

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 14 January 2026 (for approval)	(Paper 1)	10:30- 10:30
4. Actions and Matters Arising from the meeting on 14 January 2026		10:30- 10:35
5. Chair's report	(Paper 2)	10:35- 10:40
6. Executive report and project dashboard	(Paper 3)	10:40- 11:00
7. Finance report	(Paper 4)	11:00- 11:05
8. Committee Reports		11:05- 11:15
• Scrutiny Committee	(Paper 5)	
• Audit and Risk Committee	(Paper 6)	
9. Committee Annual Effectiveness Reports		11:15- 11:25
• Nominations Committee	(Paper 7)	
• Scrutiny Committee	(Paper 8)	
• Audit and Risk Committee	(Paper 9)	
10. DA Board member reports		11:25- 11:35
• Scotland	(Paper 10)	
• Wales	(Paper 11)	
• Northern Ireland	(Paper 12)	
11. Risk register	(Paper 13)	11:35- 11:45
12. Standards for Regulators and Accredited Registers	(Paper 14)	11:45- 11:50
13. Next steps for Right-touch regulation	(Paper 15)	11:50- 12:00

14. Board annual workplan	(Paper 16)	12:00- 12:00
15. Board and Committee dates for 2027	(Paper 17)	12:00- 12:05
16. Any other business		12:05- 12:05
17. Agree actions		12:05- 12:10
18. Questions from the Public		12:10- 12:15

The next Board meeting is scheduled for Wednesday 20 May and will be held at the PSA office.

Unapproved Public Board meeting minutes

14 January 2026

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)
Ruth Ajayi (RA)

In Attendance

Jane Carey (JC)
Amanda Partington-Todd (APT)
Melanie Venables (MV)
Douglas Bilton (DB)
Dan Fletcher – MKS
Sally Knight – MKS
Daisy Blench
Osama Ammar
Marija Hume
Oyinkan Onile-Ere
Dan Scott
Rachael Culverhouse-Wilson
Akua Dwomoh-Bonsu
Suzanne Dodds
Ryan Davidson
Dan Fletcher (MKS)
Sally Knight (MKS)

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).
- 1.2. The Chair welcomed Dan Fletcher and Sally Knight from MKS who will observe the meeting for the Board Effectiveness Review.

2. Apologies

- 2.1. Eleanor Marks gave apologies.

3. Minutes of meeting held on 19 November 2025

- 3.1. The minutes of the last Board meeting held on 18 September 2025 were accepted as a true and correct record and approved, with the following corrections:

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- 6.3: Replace ambiguous “Reform” (capital R) with clear reference to regulatory reform, to avoid confusion with the Reform political party
 - 10.2: Clarify that the Board approved the budget for scoping, not the project itself

4. Actions and matters arising from the meeting on 19 November 2025

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

5. Chair’s report

- 5.1. The Chair introduced the item, explaining the report was shorter than usual because it covered a period that straddled the holiday season.
- 5.2. The Chair reported she had recently received a response letter from Mike Nesbitt, Minister for Health, regarding cosmetic non-surgical interventions, an issue the PSA raised during its visit to Northern Ireland the previous summer. The Northern Ireland Department of Health acknowledged the issues raised by the PSA. However, the Department highlighted capacity constraints preventing them from addressing the matter fully at the present time.
- 5.3. The Chair and Chief Executive were due to meet Jenny Minto, the Scottish Minister for Public Health and Women’s Health.
- 5.4. The Board noted the increase in staff over the last few years. PSA’s headcount has increased by 5–6 people over 5–6 years (roughly 15–20% growth in a small organisation). Each increase was based on individual business cases approved through the business planning process. The increase is noticeable in percentage terms because the PSA is small.
- 5.5. Workforce planning is currently under review with an upcoming workforce planning internal audit report destined for the Audit & Risk Committee and a forthcoming business planning meeting in late April to review resourcing.

6. Executive report and project dashboard

- 6.1. The Chief Executive (CE) introduced the item, noting that the report was extensive and covered progress updates, risks, regulatory interactions, project status, and major sector issues.
- 6.2. The CE highlighted the organisation’s strategic priorities and provided updates on key workstreams.
- 6.3. The PSA is now in the postconsultation analysis phase for the Standards Review Project. Feedback was gathered from both the survey and roundtable events held before Christmas. The team is currently editing and adjusting the proposed Standards. Updated Standards will go to the Board in midFebruary, with a meeting scheduled for Monday 23 February for approval to publish.
- 6.4. The UK Government wants the Lord Mann Review on antisemitism and racism within the NHS and regulatory systems to conclude before making decisions that could affect regulatory reforms.
- 6.5. Consultation has taken place on the Strategic plan in parallel with the Standards review. Feedback suggests no fundamental changes needed, though several improvements will be made for clarity.
- 6.6. Business planning documents approved by the Board before Christmas have now been submitted to the Privy Council. Approval is expected by late January or early February. Registered practitioner numbers have increased by 3.5%, now over 2 million.
- 6.7. The CE provided an update on the NMC Independent Oversight Group, monitoring NMC improvement plans. Three major improvement programmes are underway at the NMC.
- 6.8. Screening performance has improved, but this has pushed the backlog downstream: investigation-stage cases increased by 25% over the last year. Timeliness therefore has not improved. The Group will meet every other month going forward.

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- 6.9. There were a number of meetings in the diary for January, with the new Scottish Public Services Ombudsman, with the National AI Commission, a meeting with the Northern Ireland Department of Health and a meeting with Minister of State for Health.
- 6.10. **Regulation and Accreditation:** Performance Review Reports
- 6.11. GMC: 18/18 standards met. (Noting that a statement had been published to explain the reasons for this assessment, in light of the political/cultural scrutiny the GMC had faced during the year on antisemitism related issues and overseas registrants.)
- 6.12. GDC: 16/18 standards met. PSA has issued an escalation letter on Standard 15 (not met since 2017/18). The Board discussed how to understand the GDC's prolonged difficulties with Standard 15, and how to promote improvement, including political pressure, the role of reform, and opportunities for renewed intervention.
- 6.13. NMC Performance Review Timelines - The next NMC review publication will likely be end of May, outside usual KPI expectations. Reasons were explained in the paper, including impact of delays to 2023/24 performance review report publication and complexities with the approach to the audit for 2024/25. PSA is exploring mitigation for future review cycles to minimise impact on 2025/26 performance review publication.
- 6.14. Section 29 (Appeals) - Increase in initial reviews due to fewer regulator decisions meeting the "administrative closure" threshold. More cases are proceeding to DCR and case meeting panels, though this remains proportionate to the overall volume of decisions being reviewed. Section 29 team has recently completed a significant improvement programme which was presented to the Scrutiny Committee in December.
- 6.15. Accredited Registers - Significant staffing changes to the team between October and December. Despite this, performance remained stable, widely praised as a testament to team and their leadership.
- 6.16. Standards Review Project - Engagement was successful and valued by sector stakeholders. Feedback now being analysed for final Board approval stage (February).
Action: JO/APT to schedule deeper review of the Fitness to Practice system for the Scrutiny Committee and report back to the Board.
- 6.17. **Policy and Communications:** Response to House of Lords Inquiry - PSA is submitting evidence regarding how growth-related duties affect health and care regulators. The response draws heavily on principles of Right-Touch Regulation. PSA emphasises the value of the Accredited Registers Programme as a cost-effective alternative to statutory regulation.
- 6.18. Coordinating Regulation of AI: A workshop is scheduled for late February, led by researchers from Bristol University. The aim is to identify common principles for regulating AI use by healthcare professionals. Engage with the National AI Commission so PSA can influence the future AI regulatory framework. Include diverse patient/public voices. Output will feed into both PSA's future Standards work and collaboration with MHRA.
- 6.19. Safeguarding and DBS Checks: New legislation will allow self-employed practitioners in England and Wales to request their own DBS checks. Regulators and Accredited Registers may become the expected route for such checks. PSA is working with the Home Office and Ministry of Justice to clarify implementation. Current Standards appear flexible enough to incorporate the change without redrafting. More detail will return to the Board in February (within Standards) and a full risk-review update in March.
- 6.20. Board members raised concerns about the limitations of DBS for internationally recruited staff, differences between UK nations, whether the overall public protection risk could actually increase if DBS is over-relied upon and the need for PSA to maintain a risk-based approach.
Action: MV to schedule safeguarding issue for the March Board meeting as part of the risk register review.

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- 6.21. **Intelligence and Insight:** Sections 29 learning outputs now include statistical summaries of organisations attending PSA learning events. Webinars attracted between 81 and 252 registrants.
 - 6.22. Work is progressing toward a joint research conference with two academic partners.
 - 6.23. Horizon scanning note of discussion to be circulated soon.
 - 6.24. **Corporate Services:** There was nothing to add that was not covered in the paper.
 - 6.25. The Board asked whether two major pieces of work should now appear formally on the Project Dashboard, the Accredited Registers' "single platform" project and the Regulatory Reform Programme (multi-strand work across the sector). It was explained that the Regulatory Reform Programme is not a single project but a collection of many projects, so it does not map neatly onto the dashboard format. Regular updates to the Board will continue.
 - 6.26. The Accredited Registers platform project may be appropriate to add when it moves from approval to implementation in 2026/27.

7. Finance report

- 7.1. The Director of Corporate Services introduced the item. The financial position was reported up to the end of November. At that point, PSA was forecasting an overall year-end deficit of £71,000, compared with the originally planned break-even position.
- 7.2. Two lines in the report required Board approval, as they concerned expenditure that would shift into the next financial year.
- 7.3. Research Project – £63,000 underspend. The work will be carried out in 2027/28. Since it will not be spent this year, the £63k will move into reserves at year-end. The Board will need to approve drawing down this amount next year when the work resumes.
- 7.4. Accredited Registers – Influencer Campaign – £10,000. The campaign aimed at raising public awareness had begun too late in the year for the full budget to be spent. Some of the costs would therefore fall into the next financial year. Again, the Board was asked for in-principle approval to carry the unspent portion forward so the campaign could complete.
- 7.5. The Board asked would the deficit shrink if the £63k research budget were simply not carried forward?. JC confirmed that the £63k underspend was already included in the current forecast, the deficit figure already reflects that underspend. Therefore, delaying or cancelling the project does not impact on the forecast.
- 7.6. £10,000 originally showing as unused in the conferences budget line had now been allocated to support the AI-related event. This would increase the forecast deficit (from £71k to approximately £81k), and the Board would see that reflected in the March Finance Report.
- 7.7. Section 29 Costs were identified as the largest pressure. These costs had gone up due to an increase in Section 29 activity. At least one lost case that resulted in an adverse costs order — the first such case in several years.
- 7.8. If Section 29 expenditure continues at the current trajectory, the PSA may need to increase the Section 29 budget for next year by as much as £156,000.
- 7.9. This will place pressure on the PSA's ability to fund discretionary work (such as research projects).
- 7.10. Therefore, although the Board could give approval in principle to re-drawing the £63k research funding next year, that will depend on the overall budget position at year end.
- 7.11. The Chair agreed, saying the Board should not commit to future spending unless the broader budget environment supports it.
- 7.12. The Section 29 costs will be reviewed by Scrutiny Committee in June, and the business plan will come to the Board meeting in July.
- 7.13. The Board was being asked to approve, in principle, the carry-forward of the £63k research project budget, and £10k AR influencer campaign budget, subject to confirmation next year, once the fuller budget picture is known. The Board **agreed to this conditional approval.**

Action: JC to schedule budget carry forward approval for the Board after the end of year position has been confirmed.

8. Committee updates

- 8.1. **Scrutiny Committee:** The Scrutiny Committee Chair gave a verbal update on the Section 29 improvement programme, its outcomes, and future expectations.
- 8.2. The Scrutiny Committee held a bespoke session in December focused on the Section 29 improvement project, which had been running since September 2023. A slide pack had been circulated to the Board with a summary of the work.
- 8.3. The programme introduced several changes to strengthen the efficiency, quality and transparency of the Section 29 process. Panels now included more focused and appropriately skilled decision-makers. A rota system now replaced informal volunteering, ensuring resilience and diversity of thought.
- 8.4. Decision templates and case summaries were streamlined to support clarity and consistency. Quality checks were improved, ensuring a more robust and consistent decision-making process. Learning points and decision rationales were collected and analysed more systematically. These improvements had already demonstrated meaningful impact.
- 8.5. Regulators had already begun responding to learning. Several had updated guidance and internal practices based on PSA feedback.
- 8.6. Publication of the first annual Section 29 report helped raise awareness of systemic themes and issues across regulators.
- 8.7. The Committee recognised the importance of cost control, particularly given the rising number of Section 29 cases, and the financial pressure of complex cases. A full cost and value-for-money paper will come to the June Scrutiny Committee meeting.
- 8.8. The Committee discussed new success measures and the need to monitor these, using data to understand which issues are difficult to shift, and the numbers of appeals brought and the reasons for trends and increases in cases reported.
- 8.9. It was noted that PSA also needs to learn from successful cases, not just losses, because many cases hinge on close legal judgement, judicial outcomes can vary and PSA must apply learning from the full range of outcomes.
- 8.10. It was clarified that individual learning points already feed directly into the Performance Review evidence base. The Section 29 team regularly sends learning point bulletins to regulators. In terms of next steps, the PSA are developing qualitative and quantitative metrics to track progress and are considering a shared KPI between the performance review and s29 teams to look at regulator performance improvement.
- 8.11. The Committee felt confident the work should now move into business-as-usual.
- 8.12. The Board **noted** the report.

9. Board workplan 2025/26

- 9.1. The Director of Corporate Services introduced the item. The Board agreed that the Workplan should be updated to include major upcoming Board items, such as the Standards sign-off on 23 February and the Strategy session scheduled for 24 April.
Action: JC to add the Standards sign-off and Strategy session to the Board workplan.
- 9.2. The Board **noted** the workplan.

10. Any other business

- 10.1. There was no other business discussed.

11. Questions from Members of the Public

11.1. There were no questions.

11.2. 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 November 2025	6.7	Develop a publication on how the PSA uses Right Touch Regulation.	DB	March 2026	On the agenda for March 2026	On track
19 November 2025	6.14	Bring a post-implementation website report to the Board meeting in March 2026.	OOE/MV	March 2026	Delayed due to the need to address accessibility issues as set out in the Executive Report.	Delayed
14 January 2026	6.17	Schedule deeper review of the Fitness to Practice system for the Scrutiny Committee and report back to the Board.	JO/APT	June 2026		On track
14 January 2026	6.21	Schedule safeguarding issue for the Board meeting as part of the risk register review.	MV	March 2026	Update included as part of the Executive Report.	On track
14 January 2026	7.13	Schedule budget carry forward approval for the Board after the end of year position has been confirmed.	JC	July 2026		On track
14 January 2026	9.1	Add the Standards sign-off and Strategy session to the Board workplan.	JC	January 2026	Complete	Complete

Chair's report

- 1.1 Our Board last met on 14 January 2026 in London.
- 1.2 On 14 January 2026, following on from the Board meeting, Alan and I met with Jenni Minto, Minister for Public Health and Women's Health in Scotland. We had a useful discussion about our oversight of the NMC, non-surgical cosmetics and our standards review as well as using the meeting to raise the profile of the PSA.
- 1.3 On 20 January 2026, Alan, Mel and I met with Karin Smyth, Minister of State for Secondary Care. We used the meeting to update the Minister on the work of the PSA. As with Jenni Minto, the Minister was also interested in developments at the NMC. We also took the opportunity to ask the Minister to issue a letter of support for the Accredited Registers programme, in line with other ministerial leads in the devolved administrations, and she kindly agreed to do this.
- 1.4 As you may remember, in late December 2025, I wrote to Stephen Kinnock MP, Minister of State for Care, to raise concerns about the General Dental Council (GDC) continuing to not meet Standard 15 on timeliness of fitness to practise (FtP) cases. The Minister wrote back on 2 February 2026 to say that his officials will continue to meet with the GDC to discuss its performance improvement plans. The letter also welcomed our commitment to engaging with the GDC on this issue.
- 1.5 On 10 February 2026, Alan and I met with Carrie MacEwen and Charlie Massey, Chair and CEO of the General Medical Council (GMC). Topics covered included the PSA Standards Review, the Mann Review and the implementation of the Supreme Court judgment clarifying the definition of sex in the Equality Act where both the GMC and the PSA are still awaiting the publication of the Equality and Human Rights Commission guidance for public bodies.
- 1.6 On 10 February 2026, I joined the Staff Engagement Forum for the first part of their meeting when they were considering the recent staff survey. It was great to see the very positive way in which colleagues were suggesting ways to further improve the ways that we work.
- 1.7 On 25 February 2026, I joined the inaugural session of the Regulators Chairs' Group. This group has been set up by Jo Clift, who also chairs the General Osteopathic Council, and is being hosted by the Institute of Regulation. The idea is to bring together chairs from a variety of regulators ranging from health to vets to architects to find areas to work in common and to offer support. In the first instance, the group will meet quarterly.
- 1.8 As part of the governance review, like other Board members, I met with MKS. The Nominations Committee had a preview of their findings at our meeting on 3 March 2026. The Board will have an opportunity to discuss the report at the Board meeting. From the early look at their findings, I think this will be a useful piece of work with helpful pointers as to where we can improve.
- 1.9 Many thanks to Geraldine for organising an excellent briefing with the Northern Ireland Social Care Council (NISCC) on 3 March 2026. It was very interesting to hear about the evolution of the Council's work over the last decade and their aspirations to co-regulate and to help facilitate career development particularly in the care sector. Like other regulators, the NISCC is seeing a significant uplift in referrals with all the challenges this brings.

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- 1.10 On 18 March 2026, the PSA will be publishing its performance review of the PSNI for the period 1 January 2025 to 31 December 2025. In 2024, the PSNI only met 11 out of 18 standards. Ahead of publication, I will be writing to Mike Nesbitt MLA, the Minister of Health, to update him on the performance of the PSNI. The Board will be given an update when we meet on the day of publication of this performance review.
- 1.11 On 20 March 2026, the PSA will be publishing its performance review of Social Work England (SWE) for the period from 1 January 2025 to 31 December 2025. SWE has not met our FtP standard for the previous three years. If SWE again fails to meet the standard, I will write to the Ministers – in this case both Bridget Phillipson MP, Secretary of State for Education and Wes Streeting, Secretary of State for Health and Social Care – in line with our usual practice.
- 1.12 Finally, as we are approaching the financial year end, Melanie will shortly be in touch to arrange appraisal meetings. These will hopefully be scheduled in April.

Caroline Corby

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) publishing the PSA Strategic Plan 2026-29 and Business Plan 2026/27 at the end of Q4 2025/26; 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 January 2026 and March 2026 Board meetings, the Chief Executive attended a number of stakeholder engagement events, including the following.
- Attending a meeting of the Health and Social Care Regulators Forum.
 - Together with the Chair, meeting the Minister for Public Health and Women's Health in Scotland; and the UK Minister of State for Secondary Care.
 - Meeting the Public Services Ombudsman for Scotland.
 - Together with the Director of Policy and Communications, meetings with representatives of CERSI-AI (The Centre of Excellence for Regulatory Science and Innovation in AI and Digital Health); and with NHS Resolution.
 - A quarterly meeting with officials from the Department of Health in Northern Ireland.
 - Attending the APPG for Patient Safety Symposium at the House of Commons.
 - Making presentations on right-touch regulation to the College of Dentists in Ontario and to CORU, the multi-profession healthcare regulator in Ireland.
 - Together with the Chair, meetings with the Chair and CEO of the GMC and HCPC.
 - Meeting DfE officials to discuss the review of Social Work Regulation.
 - Observing a meeting of the GOC Council.
 - Attending the Men's Mental Health Conference at the Royal College of Psychiatrists.
 - Recording a podcast on regulation with regulators from the USA, Australia, Ireland and Canada on behalf of CLEAR (Council on Licensure, Enforcement and Regulation).
 - Chairing a meeting of the NMC Independent Oversight Group.
- 3.2. Looking forward, the Chief Executive will attend further stakeholder engagement events before the next Board meeting, including the following.
- Attending a research seminar on management issues in the NHS.
 - A meeting of the regulator Chief Executives Steering Group.
 - Attending the Institute of Regulation Annual Conference.

Summary of risks

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- 3.3. We have assessed the top three known risks facing the Authority 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 perception of under-regulation in some sectors.

Regulation and Accreditation

4. Performance Review

Reporting - General Optical Council

- 4.1 On 3 March 2026, we published our periodic review report for the General Optical Council (GOC). The periodic review covers the period 1 January 2025 to 31 December 2025. The GOC met all 18 Standards.

Nursing and Midwifery Council - Independent Oversight Group

- 4.2 We continue to Chair the Independent Oversight Group (IOG) which was set up following the publication of the Independent Culture Review (ICR) of the NMC in 2024. The terms of reference for IOG set out that the group should meet six weekly and would exist for ‘at least two years’.
- 4.3 At its meeting on 12 January 2026, the IOG discussed reducing the frequency of meetings. This was partly in response to a request from the NMC who had reported that meeting every six weeks was creating an additional administrative burden and that the frequency of the meetings meant there was limited progress to report.
- 4.4 The IOG discussed three options for meeting frequency: continue with meeting every six weeks; reduce the frequency to roughly every eight weeks which would broadly align with the NMC’s Council meetings; or reduce the frequency to quarterly.
- 4.5 The IOG agreed to reduce the frequency to roughly every eight weeks in 2026. The IOG also agreed that it would be helpful to have a further discussion about frequency in June/July 2026.
- 4.6 Since the last Board meeting, the IOG met on 4 March 2026. At that meeting, the NMC provided an update regarding safeguarding.

5. Section 29

- 5.1. The table below sets out the key statistics so far for this financial year, compared to the same period in the previous financial year. Due to a higher number of cases not meeting the threshold to administratively close, our workloads have increased at all stages.
- 5.2. We have seen a small increase in the number of final fitness to practise panel decisions received in comparison to the same period last year. We are also completing a higher number of initial reviews in comparison to last year, with an increase of 181 cases, representing approximately a 18% increase. This is because fewer decisions have met the criteria to be administratively closed.
- 5.3. We carried out DCRs on 6.5% of initial reviews completed in 25/26, which is a slight increase on the same period last year in 24/25, where we carried out DCRs on 5.8% of initial reviews completed. This represents an additional completion of 19 DCRs compared to the previous year.

