regulators with these types of changes. Challenges with recruitment and retention, and other factors affecting the workforce such as the current cost of living increases, also recurred as themes affecting the wider context for the strategy. Supporting positive workforce cultures was a recurring theme.

Safer care for all themes

We asked respondents which of the four themes in our *Safer care for all* report are most important for us to focus on. The four themes are tackling inequalities; regulating for new risks; facing up to the workforce crisis; and accountability, fear and public safety.

The ranking of themes by respondents is shown in the chart below.



Many respondents commented on the interdependence of these themes, and that all are important. One respondent did not rank them for this reason. Of those who responded there was broad consensus that the two most important themes to address are the workforce crisis; followed by accountability, fear and public safety. Tackling inequalities was the most popular theme as a third choice, and regulating for new risks was the most popular fourth choice. There were not enough responses for a meaningful analysis of variation across stakeholder groups for this question.

We invited respondents to explain the rationale for their choices. Many who ranked the workforce crisis as the top priority highlighted the impact of workforce pressures on patients and the public, and commented that without addressing this problem, it will be difficult to solve others. One respondent said that although they think workforce is the biggest issue, they had ranked it last as they did not agree it should affect regulatory decisions.

Many commented that a focus on Equality, Diversity and Inclusion (EDI) should run through everything. One respondent commented that there had been insufficient attention to this area in the past. Several respondents linked this theme to accountability, fear and public safety; noting that enabling a culture where all staff feel they can speak out is essential for patient safety.

Prioritising the recommendations and commitments in Safer care for all

We asked respondents which of the recommendations and commitments in *Safer care for all* we should prioritise for action. The full list of recommendations and commitments is provided at Appendix 1.

A chart showing the frequency that recommendations and commitments were selected by respondents is below.



The recommendations and commitments chosen most often by respondents (a frequency of four or higher) were:

- Recommendation 6: Governments use the current healthcare professional regulation reform programme to:
 - Review the adequacy and effectiveness of the powers of regulators with a role in regulating businesses.
 - Consider whether there is a case for extending business regulation powers to all regulators whose registrants work in ‘high street’ practices.
 - Ensure regulators have the agility to address the challenges brought about by new approaches to funding and delivering care, including the introduction of new technologies.
- Recommendation 7: Regulators tackle business practices that fail to put patients first, risk undermining confidence in the professions, or fail to allow registrants to exercise their professional judgement. A cross-sector review should be conducted of the effectiveness of arrangements to address financial conflicts of interest among healthcare professionals.
- Recommendation 8: Governments, regulators and registers review how they will determine the lines of accountability for new technologies used in health and care.
- Recommendation 9: Regulators and registers work collaboratively to identify opportunities to speed up workforce supply, equip practitioners to deal with future challenges in how care is delivered, close safety gaps and protect patients and service users.
- Recommendation 10: There is a clear process to guide the development of new health and care roles including the scope and purpose of the role, and the process for deciding on the level of assurance required.

We asked respondents to explain their choices. The rationale for the sections were similar to the previous question about the importance of themes in *SCfA*, with many respondents highlighting the need to address issues affecting workforce supply before other improvements can be made. Although the recommendations and commitments concerning inequalities were not selected as frequently as those above, several respondents highlighted the need for discrimination in regulatory processes to be addressed. Despite this, no respondents selected Recommendation 5, 'Demographic data on complaints made to the health and care services across the UK is recorded and made available for all bodies to use.' Recommendation 11, 'There should be an agreed way of deciding when to deviate from taking a UK-wide approach based on a review of risks and benefits alongside consideration of the national context', was also not selected by any respondents.

Additional priorities for the Authority in 2023-26

We asked whether there were other activities not included in the draft Strategic Plan that respondents thought we should prioritise in the period 2023-26.

Themes from responses to this question included work to support the reduction of unnecessary or disproportionate complaints about registrants. It was also suggested that the Authority could drive improvements about how regulators communicate with the public and with registrants, particularly about complaints.

Several respondents also highlighted the need for the Authority to support regulators through regulatory reform. Both current, and prospective Accredited Registers suggested promoting the Accredited Registers programme to a greater extent. One organisation noted that there is limited benefit if the public are unaware of the Accreditation Quality Mark.

Several respondents highlighted the need for greater clarity on the future work of the Authority, and how its role might change after regulatory reform. It was also suggested that strategic aims should be underpinned by clearer goals and measures of success, with links to the recommendations and commitments set out in *Safer care for all*. Some respondents highlighted the need for the Authority to be able to adapt its plans to mitigate risks that arise from the changes in the external environment that might affect delivery of its strategic aims and *Safer care for all* work.

One regulator also mentioned the need for the Authority to consider its own commitment to being a sustainable and effective organisation.

