Department of Health and Social Care
The Regulation of Health and Social Care Bill
Responses to the 2025 Consultation Report

This report was published in July 2026 and includes 152 responses.

The consultation ran from 22 August 2025 – 3 October 2025

Contents

1. Executive Summary

The Regulation of Health and Social Care Bill intends to replace the Regulation of Care Act 2013 (ROCA) to establish a refreshed regulatory framework for health and social care service provision.

The regulatory function will continue to be carried out by the Department of Health and Social Care (DHSC) Registration and Inspection (R&I) Team, with the potential option to commission external subject matter experts with specific skills sets.

The decision to modernise regulation comes from Recommendation 8 of the Sir Jonathan Michael Independent Review of the Isle of Man Health and Social Care System. The principles of the draft Bill were established based on the requirement to expand the existing regulatory framework to protect the public and enhance the safety and well-being of service users.

2. Introduction

Currently, the DHSC's Registration and Inspection (R&I) Team is responsible for regulating social care and non-NHS health care providers, including independent clinics and medical agencies. Under the new Bill, this remit will expand to cover a broader range of activities and treatments that may pose a risk to people's safety. Importantly, the Bill is not limited to private services; it is intended to support safe, high-quality care across both publicly funded services, including those provided by Manx Care, and independent health and social care services wherever regulated activities may present a risk to the public. The current registration and annual fee structure is published online for reference.

The draft Bill proposes regulating activities rather than types of services, aligning with modern, risk-based regulatory models used in other jurisdictions (like England). This would likely include services such as physiotherapy, non-surgical cosmetic procedures (e.g. dermal fillers, tattoos, body piercers), general practice, dental surgeries, hospital and community services, and mental health care.

All regulated service providers will be subject to registration, monitoring and inspection. This will help ensure the public can have confidence in receiving compassionate, safe, quality and effective care.

For more information on the background of this Bill please visit the ROHSC Bill webpage, where the Frequently Asked Questions can also be found.

3. Methodology

The Department of Health and Social Care (DHSC) opened a public consultation on 22 August 2025 to seek feedback on the draft Regulation of Health and Social Care Bill, which, at that stage, was due to be introduced in 2026. Subsequently, the introduction of the new legislation was delayed until 2027.

A programme of early engagement with the public, local service providers and private businesses who may be impacted, took place from January to March 2025. A series of six engagement information sessions were held around the island in both face-to-face and online settings.

In conjunction with the engagement sessions a communication campaign starting in December 2024 via a series of social media posts on the Isle of Man Government platforms (LinkedIn, X and Facebook), by email via a dedicated email address and in the local press.

This consultation invited feedback on the draft legal framework, its scope and to gain an understanding of your views on how the Bill will work in real life and how it affects you as a stakeholder: Regulation of Health and Social Care (ROHSC) Bill Public Consultation - Cabinet Office of the Isle of Man Government -

Citizen Space. The input received will help shape the final version of the Bill before it is submitted to Tynwald.

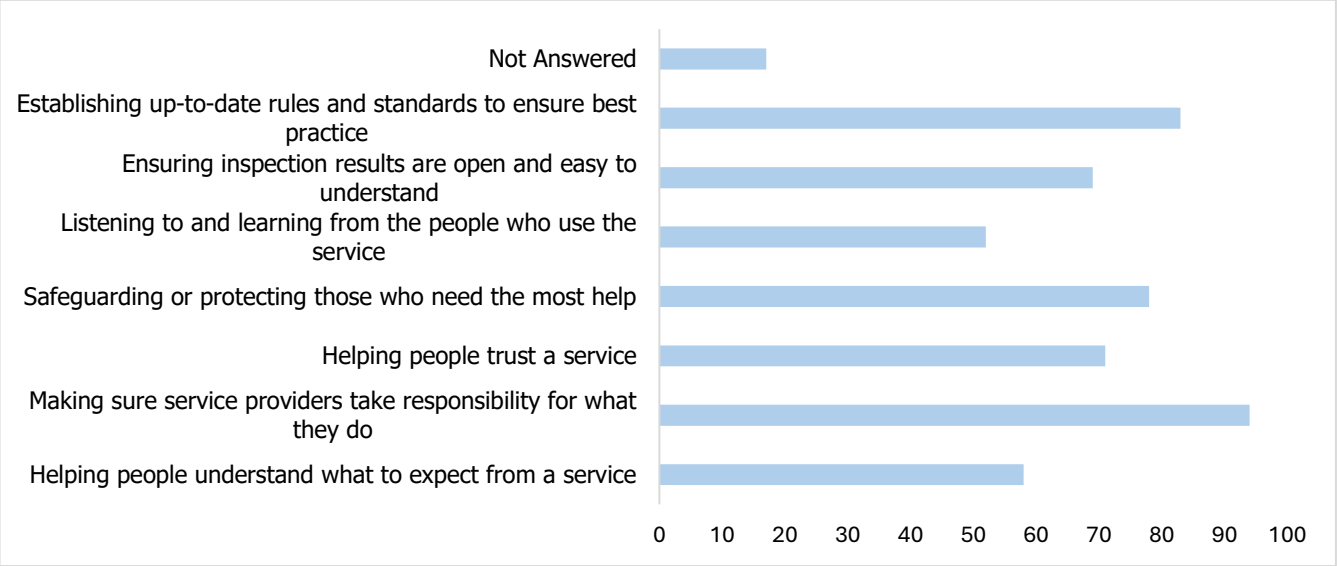
The 152 respondents comprised:

- 71 Members of the public
- 64 Service provider or professional
- 17 Service users

4. Summary of Responses

Question 1 – Service Provider Quality and Safety

In what specific ways do you believe regulation will have the most impact on the health and social care system? (select all that apply)



Option	Total	Percent
Helping people understand what to expect from a service	58	38.16%
Making sure service providers take responsibility for what they do	94	61.84%
Helping people trust a service	71	46.71%
Safeguarding or protecting those who need the most help	78	51.32%
Listening to and learning from the people who use the service	52	34.21%
Ensuring inspection results are open and easy to understand	69	45.39%
Establishing up-to-date rules and standards to ensure best practice	83	54.61%
Not Answered	17	11.18%

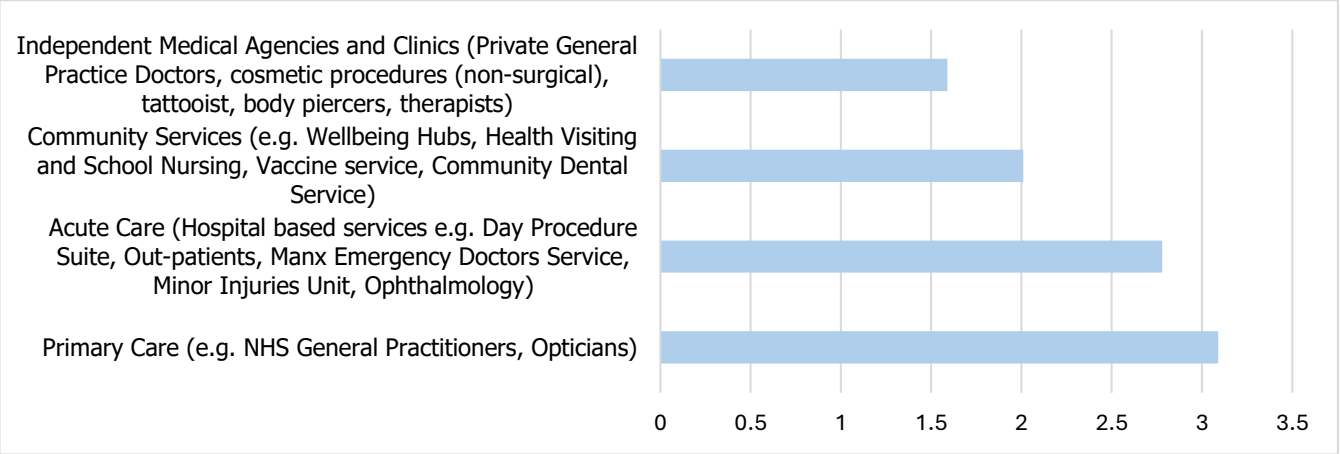
Accountability was identified as the most significant impact of regulation, ensuring that service providers take responsibility. This was followed by the value placed on clear standards and safeguarding vulnerable individuals.

Trust and transparency were key themes, with nearly half of the respondents emphasizing the need for accessible inspection results. Though fewer respondents highlighted public understanding and user voice, these remain important for a responsive system.

Overall, the data reflects strong public expectations that regulation should protect, guide, and hold service providers accountable to ensure quality and safety.

Question 2 – Registration Prioritisation

In your opinion, what order should the health and social care service providers apply for registration? Please rank the options with 1 being first to apply and 4 being last to apply.

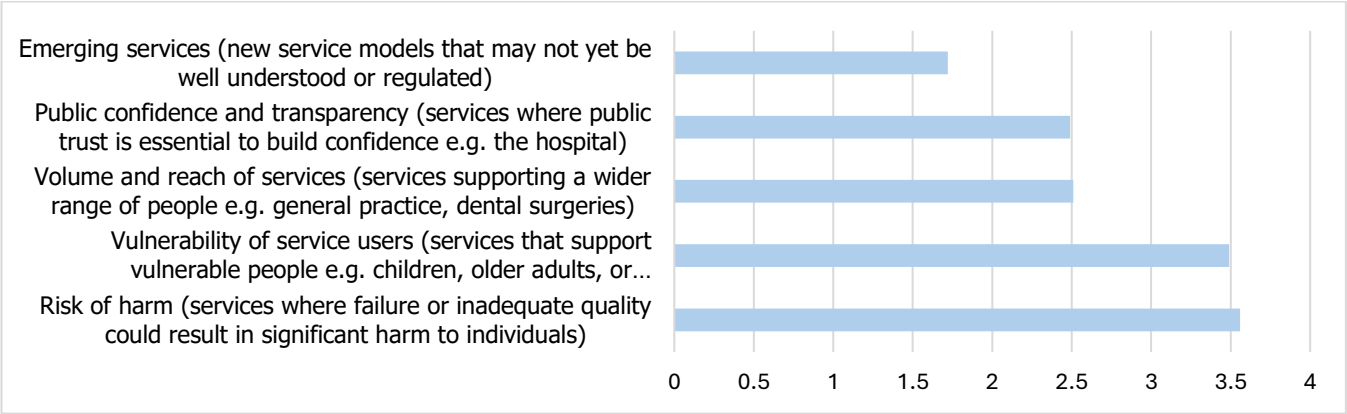


Option	Ranking
Primary Care (e.g. NHS General Practitioners, Opticians)	3.09
Acute Care (Hospital based services e.g. Day Procedure Suite, Out-patients, Manx Emergency Doctors Service, Minor Injuries Unit, Ophthalmology)	2.78
Community Services (e.g. Wellbeing Hubs, Health Visiting and School Nursing, Vaccine service, Community Dental Service)	2.01
Independent Medical Agencies and Clinics (Private General Practice Doctors, cosmetic procedures (non-surgical), tattooist, body piercers, therapists)	1.59

Respondents prioritised registration for widely used public-facing health services. Primary Care (e.g. GPs, Dentists, Opticians) ranked highest, followed by Acute Care (e.g. hospitals, emergency services). Community Services were valued but seen as lower risk, while Independent Clinics (e.g. private GPs, cosmetic providers) were the lowest priority.

The findings reflect a clear public preference for regulating services that are most accessible and serve vulnerable groups.

Are there any factors you believe should guide the order in which service providers are registered? Please rank the options with 1 being the most important factor for you and 5 being the least important.



Option	Ranking
Risk of harm (services where failure or inadequate quality could result in significant harm to individuals)	3.56
Vulnerability of service users (services that support vulnerable people e.g. children, older adults, or individuals with disabilities)	3.49
Volume and reach of services (services supporting a wider range of people e.g. general practice, dental surgeries)	2.51
Public confidence and transparency (services where public trust is essential to build confidence e.g. the hospital)	2.49
Emerging services (new service models that may not yet be well understood or regulated)	1.72

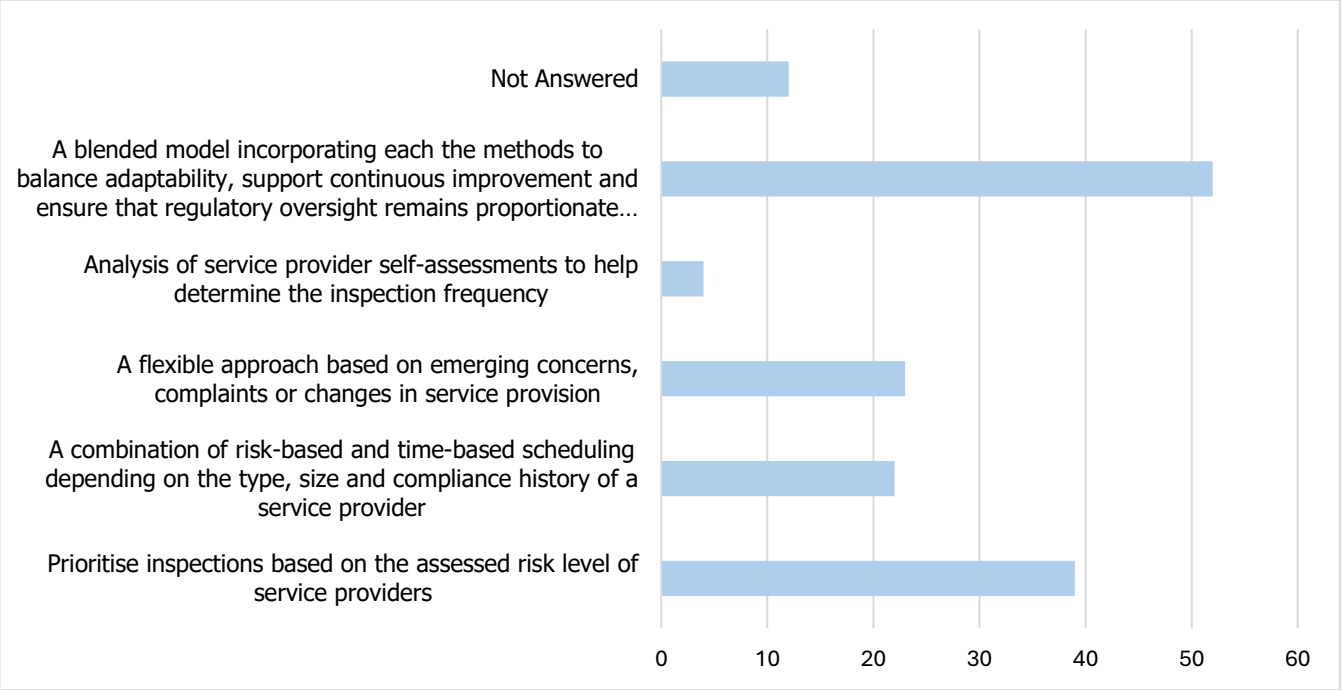
Risk of harm and user vulnerability were identified as the top factors for registration prioritisation, reflecting a strong public focus on safety and protection.

Volume, reach, and public confidence were moderately important, while emerging services ranked lowest suggesting innovation alone isn't enough without associated risk.

Overall, the findings support a risk-based, person-centred approach to registering providers under the new Bill.

Question 3 – Risk-Based Inspection Methodology

What do you think is the most effective way to schedule the monitoring and inspection of health and social care services? (Select one)



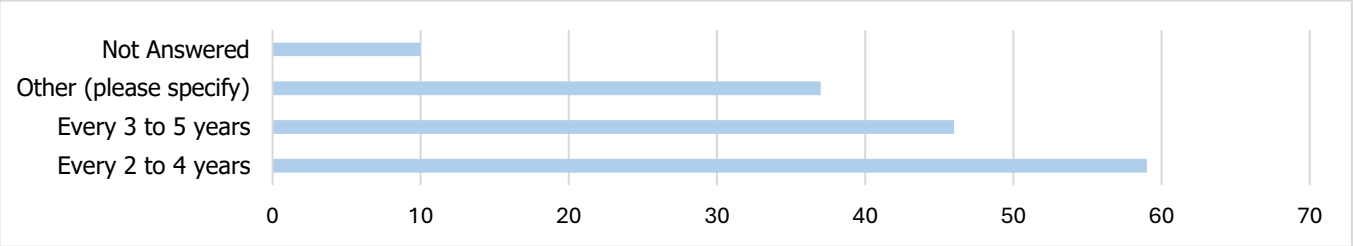
Option	Total	Percent
Prioritise inspections based on the assessed risk level of service providers	39	25.66%
A combination of risk-based and time-based scheduling depending on the type, size and compliance history of a service provider	22	14.47%
A flexible approach based on emerging concerns, complaints or changes in service provision	23	15.13%
Analysis of service provider self-assessments to help determine the inspection frequency	4	2.63%
A blended model incorporating each the methods to balance adaptability, support continuous improvement and ensure that regulatory oversight remains proportionate and effective	52	34.21%
Not Answered	12	7.89%

Most respondents supported a blended inspection model, combining methods to ensure flexibility, proportionality, and continuous improvement. A risk-based approach was the next preference, emphasising the need to focus on high-risk areas.

Some favoured responsive scheduling based on emerging concerns, while few supported self-assessments, reflecting low confidence in service provider-led monitoring.

The findings support a balanced, risk-focused, and adaptable inspection strategy.

In your opinion how often, at a minimum, should services considered to be minimal risk be inspected? (Select one)



Option	Total	Percent
Every 2 to 4 years	59	38.82%
Every 3 to 5 years	46	30.26%
Other (please specify)	37	24.34%
Not Answered	10	6.58%

Respondents preferred a 2 to 4-year inspection cycle, followed by 3 to 5 years, indicating support for regular but proportionate oversight.