- 5.4. We have held slightly more decision-making meetings¹ this year, 44 meetings, in comparison to the same period last year, 39 meetings. We have held considerably more case meetings in comparison to the same period last year, which is a 54% increase.² This continues to demonstrate the positive impact of our S29 review process improvements in cases being handled more efficiently and effectively through our processes, and to be able to logistically handle a higher proportion of case meetings, which has resulted in us being able to move away from statutory deadline decisions, where possible.
- 5.5. As a percentage, we are appealing roughly the same number of cases this year in comparison to the same period last year: we appealed 36% of DCRs in 25/26 in comparison to 32% of DCRs in 24/25. However, due to the overall increase in cases we are reviewing, this represents 9 more appeals, which is a 68% increase in work.
- 5.6. As noted above, we have more cases coming through the process, which in turn has resulted in more appeals being brought, but as a proportion we are appealing similar numbers of cases. However when looking at these cases themselves and in identifying whether there are any themes and trends of the types of cases we're appealing, we have identified that: (1) we have appealed two PSNI cases whereas previously PSNI appeals were rare, and (2) we have appealed five more cases relating to dishonesty (and linked to providing substandard care) [13/8], two more discrimination cases [4/2], and two more sexual misconduct cases [9/7]. This demonstrates that proportionately, panels are continuing to find these issues difficult to determine. We are also now seeing new issues relating to article 10 and discrimination cases come through the regulatory processes, which were expected due to societal events, a perceived rise in antisemitism, and a resulting increase in referrals to the regulators about these.

	1 April 2025 – 31 Jan 2026	1 April 2024– 31 Jan 2025
Decisions received by the PSA	1869	1842
Initial reviews completed	1196	1015
Detailed Case Reviews (DCRs) completed	78	59
Statutory deadline decisions	7	19
Case meetings held (including s40b case meetings)	37 ³	20 ⁴

¹ Case meetings and statutory deadline decisions

² Statutory deadline decisions take very little time and resource to manage.

³ One of which was to confirm a statutory deadline appeal

⁴ One of which was to confirm a statutory deadline appeal

Appeals lodged	28	19
Learning points sent	210 on 154 cases	127 on 119 cases

- 5.7. Six appeals have been lodged between 1 December and 30 January (PSNI/Cullinan, GMC/Grajn (joint appeal), NMC/Huggins, NMC/Stafford, HCPC/Osner, NMC/Worthington). We were successful in three appeals following a hearing in the High Court (HCPC/Johnny, NMC/Graham, NMC/Tchampet) and we along with the GMC were unsuccessful in the Court of Appeal hearing of GMC & PSA v Gilbert. Settlements are being explored in several other cases and all other Section 29 litigation is progressing.
- 5.8. The Head of Legal is due to go on maternity leave July 2026, and her cover is currently being recruited for.
- 5.9. A Section 29 Conference is taking place on 21 May 2026, focusing on sexual misconduct and vulnerable witness. This is an invitation-only event for certain decision-making roles at the regulators. The Scrutiny Committee has been invited to attend.

6. Appointments

- 6.1 Since the last update to the Board, we have provided the Privy Council with advice about four completed appointments processes. These included two processes run by the GOsC; the recommendation of a single registrant member for appointment following open competition and the recommendation of reappointment of a lay member.
- 6.2 The other two processes subject to our scrutiny were the GMC's recommendation for appointment of a single registrant member (likely its last appointments exercise until it transitions to a unitary board) and the NMC's process to consider the reappointment of three council members, two lay and one registrant, We were able to advise the Privy Council it could have confidence in the processes used by all three regulators.
- 6.3 We have also considered the GOsC's plans to select a lay candidate. We were happy with the GOsC's plans and expect this process to conclude in June.

7. Accredited Registers

- 7.1. At the end of January 2026, five KPIs were achieved and only one missed.

KPI	Met / Not Met	Performance	Direction of Change since June Scrutiny Committee
90% of full reassessments within three years	Met	96% (27/28)	
90% of annual checks within one year	Met	93% (26/28)	

95% of conditions are reviewed within two months of due date	Met	96% (94/98)	
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	66% (2/3)	
90% of decisions on full accreditation (standards 2-9) made in eight months of receipt	Met	100% (1/1)	

- 7.2. There has been a slight diminishment in performance, but still within KPI, owing to the capacity restrictions caused by vacancies and inducting new staff. We do not anticipate KPIs will be unmet as a result of new members of the team settling in well.
- 7.3. Our one KPI that is not met is due to the effect of one complex application within a small number of applications. A new KPI, considered by the Scrutiny Committee, will be implemented from July 2026 when the new standards come into effect. This KPI will start measuring performance against deadlines after the completion of a pre-application period that will manage the impact of complex applications.

Accreditation Decisions

- 7.4. We have made no new decisions on accreditation in this period. However, we are considering a range of notifications of change from the Complementary and Natural Healthcare Council (CNHC) that seek to increase the number registered roles.
- 7.5. The live application for the International Foundation for Therapeutic and Counselling Choice (IFTCC) will be reaching an Accreditation Panel decision in March 2026.
- 7.6. We are approaching the end stages of an application for provisional Standard One assessment for register of domestic violence experts. We anticipate a decision on this application in March 2026.
- 7.7. We are also in the final stages of decision-making for the full application for the Association of Traditional Chinese Medicine (ATCM) and anticipate an Accreditation Panel decision in March 2026.

8. Standards Review Project—progress update

- 8.1 As indicated in the project dashboard update, the Standards Review Project remains on target to implement new Standards from July 2026. An update on operational readiness plans for Accredited Registers and regulators was presented to and discussed by the Scrutiny Committee in February 2026 (see item 8, paper 5 ‘Scrutiny Committee Report’ which provides further detail).
- 8.2 On 23 February, the Board met to review and discuss the post-engagement version of the Standards. The Board heard from the Executive the headline messages emerging from the targeted engagement period and how that feedback was incorporated into the revised draft presented. Board members were supportive of both the content of the Standards and the way they have been developed.
- 8.1. On 23 February, the Board met to review and discuss the post-engagement version of the Standards. The Board heard from the Executive the headline messages emerging from the targeted engagement period and how that feedback was incorporated into the revised draft presented. Board members were supportive of both the content of the Standards and the way they have been developed.
- 8.2. The Board reflected that the new Standards were clearer, appropriately high-level and designed to adapt to changes in the regulatory landscape and evolution of good practice over time. The Board welcomed the strengthened focus on areas such as governance, collaboration and alignment, appropriate referrals, and the clearer distinction between timeliness and quality in fitness to practise.
- 8.3. The Board is invited to approve the revised combined Standards presented at item 12 of the agenda.**

Policy, Communications and Engagement

9. Policy

Regulatory reform

- 9.1. We have continued to provide input on the draft GMC Order with the public consultation now expected to be launched in March. This has been delayed from before Christmas to take account of any relevant findings from the Mann Review on how racism and antisemitism are handled in healthcare.
- 9.2. The PSA continues to develop its Programme Board approach to managing input to reform across various different workstreams. The Programme Board has now met for the third time and reviewed briefs covering the range of different areas within scope including input to the planned reforms to the GMC, NMC and HCPC; changes to the PSA’s own legislation; the work on the operational changes needs to adapt our oversight approach in the light of reform; and input into regulation of NHS managers and on non-surgical cosmetics (more on developments in this area below).

Non-surgical cosmetics

- 9.3. Our work on this area focuses on ensuring that the PSA provides timely and effective input into the design and implementation of new mechanisms such as licensing, with the aim of maximising public protection. This includes supporting appropriate integration with

existing assurance mechanisms, such as Accredited Registers, and promoting a consistent, UK wide approach.

- 9.4. The PSA has engaged with colleagues in the Scottish Government to express support for ongoing work to introduce safeguards for non-surgical cosmetic procedures in Scotland, including the introduction of legislation to further restrict higher risk procedures and the associated statutory instrument to establish a licensing scheme for lower risk procedures. Legislation to regulate non-surgical aesthetic procedures is moving through the Scottish Parliament and is expected to take effect in 2026. The PSA has expressed interest in contributing to the details of this work where opportunities arise, including the development of further legislation or guidance.
- 9.5. The PSA has written to Chris Quinn, Northern Ireland Commissioner for Children and Young People, to highlight longstanding concerns about significant and unmanaged risks within the non-surgical cosmetics sector and the absence of regulatory protections in Northern Ireland, particularly for children and young people. The letter reiterates the PSA's position in support of aligned, risk-based regulation across the UK, noting that unjustified regulatory variability can lead to public confusion and avoidable harm. It also explains the PSA has previously written to Mike Nesbitt, Minister of Health, to set out these concerns and continues to engage with officials in the Department of Health.

Regulating for use of Artificial Intelligence (AI) by professionals

- 9.6. In January the PSA submitted a response to the National Commission into the Regulation of AI in Healthcare call for evidence. The submission highlighted the importance of professional regulation and registration and encouraged the Commission to consider these in informing recommendations on the regulation of AI-enabled medical devices.
- 9.7. The PSA has written to Lawrence Tallon, Chief Executive of the MHRA, to introduce the PSA's role and work, and to explore opportunities for closer collaboration to strengthen public protection while supporting innovation. In his reply, Lawrence welcomed the PSA's engagement with the National Commission and recognised the importance of collaboration. We are in the progress of arranging a meeting.
- 9.8. On 27 February, the PSA hosted an online participatory workshop on regulating for AI use by health and care professionals. This was designed and delivered in collaboration with academic partners Professor Jon Ives and Dr Helen Smith, researchers at the University of Bristol Medical School. The workshop focused on the question of ethical use of AI by health and care professionals. It brought together a diverse group of participants, including regulators, patients, service users, and members of the public. Materials from the workshop will form the basis of a research report, that will be published by the PSA and that we will provide to the National Commission.

Safeguarding – criminal records checks

- 9.9. As reflected in our Strategic Risk Register, a longstanding area of concern for the PSA has been barriers to accessing criminal records checks for self-employed practitioners. We were therefore pleased when, earlier this year, legislation was passed that will enable practitioners to access these checks from the Disclosure and Barring Service (DBS), through an umbrella body. We have met with the equivalent agency in NI, AccessNI, which has confirmed similar measures are being introduced shortly. This brings the rest of the UK more in line with the approach already in place within Scotland, through its Protecting Vulnerable Groups Scheme.

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- 9.10. These developments raise the question of the role of the professional regulators (and for eligible roles, Accredited Registers) in directly accessing checks for self-employed practitioners. While having a criminal record does not necessarily mean that someone is unsuitable for practice, it is important that registering bodies have access to timely information and take appropriate decisions in response. Currently, mitigations against someone whose previous offences make them unsuitable to practise being registered include checks during UK-based education and training, and requirements to self-declare. One regulator (the General Osteopathic Council) and some Accredited Registers access checks directly.
- 9.11. Our reviews of cases has shown that there are instances where registrants fail to declare relevant convictions, and there are examples of these relating to serious offences. However, we do not have evidence that this is widespread, and the regulatory consequences for these practitioners are often severe, which is likely to act as a deterrent.
- 9.12. Notwithstanding this, there needs to be clarity for the public about the level of checks that will have been undertaken about a self-employed practitioner by the regulatory bodies, which may help them to ascertain whether to ask to see a criminal records certificate from a practitioner under the new arrangements. At the end of March will be taking a joint item to the Chief Executive's Steering Group with the DHSC, setting out a range of options for achieving a more consistent approach across the regulators. Once agreed, we will be able to incorporate any new expectations into our assessments against our new Standards.

10. Communications and engagement

- 10.1. In January, we received the results of the independent accessibility audit that we had commissioned for our new website, which was launched last year. The audit identified a range of issues that could provide barriers to people with accessibility needs accessing information on the website. The developers of the website have agreed to fund the remedial works. Subject to any further issues being identified, we currently expect these to be completed in May, after which we will be retested for accreditation by the independent audit company. In the meantime, we have updated the accessibility statement on our website. Learning will be considered as part of wider post-implementation review, which will take place once the issues are resolved.
- 10.2. In February we published two manifestos setting out our priority asks for the Scottish and Welsh governments ahead of the May elections. These will be shared with all the prospective parliamentary candidates as well as other key stakeholders. They have already garnered media attention⁵, which has helped to promote our key messages. As both elections are likely to result in a significant proportion of new candidates -because the Senedd will have 96 members instead of the current 60 and due to the number of current parliamentarians standing down from Holyrood - we are preparing to issue comprehensive post-election briefings once things settle down.
- 10.3. We have now received the results of the recent Ipsos polling commissioned to explore public perceptions of trademarks in healthcare, with a focus on awareness and understanding of the Accredited Registers Quality Mark. The findings provide valuable

⁵ For example: <https://businessnewswales.com/closing-healthcare-safety-gaps-must-be-a-priority-for-next-welsh-government/>, and [Closing safety gaps must be a priority - Healthcare Today](#).

insight into how members of the public interpret quality indicators and the extent to which trademarks influence their decision-making when choosing a practitioner.

- 10.4. We are currently reviewing the data in detail to assess the implications for our wider strategy and communications approach. We will also consider options for publication and stakeholder engagement, including how best to present our findings.
- 10.5. We have published a New Year look ahead blog from our Chair (subsequently reported on by other media⁶) and also reflections from our three Board members representing Northern Ireland, Scotland and Wales. We have promoted the response we made to the Department for Science, Innovation and Technology's AI Growth Lab's call for evidence, where we highlighted the importance of bringing sectors together to share learning, spot emerging risks, highlight good practice, and address systemic issues that individual regulators may miss. We have welcomed the launch of the Northern Ireland Department of Health's Being Open Framework, which aims to promote an open and transparent culture across Health and Social Care delivery organisations in Northern Ireland.
- 10.6. We have publicly supported the call for accelerated UK-wide action on the regulation of non-surgical cosmetic procedures made by the Women and Equalities Committee in Westminster. On 27 March, the Director of Policy and Communications will speak about the importance of this issue as part of a wider All-Party Parliamentary Group event on the Women's Health Strategy.

Intelligence and Insight

11. Sexual misconduct

- 11.1. We are compiling a set of resources to publish on the website building on the series of webinars held from September 2024 to December 2025. A more detailed update will be provided at the meeting but this will include:
 - Data from our Section 29 process relating to cases involving allegations of sexual misconduct
 - Links to key references and sources of insight; research and other relevant reports, presentations given in our series, links to information on key legislation and government initiatives
 - A document summarising the insights for preventing this kind of misconduct from the webinar series (drafting being led by Head of Legal)
 - A document setting out areas for improvement for fitness to practise.
- 11.2. The AD(I&I) has been working with the Head of Legal to support the arrangements for a Section 29 event focused on sexual misconduct on 21 May 2026.

12. Research conference

- 12.1. Discussions are ongoing with two academics at London Universities about a proposed joint partnership arrangement for the 2026-27 research conference. The proposal received is that we hold the event at the campus of one of the Universities outside central

⁶ [PSA signals major shift toward preventative fitness to practise regulation in 2026 - Fitness to Practise News by Kings View Chambers](#)

London. As the first step the feasibility, convenience and benefits of the proposal are currently being explored in detail. An update will be provided at the meeting.

Corporate Services

13. IT

- 13.1. We successfully achieved both Cyber Essentials and Cyber Essentials Plus annual recertification in February. Cyber Essentials Plus includes an independent technical audit confirming that our security controls are operating effectively.

14. Finance

- 14.1. The latest Finance Report is on the agenda.

15. People

- 15.1. We are currently in the process of recruiting to the Associate Board Member role. Ruth Ajayi's term comes to an end on 6 May 2026. Subject to appointing a successful candidate, this round of recruitment will conclude in April 2026.
- 15.2. We will shortly be recruiting for the Head of Legal role. This is a fixed term appointment to cover maternity leave.
- 15.3. The 2026-29 People Strategy was approved by the Executive Leadership Team (ELT) on 16 February and Internal Audit have confirmed that they are satisfied that the relevant actions from the Workforce Planning audit have been incorporated. Following this, the approved version will be shared with all staff ahead of its official launch on 1 April.

16. Governance

- 16.1. The Workforce Planning internal audit recently concluded and the report was shared with the Audit and Risk Committee at its February meeting.
- 16.2. The Internal Audit on Business Principles is the final audit of the business year and is being carried out now.
- 16.3. The light touch Board Effectiveness Review is concluding and the final report will be presented during the private session of the March Board meeting.

17. EDI

- 17.1. The EDI Culture Assessment Report has been approved by ELT and shared with staff. The assessment, conducted through a series of staff focus groups and structured one-to-one discussions, focussed on several key areas: the extent to which staff feel that EDI, our values, and inclusive ways of working are embedded in our activities; how EDI is reflected in our organisational values and inclusive practices; what inclusion looks and feels like within the PSA; and the varied experiences of staff based on protected characteristics, socio-economic backgrounds, and intersectionality. Key findings and recommendations from the assessment are being considered by SMT.
- 17.2. We are currently evaluating ourselves using the self-assessment and benchmarking tool from Overo called TIDE - Talent Inclusion and Diversity Evaluation. TIDE is a self-assessment tool designed to help organisations measure how they are doing in developing and progressing a positive, inclusive work culture. Completing the self-evaluation was committed to as a Corporate Services action in the EDI action plan. After

completion, we will receive a report highlighting our lowest and highest performing areas of work, which will help us to target our action planning on areas that will have most impact on developing an inclusive workplace culture.

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]	1869 [1842]
	Number of Cases considered at a s29 case meeting or statutory deadline meeting [compared with same period last year]	37 [20]
	Appeals lodged [compared with same period last year]	28 [19]
	100% of relevant decisions considered within statutory deadline	99.9% ⁷ [99.6%]
Performance Reviews	100% of 2024 performance reviews published within three months of end of review period	90% [9/10] ⁸
Public concerns about Regulatory bodies	100% of concerns acknowledged within five working days since 1 April 2025	98.5% (433/440) ⁹
Accredited Registers – current processes	90% of Registers have a full assessment within three years of the previous assessment.	96% (27/28)
	90% of decisions about the annual check within one year of the previous assessment.	93% (26/28)
	95% of Conditions are reviewed within two months of when they were due.	69% (94/98)

⁷ One case was sent to us after our deadline for appeal had already passed.

⁸ The NMC's KPI was missed as the decision was taken to await the outcomes of 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 changed our approach and extended the review period. However, the KPI remains unmet.

⁹ No new concerns outside the KPI since the previous Board report.

	100% of targeted reviews are completed within four months of the date initiated.	100% (1/1)
	90% of decisions about new Standard 1 applications are made within four months of receipt.	66% (2/3)
	90% of decisions about full accreditation (Standards 2-9) are made within eight months of receipt.	100% (1/1)
Finance	Budgeted income / expenditure variance less than 5%	4.1% (4,366/4,555)
IT	85% of helpdesk calls to be closed within 1 day	297/297 (100%)
	System unavailability below 10 hours	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	12/12 [100%]
	All (100%) Freedom of Information Act requests dealt with within statutory deadlines	21/22 [92.8%] ¹⁰
Complaints	100% of complaints acknowledged in five days	9/9 [100%]
	Response to all complaints to be completed within 28 days	9/9 [100%]
Social media¹¹ (1 December – 31 January)	Total number of followers across our social media channels	8,997 (7, 619)

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

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.

	<p>(compared with same period last year in brackets)</p> <p>Number of new followers across our social media channels (compared with same period last year in brackets)</p> <p>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></p> <p>NB: All data in this section based on most recent reporting period.¹²</p>	<p>135 (36)</p> <p>529 (438)</p>
<p>Website usage¹³ (1 December – 31 January)</p>	<p>Data on website usage since last reporting period with same period last year in brackets</p> <ul style="list-style-type: none"> • Total page views across the website • Check a Practitioner landing page and practitioner specific pages • Accredited Registers home page and related Accredited Registers pages <p>NB: All data in this section based on most recent reporting period.</p>	<p>70, 702 (108, 985)</p> <p>21, 991 (32, 145)</p> <p>10, 307 (16, 470)</p>

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 September 2025, 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 year-on-year 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.