Our vision and mission

Our vision

We asked whether our vision (safer care for all through high standards of competence and conduct in health and social care professionals) is appropriate for the work of the Authority. There was broad support for this. Of the 29 responses to this question, only two disagreed.

Both respondents referred to the lack of the Authority's direct involvement in setting standards for health and care professions as the reason they disagreed with this question. One respondent considered this vision to therefore be an over-reach in terms of the Authority's remit. The other respondent commented that the formulation of the Authority's strategic aims is more concerned with oversight and collaboration than standards.

Our mission

We asked whether our mission (to protect patients, service users and the public by improving the regulation and registration of health and social care professionals) is appropriate for the work of the Authority. Again, there was broad support for this with 27 of the 30 responses to this question agreeing.

Of the three that disagreed, different reasons were given. One organisation considered that the Authority's oversight role means it can improve regulation and registration indirectly, through the work of the regulators and that the mission statement should reflect this. One organisation thought that the Authority should be as equally focused on protecting healthcare professionals, as on the protection of patients and that the organisation's role should be amended as such. They highlighted the effect on workforce shortages that can lead from registrants' adverse experiences of regulation.

The third respondent who disagreed with the mission statement commented that they thought 'improving regulation' implies there is a fundamental problem with the current regulatory system. They suggested 'appropriate regulation' as an alternative.

Our strategic aims

Strategic Aim One - To protect the public by delivering highly effective oversight of regulation and registration

We asked whether respondents agreed with our proposed Strategic Aim 1: To protect the public by delivering highly effective oversight of regulation and registration; and how we plan to deliver this aim and monitor progress. No respondents disagreed with this question, but several suggested areas that the Authority could consider in delivering Strategic Aim One.

One organisation questioned whether measures such as more Standards being met by the regulators, and fewer Conditions issued to Accredited Registers are the right success measures. Another respondent highlighted the potential contradiction between raising Standards, which could lead to them being met less frequently; with the goal of more regulators meeting the Standards.

Other comments on success measures included the suggestion of setting a target for increase of uptake of the Accredited Register programme, and clarifying what will be measured as a direct outcome of the Authority's work.

One respondent questioned whether 'registration' is already implicitly covered within 'regulation', and that if this is due to a difference between the Authority's role in relation to the statutory regulators, and Accredited Registers this should be made clear.

There was also the suggestion that the Authority should seek greater patient and service user feedback on perceptions of the effectiveness its processes.

Strategic Aim Two - To make regulation and registration better and fairer

We asked whether respondents agreed with our proposed Strategic Aim 2: To make regulation and registration better and fairer; and how we plan to deliver this aim and monitor progress. No respondents disagreed with this question, but several suggested areas that the Authority could consider in delivering Strategic Aim Two.

As with Strategic Aim One, some respondents suggested that the success measures could be clearer, and more explicitly linked with strategic aims, and intended outcomes. This was mentioned by several respondents in relation to standards for EDI.

Some respondents commented that they would like to see a more consultative approach to standard setting. One regulator commented that they would like to understand more about the approach to prioritising areas of research, policy advice, and the Standards. One organisation questioned how the Authority monitors that advice and findings from other external reports, such as on cognitive bias in fitness to practice decision making, are being implemented by the regulators.

Strategic Aim 3 - To promote and support safer care for all; and how we plan to deliver this aim and monitor progress

We asked whether respondents agreed with our proposed Strategic Aim 3: To promote and support safer care for all; and how we plan to deliver this aim and monitor progress. Of the 30 respondents to this question, one disagreed. Many of those who agreed made suggestions for how we deliver Strategic Aim 3.

The organisation that disagreed with this aim cited concern about developing regulatory strategies to support workforce strategies, on the basis that regulators should be independent and not have a role in workforce planning. They highlighted concern about reducing timescales for education and training resulting in stress for professionals and education providers, and a reduction in quality of care overall. They also did not agree with the need for Health and Social Care Safety Commissioners, noting this could duplicate the Patient Safety Commissioner role recently introduced in England and Scotland.

Some of these concerns were shared by others who had agreed overall with this aim. Some expressed concern that the Patient Safety Commissioner role proposals would be a significant departure from the Authority's current role and questioned whether registrant fees should contribute to this. One regulator suggested that the aim of the recommendation about Health and Social Care Safety Commissioner could be achieved without the introduction of new Commissioners, since there is already work underway locally and nationally. They suggested focusing instead on better monitoring of risk, and implementation of recommendations from public inquiries.

There were also comments from those who agreed overall that although the workforce crisis is important, standards for registrants should not be lowered in response since this risks loss of public confidence and protection. One respondent suggested that regulatory reform offers opportunities to address workforce issues, as an alternative.

However, other respondents noted the potential for delays to regulatory reform. One respondent suggested an action plan for addressing the workforce crisis would be helpful.

