

Agenda

			Timing
1.	Welcome, introductions and declarations of interest		10:30-10:30
2.	Apologies		10:30-10:30
3.	Minutes of the meeting on 18 September 2025 (for approval)	(Paper 1)	10:30-10:30
4.	Actions and Matters Arising from the meeting on 18 September 2025		10:30-10:35
5.	Chair's report	(Paper 2)	10:35-10:40
6.	Executive report and project dashboard	(Paper 3)	10:40-10:55
7.	Finance report	(Paper 4)	10:55-11:00
8.	Committee updates		
	• Audit and Risk Committee	(Paper 5)	11:00-
	• Reserves Policy	(Paper 6)	11:05
9.	Draft 2026-29 Communications and Engagement Strategy	(Paper 7)	11:05-11:20
10.	Accredited Registers Programme reserves	(Paper 8)	11:20-11:25
11.	PSA communications on hate crime, hate speech and discrimination	(Paper 9)	11:25-11:30
12.	Board effectiveness review	(Paper 10)	11:30-11:35
13.	Board annual workplan	(Paper 11)	11:35-11:35
14.	Any other business		11:35-11:40
15.	Agree actions		11:40-11:40
16.	Questions from the Public		11:40-11:45

The next Board meeting is scheduled for Wednesday 14 January and will be held at the PSA office.

Unapproved Public Board meeting minutes

18 September 2025

Present

Caroline Corby (CC - Chair)
Alan Clamp (AC - Chief Executive)
Candace Imison (CI)
Juliet Oliver (JO)
Nick Simkins (NS)
Ali Jarvis (AJ)
Geraldine Campbell (GC)
Eleanor Marks (EM)
Ruth Ajayi (RA)

In Attendance

Jane Carey (JC)
Amanda Partington-Todd (APT)
Douglas Bilton (DB)
Dinah Godfree
Daisy Blench
Osama Ammar
Marija Hume
Oyinkan Onile-Ere
Ashim Bhaugeerutty
Abdul Rahman Lawal
Sarah Fox
Salma Rahman
Dan Scott
Rachael Culverhouse-Wilson
Akua Dwomoh-Bonsu
Suzanne Dodds
Siobhan Carson

Melanie Hueser (Secretariat)

Observers

See below

1. Welcome and Declarations of Interest

- 1.1. The Chair opened the meeting and welcomed everyone to the Board meeting. Observers included members of staff and external observers: Anisah Chowdhury (GMC), Silvia Dominici (NMC) and Carol Haynes (NMC).

2. Apologies

- 2.1. There were no apologies.

3. Minutes of meeting held on 16 July 2025

- 3.1. The minutes of the last Board meeting held on 16 July 2025 were accepted as a true and correct record and approved.

4. Actions and matters arising from the meeting on 16 July 2025

- 4.1. All actions were complete, on the agenda or on track.

5. Chair's report

- 5.1. The Chair introduced the item. As the summer had been quieter due to annual leave the report was verbal.
- 5.2. Two business planning meetings had been held over the summer, which had been very helpful and would inform this meeting's discussions, particularly those on the private agenda.
- 5.3. The stakeholder session the previous day had been very successful, highlighting the value of engaging outside London. The Chair thanked those involved in organising the session.

6. Executive report and project dashboard

- 6.1. The Chief Executive introduced the item. The Standards Review project was progressing satisfactorily, with discussions scheduled for later in the meeting. The strategic and business plan was also on the agenda for further discussion.
- 6.2. Work with the NMC Independent Oversight Group was ongoing. The group had met a few days ago. Updates on this would be provided later in the meeting.
- 6.3. The Department for Business and Trade was developing a regulatory profession framework, covering roles from entry level to regulatory leadership. Updates will be shared as more information became available.
- 6.4. The Board queried the decision to no longer routinely post on X (formerly Twitter). It was explained that the decision was made due to the platform's controversial content and alignment with other organisations' decisions. The Comms team continues to monitor X for relevant issues (and responding if deemed helpful) but focuses its efforts on other social media channels, such as LinkedIn. There was discussion about the political implications of social media choices and the need to remain non-political.
Action: MV to discuss with DHSC colleagues the use of X.
- 6.5. There had been significant improvement in performance around KPIs for the Accredited Registers Programme, with a key KPI met for the first time in two years. The team was hopeful that this could now be maintained.
- 6.6. The Section 29 review and related process improvements were nearing completion, with pilots underway. Updates will be brought to the next Scrutiny Committee and Board meetings, including evaluation of pilots and recommendations for measuring success and communicating benefits. Early improvements were noted in decision-making quality, efficiency, and capacity. The first Section 29 annual report was about to be published.
- 6.7. An appointment seminar was planned for October, with places booking fast.
- 6.8. The Board discussed the importance of hearing from a wide range of voices, including staff, complainants, and registrants, especially in the context of the NMC audit and Fitness to Practise (FtP) processes. The team was considering how to incorporate more diverse feedback into audits and performance reviews, balancing this with resource constraints.
- 6.9. The potential for using AI to analyse large volumes of feedback and identify warning signs was discussed. It was confirmed that the PSA was exploring how AI could help manage and analyse data from 'Share your experience' processes and other feedback channels.
- 6.10. Updates were provided on the Research Conference and Sexual Misconduct Webinars. Registration for the Conference was due to open soon. The findings from the Sexual Misconduct Webinars will be written up once the last ones have taken place.
- 6.11. 28 out of 60 proposals for the Research Conferences had been accepted, the rest of the proposals, especially those related to FtP improvement would be kept on file for future opportunities.
- 6.12. Updates were shared on recent recruitment, noting successful hiring for several roles and high interest in advertised positions.

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- 6.13. The new People Strategy will incorporate a review of organisational values.
 - 6.14. The PSA's EDI self-assessment was complete and set for publication.
 - 6.15. The PSA had been targeted by a campaign highlighting alleged antisemitism in healthcare, with thousands of emails being sent to Board and senior leadership. IT had implemented rules to manage and filter these emails, and the process for handling such incidents was being reviewed.

7. Finance report

- 7.1. The Director of Corporate Services introduced the item.
- 7.2. A £24,000 deficit was currently forecast in regulation and standards setting, mainly due to increased staffing costs (maternity cover and pension contributions) and Section 29 costs, which are difficult to predict due to casework variability. There was discussion about improving forecasting and understanding cost drivers, with plans for a deep dive into Section 29 costs and strategy.
- 7.3. It was reiterated that the Section 29 costs are difficult to control or predict, as they depend on the volume and nature of casework and on factors outside the PSA's direct control.
Action: NS to meet with the Finance team to discuss Section 29 forecasting and decide whether a Board discussion on the issue should be scheduled for the meeting in January 2026.
- 7.4. It was noted that forecasting was more robust this year, with budget holders and the Finance team working together to provide more realistic projections.
- 7.5. The Board **noted** the report.

8. Committee updates

- 8.1. **Scrutiny Committee:** The Committee Chair gave a verbal update as the last meeting had only just taken place. The Committee had trialled a new template for updates to ensure reports were focused on impact, risks, and achievements. This approach was welcomed and will be refined for future meetings.
- 8.2. The Committee discussed the Section 29 review, including improvements already observed through pilot projects. These improvements included greater flexibility in holding panels and quicker decision-making, leading to a reduction in statutory deadline decisions. A key issue discussed was the current volunteer model for decision-making panels, particularly for Section 29 but also for the Accredited Registers Programme. It was emphasised that Section 29 was a core statutory function that should be resource-planned and managed, rather than relying on staff volunteering. The Executive team will revisit the model to ensure equitable allocation of panel duties and clarify expectations for staff participation. Clearer expectations will be set for trained staff that panel work needs to be distributed more evenly.

9. Risk register

- 9.1. The Chief Executive introduced the risk register review, which takes place at Board level twice a year. A risk tolerance discussion as part of the strategic planning process will come to the November meeting.
- 9.2. Key risks were identified:
 - **Fitness to Practise backlogs:** This remains a high-priority risk. The situation is stable (not worsening or improving), with no obvious quality issues found in recent sampling (focused on sexual misconduct cases). However, the backlog continues to impact registrants, witnesses, and complainants.
 - **Regulatory reform:** Actions related to reform will be updated significantly in the next version, following ongoing work to bring a paper to the November Board.

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- **Horizon scanning:** The PSA has a system in place for horizon scanning and it is being used to identify improvement opportunities.
 - **Safeguarding:** This risk had been incorporated into the Standards Review project, and assurance on this will be sought when the standards are discussed.
 - **Public Confidence:** A new risk had been added regarding the mismatch between public, regulator, and PSA views of regulatory performance. This includes concerns about communication, the concept of zero risk, and the need for better messaging to the public and politicians. The Board agreed that horizon scanning should be emphasised as a key mitigation for the public confidence risk and the risk register updated accordingly.
- 9.3. The Board discussed how the stakeholder sessions from the previous day were highlighting concerns about the ‘weaponisation’ of regulation and the importance of public understanding. These insights were relevant to the public confidence risk and will inform future risk management and communication strategies.
- 9.4. The Board discussed the ongoing risk of the issues at the NMC. While there were mitigations in place, the risk is unlikely to reduce in the next three to six months.
- 9.5. The NMC was also undergoing a second period of enhanced monitoring.
- 9.6. The recommissioned external report on the NMC’s FtP process was now expected to be published in mid-autumn.
- 9.7. The Board **approved** the register.

10. Right Touch Regulation communications plan

- 10.1. The Head of Communication introduced the item, emphasising the Right Touch Regulation (RTR) publication’s role in explaining the PSA’s regulatory approach, guiding messaging, and supporting engagement with stakeholders. It aims to position the PSA as a thought leader in regulation, both within the sector and internationally, and to underpin related work such as Regulatory reform and the Standards review.
- 10.2. The communications plan recognises a broad range of audiences, including some less familiar with regulation. It had been designed to tailor engagement and materials to resonate with different groups, such as regulators, parliamentarians, and providers of health and social care. The Board highlighted the importance of including providers as a key stakeholder group and suggested more engagement in Wales, especially with upcoming elections.
- 10.3. The RTR document was scheduled to launch at the PSA Symposium in October, with a year-long communications programme planned. This will include quarterly engagement peaks, speaking opportunities, events, and the release of supporting materials.
- 10.4. The main document will be professionally designed for greater engagement. Additional materials, such as case studies and practical examples, will be produced to make the principles more tangible. External endorsement was being sought to enhance credibility, and opportunities for others to discuss and comment on the framework had been built into the plan.
- 10.5. There will be a focus on ensuring that communications about Standards and Regulatory reform are consistent with RTR principles. The Board emphasised the need to avoid siloed messaging and ensure coherence between RTR and other work.
- 10.6. It was confirmed that the plan was covered by the existing communications budget, with most spending front-loaded for design and production. While the plan is resource-intensive, especially for parliamentary engagement, the team was embedding it into the schedule.
- 10.7. The Board stressed the importance of making the document accessible, especially for lay audiences and politicians. The use of illustrative examples and shorter, more engaging versions was encouraged. The parliamentary bulletin and public-facing materials were suggested as channels for these messages.

- 10.8. Participating in the March 2026 Institute of Regulation Conference and organising roundtables in Wales was suggested. The Comms team welcomed further ideas. There will be flexibility to incorporate new opportunities over the year.
- 10.9. The Board expressed support for the comprehensive plan, recognising its strategic importance and the need for ongoing review and adaptation as the communications programme unfolds.

11. Overview of PSA horizon scanning

- 11.1. The Director of Intelligence and Insight introduced the item. The PSA does not currently have a formal horizon scanning process, and the need for one had been identified by an internal audit. The paper for this item summarised existing activities that bring external information into the PSA, both through proactive searching and through information received from stakeholders.
- 11.2. The PSA already uses an external issues policy, which was a standing item at every SMT and ELT meeting, allowing anyone to raise relevant external developments for discussion and potential action.
- 11.3. There were multiple informal and formal channels for horizon scanning, including engagement with stakeholders, monitoring sector developments, and reviewing external reports, but a lack of opportunities for staff and Board members to sit together and discuss the implications of external developments had been noted.
- 11.4. It was proposed to set up a quarterly open meeting for Board and staff members to discuss horizon scanning topics. The meetings would have provisional agenda items but remain open for anyone to bring forward issues. The goal will be to unpack topics collaboratively and assign follow-up actions as needed. It was suggested that this will be trialled for a year and reviewed for effectiveness.
- 11.5. The Board was in favour of this approach and meetings will be scheduled.
Action: DB to schedule Board and staff horizon scanning meetings.

12. Board workplan 2025/26

- 12.1. The Board requested that an annual complaints report be added to the workplan.
Action: JC to add annual complaints report to Board workplan.
- 12.2. The Board **noted** the workplan.

13. Any other business

- 13.1. There was no other business discussed.

14. Questions from Members of the Public

- 14.1. There were no questions.
- 14.2. The Chair thanked the observers for their interest in the PSA.

Signed by Chair..... Date.....

Action Log

On track (including not started) Delayed (or medium risk of delay for projects) Overdue (or high risk of delay for projects) Complete

Mtg. Date	Item No.	Action point	Owner	Date required	Action progress	Status
19 March 2025	5.2	Invite all Board members to attend the next Staff day.	MH	March 2026		
22 May 2025	10.1	Schedule Board risk appetite discussion for November.	AC	November 2025	On the agenda	
18 September 2025	6.4	Discuss with DHSC colleagues the use of X.	MV	October 2025	Complete – referenced in Executive Reports	
18 September 2025	7.3	Meet with the Finance team to discuss Section 29 forecasting and decide whether a Board discussion on the issue should be scheduled for the meeting in January 2026.	NS	January 2026		
18 September 2025	11.5	Schedule Board and staff horizon scanning meetings.	DB	October 2025	Complete	
18 September 2025	12.1	Add annual complaints report to Board workplan.	JC	November 2025	Complete	

Chair's report

- 1.1. Our Board last met on 18 September 2025 in Edinburgh. Our time in Scotland included excellent stakeholder engagement sessions and I am grateful to everyone involved in making the event such a success.
- 1.2. Over the last couple of months, Alan and I have undertaken several stakeholder engagement meetings. On 29 September, Alan and I met with Professor Sally Holland. Sally is the former Children's Commissioner in Wales and is now chairing a Wales-wide assessment of maternity and neonatal services. The meeting was a reminder that many of the current safety concerns have been picked up in many previous reviews. This reinforces the case for Governments to establish someone to oversee the implementation of review recommendations, as advocated for in Safer Care for All. On 10 October 2025, we met with Paula Sussex, the recently appointed Parliamentary and Health Service Ombudsman (PHSO), and with Rebecca Hilsenrath, the CEO of the PSHO.
- 1.3. Alan and I have also had regular update meetings with the leadership of some of the statutory regulators. On 25 September 2025, Alan and I met with the Chair and CEO of the PSNI for an update on their issues. Further details will be given in the private part of the Board meeting.
- 1.4. On 2 October 2025, Alan and I had a helpful meeting with Ron Barclay-Smith, Chair of the NMC, and Paul Rees, CEO of the NMC. For information, Paul has now been appointed permanently to the CEO role. Topics covered in the meeting included the relationship with the PSA, the proposed survey of NMC FtP staff and the Independent Oversight Group. We also covered the long-awaited reports looking at specific FtP cases and whistleblowing. It was a friendly meeting and we have been invited to meet the NMC's new senior leadership team to hear about their plans for the organisation. This meeting is provisionally scheduled for 21 November 2025. On 13 October 2025 we had a quarterly catch-up with the Chair and CEO of the HCPC.
- 1.5. For information the General Dental Council has appointed a new chair, Dr Helen Philips, following the departure of Lord Toby Harris. Alan and I will be meeting Helen shortly on 17 November 2025.
- 1.6. Since we last met, I have observed a Section 29 meeting. It is always reassuring to see the thoroughness and seriousness with which we undertake this role. It has been brought to my attention that in recent months Board members have not been invited to observe performance review meetings. This is an oversight and I have asked for this to be corrected going forward.
- 1.7. In October 2025, I led several sessions for the Institute of Government and the Public Chairs Forum at their two-day annual joint training programme for new chairs. My talks focused on independence, dealing with the media and crisis management – not, I am happy to say, related to the PSA!
- 1.8. On 7 October 2025, along with many other Board members, I attended the afternoon of the excellent PSA Symposium. The agenda was strong, attendance was great and I understand that the feedback was excellent. These events always underline to me the convening strength of the PSA.