Annexe A: Project Status Dashboard

Status Date	18/03/2026
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Overall Project Portfolio RAG	GREEN
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Overall Status Commentary
<p>Standards review – Following a period of targeted engagement externally and internally between October and December 2025, the Standards and evidence requirements/frameworks were amended and approved by the Project Board in January 2026. In February, the PSA Board reviewed the post-engagement version of the Standards and broadly supported them with minor amendments. Formal approval for publication deferred to March 2026 Board meeting.</p> <p>Safeguarding – The new Standards include clearer emphasis on assurance of professional suitability, including criminal records checks. We are working with the DHSC to develop options for arrangements for self-employed practitioners following the introduction of new legislation in January, which we can then embed within our assessments. The main report gives more detail.</p>

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	<ul style="list-style-type: none"> Board approval of draft Standards for engagement in September Targeted engagement on draft Standards and requirements/evidence frameworks with stakeholders/regulators/ARs completed 4 December. As of 18/12/25 Project Board meeting, project is on track to current overall timeline and milestones. However, we have moved back final approval of the

Project / Programme	Owner / Lead	Start Date	Baselined End Date	Current End Date	Planned Budget	Current Expend.	Project RAG	Project Status Commentary
								<p>Standards from January to February 2026 as agreed at last Board meeting.</p> <ul style="list-style-type: none"> February 2026—Board reviewed and discussed and gave feedback on post-engagement revisions to the draft Standards. On agenda for March Board Meeting to agree publication. Operational readiness plans for AR/Regulators presented to Scrutiny Committee in February. Project on track for implementation in July 2026.
Strengthening safeguarding	Amanda Partington-Todd & Melanie Venables	01/09/23	31/03/24	31/07/26	£0	£0	G	<ul style="list-style-type: none"> Survey of regulators analysis completed and presented to 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. 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. Assessing and monitoring impact of the Rehabilitation of Offenders Act 1974 (The Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) (England and Wales) Order 2025) on

Project / Programme	Owner / Lead	Start Date	Baselined End Date	Current End Date	Planned Budget	Current Expend.	Project RAG	Project Status Commentary
								<p>PSA and Standards. Developing options concerning self-employed practitioners in conjunction with DHSC for discussion at the Chief Executives Steering Group in March 2025.</p> <ul style="list-style-type: none"> Dependencies and impact on Standards reviewed and included in final revisions to the Standards to ensure they are sufficiently broad to flex to further development of these changes. Given this workstream’s interdependency on the Standards work, agreed to delay project closure to align with Standards Review Project closure

Key Risks	Mitigations
<p>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.</p>	<ul style="list-style-type: none"> 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. <p>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.</p> <p>Update February 2026: Dependencies and impact on Standards reviewed and included in final revisions to the Standards to ensure they are sufficiently broad to flex to further development</p>

	<p>of these changes. Given this workstream’s interdependency on the Standards work, agreed to delay project closure to align with Standards Review Project closure. Working with DHSC to develop some options for achieving greater consistency on approach for self-employed practitioners, to be considered by CESG in March 2026.</p>
<p>Standards Review -</p> <p>As of 18/12/25 Project Board meeting, there are no RED risks on the risk register and all risks are being actively mitigated to ensure risks are removed or held at a tolerable level</p>	<p>Updated February 2026</p> <p>Project on track to deliver amended combined Standards for Board approval in February 2026</p> <p>Key achievements/progress:</p> <ul style="list-style-type: none"> • 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 • 9 October - 8 December—Targeted engagement window (regulators, ARs, patient/public advocacy groups). This included running interactive virtual workshops and inviting feedback via survey. Positive feedback and support received during the engagement period as well as appreciation for the PSA’s approach to engagement on this work. • 8 December – mid-January: Analysis of feedback received during engagement period and amendments made to Standards and evidence frameworks/core requirements for regulators and accredited registers • January 2026: Progress update given to PSA Board • February 2026: Board workshop to review post-engagement revisions and decisions ahead of Board approval to publish the revised Standards. <p>Up next:</p>

	<ul style="list-style-type: none"> • March 2026—publication of new Standards (subject to Board approval) • March - June 2026— Implementing operational readiness plans and actions as outlined to Scrutiny Committee in February 2026 • April/May 2026—Project Board to consider and agree evaluation criteria and impact measures of the new Standards • April 2026—further engagement with ARs and regulators in preparation for implementation • July 2026—Implementation and project closure
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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

1. Executive summary as at 31st of January 2026

- 1.1. At Month 10 (end January 2026) of the 2025/26 financial year, Regulatory Activity is projected to end the year with a surplus of £202k, compared with a budgeted year-end position of break-even.
- 1.2. This includes a one-off favourable accounting adjustment of £136k relating to historic S29 legal accruals that are no longer expected to be billed. Excluding this non-recurring item, the underlying operational surplus is £66k.
- 1.3. At this stage in the financial year, the S29 budget forecast is based largely on expenditure already incurred and confirmed case timetables. The movement from the previously forecast deficit to a surplus primarily reflects changes in the timing of S29 appeals and hearings, resulting in associated costs now falling into the next financial year.
- 1.4. The original budget assumed that all regulatory expenditure would be fully funded through regulatory fee income, with no refund payable to regulators in 2025/26.

Research Budget

- 1.5. The forecast continues to reflect a £65k underspend relating to the planned research project, which is now expected to take place in 2026/27. **Subject to Board approval**, this underspend is expected to be carried forward into reserves to fund the project in the next financial year.

S29 Costs

- 1.6. The principal driver of the change in the latest forecast position compared to earlier reports is the revised timing of S29 legal costs. A number of cases have settled outside of court, and several appeals are scheduled to take place after March 2026. As most expenditure arises at the appeal and hearing stage, a significant proportion of legal costs previously anticipated within 2025/26 will now be incurred in 2026/27. Correspondingly, potential recovery income will also happen in 2026/27.
- 1.7. The earlier forecast deficit reflected the best estimate of hearing activity at that time. As greater certainty has emerged at Month 10, the expenditure profile has been updated. This largely represents a timing movement between financial years.
- 1.8. Legal costs remain inherently difficult to predict precisely and may fluctuate depending on case progression, settlement patterns and hearing schedules. Hearings typically incur higher costs than cases resolved without a hearing, and unsuccessful cases may result in adverse cost exposure.

- 1.9. In Month 9, a detailed review of brought-forward S29 legal accruals identified £136k relating to prior-year cases that are no longer expected to be billed by external legal firms. These accruals were originally recorded based on confirmation from legal firms of work undertaken at the time and in line with the established monthly accrual process, which has been reviewed by external audit.
- 1.10. The adjustment reflects updated information following case closure and confirmation that no further invoices will be received. This adjustment does not affect cash, rather, it removes historic estimated liabilities from the accounts where those liabilities are no longer expected to arise. This is therefore an accounting adjustment within the Income and Expenditure statement to ensure that the year-end position reflects current and expected legal liabilities.

Staff Costs

- 1.11. The forecast overspend in staff costs remains the same due to a number of factors, including higher pension contribution rates and additional temporary resource within S29 team.

Accredited Registers

- 1.12. The Accredited Registers programme is forecast to deliver a surplus of £51k which remains the same since the previous forecast. This reflects an underspend in communications expenditure, partially offset by higher staff costs.

2. Sectoral Summary – Regulatory Activity

- 2.1. Income and Expenditure breakdown

Income and Expenditure	2024/2025 Actual	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	116	(48)
Investment interest	111	25	145	120
Conferences income	6	0	7	7
Total income	5,277	5,650	5,729	79
Staff costs	3,525	3,766	3,836	(70)
Recruitment costs	33	15	30	(15)
Training and Conferences	48	75	73	2
HR and payroll costs	56	24	25	(1)
Staff travel	6	10	10	0
Occupancy costs	334	324	343	(19)

Audit costs	73	70	73	(3)
IT costs	112	190	162	28
Board appointments	51	0	3	(3)
Board remuneration/expenses	131	149	155	(6)
Depreciation/Capital costs	51	50	55	(5)
Conferences	17	45	40	5
Commissioned Policy advice and research	74	75	10	65
Comms	48	45	26	19
Other policy costs	161	82	87	(5)
Direct S29 legal costs and case review	566	657	665	(8)
Other costs	115	73	70	3
Total admin costs	1,876	1,884	1,827	57
Accounting adjustment (legal accruals write off)	0	0	136	136
Surplus/(deficit)	(124)	0	202	202

- 2.2. £120k difference in investment income due to better investment performance (improved rates and investment management).
- 2.3. Income from S29 recovery is forecasted to be smaller than budget. This correlates with direct legal costs that are now going to be significantly lower than previously forecast due to a lot of cases settling outside court and number of hearings scheduled for after March. Consequently, most of the associated costs and potential recovery will fall into the next financial year rather than the current one.
- 2.4. £70k overspend in staff costs due to variety of factors including new pension scheme with higher employer contributions and additional temporary resource in S29.
- 2.5. £15k overspend in recruitment costs due to extension costs of staff recruited via agencies.
- 2.6. The £19k variance in occupancy costs arises from higher rates over the three-year period than originally reflected in MoU, as well as increased service charge costs recharges.
- 2.7. £28k underspend in IT costs due to efficiency costs resulted from moving to the cloud.
- 2.8. £65k 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.
- 2.9. £19k underspend in Comms due to delay in some comms and stakeholder engagement projects

3. Sectoral Summary - Accredited Registers

Income and Expenditure	2024/2025 Actual	2025/2026 Budget	2025/2026 Forecast	2025/2026 Budget vs Forecast
Registers Income	702	771	759	(12)*
Staff costs	434	447	481	(34)
Comms Costs	43	77	30	47
Overheads	174	197	193	4
Others	7	10	4	6
Surplus/(Deficit)	44	40	51	11

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

4. Total staff costs

Income and Expenditure	2024/2025 Actual	2025/2026 Budget	2025/2026 Forecast	2025/2026 Budget vs Forecast
Salaries	3,104	3,293	3,101	192
Social Security	348	412	398	14
Pension	561	508	594	(86)
Temp/Agency/Secondments	92	0	**224	(224)
Total staff costs	*4,105	4,213	4,317	(104)

*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	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	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	8,775	77
Total assets	9,858	9,736	9,813	77
Trade and other payables	(6,960)	(6,958)	(6,822)	136
Lease liability	(191)	(191)	(191)	0
Provisions	(51)	(51)	(51)	0
Total	(7,202)	(7,200)	(7,064)	136
Lease liability	(350)	(190)	(190)	0
Net Assets	2,306	2,346	2,559	213
Reserves				
Unrestricted	884	924	935	11
Restricted	1,422	1,422	1,624	202
Total Reserves	2,306	2,346	2,559	213

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	****298
Interest	150	127
S29	164	*****205
Other	6	9
Total Income	6,552	663
Outgoings		
Payroll	4,213	3,435
Other costs	2,301	1,743
Total Outgoings	6,514	5,178
	31/03/2026	31/01/2026
Cash and investments	8,698	4,145

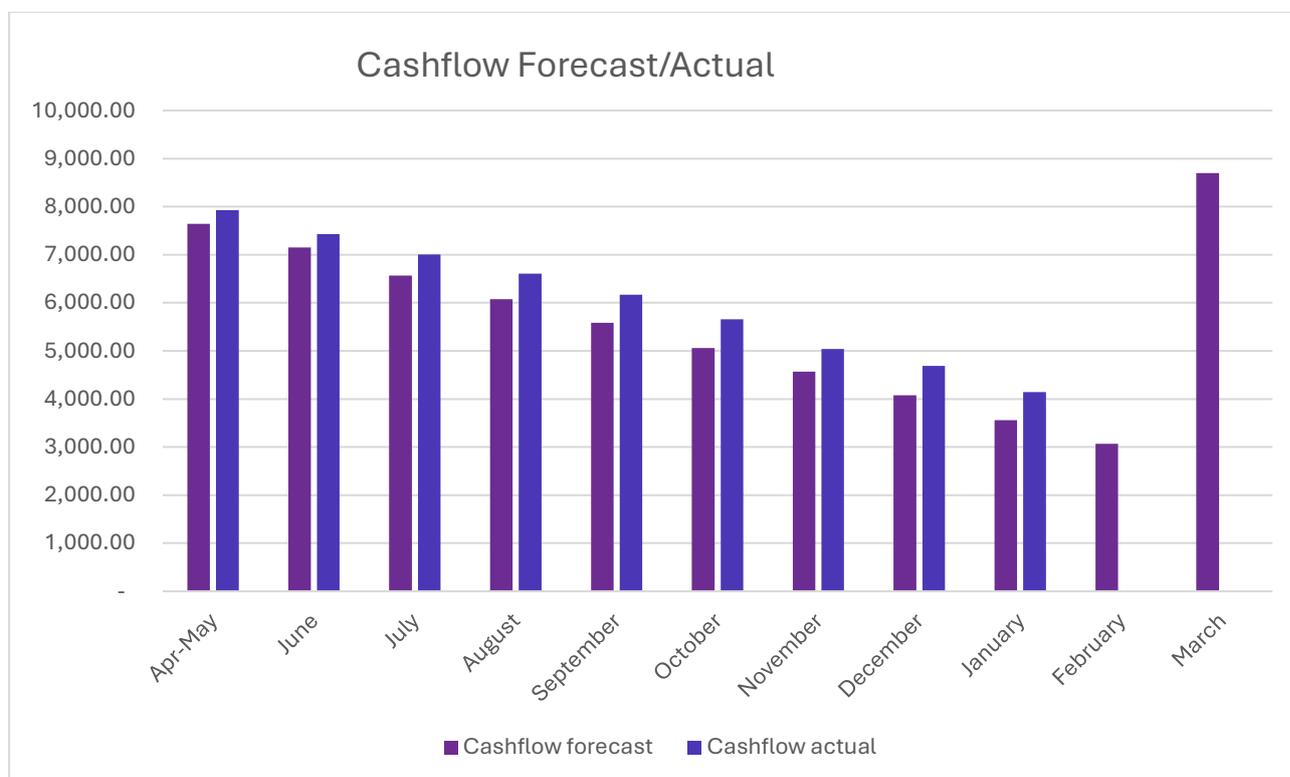
*Assumed same level of fee income as 25/26 received in March 2026

**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:	Scrutiny Committee
Meeting Date:	26 February 2026
Chair:	Juliet Oliver

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
NMC Lessons Learned Outcomes and Recommendation	The Committee heard from the Executive about the NMC Lessons Learned review, key findings, recommendations and proposed next steps/actions. Committee members asked questions, sought clarification on the findings and provided constructive challenge to the Executive’s response and indicative plans.	The Committee commented that this review was a thorough and thoughtful reflection on what happened and what could have been done differently. The Committee received assurance that the learning and recommendations from this review (as well as the Committee’s questions/comments raised during the discussion) would be adopted into planning for operational readiness with new Standards and wider evaluation and planning of Performance Review process changes/improvements in the business plan for 2026/27	Executive to create an action plan specific to the findings of the NMC Lessons Learned review in order to clearly plan and track progress on agreed actions. Update to be provided to Scrutiny Committee in June regarding operational readiness for new Standards which takes into account learning from this review—recognizing that further changes/improvements will be explored and implemented post-July as well	June 2026

<p>Scrutiny Committee Annual Report, 2026/27 Work Plan and TOR Review</p>	<p>The Committee has developed and discussed its annual report and review of its effectiveness (paper submitted to the Board for Item 9 of the March Agenda—‘<i>Committee Annual Effectiveness Reports</i>’)</p> <p>The Committee reflected that the TOR requires a refresh and update but agreed to postpone drafting changes until the conclusion of the Board effectiveness review to ensure any recommendations from that can inform changes.</p> <p>The Committee has agreed its workplan for 2026/27</p>	<p>The Committee has noted the development of its strategic approach, and its effectiveness in providing strategic oversight and assurance of programmes of work of the R&A Directorate—detailed in the annual report.</p>	<p>Board approval of annual report</p> <p>Review and revision of Terms of Reference following recommendations of Board effectiveness review</p>	<p>March 2026</p> <p>June 2026</p>
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ASSURE (assure the Board on any areas of assurance that the Committee has received)				
Issue	Committee Update	Assurance Received	Action	Timescale
Accredited Registers, appointments, performance review and section 29 updates	The Committee received an overview/summary of updates on each area of the PSA business within its scope.	The Committee noted the updates and progress with no further questions or issues raised.	None	N/A
Development of risk framework for Performance Review	As part of the PR updates, the Committee were informed about the team’s early thinking and development of a risk framework to inform a risk-based, proportionate and targeted approach to performance review and monitoring of regulators. The Committee provided feedback and ideas to support the development of this work and supported this direction of travel.	The Committee received assurances that the development of this risk framework is intended to ensure PR processes are targeted and agile, and aligned to Strategic Aim 1 of the 2026-29 Strategic Plan and Right Touch Regulation.	Further updates on the development of this work to come back to the Committee (including how the risk framework is intended to inform processes, priorities and decisions)	November 2026
New Standards—Operational Readiness for July	The Executive shared plans and timelines for ensuring operational readiness for implementing the new Standards from July 2026.	The Committee received assurance that the plans for operational implementation were thorough, clear and ensured readiness	Further updates to be provided to the Committee in June about the substantive changes and intended impact/outcomes over the course of rolling out the Standards so we can be well	June 2026

		(internally and externally) to implement the new Standards as planned.	prepared to evaluate them in the future.	
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COMMITTEE ALERT, ADVISE, ASSURANCE REPORT TO BOARD

Committee:	Audit and Risk Committee
Meeting Date:	3 February 2026
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	<p>RSM provided a progress update. Workforce Planning audit was complete.</p> <p>RSM presented a draft plan for 2026/27 audits</p>	<p>Workforce Planning audit was given Reasonable Assurance.</p> <p>The following four areas will be reviewed in 26/27</p> <ul style="list-style-type: none"> • Payroll • Performance Review Standards • S29 Case Management System • Internal Comms 	<p>Recommendations made</p> <p>1 Low 5 Medium 0 High</p> <p>ARC approved the plan for 2026/27</p>	<p>2026</p> <p>2026/27</p>
External Audit	NAO presented the Audit Strategy for the 2025/26 audit and provided a verbal update on the interim audit	The audit focus will be similar to last years and C&AG sign off is expected before summer recess.	ARC approved the strategy and the fee of £34,200.	February – June 2026

Whistleblowing Policy	The Committee annually reviews the Whistleblowing Policy.	In June 2025 the Committee approved the policy after a comprehensive review. No further changes were required this year.	ARC recommends that the Board approves the updated policy at Annex A.	
Treasury Management Policy	The Committee annually reviews the Treasury Management Policy.	The Committee approved the updated policy and applauded the team for the improved investment interest being achieved as a result.	ARC recommends that the Board approves the updated policy at Annex C.	
Anti-Fraud and Bribery Policy	The Committee annually reviews the Anti-Fraud and Bribery Policy.	The Committee approved the policy, there were no changes made this year and no fraud, bribery or corruption incidents have occurred to date in 2025/26.	ARC recommends that the Board approves the policy at Annex B.	

Risk register	The Committee reviewed the register	The Committee suggested Risk 3 be de escalated back to Directorates as it is low risk and be removed from register	The updated risk register is on the Board agenda for review.	
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ASSURE (assure the Board on any areas of assurance that the Committee has received)

Issue	Committee Update	Assurance Received	Action	Timescale
ARC Annual Report to Board	The Committee reviewed the annual report from ARC to the Board	<p>The report includes assurances on governance, risk, and internal controls, stating that these are accurate and demonstrable.</p> <p>The Committee approved the annual report and agreed to forward it to the Board at the next meeting.</p>	Attached at Annex A	

Whistleblowing Policy v5

1. Introduction

- 1.1 We are committed to creating a culture of openness, transparency and dialogue in a way that is safe and encourages and supports people to speak up. This policy seeks to set out a transparent and accountable structure that allows people to do this.
- 1.2 If you see or find out about something you think is wrong at the Professional Standards Authority (PSA) you should report it. You should go first to your line-manager or any other senior person. However, we recognise that in some cases the existing policies and procedures that deal with conduct and behaviour at work may not be appropriate, for example the Employee Handbook, complaints procedure or Accident/Incident reporting procedures. If you cannot or do not wish to follow either of these for any reason you should follow this whistleblowing policy.
- 1.3 This policy applies to everyone working at the PSA including permanent, temporary, agency staff and contractors.
- 1.4 The PSA also has a Freedom to Speak Up Guardian who staff are welcome to raise any concerns with, these may be whistleblowing concerns, but the remit extends to any comments or concerns, not just those covered by this policy. More information about this can be found in the Freedom to Speak Up Guardian guide.
- 1.5 Raising concerns about wrongdoing can be one of the most difficult and challenging things to do in a work environment. Under this policy you may come forward with legitimate concerns without fear of being blamed or suffering any disadvantage for doing so.

2. Aims and Objectives

- 2.1 The aim of the policy is to promote a culture of openness, transparency and dialogue which at the same time:
 - Reassures you that it is safe and acceptable to speak up and assists in the prevention of fraud and mismanagement
 - Demonstrates to all staff and the public that PSA affairs are carried out ethically, honestly and to high standards
 - Provides an effective and confidential process by which you can raise genuine concerns in relation to Public Protection.

3. What types of concerns can be raised by whistleblowers?

- 3.1 The Public Interest Disclosure Act (PIDA) 1998 provides protection for workers who reasonably believe that they are acting in the public interest and where the disclosure falls into one of more of the following categories:
- A criminal offence that has, is being, or is likely to be committed
 - Unauthorised or inappropriate disclosure, misuse or loss of confidential, personal and / or sensitive information
 - A miscarriage of justice
 - Risk or damage to the environment
 - A danger to the health and safety of employees or others
 - Attempts to suppress or hide information relating to wrongdoing
- 3.2 The concern can be about an incident that happened in the past, is happening now or that you believe is likely in the future. It is important that concerns are raised as soon as possible, so any necessary action can be taken.
- 3.3 As long as you hold a reasonable belief that the information is true then you will be covered by the protection set out in this policy regardless of whether you are mistaken or the matter cannot be proved.
- 3.4 Whistleblowing does not cover concerns where there is no public interest element such as a concern about your own employment or related matters. To raise a concern in relation to this, please refer to the PSA's grievance procedure which is set out within the Employee Handbook.

4. Making your claim anonymously

- 4.1 It is possible for you to raise your claim anonymously if you wish to do so. However, this may mean that it is difficult to investigate fully if you haven't provided us with enough information.
- 4.2 We assure you that we will not tolerate any harassment or victimisation of staff (please refer to section 17 of the Employee Handbook for more information on this) and would encourage you to provide us with your name so we can fully investigate the matter. You may ask for confidentiality when doing so and we will respect this.
- 4.3 If you ask for confidentiality, we will make every effort to protect your identity unless required to disclose it by law. If it becomes clear that we are unable to resolve the issue without revealing your identity we will discuss this with you, taking into account your views and our wider legal obligations before deciding whether or not to proceed with the investigation.
- 4.4 We will also maintain confidence for the person(s) who the concern is about.
- 4.5 All whistleblowing concerns will be saved in a confidential folder and will only be accessible to those involved in investigating the concerns, if this is anyone other than the initial investigator you will be notified.
- 4.6 If you are unsure about raising a concern, you can seek independent advice at any stage.

For more information, please refer to Section 8 of this policy.

5. How to raise a concern internally

Step 1

- 5.1 Where possible you should raise any matter of concern, serious or otherwise with your line manager. This may be done either verbally or in writing.

Step 2

- 5.2 If you feel unable, for whatever reason, to raise the matter with your line manager, you may go to one of the directors, HR or the Freedom to Speak up Guardian.

Step 3

- 5.3 If these steps have been followed and you still feel you have concerns, or that they have not been addressed, or that you cannot discuss the matter with any of the above then you should contact the Chief Executive, in the first instance. Should the Chief Executive be implicated in your concern you may contact the Chair of the Audit and Risk Committee, who will make a decision on how the complaint will proceed.
- 5.4 You are entitled to representation from a trade union or colleague at any point in this process to support you in raising your concern.
- 5.5 When raising your concern, it is helpful for you to provide an explanation with as much detail as possible including dates and times of incidents, any eyewitness details and any supporting documents that you have.