Several respondents commented that they would welcome further clarity on what the Authority envisions by regulatory strategies. One organisation suggested that rather than saying regulatory strategies should 'underpin' workforce strategies, noting that NHS England's next long-term workforce plan is already in development, it may be better to focus on and describe the relationship between them.

Whilst there were some concerns about some of the activities in strategic aim 3 being beyond the Authority's remit, others were supportive of it being bold and challenging regulatory processes, for example to influence innovative ways of delivering education making use of technology and simulation. There was also the suggestion that this aim is an opportunity to bring in patient perspectives to a greater degree.

The future role of the Authority

We asked how the Authority should evolve in the future, particularly in the context of the reform of professional regulation in health and social care. Many respondents gave detailed answers to this question.

Several respondents suggested that the Authority's remit should be widened to consider the effects of regulation on professionals, and to encourage more of a focus on the wellbeing of registrants as well as patients and the public. One respondent thought that the Authority should exercise the power to investigate complaints made to the Authority about the way a healthcare professional regulator exercises its functions, which is set out in Section 28 of the NHS Reform and Health Care Professions Act 2002 but not currently exercised.

Many respondents also highlighted areas of the Authority's current role they thought are important to continue. These included oversight of the professional regulators and Accredited Registers. One respondent thought the Authority should be stronger in highlighting issues within the regulators, however. The importance of continuing to be a global thought leader in regulation was also highlighted.

There was also a recurring theme about the importance of the Authority as an independent voice. Several respondents thought this is particularly important for championing and realising the benefits of regulatory reform and speaking out where needed to highlight risks or unintended consequences. Having a broader, and more strategic role in the oversight of regulation was also suggested.

Several respondents made suggestions for improving the Accredited Registers programme. This included promoting Accredited Registers to a greater degree and supporting prospective Registers through activities such as networking and sharing of good practice.

Many respondents suggested that the Authority could do more to facilitate collaboration across regulatory bodies, and to engage itself with a broader range of stakeholders. This could help the Authority to use its unique role to drive change and facilitate shared approach across regulators and others.

Changes in response to the consultation feedback

We made a number of changes to the Strategic Plan 2023-26 in response to feedback from the consultation.

The final plan recognises that the complex process of regulatory reform may not be completed by 2026, but that we hope it will either be complete or clearly underway for all regulators.

We have also acknowledged more clearly, the importance of positive workplace cultures for safer care for all.

We have also recognised that the case we make for Health and Social Care Safety Commissioners (or equivalent functions) in *Safer care for all* will be considered separately by each of the four countries of the UK.

Finally, we made a number of changes to the wording of the document to improve clarity and transparency.

3. Impact

We asked whether there were any impacts that the proposals set out in the draft Strategic Plan would be likely to have on people and/or their organisation, or considerations that we should consider when assessing the impact of the proposals.

Many respondents highlighted the potential positive impacts of the inclusion of EDI as a key theme within the Strategic Plan 2023-26. Some highlighted the importance of considering the impacts of registrants in this context, as well as patients and the public, noting that wellbeing and fair treatment of professionals is intrinsically linked to patient outcomes.

Several respondents commented that to be properly assess impact of the strategy, measures need to be carefully selected.

The potential for new work to drive additional costs for registers, regulators and their registrants was a common theme. Considering whether new work is duplicative, and whether additional regulatory burden was a key theme. This was raised both in the context of registrant wellbeing and costs. One respondent suggested that the Authority should review its fees model for the regulators from an equalities perspective to see if it disproportionately affects any groups of registrants.

Protected characteristics

We asked whether any aspects of our proposals could result in differential treatment of, or impact on, groups or individuals based on the characteristics as defined under the Equality Act 2010 and if so, why and what could be done to change this.

Several respondents noted the disproportionate representation within fitness to practise proceedings of some groups. They highlighted the importance of addressing this and making sure that complaints processes are fair, and unbiased.

One respondent noted the impact on age, and disability of having an accessible website and materials. They suggested that the planned improvements to the Authority's website is used as an opportunity to improve accessibility for people with visual impairments, including through meeting clear print standards and incorporating voiced text.

Two regulators highlighted that the majority of their registrants identified as female. One of these noted the potential positive impacts of the Authority's greater focus on EDI for its registrants. The other highlighted the potential negative impact of the fees model not taking into account the gender pay gap.

Findings from the Questions 14 and 15 have been used to inform the development of an Equalities Impact Assessment for the Strategic Plan 2023-26. At the time of publication, we are developing our 2023-24 EDI Action Plan and are considering what further mitigations might be needed in relation to identified impacts. The impacts of new initiatives outlined in the Strategic Plan 2023-26 would also be considered separately before introduction.