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- 1.9. Many of you will have seen the coverage in the Sunday Times regarding doctors who are subject to professional restrictions overseas being able to practice in the UK as well as further articles on whether adequate checks have been completed by the GMC on doctors' identities post-Covid. The PSA has sought assurances from the GMC about the actions being taken and has also contacted all other regulators to gain assurance on how they manage any risks to protect patient safety.
- 1.10. This month I have been meeting with Board members as part of the mid-year appraisal cycle. I have been grateful for everyone's time. Key themes to emerge were as follows:
- General relief that we now have stable Board membership after a period of considerable change.
 - Strong support for the PSA leadership.
 - Strong sense that the PSA is in a good place, fulfilling its statutory functions well and that some work that had felt a little stuck has now got done – Right Touch Regulation, the S29 Annual Report, the new strategy and the new draft standards were given as examples.
 - Support for a 'lessons learned review' following our previous and upcoming performance reviews of the NMC.
 - Strong sense that the Standards of Good Regulation project has been well handled and support for the direction of travel.
 - A question mark over whether we are really ready for the change in working practice that the new Strategic Aim 3 implies.
 - A question mark over the proportion of the budget spent on S29 given that this only impacts on around 20-30 registrants each year. (Although learning points and case law development have a much broader reach, as seen in the Section 29 Annual Report: [Appealing fitness to practise decisions - the year in focus 2024-25_0.pdf](#).)
 - A sense that the AR programme is in a good place and fulfils a useful role, but that increasing awareness is important.
 - Some concern about the Government's approach to regulation given recent comments.
 - A desire from some Board members for the Board to think about how it relates to its sub-committees. This will be done as part of the upcoming Board effectiveness review.
 - Stakeholder engagement in Scotland, Wales and Northern Ireland is strong but a question mark about whether this is so effective in England.
- 1.11. Finally, Jane has recently picked up that the minutes for our 16 July 2025 Public Board meeting were incomplete in that two agenda items were accidentally missed. Subject to the Board's approval, we propose adding:
- Item 10 Right Touch Regulation 3 update***
- 1.12. The Board noted the progress being made on work towards a new version of Right-Touch Regulation. It would be important to make the value of Right-Touch Regulation clear to different audiences and, in particular, to the public. The Board would be kept informed of progress and would consider the associated communications plan at the September meeting.
- Item 11 Governance and Assurance Frameworks review***
- 1.13. The Board reviewed the updated framework documents and approved them subject to the following minor edits to the Governance Framework:
- 2.3 Add "the Board appoints a Deputy Chair".
 - 2.5 Change "live or work" to "live and work".
 - 2.9 Refer to the transition from four to three year appointments.
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- 1.14. Going forward the PSA will be careful to cross-reference agenda items to the subsequent minutes to avoid such an error in the future.
- 1.15. I look forward to seeing you in London on 19 November 2025.

Caroline Corby
4 November 2025

Executive report

1. Summary

- 1.1. In addition to our statutory duties, the key priorities for the organisation at this point in time are: (1) the standards review project; (2) promoting and supporting legislative reform for the regulators; (3) the PSA Strategic Plan 2026-29, Business Plan 2026/27 and Fees consultation in autumn 2025; and (4) closely monitoring the performance of the NMC, including its response to the recommendations in the Independent Culture Report.

2. Recommendations

- 2.1. The Board is asked to note the Executive report and to ask any questions of the Chief Executive and Directors.

3. CEO stakeholder engagement

- 3.1. Between the September 2025 and November 2025 Board meetings, the Chief Executive attended a number of stakeholder engagement events, including the following.
 - Together with the Chair: meetings with the Chair and CEO of the HCPC and the NMC; with the President and CEO of the PSNI; with the Ombudsman and CEO of the Parliamentary and Health Service Ombudsman; and with Professor Sally Holland, the Chair of the Wales Maternity Assurance Assessment.
 - Chairing the quarterly Information-Sharing meeting with the DHSC and representatives from the Devolved Administrations.
 - Individual meetings with the CEOs of all the regulators to discuss the Business Plan 2026/27 and Fees Consultation.
 - Observing a GPhC Council meeting.
 - Attending the Annual General Meeting of the Institute of Regulation.
 - Chairing a meeting of the Independent Oversight Group of the NMC.
 - Meeting the Chair of the Health and Social Care Committee.
 - Attending a meeting on Artificial General Intelligence at the Royal Society.
 - Meeting the Nottingham Maternity Affected Families Group to hear about their experiences and the implications for professional healthcare regulation.
 - Attending a meeting of the regulators' Chief Executives Steering Group.
 - Meeting officials from the DfE to discuss the Independent Review of Social Work Regulation.
 - Delivering the keynote presentation on right-touch regulation at the Canadian Network of Agencies of Regulation in Calgary, Canada.
 - Meeting the Patient Safety Commissioner for Scotland.

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- 3.2. Looking forward, the Chief Executive will attend further stakeholder engagement events before the next Board meeting, including the following.
- Attending a meeting of the regulators' Chief Executives Steering Group.
 - Meeting the CEO of the NMC.
 - Delivering the keynote presentation on right-touch regulation at the CLEAR International Congress in Wellington, New Zealand.

4. Summary of risks

- 4.1. We have assessed the top three known risks facing PSA as: (1) the backlogs of fitness to practise cases in some regulators; (2) the lack of clarity about the use of Disclosure and Barring Service (DBS) and other criminal record checks by regulators and registers; and (3) the implications of the independent reviews of the NMC and the impact on regulatory effectiveness and public protection.

Regulation and Accreditation

5. Performance Review

Reporting

General Pharmaceutical Council

- 5.1. On 24 September 2025, we published the Monitoring Report for the General Pharmaceutical Council (GPhC). The GPhC met 17 out of the 18 Standards and did not meet Standard 15 again this year because it is still taking too long to process fitness to practise cases.
- 5.2. In line with our escalation process - we have provided an update letter regarding our concerns to the Secretary of State for Health and Social Care and Health and Social Care Committee Chair.

Nursing and Midwifery Council

- 5.3. We are approaching the end of the case file review stage of our audit of the NMC's fitness to practice function as part of the 2024/25 performance review. Case file review analysis has been completed and will be shared with NMC in late November.
- 5.4. On 30 September 2025, the two recommissioned reports into the NMC's handling of 20 fitness to practise cases from 2018-2023, and how the NMC dealt with concerns raised by a whistleblower and its treatment of the whistleblower, were published. We are currently reviewing these reports to see if they raise any additional considerations for the implementation of our revised Standards, and this work will be completed in January 2026.

Independent Oversight Group of the NMC (IOG)

- 5.5. We continue to chair the IOG of the NMC, which has now met ten times. Since the last Board meeting, the IOG met on 3 November 2025. At that meeting, the NMC provided the group with an update on the independent reports into whistleblowing and fitness to practise which were published on 30 September 2025.

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- 5.6. The NMC also provided a substantive update on its Culture Transformation Plan and advised that it intends to monitor and report on its culture by way of a maturity model. The NMC plans to assess its culture on a quarterly basis and will produce an aggregate report. It will use this to draw together a list of interventions, and will use the model as a mechanism to evidence maturity and progress as an organisation. The NMC will present this to its Council as well as the IOG.
- 5.7. The IOG also heard feedback from NMC staff networks on the Culture Transformation Plan and from the Chair of the NMC who spoke of the role of the NMC Council.
- 5.8. As September 2025, marked 1 year since the first IOG meeting we surveyed members of the IOG to help assess the level of assurance members felt that progress was being made by the NMC in response to the Independent Culture Review. The survey asked IOG members about three areas: fitness to practise; safeguarding; and organisational culture.
- 5.9. The survey found a general consensus among IOG members that a significant amount of work has been undertaken by the NMC to date and there are early signs of improvements. However, there remain concerns in all three areas surveyed – especially in respect of organisational culture. The IOG discussed the findings of the survey at its meeting on 3 November, which will inform the group’s discussion on the frequency of meetings at the next meeting in January 2026.

General Medical Council

- 5.10. In early October, we were made aware of a Times article that was published which appeared to indicate that doctors were registered and/or licensed to practise from the GMC in spite of there being regulatory action taken against them by regulators outside of the UK. In response to these concerns, we have:
- Met with the GMC and sought additional information to understand the scale of the risk and the actions they have taken and plan to take further—this is continuing as we consider any impact on the current Performance Review assessment judgements
 - Published a responsive media statement/update on our website, parts of which were included in the subsequent Times article
 - Written to all regulators to understand their assessment and mitigation of this risk within their regulated profession—responses will be collated and feedback shared in November including highlighting good practice
- 5.11. The next steps for our response to this risk will be:
- Consider the information we obtain from the GMC in the final panel meeting in November to confirm our assessment of Standards met/not met
 - Consider responses from all regulators in November, consolidate and share feedback and learning internally and with regulators
 - Proactive correspondence with Secretary of State to outline what we know about this issue, our assurance of risk mitigation currently in place and our response to it

6. Section 29

- 6.1. The table below sets out the key statistics so far for this financial year, compared to the same period in the previous financial year. The number of decisions received from regulators is about the same number in comparison to last year.
- 6.2. Although the number of decisions received has stayed the same, the number of initial reviews carried out has increased by 109 decisions in comparison to last year, representing approximately an 18% increase. This increase is because fewer decisions have met the criteria to be administratively closed.
- 6.3. The actual number of DCRs we have completed in 25/26 has increased by 15 cases and by 46% in comparison to last year. This increase is because we're completing more initial reviews on cases.
- 6.4. We have considered a similar number of cases at a meeting: 21 cases in 25/26 compared with 22 cases in 24/25. The number of cases considered at statutory deadline meetings has continued to significantly decrease: four cases in 25/26 in comparison to 14 cases in 24/25. Reasons why there may not have been a change in numbers is because from April 2025 the Head of Legal now reviews every DCR recommendation and considers whether a case meeting is required, whereas previously this was the Director of R&A, we have introduced a new DCR template, and we now also ask external counsel for outsourced DCRs to give some consideration to prospects of success in making their recommendation. We are therefore able to close a higher number of DCRs with learning points rather than these progressing to a case meeting.
- 6.5. Although the number of appeals lodged has increased by 3 cases, this is because of the greater number of cases we carried out a DCR on and in fact as a percentage of DCRs, we appealed fewer cases in 25/26 in comparison to 24/25: we appealed 31% of DCRs completed in 25/26 in comparison with 36% in 24/25.
- 6.6. We have again seen an increase in the number of learning points sent to regulators this year. We expect this has been due to the changes we've made to our learning points processes and greater consistency in identifying concerns. We have also made further changes to the way we record learning points, including recording data on the learning identified at case meetings where historically this data has not been reflected in our figures.

	1 April – 30 Sep 2025	1 April – 30 Sep 2024
Decisions received by the PSA	1128	1118
Initial reviews completed	717	608
Detailed Case Reviews (DCRs) completed	48	33
Statutory deadline decisions		
• Sufficient	2	5
• Insufficient but no appeal	0	0
• Appeal	2	9

Case meetings held (including s40b case meetings):		
• Sufficient	4	2
• Insufficient but no appeal	1	3
• Appeal	12	3
Appeals lodged	15 ¹	12
Learning points sent	133 on 102 cases ²	81 on 81 cases

- 6.7. Three appeals have been lodged between 1 September and 31 September (NMC/ Budzichowska, NMC/Juatco, and GDC/Rahman). Three appeals have been settled by agreement (NMC/ Obodai-Sodjah, NMC/Pollock, NMC/ Palmer). Settlements are being explored in several other cases and all other Section 29 litigation is progressing.
- 6.8. Our recruitment for a Lead Lawyer (maternity leave) was successful and they started on 3 November.
- 6.9. The Section 29 Year in Focus report was published on 2 October, and a copy shared with the Board. We've received positive feedback on the report.
- 6.10. The bi-Annual Learning Points Bulletin was published in September 2025.
- 6.11. We have concluded our S29 case meeting and DCR pilots and we are currently reviewing the data to determine what changes should be implemented permanently. We will bring this back to Scrutiny Committee and the Board in due course to agree permanent process changes and success measures as a result of the improvement programme and pilots.

7. Appointments

- 7.1. Since the last update to the Board, we have provided the Privy Council with advice regarding a single appointments process. This was the NMC's process to find two candidates, one lay and one registrant, to recommend for appointment. We were able to advise the Privy Council it could have confidence in the process used by the NMC.
- 7.2. We are also currently reviewing a reappointment process run by the GOsC for a single lay member and expect to provide our advice shortly. We have also considered the GMC's plans to select a registrant candidate to recommend for appointment. We expect this process to conclude early in the New Year.
- 7.3. The PSA's appointments seminar took place on 22 October. The event was well-attended with colleagues present from all regulators subject to our Section 25c scrutiny. Feedback was positive from the regulators who heard an update from the GMC on how regulatory reform and the transition to a unitary board may impact on appointments. Other topics covered in discussion included the recruitment of independent panel members, how regulators engage with stakeholders during their appointments process

¹ Including one case that was considered at a statutory deadline meeting at the end of the previous financial year.

² We are now counting the number of issues we feedback on each case

and how to attract candidates with a disability. We were impressed by the contributions of the regulators who were keen to share resources and approaches with each other.

8. Accredited Registers

8.1. At the end of September 2025, five KPIs were achieved and only one missed.

KPI	Met / Not Met	Performance	Direction of Change since June Scrutiny Committee meeting
90% of full reassessments within three years	Met	100% (28/28)	↔
90% of annual checks within one year	Met	100% (28/28)	↔
95% of conditions are reviewed within two months of due date	Met	97% (112/116)	↑
100% of targeted reviews completed within four months:	Met	100% (3/3)	↔
90% of decisions on new Standard One applications made within four months	Not Met	75% (2/3)	↑
90% of decisions on full accreditation (standards 2-9) made in eight months of receipt	Met	100% (1/1)	↔

8.2. Across all KPIs, we have seen either maintained performance or improvement as anticipated.

8.3. Our one KPI below the target level relates to considering Standard One applications within four months of a complete application. We continue to be affected by a small number of applications and the effect of single complex applications within this cohort. We are proposing changes to Standards for Accredited Registers, the process for new

applications, and changes to the measurement of the KPI to resolve this longstanding issue for the start of the 2026/27 financial year.