6. What we will do

- 6.1 On receipt of a complaint at any of the above stages the complaint will be recorded and acknowledged within three working days by the person who received the complaint.
- 6.2 We will record the date of the complaint, a summary of concerns and any updates provided, in a confidential file. However, we will not include any information that may identify either yourself or the individual(s) the complaint is about in any shared information or reports without consent to do so.
- 6.3 Where we are unable to resolve a matter quickly (usually within 10 working days) or more information is required we will appoint someone to carry out a proportionate investigation. This will be done by someone appropriately senior and from a different part of the organisation – usually a director but in some circumstances, this may be outsourced to a third party usually when specialist skills are required (for example an accountant or IT expert). This will be done within a reasonable timeframe depending on the scope of the investigation which will be communicated to you but would normally be no more than one calendar month.
- 6.4 The investigator will advise you and those identified as the subject of a concern, of the process, what will be investigated and what will not, those involved and their roles and the anticipated timescales.

7. How to raise a concern externally

Raising concerns externally

- 7.1 Where attempts to raise matters internally have been unsuccessful or, exceptionally, you feel you cannot raise your concerns internally, you may consider raising the matter with the relevant external body. These include;
- The Secretary of State for Health and Social Care
 - The Information Commissioners Office (ICO)
 - The Financial Ombudsman.
 - The Health and Safety Executive
 - Comptroller and Auditor General (NAO)
 - HM Treasury
- 7.2 A full list of prescribed bodies Whistleblowers can contact can be found here [Whistleblowing: list of prescribed people and bodies - GOV.UK](#)
- 7.3 For more advice on when you can contact an external body and be legally protected to do so you can contact the charity Protect on 0203 117 2520.

8. What happens next

- 8.1 The focus of any investigation will be to highlight how the PSA can improve as an organisation and to improve public protection. The investigator will create an action plan of any actions that we are required to undertake following the conclusion of the investigation and this will be overseen by the Audit and Risk Committee (ARC).
- 8.2 The ARC will also be given high level details of any complaint, this will be done anonymously where you have requested it to be and will be heard in a private session.
- 8.3 We will also include similar high, level anonymised information in our Annual Report.

9. Whistleblower's Champion

- 9.1 The role of the Whistleblower's Champion is to oversee the integrity, independence and effectiveness of our organisation's policies and procedures. As a result, they are responsible for regularly checking internal processes to ensure disclosures are being handled appropriately and respectfully.
- 9.2 The PSA's non-executive Whistleblower's Champion is the Chair of the Audit and Risk Committee, Nick Simkins.
- 9.3 If you have any comments or concerns about whistleblowing please contact him directly on nick.simkins@professionalstandards.org.uk

10. Support for Whistleblowers

- 10.1 Whistleblowing may be very difficult. We will take every step to ensure we protect and support whistleblowers internally. However, we recognise that people may feel more
-

comfortable seeking external support in this situation.

- 10.2 We would encourage whistleblowers to contact Workplace Wellness our free, confidential employee assistance programme on 0800 1116 387 for external support at any time before, during or after whistleblowing.
- 10.3 The independent charity Protect on 0203 117 2520 can also provide support. Their lawyers can give you free confidential advice at any stage about how to raise a concern about at work. They will also provide advice on the circumstances in which it may be appropriate for you to contact an outside body.

11. Review

- 11.1 This policy is reviewed annually by the Audit and Risk Committee.

APPENDIX A: Handling Whistleblowing Disclosures: Guidance for Investigators

Listen to any concerns that the whistleblower has raised and thank them for doing so, even if they may appear to be mistaken.

Manage expectations and provide reassurance to the whistleblower that their identity will remain confidential. However, a further discussion may need to take place if maintaining anonymity impacts the concerns being fully investigated.

Discuss reasonable timeframes for feedback and updates with the member of staff.

Reassure the whistleblower that they made the right choice in raising the concerns and that they will not suffer any detriment with regards to their position or career from it. Examples of detriment could include reduction of hours, experience of bullying and/or harassment.

Remember, there are different perspectives to every story.

Determine if there is any potential conflict of interest. This includes ensuring that the person investigating is not connected to the concern raised in any way and identifying if there is any potential or perceived conflict of interest, which exists prior to disclosing full details of the concern. If a conflict of interest arises at any point during the investigation, the investigator must alert the manager.

Outline next steps and determine if there are sufficient grounds for concern. If an investigation is deemed necessary, this must happen as soon as possible. If the concern is potentially very serious or wide-reaching, consider who should handle the investigation and know when to ask for help.

Be prepared to explain **how you have handled the concern.**

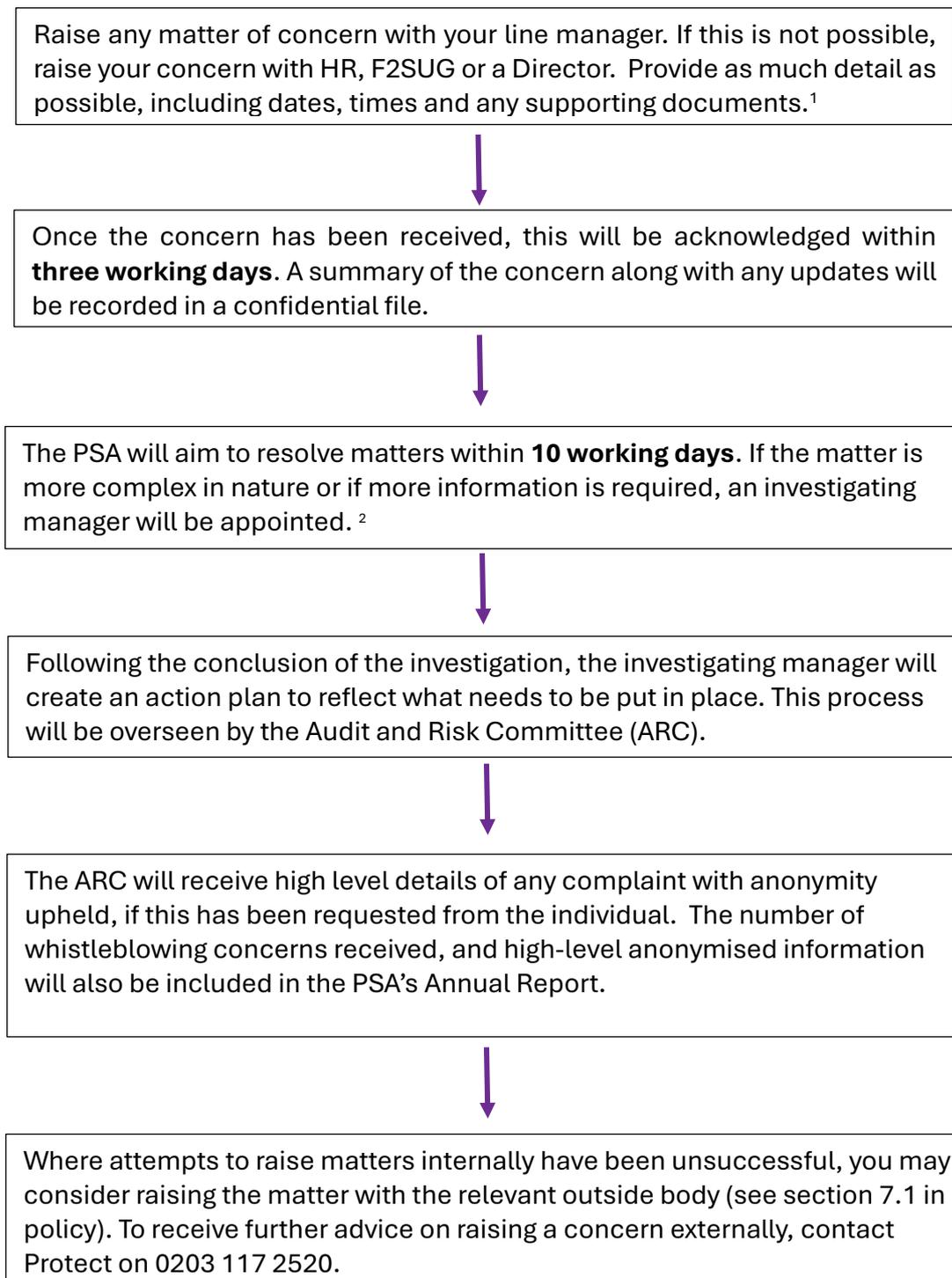
Effectively communicate any outcome and/or proposed action to the whistleblower and those identified as the subject of the concern (where appropriate).

Keep a record of any serious concern raised with those designated under the policy. Records should remain anonymous where necessary.

Signpost the whistleblower to further support, since raising the concerns can be a stressful time for the individual. As well as seeking support from yourself, external bodies can also be recommended, which are listed below and reflected in the policy under Section 8:

- Protect: <https://protect-advice.org.uk/>
- Vita Health – Workplace Wellness can be contacted on 0800 1116 387

APPENDIX B: Flowchart for Raising a Concern



¹ If you cannot raise with any of the above, please contact the Chief Executive in the first instance.

² The investigating manager will provide more information on what to expect during the process (what will/will not be investigated) along with anticipated timescales.

Document Control

Version Control

Printed documents are uncontrolled. This document is only valid on the day it was printed.

Version	Description of Version	Date Completed
1.0	Whistleblowing Policy	September 2008
1.1	Updating of job titles Reapproved by Audit Committee	December 2010
1.2	Reapproved by Audit Committee	December 2011
1.3	Reapproved by Audit Committee	December 2012
2.0	Redrafted after NAO government wide review.	April 2014
2.1	Updated after Annual review to include reference to C & AG as prescribed person	December 2014
2.2	Reapproved by Audit Committee	November 2015
2.3	Minor change to terminology in section 1.6	May 2017
3.0	Review and amendments made	September 2017
3.1	Reapproved by Audit and Risk Committee	February 2018
3.2	Addition of whistleblowing champion details	April 2018
3.3	Review undertaken	January 2019
3.4	Review undertaken	January 2020
3.5	Change to support details in sections 5.1, 8.2 and 8.3 and governance amendments	February 2020
3.6	Amended to reflect the role of the Freedom to Speak Up Guardian	Reviewed and agreed by DG Feb 2020
3.7	1.4 extended to provide further information on the role of the Freedom to Speak Up Guardian	18 May 2021 agreed by ARC June 2021.
3,8	Review undertaken and the review schedule moved to the bottom of the document	February 2022, agreed by ARC
3.8	Annual review by ARC	Feb 2023
3.9	To replace "Authority" with "PSA"	Feb 2024
3.9	ARC Annual review	Feb 2024
4.0	New ARC Chair details included	Oct 2024
4.1	Updated Freedom to Speak up Guardian details	January 2025
4.1	ARC annual review	February 2025

5.0	Clarification of roles and process, introduction of guidance for investigators	May 2025
5.0	Revised version of the policy approved by the ARC	June 2025
5.0	Moved to new template and ARC annual review	February 2026
5.0	Approved by Board	

Associated Documentation

Version	Description of Documentation
1.2	Fraud Bribery and Corruption policy
14.0	Employee Handbook
1.0	Freedom to Speak Up Guardian Policy

18 March 2026

Anti-Fraud, Bribery and Corruption Policy v1.2

1. Introduction

- 1.1 The Professional Standards Authority (the PSA) has a zero-tolerance attitude towards fraud, bribery or corruption. Where there is a risk of fraud, corruption or bribery, either internally or externally, we will address it in a robust and controlled manner.

2. Scope

- 2.1 This policy applies internally and externally and includes the following: Board members, employees, temporary and interim workers, consultants, contractors and suppliers.

3. Fraud

- 3.1 The Public Interest Disclosure Act (PIDA) 1998 provides protection for workers who The Fraud Act 2006 created the general offence of fraud which can be committed in three ways.
- 3.2 Fraud by false representation – a person is in breach of the Act if they:
- (a) Dishonestly make a false representation, and
 - (b) intend, by making the representation:
 - (i) to make a gain for themselves or another, or
 - (ii) to cause loss to another or to expose another to a risk of loss.
 - (2) A representation is false if:
 - (a) it is untrue or misleading, and
 - (b) the person making it knows that it is, or might be, untrue or misleading.
- 3.3 Fraud by failing to disclose information – a person is in breach of the Act if they:
- (a) dishonestly fail to disclose to another person information which they are under a legal duty to disclose, and
 - (b) intend, by failing to disclose the information:
 - (i) to make a gain for himself or another, or
 - (ii) to cause loss to another or to expose another to a risk of loss.
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- 3.4 Fraud by abuse of position - A person is in breach of the Act if they:
- (a) occupy a position in which they are expected to safeguard, or not to act against, the financial interests of another person,
 - (b) dishonestly abuse that position, and
 - (c) intend, by means of the abuse of that position:
 - (i) to make a gain for himself or another, or
 - (ii) to cause loss to another or to expose another to a risk of loss.
- (2) A person may be regarded as having abused their position even though their conduct consisted of an omission rather than an act.
- 3.5 If anyone commits or attempts to commit fraud they may face civil action or criminal prosecution. The PSA will also take formal disciplinary action against them. This may include terminating their employment with the PSA.

4. Bribery

- 4.1 The Bribery Act 2010 sets out four main offences
- Giving, promising or offering a bribe
 - Receiving, agreeing to receive, accepting or requesting a bribe
 - Bribing a foreign public official
 - Negligently failing to prevent a bribe.
- 4.2 Under the Act, bribery may have been committed even whether no money or goods has been exchanged.

5. Corruption

- 5.1 Corruption is defined as “The offering, giving, soliciting or acceptance of an inducement or reward which may influence the action of any person”. In addition, “the failure to disclose an interest in order to gain financial or other pecuniary gain”.

6. Preventing Fraud, Bribery and Corruption

- 6.1 The first step in beating fraud and corruption is prevention. The PSA has clear rules and procedures, within which we should all work.
- 6.2 We expect all people and organisations who are in any way associated with us to be honest and fair in their dealings with us. We expect our Board members and employees to lead by example in these matters.
- 6.3 Our employees have an important part to play in dealing with fraud and corruption and we expect them to notify us and provide information if they suspect fraud or corruption.
- 6.4 We will deal with all suspicions fairly and confidentially and as far as possible the Authority will not reveal the names of the people who gave us the warning. Our fraud response plan attached (Appendix 1) gives more advice on this issue.

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- 6.5 We will deal firmly and quickly with anyone who is suspected of bribery, fraud or corruption. We will, when necessary, seek advice before embarking on a course of action which may lead to either loss of evidence or a breach of guidelines. We will refer matters to the police if we suspect any criminal activity has been carried out.
 - 6.6 The PSA is committed to working and co-operating with other organisations to prevent organised fraud and corruption. Wherever possible, in accordance with the principles of the Data Protection Act, the PSA will liaise and exchange information with other organisations to deal with issues of fraud.
 - 6.7 The PSA has a Whistleblowing Policy and we ensure that all staff are aware of the contents and brief managers on how to respond should they receive information.
 - 6.8 All Whistleblowing matters will be dealt with in confidence and in strict accordance with the terms of the Public Interest Disclosure Act 1998. This statute protects the legitimate personal interests of staff.

7. Detecting and Investigating Fraud, Bribery and Corruption

- 7.1 This section should be read in conjunction with our fraud response plan (Appendix 1).
- 7.2 Employees must report any suspected cases of fraud and corruption to the Director of Corporate Services, or to another person of suitable authority.
- 7.3 Reporting cases in this way is essential to make sure that:
 - Suspected cases of fraud and corruption are investigated properly
 - The fraud response plan is carried out properly
 - There is a standard process for dealing with all suspected cases of fraud and corruption
 - People and our interests are protected.
- 7.4 The Director of Corporate Services, in consultation with the Chief Executive, will decide on the type and course of the investigation. This will include referring cases to the police where necessary. Where fraud is proven the PSA will press for prosecution of offenders and will carry out our disciplinary procedures if appropriate.

8. Communication and Review

- 8.1 When staff first join the PSA they will be sent a copy of this policy and will be expected to sign a declaration to say they have read and understood it.
- 8.2 Staff will be reminded of the policy from time to time throughout the year.
- 8.3 To measure its effectiveness, this policy will be reviewed annually by the Audit and Risk Committee (ARC) and following any incident of fraud.
- 8.4 ARC will receive an annual report of any incidents.

9. Conflicts of Interest and hospitality

- 9.1 The PSA's Corporate Governance policies covering Conflicts of interest, Hospitality and Whistleblowing can be found in See Section 20.41 of the Employee Handbook.
- 9.2 All staff and Board members are expected to comply with these Corporate Governance policies at all times.

10. Appendix 1 – fraud response plan

Procedures for reporting suspected Bribery, Fraud or Corruption

- 10.1 If you suspect fraud or corruption anywhere within the PSA, you should write down your concerns immediately. Make a note of all relevant details, such as what was said on the phone or other conversations, the date, the time and the names of anyone involved.
- 10.2 Report the matter immediately to the Director of Corporate Services. In their absence, report the matter to your Director or the Chief Executive. Give that person any notes you have made or any evidence you have gathered. Don't tell anyone else about your suspicions.
- 10.3 Do not try to carry out an investigation yourself. This may damage any subsequent enquiry and could lead to a loss of evidence.
- 10.4 If you believe that the concerns you have raised are not being dealt with then you may also raise the matter using the PSA's whistleblowing policy, alternatively you can raise the issue with the Freedom to Speak up Guardian.

Directors' Actions on receiving a report of potential fraud, bribery or corruption

- 10.5 Directors will listen to the concerns of staff and treat every report received seriously and sensitively. They should not ridicule suspicions raised by staff. They should not offer an opinion on the veracity of the allegation.
- 10.6 Make sure that all staff concerns are given a fair hearing. Reassure staff that they will not suffer because they have told us of their suspicions.
- 10.7 Get as much information as possible from the member of staff, including any notes and any evidence they have that may support the allegation.
- 10.8 Directors will not interfere with any evidence and ensure it is kept in a safe place.
- 10.9 Report all allegations, whether justified or not, immediately to the Director of Corporate Services or, in their absence, the Chief Executive or other appropriate person. They will not tell anyone else about their suspicions.
- 10.10 The Director of Corporate Services and the Chief Executive (or other appropriate person) will determine whether there is a case to answer.
- 10.11 If there is a case to answer they will assign the investigation to an appropriate person with the appropriate skills and qualifications to investigate. This may in some situations be external investigators.

10.12 Where possible the staff member who reported the issue will be kept informed of progress. Once the investigation is complete any recommendations will be actioned immediately, these could be but are not limited to:

- Closing the matter, where no wrongdoing is found
- Referring the matter to the police
- Disciplinary action.

Appendix 2

The term fraud is a broad and widely used term to describe many fraudulent-type activities that include theft, false accounting, misappropriation, bribery, corruption, deception and collusion. In general, an example of fraud may be described as any type of deception that results in a gain to one party and/or a loss to another, in this case the PSA.

The offence of fraud can be committed in three ways:

1. Fraud by *false representation*
2. Fraud by *failure to disclose*
3. Fraud by *abuse of position*

Examples of these are set out in the table below (this is not intended to be an exhaustive list):

<p>Fraud by <i>false representation</i> lying about something using any means e.g. by words or actions</p>	<p>Claiming flexitime when these additional hours have not been worked.</p> <p>Providing falsified data to avoid carrying out work.</p> <p>Undertaking personal work that is not related to the business of the organisation within contracted hours.</p> <p>Presenting an expense claim for expenditure not incurred or entitled to.</p> <p>Dishonestly misusing company credit card to pay for items.</p> <p>Claiming sick pay falsely or working in another position while on sick leave.</p> <p>Engaging in ‘phishing’ activities by disseminating an email to large groups of people under false representation</p> <p>Stating and/or providing false qualifications when applying for job roles</p>
<p>Fraud by <i>failure to disclose</i> omitting information when you have a legal duty to disclose it</p>	<p>Failure to disclose information required when applying for a job role, e.g. previous criminal convictions</p> <p>Failure to disclose other information which is legally required and outlined in written contracts</p> <p>Failure to disclose a conflict of interest</p>

<p>Fraud by <i>abuse of position</i> abusing a position of trust, where there is an expectation to safeguard the financial interests of another or the organisation</p>	<p>Use of the PSA logo and/or letterhead for personal gain</p> <p>Falsification of invoices for payment</p> <p>Failure to account for monies or invoices paid</p> <p>Dishonestly altering documents (using correcting fluid, different pen or handwriting)</p> <p>Dishonestly destroying, defacing, concealing or falsifying any account, record or documents required for any accounting purpose, with the intent to cause loss to the PSA.</p>
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Document Control

Version Control

Printed documents are uncontrolled. This document is only valid on the day it was printed.

Version	Description of Version	Date Completed
1.0	Fraud, Bribery and Corruption Policy	February 2023
1.1	Updated from “Authority” to “PSA” to reflect new house style	February 2024
1.1	ARC annual review	Feb 2025
1.2	Addition of appendix B providing examples of matters which might be considered Fraud	May 2025
1.2	Formatted to new PSA template and annual review by ARC	Feb 2025
1.2	Approved by Board	

Associated Documentation

Version	Description of Documentation
14.0	Employee Handbook Corporate Governance Polices

Treasury Management Policy

1.1 Banking arrangements

- 1.2 In addition to the current account arrangements required to meet the regular and recurring operational needs of PSA, surplus cash reserves shall be invested using deposit accounts that balance security, liquidity, and return.
- 1.3 Historically, PSA invested surplus reserves using two fixed-term deposit accounts, with:
 - 1.4 25% held in a three-month term deposit account; and
 - 1.5 75% held in a nine-month term deposit account.
- 1.6 This structure remains available to PSA and may be used where it is considered advantageous to do so.
- 1.7 Following discussions with PSA's banking provider (Lloyds) at the beginning of the financial year (as reported to ARC), we have secured enhanced interest rates through the use of 32-day notice deposit accounts. Whilst the fixed-term deposit structure described in paragraph 1.2 remains available, the 32-day notice account structure is now the primary investment vehicle.
- 1.8 Under this arrangement, the majority of PSA's investable reserves are held in a main deposit account earning an interest rate of 2.40%. Funds may be withdrawn subject to providing 32 days' notice, at which point the relevant sum (normally equivalent to one month of operating expenditure) is transferred to a linked holding account, which also earns interest at a rate of 2.40% until withdrawal.
- 1.9 PSA shall maintain a minimum balance within the notice deposit structure equivalent to no less than three months of operational expenditure. This represents our minimum operational reserves level and shall not be reduced through investment activity.
- 1.10 This approach provides greater flexibility than fixed-term deposits, as PSA is able to access funds within one month rather than being committed for fixed periods of three or nine months, while continuing to generate competitive investment returns.
- 1.11 PSA shall use only UK-based banks and building societies with a minimum long-term credit rating of AA.
- 1.12 All treasury funds shall be held within the United Kingdom.

