

*Public consultation on the Professional Standards Authority's draft strategic plan for 2023-26*

8 December 2022

**Consultation Questions answer sheet**

Please email the completed answer sheet to:  
[strategicplanconsultation@professionalstandards.org.uk](mailto:strategicplanconsultation@professionalstandards.org.uk). Please include the question numbers provided. The deadline for sending back is 11:59 on 24 February 2023.

## Consultation questions

### About you

To help us understand who is responding to our consultation, it would be helpful to find out more about you.

1. How would you describe your organisation (or your own role if more relevant)?

- Member of the public
- Health or care statutory regulator**
- Accredited Register
- Other health or care body
- Patient representative body
- Registrant of a health or care statutory body
- Accredited Register practitioner
- Professional association
- NHS
- Other health or care provider
- Government Department or Non-Departmental Public Body or Agency
- Local Government
- Non-Governmental organisation
- Other, please specify

2. Please provide the name of your organisation.

General Medical Council

3. Are you content for us to use your comments in any published reports? If so, are you happy for us to include your name and, if relevant, your organisation?

Yes

### The context for our strategy

4. Are there 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?

In addition to the factors mentioned in paragraph 1.1, we think it is important to consider the welfare of professionals and how this is impacted by numerous challenges presented by the environments and contexts professionals are working in. This ranges from local issues such as poor leadership or availability of support to much wider issues like the cost-of-living crisis. Our view is that well-being can have a huge effect on the availability and quality of care provided by professionals. For this reason, we believe that investing in upstream regulation to support the profession in delivering a high standard of care is directly relevant to our statutory purpose to protect the public and provide effective regulation.

We noticed that the factors you have highlighted vary in specificity. For example, the first point feels relatively vague, stating 'significant' issues but not explicitly mentioning what these issues are. In contrast, there is much more detail on other

points, especially around 'addressing the issues highlighted in *Safer care for all*'. We suggest balancing this to being clearer without becoming overly prescriptive, especially where a supporting action plan might be better placed for some details. From our experience, a broader, thematic summation works best to allow flexibility and easier application of a strategy – we echo this point for the remaining sections of the draft plan.

We noted the reference to 'learning from the professional regulation response to the Covid-19 pandemic'. We assumed this is in relation to your *Learning from Covid case study review*, published in April 2021. As part of this review, we recall you suggesting several recommendations including the possibility of a greater in-depth review of Covid learnings. We did not see any further references to this against Strategic Aim 1 but would like to know whether you plan to revisit this work (and in what scope) as this could require substantial input / resource from regulators of which needs to be planned ahead.

**5. Which of the four themes in 'Safer Care for All' do you think are most important for us to focus on?**

- *Tackling inequalities;*
- *Regulating for new risks;*
- *Facing up to the workforce crisis; and*
- *Accountability, fear and public safety*

We think it would be beneficial for the PSA to focus their efforts on areas where it can help drive the most improvement. It may be helpful for you to assess the amount of influence and direct impact that you can deliver against each of the four themes and use this as a way to prioritise activities focusing on where you can deliver the most benefit.

**6. Are there any recommendations and commitments in [Safer care for all](#) that you think we should prioritise for action? You can find these [here](#). Please indicate which you think are the top three priorities for us and others to work on in the immediate term.**

Again, we believe it most helpful for you to prioritise the areas you feel you can deliver the most benefit and improvements across the health and social care sector.

When looking at the potential for new roles in response to the workforce crisis, it is imperative that this does not involve a compromise to standards. We are supportive of exploring new training pathways that could support additional roles, but we are firm in the view that this should not lower standards as this will pose a serious risk to patient safety.

**7. Are there other activities not included in the draft Strategic Plan that you think the Authority should prioritise in the period 2023-26?**

In our view, we think that key priorities are broadly covered within the draft strategy, although we do have further views on *how* some of this work could be

approached and achieved. Equally there are some areas where we would appreciate more clarity around what is meant by certain activities. We have outlined these points in our feedback from questions 8 to 12. Our overarching feedback is around emphasising the need for greater collaboration with stakeholders, including the regulators, on your proposed activities. We think the PSA is in an advantageous position to drive quicker improvements and hold organisations to account across the wider sector where imminent threats to public safety are concerned.