Accreditation Decisions

- 8.4. We have made no new decisions on accreditation in this period. However, we have considered Notifications of Change that have increased the range of registered roles for the British Psychological Society (BPS), Play Therapy UK (PTUK) and Association for Animals, Horticultural and Equine Practitioners (AAHEP), which was formerly known as Athena Herd.
- 8.5. The live application for the International Foundation for Therapeutic and Counselling Choice (IFTCC) has reached the conclusion of the analysis phase. We now anticipate a delay while the applicant considers the recommendation to an Accreditation Panel.
- 8.6. The live application for Standard One assessment for the Trauma Regulation Board continues, and we anticipate announcing publicly a new Standard One application for register of domestic violence experts by the time of the Board's meeting.
- 8.7. We are continuing to process the full application for the Association of Traditional Chinese Medicine (ATCM) and anticipate an Accreditation Panel decision in March 2026. The Share Your Experience process has reached a conclusion and by the time that the Board meets we will have completed the "site visit" activities (which are conducted online).

9. Standards Review Project—progress update

- 9.1. The draft revised combined Standards were approved by the PSA Board in September 2025 for further engagement.
- 9.2. In early October, the Standards Review consultation outcome report and evidence review outcome report were published. The draft revised combined Standards and detailed requirements/evidence frameworks were shared with key stakeholders at the same time and they were invited to give feedback via survey, attendance at a workshop in Oct/Nov or both. The targeted engagement window will be open from 9 October – 8 December.
- 9.3. During this window, we are also engaging directly with a small group of service users on the accessibility and clarity of the proposed Standards for patients/public. We will consider their feedback alongside that provided by other stakeholders via the survey and the workshops.
- 9.4. Although we are still in the early stages of the targeted engagement period, so far we have heard broad support for the proposed changes to the Standards and acknowledgement that they have been well informed by our consultation and evidence review analysis.
- 9.5. Since the last meeting of the Board, the two recommissioned reports into the Nursing & Midwifery Council's (NMC) handling of 20 fitness to practise cases from 2018-2023, and how the NMC dealt with concerns raised by a whistleblower and its treatment of the whistleblower, have been published. We are currently reviewing these reports to see if they raise any additional considerations for the implementation of our revised Standards, and this work will be completed in January 2026.
- 9.6. We therefore propose that the Board approves the revised Standards in February 2026, rather than January 2026. We do not anticipate at this stage that this will affect the final

delivery of the project, since the delay of one month should not prevent us from introducing the new Standards for our 26/27 assessments as planned.

9.7. The next key milestones for this project will be:

- Early December—targeted engagement window closes
- December/January—analysis of feedback from engagement and adopting changes to draft Standards and accompanying evidence frameworks/details requirements as required
- January—completion of NMC Lessons Learned internal review following publication of the final recommissioned independent reports
- February—Final revised Standards presented to the Board for approval to publish

Policy, Communications and Engagement

10. Policy and research

- 10.1. Following the September Board meeting the Policy team finalised the draft Standards ready to hand over to colleagues in the Communications team to prepare them for the period of engagement with stakeholders which is now underway. Policy team members were part of a PSA contingent who presented at the CLEAR conference in Chicago in mid-September on the topic of the recently commissioned research on barriers to complaints and the changes we plan to make to the Standards as a result.
- 10.2. We have been granted “observer” status, for the Commission for the Future of Counselling and Psychotherapy, which has been set up by the Partnership of Counselling and Psychotherapy Bodies. The Commission will make recommendations on a number of areas, and will consider the question of statutory regulation at its next evidence session, at which the PSA is expecting to be a witness.
- 10.3. We have continued to liaise with colleagues at the Department of Health and Social Care to provide comments on revised drafts of the new GMC Order ahead of the public consultation on the Order. In parallel with this, we have been working to establish formal governance structures for a programme of work which will bring together the different strands of the PSA’s work relating to legislative reform including reforms to the statutory regulators, regulation of NHS managers and regulation of non-surgical cosmetics. This has included establishing a cross-directorate Programme Board which will oversee governance and resourcing of the policy, operational and communications actions required.
- 10.4. We have submitted evidence to the Government’s call for evidence on the 10 Year Workforce Plan for England. Our response focuses on the key role of regulation in delivering the ambition outlined in the 10 Year Plan for the NHS including the three shifts (hospital to community, sickness to prevention and analogue to digital). It makes the case for a regulatory strategy to allow decisions about regulation and management of risk to be made up front as part of workforce planning to ensure that regulation can be an enabler of workforce transformation. We have also had productive engagement with colleagues at NHSE and within the 10 Year Plan team on the value of this approach.
- 10.5. Planning is underway for our annual Welsh seminar in partnership with the Welsh Government in March next year which will be on the theme of prevention. We have also

begun work on our manifestos for good regulation for the upcoming Scottish and Welsh elections.

- 10.6. As set out in the Finance Report, following agreement by ELT in October, we have decided not to commission further research in 2025/26. This will allow more time to define where research would be of most value to support the new Strategic Plan 26-29. We will instead develop criteria for prioritising research areas during the rest of this year and continue to promote and embed learning from our Barriers to Complaints research.

11. Communications and engagement

- 11.1. The draft Strategic Plan has been shared with key stakeholder groups for their views. Feedback can be provided until 8 December via completion of our survey or by attendance at one of the Standards Review workshops being held for regulators and Accredited Registers. The draft communications and engagement strategy to support the Strategic Plan 2026-29 has been developed for consideration at this Board meeting.
- 11.2. Our Regulatory Policy Symposium was held on 7 October and was well attended with approximately 56 sign-ups. We had 14 responses to our feedback form which indicated that 100% thought it was effective to have the event in person, 86% thought it was relevant to their work, all but 1 viewed the organisation and structure of the event and overall rating of the event as either excellent or very good. Consideration is being given to the next steps to take following the very useful discussions held at the event.
- 11.3. The updated version of *Right-touch regulation* was published on 7 October at the Symposium. The King's Fund, NHS Employers and Kings View Chambers have all promoted the publication on their channels. Social media commentary has been overwhelmingly positive, with users praising the publication for being both insightful and easy to understand. Since publishing *Right-touch regulation* on our website, there have been 1,200 views of the main landing page, 306 views of the news update and 517 downloads of the publication. Welsh versions of the publication will be available on our stand at the NHS Confed event in Wales on 6 November.
- 11.4. Over the past period, our external channels have been used to support our recruitment exercises, promote publication of Right-touch regulation, our section 29 Year in Focus report and reports related to our Standards Review consultation; and share highlights from the Symposium. We have issued a statement outlining our position on hate crime and hate speech³. We have shared our responses to publication of the NMC independent reviews and to media coverage of allegations that doctors banned from practising abroad were working unrestricted in the NHS. We promoted our Barriers to Complaints research by getting a blog authored by our Policy Adviser featured on the Patient Safety Learning Hub in September. On our website, we also published a guest blog about the research written by two Open University professors.
- 11.5. From March this year, we reduced our activity on the X channel⁴, in response to concerns at the increase in discriminatory behaviour displayed on X. We were also mindful of the effect on colleagues managing the channel who were having to see challenging content as they moderate the channel. We had planned to mitigate this by starting a Bluesky channel and continuing to grow our presence on other channels where we believe we can

³ [PSA statement on hate crime and hate speech | PSA](#)

⁴ [Update on PSA's presence on X | PSA](#)

engage more effectively, such as LinkedIn and Facebook. Since then, our social media followers on other channels have increased by 7%. Given that X's overall UK userbase continues to decline, while growth at Facebook and Bluesky remain steady and at LinkedIn is strong, we do not have any plans to change this approach at the moment. However, we keep use of all our channels under review and have discussed our approach with the DHSC.

12. Intelligence and Insight

Research conference

- 12.1. At the time of writing we are making final arrangements for the research conference on 18 November at Coin Street conference centre. This includes publicising to stakeholders the availability of the remaining places at the event.

Sexual misconduct

- 12.2. We have now held the final webinar on sexual misconduct, a presentation by colleagues from the Professional Boundaries Company on 'Lost causes? Can professional sexual misconduct be remediated?'. We will hold one further smaller meeting to discuss issues to specific to those professionals lone working or working within small organisations, inviting representatives from the Accredited Registers and statutory regulators to whom this applies. The webinars have been extremely well attended and we have received positive feedback throughout from those who have engaged. More analysis of stakeholder engagement in this work will be shared with the Board as part of the Executive Report for the January meeting.
- 12.3. Work will begin shortly to produce a written summary of the main learning points that have arisen from the webinar series, which will include analysis of cases involving sexual misconduct that we have considered through Section 29 in recent years.
- 12.4. On 19 November the AD (I&I) will present some reflections from the webinar series at a meeting of the Independent Healthcare Provider Network.

Horizon scanning

- 12.5. Following discussion at the September meeting of the Board dates have been circulated for four meetings on horizon scanning during the year ahead. These will be open to all Board members and staff.

Right-touch regulation

- 12.6. We are planning further materials on Right-touch regulation, to be published in Q4. A draft internal statement of how our new Standards relate to Right-touch regulation is attached as an annex to this report

Corporate Services

13. IT

- 13.1. The recent Cyber Security internal audit identified some key areas for improvement. Business continuity planning is one and will be a high priority. Ongoing enhancements in application controls, vulnerability management, and incident response will further strengthen resilience and ensure our cyber security remains effective.
- 13.2. Penetration testing and system security review was successfully completed in October, confirming a strong overall security posture. Only one high-risk issue was identified,

relating to outdated web software hosted by a third party, alongside a small number of medium and low-risk findings. These results demonstrate that core systems and the office are well protected, and remediation plans are in progress to address all findings promptly.

14. Finance

14.1. The latest Finance Report is on the agenda.

15. People

15.1. Patrick Murphy is starting with us on 17 November as our new Policy Adviser.

15.2. Following successful recruitment for a number of fixed term contracts to cover maternity leave:

- Anne Mogueu started on 22 October in the role of Finance Administrator
- Lewis Stubbs started on 3 November in the role of Lead Lawyer.

15.3. We have also successfully appointed two candidates to Accreditation Officer roles, subject to paperwork and pre-employment checks. These are both on a fixed term contract - one to cover Maternity leave and one for a departing member of the team.

15.4. Sofia D'Arienzo, Accreditation Officer, is leaving us on 21 November.

15.5. Work is continuing on drafting the 2026-29 People Strategy. External advice has been sought from our third-party provider on our initial draft. Feedback and comments have been sought from Senior Management Team (SMT), Staff Engagement Forum and EDI Group.

- Mid November – all-staff consultation
- December/January - final changes to be made
- January (SMT meeting) - present penultimate draft to SMT and seek feedback
- February - share with staff and seek feedback
- 16 March – final version to be approved by ELT
- 17 March – share with staff ahead of official launch on 1 April.

16. Governance

16.1. The Workforce Planning internal audit has concluded and the report is due shortly.

17. EDI

17.1. In October we published our second EDI self-assessment against Performance Review (EDI) Standard 3. The summary report, alongside a reflection of our EDI journey and progress, can be found [here](#). Work continues developing areas identified for improvements into actions to be taken forward within the EDI action plan.

17.2. By the time of the Board meeting, further EDI learning and development opportunities will be available for all staff as part of our annual membership with ENEI (Employers Network for Equality and Inclusion).

Our performance against our KPIs is set out below:

Area of work	Key performance indicators	Performance to date in 2025/26
Section 29 decisions	Number of cases received [compared with same period last year]	1128 [1118]
	Number of Cases considered at a s29 case meeting or statutory deadline meeting [compared with same period last year]	21 [22]
	Appeals lodged [compared with same period last year]	15 [12] ⁵
	100% of relevant decisions considered within statutory deadline	99.7 % [99.6%] ⁶
Performance Reviews	100% of 2024 performance reviews published within three months of end of review period	90% (9/10) ⁷
Public concerns about Regulatory bodies	100% of concerns acknowledged within five working days since 1 April 2025	98% (231/237) ⁸
Accredited Registers – current processes	90% of Registers have a full assessment within three years of the previous assessment.	100% (28/28)
	90% of decisions about the annual check within one year of the previous assessment.	100% (28/28)
		97% (112/116)

⁵ Including one case considered at a statutory deadline meeting during the previous financial year

⁶ Three cases were sent to us by the regulator after our deadline for appeal had already passed.

⁷ The NMC's KPI was missed as the decision was taken to await the outcomes of the three independent reviews into the regulator's culture, handling of FtP cases and the whistleblowing concerns so that information can be incorporated into the report. We have now changed our approach and extended the review period. However, the KPI remains unmet.

⁸ One new in September missed by one day

	95% of Conditions are reviewed within two months of when they were due. 100% of targeted reviews are completed within four months of the date initiated. 90% of decisions about new Standard 1 applications are made within four months of receipt. 90% of decisions about full accreditation (Standards 2-9) are made within eight months of receipt.	100% (3/3) 75% (2/3)⁹ 100% (1/1)
Finance	Budgeted income / expenditure variance less than 5%	9.22% [2,605/2,870]
IT	85% of helpdesk calls to be closed within 1 day System unavailability below 10 hours	100% (189/189) 0 hours
Information security	No incidents reported to the Information Commissioner's Office	0
Information requests (FOI / SAR / EIR)	All (100%) Subject Access Requests dealt with within statutory deadlines All (100%) Freedom of Information Act requests dealt with within statutory deadlines	7/7 [100%] 14/15 [92.8%]¹⁰
Complaints	100% of complaints acknowledged in five days Response to all complaints to be completed within 28 days	5/5 [100%] 5/5 [100%]

⁹ KPI performance has improved owing to an old application moving out of the rolling average but we continue to be affected by small numbers of complex applications, in this case one application. As before, this KPI is not forecast to be met owing to the effect of a single complex application in a small number of applications. The KPI will be revised for the 2026/27 Financial Year.

¹⁰ One FOI was initially missed due to it going to junk mail. We responded on the same day as we were made aware of this. The response was sent 15 days late.

Social media¹¹ (1 August – 30 September)	Total number of followers across our social media channels (compared with same period last year in brackets) Number of new followers across our social media channels (compared with same period last year in brackets) Number of engagements with our social media posts (compared with same period last year in brackets). <i>Engagements include likes, reactions, comments, replies and shares.</i> NB: All data in this section based on most recent reporting period.¹²	8448 [7499] 245 [240] 624 [572]
Website usage¹³	Data on website usage since last reporting period with same period last year in brackets • Total page views across the website • Check a Practitioner landing page and practitioner specific pages • Accredited Registers home page and related Accredited Registers pages	80,700 [105,148] 23,834 [33,854] 11,962 [17,843]

¹¹ On 19 March 2025, we took the decision to step back from actively posting on X (formerly Twitter). Since then, we have seen an expected reduction in engagement. We are focused now on building followers and engagement on our other channels, prioritising LinkedIn.