2. Administration

- 2.1 The administration of PSA's treasury management activities shall be conducted in accordance with the Scheme of Delegation set out in the approved Governance Framework.
- 2.2 An annual investment proposal, including the planned use of notice and deposit accounts, any use of fixed-term deposits, and the maintenance of minimum operational reserve levels, are prepared by the Head of Finance at the beginning of each financial year and approved by the Director of Corporate Services and the Chief Executive.
- 2.3 On an ongoing basis, the Head of Finance shall manage transfers, notices, and withdrawals in line with forecast cash-flow requirements using agreed methods of instruction with the bank (currently direct with Lloyds relationship manager).
- 2.4 The balances held within the notice deposit accounts and the current account shall be monitored on a monthly basis to ensure that:
- the minimum three-month operational reserves threshold is maintained; and
 - sufficient liquidity is available within the current account to meet short-term operational needs.
- 2.5 Investment income generated as a result of this policy shall be reviewed annually and reported within the Annual Report and Accounts. For the current financial year, PSA has earned £119,000 in investment interest over the first nine months and is forecast to earn approximately £145,000 by the end of the year, representing an increase of approximately 31% compared with 2024/25, when total investment income was £111,000.
- 2.6 Notwithstanding the improved performance, it is noted that general market interest rates have reduced compared with the previous financial year. The increased return therefore reflects the effective application of this policy and the use of flexible notice-based investment arrangements rather than favourable market conditions alone. The operation and effectiveness of this policy shall be reviewed annually and approved by the Audit and Risk Committee (ARC).

Version	Description of version	Date
1.0	Addition of version control for future amendments	February 2023
1.1	Signed off by ARC	February 2023
1.2	Replaced	February 2024

“Authority” with
PSA

Updated income
generated figures

1.3	Annual ARC review	February 2025
1.4	Updated current investment methods. Annual ARC review	February 2026
1.4	Board approval	

Nominations Committee Annual Review

Date: 18 March 2026

Title: Nominations Committee Annual Review

Author: Caroline Corby

Responsible Director: Jane Carey

Paper for Approval

1. Terms of Reference

- 1.1. Terms of reference of the Committee are reviewed by the Board annually.
- 1.2. The Committee's key responsibility is to ensure that the Board has the appropriate Board membership.

2. Committee Membership

- 2.1. As well as Caroline Corby, the Board Chair, the Committee membership included Nick Simkins and Juliet Oliver, the chairs of the two Board sub committees.
- 2.2. Alan Clamp (CEO), Jane Carey (Director of Corporate Services and lead executive for the Committee) and Melanie Hueser (Secretariat) attend the meetings.

3. Meetings

- 3.1. Under its Terms of Reference, the Committee will meet as required, with an expectation that it meets at least annually.
- 3.2. During 2025/26 the Committee met once, in March 2026. This was to be expected as the only appointment it is overseeing this year is the Associate Board Member. This will be the third Associate Board Member to join the PSA.
- 3.3. The process for recruiting an Associate Board Member is advanced and will be handled in-house, as it was last time around. This proved to be effective and saved the cost of a recruitment consultant.

4. Providing assurance to the Board

- 4.1. This has been a quiet year for the Committee after a very busy one in 2024/25 when the Committee oversaw the appointment of a new ARC Chair, a Privy Council appointment, and three Devolved Administration appointments.
- 4.2. The Committee has reviewed and approved by correspondence the recruitment pack for the new Associate Board Member, as Ruth Ajayi's term ends in May 2026.

5. Conclusion on Committee effectiveness

- 5.1. The Committee considers that it is operating effectively in discharging its obligations and responsibilities to the PSA Board and **requests that the Board formally approve this.**
- 5.2. Finally, the Committee would like to record its thanks for the excellent support that the Committee receives from the executive.

Scrutiny Committee Annual Review

Date: 18 March 2026

Title: Scrutiny Committee Annual Review

Author: Juliet Oliver

Responsible Director: Amanda Partington-Todd

Paper for Approval

1. Terms of reference

- 1.1. The Committee's role is to provide support, challenge, strategic direction and assurance of impact on the operation of the PSA's role in scrutinising the work of the 10 health and care regulatory bodies, the processes for approving appointments to those bodies, and the Accredited Registers programme. The scope of the Committee's oversight includes the work of the Regulation and Accreditation Directorate, which was created in April 2023 by bringing the Accredited Registers programme into the directorate responsible for oversight of the regulators.

2. Committee Membership

- 2.1. The Committee is comprised of three members and is Chaired by Juliet Oliver who took up the chairing role in April/May 2025. Other Board members on the Committee during 25/26 were:
 - Candace Imison (From February 2025)
 - Ali Jarvis (From February 2025)
 - Ruth Ajayi, Associate Board Member (until May 2026)
- 2.2. The Committee's agenda is wide, and the Committee members bring an appropriate range of experience and expertise to the task. All Committee members except Juliet Oliver were new from 2025. Due to the tenures of former members coming to an end, new members were appointed to the Committee to enable to the continued scrutiny of the work of the Regulation and Accreditation Directorate.
- 2.3. The Committee is attended by the following members of the executive:
 - Alan Clamp (CEO)

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- Amanda Partington-Todd (Interim Director of Regulation and Accreditation and lead executive for the Committee); Graham Mockler to return from April 2026
 - Akua Dwomoh-Bonsu (Head of Performance Review)
 - Osama Ammar (Head of Accreditation)
 - Rachael Culverhouse-Wilson (Head of Section 29)
 - Melanie Hueser (Secretariat)
- 2.4. Other members of the Regulation and Accreditation Directorate are also welcome to attend meetings, either as observers or to present agenda items as appropriate.

3. Meetings

- 3.1. The Committee meets at least three times per year. Meetings last two hours and are usually held remotely.
- 3.2. The Committee challenges the executive on its work and assurance has been sought and provided where actions or questions are identified by the Committee
- 3.3. The Director of Regulation and Accreditation is the lead executive. The Director and Chair meet approximately one month ahead of each meeting to discuss and agree the agenda. The meetings also include a wash up after the meeting to agree actions to take forward. Papers are shared with the Committee one week ahead of the meeting and cover standing agenda items, key areas of work from the year's work plan and other key issues or risks arising.
- 3.4. In 2025/2026 the Committee met three times (June 2025, September 2025 and February 2026). The Committee also convened an extraordinary meeting in December 2025 to review and discuss the Section 29 review and improvement programme.

4. Providing assurance to the Board

- 4.1. In addition to regular updates on the work of each team within the Directorate, the Committee focuses in detail on one or more areas at each meeting. This year, the areas reviewed by the Committee included:
- A “deep dive” into the work of the Accredited Registers Programme, including proposals for implementing operational improvements aligned to the draft 2026-29 Strategic Plan and Right Touch Regulation.
 - The Performance Review team's enhanced oversight of the NMC including the work of the Independent Oversight Group, established to monitor the NMC's response and progress against the recommendations of the Independent Culture Review and Independent Review of fitness to practise cases and the NMC's handling of whistleblowing disclosures.
 - Providing oversight and scrutiny of the conclusion of the Section 29 process review and improvements, benefits realised and planning of future success measures
 - The Standards Review project, consultation, engagement and operational readiness for implementation in 2026. There was also an extraordinary Committee meeting to discuss the development of the draft Standards before they were shared with the Board.
 - Oversight and input into the development of the first Section 29 Report
 - Overseeing regulatory reforms including input into the development and implementation of new processes for reviewing AA/PA case examiner decisions following the AA/PA Order 2024 coming into effect.

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- Oversight and scrutiny of the concerns and appointments processes of the Directorate and their effectiveness.
 - Scrutiny of the scope and delivery of an internal lessons learned review and recommendations from the NMC 23/24 performance review and providing challenge to the Executive on taking recommendations forward into measurable action.
- 4.2. The Board receives a regular update on the Committee's work through a report at each public meeting following a committee meeting.
- 4.3. With new leadership and membership on the Scrutiny Committee this year, the Committee made a number of changes and improvements to its work, expectations of the Executive and processes. This included:
- Re-setting the Committee's focus and work on strategic direction, risk and assurance, rather than detailed scrutiny of operational decisions and processes. In the past year, the Committee has moved away from sitting on decision panels, as well as operational QA processes. The Committee has also moved to reporting on more of an exception-basis.
 - Strengthening communication and engagement between the Chair and the Director of Regulation and Accreditation before, after and between Committee meetings to sense check thinking at an early stage and ensure expectations are mutually understood.
 - Significantly reducing the volume of papers prepared for Scrutiny Committee meetings. In 2024/25, the average volume of papers prepared for Scrutiny Committee was 234 pages per meeting. By comparison, in June 2025 the papers prepared totalled 152 pages and in September 2025 it was 39 pages. This reduces workload and burden on the Heads of Function to prepare papers and reading/preparation time for Scrutiny Committee members. More importantly, it means that Scrutiny Committee members can be focussed on a level of detail appropriate for their strategic oversight role.

5. Conclusion on Committee Effectiveness

- 5.1. The Committee has reflected on its effectiveness to inform this annual report. Over the past year the Committee has made a number of changes to its ways of working to ensure a more strategic focus to its agenda, papers and discussions; and continues to iterate its approach.
- 5.2. The Committee been particularly effective this year in providing constructive challenge, oversight of strategic risks, strategic assurance and a focus on impact in relation to key pieces of work delivered by the Regulation and Accreditation Directorate. For example:
- Ensuring alignment of S29 process improvement proposals with PSA's statutory duties and 2026-29 strategic aims; providing feedback and direction on success measures of this change to demonstrate impact of the S29 team's work.
 - Providing challenge and direction on aligning the development of the new Standards with operational planning and processes to ensure it delivers the desired change and impact
 - Providing strategic assurance that proposals for implementing operational improvements to the Accredited Registers programme are aligned with PSA's future strategy aims and legislative requirements.
- 5.3. To note that in March 2026, the outcomes of a PSA Board effectiveness review will be presented to the PSA Board which will include reference to the effectiveness of its committees. Any recommendations specific to the Scrutiny Committee will be acted upon in a timely manner.

Audit and Risk Committee Annual Review

Date: 18 March 2026

Title: ARC Annual Review

Author: Nick Simkins

Responsible Director: Jane Carey

Paper for Information

1. Terms of Reference

- 1.1. The terms of reference of the Audit and Risk Committee (ARC) are comprehensive and reviewed by the Board annually.
- 1.2. The role of the Committee is to support the Board in its responsibilities relating to the strategic processes for risk, control, and governance. It takes the lead in relations with the internal and external auditors. It also provides support by reviewing the comprehensiveness of assurances which meet the PSA's and Accounting Officer's needs in relation to the accuracy and integrity of the annual accounts.
- 1.3. In the February meeting every year the Committee agrees a detailed workplan which ensures that all aspects of the terms of reference are covered during the year.

2. Committee Membership

- 2.1. The Board members who served on the Committee between April 2025 and March 2026 are Nick Simkins (Chair), Geraldine Campbell, Eleanor Marks, Ruth Ajayi (transferred to Scrutiny Committee after the May 25 meeting).
- 2.2. Eleanor Marks joined the Committee in May 2025 following her appointment to the Board in May 2025.
- 2.3. The Committee continually considers whether it has the necessary skills and experience to cover the areas for which it is responsible. This has been relevant again this year given the number of changes to the Membership. There are presently no significant gaps in the skills of the Committee Members.
- 2.4. Members of the Committee have continued to undertake their role on the Committee with the necessary commitment with excellent attendance. Training and development opportunities are offered to the Committee members as part of the Board training programme and as requested by individual members.

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- 2.5. Jane Carey, Director of Corporate Services (DCS), Melanie Hueser, Executive Assistant and the Corporate Services team have continued to provide excellent support to the Committee, with good quality papers circulated on time, enabling the Committee to operate effectively.
 - 2.6. The Chair of the Committee regularly liaises with the DCS, the Board Chair, the Chief Executive, and with the internal audit engagement partner and manager. He also meets as necessary with the external audit engagement partner and manager, particularly in relation to the annual audit of the PSA's financial statements.

3. Meetings

- 3.1. The Committee meets four times a year with two meetings focused largely on matters relating to PSA's annual report and financial statements and the related assurance processes.
- 3.2. Due to the nature of ARC meetings which involve the need for members to offer both support and appropriate challenge, and the number of people who need to attend. This year the meeting programme was changed to two virtual and two face to face meetings. This accommodates Members' personal time commitments and minimises travel time and cost. The Committee appreciates the willingness of both internal and external audit representatives to attend in person as far as possible.
- 3.3. At the Committee meetings the approach adopted by members is to provide both support and challenge to the Executive in relation to the important areas under discussion. The DCS and Chief Executive always respond constructively and in a non-defensive manner to matters raised by the Committee. Discussions are appropriately robust, and contributions are welcomed from all attendees.
- 3.4. The Committee welcomes observers from PSA colleagues so that the work of the Committee is understood and appreciated. It has been pleasing that each meeting has had a number of observers.
- 3.5. At the end of each meeting the Committee members take the opportunity to meet in private with either the internal auditors, the external auditors, or the DCS/Chief Executive to discuss relevant matters confidentially.
- 3.6. The opportunity is taken for the Committee to look more closely at key risk issues during our meetings, via 'deep dives'. During 2025/26 we focussed on Cyber Security Deep Dive following an Internal Audit review.

4. Providing assurance to the Board

- 4.1. The ARC undertakes the Board's liaison with internal audit which is a key provider of assurance in relation to risk, control, and governance. The Committee approves, and contributes ideas for, the annual internal audit programme and has maintained a close liaison with the internal auditors, RSM.
- 4.2. The Committee also seeks to maintain a good relationship with the external auditor, the NAO, and pays particular attention to the range of assurances that the Board needs in relation to the annual report and accounts. It is pleasing to report that the external audit of the Financial Statements for 2024/25 resulted in an unmodified audit opinion and no significant audit findings or recommendations.

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- 4.3. The Committee focusses strongly on strategic risk, regularly interrogating the risk register maintained by the Executive Leadership Team and draws the Board's attention to any important issues and encourages the Board to engage in thorough discussions on risk, risk appetite and the risk management process on a regular basis.
 - 4.4. The ARC minutes are circulated promptly after each meeting to all Board members and a summary of the meeting is submitted to the next available Board meeting. Any immediate issues of concern are discussed with the Chair and Chief Executive.
 - 4.5. The Internal Audit is currently carried out by RSM. The ARC is satisfied with the service, advice and support it receives from RSM. The current contract is due to expire in May 2027. PSA is part of an internal audit consortium along with Ofqual, Ofwat, Office of the Rail Regulator and the General Dental Council.
 - 4.6. The Internal Audit workplan for 2025/26 focused on 4 specific areas of review, namely:
 - Policy – Reasonable Assurance
 - Workforce Planning – Reasonable Assurance
 - Cyber Security / IT Security Controls – Partial Assurance
 - Business Principles – work still in progress

5. Conclusion on Committee effectiveness

- 5.1. Taking account of the above, the Audit and Risk Committee considers that it is operating effectively in discharging its obligations and responsibilities to the PSA Board and **requests that the Board formally approves this.**

DA Board Member report 2026

Board member name: Ali Jarvis
Devolved administration: Scotland
<p>This is my first report since coming into role in January 2025.</p> <p>In March 2025, I had introductory meetings with Scottish Government (SG) officials. These included in the Chief Nursing Officers Directorate (where professional regulatory matters have typically been considered) and with the “Head of People / Workforce” and the “Head of Leadership” in the SG Directorate for Health Workforce. This enabled us to look at the evolving regulation agenda in Scotland, including arrangements for non-surgical cosmetics, potential new professional groups for regulation, SG/NHS systemic role as employers of regulated professionals and the areas of overlap between PSA new strategic plan and standards refresh and SG/NHS Scotland health and workforce strategies.</p> <p>Attendance at an evening parliamentary reception for Medical and Dental Defence Union Scotland (MDDUS) gave further opportunity to raise awareness of PSA, meet Regulators in Scotland and gain direct insights into the stresses of the system and workforce as well as how regulation and workforce practices are perceived to affect that at an individual and sectoral level – both constructively and detrimentally.</p> <p>In September the PSA Board met in Scotland and engaged further with stakeholders through hosting a round table event exploring “How professional regulation can support a preventative approach to healthcare”. This attracted diverse and constructive participation from a wide selection of stakeholders with a systemic / strategic interest in regulation and its role in harm reduction and patient safety. The format seemed to work well and lead to rich discussions that fed into our wider development work (new strategy, RTR, standards review, risk appetite etc).</p> <p>While policy and operational engagement has been strong, it has proved more challenging to secure political engagement, though a short online meeting was eventually achieved with Jenni Minto, Minister for Public Health in January. This is perhaps linked to the long run-in to elections in May 2026 and the current focus of ministers perhaps not seeing this as an urgent /priority area. The PSA has developed a Scottish manifesto to outline the relevance of our strategic plan and regulation more generally to key policy areas. We hope this will have traction in advance of the elections and can be a valuable foundation for the next Parliament.</p> <p>Throughout the year, executive officers of the PSA have maintained constructive and regular contact with their opposite numbers in the Scottish Government. I would like to thank the PSA staff working within these areas for their support to me as the DA Board member for Scotland and for their ongoing expertise / insight and diligence on issues of Scottish policy and stakeholder relations.</p>

Suggestions for PSA work priorities in relation to the Devolved Administration in 2026

This first year has given me an opportunity to better understand the overarching regulatory landscape as well as where we may have differences and overlaps across the 4 countries. I perceive we have a strong technical and operational engagement with policy and regulatory reform in Scotland but perhaps have an opportunity to enhance our strategic influence, convening powers and wider impact.

My over-arching conclusion is that we should continue to prioritise the key PSA objectives from the 2026 strategy and business plan – ensuring that (as necessary) they are suitably adapted or pitched to meet devolved administration needs. Where there is no relevant distinction, we ensure that the PSA’s relevance and profile is clearly and confidently articulated in relevant fora to ensure an authoritative voice as a trusted partner in Scotland, Wales, Northern Ireland and England – as well as at a UK-wide and international level.

My perception is that the devolved administrations have more limited designated resources in this space so partnerships with other relevant stakeholders become even more relevant to build momentum and critical mass for the impacts that our new strategy seeks. The use of our manifesto is a helpful platform in the year ahead.

As a result, I have already suggested some ways that the PSA might explore enhancing the role of the DA board members to ensure that:

- their individual contribution is maximised for the PSA’s benefit,
- DA Board members are well-sighted and able to appropriately further the PSA’s priorities / agenda across a range of core stakeholder contacts – even when carrying out other roles
- we do not risk any lack of alignment / clarity between the role of staff and Non Execs (particularly around strategic stakeholders eg Ombudsman, Commissioners for Patient Safety, politicians etc)

As a DA Board member, I look forward to working with Board and Executive colleagues in line with the findings of the MKS review to optimise our impact across the UK.

DA Board Member report 2025/26

Board member name: Eleanor Marks
Devolved administration: Wales/Cymru
<p><i>Summary of stakeholder engagement activities in 2025</i></p> <p>I joined the PSA as Board member for Wales in May 2025 and this is my first annual report. We have engaged with a range of Welsh stakeholders over the course of 2025, the most significant activity being:</p> <ul style="list-style-type: none"> • The Welsh NHS Confederation Conference took place at Cardiff City Stadium in November 2025. The PSA has a stand there which proved successful to engage with a wide range of stakeholders and was an opportunity to talk about the Standards Review • Welsh stakeholders continue to be a part of our Nursing and Midwifery Council Independent Oversight Group. A separate meeting was held with Sue Tranka, Chief Nursing Officer, Welsh Government. • There were changes to ministerial positions in the Welsh Government over the course of 2025 with Jeremy Miles becoming Cabinet Secretary for Health and Social Care. Dawn Bowden and Sara Murphy remained in post as Minister for Children and Social Care, and Minister for Mental Health and Wellbeing respectively. We have written to Jeremy Miles about the NMC report, and about the regulation of non-surgical cosmetic procedures. • The policy team have held routine meetings with Welsh stakeholder organisations, including with the Welsh Government and Health Education and Improvement Wales (HEIW). • In conjunction with the Welsh Government the Welsh Seminar, “regulatory Developments in the Welsh Context” took place in March 2025. Jeremy Miles spoke at the event, and Sue Tranka gave the keynote address. Topics were: using data to drive safety improvements; How can regulators, employers and professional groups collaborate to improve safety; and how can education and training promote a safety culture. The event was well attended by stakeholder and the feedback positive. This was a bilingual seminar with simultaneous translation available. • The plans are in place for the ninth PSA and Welsh Government seminar to take place in March 2026. It will be exploring how regulation can support a preventative healthcare approach in Wales.

- The PSA will hold a Board meeting in Wales in Autumn 2026, with engagement events and visits arranged with stakeholders

Suggestions for PSA work priorities in relation to the Devolved Administration in 2026

- The Senedd election takes place on 7 May. The 27 March is the last day of Senedd Business. The 8 April is the dissolution of the Senedd. The deadline for the first meeting of the Seventh Senedd is 28 May, and the 3 June is the deadline for the nomination of First Minister. to engage with Cabinet Secretaries and Ministers in the new Government. The political parties are currently publishing their manifestos, and we will need to engage with the Cabinet Secretary and Ministers in the new government.
- The PSA's priorities for the engaging with the next Welsh Government are:

Tackling the challenges in the health and care workforce

- Develop a robust regulatory strategy to guide decisions on oversight for health professionals – one that supports the successful delivery of Wales' workforce plan and proactively manages risks arising from workforce changes.
- Push for a level playing field for the PSA Accredited Registers Programme – ensuring an equivalent legislative and policy framework to help actively manage risk, including considering mandating registration for critical areas like mental health and healthcare science.
- Continue momentum on addressing inequalities – we welcome work to develop a new Workforce Race Equality Standard as part of the Wales Government's Anti-racist Action Plan.