Our other observation was in relation to how *Safer care for all* is represented in the strategic plan. We are conscious that not all of the recommendations from this report have been agreed (namely the headline recommendation for Health and Social Care Safety Commissioners), and this poses a significant risk to the delivery of the overall plan. There is a similar dependency on the delivery of regulatory reform by 2026, and we are of the view that the full programme of reform is unlikely to have happened by this time. We feel that having a degree of flexibility and adaptability will prevent the plan from becoming too constrained or outdated.

## Our vision and mission

- 8.** *Do you agree that 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? Please explain your response.*

We agree with the vision of 'high standards of competence and conduct' in the profession, and we recognise this is also an important goal for regulators. The regulators hold responsibility for ensuring that professionals meet the criteria for registration in order to practise safely. The objective scrutiny of the performance review process gives assurance over the regulators ability to do this effectively.

- 9.** *Do you agree that 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? Please explain your response.*

Overall, we agree with your mission to protect the public by improving regulation. We would query the addition of 'and registration' to this mission statement. Regulation covers a range of functions which includes registration, whether that is the giving of registration, revalidating, or removal such as following a Fitness to Practise (FtP) investigation. Historically you have focused performance reviews to mainly target these areas, with the heaviest amount of scrutiny applied to FtP timeliness (perhaps as this is the most obvious risk to public safety). We believe there is a benefit in shifting to a more balanced view of performance that considers areas that are of a strategic nature, such as the education of professionals and standard setting. This will help to develop greater awareness of the full risk profile of professional regulation and provide further opportunities to take a coordinated approach to addressing common challenges.

## Our strategic aims

**10. Do you agree 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? Please explain your response.**

We feel the overall description of Strategic Aim 1 in paragraph 1.5 is appropriate for the role of the PSA as an oversight body. We would again question the addition of ‘and registration’ (see response to question 9). However, if this is referring to the Accredited Registers, we suggest making this clearer to avoid confusion with regulatory functions.

Our remaining comments in this section mostly relate to the proposed outcomes and activities against this Aim.

In paragraph 1.6 you mention having ‘proportionate and risk-based oversight functions’ by 2026. It would be helpful to gain some clarity over this statement, as our impression had been that this was the purpose of introducing the new 3-year performance review cycle which had been implemented in 2021. If this is in reference to the existing performance review process, we suggest clearer wording to describe embedding and improving this process. Should this be something new, we ask that you add further description of your intention, for example, is the PSA looking to grow the organisation and / or take on additional responsibilities?

We recognise the challenges in proposing outcomes where the impact is difficult to measure and there is a dependency on regulators to deliver improved performance. Paragraph 1.7 states an expected outcome that ‘the average number of Standards of Good Regulation met by the regulators will have increased...’. While this would hypothetically mean that regulators will be performing better, it may contradict your recent stance to drive up standards and expectations which would indicate regulators will actually be at greater risk of failing. It could be argued that allowing regulators to meet more Standards is within the PSA’s control where discretion could be applied. Additionally, it might be helpful to see direct outcomes of your planned work, as the ‘successes’ outlined could potentially be attributed to a number of factors and not just the PSA’s intervention alone. There would be value in splitting outcomes to be clearer on the PSA’s direct impact and achievements, and what you expect the role of the regulators and others should be to support the delivery of your strategy.

On the first activity under paragraph 1.8 you highlight your work in delivering ‘robust and fair performance reviews’ which we agree is critical to the PSA’s role. We see this as being a key activity for every annual review and not confined to year 2023/24 only, and our view is similar for identifying improvement opportunities for the review process.

A wider point around the timeline for regulatory reform should be made. We can see that you have acknowledged the uncertainties regarding timescales, however we feel reforms will come in much later than is suggested throughout the draft plan. In your *Learning from Covid case study review*, you recognise the inherent risk to public safety should there be another crisis before reforms are made for each of the regulators, as it impacts our ability to respond rapidly due to the current legislative limitations. We suggest that reference to regulatory reform in

relation to the performance reviews should be reframed to talk about your readiness to adapt your processes to the anticipated legislative changes, and we would value any support and influence you can offer to push this change. This will require collaboration with the regulators to understand the challenges with progressing this with the Department of Health and Social Care (DHSC), and the implications on the regulatory landscape and wider system.

Finally, we would appreciate clarification on what is meant by a 'review of our Standards of Good Regulation' under paragraph 1.9. We would like to understand to what extent you intend to conduct a review of the Standards and the impact it will have on regulators, particularly as this appears to fall on our periodic review in 2024.