¹² In previous reports, website and social media KPIs were presented cumulatively from 1 April to the end of the month preceding the meeting. From this report onwards, metrics will instead cover only the period since the last report (a 2-month period ending in the date identified in KPI title). This change ensures each report reflects performance for the most recent reporting period rather than building cumulatively from April. This helps to identify performance peaks and troughs more accurately. We will continue to provide YoY figures to show a comparison with the same period last year.

¹³ On 8 January 2025, we launched a new website at the same domain name but with a different webpage structure. The figures provided include those for our previous website up to this date, and those for our new website thereafter.

	NB: All data in this section based on most recent reporting period. ¹²	
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Annex: Draft internal statement on the relationship between right-touch regulation and the standards of good regulation

November 2025

- 17.3. There are a number of distinct ways in which the principles of Right-touch regulation apply to our work, and in particular, to the application of our new Standards of Good Regulation. As PSA is itself not a regulator, these are different to how we would expect a body in our oversight to apply the principles. However, as an organisation for whom risk management and public safety are centrally important, these principles must also guide our work and the judgements we reach about others. The application of RTR is described below in three respects: our overarching approach to the review of regulators' performance; general consideration of RTR throughout our functions, processes and decisions; and how the Standards enable us to understand how well the regulators are incorporating right-touch thinking into their work.
- 17.4. First, there is the central tenet of balance which we articulate in RTR. A regulator must be able to articulate for any particular risk: (i) the desired outcome (ii) the acceptable level of risk and (iii) the regulatory intervention which will achieve the outcome with the minimum regulatory force. On this basis, assurance can be provided that risk is being managed to an acceptable level. For PSA, the analogous responsibility is to show how by applying our Standards we are able to provide Parliament and the public with assurance that the regulator is performing effectively. We must show that the burden of evidence that we are placing on regulators to prove their performance is reasonable. At any point, we must be able to explain how to ask for less would leave gaps in the assurance that we are required to provide while being able to show how to ask for more would be unreasonably onerous and/or would not add value. As the new Standards become more embedded, we must be willing to show that we are sensitive to the ongoing preservation of this balance. We will require less on the part of the regulator where risks are demonstrably stable and well-managed, and we will require more when new areas of risk emerge. We will give clear guidance on what constitutes meeting standards, while respecting that there will be legitimately different approaches across the regulators arising from the different professions in their scope.
- 17.5. Second, it will be important for PSA itself to 'practise what we preach'; not only to demonstrate the application of Right-touch principles throughout our own functions, processes and decisions, but also to be able to show how in doing so we are working in a way which makes the greatest contribution to the safety of the public and therefore adds the greatest possible value. This includes the following which are reflected in our strategic plan and business plan:
- That we will focus our attention on areas of the highest risk and allocate our resources accordingly, to the extent that we have discretion to do so, adapting our approach as circumstances change
 - That we will keep under review those areas of our work where we could take a lighter touch, and do so when an issue in which we have been active is shown to be under more effective control or being taken forward by another organisation
 - That we will seek and promote collaborative solutions, where this is demonstrably the most effective way to resolve a problem, address an issue or to explore areas of common concern

- That we will continue to develop and challenge the evidence base for effective regulation including how risk is assessed, quantified and qualified
- That we will use the tools that we have at our disposal for positive influence and prevention, for example, our powers to convene
- That through our work we will support and facilitate the regulators to work in a right-touch way.

17.6. Third, the new Standards of Good Regulation will enable us to reach better judgements on how well the regulators are performing, to emphasise their role in managing risk, and to work with other to avoid duplication. We will expect to see that regulators are applying right-touch principles across their functions (even if they are not explicitly acknowledged as such), for example:

- That in their work with employers they are promoting the local resolution of problems where possible, and setting out clear guidance on thresholds for when issues should be referred to the regulator
- That when they consult the public regulators are seeking to better understand the prevalence and nature of risks, and gathering multiple perspectives on the most appropriate solution
- That in developing new policy and process they are seeking to understand the potential for differential impacts on different groups in society, and appropriately recording this e.g. through equality impact assessments
- That they are willing to review their approaches and adapt them as risks and circumstances change and new evidence emerges, for example, through the regular review and updating of guidance and standards
- That they are able to articulate the desired outcome for the risks they are addressing, and are willing to engage with different viewpoints when the desired outcome is ambiguous or contested, for example when considering the appropriate regulatory response to new technologies
- That their governance structures enable patients and the public to make meaningful contributions to decision and policy-making.

Annexe A: Project Status Dashboard

Status Date	19/11/2025
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Overall Project Portfolio RAG	GREEN
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Overall Status Commentary
Standards review – Targeted engagement on draft Standards and requirements/evidence frameworks with stakeholders/regulators/ARs is now underway (7 Oct – 8 Dec), following Board approval of draft revised Standards for engagement in September. Safeguarding – Analysis activities are complete, and a recommendation has been made to the Board as part of the July Workshop session on the Standards Review. Now that the recommendation has been delivered, the project will move towards closure.

Project Portfolio Status Summary

Project / Programme	Owner / Lead	Start Date	Baselined End Date	Current End Date	Planned Budget	Current Expend.	Project RAG	Project Status Commentary
Standards Review	Amanda Partington-Todd & Melanie Venables	01/05/24	31/03/26	31/07/26	£0	£22,080	G	- Board approval of draft Standards for engagement in September - Targeted engagement on draft Standards and requirements/evidence frameworks with stakeholders/regulators/ARs is now underway (7 Oct – 8 Dec) - As of 17/10 Project Board meeting, project is on track to current overall timeline and milestones. However, we have moved back final approval of the Standards from January to February 2026, for reasons set out in the main report.
Strengthening safeguarding	Amanda Partington-Todd	01/09/23	31/03/24	31/07/25	£0	£0	G	Survey of regulators analysis completed and presented to

Project / Programme	Owner / Lead	Start Date	Baselined End Date	Current End Date	Planned Budget	Current Expend.	Project RAG	Project Status Commentary
	& Melanie Venables							regulators at the June 2025 Policy forum - Standards Review consultation analysis completed and presented to Board in July 2025 workshop - S.29 data analysis completed, and insights used to inform overall position presented to Board. - While uncertainty remains over the appetite for and timing changes to the law in England and Wales, the recommendation to Board has been designed to account for the uncertainty while still taking action to enhance public protection. - The work on this project has now concluded through the drafting of revised Standards; a “project closing” meeting will be undertaken as soon as possible to formally close the project.

Key Risks	Mitigations
Strengthening safeguarding - If we do not fully understand how the regulators interact with others in the system about criminal records checks and disbarring, there could be negative unintended consequences of any new requirements we introduce.	Completed - Internal learning workshops to help understand legal implications of potential changes. Completed - Review of regulators' current arrangements included in project plan. Completed - Further consultation and engagement on any changes before implementation. The work on this project has now concluded through the drafting of revised Standards; a “project closing” meeting will be undertaken as soon as possible to formally close the project.

Standards Review - As of 22/10/25, one RED risk on the risk register: • Delay in project timelines: The project may experience delays due to the necessity of additional actions, which poses a risk of not meeting the deadline. Summary of AMBER risks : • Stakeholder engagement/disengagement, support and/or dissatisfaction • Revised Standards expose the PSA to risks of legal challenge • Risk of negative impacts on staff wellbeing of working under pressure to tight deadlines. • Quality and effectiveness of the Standards in its ability to drive improvement, align with PSA strategy and align with wider reform agenda	Updated October 2025 Key achievements/progress: • July/August--Engagement on draft Standards undertaken with internal teams • September--ELT approved the draft Standards to progress for further engagement. Board also approved the consultation report and evidence review report for publication • September—Detailed requirements/evidence framework drafted by the AR and PR Teams. Approved by ELT for engagement. • Early October—consultation and evidence review reports published. Draft revised Standards and supporting requirements/evidence frameworks circulated to key stakeholders (including ARs and regulators) to begin targeted engagement period • October—EIA updated Up next: • Now – 8 December: targeted engagement window including a survey and invitation for ARs and regulators to join a virtual workshop • November—progress update to PSA Board on impressions from engagement so far and proposed timeline for Board approval of final Standards One risk elevated from AMBER to RED since last update. This is related to the risk of the project timeline/plan being delayed as the ‘Likelihood’ was elevated from “Low” to “Medium”. Although the project has been running on time to date, we recognise that there is a tight timeline between the end of the engagement period and finalising the Standards in response in preparation for Board approval. Should there be a large volume of feedback or significant challenges to consider, this will have an impact on subsequent milestones.
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Status Key:  On plan / budget  On / late to plan and / or within 10% of budget but with manageable risk  Late to plan and / or > 10% budget variance. Requiring re-plan or scope change

Finance report

19 November 2025

1. Executive summary as at 30th of September 2025

- 1.1. At this stage of the reporting period, Regulatory Activity is projected to finish 2025/26 financial year with a deficit of £27k, compared to a budget year-end position of break-even. The original budget anticipated that all regulatory expenditure would be met through regulatory fee income, with no refund to regulators for the 2025/26 financial year.
- 1.2. The change in the forecast primarily reflects £65k underspend relating to the planned research project, which is now expected to take place in 2026/27. The amount is expected to be carried forward into reserves to fund the project in the next financial year, subject to Board approval.
- 1.3. Offsetting this, there has been an increase in S29 legal costs due both to one significant ongoing case previously reported and higher number of appeals.
- 1.4. The main drivers for the overall deficit are and have remained broadly unchanged:
 - Overspend in staff costs due to number of factors including higher pension rates and additional temporary resource in S29. This is counteracted by the much larger investment income than predicted
 - Higher recruitment costs
 - Higher building service charge costs
 - Increase in S29 legal costs.
- 1.5. The Accredited Registers programme is forecast to deliver a surplus of £40k which is the same as the budgeted amount. This is however a combination of underspend in communications and increase in staff costs.

2. Sectoral Summary – Regulatory Activity

2.1. Income and Expenditure breakdown

Income and Expenditure	2024/2025 Actual Prior year comparator	2025/2026 Budget	2025/2026 Forecast	2025/2026 Budget vs Forecast
Income				
Fee Income from regulators	4,869	5,461	5,461	0
Operating Income				
S29 cost recoveries	291	164	173	9
Investment interest	111	25	150	125
Conferences income	6	0	6	6
Total income	5,277	5,650	5,790	140
Staff costs	3,525	3,766	3,848	(82)
Recruitment costs	33	15	30	(15)
Training and Conferences	48	75	83	(8)
HR and payroll costs	56	24	25	(1)
Staff travel	6	10	10	0
Occupancy costs	334	324	332	(8)
Audit costs	73	70	73	(3)
IT costs	112	190	167	23
Board appointments	51	0	3	(3)
Board remuneration/expenses	131	149	162	(13)
Depreciation/Capital costs	51	50	56	(6)
Conferences	17	45	35	10
Commissioned Policy advice and research	74	75	12	63
Comms	48	45	32	13
Other policy costs	161	82	94	(12)
Direct S29 legal costs and case review	566	657	781	(124)
Other costs	115	73	74	(1)
Total admin costs	1,876	1,884	1,969	(85)
Surplus/(deficit)	(124)	0	(27)	(27)

- 2.2. £125k difference in investment income due to better investment performance (improved rates and investment management).
- 2.3. £82k overspend in staff costs due to variety of factors including new pension scheme with higher employer contributions and additional temporary help in S29.
- 2.4. £15k overspend in recruitment costs due to extension costs of staff recruited via agencies.
- 2.5. £13k overspend in Board costs are due to work associated with board effectiveness review.
- 2.6. £23k underspend in IT costs due to efficiency costs resulted from moving to cloud.
- 2.7. £63k underspend in commissioned policy advice and research is relating to the planned research project which is now expected to take place in 2026/27. The amount is expected to be carried forward into reserves to fund the project in the next financial year.
- 2.8. Underspend in other comms costs is nearly fully counteracted by overspend in other policy costs.
- 2.9. £124 overspend in S29 legal costs due both to one significant ongoing case previously reported and higher number of appeals compared to budget.

3. Sectoral Summary - Accredited Registers

Income and Expenditure	2024/2025 Actual Prior year comparator	2025/2026 Budget	2025/2026 Forecast	2025/2026 Budget vs Forecast
Registers Income	702	771	759	(12)*
Staff costs	434	447	471	(24)
Comms Costs	43	77	51	26
Overheads	174	197	187	10
Others	7	10	10	0
Surplus/(Deficit)	44	40	40	0

*reduced by the UKAHPP income due to withdrawal from the programme

4. Total staff costs

Income and Expenditure	2024/2025 Actual Prior year comparator	2025/2026 Budget	2025/2026 Forecast	2025/2026 Budget vs Forecast
Salaries	3,104	3,293	3,085	208
Social Security	348	412	396	16
Pension	561	508	603	(95)
Temp/Agency/Secondments	92	0	**235	(235)
Total staff costs	*4,105	4,213	4,319	(106)

*This matches statutory accounts and includes £87k of AR overheads costs that are classed as staff costs in statutory accounts

**2 Secondments and legal associate costs

5. Capital

Capital Expenditure	2024/2025 Actual Prior year comparator	2025/2026 Budget	2025/2026 Forecast	2025/2026 Budget vs Forecast
Intangible assets	0	0	0	0
IT equipment	30	40	40	0
F&F	0	10	10	0
Total capital costs	30	50	50*	0

*This is forecast capital expenditure, which is on track, depreciation expenditure (non-cash) is forecasted to be around £56k

6. Statement of Financial Position

Income and Expenditure	2024/2025 Actual Prior year comparator	2025/2026 Budget	2025/2026 Forecast	2025/2026 Budget vs Forecast
Intangible assets	67	67	67	0
Property, plant & equipment	66	66	66	0
Right of use asset – property lease	475	315	315	0
Total	608	448	448	0
Trade and other receivables	590	590	590	0
Cash and cash equivalents	8,660	8,698	8,671	(27)
Total assets	9,858	9,736	9,709	(27)
Trade and other payables	(6,960)	(6,958)	(6,958)	0
Lease liability	(191)	(191)	(191)	0
Provisions	(51)	(51)	(51)	0
Total	(7,202)	(7,200)	(7,200)	0
Lease liability	(350)	(190)	(190)	0
Net Assets	2,306	2,346	2,319	(27)
Reserves				
Unrestricted	884	924	924	0
Restricted	1,422	1,422	1,395	(27)
Total Reserves	2,306	2,346	2,319	(27)

7. Cashflow

Cash and investments as at 01/04/2025	8,660	8,660
Income	Projected (Full year)	Actual (year to date)
Fees Income	*5,461	***24
Accredited Registers	**771	****251
Interest	150	88
S29	164	*****163
Other	6	0
Total Income	6,552	526
Outgoings		
Payroll	4,213	2,046
Other costs	2,301	974
Total Outgoings	6,514	3,020
	31/03/2026	30/09/2025
Cash and investments	8,698	6,166