This question provided a free text box for respondents to explain their view.

The Department received 82 free text responses to this part of the question. In summary:

Responses showed strong support for a flexible, risk-based approach, especially for low-risk service providers already regulated by professional bodies.

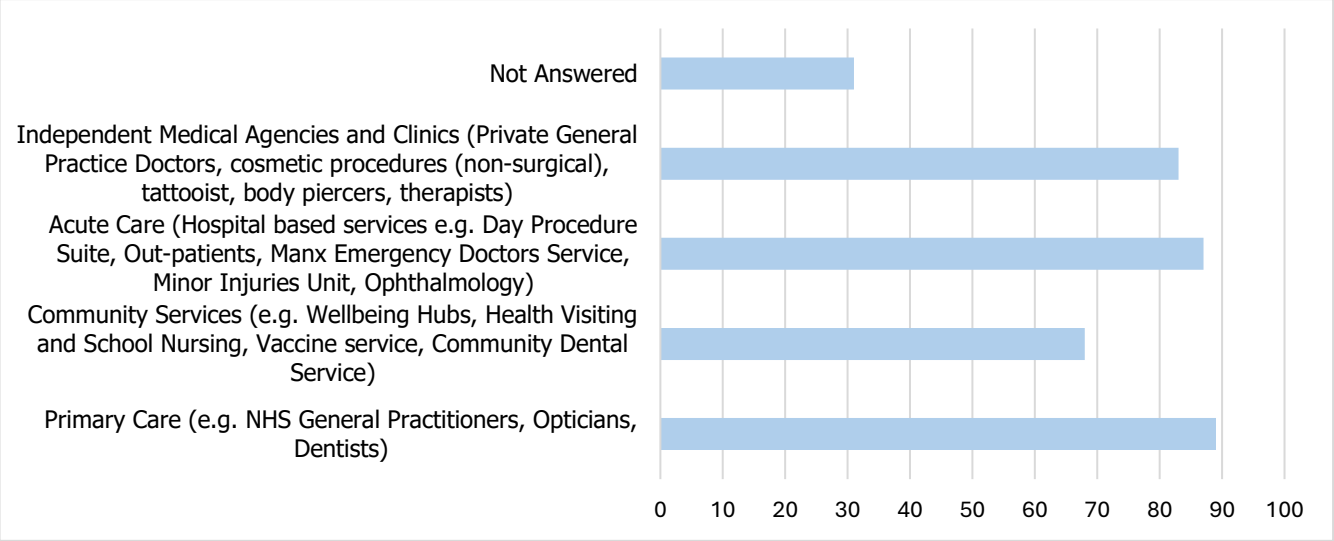
Some suggested reactive inspections triggered by complaints or changes in ownership and called for clearer definitions of "minimal risk."

The findings reflect a desire to reduce duplication and regulatory burden while maintaining safety and standards.

Appendix 1 provides the full list of responses submitted in this free-text box, where respondents consented to sharing.

Question 4 – Subject Matter Expert Regulation Support

Are there any areas of the health and social care system you think may benefit from involvement with a Subject Matter Expert? (Select all that apply)



Option	Total	Percent
Primary Care (e.g. NHS General Practitioners, Opticians, Dentists)	89	58.55%
Community Services (e.g. Wellbeing Hubs, Health Visiting and School Nursing, Vaccine service, Community Dental Service)	68	44.74%
Acute Care (Hospital based services e.g. Day Procedure Suite, Out-patients, Manx Emergency Doctors Service, Minor Injuries Unit, Ophthalmology)	87	57.24%
Independent Medical Agencies and Clinics (Private General Practice Doctors, cosmetic procedures (non-surgical), tattooist, body piercers, therapists)	83	54.61%
Not Answered	31	20.39%

This question provided a free text box for respondents to provide details of any additional areas of expertise they believed could be included that had not been covered in the above lists.

The Department received 48 free text responses to this part of the question. In summary:

Respondents strongly supported involving subject matter experts (SMEs) across health and social care, especially in Primary and Acute Care, due to their complexity. Free-text responses highlighted gaps in regulatory expertise on the island, calling for SME input in underrepresented and high-risk areas such as mental health, learning disabilities, social work, complementary therapies, and non-surgical cosmetic/aesthetic treatments.

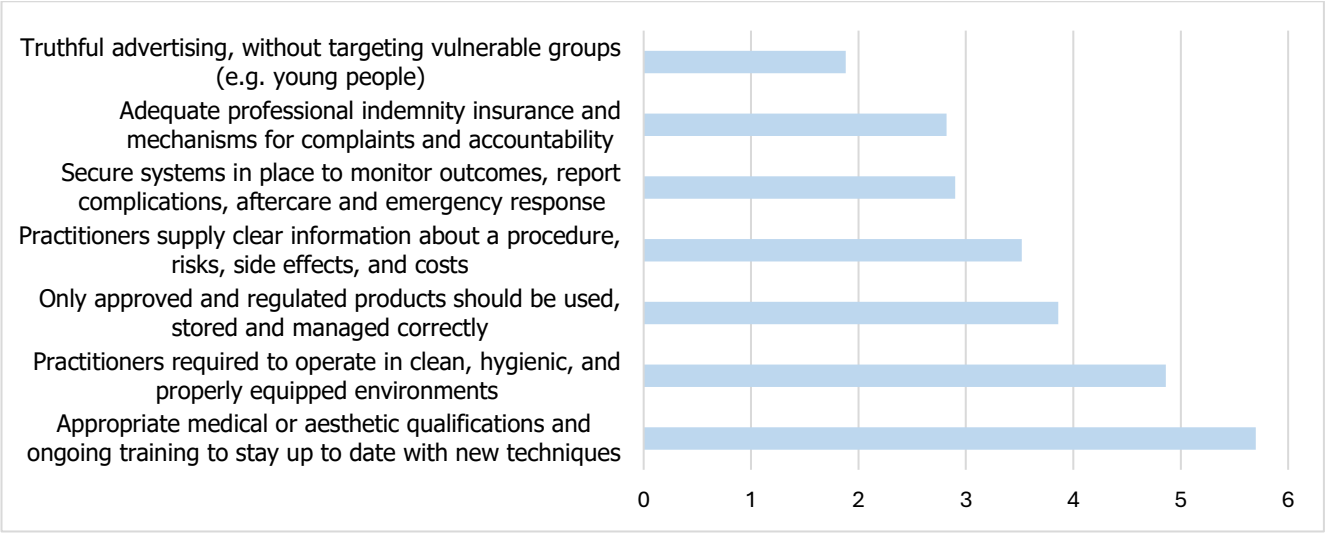
Concerns were raised about duplicating existing regulation for professionals already governed by national bodies, with potential cost and impact on standards. Respondents also questioned inconsistencies in service inclusion and called for equal treatment, transparency in SME selection, and independent regulation to ensure public trust.

Some expressed broader concerns about government overreach and the risk of creating a complex system that could discourage providers or push them out of view, especially under financial pressure.

Appendix 1 provides the full list of responses submitted in this free-text box, where respondents consented to sharing.

Question 5 – Non-Surgical Cosmetic and Aesthetic Services

Which factors are most important to ensure service providers of non-surgical cosmetic procedures (e.g. aesthetic filler injections for appearance-related reasons) follow best practice to minimise harm? (Please rank the options with 1 being most important and 7 being least important)



Option	Ranking
Appropriate medical or aesthetic qualifications and ongoing training to stay up to date with new techniques	5.70
Practitioners required to operate in clean, hygienic, and properly equipped environments	4.86
Only approved and regulated products should be used, stored and managed correctly	3.86
Practitioners supply clear information about a procedure, risks, side effects, and costs	3.52
Secure systems in place to monitor outcomes, report complications, aftercare and emergency response	2.90
Adequate professional indemnity insurance and mechanisms for complaints and accountability	2.82
Truthful advertising, without targeting vulnerable groups (e.g. young people)	1.88

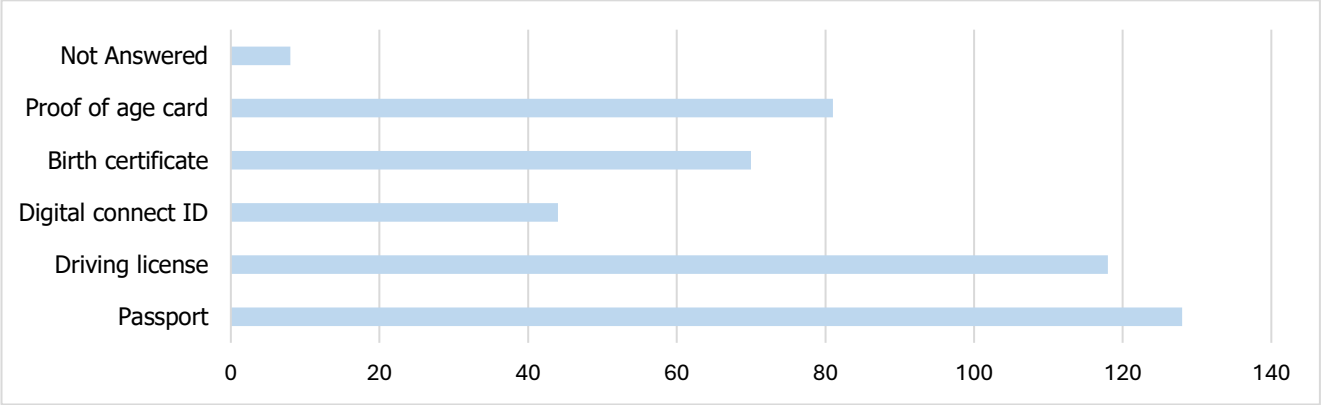
Respondents ranked qualifications and ongoing training as the most important factor for safe, high-quality non-surgical cosmetic procedures, followed by clean, well-equipped environments and the use of regulated products.

While communication about risks, costs, and managing complications was also valued, it ranked slightly lower.

Professional accountability and truthful advertising were seen as less critical, suggesting safety and practitioner competence are the top priorities.

There is strong public support for qualified professionals, safe settings, and regulated practices in the cosmetic sector.

To reinforce the age restrictions, it may be necessary for residents to provide identification for non-surgical cosmetic procedures (e.g. aesthetic filler injections for appearance-related reasons). Which of the following identification methods would be acceptable? (Select all that apply)



Option	Total	Percent
Passport	128	84.21%
Driving license	118	77.63%
Digital connect ID	44	28.95%
Birth certificate	70	46.05%
Proof of age card	81	53.29%
Not Answered	8	5.26%

Respondents strongly supported using official photo ID especially passports and driving licences to enforce age restrictions for non-surgical cosmetic procedures.

Other forms like proof-of-age cards and birth certificates were less preferred, while digital IDs saw minimal support, which could be due to lack of public awareness.

Overall, the findings show clear support for secure and reliable identity checks to protect young people from inappropriate access.

Question 6 – Raising the Age of Childcare

The Department has considered the mitigation of any potential concerns or safety risk. This question provided a free text box for respondents to provide additional feedback and concerns on the matter.

The Department received 48 free text responses to this part of the question. In summary:

The proposal to raise the age threshold for regulated childcare services received mixed responses, with support for stronger safeguarding balanced by concerns over cost and impact.

Respondents emphasised the need for DBS checks, staff training, and first aid qualifications across all settings, including informal ones. Many supported extending regulation to after-school clubs and youth groups.

Concerns were raised about financial strain on small and volunteer-led providers, with calls for phased implementation, proportionate oversight, and reduced fees.

Some feared over-regulation could harm community initiatives and limit childcare options.

There were also calls for inclusive services for children with disabilities and clearer definitions of regulated age thresholds.

A minority questioned the Bill's intent, warning against unnecessary legislation and urging focus on efficiency and public benefit.

Appendix 1 provides the full list of responses submitted in this free-text box, where respondents consented to sharing.

Are there any additional services you think could be included in the new Bill?

This question provided a free text box for respondents to provide their views.

The Department received 30 free text responses to this part of the question. In summary:

Respondents provided constructive suggestions to improve the Bill's fairness and effectiveness. A phased implementation, clear guidance, and workforce development were widely supported. Many favoured a risk-based approach, with reduced or transferable fees for smaller providers and those relocating.

There was strong support for extending regulation to services caring for children up to age 12, including after-school clubs, sports, and youth groups, with calls for DBS checks, first aid training, and inclusive practices for children with additional needs.

Concerns were raised about the financial impact on small and volunteer-led providers, potential regulatory overreach, and the risk of regulation creep. Some questioned stricter rules for paid carers compared to informal caregivers.

Respondents also advocated for consistent safeguarding across community services, including dance schools, Scouts, and Crossroads carers. There was interest in regulating non-surgical cosmetic/aesthetic treatments and emerging wellness services, with calls for clearer definitions and appropriate oversight.

Appendix 1 provides the full list of responses submitted in this free-text box, where respondents consented to sharing.

Do you have any further comments, suggestions or concerns regarding the regulation of these services (such as childminders, nurseries and youth clubs) that you would like to share?

This question provided a free text box for respondents to provide their views.

The Department received 49 free text responses to this part of the question. In summary:

Respondents broadly supported extending childcare regulation to age 12, with strong emphasis on background checks, staff training, and regular inspections across all settings. Alignment with UK standards, such as OFSTED, was encouraged.

Concerns were raised about the financial and administrative burden, especially for small providers, with some warning of regulation creep and potential service closures. A balanced approach was recommended, including tiered fees, scalable requirements, and recognition of existing standards.

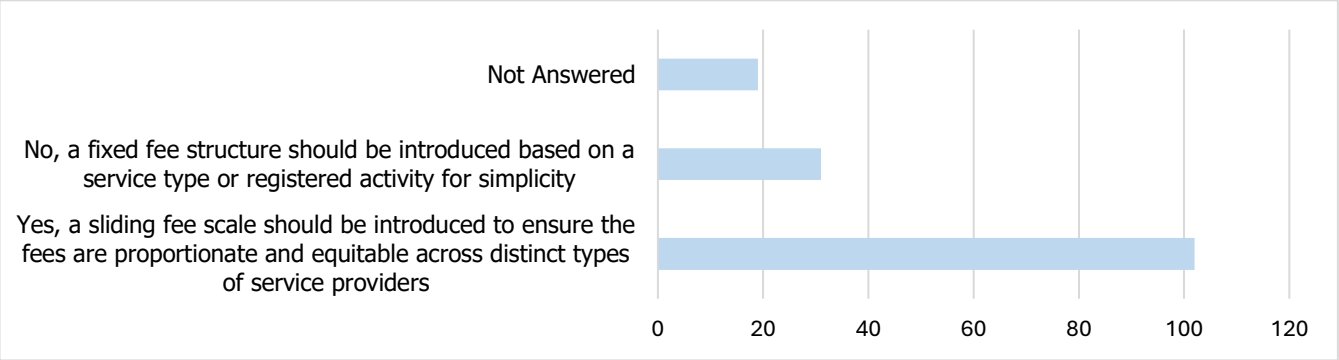
Inclusive regulation was also highlighted, with calls for accessible services for children with disabilities and better support for respite care.

Overall, respondents urged that regulation be fair, affordable, and designed to protect without limiting childcare options across the Isle of Man.

Appendix 1 provides the full list of responses submitted in this free-text box, where respondents consented to sharing.

Question 7 – Registration and Annual Fees

Do you support the introduction of a sliding fee scale for service providers, where fees are based on differing factors to ensure fairness and transparency?



Option	Total	Percent
Yes, a sliding fee scale should be introduced to ensure the fees are proportionate and equitable across distinct types of service providers	102	67.11%
No, a fixed fee structure should be introduced based on a service type or registered activity for simplicity	31	20.39%
Not Answered	19	12.50%

This question provided a free text box for respondents to explain their view.

The Department received 73 free text responses to this part of the question. In summary:

Most respondents supported a sliding fee scale based on service type, size, and risk to ensure fairness. A tiered structure was preferred to avoid overburdening small providers, with examples from Ireland and New Zealand cited as effective models.

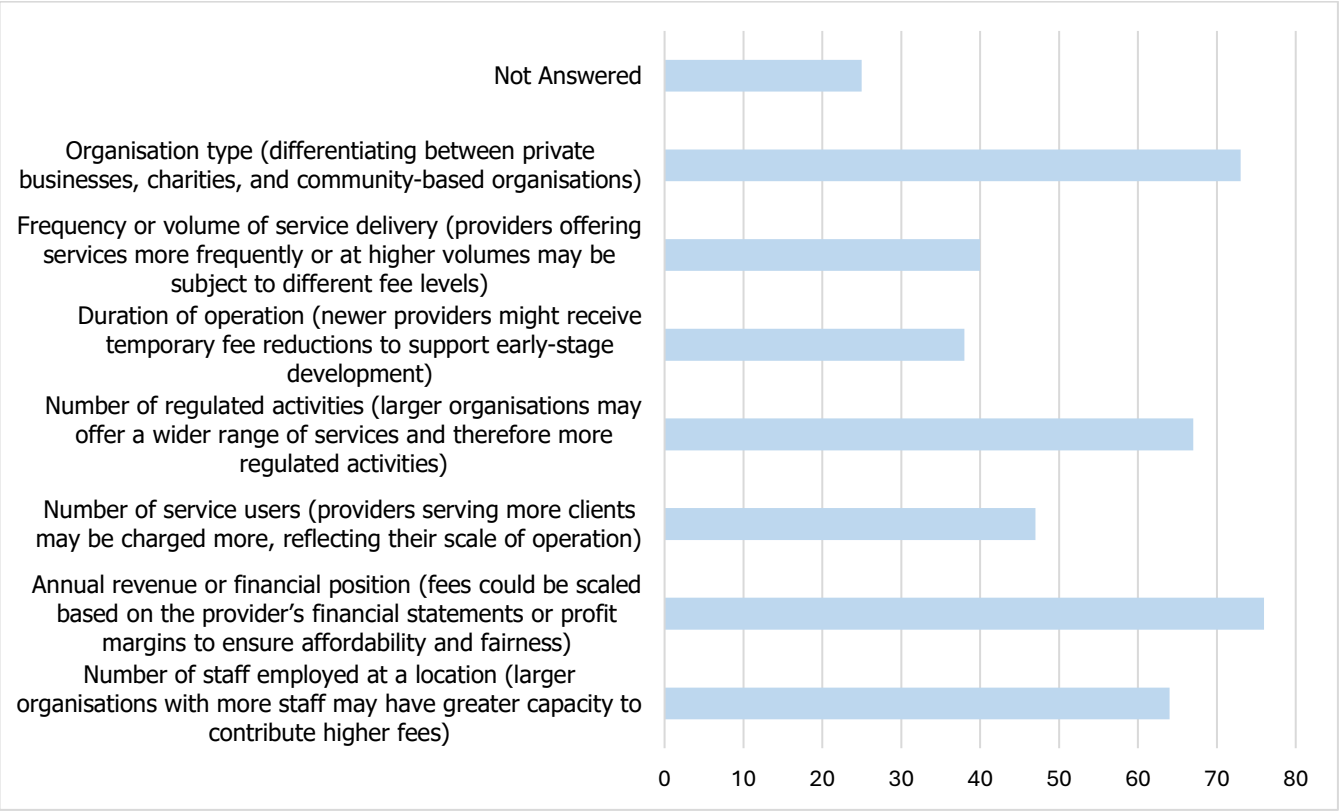
Concerns were raised about affordability, especially for providers already paying fees to professional bodies. Many feared additional costs could reduce access or threaten service viability.