**11. Do you agree 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? Please explain your response.**

We agree with the notion of having a dedicated Strategic Aim around ED&I and fairness. However, we would challenge whether the description given for this Aim properly places ED&I at the forefront, particularly as it broadly mentions both a general review of Standards and supporting regulatory reform, which is duplicative of Strategic Aim 1. This feedback is also relevant to the associated activities listed further down from paragraph 1.14 onwards, including 'making improvements to how findings about performance are reported'. Furthermore, similar to the point we made in response to question 9, we wondered whether the phrasing of Aim 2 ('To make regulation and registration better and fairer') could be adapted to fit closer to the PSA's oversight role, analysing all functions with an ED&I lens and not just registration processes. An alternative to consider could be: *To make regulation and the experiences of health and social care professionals fairer.*

In paragraph 1.12 we would reiterate our doubt for assuming regulatory reform will be delivered in its entirety by 2026 due to dependencies you are already aware of. We would also question the PSA's role in 'effective implementation' of reforms, as this feels more appropriate for regulators - although the PSA's oversight, support, and coordination among the regulators could help join up across the sector to limit risk around disparity of approaches to processes and provide opportunities for shared learning. A revised version of this outcome may fit neater under Strategic Aim 1 alongside your intention to review the impact this might have on the performance review process. We would also be interested to see any relating action plans produced which can tell us how you will support regulators in this space.

For the measures listed in paragraph 1.13, we mirror our feedback on Strategic Aim 1 around the appropriateness of these and clarity over what the PSA will deliver compared to what will be delivered through the regulators and system. Measures such as 'increase in the number of...practitioners' could again be attributed to various other factors and may not provide the desired insight around how PSA activities have contributed to this outcome.

We have assumed that in the first bullet under paragraph 1.14 that 'introducing new approaches for assessing ED&I' is in reference to the review of Standard 3

which is currently underway. It may be helpful to clarify this unless it is suggesting further work following the review. We also note the reference to your ED&I commitments stated in *Safer care for all*, but we were interested to see how your current ED&I action plan (and further progress) fits in with the activities and outcomes described in Aim 2.

**12. Do you agree 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? Please explain your response.**

The *Safer care for all* report provides incredibly useful insight to many areas of the health and social care landscape, and we agree it is sensible to have a Strategic Aim dedicated to this so that progress and accountability against commitments are not lost. In relation to your ambition for new Health and Social Care Safety Commissioners, it is our understanding that some of the work intended for these roles already exists at both a local and national level. We believe that with proper alignment and partnership with others, the aim of your headline recommendation could be achieved without the introduction of more Commissioners and / or bodies in what is already a cluttered landscape. We would be keen to understand what plans you have for first exploring opportunities with organisations who have similar responsibilities, or have the infrastructure to expand their role, especially with the risk that government may not take this recommendation forward. For this reason, we suggest focusing the outcome on better monitoring of risk and implementation of inquiry recommendations to address regulatory gaps, as opposed to the creation of specific Health and Social Care Safety Commissioners. Furthermore, we think that the extent to which this is delivered should be proportionate, and the benefits to regulation vs effort required to be reviewed regularly.

We see merit in reviewing and broadening regulatory strategies to support workforce challenges, and we believe collaboration is key to achieving the right balance. In the third point of paragraph 1.20, there is reference to engaging with governments around the development of regulatory strategies. It is crucial that we take into account the complexities and wide-ranging challenges across the sector and four countries, which is where the regulators can help with providing context in relation to regulation. Engaging governments in the first instance may mean that a direction is agreed without proper consultation with other stakeholders including ourselves whose expertise is required to confirm feasibility. Within *Safer care for all*, you mention changing your longstanding view that regulators should not compromise on their standards as a means to address the workforce crisis. We are deeply concerned of the risks to public safety should there be an expectation to lower our standards for any healthcare professionals. Additionally, regulatory reform will provide opportunities to streamline and add flexibility to a number of processes which will benefit the training and registration of doctors, thus enabling growth of the register to meet increasing demands. As part of developing strategies, considerations should be given to how the system will look (including further risks to recruitment and retention) if regulatory reform continues to be delayed or is not delivered.