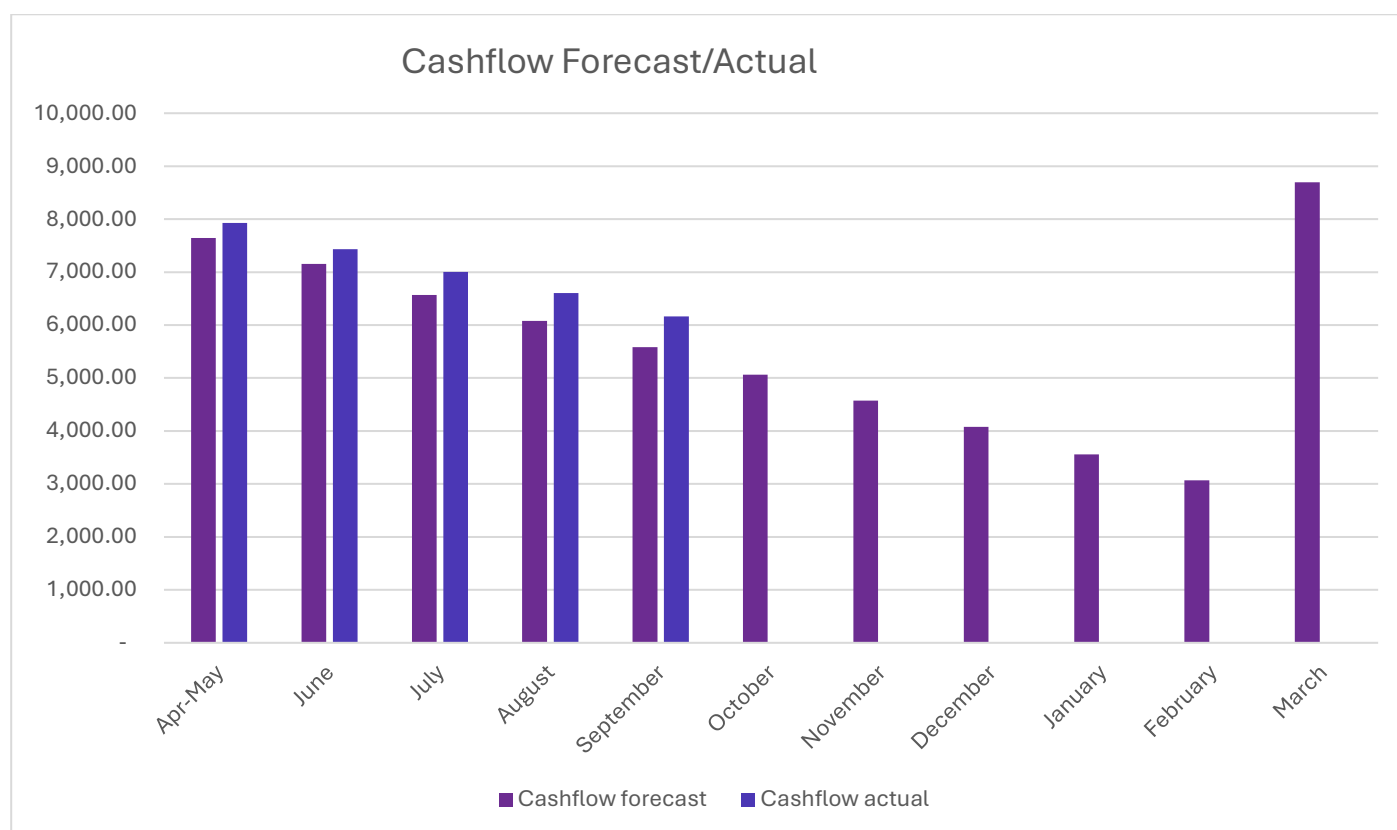
*Assumed same level of fee income as 25/26 received in March 2026

**Assumed the same level of income received in March with small number of regulators paying in 4 quarterly instalments

*** Late fee payment

**** Combination of late fee payment and quarterly payments

*****Including large proportion of income from last year



COMMITTEE ALERT, ADVISE, ASSURANCE REPORT TO BOARD

Committee:	Audit and Risk Committee
Meeting Date:	9 October 2025
Chair:	Nick Simkins

KEY ITEMS DISCUSSED AT THE MEETING

TO ALERT (alert the Board to any areas of particular importance or urgency)

Issue	Committee Update	Assurance Received	Action	Timescale

ADVISE (advise the Board on any areas of on-going monitoring or any new developments that need to be shared with the Board)				
Issue	Committee Update	Assurance Received	Action	Timescale
Internal Audit	RSM provided a progress update. Cyber Security audit was complete.	Cyber Security audit was given Partial Assurance.	Recommendations made 9 Low 2 Medium 1 High All will be complete by 31/3/26 The Committee recommended that the Strategic Risk register be updated to reflect the current residual risk score until the recommendations have been implemented. The Committee agreed going forward they will deliver an annual assurance report on Cyber Security.	31/3/26 Complete

Risk Management Policy	The Committee annually reviews the Risk Management Policy.	The Committee approved the policy.	The Committee agreed to revisit the policy after the Board's November discussions on risk appetite.	
Reserves Policy	The Committee annually reviews the Reserves Policy.	The Committee agreed to recommend the Reserves be increased to £1.446m	On the Board agenda for approval.	

ASSURE (assure the Board on any areas of assurance that the Committee has received)				
Issue	Committee Update	Assurance Received	Action	Timescale

Reserves Policy

Date: 19 November 2025

Title: Reserves Policy

Author: Jane Carey

Responsible Director: Jane Carey

Paper for Approval

[Open paper](#)

1. Issue

1.1. The Reserves Policy is reviewed annually by the Board.

2. Recommendation

2.1. The Board is asked to approve that

- the reserves level be increased to £1.446 from April 2026 and
- the policy is updated to recognise that typically the PSA will retain 50% of excess restricted reserves to fund any unanticipated additional expenditure, such as s29 appeals, and will aim to return 50% to the regulators.

3. Analysis

- 3.1. The Reserves Policy is reviewed and updated annually by the Audit and Risk Committee (ARC) before being shared with the Board for approval. The ARC reviewed the updated draft version at their October 2025 meeting.
- 3.2. Our reserves policy, is to hold an agreed level of financial reserves, sufficient to ensure that our statutory functions can continue to operate. This is to accommodate unexpected expenditure peaks and cash flow deficiencies.
- 3.3. The timing of the determination of the fees is not fully within our control and should there be a delay in the receipt of the fee income we will face cash-flow problems and could have difficulty in meeting its expenditure requirements and statutory duties.
- 3.4. The cash-flow issues are linked to the receipt of the fee income. If the consultation process is not concluded by the Privy Council and Secretary of State for Education in time for the determination to be made by the beginning of March, then we will face the prospect of having no income at the start of the financial year.

- 3.5. We may also have to address financial shortfalls arising during the fiscal year. The budget for any given year has to be estimated prior to the commencement of the consultation exercise, which being lengthy has to commence early in the preceding year, thus there could be occasions when we have to address unexpected expenditure during the year after the fee has been determined – for example costs arising from an increase in workload, legal costs, the need to undertake an investigation or changes to legislation.
- 3.6. While we have the power to consult on an additional fee during the year, the time that this would take makes it an impractical means of addressing such issues. Seeking additional fees also means that the regulatory bodies would be asked to provide funding that they had not budgeted for, resulting in pressure on their own budgets.
- 3.7. Having reserves that can be called upon will also eliminate the need to pay arrangement fees and interest on any monies borrowed.
- 3.8. The policy agrees to hold reserves of three months' total operating costs (for 2025/26 £1.354 million), within which it draws a distinction between:
- A restricted element associated with regulatory and standards work
 - An unrestricted element associated with all our work.
- 3.1. Earlier this year, the Business Plan Review Committee agreed that going forward we will typically retain 50% of excess restricted reserves to fund any unanticipated additional expenditure, such as s29 appeals, and will aim to return 50% to the regulators as part of the fee setting process.
- 3.2. The risk of the temporary cash flow issues relating to the consultation process still remain therefore we propose to continue the policy at three months total operating costs. Our annual operating costs have increased in the last few years and the budget for 2025/26 was £5.461m so we set total reserves at £1.354m. However, the proposed budget for 2026/27 is further increased to £5.461m so we propose that the total reserves level from April 2026 be increased to £1.446m.

4. Finance and Resource

- 4.1. The work is funded from existing resources for 2025/26. The current Reserves position is set out in the table below. The £168K deficit for 2026/27 is the planned discount for the 2026/27 fees budget.

Reserves	2025/26 £000			2026/27 £000		
	Restricted	Unrestrict	Total	Restricted	Unrestrict	Total
As at 31/03/2025	1,422	884	2,306	1,395	924	2,319
Non current assets	183	-	183	183	-	183
Cash reserves	1,239	884	2,123	1,212	924	2,136
Deficit/Surplus budgeted M6	27	- 40	- 13	168	-	168
Cash Reserves available	1,212	924	2,136	1,044	924	1,968
Reserves required	903	451	1,354	964	482	1,446
Surplus reserves	309	473	782	80	442	522

5. EDI implications, including Welsh Language

- 5.1. There are no EDI implications to the approach.

6. Communications

- 6.1. The policy is published in the Annual Report and Accounts every July.

7. Internal Stakeholders

- 7.1. All Board members and staff.

8. External Stakeholders

- 8.1. The Regulators, Accredited Registers Privy Council and DHSC.

9. Annexes List

Annexe A: Reserves Policy

1. Purpose

- 1.1 The PSA has agreed to hold reserves of three months' total operating costs (from 2026/27 £1.446 million) to cover unexpected in year costs within which it draws a distinction between:
- 1.2 A restricted element associated with regulatory and standards work (26/27 £0.964m)
- 1.3 An unrestricted element associated with all the PSA's work (26/27 £0.482m)
- 1.4 The intention is that the restricted element will amount to £0.964 million and the unrestricted £0.482 million and could cover unexpected expenditure during the year after the fee has been determined - for example costs arising from an increase in workload, the need to undertake an investigation, changes to legislation or significant additional legal costs in S29 cases.
- 1.5 The level and make-up of our reserves will be reported through our Annual Report.
- 1.6 Any money taken from reserves during the year will need to be replaced in the following year(s).
- 1.7 Should there be a need to draw upon the restricted element of the reserves we will report this to the regulatory bodies at an appropriate point

Fixed assets

- 1.8 The financing of the PSA's fixed assets is attributed to the restricted element of the reserves on the basis that regulatory and standards work represents the PSA's statutory function.

Unrestricted reserve surplus

- 1.9 At present the PSA holds in excess of the 1/3rd (unrestricted) target of one months' total operating cost.
- 1.10 This unrestricted reserve surplus (currently circa £0.690 million) is regarded as available for the PSA to use, as appropriate, in relation to development work associated with the PSA's strategic plans.

Restricted reserve surplus

- 1.11 Typically, the PSA will retain 50% of excess restricted reserves to fund any unanticipated additional expenditure, such as s29 appeals, and will aim to return 50% to the regulators unless that figure is considered immaterial.
- 1.12 It is anticipated that any surplus will be used to develop regulatory practice, including:
 - Research projects
 - Specific events
 - Supporting the Accredited Registers programme.

Version	Description of version	Date
1.0	Approved by ARC and Board	January 2021
1.1	Increased to match 24/25 budget	October 2023
1.2	Updated words to remove Authority and increase for 25/26 budget	November 2024
1.3	Increased to match 26/27 budget and recognise the aim to return 50% of excess to regulators in fee setting	November 2025

Communications and engagement strategy 2026-29

Date: 19 November 2025

Title: Communications and engagement strategy 2026-29

Author: Oyinkan Onile-Ere

Responsible Director: Melanie Venables

Paper for Approval

Open paper

How does this work contribute to PSA's strategic objective: The communications and engagement strategy will support all the objectives outlined in the 2026-29 Strategic Plan.

1. Issue

- 1.1. The objectives in the 2026-29 Strategic Plan will need to be supported by a communications and engagement strategy. A discussion was held on this with the Board in July and the attached draft lays out the proposed approach for the Board to consider.

2. Recommendations

- 2.1. The Board is asked to consider, comment on and approve the approach set out in this paper, including plans to bid for an increased budget for communications and engagement in 27/28 and 28/29.

3. Background

- 3.1. Discussions around the communications and engagement strategy have been underway informally for several months alongside the development of the Strategic Plan 2026-29. In July, a discussion paper (which included progress and achievements under the current strategy) came to the Board giving some early indications of the direction the strategy intended to take and to seek steers from Board members at that stage. Additionally, further input to inform the attached

strategy has been sought from Board members, staff and selected external stakeholders. Responses to our 2024 stakeholder survey have also been factored into the strategy development.

4. Analysis

- 4.1. This is set out in detail in the annex.

5. Finance and resource

- 5.1. This is a three-year strategy which aims to have us widen and deepen stakeholder relationships, run paid-for campaigns and consider additional mechanisms to bring the views of diverse service-users and professionals into our work. We are also asking staff to undertake more stakeholder engagement. This reflects the increasing importance of collaboration and engagement in our draft Strategic Plan 2026-29.
- 5.2. To be able to deliver fully on our ambitions, including raising awareness of the Accredited Registers programme and influencing perceptions about the value of professional regulation by policy makers and the public, is likely to require additional resources. This may be in terms of skills training, outsourcing, recruitment or increased budgets to purchase tools, consultancy services or broaden our reach. As we move towards implementation, we will have greater clarity on the detail of what is required and bids for additional resources would be made the 2027/28 business year and beyond, following our usual business planning processes.

6. Impact assessment

- 6.1. The strategy proposes developing strengthened relationships with a broader stakeholder group which should bring wider insights. These insights will inform our work and better equip us to mitigate impacts and address challenges. We will undertake equality impact assessments for individual activities within the strategy (such as the Accredited Registers' campaign) as and when needed.

7. EDI implications, including Welsh Language

- 7.1. The strategy includes proposals to seek the input of diverse stakeholders into key aspects of our core functions (e.g. performance review assessments) and internal operations (e.g. website refinement) so these views can inform our activities. We will continue to consider the Welsh language as we implement this strategy including in support of our engagement plan for Wales and our Accredited Registers campaign.

8. Timescale

- 8.1. The new communications and engagement strategy will be operational from April 2026, guiding the direction of our activities until March 2029.

9. Communications

- 9.1. The strategy sets out the approach that will be taken to communications in 2026-29. The strategy itself is an internal document to guide our activity and as such, there are no plans to publish it although several of its outputs will be published.

10. Internal stakeholders

- 10.1. The views of all internal teams were sought in developing the strategy. Discussions were held with HR to bring alignment with the development of the People Strategy in the areas needed.
- 10.2. It will be important to encourage a shared commitment among staff to the direction of the new Strategic Plan and its implications for the approach we take to our communications and engagement. Once finalised, the strategy will be shared with all staff, providing opportunities for discussion at team meetings. Additional activities to socialise the new Strategic Plan among staff will also include discussion of the supporting communications and engagement approach.