Suggestions included fee exemptions for charities and sole traders, first-year waivers, and aligning fees with existing regulators. Respondents also called for transparency, consultation, and safeguards against regulation creep.

While some preferred a fixed fee for simplicity, the majority favoured a proportionate, flexible approach that protects service diversity and supports community-based care.

Appendix 1 provides the full list of responses submitted in this free-text box, where respondents consented to sharing.

Which of the following factors do you believe should be considered to ensure the sliding fee scale is fair, transparent, and proportionate? (select all that apply)



Option	Total	Percent
Number of staff employed at a location (larger organisations with more staff may have greater capacity to contribute higher fees)	64	42.11%
Annual revenue or financial position (fees could be scaled based on the provider's financial statements or profit margins to ensure affordability and fairness)	76	50.00%
Number of service users (providers serving more clients may be charged more, reflecting their scale of operation)	47	30.92%
Number of regulated activities (larger organisations may offer a wider range of services and therefore more regulated activities)	67	44.08%
Duration of operation (newer providers might receive temporary fee reductions to support early-stage development)	38	25.00%
Frequency or volume of service delivery (providers offering services more frequently or at higher volumes may be subject to different fee levels)	40	26.32%
Organisation type (differentiating between private businesses, charities, and community-based organisations)	73	48.03%
Not Answered	25	16.45%

A range of factors were considered to support a fair, transparent, and proportionate sliding fee scale.

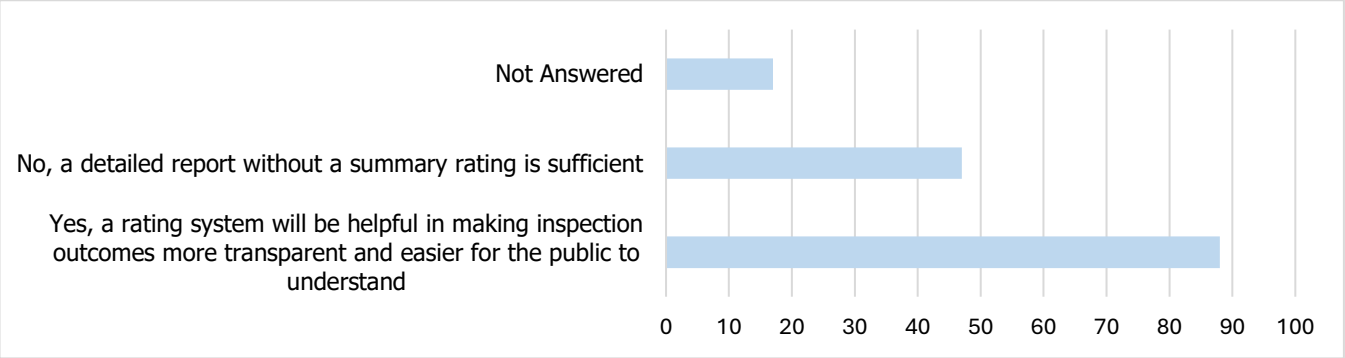
Annual revenue or financial position was the most supported, followed by organisation type and number of regulated activities, indicating a strong preference for aligning fees with financial capacity and operational scope.

Other relevant factors included staff numbers and service user volume, reflecting service scale. Fewer respondents prioritised service frequency or service provider duration of operation, though there was still interest in supporting newer or smaller providers.

Overall, the data highlights a clear preference for a balanced, needs-based fee model that reflects the diversity of service providers across the island.

Question 8 – Regulation Rating System

Do you think introducing a clear and accessible rating system for inspection reports would help the public better understand the safety, effectiveness and quality of health and social care service providers?



Option	Total	Percent
Yes, a rating system will be helpful in making inspection outcomes more transparent and easier for the public to understand	88	57.89%
No, a detailed report without a summary rating is sufficient	47	30.92%
Not Answered	17	11.18%

This question provided a free text box for respondents to explain their view.

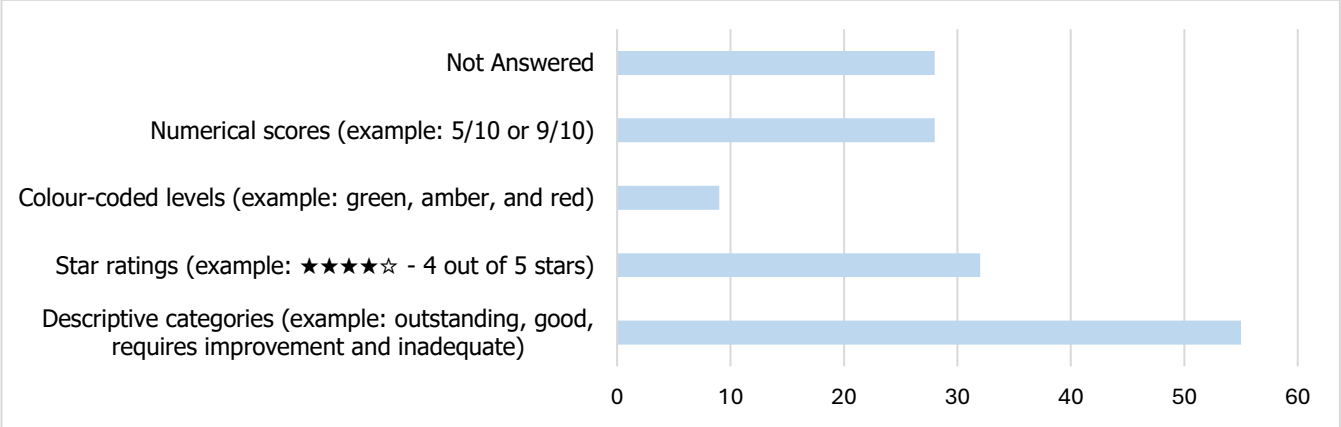
The Department received 59 free text responses to this part of the question. In summary:

Most respondents supported a clear, accessible rating system alongside inspection reports, believing it would improve public understanding of service quality. While some preferred detailed reports without summary ratings, the majority valued a simple, transparent system to aid decision making and encourage service improvement.

Concerns included oversimplification, potential misrepresentation, reputational harm, and lack of context. Many stressed the need for clear criteria, local relevance, and narrative explanations to accompany ratings. A common compromise that emerged was a dual system combining headline ratings for accessibility with full reports for depth and fairness.

Appendix 1 provides the full list of responses submitted in this free-text box, where respondents consented to sharing.

If a rating system was introduced for inspection reports, how would you prefer the ratings to be presented to make them clear, meaningful and easy to understand? (select the appropriate option)

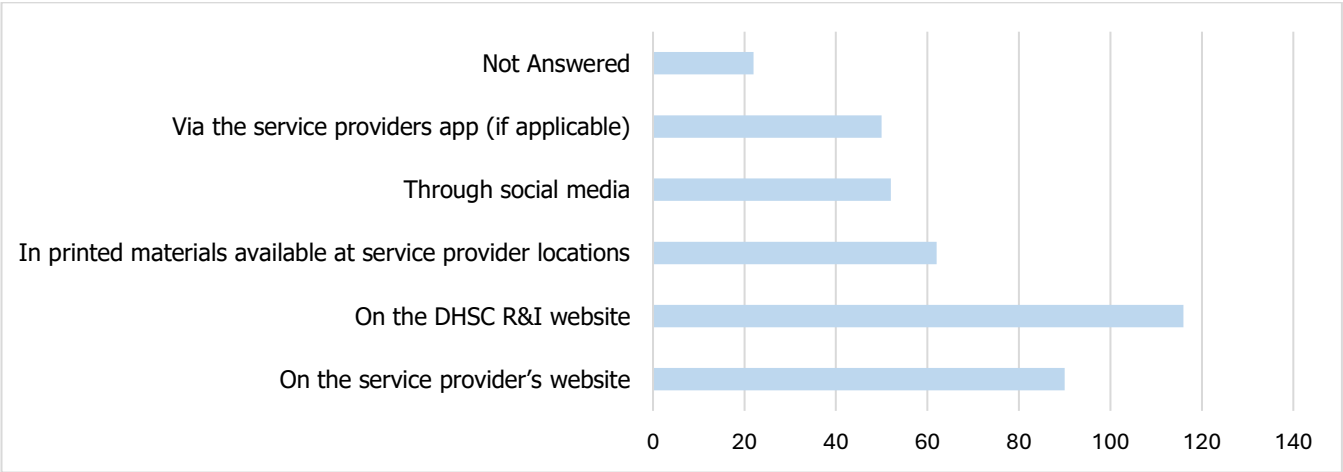


Option	Total	Percent
Descriptive categories (example: outstanding, good, requires improvement and inadequate)	55	36.18%
Star ratings (example: ★★★★☆ - 4 out of 5 stars)	32	21.05%
Colour-coded levels (example: green, amber, and red)	9	5.92%
Numerical scores (example: 5/10 or 9/10)	28	18.42%
Not Answered	28	18.42%

Descriptive categories (e.g. outstanding, good, requires improvement, inadequate) were the most preferred format for presenting inspection ratings, reflecting a strong preference for clear, familiar language. Star ratings and numerical scores received moderate support, while colour-coded formats were least favoured. Some respondents did not express a preference, indicating uncertainty or neutrality.

Overall, there is a clear preference for simple, descriptive formats that make inspection outcomes easy to understand and compare.

If a rating system is introduced, where should this information be made available to ensure it is accessible and useful to the public? (select all that apply)



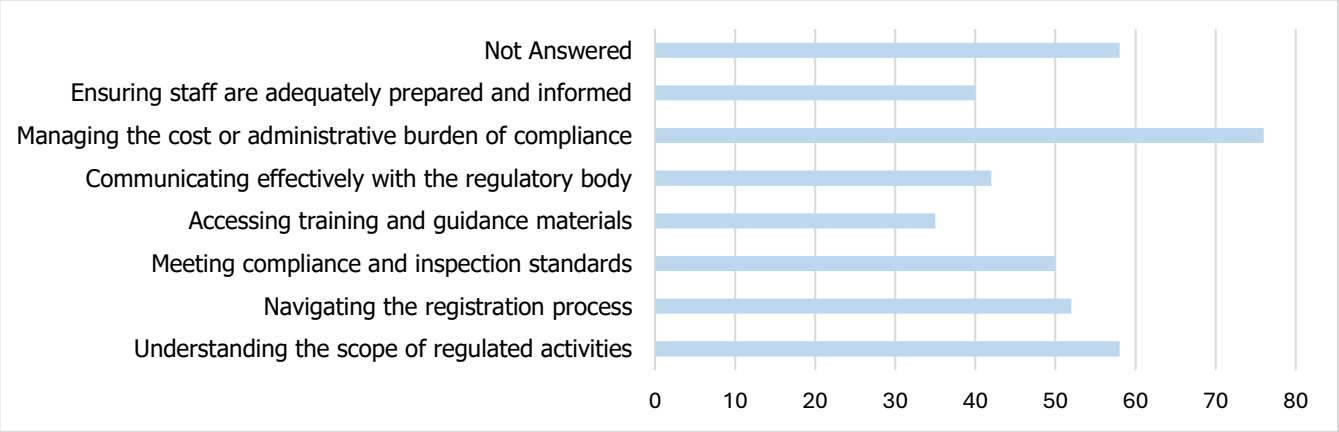
Option	Total	Percent
On the service provider's website	90	59.21%
On the DHSC R&I website	116	76.32%
In printed materials available at service provider locations	62	40.79%
Through social media	52	34.21%
Via the service providers app (if applicable)	50	32.89%
Not Answered	22	14.47%

Respondents strongly supported making service ratings widely accessible, with the DHSC Registration and Inspection website and provider websites being the most preferred channels. Other favoured options included printed materials, social media, and provider apps, highlighting a desire for both digital and in-person access.

Overall, the findings reflect a clear public expectation for transparent, multi-channel communication to ensure ratings are easy to find and understand.

Question 9 – Regulation Framework for Service Providers

As a service provider, what concerns or challenges do you anticipate in meeting the requirements of the Regulation of Health and Social Care Bill 2026?



Option	Total	Percent
Understanding the scope of regulated activities	58	38.16%
Navigating the registration process	52	34.21%
Meeting compliance and inspection standards	50	32.89%
Accessing training and guidance materials	35	23.03%
Communicating effectively with the regulatory body	42	27.63%
Managing the cost or administrative burden of compliance	76	50.00%
Ensuring staff are adequately prepared and informed	40	26.32%
Not Answered	58	38.16%

The primary concern regarding the Regulation of Health and Social Care Bill is the financial and administrative burden on providers, underscoring the need for streamlined processes and targeted support.

Additional concerns include uncertainty around the scope of regulated activities, registration procedures, and compliance standards, indicating a need for clear and comprehensive guidance.

Effective communication with the regulator and ensuring staff are well-informed were also highlighted, pointing to the importance of strong engagement and workforce preparedness.

Overall, the findings reflect a clear demand for accessible information and practical support to enable a smooth transition into the new regulatory framework.

This question provided a free text box for respondents to provide details of other concerns and challenges they anticipated that had not been listed.

The Department received 40 free text responses to this part of the question. In summary:

The most cited concern regarding the Regulation of Health and Social Care Bill was the cost and administrative burden of compliance, highlighting the need for efficient processes and targeted support. Other key issues included clarity around regulated activities, registration, inspection standards, and communication with the regulator emphasizing the importance of clear guidance and workforce readiness.

Respondents questioned the grouping of diverse professions under one framework and called for sector-specific standards, clearer definitions, and proportional regulation. Concerns were raised about fee impacts on small providers, potential service closures, and duplication with existing oversight by professional bodies.

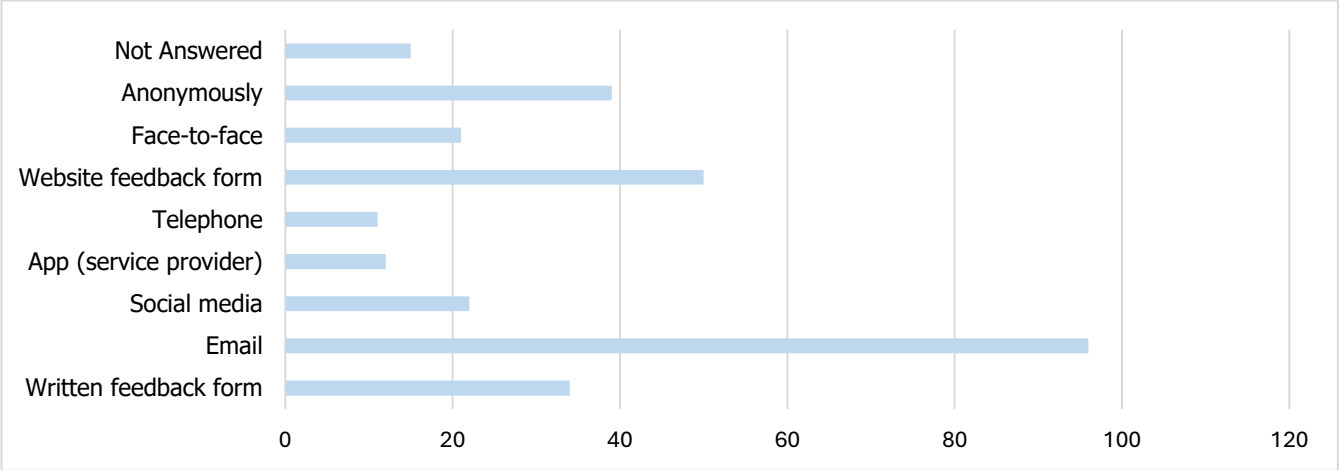
Additional feedback stressed the need for transitional support, suitably qualified inspectors, confidentiality, and fair outcomes. Specific gaps, such as the exclusion of pharmacists and lack of guidance for niche providers, were also noted.

While there is broad support for regulation to improve safety, respondents urged a proportionate, informed, and supportive approach to protect service quality and business sustainability.

Appendix 1 provides the full list of responses submitted in this free-text box, where respondents consented to sharing.

