Professional Standards Authority EDI Standard Self-Assessment Review 2023-24



Our self-assessment review process

We have a statutory duty to report annually to Parliament on the performance of the 10 regulators we oversee. We do this by reviewing each regulator's performance against our Standards of Good Regulation and reporting what we find. Our equality, diversity and inclusion (EDI) action plan for 2023-2024 contained an action for us to conduct a self-assessment against Performance Review (EDI) Standard 3. The intention behind this action was to demonstrate leadership by holding ourselves to account for the quality of our work on EDI.

We modified Performance Review Standard 3 so it was more relevant to our work and functions. Our self-assessment, conducted between February and May 2024, reviewed our performance from 1 April 2023 to 31 March 2024.

Key findings

We considered that we have clear EDI action plans, there are robust governance structures in place to embed EDI, and we hold data for staff, senior leadership and the Board. We also noted that staff are encouraged and supported to improve their EDI knowledge and understanding. However, we recognised several opportunities for improvement, including data collection and its use; understanding where there may be potential for bias in our procedures; and better involvement of public, patient and service user voice in our work. Consequently, our overall finding was that, on balance, we were not satisfied that we fully meet all the expected outcomes of Standard 3.

Outcomes met

PSA met Outcome 2 this year.

Our assessment of our performance against Standard 3

As part of our new performance review approach to assessing Standard 3, the Standard is broken down into four separate outcomes. For a regulator to meet the Standard, we need to be assured that the regulator has met all four of the outcomes. We adopted a broadly similar approach with our self-assessment, while striving to ensure we were as self-critical as possible. Our assessment of our performance against the four outcomes is set out below.

Outcome 1: The regulator has appropriate governance, structures and processes in place to embed EDI across its regulatory activities.

We have clear corporate equality objectives supported by EDI action plans that are regularly updated to drive forward good practice. Progress against actions and EDI activity is regularly and publicly reported against. Overall, there is clear, strong governance structure to embed EDI across the organisation.

Equality impact assessments (EIAs) are conducted, although we know more needs to be done to improve confidence and consistency in completing these. Whilst up-to-date and accurate data is held for senior leadership, Board and committees, we know this is not yet the case for our small number of panel decision-makers. As a result, robust analysis of EDI data relating to decision makers is limited, so overall this outcome is not met.

Opportunity for Improvement

Our EDI Standard requires regulators to collect data for fitness to practice panellists and committees, and one of our immediate priorities is to close our gap in data on our panel decision-makers. We expect that, once collected, analysis of this data will identify more could be done to increase the diversity of decision-makers. We also recognise there is more to be done to increase confidence in completing EIAs and using their findings to drive forward better EDI outcomes.

Outcome 2: In terms of EDI, the regulator ensures that registrants and students are equipped to provide appropriate care to all patients and service users and have appropriate EDI knowledge and skills.

We amended indicators under this outcome given its focus on regulators. We turned the focus to our HR functions.

Our HR policies take account of diverse staff needs and require staff to value diversity and challenge discrimination. All staff have an EDI objective and are supported and encouraged to improve their EDI knowledge and skills, including through training where relevant. There is comprehensive guidance for staff on EDI; however, we were not able to demonstrate that this always equips staff to promote and monitor EDI in their roles. Feedback in staff surveys on EDI matters, organisational values, and psychological safety is very positive. Overall, we determined that this outcome is met.

Opportunity for Improvement

We have an annual EDI training programme. Our previous training programmes have received positive feedback. We feel future training programmes could be strengthened by encouraging a more self-directed, function-specific approach to EDI development and learning.

Outcome 3: In terms of EDI, the regulator makes fair decisions across all regulatory functions.

We collect EDI data and it is used to inform analysis of recruitment processes and EIAs of HR policies. These findings are reported annually. However, we recognise there are limitations to our data collection about our people. Some of this will be addressed by our new HR system that was launched in June 2024. Furthermore, we know that we do not collect EDI data from those sharing their experiences with us. Whilst evidence is used to inform EIAs, this data is sometimes limited. Overall, data collection and evidence-led consideration of the potential for bias in our processes and functions can be improved, so we determined that this outcome is not met.

Opportunity for Improvement

We know that we need to further improve our EDI data collection and analysis, and use this to help us understand more about those raising concerns with us. Outcome 4: The regulator engages with and influences others to advance EDI issues and reduce unfair differential outcomes.

We have clear internal procedures and policies in place to allow staff to speak up about discrimination and bias, alongside robust staff engagement channels that are well-utilised. There is a clear process to respond to EDI-related complaints and these are reported on within our governance arrangements.

We have an engagement strategy. Stakeholder engagement takes place, including with other regulators, and we have examples of good efforts made to support a wide range of stakeholders to attend our events throughout the year. However, we recognise there are some stakeholders we need to hear more from. We are also aware of the challenges we experience in engaging with a more diverse group of stakeholders, including new organisations. Overall, this outcome is not met.

Opportunity for Improvement

We are focusing on improving our routes to allow registrants, patients and service users to be more frequently heard in our work.