11. External stakeholders

- 11.1. The 2024 stakeholder survey was used to gather the views of external stakeholders and those findings have helped shape the proposed strategy. A small set of stakeholders provided additional input to the development of the strategy.

Communications and engagement strategy to support PSA's Strategic Plan 2026-29

1. Operating Context

- 1.1 Since the current UK government came into place, changes have been fast and significant and with various reviews and commissions still underway, we can expect the pace of change to continue. 2026 will see elections in Scotland and Wales with Northern Ireland holding elections by May 2027. These may result in further changes to aspects of the health and social care landscape. Our role involves considering new developments and highlighting regulatory issues be they within or across the nations. The coming period may call on us to respond more quickly as developments emerge.
- 1.2 Legislative reform of healthcare professional regulation means that over the life of PSA's 2026-29 Strategic Plan we will need to adapt to significant changes in operating context with the UK Government commitment to bring forward legislation for the General Medical Council (GMC), Nursing and Midwifery Council (NMC) and Health and Care Professions Council (HCPC) within this Parliament. The changes to how some of the statutory regulators we oversee operate, to the PSA's role and how we are adapting operational processes across the regulators and registers (including the introduction of our new Standards) will need to be clearly articulated and explained.
- 1.3 The health and social care sector is facing record high levels of demand and challenge on several fronts. We are seeing widespread dissatisfaction from the workforce and service-users alongside expressions of lack of confidence in some of the regulators we oversee. Expectations remain for us to be robust in our core functions and demonstrate where we can make a valuable contribution to the issues faced.
- 1.4 Significant challenges in demand for services and resource availability are faced by registrants, patients and service-users in the health and social care sector across the UK. As solutions are sought, the interdisciplinary nature of healthcare provision is becoming more fully recognised. As the three shifts in the 10-Year Health Plan for England (hospital to community, sickness to prevention and analogue to digital) are implemented, we may see more changes to roles, scopes of practice, prescribing rights and use of Artificial Intelligence (AI) within health, which bring new risks and

opportunities that regulators and registers will need to collaborate on and respond to. These shifts are broadly relevant to health policy in Northern Ireland, Wales, and Scotland, though each devolved government approaches these priorities differently. We continue to want to work with stakeholders to encourage the development of regulatory strategies to underpin workforce plans for each country to ensure that regulation can be an enabler of workforce transformation.

- 1.5 The updated version of *Right-touch regulation* (RTR) places more emphasis on collaboration. In line with that, our 2025 Regulatory Policy Symposium underlined the importance of collaboration as being a key ingredient in tackling barriers to making a complaint and to addressing the backlog of complaints regulators are managing. Collaboration will be a key theme throughout 2026-29, supporting delivery against our strategic aims. This makes our stakeholder engagement more critical.
- 1.6 Wider societal and political tensions are likely to continue to impact on health and care delivery (examples are free speech and professional conduct, immigration and international recruitment). The challenge for professional regulation is how to navigate these tensions to both support health and care professionals and set clear expectations around where boundaries lie, all in the pursuit of greater patient safety.
- 1.7 The government focus on smarter regulation means it is even more important to articulate how what we, the regulators and registers do brings value.
- 1.8 With recent high-profile cases of imperfect practice, the regulators we oversee have been attracting public scrutiny around areas where they need to improve their performance. The need to address backlogs of fitness to practise cases is longstanding and important to maintaining public confidence. This means our core work remains central and visibly driving towards improvements is vital.

2. Main Issues/opportunities to address

- We want to support the evolution of regulation as an enabler of workforce transformation including supporting each of the four UK nations to adopt regulatory strategies to underpin their workforce plans.
- We want to collaborate with Accredited Registers (AR) to raise awareness and uptake of the Accredited Registers programme so consumers are more informed and have the knowledge to exercise their choice in a way that promotes patient safety.
- We want to support an earlier resolution of complaints and the deriving of learning from the concerns raised so that improvements are made where needed.
- We want to help achieve the right balance of accountability, agility and efficiency through reform of regulator legislation. We will look to assist with maximising the opportunities and managing the risks of reform especially during an interim period of a two-tier regulatory system.
- We want to assist with highlighting areas of over- and under-regulation to encourage efficiency, and greater public safety.

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- We will place more emphasis on facilitating good practice in professional regulation and registration using our unique position. This will include producing our own guidance but also encouraging those we oversee to share and learn from each other and relevant bodies.
 - We are enhancing our performance review function, making adjustments to our auditing and undertaking targeted, timely interventions where needed, such as during periods of enhanced monitoring.
 - We want to actively listen to what diverse groups of patients, public and professionals are saying about us and the professional regulators as this is key to understanding how we maintain public confidence through our role.
 - We will be setting clearer expectations for those we oversee using our new Standards to place more focus on governance, leadership and collaboration. We will make it easier for service-users/the public to understand our Standards and why they matter.
 - Government rhetoric on regulation is that it needs to be more effective, reduce burdens and administrative costs; and promote innovation and growth. Operating against this background means we need to communicate how our activities align with this.
 - We will continue to work with others to explore the implications of AI development in health and care and on professional regulation.
 - We want to explore how regulation can achieve a more upstream and preventative approach, what this means in the context of regulation and the added benefits of this for public protection.

3. Goals

3.1 To ensure PSA is well-placed to respond to the above, the goals are:

- **Awareness** - To raise PSA's visibility and enhance its credibility as a key part of the evolving regulatory landscape, encouraging key stakeholders to engage with us so we can be more effective
- **Influence** - To position PSA to influence public policy and relevant audience groups so we can achieve our strategic aims, advocating for improvements in regulation
- **Impact** - To deliver communications that demonstrate the public protection impact and relevance of PSA's work in the changing context

These are long-term goals which continue to be important to the delivery of the we want to see, as are the five roles we play. We will continue to operate across all of these roles in 2026-29 while making our overall approach one that is demonstrably about tangible actions and supporting solution-finding.

Role	Activities (examples)	Scope
Reviewer/Auditor	Performance, AR & section 29 reviews, Corporate Services functions, commissions	Things we work on ourselves
Guide	Guidance, learning points, research	Things we encourage others to adopt
Convenor	Events, forums, working groups, joint statements	Things we facilitate through collaboration by and with others
Thought leader	Right-touch regulation, policy products, articles	Things we propose, identify and highlight
Advocate	Position statements, consultation responses	Things we push for

Key communications and engagement drivers

4. Communications

- 4.1 Our 2024 survey showed that stakeholders want to feel our presence more around sector issues, see us more firmly holding those we oversee to account and to be assured of our independence. This calls on us to be responsive to external developments, confidently vocal, adopt an authoritative tone in our communications and share more of our rationale, actions and positions.
- 4.2 In the context where regulation must demonstrate it is an enabler, it will be important to set out a clear narrative about our value, unique remit and evolving role as well as raise our profile with parliamentarians and policy makers across the four nations.
- 4.3 A key asset we hold is the information and insights we can contribute to sector debates and to improving practice among those we oversee. Our communications should be used to highlight trends and themes, facilitate learning and encourage good practice. These insights can also be packaged in a way that supports engagement with particular audience groups such as parliamentarians.
- 4.4 We have had positive feedback to the move towards taking a more user-friendly, less technical tone in our communications. We should continue to take that approach, tell simpler, clearer stories which refer back to our role (using the emerging themes of oversight, reform, prevention, governance and collaboration to bring cohesion to our work) and bring more creativity and variety into the content on our channels. We will also keep accessibility and the Welsh language Standards in mind as we develop and promote our content.

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- 4.5 Securing partnerships and endorsements will bring added credibility to our communications and extend our reach to audiences. This could be by getting our content onto third-party channels organically, taking up speaking opportunities at the events of others and running paid campaigns.

5. Engagement

- 5.1 Aligned to our Equality, Diversity and Inclusion (EDI) self-assessment, we need to explore ways to enhance our engagement mechanisms so we are well-placed to gather the input of diverse professionals and service-users to our internal and external work, improving our ability to help them understand our role and approach us when needed.
- 5.2 With the introduction of the new Standards and some additions to our assessment methodology, we will need to support those we oversee through the transition, taking time to effectively explain the change and the reason for it as well as what is required.
- 5.3 Historically our activity has been more weighted towards the regulators than the Accredited Registers. We will adjust the balance to give appropriate attention in terms of quantity and seniority level to the AR programme, its activities and stakeholders. This reflects the increasing importance of ‘informal’ roles to the developing workforce plans and greater supply of healthcare by the independent sector.
- 5.4 We will need to work with and build relationships with an expanding set of stakeholders to deliver our strategic aims (including employers, system and product regulators and those in the social work, social care and independent sectors). Given the limited capacity we have, the expansion will need to be started with a small set of priority targets to keep activity efficient. It will be important to make our engagement purposeful so it is mutually beneficial.
- 5.5 Managing our relationships effectively, while maintaining our independent stance may mean considering how best to balance the tone of our communication between being measured and assertive. We also need to ensure we facilitate but do not overstep into prescribing or doing, where this is a role for others.
- 5.6 During 2025, in addition to holding some Board meetings outside England, we made a concerted effort to spend time in all the UK nations, attending and hosting events. With a relatively new set of Board members representing Northern Ireland, Scotland and Wales, we are establishing priorities for our engagement approach in each nation which will form the basis for country engagement plans (including for England). In each devolved nation, the focus is to increase our visibility by being seen more regularly alongside other health and care bodies debating sector issues. The aim would be that over time our contributions to discussing and tackling these issues would grow, allowing us to operate more effectively in our thought-leader role. We will consider Welsh language needs alongside this.

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- 5.7 Parliamentary and ministerial engagement is a priority to help increase understanding and evolving of our role. Additional goals are visibility among and collaboration with stakeholders on how preventative regulation approaches can enhance patient protection. Getting a better understanding of how national priorities fit with ours will position us helpfully for the coming years.
 - 5.8 We are putting in place structures and approaches to encourage more collaborative working across PSA's internal teams for the effective delivery of cross-organisational projects. Working within capacity constraints as well as requiring some staff to spend more of their time on engagement than was previously the case, means we need to consider how best to support staff in terms of skills development, understanding of responsibilities, change management and ways of working. Activities to support the workforce to deliver the Strategic Plan are being considered within the 2026-29 People Strategy.
 - 5.9 The above may require additional resources and funding to invest in tools and expertise, to extend reach and support with training as needed.

Supporting the Strategic Aims

Strategic Aim 1: To protect the public by delivering highly effective oversight of regulation and registration

This strategic aim relates to our statutory duties to audit and report on the performance of regulators and Accredited Registers

6. We will use communications and engagement to support Strategic Aim1 in the following ways:

- 6.1 We will seek greater engagement with stakeholders to assess the performance of regulators and registers. We will explore and set-up any additional engagement mechanisms needed to augment our ability to listen actively to a diverse set of stakeholders and more systematically align this with our monitoring and auditing process. We will use learnings from our research into barriers to complaints to make our own processes for members of the public to share their experience more user friendly and accessible.
- 6.2 We are making some changes to the way we undertake our oversight functions and these will become more apparent in the early part of 26/27. These changes will bring some differences for those we oversee and there may be some teething issues as we rollout new Standards and activities to enhance our monitoring. We understand that our engagement with these organisations requires us to take them on the journey at a measured pace, be clear not only on what we are doing but why and how it fits with RTR; and to find the right tone and balance which fits appropriately with our role. We will use existing good operational relationships to cement a collaborative and supportive approach to driving change.
- 6.3 We will expand the groups of stakeholders we proactively engage with. In 2025 we completed a review of our stakeholder relationships, identifying where relationships could be deepened to provide us with partnerships needed to collaborate around solving the prevailing issues we are focused on and covered by our strategic aims. We will be expending more effort on our relationships with employers (to enhance our work around promoting the AR programme, our reviews of the regulators, our preventative regulation agenda as well as the enablers and barriers mentioned in Strategic Aim 3), system and product regulators (around cosmetics licensing, the work environment and how it impacts on professionals, the implications of AI) and the independent sector (whose variations may need to be more routinely factored into our thinking). We have nominated leads to take this engagement forward.
- 6.4 We have seen success from seeking bi-lateral meetings and hosting roundtables and in-depth discussions with stakeholders when we hold our Board meetings outside of the London office. We will continue with this in Northern Ireland, Scotland and Wales. Newly, we will explore whether including a similar England-focused engagement opportunity to our programme may add value.

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- 6.5 We will utilise our engagement as well as the insights we are gaining from more regular evaluation of our activities to tailor our communications to better appeal to our audiences. We will continue work on enhancing our social media content, including more tailoring on our channels, experimenting with some paid content and using storytelling to speak to a more diverse public audience about the areas of concern to them.
 - 6.6 We will seek to develop more partnerships to help land our key messages in ways that resonate with audiences. Endorsement of specific outputs such as *Right-touch regulation* and our Quality Mark campaign can bring credibility to our activities and encourage broader uptake. Partnering with influencers to extend the reach of our message to the public will help us build on earlier phases of our AR Quality Mark consumer campaign.
 - 6.7 We will undertake sustained parliamentary engagement (with a particular focus on building relationships with the Health Committees in each nation) to raise visibility of our work in all nations and secure support for effective legislative reform, regulatory strategies and preventative regulation approaches. These relationships will also be important to help support specific activities such as any cases we may make to the governments to support the growth of the AR programme.
 - 6.8 We will also seek partnerships with diverse patients/service-users to co-produce work such as the review and promotion of our Share your Experience function and to bring the public perspective into ongoing areas such as website accessibility. We will explore digital tools which make it easier for the public to input to our work (e.g. via consultations). We will also consider whether there are other groups whose views we should proactively seek for input into our performance reviews, such as professionals.
 - 6.9 Given the maturity stage of the AR programme, the next phase of its growth will likely involve raising visibility of the programme among commissioning leads. Taking this forward will require engagement with professionals, employers, workforce planning policy leads and system regulators, in addition to the usual key stakeholders. We have existing relationships with some of these audience groups however the level of priority and therefore effort assigned to investing in these relationships will require an uplift over time.
 - 6.10 Internal communications collaboration with the Executive Leadership Team, Corporate Services and relevant staff forums will support the People Strategy's aim to maintain a positive and inclusive workplace culture that allows employees to feel safe and that promotes the overall mental, physical, and emotional health of employees.

7. By 2029:

- 7.1 We will have engaged effectively with the regulators and registers to make the case for the new Standards and to support their successful implementation.
- 7.2 We will have improved mechanisms for gathering input from professionals and patients/service-users into our performance reviews and other areas of our work.

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- 7.3 We will have effectively explained our priorities and our activities in support of those priorities to our key stakeholders by making good use of our communications channels and vehicles, broadening the variety of ways and creativity with which we tell our stories on our social media channels and website. We will have utilised different people across the organisation as well as a range of accessible and appealing content to do so.
 - 7.4 We will have told clearer stories about the difference our work makes, raising more visibility of our section 29 appeals as a tangible way in which the PSA explicitly contributes to increased patient safety.
 - 7.5 We will have run consumer campaigns to promote the AR Quality Mark to health and care service users and increased awareness of the benefits of the AR programme among commissioning leads and parliamentarians.