Question 10 – Stakeholder Feedback

To help us better understand your preferences, we would like to know your preferred method or platform for providing feedback on matters related to service providers, legislation, regulation or policy development. (tick all that apply)



Option	Total	Percent
Written feedback form	34	22.37%
Email	96	63.16%
Social media	22	14.47%
App (service provider)	12	7.89%
Telephone	11	7.24%
Website feedback form	50	32.89%
Face-to-face	21	13.82%
Anonymously	39	25.66%
Not Answered	15	9.87%

Email was the most preferred method for providing feedback on service providers, legislation, and regulation, followed by website forms and written submissions highlighting a preference for accessible digital channels. Anonymous feedback, face-to-face engagement, and social media were less favoured, with apps and telephone being least preferred.

The results show strong support for secure, flexible, and primarily digital communication platforms.

Additional Comments

Do you have any comments, questions or concerns regarding the new Bill that you would like to share?

This question provided a free text box for respondents to provide details of any comments, questions or concerns regarding the new Bill.

The Department received 81 free text responses to this part of the question. In summary:

The proposed Regulation of Health and Social Care Bill received broad feedback. Many agree regulation is overdue, especially in areas like non-surgical cosmetic/aesthetics treatments and alternative therapies, where safety and accountability are key.

However, the need for proportionate, sector-sensitive regulation that avoids duplicating existing oversight was stressed. Concerns were raised about financial and administrative burdens, particularly for small businesses, sole practitioners, and charities. Suggestions included scaled fees, exemptions, and recognition of existing professional regulation.

Sector-specific responses highlighted the need for tailored approaches, with calls for clearer definitions, targeted engagement, transparent guidance and focused regulation for high-risk services.

While the Bill's aim is welcomed, its success depends on balancing safety with fairness, affordability, and practical implementation. Ongoing dialogue and a nuanced approach were strongly encouraged.

Appendix 1 provides the full list of responses submitted in this free-text box, where respondents consented to sharing.

5. Response Overview

Consultation responses to the Regulation of Health and Social Care Bill show strong public engagement and broad support for regulation to improve safety, accountability, and quality. However, concerns about cost, complexity, and fairness were consistent, with calls for proportionate, risk-based, and sector-sensitive approaches.

Impact of Regulation
Regulation is widely seen as essential for safeguarding, accountability, and public trust.

Registration Prioritisation
Primary Care was ranked highest for registration, followed by Acute Care. Risk and user vulnerability were key factors.

Inspection Methodology
A blended model was preferred, combining risk-based, time-based, and responsive inspections. Self-assessment alone was not supported.

Subject Matter Experts (SMEs)
Broad support for SME involvement, with emphasis on fairness, transparency, and sector expertise.

Non-Surgical Cosmetic Procedures
Strong support for qualifications, training, safe environments, and robust age verification.

Childcare Regulation
Mixed views on raising the age threshold to 12, with concerns about affordability and over-regulation.

Registration and Annual Fees
Support for a sliding fee scale based on size and income. Concerns about financial impact on small providers and charities.

Inspection Rating System
Descriptive categories were preferred. A dual system with headline ratings and detailed reports was recommended.

Anticipated Challenges
Key concerns included financial burden, lack of clarity, duplication of regulation, and exclusion of some professions. Calls for clearer definitions, transitional support, and qualified inspectors.

Feedback Preferences
Email was the preferred method, followed by website forms. Digital platforms were favoured over social media, apps, or phone.

6. Conclusion

Consultation responses show broad support for the Regulation of Health and Social Care Bill as a means to improve safety, accountability, and service quality. However, concerns were raised about its scope, perceived financial impact, viability and practicality.

Respondents called for proportionate, risk-based regulation that avoids duplication, supports small and volunteer-led providers, and reflects the diversity of services. Key recommendations included scaled fees, flexible inspections, clear rating systems, and sector-specific guidance.

To succeed, the Bill will need to align regulatory safety and quality standards with affordability and practicality, ensuring inclusive, transparent, and collaborative implementation.

7. Next Steps

The Department is reviewing consultation feedback to distil key themes and recommendations, informing policy refinements that deliver a regulatory framework which is proportionate, inclusive, and robust, while remaining practical and aligned with future requirements for safeguarding and protecting the public.

The Department will explore inspection models that balance risk-based, time-based, and responsive approaches.

The Department will assess options for a fair and proportionate fee structure, including sliding scales and potential exemptions.

In response to the feedback the Department has published updates on the website *https://www.gov.im/about-the-government/departments/health-and-social-care/dhscpolicy/regulation-of-health-and-social-care-bill-2026/* and is developing further guidance to ensure stakeholders and the public are fully informed.

The Department will undertake further engagement and consultation on the developed policies and Bill.

The Department will develop a roadmap and share indicative timelines as plans progress.

Appendix 1 – Responses provided in free text questions

Question 3 - Risk based inspection methodology.

In your opinion how often at a minimum should services considered to be minimal risk be inspected? Other, please specify:

The Department received 82 responses to this part of the question.

Respondents who authorised the anonymous publication of their comments reported:

- A lot can change in just a couple of years. But perhaps the frequency should depend upon the nature of the service.
- All services should be checked at least once a year.
- What is shown on one day of inspection might not be a true reflection of that provider.
- Yearly.
- At least, depending on cultural, local and world changes.
- Periodic inspections would ensure people were regularly keeping up with standards.
- Any risk is a risk and should be assessed.
- Every service submit annual risk assessments and incident reports. Regulators visit accordingly, otherwise every 3 years.
- Adopt proportional inspection cycles, with more supportive visits for new or struggling providers and lighter touch monitoring for those rated consistently high.
- Every 5 years would balance the risk and the burden, especially on smaller providers.
- Organisations can change in a short period of time, staff turnover etc. Waiting too long between inspections increases the risk. Too much can change in 4-5 years.
- If services are considered minimal risk, this period should be adequate. It does depend on what "minimal risk" means i.e. type of service provided, already known to be well run and fully compliant.
- This is far too nebulous and seems to copy CQC as a knee jerk reaction to the totally discredited Michael's report. Please stop copying the NHS which is a failing system and CQC is currently in crisis. There are many other models such as aviation where an inspector is assigned to each provider. You need clear minimum standards not nebulous inspections that of necessity pick on only a few issues, don't properly interrogate safety and often make up the rules as they go along. This is the reality of CQC and the reason for the Kent maternity, Shropshire baby and other crises.
- Random and unannounced.
- 5 or more years; too much regulation stops the provision of the highest quality services by wasting providers' time and ensuring they won't ever do anything other than the lowest risk option to cover themselves, even if a bolder decision could really improve the life of a service user.
- High risk areas such as care homes should be done on an annual basis.
- 5 years is too long to take account of more recent treatment/improved methods.
- 3-year intervals seem the most appropriate as it would not be over-intrusive or costly to administer but should catch a deteriorating service before it becomes high-risk to the service users.
- They don't need regulating. These jobs have been around for years without government interfering.
- Risk assessment is key. How likely is it to happen. How serious if it does.
- Even minimal-risk services can experience changes in staff, procedures, or environment that could introduce risks over time. A periodic inspection ensures that standards are maintained and that any emerging issues are identified early.

- There should be regular inspections but if there are frequent complaints or apparent failure of efficient service (e.g. long waiting times for appropriate treatment), then that would require more frequent inspection and remediation.
- 2 to 4 years gives enough time to implement regulations and establish good working practices. If this is not achieved with this time, then it should be identified at inspection.
- Services already regulated by other professional bodies (e.g. General Practice where reaccreditation is already in force) may be impaired by additional inspection, so that any inspection may become a distraction and indeed a waste of government resources.
- Services are only as good as their last client's outcome. Circumstances can change and it would be easy for things to slip 'under the net' if longer than 5 years.
- Every year as lots can change.
- 5-7 years unless complaints are raised.
- I'm not sure that inspection is the way forward. The inspectors cannot hope to be familiar with all aspects of every service. If the providers are members of their own bodies, I think that is sufficient.
- Things like reiki, reflexology, breathwork, massage, etc., really need very minimal inspections. Most of the people offering these services have been fully trained and authorised by the relevant authorities and are insured accordingly. The people doing inspections most of the time will not even know what they are inspecting!
- It depends on specifically how you class the risks. I think more invasive services (e.g. Medical, GP, hospital etc.) and services that interact with vulnerable populations (e.g. Children, the elderly, etc) should be inspected more frequently at minimum, and optional/informed consent/cosmetic procedures and lower risk procedures can be inspected at larger intervals at minimum. It has to be catered for the specific service. I don't believe a one-size-fits-all approach works with all of the industries being blanketed together under these new regulations.
- I would say annually to ensure the service is fit for purpose.
- Minimal risk providers should not face the same inspection burden as hospitals or high-risk clinics. A 3–5 year minimum cycle with complaint-based or risk-based checks in between is proportionate.
- High risk should be yearly, change in ownership should be reviewed within 6 months, and low risk every 4 years.
- Changes in leadership and management (which dictate culture and performance) can be swift. The inspection cycle should reflect this.
- 2 years for the non-Manx Care provided services, 2 years for social care services (particularly private nursing homes etc) and up to 4 years for Manx Care provided services.
- This is dependent on complaints/risks and the PIR completion review against compliance information shared as requested. More frequent inspections may be needed.
- Services not subject to other quality assessment of standards (i.e. audited, accredited by other bodies such as Health Insurance providers, unregulated or unregistered practitioners) should be prioritised.
- For practical and economic reasons, services considered to be maximum risk should be prioritised over those considered to carry minimal risk.
- It depends on the services being provided. Most have to belong to an accredited body. Annual insurance and safeguarding plus CPD are standards for most disciplines and government does not have the insights to assess many alternate care services. You're taking a sledgehammer approach to businesses already closely monitored by external professional bodies which should be sufficient to ensure its members operate safely.
- Low risk services are normally already well regulated by governing bodies, like the HCPC, for instance. Given your desire to contribute and support The Island Plan, you need to consider the impact service providers have on enhancing the IOM as a place to live. By all means, service user safety first and foremost. But don't waste government time and money inspecting service providers that are already governed or put unnecessary pressure on already regulated individuals dedicated to providing patient centred care.

- I am already required by my governing body to demonstrate the quality of my practice and where required provide evidence of such, a governing body that I was required to be accredited by to work within the mental health service. This is a yearly requirement so I would not want to be inspected twice every year and pay two sets of fees! This is unreasonable.
- Why oh why do this government always want to regulate every industry going. You are choking the economy and putting small business out of work, yet you continue to drown us on bureaucratic claptrap. You haven't even done a survey where people can give opinions against what you are wanting in the answers to your questions.
- Too frequently = too expensive for the public purse. Also 3-5 years allows for change of procedures and personnel.
- I object to the proposed regulation of spas and beauty therapists on the Isle of Man on the grounds that it constitutes over-legislation of a sector that is already self-regulating and safe. This move risks disproportionately impacting women, who make up the vast majority of business owners and practitioners in this field. Without clear evidence of harm or public risk, such regulation appears unnecessary and potentially discriminatory. I urge the government to reconsider and engage in meaningful consultation with stakeholders, including a gender impact assessment.
- To ensure active and ongoing monitoring to encourage adherence to minimum service standards. To create and support a culture of compliance to agreed and universally accepted minimum service standards.
- This is too general as you have so many different service providers etc., that offer different things you can just generalise this.
- Annually. We are continually seeing services which are not meeting basic safeguarding standards. Two of our Care Homes are in the news recently for safeguarding matters. Residential homes where adults with a learning disability reside should also be visited at least annually and without prior warning. An inspection is of little use when staff know it is going to happen in any setting.
- I think inspection frequency should depend on the type of service and the level of risk. For example, a residential home for vulnerable adults requires more regular inspection than a tattoo shop or counselling room where people choose to attend voluntarily with capacity and consent. Vulnerability and consent are important factors: services where people have little choice or are especially at risk should be inspected more often (1-2 years), while minimal-risk, low-impact services could be on a much longer cycle (5+ years).
  It would also make sense to use a risk-based approach:
  Higher-risk = more frequent inspection
  Lower-risk = less frequent inspection
  Flexibility to increase inspection if concerns are raised.
  This would reduce unnecessary cost and admin burden for very small, low-risk providers while ensuring protection where it matters most.
- Previous compliance history is a good indicator of correct practise, provided the entity's ownership does not change. Change of ownership should require fresh inspection. Users should widely be offered the opportunity to easily provide feedback.
- Due to technical advances in this area, it would seem sensible to use the shorter timescale but without overburdening the service provider.
- At start up, at the end of the first year, then every 5 years of or on receipt of multiple complaints.
- Minimum inspection for low-risk providers: every 3 years, with interim monitoring, can be increased to 2 years if there are concerns.
- To legitimately provide the services I offer requires the following, as a minimum:
  - A PhD
  - Registration with the HCPC
  - Indemnity insurance
  - CPD
  - Ongoing Supervision
  While I recognise the value to clients of there being a regulator on the Island that ensures

that anyone offering the services I provide meets these minimum requirements, and I recognise the potential value to my business of being on another register that is only accessible to those who meet these minimum requirements, I don't believe it is necessary to receive proactive inspections at all. I am already registered with the HCPC.
I would not object to an on-Island regulator having the power to carry out reactive inspections if there are any doubts as to whether someone providing the services I provide meets these minimum requirements.
If there is going to be any requirement for professionals within my industry it should simply be to register in order to weed out potential rogues. It should be possible to administer that process at minimal cost.

- Minimal risk - low priority.
- The focus should be on the riskiest areas with regards to inspection. Healthcare providers are to an extent indirectly inspected because they have to confirm their registration annually anyway.
- The blended approach should mean no individual provider should need to be inspected more than every three years, subject to satisfactory self-assessment and returns and only minimal complaints. For those providers subject to audit by their professional registration bodies then inspections every five years might be possible.
- Depends on the type of Health provider, some, every year and on the previous inspection results. Worker and managers change, so all that has to be taken into consideration.
- Give people a chance to implement any changes and allow them to come into effect before inspecting again. Too much inspection means small businesses will close as they won't be able to manage to time needed to implement change.

Question 4 - Subject Matter Experts regulation support.

Are there any additional areas of expertise you believe could be included that have not been covered above?

The Department received 48 responses to this part of the question.

Respondents who authorised the anonymous publication of their comments reported:

- Children's Residential Services and Children's and Adults Social Work Teams.
- Every one of these pop-up "aestheticians" who are coming over here to do pop up lip fillers and Botox and all that kind of stuff, they should be banned! Most of this industry is a disgusting joke and they aren't regulated at all.
- Assistance for providers with change management and development of staff training to understand responsibility & accountability at all levels.
- Lacking mention throughout of Physiotherapy services. Head of physio capable of inspecting own service without employing SME.
- 999 Control Room & Contact Centres.
- Although engaging SME is very important, this consultation does not make it clear why the DHSC have opted to not follow the recommendations of the SJM report and engage external and independent regulators. The SJM report and the subsequent Manx Care Act were clear that regulation should be separate from the Department, and this approach would allow experienced inspectors of these services in other jurisdictions to undertake the inspections here. This would provide more trust in the system as it would be clear it is separate from the Department and would mirror other jurisdictions.
- Who are these SMEs? Where will they come from and how much will they cost? Legislation and regulation must be clear and simple so every healthcare worker can follow them. You appear to claim your legislation will be so complex you need experts to interpret them. This

will spread fear and secrecy amongst healthcare workers and reduce safety.
I also worry about the term 'evidence-based data'. This is very hard even in a large country. On a small island with few denominators, it will be impossible. You should instead set standards and inspect compliance. E.g. written consent obtained in advance of any procedure. Simple to pull a selection of patient notes and check.

- Beware of over regulating. As this will slow service provision.
- Complementary and holistic non-medical therapies, especially if social prescribing is adopted.
- Are care homes included?
- Residential care homes.
- Who regulates the regulators?
- How about the actual government funding and implementing very much needed mental health pathways? Namely assessment, diagnosis, and medication for adults with ADHD. Instead of planning to charge private mental health providers.
- Not at this time.
- This sounds like an additional and expensive layer of management. I hear complaints from health staff that often incoming assessors seem to know less than the professionals they are assessing. The experts are usually those doing the job.
- Whilst I believe this is a good regulation to bring in, it gives us therapists who have trained extensively in order to provide our services, a lot of work to do, and supposedly additional expenses, whereas those individuals who work let's say in the beauty industry only providing nail services (as an example), get away without needing to do anything, and these are the people who don't need to train extensively, who don't always have the required qualifications, who can cause harm to clients. An example would be providing a nail service without sterilising tools, cutting a clients' cuticle too deep, and causing infection.
  Personally, I think if the beauty industry is going to be captured under this regulation, then it should apply to all those under "beauty" and not just single out the ones who perform treatments that break the skin, such as microneedling and cosmetic tattooing.
- I believe additional expertise should include permanent makeup, aesthetics, and non-surgical cosmetic treatments such as microneedling, peels, and laser/IPL. These are technical areas where inspectors without hands-on experience may miss important details about safety and best practice. It would also be helpful to have subject matter experts in infection control for smaller independent settings, as their risks and protocols differ from hospital or multi-staff environments.
- I believe if you get your main services right first and working efficiently, such as the hospital and GP's, the rest will follow suit. If your main service lacks everything, you can't expect much from anything else.
- Medicines, AI technology, NHS Estates & Infrastructure.
- There will be subspecialties within acute care needing SME's.
- I am concerned that the approach will result in additional cost but without the additional benefits. More could be gained by exploring the experience and contentment of service users than by application of a framework that seeks to homogenise service delivered to a supposed ideal. Care should be client focused.
- You've not covered half the specialities this will affect.
- Yes. There are a number of practitioners that visit the Island intermittently, run a clinic or service and leave. I am not suggesting they are unsafe. I am suggesting that the four groups above are either already regulated by governing bodies, or their service users. Independent practitioners would not survive here, if their service users were unhappy.
- Oh, here we go, more job creation schemes for an already bloated overpaid civil service.
- I would like to see a comprehensive list of all areas/types of businesses which the department propose to inspect. This should be published. It's just not clear at the moment who/what types of businesses will be inspected and what won't.