Close the safety gaps

- Put safety first – extend the local authority licensing scheme for special procedures to include non-surgical cosmetic procedures.
- Learn from past mistakes – create a unified process and accountability mechanism so that learnings from every major review in Wales and across the UK leads to real, measurable change.

Support Regulation to Improve workplace culture and enable a preventative agenda

- Accelerate modernisation – fast track the four-country reform programme to overhaul healthcare professional regulation to allow regulators to support ambitious prevention goals.

- Demand accountability and consistency – review accountability and regulatory arrangements for senior leaders and managers and aim for consistent standards across the UK.
- Joined-up accountability – support strategic reflection on the right balance between employer and regulator remits and responsibilities.

DA Board Member report 2025/26

Board member name: Geraldine Campbell
Devolved administration: Northern Ireland
<p><u>Meetings/Events/ Actions:</u></p> <p>A. <u>Meetings/Events/ Actions, January 2025-March 2026:</u></p> <ul style="list-style-type: none"> • I attended four webinars with the Northern Ireland Confederation of Health and Social Care (NICON) under the theme of ‘Grasping the Nettle’ (more information on the themes in the report body) and ‘Reset’. • I attended four meetings with the PSA team and the Department of Health. Quarterly meetings are now in train with Jim Wilkinson, Head of Healthcare Policy Group, DOH and staff meet with other officials from the department periodically. • We held a joint PSA/ Patient Client Council (PCC) event in March themed as ‘Professionals and the Public: in partnership for patient safety. I gave closing remarks with the Chair of the PCC. • The PSA responded to the Northern Ireland Government’s consultation on the ‘Being Open Framework’ in March. • In May I attended the Patient Client Council online consultation event on the redesign of the Serious Adverse Incident procedure in Northern Ireland. • The PSA visited Northern Ireland on 21/22nd May – holding extensive stakeholder engagement around the Board meeting including with Mike Nesbitt, The Minister for Health, RQIA, the Patient Client Council and staff at The Belfast Health Trust. During the meeting with the Minister several important topics were discussed including the Pharmaceutical Society of Northern Ireland’s performance, The Nursing Midwifery Board’s oversight and the regulation of non-surgical cosmetics. The meeting was followed by a letter from the Chair of the Board setting out the issues surrounding non-surgical cosmetics, encouraging the Minister to take action. • The PSA joined NICON as an Associate member in September. • I attended the NICON two day conference in October with the lead Northern Ireland Policy Adviser and the Director of Communications and Policy, who took part in a regulator seminar, where she spoke on our work in understanding barriers to complaints. • In October PSA staff met with Eoin Tennyson MLA regarding his Conversion Practices Private Members Bill to discuss the impact of proposals on health and care professionals.

- In February the PSA wrote Chris Quinn, Northern Ireland Commissioner for Children and Young People, regarding the risk of non-surgical cosmetics to children and young people in Northern Ireland. We hope to secure a meeting with Chris to discuss this further.
- In March, I facilitated a learning session for staff and the Board with the Northern Ireland Social Care Council (NISCC) to hear about their experience of regulating social care practitioners in Northern Ireland.

B. Priorities for the coming year:

- Increase our visibility in Northern Ireland
- In the absence of legislation for non-surgical cosmetics, we will continue to raise the profile of the risks involved.

C. Northern Ireland specific issues:

1. Amid a very challenging financial landscape, 2025 started with plans for a '**Grasping the Nettle**' webinar series- the theme for challenging the Health and Social Care Service (HSC) in Northern Ireland to grasp the thorny issues head on. There are 7 'nettles' that need to be addressed to move forward: Promote honest dialogue with the public - as partners; Cultivate a valued and supported health and care workforce; Build the capacity in communities to manage care; Make primary care fit for the future; Reduce elective waiting times; Realise the ambition for a joined-up government approach; Support Team HSC – building collaborative capacity to deliver. These webinars brought key people together from across Northern Ireland, throughout the first six months of the year.
2. February onwards: The **Maternity Services Review** published towards the end of 2024 was in the spotlight. The report was commissioned as the result of safety concerns, specifically around a free-standing midwifery-led unit and a coroner's report. The Department of Health's oversight group, also requested a review of the integration of midwifery services more broadly within the wider maternity services, recognising that maternity services are affected by the way in which the whole system works. Noteworthy, is that the rates of perinatal mortality for babies are higher in Northern Ireland than in other jurisdictions in the UK. It was the first report on maternity services in the UK to take a whole-system perspective. Women reported difficult experiences across the whole maternity journey.
3. March: A consultation on the introduction of a new **Regional Framework for Learning and Improvement from Patient Safety Incidents** and supporting documentation to replace the current Serious Adverse Incident (SAI) Procedure in Northern Ireland. It focuses on enhancing the quality and safety of health and social care, aiming to place the voices of all those affected at the heart of the review process.

4. March: PSA partnered with the Patient Client Council to host a '**Professionals and the Public: in partnership for Patient Safety**' in Belfast. The focus was on how the public can be embraced as assets and how workplace culture can be developed to improve patient safety. The three themes emerging from the event focused on: Genuine Involvement for Patient Safety, Cultural Change for Patient Safety and Trust and Openness for Patient Safety.
5. March: Consultation closed on the '**Being Open**' Framework. The introduction of a Statutory Duty of Candour in Northern Ireland, recommended on the back of recent inquiries, was explored widely as part of the consultation as well as the need to create a culture in which staff feel safe, supported and empowered to speak up when things are not as they should be and that they will be listened to and acted upon.
6. May: Major milestone reached as all Trusts areas in NI now using one digital integrated care record system, **Encompass**, for the first time.
7. June: The Health Minister released a statement on **Belfast Trust Cardiac Surgical Unit** (NI's only such unit) following a leaked review that revealed a culture of poor behaviour within Belfast Trust Cardiac Surgical Unit including allegations of bullying. The Health Minister said that the behaviours detailed in the report were appalling.
8. June: The Draft **Adult Protection Bill** was introduced to the Assembly. The legislation will introduce additional protections to strengthen and underpin the adult protection process. The draft Bill is based on seven principles, which should be adhered to by everyone involved in adult protection. New duties, powers and offences will also be introduced to strengthen and underpin the adult protection process and bring Northern Ireland in line with other parts of the UK where such legislation already exists. (Policy Team are monitoring the progress of the Bill through the Northern Ireland Assembly).
9. July: As severe financial challenges persist, The Health Minister published his '**Reset Plan for Health and Social Care**' which sets out clear expectations for health and social care professionals to work differently going forward. It builds on his 'Three Year Strategic Plan' launched in December 2024 which was based around the three pillars of Stabilisation, Reform and Delivery. The Reset Plan is focused on 7 key areas:
 - Prevention and seeing the citizen as an asset in that task.
 - Investing in Primary Care, Community Care and Social Care- delivering mental, physical and social healthcare in a joined-up way.
 - Being as effective and efficient as we can with the resources we have.
 - Adopting a whole systems approach to optimise the whole of NI's health and care workforce and estate, and to reduce the level of unwarranted clinical variation.
 - Maximising digital investment and the strategic use of data.

- Exploiting opportunities for research, supporting early adoption of new medical procedures and treatments with the opportunity to attract the inward investment this brings.
- and creating the system and structure that supports collaborative working and decision making.

Subsequent activity focused on progressing these areas, for example:

10. August: A new '**Committee in Common**' is set up to enable the HSC Trusts to take shared decisions on a 'whole system' basis and to allow them to come together to solve regional challenges and facilitate collaborative decision-making.
11. September: **The' Being Human: Framework for Safety Culture** within Health and Social Care' was launched and sets out what good looks like in relation to safety culture in NI. It focuses on three areas: safe and compassionate; just and open; and continually learning and improving.
12. October: The Patient Client Council and The NI Confederation of Health and Social Care launched a joint report called '**People to Partners- developing a unique approach for Northern Ireland**' and it recognises that citizens as assets is fundamental to reshaping public services.

Risk register cover paper

Date: 18 March 2026

Title: Risk register cover paper

Author: Alan Clamp

Paper for Information

How does this work contribute to strategic objectives: all objectives as the paper relates to risks of not achieving the objectives

1. Issue

- 1.1. In line with the PSA Risk Management Policy, the organisation's main risks are reviewed: monthly by the Senior Management Team; at each meeting by the Audit and Risk Committee (ARC); twice each year by the full Board.
- 1.2. This paper has the March 2026 Strategic Risk Register at Annexe A.

2. Recommendation

- 2.1. The Board is asked to discuss the PSA Strategic Risk Register and to identify if any changes are required.

3. Background

- 3.1. The Risk Management Policy is reviewed annually by the Audit and Risk Committee. In addition, the Board formally reviews the PSA Strategic Risk Register twice each year. Risks are also escalated to the Board as necessary.
- 3.2. Operational risk registers are managed within the directorates. Major projects also have their own risk registers.

4. Analysis

- 4.1. The highest priority risks are: (a) fitness to practise backlogs compromising regulatory effectiveness; (b) inconsistent approaches to accessing criminal record checks by regulators and Accredited Registers.

5. Finance and Resource

- 5.1. The work is funded from existing resources for 2025/26.

6. EDI implications, including Welsh language

- 6.1. No Equality Impact Assessments are required, but this may change as a result of discussions on the Risk Register.
- 6.2. The risk register can be made available in Welsh if requested.

7. Timescale

- 7.1. Any amendments will be made immediately to the Strategic Risk Register and this will be monitored by ARC and the Senior Management Team.

8. Communications

- 8.1. This paper will be used for internal discussion within the Board. Any changes made will be shared with all staff.

9. Internal Stakeholders

- 9.1. All Board members and staff.

10. External Stakeholders

- 10.1. There are currently no external stakeholders.

11. Annexes List

Annexe A: Strategic Risk Register (as at March 2026)

Risk Description	Existing Controls	Inherent Score	Further Actions	Risk owner	Target	Residual Score
<p>1. Fitness to practise backlogs compromise regulatory effectiveness and so have an impact on complainants, witnesses and registrants; and also reduce public protection and confidence in regulation</p>	<ul style="list-style-type: none"> Monitoring by the PSA, including performance reviews. Escalation process to highlight poor performance to the Secretary of State and HSC Committee Section 29 process can identify concerns about FTP quality Information from our Concerns function discussed regularly with the PR/s29 team and quarterly at SMT Engagement with registrant and patient bodies as part of the performance review process Monitoring of regulator Council meetings to ensure continued focus on dealing with any backlogs 2025/26 review of sexual misconduct cases found no significant quality concerns 	<p>L : 3 I : 4 (12)</p>	<ul style="list-style-type: none"> A further S29 in-depth review of appeals and learning points in relation to sexual misconduct cases but over a longer period of time is being carried out to identify themes and trends - to be discussed at S29 conference in May 2026. S29 publishing blogs and LP bulletins on areas of concern identified and/or appeals. (Head of Legal) 	<p>Director of R&A</p>	<p>L : 1 I : 4 (4)</p> <p>Priority: **</p>	<p>L : 2 I : 4 (8)</p>
<p>2. Risks to the public arising out of any poor practice by the regulators are not identified by the PSA.</p>	<ul style="list-style-type: none"> Monitoring by the PSA, including performance reviews and associated stakeholder feedback Section 29 process can identify concerns about registrants and processes Monitoring of concerns raised about regulator performance Media and stakeholder monitoring Establishment and chairing of the Independent Oversight Group (IOG) for the NMC from September 2024. 	<p>L : 3 I : 3 (9)</p>	<ul style="list-style-type: none"> Changes to standards, including a new Standard on governance from July 2026. An internal 'lessons learned' review about our approach and response to the NMC's performance concerns between 2023 and 2025 concluded in February 2026 with a number of findings and recommendations to further strengthen the Performance Review process – actions to follow. In 2026/27 we are exploring ways to get greater stakeholder feedback as part of the PR processes supporting the new standards. Changes to be discussed at Scrutiny Committee in November 2026. An audit of the PR process as part of the programme of internal audits for 2026/27 to commence in May 2026. 	<p>Head of PR</p>	<p>L : 2 I : 2 (4)</p> <p>Priority: *</p>	<p>L : 2 I : 3 (6)</p>

Risk Description	Existing Controls	Inherent Score	Further Actions	Action owner and due date	Target	Residual Score
3. Risks to the public arising out of poor practice by the accredited registers (including controversial therapies) are not identified by the PSA	<ul style="list-style-type: none"> Monitoring by the PSA, including the (re)accreditation processes (including powers to set conditions and recommendations) Standard 1(b): public interest test. Media and stakeholder monitoring 	L : 3 I : 3 (9)	<ul style="list-style-type: none"> From July 2026 we will introduce clearer tests for the eligibility and public interest test related to unlawful practice and made it more inclusive of the ongoing management of the risks related to practitioners. We are also introducing greater standardisation of risk management for practitioners so we can report with more confidence and greater speed on the measures in place to manage risk to the public across all Accredited Registers. 	HoA	L : 2 I : 2 (4) Priority: *	L : 2 I : 3 (6)
4. The reform of regulation is not continued for all regulators, is implemented poorly and/or reduces effective oversight of the regulators' work, reducing protection of the public	<ul style="list-style-type: none"> The PSA has a clear view on the risks associated with reform and prioritises those that pose greatest risk to the public. Distribution of regular parliamentary bulletins to encourage understanding of PSA's work and support stance on regulatory reform (support reform; legislation that protects the public; advice and guidance on implementation). Published guidance to support the effective implementation of reform. Regulatory Reform Programme Board established to enable effective coordination across workstreams, including PSA operational readiness. 	L : 3 I : 3 (9)	<ul style="list-style-type: none"> Monitoring developments and engaging with DHSC/DA and regulators to shape future reform (ongoing; Director of Policy and Communications). Contributing to decisions on reform for the GMC as part of Policy work (ongoing; Director of Policy and Communications) 	Director of P&C	L : 2 I : 2 (4) Priority: *	L : 2 I : 3 (6)
5. Opportunities to improve regulation and registration are missed because the PSA does not engage sufficiently with key stakeholders or does not address current concerns, due to an ineffective approach and/or limited capacity from key stakeholders to engage due to other priorities and wider system pressures	<ul style="list-style-type: none"> Horizon scanning and media monitoring to keep abreast of emerging issues (Assistant Director of Intelligence and Insight) Policy and research workplan agreed by the executive and the Board Communications and Stakeholder engagement strategy and associated plans Stakeholder Relationship Management system in place. 	L : 3 I : 3 (9)	<ul style="list-style-type: none"> Delivering the first year of the Communications and Engagement Strategy 2026-29 (underpins the Strategic Plan 2026-29). (Head of Stakeholder Engagement and Communications; March 2027) 	Director of P&C	L : 2 I : 2 (4) Priority: *	L : 2 I : 3 (6)
6. PSA is not seen to be relevant and beneficial, or any benefits are outweighed by costs and administrative burdens.	<ul style="list-style-type: none"> Strategic and business planning to focus on: statutory oversight functions; driving improvements in regulation and registration; and collaboration to make the overall system of healthcare regulation more cohesive, supportive and preventative. 	L : 2 I : 3	<ul style="list-style-type: none"> Business planning to be kept under review in the light of external events which may change PSA priorities. Standards Review and use of Right-Touch Regulation in our work (including developing 	CEO	L : 2 I : 2 (4)	L : 2 I : 3 (6)

	<ul style="list-style-type: none"> Horizon scanning and media monitoring to keep abreast of emerging issues. Communications and Engagement Strategy and associated plans. 	(6)	new risk assessment tools for PR).		Priority: *	
7. A cyber attack leads to IT system unavailability leaving PSA unable to operate BAU.	<ul style="list-style-type: none"> Cyber security controls in place and tested and reviewed regularly Annual information security training for all staff and the Board Regular attack simulation emails sent to staff to increase cyber awareness Annual Pen testing Weekly monitoring of Data Loss prevention audit logs by the IT team. Cyber Essentials Plus achieved March 2025 	L : 2 I : 4 (8)	<ul style="list-style-type: none"> Schedule next Cyber Essentials assessment (February 2026, Head of IT) 	Director of CS	L : 2 I : 2 (4) Priority: *	L : 2 I : 3 (6)

Risk Description	Existing Controls	Inherent Score	Further Actions	Action owner and due date	Target	Residual Score
8. Inconsistent approaches to accessing criminal record checks by the statutory regulators and Accredited Registers (AR) could lead to an individual who poses a risk to the safety of patients and service users being able to register.	<ul style="list-style-type: none"> Published position on the need to close any safeguarding gaps. Escalation of this risk with DHSC and other stakeholders. Engagement with the Home Office and Ministry of Justice, and national agencies, on developing mechanisms for all self-employed registrants to access enhanced checks (England and Wales) Safeguarding project, which has now been aligned to the Standards Review project, in which we are consulting on the principle of changing our expectations in our Standards around criminal convictions checks. We are also collecting data to support our analysis of the extent of risks arising from failure to disclose convictions. 	L:3 I: 4 (12)	<ul style="list-style-type: none"> New Standard 11 from July 2026 on 'Continuing suitability for registration' addresses this risk directly and supporting evidence frameworks/requirements for AR/regulators makes clearer our expectations for assessment and mitigation of this risk Permit checks of self-employed practitioners undertaking regulated activity (now in force after receiving Royal Assent at the end of January 2026), and change the definition of regulated activity in safeguarding legislation to include activities related to children and young people who are not supervised (expected to come into Force before the end of the current Parliamentary session in Spring 2026). 	Director of R&A	L : 2 I : 2 (4) Priority: **	L:2 I:4 (8)
9. Public confidence in regulation and the healthcare system undermined as a result of perceived regulatory failures and/or over- or under-regulation.	<ul style="list-style-type: none"> Standard One ('public interest test') for Accredited Registers allows for an assessment of the risks of unregulated roles, and for escalation to the Government where voluntary registration may not be sufficient. The PSA has a Right-touch Assurance (RTA) tool which it can be commissioned by the Government to use to determine the inherent risk of a health or care related profession. Regular engagement with DHSC and Devolved Administrations Share Your Experience submissions, AR and regulator engagement and horizon scanning/media monitoring 	L:3 I:3 (9)	<ul style="list-style-type: none"> Supporting the implementation of additional safeguards for non-surgical cosmetics (Ongoing – Director of Policy and Communications) We are aware of increasing concerns about counselling and psychotherapy, audiology, sonography and some healthcare science roles, and are working with stakeholders to understand the current risks and to identify whether further actions are required. (ongoing - Head of Policy, Head of Accreditation) We are urging the Government to introduce 	Director of P & C	L:2 I:2 (4) Priority: *	L:2 I:3 (6)

	<p>provide insight into service user experiences where regulation may not be proportionate to public protection</p> <ul style="list-style-type: none"> • Better reporting of performance to identify required areas for improvement. • Right-touch regulation includes an explanation of the role (and limits) of regulation. 		<p>criteria for statutory regulation following its 2021 consultation, as part of regulatory reform (Head of Policy)</p>			
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Higher Priority: Risks 1 and 8

Lower Priority: Risks 2, 3, 4, 5, 6, 7 and 9

Score	Likelihood (L)	Definition	Impact (I)	Descriptor
5	Almost Certain Is highly likely to occur at some time in normal circumstances.	Very High > 80%	Catastrophic <ul style="list-style-type: none"> • Critical long-term disruption to business objectives • Critical reputation impact • Intervention by Central Govt. • Huge financial impact 	Catastrophic All potential benefits lost
4	Likely Likely to occur at some time in normal circumstances.	High 0-80%	Major <ul style="list-style-type: none"> • Major disruption to business objectives • High reputation impact – national press and TV coverage • Minor regulatory enforcement • Major financial impact 	Critical Loss of 80-100% of benefits
3	Possible Likely to occur in some circumstances or at some time.	Medium 40-60%	Moderate <ul style="list-style-type: none"> • Noticeable disruption to business and objectives • Extensive reputation impact due to press coverage • External criticism likely • High financial impact 	Significant Loss of 50-80% of benefits
2	Unlikely Is unlikely to occur in normal circumstances, but could occur at some time.	Low 20-40%	Minor <ul style="list-style-type: none"> • Minor disruption to internal business objectives • Minor reputation impact • Moderate financial loss 	Marginal Loss of 25-50% of benefits

Risk Matrix		I M P A C T (I)				
		1 Insignific ant	2 Minor	3 Moderate	4 Major	5 Catastro phic
L I K E L I H O O D (L)	5 Almos t Certai n	5	10	15	20	25
	4 Likely	4	8	12	16	20
	3 Possib le	3	6	9	12	15
	2 Unlikel y	2	4	6	8	10
	1 Rare	1	2	3	4	5

1	<p>Rare May only occur in exceptional circumstances, highly unlikely.</p>	<p>Very low < 20%</p>	<p>Insignificant</p> <ul style="list-style-type: none"> • Insignificant disruption to internal business • Little or no loss of front-line service • No reputation impact 	<p>Negligible Loss of < 25% of benefits</p>
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Standards for Regulators and Accredited Registers

Date: 18 March 2026

Title: Standards for Regulators and Accredited Registers

Author: Osama Ammar (Head of Accreditation)

Responsible Director: Amanda Partington-Todd (Interim Director of Regulation and Accreditation and Melanie Venables (Director of Policy and Communications)

Paper for Approval

Open paper

How does this work contribute to Strategic Aims 1 and 2: The Standards are central to how we protect the public through our oversight and improvement role. We are also seeking to strengthen professional suitability (including safeguarding) checks through our revised Standards.

1. Issue

- 1.1. Following a two-year process to engage, consult, and revise the Standards we use to assess regulator performance and accredit registers, this paper presents the draft Standards for the Board's approval.
- 1.2. The Board has been engaged at key points over the course of the project including:
 - Through workshops to discuss proposals for change and consultation outcomes
 - To approve draft content for consultation and engagement
- 1.3. This paper brings the final version of the Standards for the Board's approval after a meeting held on 23 February 2026 to provide dedicated scrutiny to the draft, underpinning evidence expectations and equality, diversity and inclusion impact assessment. The Board, at this meeting, highlighted some minor changes that have been incorporated into the draft for final approval.