Strategic Aim 2: To drive improvements in regulation and registration in health and social care

This strategic aim covers facilitating, advising and enforcing to promote and support continuous improvement in the work of regulators and Accredited Registers.

8. We will use communications and engagement to support Strategic Aim 2 in the following ways:

- 8.1 The focus on driving improvements in regulation will provide an impetus for us to identify and invest more of our time in sharing learning and good practice and we will use our communications tools and channels (including our website, social media, events and newsletters) and our engagement (such as regular meetings, forums, speaking opportunities) to do this.
- 8.2 We will promote our research, policy positions and thought-leadership as a way to bring our priority work to life and to articulate what we mean by encouraging a preventative approach to regulation. For example, we will use this approach to push for regulation to be integrated into thinking about how to achieve the three NHS shifts. We will develop longer-term communications plans around our research projects so we derive more out of them by using them as focal points for our engagement with think tanks, academics, parliamentarians, the organisations we oversee and system regulators.
- 8.3 Hosting a webinar series on sexual misconduct, making it a theme of both the 2024 research conference and our learning points bulletin, and the topic of a report due in early 2026 has given it prominence for us in the minds of our stakeholders. We will identify particular focal issues for our thought-leadership each year and map out a plan for sustaining conversation and organisational activity around them throughout the year.
- 8.4 In 2025, the Board approved the decision to begin to publish the performance review escalation letters we issue to the governments and Health & Social Care Committees. This was to give more transparency and weight to our concerns, where we have them. In line with this, going forward where we make use of targeted interventions, we will give this appropriate visibility. This is especially important in the context of recent high-profile performance challenges experienced by some of the organisations we oversee and the stakeholder feedback we have received urging us to be more vocal on issues. When we are taking action to address unsatisfactory performance in our oversight role, we should be transparent about it.

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- 8.5 We will develop a communications and engagement plan to assist with maximising the opportunities and minimising the risks of regulatory reform by highlighting the changes we think are needed to the legislation and encouraging sufficient engagement with patients and the public. Managing our relationships and the tone of our communications around regulatory reform will require some careful balancing. While overall we are supportive of the direction of travel of reform, there will be areas where our position on the details of how it will be implemented will differ from that of the UK Government and the regulators. The manner and form in which we express our concerns will need to be nuanced so we maintain our independent voice while not jeopardising significant relationships needed to do our work effectively.
 - 8.6 We will make more use of the data and intelligence that we have access to, developing and publishing bulletins and reports to analyse trends, share learning and issue safety warnings as needed. This will be informed by the data and intelligence strategy being developed by April 2026. We will help to spotlight good practice and concerns which can influence areas of priority for others - leading to improvements and solutions.
 - 8.7 We will be supporting the regulators and ARs in using the right-touch regulation framework to make improvements. We will continue to promote RTR and its practical applications with those we oversee, other healthcare bodies, system regulators, policy analysts and academics, the Government and parliamentarians.
 - 8.8 One of the goals of engagement will be to foster greater collaboration in undertaking our core functions and tackling wider challenges. We will use existing forums and initiate new ones, where needed, to jointly horizon-scan with those we oversee and system regulators, share practice and concerns and fashion joint positions and solutions.
 - 8.9 We will be purposeful about the events we run, ensuring they are outcome-focused and tie in well to our priorities. We will seek and undertake speaking engagements in all four nations and internationally where they provide an opportunity to drive forward our preventative agenda, share learning, demonstrate the value of our work and position PSA to influence strategically.

9. By 2029:

- 9.1 We will have used our communications channels and events to facilitate learning and promote good practice among those we oversee and beyond
- 9.2 We will have delivered a thought-leadership programme around selected focal issues which support our work and drive forward the preventative regulation agenda
- 9.3 We will have showcased the actions and interventions we have undertaken to address unsatisfactory performance among those we oversee
- 9.4 We will have clearly advocated for public protection in our communications and engagement around regulatory reform and explained how we have evolved our role to support the changes being implemented
- 9.5 We will have run effective events, well-received by stakeholders with clear outcomes and next steps

Strategic Aim 3: To work with stakeholders to promote external enablers and reduce external barriers relating to the impact of professional regulation on safer care for all

This strategic aim looks to improve the overall effectiveness of regulation and registration by encouraging governments and others to take a risk-based approach in line with RTR; it also focuses on doing more to support professionals to meet standards and takes in the impacts of the work environment.

10. We will use communications and engagement to support Strategic Aim 3 in the following ways:

- 10.1 Our RTR and Right-touch assurance (RTA) frameworks enable the identification of areas of over and under-regulation. We will promote the use of these tools by others and continue to advocate for action by the Government and others, where we believe there may be unmanaged risks.
- 10.2 We will seek to engage all four governments and health and care services on the development of regulatory strategies, based on RTR and RTA thinking, to support delivery of their workforce plans. This will require investment in raising awareness of PSA, our work and how regulatory strategies can support achievement of workforce transformation. We will need to build relationships with politicians across all the parliaments and assemblies.
- 10.3 We will be responsive to developments, highlighting areas of concerns and being quick to speak up, including with the governments, when we see disturbing trends through our horizon-scanning. We will balance our messaging appropriately to ensure we base any firm positions on evidence and stating where the evidence is unclear and further investigation is required.
- 10.4 We will use our independent position and convening power to bring together relevant parties to drive collaboration around positive working cultures and other enablers and barriers to effective regulation (such as the use of AI in regulation and inappropriate fitness to practise referrals).
- 10.5 We will contribute our expertise towards solutions through participation in others' events, commissions and reviews.

11. By 2029:

- 11.1 We will have showcased the value that regulatory strategies offer
- 11.2 We will have promoted right-touch regulation and any RTAs undertaken and used these to highlight our expertise and consultancy work
- 11.3 We will have used our convening power, participation in the forums of others and speaking engagements to drive collaboration towards solutions for workforce, work environment and culture challenges

Year 26/27	Year 27/28	Year 28/29
External: Estimated, some dates TBC May 2026: parliamentary elections in Wales and Scotland, local elections in England May 2026: MHRA recommendations for AI regulatory framework Thirlwall Inquiry reports June 2026: Nottingham Maternity Review reports Muckamore Abbey Hospital Inquiry reports Summer 2026: Commission for the Future of Counselling and Psychotherapy report published (PSA has observer status) 10 Year Workforce Plan for England published NMC IOG issues (final) report/statement	May 2027: parliamentary elections in Northern Ireland GMC Order comes into place NMC or HCPC Order goes through parliamentary approval HCPC or NMC Order consultation NHS managers' disbaring scheme begins NMC or HCPC consults on rules Introduction of additional safeguards for higher-risk non-surgical cosmetics procedures in England	Casey Commission on Adult Social Care reports NMC or HCPC Order comes into place HCPC or NMC Order goes through parliamentary approval HCPC or NMC consults on rules

GMC Order goes through parliamentary approval GMC consults on rules NMC or HCPC Order consultation Legislation to regulate NHS managers National maternity and neonatal investigation findings Introduction of age restrictions and premises requirements for non-surgical cosmetics procedures in Scotland		
PSA: Estimated, some activities TBC Auditor Revised Standards introduced and implementation undertaken. Comms and engagement to explain rationale, requirements and timeline	First set of performance reviews and assessment reports published which take account of new Standards. Comms and engagement around findings which may show fewer Standards are met during transition period.	
Thought-leader Right-touch regulation promotion through new materials releases, webinars held, presentations at various forums Publish and promote RTR guidance on preventative regulation	Take-up opportunities to promote RTR internationally and with networks through speaking engagements.	

Thought pieces showing how regulatory strategies can support workforce plans and engagement to encourage adoption	Right-touch assurance methodology refinement and application promoting how RTR can contribute to answering current regulatory questions.	
Advocate Run influencer and digital advertising campaign to encourage consumers to look for the AR Quality Mark when purchasing the services of a health and care practitioner Convenor Host annual seminar in February and use it to promote collaboration and sharing of good practice Advocate Engagement with government and commissioning leads to encourage greater endorsement and use of accredited practitioners to help mitigate risks	Run AR Quality Mark campaign Host annual seminar in February and use it to promote collaboration and sharing of good practice Engagement with government and commissioning leads to encourage greater endorsement and use of accredited practitioners to help mitigate risks	Run AR Quality Mark campaign Host annual seminar in February and use it to promote collaboration and sharing of good practice Engagement with government and commissioning leads to encourage greater endorsement and use of accredited practitioners to help mitigate risks
Advocate Parliamentary engagement around GMC Order and barring scheme for NHS managers Comms and engagement to support response to GMC consultation on legislation and rules and response to NMC/HCPC Order consultation and/or consultation on a barring scheme for NHS managers	Parliamentary engagement around NMC/HCPC Order Comms and engagement to support response to NMC/HCPC Order consultation including disbarring scheme	Parliamentary engagement around NMC/HCPC Order Comms to explain how we will undertake our role overseeing disbarring scheme

Auditor/Guide Research undertaken to support oversight function. Promotion of findings and recommendations.	Research undertaken to support oversight function. Promotion of findings and recommendations.	Research undertaken to support oversight function. Promotion of findings and recommendations.
Convenor Oct/Nov: Host research conference using it to explore priority and emerging issues	Host research conference using it to collaborate with stakeholders around priority issues	Host research conference using it to collaborate with stakeholders around priority issues
	Publish and promote PR guidance drawing from themes identified in performance reviews under new Standards	Publish and promote PR and policy guidance drawing from data and insight gathered
Guide Publish policy guidance and engage stakeholders to develop and promote it		
Thought-leader Use data and insight to highlight trends, themes and promote learning.		Use data and insight to highlight trends, themes and promote learning.
Convenor Hold fitness to practise conference in May 2026 to share good practice with stakeholders	Share good practice with stakeholders including those in governance positions	Use forums to encourage sharing of good practice and efficiencies between regulators and registers
Guide Publish s.29 Year in Focus report. Use comms to highlight recommendations to drive learning and improvements.	Publish s.29 Year in Focus report. Use comms to highlight recommendations to drive learning and improvements	Publish s.29 Year in Focus report. Use comms to highlight recommendations to drive learning and improvements
Auditor Section 29 review of first AA/PA fitness to practise cases. Comms as needed.		

Convenor Host roundtables/seminars in all four countries to explore national priorities and promote preventative approaches	Host roundtables/seminars in all four countries to explore national priorities and promote preventative approaches	Host roundtables/seminars in all four countries to explore national priorities and promote preventative approaches
Advocate Engagement around Scottish and Welsh election manifestos Develop and promote Northern Ireland election manifesto	Engagement around Northern Ireland election manifesto	Develop and promote manifesto for UK general election
Advocate Continue to encourage introduction of greater protections around non-surgical cosmetics licensing in Wales and N. Ireland Use opportunities to continue to share messages of support for speedy implementation of protections in Scotland and England and highlight the challenges of cosmetic tourism while inconsistencies exist across the four nations	Continue to encourage introduction of greater protections around non-surgical cosmetics licensing in Wales and N. Ireland Use opportunities to highlight the challenges of cosmetic tourism while inconsistencies exist across the four nations	
Undertake stakeholder survey (Q3) using feedback to shape and iterate activities		Undertake stakeholder survey (Q3) using feedback to shape and iterate activities

Accredited Registers Reserves

Date: 19 November 2025

Title: Accredited Registers Reserves

Author: Osama Ammar (Head of Accreditation)

Responsible Director: Amanda Partington-Todd (Interim Director of Regulation and Accreditation)

Paper for Approval

Open paper

How does this work contribute to draft Strategic aim 3: To work with others to promote external enablers and reduce external barriers to regulation and registration's contributions to safer care for all:

A single Accredited Registers search tool will make it easier for members of the public to check the registration of their practitioners, support wider promotion and understanding of the Accredited Registers programme, and assist Accredited Registers in managing risks related to registrants who hold multiple registrations.

1. Issue

- 1.1 The draft Accredited Registers Business Plan for 2026/27 includes work to develop a new registrant search tool for all accredited registers to improve access to and recognition of the programme.
- 1.2 It is intended that this work is funded by a reinvestment back into the programme from unrestricted reserves in the 2026/27 financial year. The Board must authorise use of unrestricted reserves.
- 1.3 This paper provides contextual information to support a Board decision on the use of unrestricted reserves.

2. Recommendations

- 2.1 The Board is asked to authorise an initial spend of up to £20,000 from unrestricted reserves for the first phase of activity (scoping).

3. Background

- 3.1 The Accredited Registers programme has grown to 28 Accredited Registers and approaching 130,000 practitioners. We anticipate further growth in the programme in the coming years as we consider applications that may drive a step change in health and social care practitioner registration.
- 3.2 We have long acknowledged that the benefits of the programme to members of the public to be able to check registration are clear, but this is made more complex by the wide array of registers that have joined the programme. Taking counsellors, for example, a member of the public may need to check multiple registers to find their practitioner. In addition, a practitioner may be registered for practice across different sectors (sports rehabilitation and acupuncture).
- 3.3 Currently, the PSA offers the “**check a practitioner**” tool on its website to help a member of the public identify the Accredited Registers and regulators where a practitioner may hold registration. However, this still requires a member of the public to check more than one register in some instances.
- 3.4 At the Accredited Registers Seminar in 2025, in exploring how we may collectively grow, mature and promote the Accredited Registers programme, the proposal emerged to develop a single search tool for all Accredited Registers.
- 3.5 The concept was then considered as part of the internal staff workshop on the draft Strategic Plan 2026/27. Following that, the intent to explore and develop a single register search tool was included in the draft Accredited Registers Business Plan 2026/27, which the Board considered in September 2025.

4. Analysis

- 4.1 From time to time, there has been consideration of the potential improvement to clarity for the public of having a single register of health and social care practitioners. In decades previous, the consideration of establishing a single register has never progressed, in part because it required the establishment of new and shared information systems across organisations.
- 4.2 In the current context, with the support of AI to collect and display published registration information, the potential to develop a tool that works as if it is a single register becomes achievable. Where previously a unified information system was required to publish data, an AI search function can take live data from Accredited Registers and present it through a single portal.
- 4.3 A project to deliver a single search tool, while made more possible by new technology still demands collaboration, project governance and information governance across multiple organisations. The Board should note that this is collaborative piece of work across the PSA and Accredited Registers and requires some level of integration across information governance and systems even if AI can reduce the necessity building entirely new information systems, which drives complexity in project management and

delivery. Our early work in scoping the activity suggests it is wise to phase the project into an initial scoping phase to fully scope the work, collaborative activities, cross-organisational governance and ongoing governance and cost implications after the project closes.