- I object to the proposed regulation of spas, alternative therapy providers, beauty therapists and similar businesses on the Isle of Man on the grounds that it constitutes over-legislation of a sector that is already self-regulating and safe. This move risks disproportionately impacting women, who make up the vast majority of business owners and practitioners in this field. Without clear evidence of harm or public risk, such regulation appears unnecessary and potentially discriminatory. I urge the government to reconsider and engage in meaningful consultation with stakeholders, including a gender impact assessment.
- Operational oversight for independent operators (e.g. those offering psychotherapeutic interventions), via formal clinical oversight and governance.
- Well as a service provider that you are deeming a "risk". Why are tattoo artists and aesthetics being included but not any "beauty" service providers that could possibly come across blood? Nail techs, hairdressers and barbers all have a risk when it comes to their services and cross contamination so why aren't they being included?
- While I understand the role Subject Matter Experts can play, I am concerned about the additional expense to the taxpayer. Many health and care professionals are already required to register (and pay!) annually with their professional bodies (e.g. HCPC, NMC, BPS, GMC), which already ensures competence, continuing professional development, and adherence to professional guidelines.
  Bringing in SMEs to "oversee" these professions risks duplicating systems that already exist, driving up costs without improving safety. A more proportionate approach would be:
  Reserve SME involvement for services and providers without professional bodies or formal regulation (e.g. certain complementary therapies, tattooists, body piercing).
  Avoid layering additional oversight on professions already tightly regulated elsewhere.
  This would reduce unnecessary cost and bureaucracy, prevent duplication, and ensure resources are directed to areas of genuine risk.
  Additional point: Any SME involvement should be transparent, proportionate, and free from conflicts of interest (e.g. not linked to commercial training providers who may financially benefit from added requirements).
- Definitely there needs to be safeguarding, but there is a real risk high I feel when reading this survey thus far, is that we overdo this process and end up with a huge dept of Management on very high salaries. The medical world is well known for its imbalance on pay and red tape administration, too many chiefs etc. Do not make this venture into an expensive over salaried team of form fillers please!! Our island does not need overpaid administrators; we want sensible compassionate care practise.
- Third sector providers such as Age Concern, Crossroads, Isle Listen, etc, if not already involved.
- Perhaps the people who come up with ideas like this survey should be regulated and the people who come up with these bills should be regulated particularly for wasting money and harming businesses. The concept of regulation isn't bad, the concept of charging extortionate amounts is. It means the bad ones will go underground. The good ones will close and the ones that remain will increase their prices
- You are trying to reinvent the wheel. The CQC exists in the UK and was invited to the Island.
- Health clubs, gyms and spas will be offering treatments (e.g. hydrogen or oxygen therapy) that may not be found in other regulated medical agencies and subject matter experts may be required to help identify risks involved in the operation of specialist equipment etc. It is important that such establishments offering these "wellness" treatments are covered by any new legislation and regulations. Therapeutic treatments for illness or injury seem to be regulated activities and Aesthetic treatments also seem to be regulated activities under the new legislation but it is unclear whether these other wellness treatments are covered and yet they pose the same or higher risk than similar treatments offered in regulated premises.
- Adult Learning Disability Services and Autism Services and respite is important so could do with more help and money and more services as more people with a disability are coming to the island, but no room for the Adult Community of disabilities as there's nowhere for the

older generation to go, nowhere for the younger generation to get in and for conditions there's no way to even get a diagnosis and even get into the services.

Question 6 – Raising the age of childcare.

The Department has considered the mitigation of any potential concerns or safety risk. Do you have any additional feedback or concerns that you would like to provide?

The Department received 48 responses to this part of the question.

Respondents who authorised the anonymous publication of their comments reported:

- Ensure those who work with children in any environment have been subject to DBS checks and references to reduce the risk of abuse to children.
- Everything should be regulated and checked.
- Extending the regulated childcare age range could broaden service provision. This would support working parents by enabling wraparound care and continuity for children. Staffing, training, and premises suitability need to be addressed to avoid overstretching early years frameworks. Phase in any extension with clear workforce development and guidance. Consider Scandinavian models of integrated early years and after-school provision.
- There is already a paucity of provision for after school and holiday clubs. Although adequate safeguarding and safety is essential, it is important to ensure that the regulation does not impose financial hardship on such providers as this would likely stop the already few providers from providing such services. Minimal fees for providers and the most efficient process possible would be essential to allow these important services to operate, otherwise it could have a negative impact on working parents and employers.
- I strongly recommend that the Regulation of Health and Social Care Bill explicitly include first aid training as a required competency for all staff involved in regulated activities. First aid is a critical skill that directly supports the Bill's objectives of improving safety, responsiveness, and quality of care. Its inclusion would ensure that providers are equipped to handle emergencies effectively, especially in settings involving vulnerable individuals. The UK (OFSTED) require a certain ratio of childcare staff to have 2 and 1 day Paediatric First Aid training in case of emergencies with children in their care. The Isle of Man does not come anywhere near this requirement putting children at risk.
- Does activities provision relate to up to 12 only or up to 18?
  Will there be any minimum hours/time provision as per day centres e.g. 4 hours?
  Will this apply to activities that are paid for by those attending or include free activities? How will activities such as Isle of Play hold records as they provide a FOC community drop-in sessions? Will those running activities require a registered manager? How will you ensure all activities are captured? Actives that are not run at a "registered address" e.g. in the community, how will they be regulated? How will fees be determined? Will they be based upon child minder registration fees?
- I am concerned that you are trying to regulate everything. You will render services unaffordable.
- No. It's a sensible approach to raise the limit.
- At this time, I do not have any additional feedback beyond acknowledging the measures already in place. I would, however, encourage ongoing monitoring and periodic review to ensure that these mitigations remain effective and responsive to any emerging issues.
- Please don't introduce a £2000 registration fee and then £600 annually. This will close businesses, then who is going to look after our children when most nurseries are at capacity?

- If this service costs a fee, this should be affordable as more and more families have to stretch their income more and more.
- It is essential that service providers for children continue to be thoroughly vetted and regulated on a regular basis to ensure that the activities such as those mentioned above (after-school activities, holiday clubs, sport activity and youth clubs) in order to more comprehensively safeguard our young people.
- Not sure why this would increase to 12, surely needs to just be to 11, in line with the end of primary school.
- I support regulation for public safety, but my main concern is the disproportionate cost of registration and annual fees for sole practitioners and micro-businesses. Under the old system, registration for tattooing, acupuncture and electrolysis was a one-off £100 fee. The proposed £1,060 registration plus £320 annual renewal is an enormous increase that risks pushing responsible small operators out of business. This could unintentionally reduce safety by encouraging "underground" or unregistered practice. I also want clarification on whether registration will remain premises based. Many small practitioners have to move rooms or clinics due to lease changes or rising costs — if each move means a new £1,060 registration, this is unfair and unsustainable. A more proportionate approach would be a transferable registration or a reduced re-registration fee for location changes only.
- This looks like overreaching government control.
- The statement 'The R&I Team currently requires child day-care service providers caring for children under 8 years old to register and pay an annual fee' is not correct. This refers to paid providers contracting this work. A grandparent may care for several children under the age of 8 with no inspection or regulation. I don't follow the logic that suggests a paid, trained carer presents a greater risk than an ageing, unpaid carer.
- This could stop a lot of church groups and volunteer groups from holding meaningful activities for children if there is a fee to pay and paperwork over and above what they already have to do. They have DBS checks. Why get R&I involved in every little detail?
- More cost to the public who use these services when we are already stretched with our household bills - try living on private sector wages for once and don't continually do things to increase services we need and use.
- There is general anonymity for individuals who are on a sex offenders register. How then can there be robust safeguards to ensure young persons are not unwittingly exposed to such individuals?
- I understand the intention to safeguard more children, but my concern is that the more complicated and expensive this system becomes, the more small providers will close. That creates fewer childcare options, which directly impacts parents' ability to work and increases pressure on government services. There is also a wider risk: once a new Bill is in place, costs often rise over time ("give an inch, take a mile"), making the system progressively harder and more expensive for providers to comply with. This is especially concerning for after-school and holiday clubs, which are often run on very tight margins and provide essential support for working families. If this proposal goes ahead, regulation should be kept proportionate, simple, and affordable, with reduced fees for small providers, to avoid losing valuable childcare services in the community.
- It would be reassuring to know that after-school activities, such as clubs etc., have been regulated.
- This is going to increase the cost of childcare. Parents who go to work, need an increase in childcare, like a kick in the teeth. Growing up as a 13-year-old I babysat children younger than me. This legislation has meant that my 15-year-old can't babysit because she didn't have qualifications, registrations etc. People now spend a stupid amount of money instead of entrusting a teenage. To be fair, all this legislation has meant I'm actually worried to let my child babysit in case something goes wrong. We live in a very sorry world where legislation is killing families and people being neighbourly.
- We support raising the registration requirement to include children up to age 12. Many children with undiagnosed or mild hearing loss access after-school/holiday clubs. Regulation will help ensure:

Environments are safe and communication inclusive.
Staff have basic awareness of childhood hearing loss and communication needs.

- With the level of fees, after-school activities, holiday clubs, sport, activity and youth clubs could also be put out of business. This would have a cumulative effect on employment and increasing difficulty in holding onto employees.
- We have no knowledge of these areas and would make no comment.
- To make sure that there is enough help, advice and information in easy read form for people with disabilities, and also there be services so that people with learn disabilities would be listened to, as it's a community that is forgotten about. There is still a lack of services, help and even helpful disability diagnosis on the island and definitely for adult disabilities.

Question 6 – Raising the age of childcare.

Are there any additional services you think could be included in the new Bill?

The Department received 30 responses to this part of the question.

Respondents who authorised the anonymous publication of their comments reported:

- All services who provide supervision to children when parents are not around
- Let's find more areas to regulate! You should be unbiased and ask if there are areas which should not be regulated. People have brains and can make judgements themselves. Your approach feels like empire building / yet more public sector growth.
- Special care for special needs
- As mentioned previously, I do not think the beauty industry should be split and certain individuals be singled out, especially those who pay an extortionate amount of money to train and gain qualifications, and rather I think it should apply to all those within the beauty industry.
- Non-surgical cosmetic treatments (including permanent makeup, tattooing, microneedling, peels, laser/IPL, and electrolysis) are rightly included. However, I would also suggest clearer definitions and boundaries for what is considered low-risk versus high-risk within this sector. Not all treatments carry the same level of risk, and fees/inspection schedules should reflect that.
- No - I think the bill as presented is already an enormous over-reach and is incoherent in application of a model that addresses perceived risks proportionately.
- Physical trainers and coaches, where incorrect information can lead to injury, and where they deal with injury mitigation/management, especially if this is done without the involvement of a physio or other regulated service provider. (this is more a broader comment - e.g. not just relevant to minors)
- Don't progress with the bill it isn't needed.
- I do not believe additional services should be included. In my view, the Bill should focus only on providers who are not already regulated by professional bodies. Professions such as psychology, medicine, nursing, and allied health, already have strict oversight, annual registration, insurance requirements, and codes of conduct. Duplicating regulation adds cost without benefit. Regulation should therefore be limited to services with no existing regulatory framework. For those already regulated, if you must confirm their regulation, it should be a simple online form providing their registration number, and at a very low cost as it is costing them time and money to complete your forms and procedures on top of what they already do.
- How about reconsider the bill entirely. Perhaps a nominal registration fee for businesses that require licences such as private doctors, dentists etc., just so that they can join an approved

list confirming qualifications. Checks only done following complaints. Otherwise let the people decide.
- We know that hyperbaric oxygen therapy is a rapidly increasing industry with gyms, spas, wellness and holistic centres already offering this as a service in the UK and this trend will surely follow in the Island and needs to be regulated. We have just been notified of a report of decompression illness being caused by one of the centres in the Merseyside area and it was clear that there had been no medical practitioner oversight and no training of staff in the proper use of the equipment. The legislation intends to cover light, heat and cold therapies but is silent in respect of inhalation therapies which might include oxygen, hydrogen or even mixes of helium and it would seem opportune to include such up and coming therapies rather than waiting for the UK to legislate.
- More learning disability services and a brand-new respite should be looked at and diagnosing for autism and other learning disabilities that are forgotten on the island. Most have to go and use the United Kingdom to get a diagnosis but even after getting the diagnosis funding needs to be put in for more services on their own.

Question 6 – Raising the age of childcare.

Do you have any further comments, suggestions or concerns regarding the regulation of these services (such as childminders, nurseries and youth clubs) that you would like to share?

The Department received 49 responses to this part of the question.

Respondents who authorised the anonymous publication of their comments reported:

- Proportionate regulation. Basic suitability checks. Light touch registration.
- Are there adequate checks?
- If you're regulating nurseries and child minders, then you need to regulate all activities for children like after school clubs and ensure that everyone who works for them has had their background check and there are records kept of all employee information etc., to safeguard the children.
- The Bill significantly broadens regulation to encompass health care, cosmetic procedures, and ancillary services. Nurseries must not be regulated in the same way as medical services. Early years provision is primarily educational and developmental, though with important safeguarding responsibilities. Codes of practice should explicitly differentiate childcare from medical care, ensuring proportionate requirements.
- The UK OFSTED requirements for staff training for those looking after children are far superior to the island and should be duplicated so we meet the same standards.
- Risk that some voluntary groups that run activities will cease.
- Yes, seek to reduce the cost of regulation overall by focusing on what really matters. Please don't just think more regulation will mean better outcomes. If we are not very careful it will only mean more senior roles for public servants who will make our Island grind to a complete halt.
- They don't need regulating. It's no wonder the price of everything is going up with all this red tape. It is screaming of someone in government justifying their job and making a reason for us being the most bloated government in Europe. Maybe another reason the price of government services are going up I wonder.
- If you're going to make small businesses pay a registration fee, make sure the fee is actually affordable to business on incomes of £35k and below. Otherwise, there is the risk of either costs increasing as businesses will need to pass on this cost, or small businesses shutting down because they can't afford the fee, and then they'll be claiming financial support from Government, which costs the taxpayer more in the long-term. Unfortunately,

within Government, there can be unrealistic financial assumptions regarding residents. Please don't create an environment where small businesses have to close.
- Since most of these professions require professional regulation, ongoing professional support and CPD I fail to see what benefit this Bill will bring other than revenue for the Government.
- Proper and up dated checks of the service providers.
- No. But the fee is outrageous! You're going to kill lots of businesses and people will therefore end up relying on government for money.
- Safeguarding children is key and raising the threshold to 12 is a positive step to doing this.
- I'm concerned about the impact of cost and regulation on these activities. Having been involved with Girlguiding I have seen the effects of ever-increasing red tape. Children need to be protected of course but they also need the opportunities and adventure that these groups and activities provide. I'm concerned that increasing cost and regulation will have a huge, negative impact on this sector.
- I agree that regulation of services working directly with children and young people is essential for safeguarding. However, I would encourage the Department to ensure that requirements for small providers (such as home-based childminders or single-room nurseries) are proportionate and affordable, in the same way that I have raised concerns about disproportionate fees in other parts of the Bill. Consistency, transparency, and fairness in how costs and inspections are applied will be key to keeping good, safe providers in business while protecting vulnerable groups.
- Will the registration fee be weighted for these services? If not, the cost may become too much and potentially force closure resulting in loss of provision.
- I don't think the bill is appropriate especially with costs and supervision.
  Many belong to well established professionally sanctioned bodies who provide training, and you must demonstrate insurance and proficiencies to become a member.
- Be very, very careful that you don't leave our island a poorer place in terms of activities for children and young people by making it so difficult and expensive for an activity to be organised that it doesn't happen at all. How are R&I going to cope with all the increased inspections and paperwork? The team is quite small as it is. You will need to recruit which goes against the current plans of this administration.
- Please be mindful, that people volunteering their time and effort, need acknowledgement, gratitude and a kind introduction to change. Or you may lose them.
- If regulated this must be done with care so that services are not lost (avoid large regulatory fees).
- Do your checks thoroughly and regularly whether they are from the Isle of Man or elsewhere.
- This bill is not needed stop regulating everything that moves and start reducing government and saving costs not expanding government and costing the taxpayer more. Start running efficiently.
- My concern is that making regulation more expensive and complicated risks small providers closing, which reduces availability of childcare and youth services. This has a knock-on effect on families, as fewer childcare places mean fewer parents able to work. While safeguarding is important, regulation must be proportionate and not duplicate existing standards. There is also a risk of "regulation creep," where costs and requirements increase over time, creating long-term barriers to affordable childcare.
- Please just be responsible for our island in not just building up a huge entity of Managers, we don't need this, think it through and keep it professional and effective without too many pen pushers. Don't mean to sound impolite but the waste in the health service in particular is appalling with a few people just taking the huge salaries without the true vocation, quite sickening. Thank you for the opportunity though to say a few words as a layman member of the Manx public.
- Assuming a comprehensive list of approved services would be available to the public via gov.im webpages.