2. Recommendations

2.1. The Board is asked

- to approve the Standards for Regulators and Accredited Registers (Annex 1)

3. Background

3.1. Our statutory functions to review the performance of statutory regulators and accredit non-statutory registers both depend on Standards as the bench-mark of our decision-making and to encourage improvement.

3.2. We committed in our Strategic Plan 2023-26 to review the Standards we use in our assessment processes. Since 2024-25 we have been working to engage, gather evidence, draft, consult and engage again to prepare revised Standards. This paper presents the draft revised Standards for the Board's approval prior to publication in March 2026. If the Board approves the Standards, we will then start making preparations for implementation from 1 July 2026.

4. Our work to prepare revised Standards

4.1. The development process has been inclusive of the views of internal and external stakeholders, and has been informed by evidence and impact assessment. To prepare the revised Standards we have:

- **Spring/Summer 2024** - Engaged internally with the staff and the Board to scope the proposals for change
- **Autumn 2024** – Undertaken pre-engagement with regulators and Accredited Registers, health and social care sector partners, and the public to gather insights into areas for change
- **Winter/Spring 2025** - Consulted and engaged with regulators, registers, regulatory partners, the health and social care sector, patient representative organisations and the public. In these exercises we tested our proposals for change but were also open to suggestions for further areas of improvement and change.
- **Winter / Spring 2025** – Undertaken an evidence review¹ to identify the best available evidence on the impact of regulation and registration and opportunities for further improvement to the Standards
- **Summer / Autumn 2025** – Completed further internal engagement and collaboration to prepare draft Standards and underpinning detail for engagement
- **Winter 2025/26** - Further engaged with regulators and Accredited Registers, and key stakeholders on the draft revised Standards
- **Winter 2025/26** - Tested the draft with members of the public for clarity and accessibility.
- **Winter 2025/26** – Completed further internal engagement and collaboration to prepare the near final drafts for the Board's consideration

¹ [Standards Review 2025 - evidence review outcome report | PSA](#)

5. Key changes to the Standards

- 5.1. Although we started the work with the view that we were seeking to ensure the Standards remained fit for purpose, our engagement and consultation activities as well as learning from assessment processes led us to consider significant changes to the Standards. The changes are:
- The same Standards for regulators and Accredited Registers
 - Improvements to clarity and accessibility for our different audiences
 - Consistent expectations on governance and leadership
 - Evidence and risk-based expectations related to professional suitability (including criminal records checks)
 - Expectations around collaboration and alignment across regulatory partners
 - Measures to reduce the likelihood of missed opportunities for effective early and local resolution of concerns about registrants
 - **Accredited Registers only:** Improved tests for eligibility and public interest assessment at the earliest stages of the application process
- 5.2. Our further engagement activities on the details of all of these proposals have confirmed that these changes are understood and welcomed by stakeholders. As a result, these changes are incorporated in the draft for the Board's approval.
- 5.3. The Board should note a key feature of the underpinning detail for the Standards for regulators and Accredited Registers is that we now have consistently explained that we will take a dynamic approach to keeping our evidence requirements up-to-date to be responsive to changing risks to the public. While the Standards are intended to remain as consistent as possible over the next period of approximately five years, the underpinning detail can be reviewed and updated more frequently when we believe we can enhance protections or encourage improvement in new ways.
- 5.4. The following sections of the paper highlight particular matters arising from our further engagement or changes in the external context for the Board's consideration in making their decision on approval.

6. Accessibility and design

- 6.1. The new Standards and evidence frameworks will be published through a combination of standalone PDFs and web content. This approach allows key information to be clearly presented at the point of publication, while also enabling additional guidance, examples of good practice and supporting assets to be added over time online. The primary audience for this material is regulators and Accredited Registers, and the design prioritises clarity, usability and consistency to support effective implementation.
- 6.2. At the same time, we recognise that members of the public also need to be able to understand this area of our work. Accessibility has been a core consideration in how the Standards are presented. Our own testing of the draft Standards attracted positive feedback from most participants, but we also recognised that some participants still felt we were using language that was inaccessible to the widest possible audience. Independent research² examining healthcare regulators' websites found that many documents require reading levels equivalent to those of 14–16-year-olds, higher than the average UK adult reading age of 9–11 years, and that only 4 of 17 regulator websites

²[How Readable Is the Information the United Kingdom's Statutory Health and Social Care Professional Regulators Provide for the Public to Engage With Fitness to Practise Processes?](#)

assessed met government accessibility criteria. In contrast, Easy Read^{3 4} versions scored substantially better on readability measures, in one case indicating comprehension by a typical 10–11-year-old. Providing both formats side-by-side strengthens transparency and inclusion, increases the likelihood that the intent of the Standards is widely understood, and supports public confidence in PSA’s regulatory role.

- 6.3. Therefore, alongside the full documents, PSA will produce an Easy Read version to support understanding among people who may find standard regulatory language difficult to engage with – including those with learning disabilities, lower literacy levels or limited familiarity with policy texts.

7. Changes to the legal framework for criminal records checks in England and Wales

- 7.1. Always recognised as a risk in our work on the Standards and Safeguarding projects was the progression of legislative change recommended in reviews of the safeguarding of children and vulnerable adults. In the final stages of our work to prepare the revised Standards we were alerted to two plans for legislative change that will, in England and Wales:
- permit checks of self-employed practitioners undertaking regulated activity (now in force after receiving Royal Assent at the end of January 2026), and
 - change the definition of regulated activity in safeguarding legislation to include activities related to children and young people who are not supervised (expected to come into Force before the end of the current Parliamentary session in Spring 2026).
- 7.2. Our approach to setting the expectations around professional suitability was necessarily risk based because of the variation that already existed in the safeguards across so many different health and social care practitioners working in a wide variety of fields. Rather than imposing an inflexible expectation, we will be assessing regulators and Accredited Registers on the basis of their ability to manage the risks related professional suitability across all relevant functions. This makes our proposals somewhat resistant to changes in the law, as was intended.
- 7.3. Further, we have built in flexibility and risk mitigation for a changing external legal and policy context that was not previously available in our Standards by indicating that we may make changes to our evidence requirements (though not the Standards themselves) dynamically to respond the changing practice and risks to the public.
- 7.4. We are continuing to engage through the Policy team and safeguarding project (which we have temporarily reinstated) to monitor the impact on changes to legislation that may affect how regulators and registers choose to manage risks related to professional suitability.

8. Finance and resource

- 8.1. The work to deliver the review of Standards has been undertaken as a collaborative project across Performance Review, Accreditation, Policy, Communications and relevant Corporate Services teams.

³ [What is an Easy Read? | Mencap | Easy Read](#)

⁴ [Towards a new London Plan Easy Read Information Booklet.pdf](#)

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- 8.2. There was no budget attached to the project to deliver the revised Standards. Over the course of the project, we identified two spends to make sure we were able to communicate and engage with members of the public (patient workshops to help identify areas of improvement to the Standards, and an Easy Read version of the Standards so that our expectations are clear to all members of the public). These costs were covered through Corporate Communications and Accredited Registers budgets.

9. Impact assessment

- 9.1. One of our key areas of investigation has been understanding the impact of the current Standards and our proposals for change. Explicit in our consultation exercise⁵ and further engagement has been understanding the impact of the changes.
- 9.2. In our analysis we identified that regulators and registers wanted: sufficient notice prior to implementation of changes, the opportunity for engagement on the details of the draft Standards prior to them be agreed, and supporting communications and guidance for the implementation period. We also identified that Accredited Registers in particular sought recognition of the relative size and scope of their organisations in the assessment of compliance with the Standards.
- 9.3. In our further engagement and forward plans, we have addressed all these identified impacts.
- 9.4. If the Board approves the Standards, we will as part of closure of the project agree the methods we will use to measure and evaluate impact. Our Strategic Plan 2026-29 commits us to collecting and evaluating evidence of impact in 2027-28.

10. EDI implications, including Welsh Language

- 10.1. Full equality, diversity and inclusion impact assessment was undertaken for this project, including specific impact questions in our consultation exercise. The near final impact assessment was presented to the Board for consideration at a meeting on 23 February 2026. Following the Board's discussions, the EIA was finalised for the project activities. Our monitoring and evaluation activities, as we implement the revised Standards, will inform further updates to the impact assessment.
- 10.2. We have also undertaken Welsh Language impact assessment and gathered feedback through our consultation exercise. We will publish the revised Standards in Welsh at the same time we publish the English language version.

11. Timescale

- 11.1. Subject to Board approval of the Standards we intend to undertake the following activities:
- **March 2026:** Publication of the revised Standards and underpinning documents and commencement of communications and engagement with stakeholders (internal and external)
 - **April 2026 – June 2026:**
 - Further engagement with the regulators
 - Support for Accredited Registers to prepare for implementation
 - Preparation and, where relevant, publication of operational guidance and procedures
 - **1 July 2026:** Implementation of the revised Standards in assessment processes
 - **2027/28:** Monitoring and evaluation of the impact of the revised Standards in the first year of implementation

⁵ [Standards Review 2025 - consultation outcome report | PSA](#)

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- 11.2. The Scrutiny Committee will provide oversight of the implementation plans and progress.
 - 11.3. We are currently in discussions across the Policy, Accreditation and Performance Review teams to set the structure and priorities for Good Practice Guidance that encourages alignment across regulators and Accredited Registers and reflects the changing context brought about by the progression of Regulatory Reform.

12. Communications

- 12.1. The communications approach for the publication of the new Standards is designed to provide clear, timely and accessible information to all audiences. Core activity will centre on coordinated publication of the new Standards and supporting Evidence Frameworks via the PSA website, supported by direct email communications to stakeholders, social media activity, and blog content authored by senior PSA leaders. Accessibility is a key consideration, with plans to produce an Easy Read version alongside the main publications.
- 12.2. In addition to owned channels, the plan makes targeted use of external platforms to extend reach and credibility. This includes trade media coverage, externally hosted blog posts, and opportunities for senior PSA leaders to speak at sector events and podcasts. Activity will be phased in from publication in March, with flexibility built in to respond to stakeholder interest and engagement opportunities as they arise.

13. Internal stakeholders

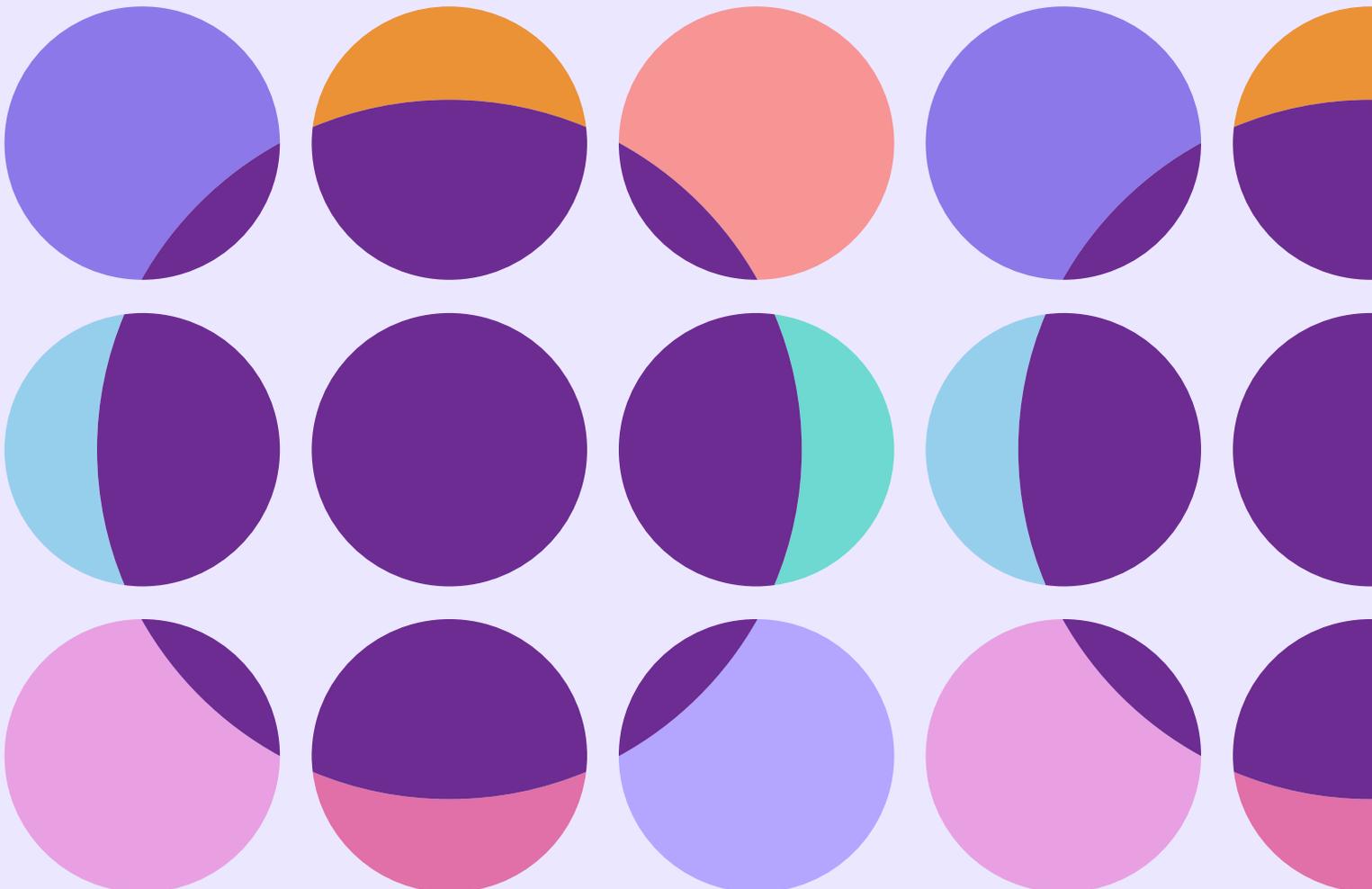
- 13.1. Internal engagement with PSA staff will ensure understanding of the new Standards and confidence in handling external queries.

14. External stakeholders

- 14.1. Stakeholder engagement will be tailored by audience, with advance sharing and briefings offered to regulators and Accredited Registers following Board approval, supporting preparedness and consistent messaging. Targeted communications are also planned for professional bodies, employers, registrants, patient organisations and parliamentarians, focusing on what the new Standards mean for them in practice.
- 14.2. The plan emphasises collaboration with trusted intermediaries, including patient bodies, NHS Employers and sector organisations, to amplify messages through existing networks and channels.

Standards

for Regulators and Accredited Registers





About the Professional Standards Authority

The Professional Standards Authority for Health and Social Care (PSA) is the UK's oversight body for the regulation of people working in health and social care.

Our statutory remit, independence and expertise underpin our commitment to the safety of patients and service-users, and to the protection of the public.

There are 10 organisations that regulate health professionals in the UK and social workers in England by law. We audit their performance and review their decisions on practitioners' fitness to practise. We also accredit and set standards for organisations holding registers of health and care practitioners not regulated by law.

We collaborate with all of these organisations to improve standards. We share good practice, knowledge and our right-touch regulation expertise. We also conduct and promote research on regulation. We monitor policy developments in the UK and internationally, providing guidance to governments and stakeholders. Through our UK and international consultancy, we share our expertise and broaden our regulatory insights.

Our core values of integrity, transparency, respect, fairness, and teamwork, guide our work. We are accountable to the UK Parliament. More information about our activities and approach is available at www.professionalstandards.org.uk



Standards for Regulators and Accredited Registers

Our Standards (for both regulators and Accredited Registers) are a pivotal component of how we deliver our mission and achieve our vision. They are the instruments we use to hold the organisations we oversee to account. But more than that, the Standards are key to driving improvement by challenging organisations to change.

In this document, you can find

1. An at a glance summary setting out the six categories and our 16 Standards
2. A more detailed description explaining why the Standard is important, what we expect and what meeting it might look like in practice.



Introduction

The following pages provide a summary of our combined standards for regulators and Accredited Registers. Included at the end is the Eligibility and Public Interest Standard which applies only to the Accredited Registers.

We use the term “organisation” to refer to both regulators and Accredited Registers.

Category | Governance

1

Good governance

The governing body and senior leaders put in place arrangements for the organisation to effectively protect the public and maintain public confidence.

2

Reporting on organisational performance and addressing concerns

The organisation publicly reports on its performance, identifies and acts on learning and addresses concerns about its performance.

Category | General

3

Equality, Diversity and Inclusion (EDI)

The organisation promotes Equality, Diversity and Inclusion and takes action to reduce inequalities and assure its policies and processes are fair and equitable to all.

4

Engaging and working with others

The organisation engages and collaborates effectively, in order to inform, enhance and deliver its work. It seeks appropriate alignment with other organisations, and identifies and manages risks to the public in respect of its registrants.

Category | Standards and Guidance

5

Standards and guidance for registrants

The organisation maintains, publishes and promotes up-to-date standards and guidance that support health and care practitioners to act professionally and practise safely, prioritising public protection.

Category | Education and Training

6

Standards for Education and Training

The organisation maintains and publishes up-to-date standards for education and training that prioritise public protection, prepare learners to work safely and effectively and meet the needs of diverse populations.

7

Quality assurance of Education and Training

The organisation is effective in assuring itself that education and assessment providers are delivering learners who meet the education outcomes and other relevant registration requirements, and provide a safe environment for learning.

Category | Registration

8

The public register

The organisation maintains an accurate and accessible published register of all health or care practitioners, clearly indicating any restrictions on their registration. Where appropriate, this applies to businesses and premises, who are registered.

9

The registration process

The organisation operates a transparent, proportionate, efficient and fair process to allow only suitable practitioners, and, where applicable, businesses or premises to join, remain on, and return to its register.

10

Protecting the public from being misled about registration status

The organisation takes proportionate action in response to the risk of people misleading the public about their registration status.

11

Continuing suitability for registration

The organisation has proportionate requirements and processes in place to assure that registrants maintain their skills and are suitable to practice.

Category | Concerns

12	Raising concerns about a registrant	13	Investigating and resolving concerns - timeliness
<p>The organisation ensures that the process for raising a concern is accessible to all, makes clear the types of concerns that should be referred to them, and supports timely local resolution of cases where appropriate.</p>		<p>The organisation considers, investigates and resolves concerns about registrants as quickly as is possible for a fair and safe resolution of the case.</p>	
14	Investigating and resolving concerns - fairness	15	Concerns about registrants - identifying and acting on risks
<p>The organisation's policies and process for considering, investigating and resolving concerns about registrants are fair, proportionate, consistent and transparent, while protecting the public and maintaining public confidence.</p>		<p>The organisation identifies and manages risks in all cases which suggest a registrant poses a serious risk to public safety and confidence and takes timely action to restrict practice where necessary (such as interim measures).</p>	
16	Concerns about registrants - support for all parties		
<p>The organisation provides complainants, witnesses, and registrants involved in a complaint with the support they need throughout the case and keeps them informed about case progression in a sensitive and timely way.</p>			

Accreditation of voluntary register | Eligibility and public interest

The register is eligible for accreditation, operates lawfully, and it is in the public interest to accredit the register.



Combined Standards for Regulators and Accredited Registers

Detail

The following pages give detail on our combined standards for Regulators and Accredited Registers. Included at the end is the Eligibility and Public Interest Standard which applies only to the Accredited Registers.

Category: Governance

1 Good governance

What we expect

The governing body and senior leaders put in place arrangements for the organisation to effectively protect the public and maintain public confidence.

Why it is important

An organisation should be well led and have structures and processes in place in order to make good decisions in the interests of patient and service user safety.

In practice, this would mean that:

- The organisation is well governed and well led.
- The organisation is clear about, and focused on, its purpose of improving public protection and public confidence.
- The organisation fosters a culture of openness and learning, that supports organisational sustainability, improvement and employee wellbeing.
- Governing body decisions are proportionate, consistent, targeted, transparent, accountable, agile and risk-based. They are informed by the best available evidence and consider the views of those affected by them, such as service users and practitioners, as appropriate.
- Conflicts of interest are identified and managed.

Category: Governance

2

Reporting on organisational performance and addressing concerns

What we expect

The organisation publicly reports on its performance, identifies and acts on learning and addresses concerns about its performance.

Why it is important

So that public protection and public confidence is improved by the organisation monitoring its performance, identifying and acting upon concerns and relevant learning. Everyone can be clear about how well the organisation is performing in key areas.

In practice, this would mean that:

- The organisation is transparent in reporting on its performance.
- The organisation analyses its own performance to identify areas for learning and improvement, and acts on issues identified.
- Relevant learning and best practice from external reports and inquiries, including PSA publications, is identified, considered, and integrated into policy and practice.

Category: General

3 Equality, Diversity and Inclusion (EDI)

What we expect

The organisation promotes Equality, Diversity and Inclusion and takes action to reduce inequalities and assure its policies and processes are fair and equitable to all.

Why it is important

So that everyone's experience of health and care professional regulation and registration is fair and equitable, and unfair differential outcomes between people from diverse groups, including those with shared protected characteristics are reduced.

In practice, this would mean that:

- The organisation understands the diversity of its employees, associates and governing bodies, practitioners, service users, and complainants.
- The organisation's internal and external communications, policies and processes are clear and fair to all and take account of the needs and experiences of diverse groups, including those with shared protected characteristics.
- The organisation understands how its policies and processes may lead to differential outcomes and takes steps to address them where the outcomes are not justifiable or reasonable.
- The organisation actively promotes equality of opportunity and outcomes between diverse groups including those with shared protected characteristics, while encouraging others to do the same.

Category: General

4 Engaging and working with others

What we expect

The organisation engages and collaborates effectively, in order to inform, enhance and deliver its work. It seeks appropriate alignment with other organisations, and identifies and manages risks to the public in respect of its registrants.

Why it is important

Through consultation and working with other organisations better policies can be developed. Sharing appropriate information on patient and service user safety matters can help to prevent harm.