- 4.4 This phased approach also provides the opportunity to take a more governed approach to financial control for the project by only asking the Board to release unrestricted reserves for development costs when they have been fully scoped in partnership with Accredited Registers. This has the benefit that any proposed budget will take into account the different technical infrastructures of Accredited online registers. We will also be able to more accurately determine ongoing costs of maintaining the search tool when a full set of technical requirements are known and therefore be able to inform the Board of the long-term costs to the AR budget.
- 4.5 A phased approach also manages the risk related to novelty of both the collaboration and technology. It is possible that in the course of the scoping work we may determine there are challenges that cannot be overcome within the project constraints of time, cost and quality. Phasing therefore provides an exit ramp for the Board to halt or suspend the project until the challenges can be addressed.
- 4.6 As a result, only the costs associated with phase 1 (scoping) are being sought for Board authorisation at this time. A paper will be brought to the Board in September 2026 with a recommendation for continued work and seek authorisation for release of unrestricted reserves for any further development activity.
- 4.7 For clarity, this work does not extend to the statutory registers and is intended to be funded solely by Accredited Registers income. If the tool proves successful, the PSA could consider expanding to statutory regulators in future years but this would be out of scope of the proposed project and the request for authorisation to draw upon unrestricted reserves.

5. Finance and resource

- 5.1 The unrestricted reserves for the Accredited Registers programme stood at £246k in October 2025. While we must preserve the unrestricted reserves to manage financial risks related to the operation of the Accredited Registers programme, the level of reserves provides opportunity for reinvestment back into the programme.
- 5.2 The first phase of activity is currently anticipated to carry a cost of up to £20,000 in consultancy costs to fully scope the activity and ongoing costs, plan for delivery, and establish robust project and information governance mechanisms across the PSA and Accredited Registers.
- 5.3 The second phase of activity is currently anticipated to carry a cost of up to £40,000. However, actual costs will be determined in phase 1 and authorisation for use of unrestricted reserves for phase 2 is not being sought at this time.

6. Impact assessment

- 6.1 The project is not yet authorised, and impact assessment has not yet commenced. We anticipate however positive impacts for the Accredited Registers programme through greater recognition and members of the public and other register users (such as employers) from a simplified search function across all Accredited Registers.

- 6.2 Balancing those positive impacts are both initial costs for scoping and development and ongoing maintenance and operation of the tool (which includes being able to add and remove Accredited Registers as statuses change).

7. EDI implications, including Welsh Language

- 7.1 If authorisation is given, the commencement of the project will include impact analysis and ongoing monitoring through to completion.
- 7.2 The tool is intended to be operable across the whole of the UK and therefore will need to be offered in the Welsh Language.

8. Timescale

- 8.1 We anticipate completing this work in the 2026-27 financial year. However, we must acknowledge higher levels of uncertainty until the scoping phase has completed.
- 8.2 The table below summarises the high-level timetable we currently anticipate but more detailed planning in preparation for the start of the financial year may alter the deadlines:

Period	Activity
Feb to April 2026	Procurement of supplier for phase 1 (scoping)
May to Jul 2026	Scoping exercise to develop: • Project governance framework • Information governance framework • Technical requirements and use cases • Phase 2 budget • Forecast for ongoing cost to AR budget Maximum estimated budget for this phase (£20,000)
Sep 2026	Board authorises phase 2 (or receives a recommendation to halt or delay activity)
Oct to Dec 2026	Procurement of supplier for phase 2 (development)
Jan to Mar 2027	Development, handover to BAU, and project close Maximum estimated budget for this phase (£40,000)
April 2027	Launch of single register search tool

9. Communications

- 9.1 At the current time, communications on this potential area of work have been contained to internal conversations and papers and discussions with Accredited Registers, particularly BASRaT who have assisted with early scoping work.
- 9.2 If authorised, the project will require a communications plan to support internal stakeholder and Accredited Registers to effectively engage with the project activities.

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- 9.3 If launched, the single register tool will also require promotion to members of the public and employers to support its adoption. These promotional activities would fall in the 2027/28 financial year and be included in the AR operational budget rather than fall as project expenditure.

10. Internal stakeholders

- 10.1 Critical internal stakeholders to this project will be the Corporate Services directorate and Communications Team. Initial conversations about the potential for work in the 2026/27 financial year have taken place, but more detailed planning will take place if the Board authorises use of unrestricted reserves.

11. External stakeholders

- 11.1 Critical external stakeholders to this project are the Accredited Registers as collaborators in the scoping and development phases. Accredited Register stakeholders have been involved in the discussions through the Accredited Registers Seminar on the intent to initiate the project.
- 11.2 We will also need to consider users of the single register search tool during the scoping and development through the production of use cases for the tool that will shape the accessibility and functionality of the tool.

PSA communications on hate crime, hate speech and discrimination

Date: 19 November 2025

Title: PSA communications on hate crime, hate speech and discrimination

Author: Melanie Venables

Responsible Director: Melanie Venables

Paper for Information

[Open paper](#)

How does this work contribute to the Strategic Plan 2026-29: This issue relates to our core oversight functions (Strategic Aim 1), and to make regulation better and fairer (Strategic Aim 2).

1. Issue

- 1.1. An action was taken at the PSA Board meeting in September to provide an update on PSA communications on hate crime, hate speech and discrimination, in light of our recent published statement on these issues. The purpose of this paper is to set out some broader context and detail about communications with internal and external stakeholders.

2. Recommendations

- 2.1. The Board is asked to note the PSA's action in this area.

3. Background

- 3.1. Parliamentary research¹ from 2024 found that extremism and hate speech are rising, in some cases linked to geopolitical tension such as Israel-Hamas conflict, and migration debates.
- 3.2. There is no single, overarching legal framework for hate crime and hate speech in the UK. Across the UK, all four countries recognise hate crime as ‘any criminal offence perceived to be motivated by hostility or prejudice based on race, religion, sexual orientation, disability and ‘transgender identity’. However, the scope and enforcement measures across the four countries differs and in Northern Ireland, ‘sectarian hatred’ is a distinct category.
- 3.3. Trends in hate crimes vary across the different countries of the UK, and by type. However, there are some general trends that can be observed, allowing for differences in how data is reported according to the legal frameworks and definitions in place.
- 3.4. Across the UK, data indicates that race-related incidents, as defined by the relevant jurisdiction, remain high and in some cases, are increasing. The majority of hate crimes in England and Wales for 2024-25 were racially motivated, accounting for over two-thirds (71.12%) of all offences². Amongst this, there was a 19% increase in hate crimes targeted at Muslims. In Scotland, racist hate crimes made up the majority of incidents (56%), although total number of charges with at least one element of hate crime saw a marginal decrease of 1.2% compared to the previous year. In Northern Ireland, the number of both race incidents and race crimes were the highest in 2024-25 since data was first recorded in 2004/05.
- 3.5. Spikes in hate crime are often related to specific events. For example, in England and Wales there was a 19% increase in religious hate crimes targeted at Muslims in 2024-25³, with a spike in these offences seen at the time of the Southport murders and subsequent disorder. Previous spikes in racially or religiously aggravated offences were also observed following the start of the Israel-Hamas conflict in October 2023.
- 3.6. Terrorist attacks, such as that on a Manchester synagogue on 2 October 2025, have a separate definition to hate crime.
- 3.7. While there is no single dataset quantifying the number of hate-related cases across the regulators overseen by the PSA, we are aware of several high-profile cases. The PSA has also appealed cases concerning hate speech through its Section 29 powers.
- 3.8. On 25 September 2025, the PSA published a statement on hate crime and hate speech⁴. This sets out our expectations for the regulators and Accredited Registers we oversee in relation to alleged hate crime, hate speech and discrimination. We also wrote to these bodies to remind them of these expectations.
- 3.9. On 16 October 2025, the government announced an urgent review of antisemitism and all forms of racism in the NHS, as part of wider efforts to tackle discrimination in the health service ⁵. Although at the time of writing the Terms of Reference had not yet been published, the review is expected to include how the regulatory system for healthcare professionals tackles antisemitism and other forms of racism.

4. Analysis

- 4.1. Setting clear expectations for the regulators and Accredited Registers we oversee is one way that the PSA can use its role to encourage consistency in matters concerning public protection, and

¹ [Extremism and hate crime - POST](#)

² [USDAW - Hate Crime Statistics for 2024 - 2025](#)

³ [Hate crime, England and Wales, year ending March 2025 - GOV.UK](#)

⁴ [PSA statement on hate crime and hate speech | PSA](#)

⁵ [Government to tackle antisemitism and other racism in the NHS - GOV.UK](#)

public confidence. Given increasing concerns from some groups about what is acceptable among health and care practitioners in relation to expressing opinions about current topical issues and global events, we thought it timely to issue a reminder about our expectations. This includes being aware of the expectations that the public, and the law, may have of health and care professionals when considering cases involving freedom of expression and hate speech.

- 4.2. The PSA has an External Issues Policy which it uses to guide decisions by the Executive Leadership Team on what actions to take when the type of geopolitical tensions that can lead to a spike in hate incidents arise. There is a standing item on each weekly ELT meeting agenda to allow for timely consideration. The EIP is reviewed regularly, and all staff have recently had opportunity to provide feedback on the current version.
- 4.3. Following the Director of Regulation and Accreditation's letter to the regulators and ARs in September. The CEO will discuss these issues with regulator CEOs at the Chief Executives Steering Group in December 2025 (impact of hate speech, hate crime and discrimination by registrants and on registrants).
- 4.4. We will also consider the implications of the Mann Review, and how we can best provide input, once the Terms are available. In the meantime, we continue to work to enhance our own approach to EDI. Next steps for this are set out in our recently published EDI self-assessment⁶.

5. Finance and resource

- 5.1. There are no additional costs associated with this paper. The EDI Manager provided key advice on our public statement and letter the regulators and Accredited Registers on these issues.

6. Impact assessment

- 6.1. The actions we have taken in response to this issue constitute a reminder of our expectations to the regulators and ARs we oversee, rather than new guidance. As such, we have not identified any new impacts.

7. EDI implications, including Welsh Language

- 7.1. People with some protected characteristics may be more likely to experience hate crime and hate speech, and wider discrimination. Recent data shows that incidents of race- and religion- based hate crime have overall increased across the UK in 2024-25 compared with 2023-24, while hate incidents associated with some other protected characteristics, such as disability, have fallen. We consider all instances of hate speech, hate crime and discrimination more broadly within the health and care system to be unacceptable - whether experienced by registrants, members of the patients and the public, or others. Our public statement and communications with the regulators and ARs we oversee have emphasised this.

8. Timescale

- 8.1. We will keep our published statement under review. We will continue to monitor the work of the regulators and ARs we oversee through our oversight functions.

9. Communications

- 9.1. We published our statement on the 25 September 2025 and highlighted to key stakeholders including the regulators and ARs, and the four UK governments. We remain open to any feedback

⁶ The PSA publishes its self-assessment on Equality, Diversity and Inclusion (EDI) | PSA

from stakeholders on the statement and to exploring joint communications with other bodies where appropriate.

10. Internal stakeholders

- 10.1. While responses to an issue raised under the EIP may include issuing public statements or writing to the bodies we oversee, it also includes consideration of impact of events on internal staff. For example, communications were sent to all staff on 16 September by the Director of Corporate Services when demonstrations and counter demonstrations were going on in London.
- 10.2. There is also a staff-led Equality, Diversity and Inclusion (EDI) Group which provides a space for staff to discuss EDI issues that might be affecting them or their work, and where further actions might be needed. For example, at its meeting in September, the EDI Group considered the report of the Commission into antisemitism⁷.

11. External stakeholders

- 11.1. The issues addressed within our statement are societal. In addition to using our oversight to set clear expectations for the bodies we oversee, we continue to engage with other agencies to understand the associated complexities and sensitivities and to use our role to promote collaboration. For example, at our recent Regulatory Policy Symposium we invited the Race and Health Observatory to speak about the model it has developed to support the implementation of anti-racist principles. At our Welsh seminar in March, we will hear about how regulators can support the implementation of an anti-racist strategy in NHS Wales.

⁷ [commissiononantisemitismreport-web.pdf](#)

Board Effectiveness Review

Date: 19 November 2025

Title: Board effectiveness review

Author: Jane Carey

Responsible Director: Jane Carey /Alan Clamp

Paper for Information

[Open paper](#)

How does this work contribute to all objectives:

1. Issue

- 1.1. In line with the Board Governance Framework, an independent review of Board effectiveness is carried out every three years. The last review was completed in February 2023.
- 1.2. The draft scope is at Annexe A.

2. Recommendations

- 2.1. The Board is asked to discuss the review and approve the scope and timetable.

3. Finance and resource

- 3.1. When the review was last carried in 2023 out it cost £12,500 so we are estimating £15,000 for this review.

4. EDI implications, including Welsh Language

- 4.1. No impacts.

5. Timescale

- 5.1. As per the draft scope we expect the work to be carried out throughout January/February 2026 and the findings presented to the Board in March 2026.
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6. Communication

- 6.1. This paper will be used for internal discussion within the Board.

7. Internal stakeholders

- 7.1. The review will be used for internal discussion within the Board.

8. External stakeholders

- 8.1. There are currently no external stakeholders.

9. Annexes list

Annexe A: Scope

Board Effectiveness Review 2025/26

1. Requirements

- 1.1. The Professional Standards Authority (PSA) is looking to undertake a light touch Board effectiveness review.
- 1.2. The review, coordinated by the Chair, will assess our Board against its role as set out in our Governance Framework. We expect the review to include:
- Board focus
 - Team working
 - Board impact and effectiveness
 - Board engagement
 - Board leadership
- 1.3. We expect the methodology to involve
- A review of Board documentation
 - Interviews with members of the Board and Executive
 - Observation of Board/Committee meeting(s)
- Resulting in the collation of a final report to the Chair.
2. The Crown Commercial Services (CCS) Framework RM6310 Internal Audit and Assurance lists suppliers who are approved to provide this service. Our Procurement Policy allows us to make a direct award to a supplier if we use the CCS Framework, however we propose to invite bids from three suppliers to ensure quality of approach.

Outline Timetable	
19 November Board 2025	Scope agreed
20 November 2025	Invitation to bid issued
11 December 2025	Bids received
December	Contract awarded
Early January 2026	Work commences
27 February 2026	Draft report
10 March 2026	Final report
18 March 2026	Presentation of findings to Board

Board work programme 2025/26

Date	Work programme
November 2025	• Mid-year review of 2025/26 Business Plan (21 November meeting) • Risk appetite discussion in relation to the draft Strategic Plan 2026-29 • Regulatory reform
January 2026	• Staff Survey 2025 • Accredited Registers final 2026/27 budget approved (including sign off of any surplus generated being ringfenced for AR) • Scrutiny and Nominations Committee update reports • (Revised Standards for approval for publication – February 2026)
March 2026	• Annual report from Nominations, Scrutiny and Audit and Risk Committees including review of terms of reference • Devolved Administration Board member reports (Wales, Scotland and Northern Ireland) • Risk Register Review by the Board
May 2026	• Annual People Report • Business Planning for 2027/28 • Delegate authority to ARC to approve the Annual Report and Accounts • ARC, Scrutiny and Nominations Committee update reports • Corporate Complaints annual report
July 2026	• Business Plan 2027/28 • ARC, Scrutiny and Nominations Committee update reports • S29 Annual Report • Annual review of Governance and Assurance Frameworks
July/August 2026	• Subset of Board (Business Plan Review Committee) to consider 2027/28 Regulated Activity and Accredited Registers business plans and budgets.
September 2026	• Business Plan 2027/28 and Fees Consultation approval • Risk Register review by the Board • Scrutiny Committee update report