It is worth mentioning that NHS England (NHSE) are currently producing a long-term workforce plan, so the implications of introducing regulatory strategies on

existing plans will need to be understood across the whole of health and social care. It may therefore be problematic to suggest that regulatory strategies should 'underpin' workforce ones, as it's unclear whether this will be achieved in retrospect or entail potentially burdensome work to rewrite existing workforce plans. Our suggestion would be to describe this as a 'relationship', with potential to adapt regulatory strategies to respond easily to changing environments and new challenges across the regulatory landscape.

We noted that in the first point under paragraph 1.20, there is reference to 'reviewing the remit of the Patient Safety Commissioner' role in England and the potential equivalent in Scotland. We were unsure of the purpose or scope of this review and who the recommendations will be for. We would want to learn more about this before we are able to comment meaningfully, although we interpreted the current wording as the PSA having authority to make changes to, or deprioritise, this role (which we assumed was out of the PSA's control). We believe focusing support on the implementation of this role in Scotland and Wales is more achievable over the next 3 years. Furthermore, we assumed the Health and Social Care Safety Commissioner and Patient Safety Commissioner are in reference to a single role, although it would be good to have some clarity given it's unclear as currently drafted.

We would like to seek clarification in relation to the 'Inquiries secretariat' role that you envisage a new Health and Social Care Safety Commissioner playing. The report talks about this body 'coordinating' inquiries (paragraph 1.19). We take this to refer to how non-statutory inquiries are constituted and run. It is worth being aware that there is a new Independent Investigations team within NHS England which has been given this role, and we have colleagues who regularly engage with them to support. We believe the PSA could support this work by participating in conversations convened by NHS England and championing the objectives of this work. With regards to 'monitor[ing] the implementation of inquiry recommendations', our view is that it would be helpful for the DHSC and equivalents to adopt a thematic approach to considering inquiry recommendations and engaging stakeholders on the appropriate national response to these. Again, we believe it would be helpful for the PSA to lend support to this.

Around the subject of reviewing how 'safe spaces, accountability and candour work together in the public interest', this is a challenging topic for many professional regulators and there are diverse stakeholder views on this. We think that there is benefit in the PSA playing a convening role for further discussions on this and would be interested in participating in these discussions.

## Our future role

### **13. *How do you think the role of the Authority should evolve in the future, particularly in the context of the reform of professional regulation in health and social care?***

We think this involves giving further thought to how you might approach the assessment of the regulators' more qualitative functions such as education of professionals and standard setting (see response to question 9 for more detail).

We are welcoming of the PSA considering ED&I in the wider system and what our role should be in reducing differential treatment, as this will impact on several factors such as the treatment of patients and service users; the overall experiences and satisfaction of professionals; recruitment and retention of the workforce. We also believe that looking closer into the experiences and overall well-being of the profession, and investing in upstream regulation, will help deliver a range of improvements to the system.

## Impact

- 14.** *Please set out any impacts that the proposals set out in the draft Strategic Plan would be likely to have on you and/or your organisation, or considerations that we should take into account when assessing the impact of the proposals.*

There is potentially high impact on our organisation, but this is dependent on how you will approach the activities within the strategic plan, and more importantly, what will be defined as in scope. We ask that you carefully consider the scheduling and proportionality when implementing activities, particularly where there might be competing / significant demands on organisations or even risk of duplication.

- 15.** *Are there any aspects of these proposals that you feel could result in differential treatment of, or impact on, groups or individuals based on the following characteristics as defined under the Equality Act 2010:*

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation
- Other (please specify)

*If you have responded 'yes' to any of the above, please explain why and what could be done to change this.*

We think that the stronger oversight over ED&I outcomes is really positive and will help to create focus on driving better and fairer experiences for the above groups. It is difficult to foresee any potential differential treatment from the draft plan until the strategy is at a stage of implementation and delivery. Thought will need to be given to how objectives will be achieved and how you can ensure they have a positive impact across all groups.

On your review of Standard 3 more specifically, you may want to think about how the revised evidence framework assesses regulators across all protected groups.

### **How to respond to this consultation**

You can also email the completed answer sheet to: [strategicplanconsultation@professionalstandards.org.uk](mailto:strategicplanconsultation@professionalstandards.org.uk). Please include the question numbers provided.

If you do need to send by post, our address is:

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If you have any queries, or require an accessible version of this document, please contact us on 020 7389 8030 or by email at [info@professionalstandards.org.uk](mailto:info@professionalstandards.org.uk).

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