In practice, this would mean that:

- There is collaborative working between regulators, registers and other relevant organisations, including appropriate exchange of information related to risk and harm to the public.
- Policies and processes are informed by the views of, and information and evidence provided by, other organisations and people, to better support and advance public protection.
- Where appropriate and beneficial for public protection and quality of care, policies and processes are aligned with those of other organisations and regulators / registers and promote consistency of outcomes across the health and care professions.

Category: Standards and Guidance

5 Standards and Guidance for Registrants

What we expect

The organisation maintains, publishes and promotes up-to-date standards and guidance that support health and care practitioners to act professionally and practise safely, prioritising public protection.

Why it is important

Professional standards and guidance provide practitioners with essential information about the standards of practice and behaviour that are expected of them. They are the means by which this is communicated to the public and inform education and training programmes.

Standards and guidance are important because they help enable safe, ethical, and high-quality care and can help prevent problems from happening. When problems do occur they act as a benchmark for assessing a professional's suitability to practise.

In practice, this would mean that:

- Practitioners are aware of and have access to the organisation's standards and guidance they need to support safe and effective practice.
- Standards and guidance are up to date and informed by evidence, address emerging areas of risk, and prioritise public protection.
- Standards and guidance are aligned across practitioner groups where appropriate, to support safe and effective care, and consistent regulatory outcomes.

Category: Education and Training

6 Standards and Education and Training

What we expect

The organisation maintains and publishes up-to-date standards for education and training that prioritise public protection, prepare learners to work safely and effectively and meet the needs of diverse populations.

Why it is important

So that the public and employers can be assured that education and training providers are equipping those working in health and care with the right knowledge, skills and behaviours to provide safe and effective care. If you are receiving treatment from someone who is learning, you can be assured their practice is appropriately supervised.

In practice, this would mean that:

- The outcomes that learners must achieve, and the standards used to assess education and assessment providers and education programmes, are kept up to date.
- The outcomes that learners must achieve link to the professional standards for practitioners and prepare learners to work safely and effectively, prioritise public protection, and meet the needs of diverse populations.
- The standards used to assess education and assessment providers and education programmes prioritise public protection. They support learners to achieve the education outcomes.

Category: Education and Training

7 Quality Assurance of Education and Training

What we expect

The organisation is effective in assuring itself that education and assessment providers are delivering learners who meet the education outcomes and other relevant registration requirements, and provide a safe environment for learning.

Why it is important

Organisations set standards for education and training in health and care professions. In order to ensure that these standards are met, organisations need to have effective quality assurance processes in place. This will mean that education and training providers are equipping those who will deliver health and care with the right knowledge, skills and behaviours. Quality assurance of the learning environment will mean that people who are receiving treatment from someone who is learning, can be assured their practice is appropriately supervised.

In practice, this would mean that:

- The quality assurance processes for education and assessment providers and programmes are proportionate, avoid unnecessary duplication with other organisations and take into account risk.
- The quality assurance processes are transparent and robust and ensure that education and training deliver learners who have achieved the education outcomes.
- Action is taken where concerns are identified about education and training and where there are wider safety issues for patients and service users.
- Information on the outcomes of quality assurance activity are published (for the regulators) or transparent (for the Accredited Registers) and easy to access.

Category: Registration

8 The public register

What we expect

The organisation maintains an accurate and accessible published register of all health or care practitioners, clearly indicating any restrictions on their registration. Where appropriate, this applies to businesses and premises, who are registered.

Why it is important

So that the public, patients, service users, employers and fellow health and care professionals can easily check whether a practitioner is qualified, registered, up-to-date, indemnified, and suitable to practise.

In practice, this would mean that:

- The Information about registrants is accurate, accessible and easy to find.
- The public register contains only information that organisations assess as being necessary for public protection.
- Restrictions on practice are displayed clearly and are visible to anyone accessing a register entry for a practitioner.
- A system is in place for updating and quality assuring the register.

Category: Registration

9 The registration process

What we expect

The organisation operates a transparent, proportionate, efficient and fair process to allow only suitable practitioners, and, where applicable, businesses or premises to join, remain on, and return to its register.

Why it is important

So that everyone can understand the process for registering with an organisation and have confidence that the process operates fairly, ensuring that only suitable practitioners join the register.

In practice, this would mean that:

- Only people with suitable qualifications, skills and knowledge and who are professionally suitable can register with an organisation.
- Only businesses/premises that meet regulators' requirements are on the register.
- Everyone can know what is required to register with an organisation, including how to make an appeal, and the process is easy to understand.
- The process for registering with an organisation, and for appealing registration decisions, is fair, proportionate and efficient.
- Decisions about registration and appeals are clearly explained.

Category: Registration

10 Protecting the public from being misled about registration status

What we expect

The organisation takes proportionate action in response to the risk of people misleading the public about their registration status.

Why it is important

So that the risk of harm resulting from receiving treatment or services from people who lack the qualifications or skills to practise safely is reduced.

In practice, this would mean that:

- The organisation has effective and published processes in place to deal with people who misrepresent their registration status.
- The approach taken to managing the risks posed by people misrepresenting their registration status is proportionate, agile and able to adapt to changing and emerging risks.

Category: Registration

11 Continuing suitability for registration

What we expect

The organisation has proportionate requirements and processes in place to assure that registrants maintain their skills and continue to be suitable to practise

Why it is important

So that health and care practitioners' skills and competencies continue to be updated and developed throughout their careers in order that they can deliver safe and effective care. So that, through appropriate checks, only professionally suitable practitioners are on the register.

In practice, this would mean that:

- The assurance processes that organisations have in place about continued practice competence and suitability are proportionate, fair, and align with best practice.
- The organisation is clear about the purpose of the requirements it places on registrants to assure their ongoing competence and suitability, and supports them to meet the requirements.
- Registrants, employers and the public are clear about what must be done to maintain registration.
- The organisation's assurance requirements about continued practice competence and suitability are risk-based and targeted towards public protection.

Category: Concerns

12 Raising concerns about a registrant

What we expect

The organisation ensures that the process for raising a concern is accessible to all, makes clear the types of concerns that should be referred to them, and supports timely local resolution of cases where appropriate.

Why it is important

So that serious concerns about the conduct and competence of registrants can be brought to the organisation's attention by anyone, and less serious concerns can be addressed locally or through other means where appropriate. This will support effective use of time and resources by employers, regulators and registers, whilst prioritising the protection of the public.

In practice, this would mean that:

- Anyone is able to access information about how to raise a concern about a registrant to the organisation, the sorts of concerns they can take action against, and the process for dealing with them.
- Anyone is able to raise a concern to the organisation about a registrant's practice or behaviour.
- Regulators and registers are encouraging concerns about registrants to be resolved by the right organisation at the most appropriate level.
- Employers and other organisations making referrals have clarity about the types of concerns that should be referred to a regulator or register, and those they should seek to resolve themselves.

Category: Concerns

13

Investigating and resolving concerns about a registrant - timeliness

What we expect

The organisation considers, investigates and resolves concerns about registrants as quickly as is possible for a fair and safe resolution of the case.

Why it is important

So that concerns are addressed in a timely way in order that patients, service users and the public are protected at the earliest opportunity, fairness is maximised and the impact on wellbeing is minimised for all parties.

In practice, this would mean that:

- Concerns are resolved without unreasonable or unjustified delay for registrants, complainants and witnesses.

Category: Concerns

14 Investigating and resolving concerns about a registrant - fairness

What we expect

The organisation's policies and process for considering, investigating and resolving concerns about registrants are fair, proportionate, consistent and transparent, while protecting the public and maintaining public confidence.

Why it is important

So that all fitness to practise decisions regardless of where they fit in the process are adequately protecting the public without unfairly disadvantaging the registrant, and that this is clear and understandable to others.

In practice, this would mean that:

- The processes for examining, investigating and resolving concerns about registrants are fair and protect the public.
- The decisions about concerns are fair to all parties involved and protect the public.
- The organisation clearly explains how and why it makes decisions when examining, investigating and resolving cases.

Category: Concerns

15

Concerns about registrants - identifying and acting on risk

What we expect

The organisation identifies and manages risks in all cases which suggest a registrant poses a serious risk to public safety and confidence and takes timely action to restrict practice where necessary (such as interim measures).

Why it is important

So that patients and service users are protected as soon as possible where there is a serious risk of harm from unsafe practice or poor conduct by a registrant.

In practice, this would mean that:

- The organisation is able to continuously assess and review the level of risk in a case.
- The organisation takes quick and appropriate action to restrict the practice of registrants in the period between receiving the concern and concluding the case, where they assess that there is a serious risk to the safety of patients or service users (for example seeking interim measures where applicable).

Category: Concerns

16 Support for all parties

What we expect

The organisation provides complainants, witnesses, and registrants involved in a complaint with the support they need throughout the case and keeps them informed about case progression in a sensitive and timely way.

Why it is important

So that complainants, witnesses, and registrants can engage fully with the fitness to practise process, any negative impacts are minimised and the best possible evidence can be secured for the process.

In practice, this would mean that:

- Complainants, witnesses, and registrants are kept updated throughout the lifetime of the case.
- Complainants, witnesses, and registrants are treated with dignity, respect and sensitivity.
- The process minimises further harm to the health, including mental health and wellbeing, of all parties.

Category: Accreditation of voluntary register

Eligibility and Public Interest

What we expect

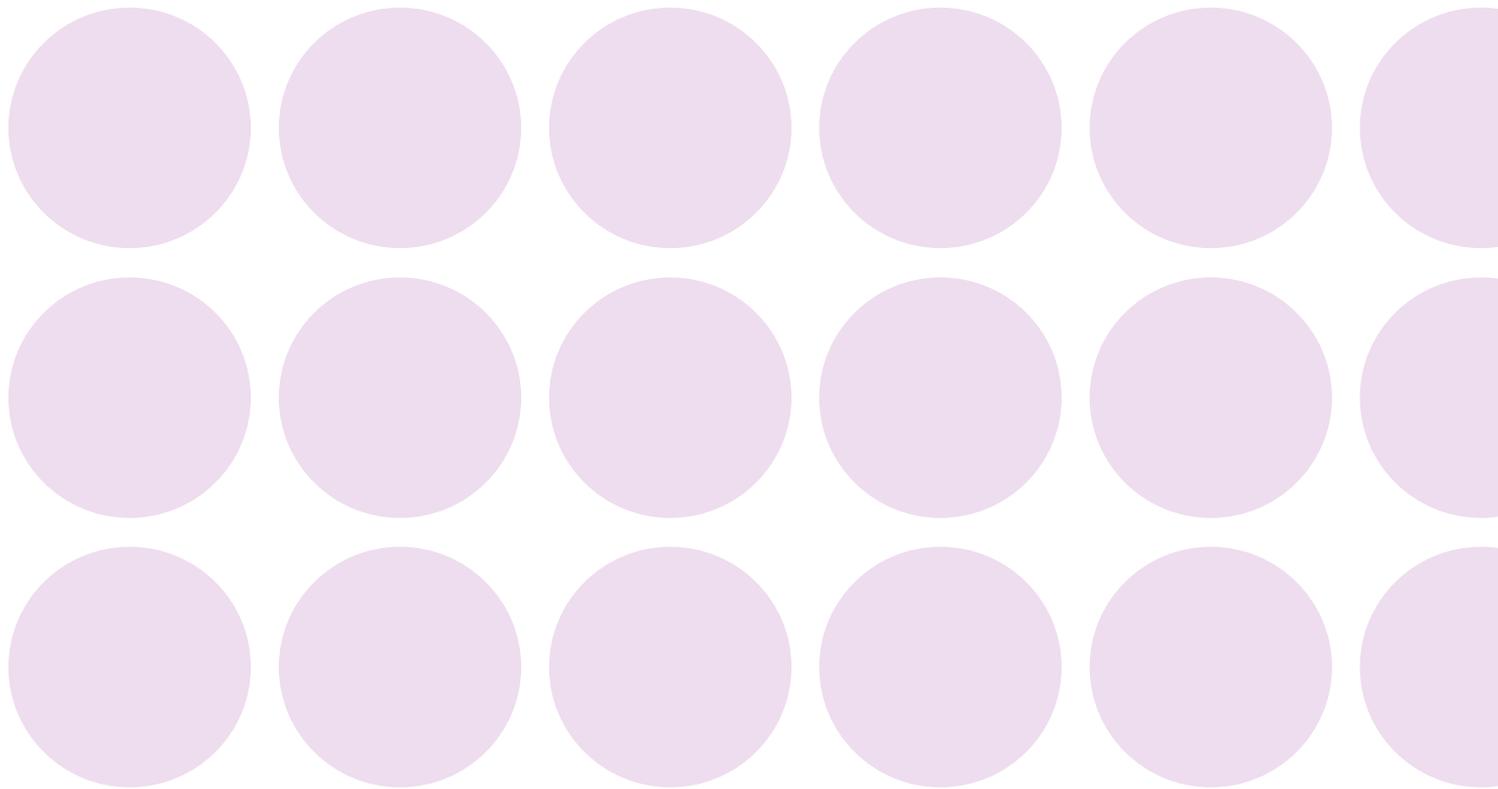
The register is eligible for accreditation, operates lawfully, and it is in the public interest to accredit the register.

Why it is important

So that the members of the public can have confidence in accredited registers, registered practitioners and the PSA because accreditation is only granted when it is lawful, the benefits of the practice are clear and any risks of the practice are managed.

In practice, this would mean that:

- The law permits accreditation of the register because:
 - it is a register of health practitioners (UK-wide) or social care practitioners (England only)
 - there is no legal requirement to be registered to use a protected title and/or perform the practice.
- There is objective evidence that service users benefit from the practice.
- The risks of the practice, including the potential for misleading and unproven claims, are identified, justified, and managed by the register's standards and requirements for registration.
- The benefits of the practice outweigh the managed risks.
- The Register and practitioners comply with relevant UK law.



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Date: 18 March 2026

Title: Next steps for *Right_touch.regulation*

Author: Douglas Bilton

Responsible Director: Douglas Bilton

Paper for Information

Open paper

How does this work contribute to Strategic objectives:

Relates to all strategic objectives, as right-touch regulation contributes to regulatory effectiveness, improvement and enhancing regulation's contribution to wider aims of the system.

1. Issue

- 1.1. This paper summarises activity to date following the release of the 2025 version of *Right-touch regulation* (RTR) and some initial indicators of impact. It also summarises future planned actions.

2. Recommendations

- 2.1. The Board is asked to note the ongoing work to promote *Right-touch regulation*.

3. Background

- 3.1. A new version of *Right-touch regulation* was published on 7 October 2025 at our symposium, following engagement through the year with stakeholders.

4. Analysis

- 4.1. The vast majority of responses to the publication identified through monitoring were positive. The Communications team notes that the King's Fund, NHS Employers and Kings View Chambers have promoted the publication on their websites. Social media commentary has been positive with several people praising the publication for being both insightful and simple to understand including Joy Peacock, CEO of the College of Registered Nurses of Alberta Canada; Emma Westcott, NMC Executive Director of Strategy and Insight; Ollie Coburn, Chair of the Accredited Registers Collaborative; Gerry McGivern, Professor at King's College London; and Roxane Marcelle-Shaw, former CEO of the Professional Standards Authority, Australia.
- 4.2. Since publishing *Right-touch regulation 2025* on our website, there have been 2,267 views of the main RTR landing page, 402 page views of the news update announcing its publication and 1,268 downloads of the publication.
- 4.3. The Chief Executive and the Assistant Director (Intelligence and Insight) have fulfilled, and continue to fulfil, speaking engagements about the new publication, as follows.
- 4.4. The Chief Executive:
 - Canadian Network of Agencies for Regulation (CNAR), Calgary, 20-22 October 2025
 - CLEAR International Congress on Professional and Occupational Regulation, Wellington, 3-5 December 2025 (included separate presentation to the International Veterinary Regulators Network)
 - College of Dentists, Ontario; CORU Council; Intellectual Property Regulation Board; January 2026.
 - Medical Council of Ireland in March 2026.
- 4.5. The Assistant Director, Intelligence and Insight:
 - NMC National and Regional Outreach Team, 15 January 2026 (online)
 - General Optical Council Private Council Meeting ,10 March 2026 (online)
 - Federation of State Medical Boards (US medical regulators) conference, Baltimore, MD, 2 May 2026 (in person)
 - Discipline Administrators Conference, Winnipeg 21 May 2026 (online). The DAC is 'the annual national gathering of the discipline administration staff (both front-line complaints investigation and back-end prosecutions) for the various law societies across Canada'.
- 4.6. We have produced a shortened version of RTR for publication on the website, summarising the key points and linking them to current challenges faced by regulators. We will use this publication as the basis for ongoing engagement activity with stakeholders including Parliamentarians.
- 4.7. We are also publishing a standard set of PowerPoint slides, to facilitate stakeholders using content from *Right-touch regulation* in their own documents and presentations. An update on publication of these two items (4.6 and 4.7) will be provided at the meeting, but is expected to be during March.
- 4.8. We are in discussion with a regulator in Alberta, Canada, about developing a case study on the way that they have used *Right-touch regulation* in developing and enhancing different aspects of their policy and approach. The publication of this can then be used to encourage and invite other stakeholders to contribute further examples. Further, the Communications team is working with a designer to create an animation to explain the central ideas of *Right-touch regulation* in a different format. An update will be provided on these developments at the meeting.

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- 4.9. Building on the position that was previously shared with the Board we will highlight the role of Right-touch regulation in our own work, giving greater emphasis for example in our own publications as to how these embody the right-touch principles. (Annex to the December Executive Report, ‘Draft internal statement on the relationship between right-touch regulation and the standards of good regulation’).

5. Finance and resource

- 5.1. No particular matters to note at this time. Ongoing work to be co-ordinated by Assistant Director (Intelligence and Insight) and Communications team.

6. Impact assessment

- 6.1. With this kind of policy publication we would not expect to be able to see impact immediately in terms, for example, of rapid application of its ideas to the work of our stakeholders. However, the signs so far are good. We had positive responses to the publication and a steady stream of requests for presentations to regulatory network including regulators beyond health and care, and outside the UK. The next sets of resources that we will publish will aim to make the key ideas and how they apply to universal regulatory challenges more readily accessible. They will make it easier for stakeholders to incorporate the ideas of *Right-touch regulation* into their work to maintain this momentum. We will also seek to engage the interest of Parliamentarians including through the UK-wide receptions currently being planned for 2026-27.

7. EDI implications, including Welsh Language

- 7.1. *Right-touch regulation 2025* gives greater emphasis to EDI considerations than its previous versions. This includes for example that “focused on equality, diversity and inclusion” is one of the ways of working that supplement the principles. It also includes that when quantifying and qualifying risks, regulators should understand the impact of harm, and that “this includes understanding the impact of the harm; who is affected, and, for example, whether it is associated with groups with particular shared characteristics”.

8. Timescale

- 8.1. Any further updates on timing of the release of further products will be provided at the meeting.

9. Communications

- 9.1. No further matters to raise than those above.

10. Internal stakeholders

- 10.1. Work to develop products is being taken forward by Assistant Director (Intelligence and Insight) and Comms team. In Q1 26-27 a staff lunchtime learning session will be organised to support ongoing awareness across the teams of the PSA and to discuss how we can continue to embed but more clearly highlight the approach within our own functions and products.

11. External stakeholders

- 11.1. The work has a wide potential range of stakeholders as it is relevant to all regulators. The speaking invitations received so far reflect this. Particular areas of focus in 26-27 will be:

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- to engage with, support and encourage those who are seeking to, or have implemented right-touch regulation within their own work and approaches, and to seek to promote learning from and sharing of these examples
 - to engage with Parliamentarians in demonstrating how right-touch regulation can help address current regulatory and related challenges.

Board work programme 2026

Date	Work programme
January 2026	<ul style="list-style-type: none"> • Staff Survey 2025 • Scrutiny Committee update report • (Revised Standards for approval for publication – February 2026)
February 26	<ul style="list-style-type: none"> • Standards approval
March 2026	<ul style="list-style-type: none"> • 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 • Optional item - If AR 26/27 forecast agreed in Bus Plan is not as anticipated and gives a lower income level rather than higher, revisit the business plan and return to Board in March.
April 2026 Strategy Session	<ul style="list-style-type: none"> • Board effectiveness review outcome • Strategic and Business Planning – key work priorities for Strategic aims 1,2,3 2026/27 • Staff resources (capacity/capability) to deliver the strategic and business plans.
May 2026	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • AR and Reg Activity Business Plans 2027/28 • ARC, Scrutiny and Nominations Committee update reports • S29 Annual Report • Annual review of Governance and Assurance Frameworks
July/August 2026	<ul style="list-style-type: none"> • Subset of Board (Business Plan Review Committee) to consider 2027/28 Regulated Activity and Accredited Registers business plans and budgets.
September 2026	<ul style="list-style-type: none"> • Business Plan 2027/28 and Fees Consultation approval • Risk Register review by the Board • Scrutiny Committee update report • Board member appointments/renewals

November 2026	<ul style="list-style-type: none">• Mid-year review of 2026/27 Business Plan
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Board meetings

Wednesday 13 January	10:30 – 13:30	PSA office
Wednesday 17 March	10:30 -13:30	PSA office
Board Meeting and Stakeholder Sessions: Tuesday 18 and Wednesday 19 May	12:00-17:00 10:00-13:30	Northern Ireland
Wednesday 14 July	10:30 – 13:30	PSA office
Board Meeting and Stakeholder Sessions: Tuesday 14 and Wednesday 15 September	12:00-17:00 10:00-13:30	Scotland
Wednesday 17 November	10:30-13:30	PSA office

Audit and Risk Committee

Tuesday 2 February	13:30 – 16:00	Teams
Thursday 6 May	13:30 – 16:00	Teams
Thursday 17 June	13:30 – 16:00	Teams
Thursday 7 October	13:30 – 16:00	Teams

Scrutiny Committee

Thursday 25 February	10:00 – 12:00	Teams
Thursday 10 June	10:00 – 12:00	Teams
Thursday 2 September	10:00 – 12:00	Teams
Thursday 11 November	10:00 – 12:00	Teams

Nominations Committee

Tuesday 2 March	10:30 – 12:30	Teams
Tuesday 7 September	10:30 – 12:30	Teams

Business Plan Review Committee

W/c 26 July	Teams
W/c 30 August	Teams