4. Next steps

The findings of the consultation were considered by the Authority's Board at its meeting on 15 March 2023. The Strategic Plan 2023-26 was then updated to take account of feedback and this discussion. In accordance with requirements under our legislation, the Strategic Plan 2023-26 was laid before Parliament, on 26 April 2023.

The final version of the Strategic Plan 2023-26, and an Equalities Impact Assessment, [are published on our website](#). Delivery against the strategy, and changes to the EIA will be monitored by the Senior Management Team and overseen by the Authority's Board.

Appendix 1: Safer care for all Recommendations and Commitments

No	What?	Who?	Chapter
1	Each UK country should have a Health and Social Care Safety Commissioner, or equivalent function, with broad responsibility for identifying, monitoring, reporting, and advising on ways of addressing patient and service user risks.	The four UK Governments	5
2	Regulators and registers work collaboratively to improve the diversity of fitness to practise panels, other decision-makers and senior leadership to ensure they reflect the diversity of the community more closely.	Professional regulators and Accredited registers	1
3	Regulators and registers work with other health and care bodies to gain a better understanding of the demographic profile of complainants and reduce barriers to raising complaints for particular groups.	Professional regulators, Accredited Registers and other health and care sector bodies	1
4	Regulators and registers review how their fitness to practise processes and guidance address allegations of racist and discriminatory behaviour.	Professional regulators and Accredited registers	1
5	Demographic data on complaints made to the health and care services across the UK is recorded and made available for all bodies to use.	UK Governments/health and social care services	1
6	<p>Governments use the current healthcare professional regulation reform programme to:</p> <ul style="list-style-type: none"> • Review the adequacy and effectiveness of the powers of regulators with a role in regulating businesses • Consider whether there is a case for extending business regulation powers to all regulators whose registrants work in 'high street' practices • Ensure regulators have the agility to address the challenges brought about by new approaches to 	UK Governments	2

No	What?	Who?	Chapter
	funding and delivering care, including the introduction of new technologies.		
7	Regulators tackle business practices that fail to put patients first, risk undermining confidence in the professions, or fail to allow registrants to exercise their professional judgement. A cross-sector review should be conducted of the effectiveness of arrangements to address financial conflicts of interest among healthcare professionals.	Professional regulators	2
8	Governments, regulators and registers review how they will determine the lines of accountability for new technologies used in health and care.	UK Governments, professional regulators and Accredited registers	2
9	Regulators and registers work collaboratively to identify opportunities to speed up workforce supply, equip practitioners to deal with future challenges in how care is delivered, close safety gaps and protect patients and service users.	Professional regulators and Accredited registers	3
10	There is a clear process to guide the development of new health and care roles including the scope and purpose of the role, and the process for deciding on the level of assurance required.	UK Governments and education and workforce bodies	3
11	There should also be an agreed way of deciding when to deviate from taking a UK-wide approach based on a review of risks and benefits alongside consideration of the national context.	UK Governments	3
12	Those involved in health and care workforce planning and delivery across the UK actively support additional and alternative means of assurance as a means of managing risks to patients and service users.	UK Governments, health social care services, employers, education and workforce bodies	3
13	The four UK Governments work together to develop a coherent strategy for the regulation of people,	UK Governments	3

No	What?	Who?	Chapter
	to support delivery of their national health and social care workforce strategies.		
14	Regulators should do more, both individually and collectively, to clarify and explain their approach to cases where a professional has been involved in a patient or service user safety incident.	Professional regulators	4
15	The UK Government should ensure that the 'safe spaces' investigation approach being implemented in England does not cut across the duty of candour or otherwise negatively impact on transparency or accountability.	The UK Government	4
16	The Authority will ensure that the application of our EDI standards for regulators is stretching and stimulates continuous improvement.	The Professional Standards Authority	1
17	The Authority will work to ensure a consistent approach across both regulated and unregulated practitioners through our Accredited Registers programme and will be introducing clearer requirements for registers on EDI later this year.	The Professional Standards Authority	1
18	The Authority will look at its own processes to ensure that we are not reinforcing or exacerbating inequalities in the regulatory system.	The Professional Standards Authority	1
19	The Authority will use its oversight role to encourage co-operation, collaboration, and coherence on EDI issues across the system, noting the inherent challenges in trying to address safety concerns when it is so fragmented.	The Professional Standards Authority	1
20	The Authority will use its oversight role, expertise and convening power to support the development of regulatory strategies by the UK Governments.	The Professional Standards Authority	3
21	The Authority will bring people together to find ways for the HSIB England's 'safe spaces' approach,	The Professional Standards Authority + stakeholders	4

<i>No</i>	<i>What?</i>	<i>Who?</i>	<i>Chapter</i>
	and other initiatives for improving safety culture, to support candour and accountability. This will include patients, service users and families, professionals, regulators, and many others.		

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