- A registration will kill off many businesses especially ones that do it to benefit the children rather than benefit financially such as out to play and MSR. Children in scouts and guides would be hit by an increase in subs which already many people can ill afford. Are you expecting teenagers to register too? Friends who share childcare? Since my children were little ones, child minding has gone from really affordable to the cost of a salary and you are looking at increasing their costs. I see a rise in unemployment!
- Any regulation should not impose undue restrictions on settings, such as forest schools and the ability of childminders, nurseries and youth clubs to provide care in outdoor or other alternative settings.
- If there is a charge to be on the register and people are currently volunteering, then any clubs offered for free will close. This is not in the best interest of children.
- Well, I think there needs to be more things for people with learning disabilities, definitely adults. Manx Care is responsible for Adult Learning Disability Services, meaning there needs to be more services, more funding, more places for them to go, more respite spots, more places for people to be diagnosed for autism and ADHD and other learning disabilities. There is a lack of money for people with autism – need money for services to fund autism and initiatives, more funding for disability clubs and services for adults. There was no room for the younger generation as the older generation have got in and hug the system and they're not being moved on or making room for the younger generation.

Question 7 – Registration and annual fees.

Do you support the introduction of a sliding fee scale for service providers, where fees are based on differing factors to ensure fairness and transparency? Please explain your view:

The Department received 73 responses to this part of the question.

Respondents who authorised the anonymous publication of their comments reported:

- Fees need to not be a risk or threat to the continued provision.
- Charging a fee should not be necessary at all.
- However, if the fees are too high then there is even less money going to the kids (and a lot of them are just out of school).
- The fee should be upfront on registration and not an annual fee. It should not be down to individual small businesses to fund government schemes. As businesses we already pay out taxes and national insurance, we shouldn't have to pay extra.
- I don’t know how you expect small independent clinics with 1 person to afford the fees in the first place.
- Private Professions that are already well regulated by HCPC should be excluded from this bill and not duplicate a system already in operation. To meet requirements, ask for submission of HCPC membership.
- The Bill introduces expanded powers to charge registration and annual fees. Higher fees could threaten the viability of smaller nurseries. Ireland and New Zealand operate tiered fee structures based on size/turnover. Agree we should adopt a scaled fee model to protect smaller providers while still ensuring sustainable regulatory funding.
- Sliding fee structure is important, but perhaps the income of the company would be a better model rather than the staffing, as some organisations operate on very slim margins and therefore doing this based on headcount could prevent operation.
- Small businesses should not be unfairly penalised by fixed fees. Sliding scales ensure fairness in the system.
- Fees should be proportionate. For those that provide voluntary services that delivered are free of charge, should not pay the same as either a voluntary service that charges for activities or are commissioned to provide such services on behalf of DHSC/Manx Care. Well-regulated

charities that are financially solvent due to good governance and discipline should not be penalised by having fees based upon financial position.

- Fees should be matched to complexity of services provided. The more services the greater the fee and the more complex a service the greater the fee.
- It may be the survey is unclear, but I am commenting on clinical services and have no expertise in childcare. I can't see fees for say independent medical services which must be fixed and reasonable.
- Fees should be as low as possible to avoid being a burden to service providers who of course pass on the costs to service users. New regulation = chance to charge more fees and yet more highly paid and gold-plated government jobs. Who pays? The person in the street who may not have any spare money.
- More equitable.
- Too many variables, must be done individually.
- No fee. The price will get passed onto the user.
- Those fees would close my business down. At least my professional associations who I pay fees to are cheaper, provide legal support, marketing support and referral schemes. What is being proposed here will close a lot of doors.
- Yes, I support the introduction of a sliding fee scale for service providers. Linking fees to relevant factors can promote fairness and transparency, ensuring that services remain accessible to all, particularly those with limited financial means. It also encourages equity while maintaining sustainability for providers.
- Surely one small fee could be paid, as most therapists are registered with professional bodies.
- Any such charge will place additional unnecessary financial stress on small operators.
- For small businesses it would be almost impossible to cope with a sliding fee. Whether larger businesses have a steadier chain of clients, smaller businesses struggle many a time (e.g. holiday seasons, etc.,). With fixed fee they know where they stand.
- A sliding scale takes into account the size of the service which is also proportionate to the additional costs of the care service.
- A sliding scale makes it fair.
- These fees are extortionate, especially for new business like mine who aren't yet even breaking even. The business should be viewed holistically, and the fee should be proportionate.
- Fees should be based upon size of business/number of 'client facing' staff/relative risk of business.
- I am completely astounded as to how the government are expecting a small business such as mine which makes about £14,000 profit a year to pay £1000 in registration fees and then another £320 per year. This feels like it is specifically targeting small businesses, often operated by women, making it not financially viable to operate and as such putting a lot of us out of business. Businesses such as mine which offer yoga, breathwork and mindfulness do not need additional regulations and do not need inspecting so what would these huge fees be paying for.
- It is difficult to establish the fairest way to increase/introduce fees for these activities. I don't believe it should be done in a way that disadvantages the business. I think the fee should also be proportionate to the amount of regulation/service being provided to the business/industry, as there is only a point in paying an additional fee if there are additional benefits to the practitioners. What assurances and support do they get, how many/how frequent will their inspections be etc., e.g. Why pay a more expensive fee, if there will only be inspections once every 5 years, and there is no other benefit to either the users/clients or the practitioners/service providers.
- Sliding scale could be cumbersome.
- Strongly support a sliding fee scale. Regulation should be proportionate to the size, scale, and risk profile of the provider. A sole practitioner operating from a single treatment room cannot be expected to pay the same as a large multi-staff clinic or hospital. Under the old Isle of Man system, registration for treatments such as tattooing, acupuncture and

electrolysis was a one-off £100 fee. By contrast, the proposed £1,060 registration plus £320 annual renewal is excessive and unsustainable for micro-businesses. A sliding fee scale would allow fair contributions from all providers without penalising small, responsible practitioners. This approach is already used in many UK councils, where fees are either one-off or kept at a much lower level for smaller operators.

- You can't expect a sole trader to pay extortionate fees and remain in business; these small holistic businesses are providing a service that is lacking by the NHS and relieving the cost on the system. Making them pay registration and annual fees for nothing in return, will make them think twice about continuing... and then when they do close their doors and are no longer to help people, I hope the NHS/Manx Care/Hospital has the capacity to take them back on and help them!
- A one size fits all approach can produce perverse unintended consequences for smaller providers.
- It's unfair to burden a small company or service provider with a fee based on an aggregate score or top fee. It's also unfair to not charge a registration fee on boarding schools.
- Agreed, however, we need to know the cost per annum to be able to factor this into our business.
- I do not accept as a point of principle the requirement for fees if there is no benefit. All costs will be passed on to end users, and this will undoubtedly drive end users to 'free at point of delivery' options, thereby increasing the burden on the NHS and social care.
- Crazy that IOM is proposing such high fees, much higher than UK fees for same service. Money grabbing government who do not serve the public.
- Sliding scale is fine. However, looking at the scale above for a person operating their own 'clinic' as a physiotherapist and who has done so, for example, for 10 years, do they now have to undergo the 'new' registration process? Would that person have to pay the annual fee of £320 and also pay for themselves as 'manager' a further £425, so £745 pounds per year as an annual fee? That seems quite steep given they will also have to pay professional membership fees, CPD fees, insurance fees, premises fees, and of course tax. Does the sliding scale take into consideration people that work part time? Or, if the person has a low income, the service provision may be paused for 8 months due to a medical issue or other reasons. I see that the goal is to have a fair fee and flexibility. If for example, someone was a service provider part time or has their side hustle paying an extra £700+ per year does seem steep given all the expenses already outlined, and when you compare to the costs of registration and annual fees to operate the same or similar service in e.g. Liverpool or Manchester the proposed fees on the Island are 600-1000% higher. Will the service providers get any benefit for these fees apart from extra unpaid admin and audits to fit the new system while already doing the admin for the relevant professional body.
- You must understand many are sole traders and fees will be cost prohibitive if sector proposed levels.
- The fees should be minimal to avoid losing these businesses and placing the costs back to end user.
- You cannot expect a person providing something like massage therapy, reiki or counselling to pay the same as someone providing surgical procedures.
- I already pay fees to my governing body, so I believe this is unfair anyway.
- You really don't understand how difficult business is in the private sector at present.
- I do not agree with paying to register yearly. This does not seem to be happening in other councils in the UK. Is the IOM gov using this as yet another stealth tax?
- The suggested costing structures to include a registration fee and in addition are not in line with current UK legislation. In addition, many of us already belong to our own professional bodies where annual fees are paid and in addition the need for insurance is set in place. Duplication of fees will fundamentally impact the number of people providing public facing services on the IoM and mean that they will be unable to continue to practice.
- There is little evidence to suggest that the current framework is failing to protect consumers. Many practitioners already adhere to voluntary codes of conduct, insurance

requirements, and industry best practices. Imposing additional regulation without clear justification may be unnecessary and counterproductive.

- Fees should be proportionate, in accordance with professional indemnity scales, for example.
- Most people that you are including in this are all self-employed, so you'd be ruining their businesses for charging so much. There are people closing down already due to this change. You don't care about the change to help the public you just seem to care about the profit margin.
- Whether sliding or fixed, these proposed fees for a single-person small practice like mine comes to £1,060 registration + £320 per year. This is unbelievably high compared with other council charges for comparable small, voluntary-attendance services (for example Liverpool practitioner/premises fees of £55/£129, Manchester £112/£199, Cheshire £209.50/£268). I see no valid reason why the proposed fees are so high.
  For a single clinician business this local fee will sit on top of existing mandatory professional costs. Using my own figures of my professional costs to ensure I am safe and compliant, these are already a total £3,625/year just to cover professional body fees, annual supervision, insurance, company registration and CPD. This proposed Bill would push my first-year costs to £4,365 (with nearly £3,945 recurring each year thereafter). This is before rent, advertising, website, office supplies or wages. (I checked these sums.) This is unsustainable for a small business of one person to be able to continue to function and feels an outrageous amount and punitive.
  Evidence from England shows small/local council registration fees for tattooists and similar providers are typically one-off modest amounts, often under a few hundred pounds, whereas large statutory regulators (e.g. CQC) charge higher annual fees because their remit is broader and inspection obligations are much greater.
  For sole practitioners and very small clinics, adding a £1,060 registration cost and a further annual fee is likely to make operating unviable for some, me included, particularly when combined with increasing costs across the board (premises, utilities, wages, and training). That loss of small providers reduces local access to care and can push demand back onto publicly funded services.
  For these reasons I ask the Department to:
  - Align small-provider fees with comparable local council fees (or provide a clear, transparent justification when fees are so much higher).
  - Create a sole-trader / small-clinic tariff band (significantly reduced registration fee or first-year waiver).
  - Recognise existing professional regulation (fast-track/discounts for people already registered with UK professional bodies).
- Annual fee after initial registration process is too frequent and expensive. Do not create large departments for the sake of it, keep it simple.
- This would certainly support smaller businesses or start-ups where at the beginning their clients/resources may be much lower than an established business.
- There is concern that small organisations will struggle with the fees while operating in an already difficult economic circumstances, and that they might avoid registration or the payment may force them to review their future. This would, in turn, have impact on other services. The option chosen would, at least, be proportionate.
- I stated no because I think a nominal fee structure, if at all, should be requested. Just enough to cover administration. The figures are ridiculous.
- Key factors to consider:
  Number of service users.
  Organisation type (charity vs private business).
  Number of staff employed.
  Charities delivering essential community support (such as hearing loss support) should not face disproportionate financial burdens.
- Fixed fee structures can be less fair than those involving a sliding scale. Whatever the fee structure, it should not be dictated by the DHSC's operational costs, otherwise service providers risk being penalised for the inefficiencies of the Department. The Department

would not have any incentive to operate efficiently if it could just increase its fees to cover the costs of its inefficiencies.
- The aim is to increase regulation and protect the public. Unless the aim is financial then I don't think there should be a fixed fee structure. A sliding fee scale can be used without making it complex or onerous to administer.
- There should be exemption or reduced fees for charities. Sliding scale should be adopted depending on size of business taking into account the number of staff, turnover but also complexity of activity and need for outside expert support.
- Well part of any provision needs insurance which is in itself regulates an activity adding on inspection fees and other costs to increase self-regulation may cause some to cease offering a service.
- If a one-man band is only operating on a very low-key basis, then it's not fair that they pay to subsidise larger entities.

Question 8 – Regulation Rating System.

Do you think introducing a clear and accessible rating system for inspection reports would help the public better understand the safety, effectiveness and quality of health and social care service providers? Please explain your view:

The Department received 59 responses to this part of the question.

Respondents who authorised the anonymous publication of their comments reported:
- One-word ratings do not provide a balanced view of the whole service - people should be encouraged to read the whole report.
- What happens on a day inspection will not be a true reflection of the provider.
- It has been well documented in other areas the use of one-word ratings is not useful, discriminatory and potentially dangerous.
- I don't think giving the public a basic overview is helpful. People are making snap judgements without doing proper research on a variety of matters, every single day. In my experience, the DEFA inspectors had very little knowledge of what was appropriate and vital for doing my job safely. I was shocked at how little they asked me about my actual job, but yet made a massive focus on things like 'do you have an accident book'. I don't want a public rating about my business from someone who doesn't understand it.
- Ratings may be subjective and misleading.
- Pictures speak louder than words.
- Public ratings increase transparency. Parents benefit from a clear summary of quality. Headline grades may oversimplify complex provision, leading to reputational harm from narrowly defined metrics. We should publish both ratings and full narrative reports, ensuring that quality of relationships, curriculum, and child wellbeing are visible to families.
- This approach would be helpful for the public, but only if the inspection is based on criteria that does actually contribute to the rating system itself. For example, if a business was marked 'inadequate' because of something admin based (e.g. not holding an up-to-date CV for staff), this would be unfair on the business as it is not something which would impact the services that the public receive. Therefore, this can only be judged once the inspection criteria is understood.
- Who is doing the rating? What experience do they have between childminders, dentists, care homes and tattooist? Too many strings to one person's bow.
- A simple rating system is easy for the public to understand. The public are unlikely to read through detailed reports to compare providers.

- A rating system is good for headlines only; there needs to be clarity about what those ratings mean.
  Will there be any form of appeal system against a rating?
- The UK system is highly misleading. Only larger hospitals can obtain outstanding because of the room and services needed but they are not necessarily the best nor even safe. Inspection should highlight issue that need addressing that are then revisited. Serious issues should stop the establishment until corrected. So, it is pass or fail. Again, please stop copying CQC!
- A rating system is a blunt instrument which will pander to idiots who can't interpret the nuances of a detailed report.
- I would like to see the rating system with a detailed report giving the reasons for the rating.
- Need more than a summarised report.
- For the general public a clear and accessible rating system is sufficient provided they can also access the full report if the wish.
- The public care about hygiene and good service. Paperwork is usually just looked at by government, it's not that relevant to the public. The public are more interested in quality and results.
- Yes, introducing a clear and accessible rating system for inspection reports would greatly help the public understand the safety, effectiveness, and quality of health and social care service providers. A standardised rating system promotes transparency, supports informed decision-making, and encourages providers to maintain high standards.
- Reports can be a little subjective. A detailed report without rating would let individuals make up their own mind. Maybe there should be extra information on request.
- A rating system would give a quick insight into a service which could then be followed up by a detailed report should that be required. However, from a public perspective, a clear rating system would help in making judgements, as to where the social care service provider stands in the greater scheme of things. Which are more likely to give good or better service than others, upon which a judgment can be made.
- Ratings get out of date very quickly. Restricting the licencing is the way to proceed to protect people if a service is sub-standard.
- People want a quick report to understand over a detailed timely report.
- Rating system is clearer and can be used as a comparison between service providers.
- It's not clear to me how enterprises will be assessed, on what & by whom. As such I don't know what a rating would reflect or mean. An inspector may review my record keeping, for example, but by what metric and with what level of qualification, will they assess how 'outstanding' or 'good' or 'inadequate' my service to clients is?
- Many wouldn’t read a whole report and would want a summary rating.
- I don’t think inspection reports should be imposed on small businesses offering help and support to people.
- I think it's important that the public/clients/service users have a clear and easy way to understand the results so they can make informed decisions as to where to go for their service/treatment etc.
- A clear, simple rating system would make inspection outcomes easier for the public to understand at a glance. It would also help build trust and transparency in the sector. This should not replace detailed reports but work alongside them.
- Cleanliness/hygiene should be a factor, and before you start with the additional holistic health sector on island... regulate and inspect restaurants properly. I know off topic but pick your battles.
- A rating system can act as an incentive for improved practice and higher standards. The public need an easily understandable rating system that provides them with insight and reassurance concerning the quality of registered services provided.
- Yes, it needs to be simple for the public to understand.
- If people are that interested, they will read the report.
- Government doesn’t have the capacity to provide adequate reviews due to the wide range of services this covers.

- In principle I agree with this, but it should turn into an Ofcom situation.
- Inspection ratings have very recently caused distress and been harmful to hospitality businesses across the island so I'm not clear this is helpful as most people won't look at context, whatever system you use.
- Nope just more government waffle made up by people who don't understand what they are inspecting.
- Letters or points/numbers are subject. Reports are more objective and give a truer picture.
- Inspection reports to be made available in the public domain.
- Ratings don't take the everyday experiences and difficulties into account.
- For small providers, simplistic ratings could damage reputation and reduce client access based on a single snapshot, rather than reflecting the full context of the detailed inspection. A detailed inspection report already provides the public with the necessary information about safety, compliance, and service quality, without adding unnecessary pressure, reputational risk, or financial burden on small providers. However, I also have concerns about the amount of time these inspections will take for already pressured providers - and whether they are even necessary for places that do not require adherence to hygiene for needles etc.
- Potential users of services and organisations will solely look at the rating and not the detail behind it. This could lead to business failings and worse. Please bear in mind the recent developments in the Ofsted system for education in the U.K., where single ratings led to mental health issues and suicide.
- People don't like to read. It would need to be dumped. However, people on the Island work through words of mouth and the rating system with not be given much value. What your friends says is far more important.
- Rating systems should only be used if accompanied by sufficient information for readers to understand what they mean.
- Not many of the public would be interested.
- There is not point producing inspection reports if they are not easily accessible, you may as well just lock them in a cupboard. Also, the reports would be read by a wide variety of people and therefore need to be comparable (compare apples with apples) and easy to understand the key facts within them.
- There will always be areas where policies or procedures could be improved but they might have little or no direct impact on service users (or be of no interest to the service user) and yet such "deficiencies" would necessitate the inspection team awarding less than a 5 star or outstanding perfect rating. The detailed reports should be available with an executive summary detailing the key strengths and weaknesses so that a clear picture of the audit result is provided. We don't agree with the simplistic rating scheme suggested by the next two questions.

