

GOC response to Professional Standards Authority for Health and Social Care (PSA) Standards Review and 2026-2029 Strategic Plan survey

Questions on our review of our Standards

In our call for evidence, we heard that there are missed opportunities for supporting the appropriate referral of concerns to the regulators. Do you think we should include an expectation in the Standards that regulators and Accredited Registers should make clear the types of concerns that should be referred to them, and support timely local resolution of cases where appropriate, for example, by employers?

☐ Yes

We support the principle of the new standard 12 which is to support the appropriate referral of concerns to the regulator. We are unclear what is meant by 'supporting' timely local resolution of cases, and it would be helpful to understand more about what would be expected in terms of what this support would entail. We are happy to provide clarity to employers about what types of concerns could be resolved locally without needing to come to the regulator or offering informal conversations about potential referrals. Our understanding from discussion at one of the engagement workshops is that the standard is not about the regulator having a role in chasing the timely progression of local resolution, so we consider it would be helpful if the standard could be re-worded to clarify that.

What aspects of the draft Standards are positive? Please provide examples and explain why.

We are supportive of the new structure of the standards and consider it helpful to include a rationale and a short description of what it means in practice, alongside the category and standard. We look forward to seeing the operational guidance (including the evidence framework) so that we can further understand how the PSA will make their assessment against each standard (we refer you to our previous comments in our February 2025 response to the standards review consultation (Q23)).

We are supportive that the current standard 15 on the process for investigating and resolving fitness to practise concerns has been split into two standards to separately consider fairness and timeliness. We consider it a positive move from the current skewed focus on timeliness where cases can be held up due to external factors (such as waiting for police investigations, information from NHS etc) or where delays to a single case can have a negative impact on timeliness for regulators with smaller caseloads.

We are supportive of the new standard on collaboration and engagement. We understand from discussions at one of the engagement workshops that collaboration and engagement will only be expected where it is possible and reasonable to do so e.g. within the limits of different statutory instruments and legislation. It would be helpful if this could be made clear in any supporting documents explaining how the standards will be assessed. We would welcome the PSA reflecting that the significant differences in registrant profiles, operational remit and budgetary envelopes mean this collaboration needs to be tailored to specific opportunities to collaborate and engage as they arise, rather than expecting regulators to take a one-size fits all approach.

We consider it positive that standard 11 does not require criminal records checks, as the PSA concluded that this would be disproportionate and burdensome. We set out our thinking around criminal records checks in our February 2025 response to the standards consultation (Q32).

**What aspects of the draft Standards are negative, or missing altogether?
Please provide examples and explain why.**

We note that the new standards do not contain reference to existing standards of practice in respect to good governance, such as the Charity Governance Code. It is unclear how the PSA intends to measure good practice and assure itself in respect to governance and culture in a way that will identify risks and issues before they become substantial failures for regulators. There is a wide body of evidence that suggests that failures in respect to governance and culture tend to develop over a substantial time period, and in some cases decades, and we would encourage the PSA to look at what learning has arisen across the public and private sector from recent public inquiries. This will be key to understanding how it can provide proportionate, meaningful and effective oversight in this area.

We understand from the engagement workshop that it is open to us to refer the PSA to any evidence that we already compile as part of our responsibilities as a regulator and a charity, rather than needing to compile separate evidence solely for PSA purposes. The list of evidence on the framework contains examples of possible evidence and is not intended to be an exhaustive list.

We note that the draft evidence framework for the new governance and leadership standard refers to 'private board papers' and other confidential internal reports. We discussed our concerns about the appropriateness of this, and the risk that the PSA is casting too wide a scope without a specific goal. There are many pieces of information that may be commercially sensitive or legally privileged that are not suitable for the PSA to review, and refusal to supply information on reasonable grounds should not be considered a reflection on a regulator's governance or organisational culture.

At one of the engagement workshops, we were informed that the PSA would not be routinely seeking full private and confidential papers – rather, the intention was to ask for agendas for confidential meetings to assure the PSA that Council is discussing what it needs to be. However, the practical ability of the PSA to draw any

evidence-based conclusion based solely on an agenda and titles alone is likely to be limited and may even discourage formal consideration of some issues. We would welcome the PSA's approach being clarified when refining the evidence matrix, and would welcome further consultation and engagement on this before this is finalised. We believe the PSA is right to want to examine governance and culture as part of its standards and want to support it in its objective. To do so, we would want to support the PSA in gathering an effective evidence base to draw upon, while avoiding a blanket search through information on the off-chance it will reveal a failure in governance or culture.

As we said in our response to the standards consultation in February 2025, we would like the PSA to have a conversation with the regulators about its current binary met/not-met approach to assessing standards.

Questions on 2026-2029 Strategic Plan

Do you think Strategic Aim 1 and the activities outlined to support it are appropriate for us to focus on?

☐ Strongly agree

We agree with strategic aim 1 and note that this is a continuation of the PSA's current strategic objective. The oversight function of the statutory regulators carried out by the PSA, encompassing the performance reviews and section 29 appeals, is a vital part of the system of public protection. We look forward to continued engagement on the PSA's plans to review and improve its processes.

Do you think the improvement measures identified for Strategic Aim 1 (see below) are appropriate for us to focus on?

☐ Agree

We support the proposed improvement measures. It may be helpful to define what 'successful' implementation of the new standards will look like.

Do you think Strategic Aim 2 and the activities outlined to support it are appropriate for us to focus on?

☐ Agree

We support the PSA's aim to drive improvements in regulation and registration in health and social care, and the activities it intends to focus on as part of this aim.

Do you think the improvement measures identified for Strategic Aim 2 are appropriate for us to focus on?

☐ Agree

We support the proposed improvement measures. It would be helpful to define what an improvement in the performance of all regulators looks like, particularly for those who are already meeting all of the PSA's Standards of Good Regulation. It would also be helpful to define how you will assess whether regulators have adopted a more preventative approach to regulation.

Do you think Strategic Aim 3 and the activities outlined to support it are appropriate for us to focus on?

☐ Agree

We support the PSA's aim to work with stakeholders to promote external enablers and reduce external barriers relating to the impact of professional regulation on safer care for all. We note the activities on supporting collaboration between regulators to develop safer working environments and the work to improve workplace cultures.

Do you think the improvement measures identified for Strategic Aim 3 are appropriate for us to focus on?

☐ Agree

We support the proposed improvement measures. It would be helpful to understand how the PSA will assess whether health and social care professionals report more positive workplace cultures e.g. whether you are expecting regulators to measure this within their registrant surveys or whether another method of measurement is planned.