Question 9 – Regulation Framework for Service Providers.

If there are other concerns or challenges you anticipate that we haven't listed, please enter them below:

The Department received 40 responses to this part of the question.

Respondents who authorised the anonymous publication of their comments reported:

- I do not find a reference in Sir John's report that recommends inspection of outlying services. I only find recommendations to take more notice of hospital providers and pathways.
- We are concerned about the Department's ability to understand the huge range of different businesses that will be regulated under this Act. Other than that, without having the information about the standard, fees etc., it is impossible to say what else may be

challenging to meet. We are hopeful that the Department does not impose administrative burden which does not practically improve the service offered (e.g. requirements around paperwork etc., which has no bearing on patient safety), but until this information is released, we cannot offer further views.

- The groups of service providers that you have lumped together make absolutely no sense. How is a childminder remotely linked to someone who provides non-surgical Botox fillers? I think the legislation needs to be looked at first.
- Complexity of system(s).
- I have failed to find the actual Bill and so my answers are handicapped. I really worry this is going to be too complex, too costly and result in massive delays in compliance and arbitrary action. Across I estimate every inspection of a hospital by CQC costs £50,000 to £100,000. You risk losing services, losing jobs and making Manx Care even more monopolistic.
- The cost of the suggested registration fees is too high.
- Keeping up to date with ongoing changes or guidance issued under the Bill.
- I've been a government registered clinic before, and it was so unbelievably difficult. I had to stop being one due to the stress and impact it had on my health when the inspections would come round and the financial burden.
- The cost of meeting current professional memberships and the additional cost of Manx registration will be difficult for some to manage. I hold a professional membership that already has the requirement for quinquennial reviews - would these reviews be accepted as the volume of evidence for standards, or will there be massive duplication of process? Where will the 'experts' who inspect be sourced from? If it is the UK, then how will they understand the cultural qualities of providing services in the IoM? There is, I believe, insufficient breadth of knowledge and experience on the IoM to cover all modalities of treatments offered, so how would that be addressed?
- My main worry is that with rising red-tape costs organisations will cut corners to make up the shortfall and this will negatively impact the people intended to protect by the bill.
- I am a sole trader who offers yoga, breathwork and mindfulness and fail to see how and why this would apply to me. How I'm expected to navigate all of this is beyond me, both from a time perspective and a financial one, it is just something I will not be able to afford.
- Specifically concerned about the training and guidance materials and the regulations put in place for tattoo artists, as there is no set curriculum for training or set qualifications. Where will the information that will be issued as guidance be gathered from? Who is going to be classed as an expert in the field to offer guidance and the standard of practice, when one general standard of practice doesn't exist. Also, very conscious of the cost burden that will fall onto a lot of self-employed people running a specialty business.
- My biggest concern is the cost of compliance. The proposed £1,060 registration fee plus £320 annual renewal is disproportionate for a sole operator and far higher than previous fees (£100 one-off). This risks pushing small, responsible practitioners out of business, particularly after the impact of Covid and rising operating costs. I also want clarity on whether the fee is tied to premises, as frequent moves (often outside a practitioner's control) could result in repeated charges. Support with clearer guidance and training materials would also be very helpful.
- Cost is the biggest issue with this potential bill. What exactly are businesses paying for, when they already pay to their own individual regulatory fees to qualified institutions. The island should start with just putting together a health business listing so that islanders know what is available to them.
- For another reason, we have engaged with the R&I team, and they had a very poor understanding of our industry, services and expertise so I would be very concerned that they would be tasked with assessing our capabilities.
- How to appeal ratings if not agreed.
- This is overkill and will cause harm to business you don't understand.
- Patient safety is paramount and I applaud the drive to ensure this. The recommendations in the initial report were for public sector health care. Private enterprise doesn't present the same way. Businesses have their own character and flavour. For instance, complaints

policies and procedures, boldly displayed in waiting rooms, don't sit well with me. They work well in a hospital, because they demonstrate care and transparency. In a private clinic, if someone is paying for a treatment, and the first thing they see on entry is a complaints policy, it suggests the provider has either had complaints or is expecting them. I have my complaints policy on my website. (Complaints are just an example by the way!). If the public sector is regulating the private sector, my worry is it won't be sympathetic to enterprise, because it doesn't understand.

- Paying twice, being inspected twice, and costs being passed onto my service users making my service too expensive. The knock-on effect will be mental health waiting lists increasing which is detrimental to the health of the island.
- From your questions and answers you have clearly already decided you are going ahead with this and are just trying to get the publics justification by completing this consultation.
- Main concern is the cost of registration and ongoing annual fees and the financial impact it will have on my small business, a cost of which I would be unhappy to place onto my clients. I have been registered with the Institute of Chiropodists & Podiatrists for 12 years and have professional insurance cover, both of which necessitate an annual renewal fee.
- As a single clinician business, I am already a registered professional with a professional body (HCPC), maintain professional indemnity insurance, undertake annual supervision at my own cost, and complete ongoing CPD also at my own cost. I left government work to move away from complicated bureaucracy, and I am concerned that the proposed Regulation of Health & Social Care Bill will:
  - Duplicate existing regulation for already qualified professionals, creating unnecessary administrative work, costing time and money.
  - Impose high fees (£1,060 registration + £320 annual) on top of existing costs (professional body fees, supervision, insurance, CPD, company registration), which for a small business already totals several thousand pounds annually, before rent, wages, or other business expenses. This is unsustainable and mention of these high fees have led me to question closing my business.
  - Create significant admin burden, taking time away from client work.
  - Add unnecessary pressure on small businesses, potentially making them financially unviable.
  - Risk business closure, which reduces local access to care and could shift demand back onto government services.
  - Introduce processes (rating systems, extra inspections) that may disproportionately affect sole practitioners, without clear public benefit.

  I strongly urge the Department if they are going to pursue this bill further to:
  - Recognise existing professional regulation and fast-track or reduce fees for already regulated providers.
  - Make registration and compliance processes simple and proportionate for small providers (short online forms, clear guidance).
  - Ensure fees for small providers are aligned with UK local council equivalents, or provide clear justification if higher (which they are by a big margin at present without understanding of why).
  - Apply more intensive regulation only to services without existing professional oversight, rather than duplicating regulation for already qualified professionals.

  This approach would protect public safety while ensuring small, essential services can continue to operate sustainably.
- Having previously worked in the service industry... Extra admin and cost always hurts, this does both.
- I can't see how you can inspect the online service I provide to my clients in strict confidence. The only thing you can do is check my qualifications and registration status with the HCPC. This should be all that is required to register with you and, if you set up a suitable digital platform for applications, the fee for registration should be minimal as I'll be doing the admin. Similarly, the cost of re-registration should be minimal if a suitable digital platform is provided.

- All of the above are of concern but are to be considered a normal part of doing business under such circumstances but I have highlighted the two main areas of concern reflecting the answers given to earlier questions. In addition, as a body about to apply for registration and start operations we are concerned that we are inspected against the current care standards and are not made to wait for any new legislation or standards. Equally, if we are registered under the existing framework then we would not wish to undergo a further audit under the new regulatory framework as soon as it comes into play. It would be helpful to provide some clarity around this transitional status. Given that we will also be regulated by our professional body and subject to their audits it will be necessary to ensure that any Care Standards issued by DHSC do not clash with the professional body's standards.
- The impact on business levels trying to implement all the required changes.
- About the NPA -The National Pharmacy Association, is the not-for-profit representative body of independent multiple community pharmacies across the four nations of the UK and the Isle of Man, and a leading provider of services to the entire sector. We support community pharmacies to succeed professionally and commercially, and we help them deliver excellent patient care. As a not-for-profit organisation, led by members for members, we are committed to reinvesting in the future of community pharmacy. Most community pharmacies located on the Isle of Man are NPA members. Response from the National Pharmacy Association: -
  We are concerned that pharmacists, pharmacy technicians and pharmacy premises are not covered or recognised in the Regulation of Health and Social Care (ROHSC) Bill. Pharmacists and pharmacy technicians are already registered and regulated healthcare professionals, and pharmacy premises are regulated by the Department of Health and Social Care. This exclusion in the Bill will potentially have the unintended consequence of healthcare services beyond dispensing not being commissioned through community pharmacies. This would potentially have a negative impact on patient access to health services in the community. We ask the Department of Health and Social Care to include and recognise pharmacists, pharmacy technicians and pharmacy premises in the Bill alongside other healthcare professionals and premises providing health and care services.
  We are also concerned about Schedule 1 paragraph 12: "'Services in slimming clinics. Services provided in a slimming clinic consisting of the provision of advice or treatment by, or under the supervision of, a registered medical practitioner, including the prescribing of medicines for the purposes of weight reduction."
  This suggests that only a registered medical practitioner can provide or supervise the advice and/or treatment provided as part of weight loss services. We ask for the Department of Health and Social Care to clarify and confirm in the Bill that pharmacists can also provide or supervise the advice and/or treatment provided as part of weight loss services.
- I'm helping the disability community.

Question 10 – Stakeholder Feedback

Additional Comments - Do you have any comments, questions or concerns regarding the new Bill that you would like to share?

The Department received 81 responses to this part of the question.

Respondents who authorised the anonymous publication of their comments reported:

- It is about time that health care services were legally required to be regulated.
- First couple of questions re. the ordering of registration are very strange. Why does the order matter? Surely it should be the order in which services are prioritised for inspection?

- Some of the questions in this consultation do not allow for honest responses, especially where ranking (e.g. 1-5) is requested, in many of those there should be an ability to prioritise all suggestions as a 1.
- As mentioned, where does Sir John recommend inspection for small business operators in private sector?
- We welcome the ambition of the new Bill to modernise regulation and safeguard children but urge that its implementation remains proportionate and child centred. Our key concerns and suggestions are:
  Childcare should not be regulated in the same way as medical services. Inspection and compliance requirements must reflect the educational and developmental focus of nurseries.
  A supportive, proportionate model should be adopted to inspections so that consistently high-quality providers are not overburdened, while struggling services receive more guidance.
  Annual and registration fees should be scaled according to the size/turnover of a setting to avoid placing small nurseries under unsustainable financial strain.
  Flexibility should be retained so that small nurseries can combine provider and manager roles where competency is demonstrated.
  Ratings should always be accompanied by narrative reports, reflecting not just compliance but also the quality of relationships, curriculum, and children's wellbeing.
  Strong sanctions are appropriate for serious breaches, but should be balanced with advisory and improvement-focused approaches.
  In summary, we support the Bill's aims but ask that the final framework reflects global best practice: proportionate, supportive, and centred on what matters most the safety, wellbeing and development of children.
- I do feel that patient contact centres and 999 call handlers should be covered as they are delivering care to patients.
- Within the Bill, under 49 Entry and Inspection, subsection 3 states:
  Premises are "regulated premises" if they are used for the carrying on of a regulated activity whether or not the person carrying on the regulated activity is registered under this Bill. It does seem that subsection 6 provides a carve out for private dwellings as long as they are not occupied by the regulated person. Is this this provision to cover businesses that operate on a domiciliary basis? Hopefully this would be the case as obviously for such businesses, all regulated activity would occur within people's own home, but clarification on this would be helpful.
  Within Entry and Inspection: Supplementary, the Bill seems to allow for the inspection, with consent, of the person receiving treatment, but a registered medical practitioner or nurse. This seems quite limiting, especially given the wide range of regulated activity that this Bill intends to cover. Would it not be better to have an appropriate healthcare professional (e.g. dentist etc.) to inspect, depending on the subject of inspection? There may be many areas in which a doctor or nurse may not have proficient knowledge and understanding to examine a person and determine the appropriateness of their specific treatment.
  This Bill is huge, and the consultation has only covered a tiny amount of it. It would be helpful if specific sessions could be organised with the businesses that will become regulated to go through the Bill in detail so that the business owners can understand proposed regulation. For example, there are restrictions in terms of Botox which will impact health care professionals such as podiatrists (who would use this therapeutically for the treatment of neuroma for instance), but the Bill seems to exclude them from the list of regulated health care professionals. Understandably the Department would not be able to know all the ins and outs of every profession but having specific sessions with groups of professionals would be really helpful to shed light on these things.
- It makes absolutely no sense. The services that have been clumped together do not fall under the same remit. Childminders do not fall in the same category as dentist. They are not expected to provide the same level of care. A dentist spends at least 7 years training to offer their services, a clinic who offers fillers to their clients have not spent the same amount of time at university. Why now, is the system being shaken up? And why has it been made to sound like tattooists, body piercers and those who provide fillers, microblading etc are not

already regulated?
We are. We have insurances, procedures, training, systems in place to capture people's medical history and store it for 3 years, in line with what is expected from us according to DEFA. You make it sound to members of the public that we are a gang of cowboys. I can assure you, we are not! If we didn't meet the guidelines set out by DEFA we wouldn't be issued the certificate that we have to display to say that we are competent enough to offer the service that we advertise.
The current legislation for body piercing states that no one under the age of 18 can get a piercing without written parental consent. But, if they are married, they can go ahead and get whatever piercing they like. This is not the 1900s. The legislation need to be amended to remove this option. Tattooing on the island is only available to a person over the age of 18. They must provide a valid form of ID to prove their age. Yet recent posts from a local radio station give the impression that anyone can get tattooed, this is simply not the case. If someone has an issue with a service provider, they contact DEFA to lodge a complaint. Which is then investigated by their Environmental Health Team. The service providers should know the consequences of breaking the law, and if they have done so willingly deserve to be punished.
That being said. I am almost certain that the service providers that operate in this sector are governed by their morals, as well as the law. If they are willing to offer a cosmetic procedure to someone who they know is under the legal age of 18, or someone who doesn't have the capacity to give their consent, they should be punished.
There are service providers that go above and beyond to obtain the correct proof of age and the required documents to prove parental responsibility if needed. Then there are some that just don't bother. It need to be made clear what as a client of the service provider, should expect. It needs to be made clear to the service provider, what they are expected to offer each of their clients. And the consequences of not following this guidance needs to be written in plain English.
While all these services are currently subject to regulations already, would it not be make more sense to look into the areas that clearly need more attention and help. For instance, Nobles Hospital. I'm sure they are at the top of the public list of places that need to be completely overhauled.

- Comment - in the draft legislation, Schedule 1, spelling of activities is wrong.
  Section 32 (3)(e) - why just hospital premises?
  Section 23 (8) - why does this only apply to LD and autism? Surely, any provider carrying out a regulated activity, specifically in relation to a group with additional/health needs e.g. dementia, sight/hearing loss, should have training appropriate to the role? What is the contingency for service provision should a domiciliary care service, residential or care home, childminder et al be required to close? Where will the patients/service users be accommodated?
- Why are pharmacies not included?
- Please publish the full Bill to allow a proper discussion. This should include the cost to government and providers. Until then this survey is nebulous.
  I really worry about non-surgical aesthetics where the Island is poor. There should be very few procedures and they must be specified. Dentists and GPs may not be suitable for these procedures. All providers should be overseen by a named doctor.
  You seem to have missed standalone health screening which is rare on Island but is perhaps the most important future service.
  Finally your statements on consent for children are wrong in respect of UK legislation. It is of concern that legislators may not understand the law in the UK and be copying something they don't understand. This may not be an isolated issue.
- I am very concerned that IOM Government has become a huge, bloated animal which can only support itself by ever-increasing its invasive footprint whilst operating very inefficiently. The Island I recognise from the past values minimum cost, carefully considered involvement in the everyday lives of its people. I appreciate the need for some oversight, but you do not need to keep adding and adding to this by thinking "we can be even safer,

let's regulate more and expect the people to pay the extra cost." We're safe enough, we don't need to be even safer, and I think the acceptable financial burden has reached its limit. Any fool can find yet more things to check.

- As already stated, any more regulation creates more cost for both government and provider hence the public in general will be worse off. Scrap the whole idea and fire the person in government who would be in charge of it and then win, loads of money saved.
- Don't force vital small businesses to close their doors. They're already paying fees to professional associations that support and uphold their work. An extra registration fee could be the final straw. Please support small local businesses.
- As a service provider, I welcome the aims of the new Bill to enhance safety, quality, and accountability in health and social care. My main suggestion would be to ensure that sufficient guidance, support, and resources are made available to providers during the transition, particularly for smaller organisations that may face challenges in meeting new compliance requirements. I would also encourage ongoing consultation with service providers to identify practical challenges and ensure that implementation timelines are realistic. Finally, clear communication and training regarding new standards will be essential to maintain high-quality care and avoid unintended disruptions to services.
- Please consider reducing the fees as it will cripple a lot of businesses. Plus, inspections, most are already regulated with organisations, abide by codes of conduct and they support the businesses, what are you offering?
- I hope this Bill does not become operational. It will place additional financial stress on small businesses with no real benefits to them.
- The fees should be affordable. Businesses should feel they are getting value for money rather than penalised. Expensive practicing fees don't guaranty good service. Most services already have stresses of their own on a small island.
- You need to really think about the things that are being included in the bill! Such as light therapy, microneedling and epilation. These treatments are minimally invasive and should not be in it. Botox filler yes should finally be regulated but not the above.
- Clause 9(c) in the Bill is widely drafted. What are the alternative and complimentary therapies that this will apply to? Are yoga or mindfulness teachers included? Neither are regulated in the UK. More consultation and discussion is required to understand the scope of this clause and the DHSC's intentions.
- Regulation is well overdue. It has been needed for years, but it also needs to be affordable, robust, transparent, open, fair, and informative for both providers and service users. I am not convinced that the IoM is yet in a position to deliver such regulation for the diversity of treatment providers working across all the intended sectors.
- I would like to highlight again, the cost implications is a huge burden on us, and in light of this some beauty salons may need to close. I certainly cannot afford the cost and would need to plan in advance. Discounts should be given and we should be aware of the cost implications as soon as possible. It will also be unfair to have a set date the payment must be made by. Some businesses do not have reserves. A monthly bill may be better suited.
- Kitemarking is a welcome idea; costs are a worry for organisations already struggling and added impact of the rising compliance costs could put those the bill is intending to protect in a more risky environment as a result.
- Most of these sectors being considered already have their own independent bodies they are members of. The majority already have their own insurances, qualification, course they keep updated with new skills etc. I cannot see what a fee and this new bill would honestly bring to this except if being a fee raising expert to claw more money from small and medium businesses. If you looked into this properly you would see most of these areas already have more than adequate governing under national bodies. I think it would be better to ensure that these businesses are registered members of said bodies rather than initiating a whole new IOM bill which will be detrimental to small businesses trying to make a living. Please remember the IOM is small and works off a recommendation basis. It is very quick to be able to spot a fraud or someone who is clearly not up to a specific standard. The majority are because they are already under regulated bodies etc.

- Aesthetic providers need to be regulated and min age of 18.
- I have huge concerns about this bill. I believe it could force small practitioners out of business and have a hugely negative impact on these activities and the availability of support for anyone either mental or physical health issues. The NHS system is unable to cope with the demand and to remove other forms of support by these measures seem ludicrous. As long as these providers are members of their governing body that should be sufficient. I think a requirement to provide information about those bodies and qualifications should be necessary.
- Just to reiterate this seems very over the top for businesses like mine teaching yoga, breathwork and things both from a paperwork and inspection point of view but also from the financial perspective as well. This is also true for other complimentary, non-invasive practices such as reiki, massage, reflexology which all have their own regulatory bodies, insurances, etc., and are often small businesses which these fees would cripple.
- I think this bill is blanketing too many industries/fields, that cannot all be regulated in the exact same way. I am concerned about some industries being overly regulated, and others not being regulated enough, by having one new bill that is all encompassing of various sectors that cannot be regulated in the same ways.
- I hope this will be a success for those instigating report.
- Overall, I support the intention of the new Bill to improve regulation, safety, and accountability across health and social care services. However, I believe it is vital that the Bill remains proportionate and does not create unnecessary administrative or financial burdens for smaller providers, who may already be operating responsibly with limited resources. Clear communication, accessible training, and fair, transparent processes will be key to successful implementation. Ongoing dialogue with service providers will also help ensure the regulations remain practical, workable, and effective in protecting the public while supporting high-quality service provision.
- Consider the businesses that are helping this island and not hindering it, why put them in jeopardy.
- There is insufficient capacity, capability and competency within the DHSC Registration & Inspection Team to deliver the new regulatory framework. The use of external regulators (such as RQIA, CQC and CI) will be essential to service the new approach.
- I am concerned about the cost which will ultimately be passed on to the public.
- Although undoubtedly well intentioned the bill appears to be a blunt instrument that imagines a single set of criteria is what drives client satisfaction. I am unclear what the problem is that the bill seeks to address (other than growth of cosmetic interventions). I don't believe that the skills currently required in the R&I team are necessary for all clinical environments (i.e. psychological therapy, counselling, or physiotherapy are very different to dentistry or cosmetics). For this bill to deliver value it needs to be far more nuanced in the different clinical areas and much more client focused. It fails to recognise that there are registered and accredited practitioners that already receive professional oversight and are required to meet profession-based quality standards.
- Thoroughly fed up with the present administration. Spend more money on consultations and lining their own interests than serving the public.
- Questions:
  1. Non-IOM-based or registered activity providers that come over and provide services and/or training - e.g., seen 'rolling' type practitioners that visit the island. Will there be a 'day license' or something they need to take out (fee to pay and agreement they have understood and will adhere to IOM standards)
  2. Please consider that many of these service providers are smaller 1-2 person enterprises and may be part-time, e.g. beauticians working around childcare responsibilities, etc. Please be mindful that this doesn't disproportionally impact small female enterprises.
  3. As part of this, is there going to be an 'officer/office' for Manx service users to complain to/or whistle blow re inadequate service provision that follows up? Will this include the service provision of non-IOM-based visiting service providers?
  4. The best practice data and 'results/outcomes' of service activities and knowledge sharing

across providers sound interesting. Who/how is this data collated, measured, and accessed? Will there be a 'portal'?

- Thus is a cash grab which will put people out of business.
- As long as this bill reduce the wide variety of non-NHS services e.g. counselling, beauty treatments, child minders, children's activities, by pricing people out of the market with ridiculous fees plus, a control put on how large the R&I team could potentially grow, then regulating some areas is a good idea. However, you are tarring a lot of private practitioners with the same, snake-oil brush. You are ignoring the fact that a lot of people are highly qualified and experienced, are regulated by governing bodies, and have public liability and indemnity insurance. You are in danger of over-regulating and overcharging which will put people out of business; put people off starting a business and reduce childcare and children's after school and outside school activities.
- Please understand that methods, policies and procedures used in public sector provision may not support business and enterprise. There appears to be absolutely no benefit to the Service Provider in joining the register, so early clarity in financial and administrative burden would be appreciated.
- I agree we need regulation but there is no need for high fees- this will only lead to a significant drop in availability which could seriously impact all parts of the community and increase pressure on other services such as the NHS.
- It is absurd that the proposed fees are so much more than other jurisdictions. The IOM government feel very out of touch with the proposed fees. In this economy it is going to put people out of business. Shows that there is no real thought to those individuals.
- I understand your intention but remain concerned that professionals like me that have and are already regulated and currently provide evidence of competence to practice to a governing body will be forced to duplicate this process and have to pay two sets of fees. This is untenable and will see a lot of practitioners leaving private practice. Practitioners that provide vital services when Mental Health Service waiting lists get longer.
- Start cutting the cost and size of government instead of spend, spend, spend and increasing headcount all the time.
- As private practitioners we provide a great deal of care to the general public in areas where needs are unable to be met in the NHS. My concern is that if registration and annual costings are prohibitive businesses will be unable to continue, leading to increased pressure on the NHS system and greater waiting times. Have a stream-lined register, that's easy to manage, reasonable to run and not to the detriment of the general public.
- To Whom It May Concern,
  I am writing to formally object to the proposed regulation in its current format on the Isle of Man. While I understand the importance of maintaining high standards in personal care services, I believe this initiative represents a case of over-legislation that could have unintended and discriminatory consequences.
  The spa, alternative therapist and beauty therapy sector is overwhelmingly female led, with many businesses operated by women as sole traders or small enterprises. Introducing mandatory regulation risks placing disproportionate financial and administrative burdens on these professionals, potentially discouraging entrepreneurship and reducing economic opportunities for women.
  Furthermore, there is little evidence to suggest that the current framework is failing to protect consumers. Many practitioners already adhere to voluntary codes of conduct, insurance requirements, and industry best practices. Imposing additional regulation without clear justification may be unnecessary and counterproductive.
  I urge the government to consider alternative approaches, such as voluntary accreditation schemes or enhanced education and support, rather than mandatory regulation. I also request that a full gender impact assessment be conducted to evaluate the potential discriminatory effects of this proposal. Thank you for considering this objection. I trust that the voices of those affected—particularly women in this sector—will be heard and respected in the decision-making process.

- I believe that this scheme should not apply to those providing complementary and alternative health therapies e.g. facials, massages etc. if they do not offer non-invasive or surgical procedures. They already belong to professional bodies, have insurance and undertake training. The registration and ongoing fees are excessive and I fear, will put many people out of business. I noted that they are significantly more expensive than fees charged by local authorities in the UK. It will disproportionately impact a higher number of females who typically provide these services. These services provide huge benefits to our local community and losing these services will have a significant detrimental impact.
- There are a number of unqualified individuals, purporting to be qualified psychological therapists and unaccredited, qualified individuals; all offering an unknowing public a range of (sometimes questionable) interventions, all for financial gain. Psychological therapists should ideally be qualified and accredited by the lead body for the modality of intervention. This development is long overdue on the Isle of Man and would offer improved safeguarding, treatment and clinical oversight/governance. The ROHSC Bill offers opportunity for the Island to become a unique jurisdiction in providing the public with improved safety rails.
- I feel this consultation is weighted towards the answers you want to hear.
- I genuinely believe that this change could be good but the way it is being proposed and executed is embarrassing. I went to one of the meetings to help understand this change and we were provided with nothing more than a worse understanding and anxiety because no one seemed to have an informed answer.
  When it was time to ask questions, the lady there was getting annoyed with every individual that had either feedback or concerns and it felt so hostile. She had no real answer apart from "we want you to get involved and provide the answers" but when we voice our opinions they are just getting ignored. Plus, the provided costs are ridiculous. As a tattoo artist we pay £100 per location to get registered with DEFA. That's a one-off fee and it should include random inspections, when possible, which never happened. But now that DEFA aren't doing their job properly, the small business owners are being finically punished?? How does that even make sense. I'd be happy to pay more for regular inspections as I do have concerns for the public's health, especially within the tattoo industry over here, but the base line being 1k is honestly soul crushing. It will ruin so many good businesses.
- Given the generally poor report relating to Manx Care just released and taking into account the current Government's equally poor performance I am sceptical that this consultation like many before it will achieve anything meaningful. I'm saddened to say this but morale within public services seems to be at an all-time low.
- Overall, I am concerned that the proposed Bill places significant financial and administrative burden on small, sole practitioner businesses like mine. I am already a registered professional, insured, and undertake annual supervision and CPD. Adding high registration fees (the proposed fee for me is £1,060) plus an annual fee (£320), on top of existing costs, creates a real risk that small providers may close - which this bill is making me seriously consider if it is worth continuing to practice on the isle of man. The Bill also duplicates existing professional regulation and introduces potentially unnecessary bureaucracy, such as rating systems and inspections, which could damage reputations without improving public safety. For small businesses, this could reduce access to essential services, increase costs for clients, and push demand back onto government-funded services.
  I strongly urge the Department to:
  - Recognise existing professional oversight and reduce fees for already regulated practitioners.
  - Keep registration and compliance processes simple, proportionate, and low-cost for small providers.
  - Limit additional regulation to services without existing professional bodies or regulatory oversight.
  This approach protects public safety while ensuring small, essential services can continue to operate sustainably, without unnecessary cost or administrative burden.

- The new bill should be scrapped wasting money again and another body to inspect get your own house in order. The cost of this scheme. The majority of private practitioners have a regulated body they already pay. Do you want to shut nurseries private therapists etc. I thought you wanted to create jobs with this bill you will lose people who already pay tax insurance registration fees. If you need a register, register the people who have no regulations. Then again all you will do is send people to work underground. Your fees are ridiculous. If you close breakfast clubs all you will do is stop mums from working causing less revenue and more on benefits. Look at the bigger picture You want people to move here you're going the wrong way about it. There is an election next year. If you want private practitioners to give up due to your fees, then the Manx care will end up with more people and they can't cope now. Look at the bigger picture. And you're not including life coaches? I do not agree with this bill, and it should be scrapped
- If this is to benefit the Manx people, do not charge those prices. Everything already costs too much, and this will increase the costs further. There is admin, extra red tape and your charges. As said previously, the good ones will close, the bad ones will go underground and the ones that remain will increase their prices. If you really want to protect people, sure make them register to show their qualifications are current. This can be via a form and cost can be negligible. Stop finding reasons to charge businesses.
- The Bill is a positive step forward. To achieve full inclusion, it should explicitly reference communication accessibility and sensory loss (hearing and sight) in the Bill, regulations, and codes of practice. Recommendations: Require hearing loops, captioning, and BSL interpreters where needed. Make deaf awareness training mandatory for health and social care staff. Ensure complaints and safeguarding procedures are accessible via multiple channels, not just by phone.
- I am already registered with the HCPC so registration with the DHSC is of little additional value to myself or my clients. They can already check my registration status with the HCPC.
- We have grave concerns over the definitions used in the Bill and the exemptions from regulation being proposed in Schedule 2.
  We could have started our operations many months ago but have been rightly advised that we need to be registered and we have spent considerable time and money ensuring that all our policies and procedures are in place before applying for registration.
  We see nothing in the current Bill that will change this situation and would seek an urgent meeting with yourselves to explain our position.
  We apologise if this item is hidden somewhere within the Bill but there needs to be some protection for the public when service providers use certain terms in their advertising (i.e. "Government Registered") and the term "Government Registered" needs to be defined so that it can only be used in connection with the service that is regulated. In addition, the definition of "Hyperbaric Oxygen Therapy" in the Bill does not accord with the internationally accepted definition and therefore if you were to proceed on this basis and regulate such activities in gyms and spas etc. (where pressures may be lower) you would inadvertently be supporting a misdescription of a service. Again, we would be happy to meet with you to discuss these areas.
- Consultation Response - Regulation of Health and Social Care Bill 2025
  I would like to put forward my feedback on the proposed changes to the Regulation of Health and Social Care Bill 2025 ("RHSCB").
  I strongly support the outcomes and recommendations of Sir Jonathan Michaels' report. In particular, we agree that the Isle of Man's health and social care legislative framework requires modernisation in order to adequately protect service users via supervision of activities.
  It is not clear however how voluntary charitable organisations such as Cruse, which do not provide clinical care and rely on non-commercial funding sources for sustainability, will be regulated. Nor does the RHSCB set out whether they will be exempted or subject to proportionate supervision compatible with the aims of charitable non-clinical support services.
  We note that although additional guidance was published this week on the Regulation of Health and Social Care Bill 2026 web page, and that "bereavement counselling" was

included on the list of Out of Scope Activities for the RHSCB, bereavement support is not ordinarily classed as counselling.

We remain concerned therefore that the RHSCB could inadvertently bring Cruse's services within scope to the detriment of our service users and our community, and accordingly we put forward the following comments for consideration:

1. Definitions: It remains unclear whether non-clinical bereavement support delivered by volunteers is intended to be regulated as clinical care. Schedule 1 does not capture voluntary bereavement support even though 'support' is included in the definitions of both personal and social care, and as noted above the list of 'Out of Scope Activities' does not include bereavement support. Accordingly, we feel the RHSCB should either list voluntary bereavement support in Schedule 2, or require exemptions for non-profit, non-clinical support.

2. Volunteer protection: If 'support workers' are regulated in future, there should be exclusions for volunteer non-clinical peer supporters and facilitators, or a simple exemption route, to avoid the likelihood of creating an environment incompatible with the aims of a charitable support organisation.

3. Cost burden: Section 62 could be used to create a concessionary or zero-fee schedule for charities, otherwise mandatory fees risk diverting already incredibly scarce funds from front-line bereavement support.

4. Reputational fairness: Schedule 4 provides publication powers which name relevant persons. With a reliance on volunteers and very few salaried staff, minor administrative errors which do not result in safeguarding issues are at increased risk of occurring in charitable organisations. As it is currently unclear what the materiality thresholds will be, unfettered publication powers could therefore adversely affect the ability of charities to raise funds going forward regardless of the materiality of an infraction. At a minimum, these materiality thresholds should be set out for all to understand, and scope should be given to enabling the publication of providers' responses alongside notices. This will enable both proportional and transparent information so as to avoid any adverse reputational effects for non-material administrative matters.

We look forward to the outcome of this consultation and would be happy to discuss any of the above points further if required.

- Bringing in this bill will not help the businesses who are currently operating under misleading practises. The businesses who operate and manage to maintain good customer practise will struggle with the new rules and regulations and the bad businesses will continue to fall through the cracks or offer their services via alternative methods. You are punishing the people who already follow good business practises. Small businesses will close due to the rising costs and time of admin to implement all the new rules and regulations. Displaying good complaint processes only leads people to have a negative opinion of a business before they begin. You are opening up a blame culture which is not helpful.
- As a Pharmacist and a Pharmacy provider - we fully endorse the concerns raised by the National Pharmacy Association below:

  We are concerned that pharmacists, pharmacy technicians and pharmacy premises are not covered or recognised in the Regulation of Health and Social Care (ROHSC) Bill.

  Pharmacists and pharmacy technicians ae already registered and regulated healthcare professionals, and pharmacy premises are regulated by the Department of Health and Social Care. This exclusion in the Bill will potentially have the unintended consequence of healthcare services beyond dispensing not being commissioned through community pharmacies. This would potentially have a negative impact on patient access to health services in the community. We ask the Department of Health and Social Care to include and recognise pharmacists, pharmacy technicians and pharmacy premises in the Bill alongside other healthcare professionals and premises providing health and care services.

  We are also concerned about Schedule 1 paragraph 12: "Services in slimming clinics Services provided in a slimming clinic consisting of the provision of advice or treatment by, or under the supervision of, a registered medical practitioner, including the prescribing of medicines for the purposes of weight reduction." This suggests that only a registered medical practitioner can provide or supervise the advice and/or treatment provided as part

of weight loss services. We ask for the Department of Health and Social Care to clarify and confirm in the Bill that pharmacists can also provide or supervise the advice and/or treatment provided as part of weight loss services.

- There's nothing in the bill to help people with learning disabilities or autism it feels like we've been forgotten about it's like Manx Care doesn't care about the adult learn disabilities. For health and social care there is no money for services or money for diagnosis and no funding for services and help for all the different conditions of learning disabilities. The attitude that all are the same but they're not so more funding and help for learning disabilities is needed.