Approved Public Board meeting minutes

15 July 2026

Present	**In Attendance**
Caroline Corby (CC - Chair)	Jane Carey (JC)
Alan Clamp (AC - Chief Executive)	Graham Mockler (GM)
Candace Imison (CI)	Melanie Venables (MV)
Juliet Oliver (JO)	Douglas Bilton (DB)
Nick Simkins (NS)	Marija Hume
Ali Jarvis (AJ)	Dinah Godfree
Geraldine Campbell (GC)	Akua Dwomoh-Bonsu
Eleanor Marks (EM)	
Ododo Ediagbonya (OE)	Oyinkan Onile-Ere
	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)

2. Apologies

2.1. There were no apologies.

3. Minutes of meeting held on 20 May 2026

3.1. The minutes of the meeting held on 20 May 2026 were approved as an accurate record.

4. Actions and matters arising from the meeting on 20 May 2026

4.1. The Board reviewed the action log.

5. Chair's report

5.1. The Chair introduced the item.
5.2. On under-regulation, the Chair asked MV for an update later in the item on consultation relating to non-surgical cosmetics.

5.3. The Chair asked for an update on the Independent Oversight Group meeting held on 6 July. The group had looked mainly at the delayed second and third NMC reports, FtP data and survey results on how assured group members felt about the NMC's progress. The group will discuss in September how long the Independent Oversight Group should continue, as it had been set up as a task-and-finish group and September would mark two years. It was also noted that from January the NMC would be subject to the new governance standard, giving further routes for oversight through performance review.

5.4. The Board asked whether the PSA had sufficient resource and capacity for the Mann review and Scottish Commission work. It was confirmed that the Scottish Commission would require management time and headspace but should be manageable, supported by additional fixed-term resource. The Mann review did not currently appear to be a major resource issue, unless DHSC or regulators expected the PSA to do more than currently anticipated. It was noted that the upcoming year would be busy, but the PSA could control some elements of its workload and may revisit resource questions during business planning.

5.5. There was discussion of the General Osteopathic Council not meeting standard 3. There was some concern that the GOsC might not be clear why it had failed the standard or what it needed to do. It was explained that the PSA had met the GOsC before finalising the report and had amended it to make the reasoning clearer. The issue related partly to gaps in data held by the GOsC, which limited its ability to demonstrate fairness. It was noted that other regulators were watching the decision and were concerned about whether the PSA had effectively "moved the goalposts" through the new stretch indicators. The Board agreed there was a communication point to address with the GOsC and potentially more broadly with regulators.

5.6. The Board **noted** the report.

6. Executive report and project dashboard

6.1. The Chief Executive introduced the item, noting the new standards going live, the Mann review recommendations, the Scottish Government commission and the ongoing issue of Fitness to Practice (FtP) backlogs.

6.2. **Performance Review:** It was highlighted that more detail had been included in the performance review section than in previous reports and hoped this was helpful. Positive outcomes in relation to Social Work England were noted.

6.3. **Section 29:** It was explained that the PSA had sought permission to appeal to the Court of Appeal regarding the Hughes case, with the process expected to take several months. Once permission was determined, there would be a further decision point on whether and how to proceed.

6.4. There had been an increase in GMC appeals of MPTS decisions, and the PSA would discuss this with the GMC to understand its perspective. The PSA's current policy is to undertake a detailed case review when the GMC appeals. Historically, low numbers meant this had not had a major resource impact, but if appeal numbers increased significantly, the PSA may need to consider whether the policy should be reviewed on a risk basis.

6.5. In response to a question about whether the shape of the Section 29 data had changed, it was clarified that initial reviews were actually lower in the period covered by the report. Some of this may be timing-related, and that June data appeared to be moving back towards the usual level of around 70% of initial reviews compared with decisions received. Two-month data periods can be volatile and are better understood over a longer timeframe.

6.6. **Non-surgical cosmetics and under-regulation:** There was an update on the consultation for England on non-surgical cosmetics. The report had noted that the consultation was expected in June, but it had not happened. The Department of Health and Social Care still appeared prepared to launch it imminently, including potentially during the summer recess, and that the delay appeared to be technical rather than a change in policy direction.

6.7. The PSA would review the position again in a couple of months if the consultation still had not appeared, as that would then represent a more significant delay. Scotland's proposals, including preparations for implementation in September 2027, were continuing to move forward. There had been less movement in Northern Ireland and Wales. The PSA had written to the new Cabinet Secretary to highlight the issue and intended to continue pursuing it, involving devolved administration Board members as appropriate.

6.8. The stakeholder survey for the **Healthcare science commission** was due to go out later that week, allowing the PSA to start gathering information and evidence. It was confirmed that the new roles supporting the work would be fixed-term contract roles, including a clinical adviser and data analyst for three months. Arrangements had been finalised, with the aim of having people in post by the end of August. Although the Commission was Scotland-focused, the PSA would consider wider UK developments in parallel.

6.9. There was an update on work with the MHRA, which was leading the **National Commission on regulation of AI in healthcare**. The PSA had been working closely with MHRA to provide a conduit for professional regulation input into recommendations expected in mid-September. Joint workshops had been delivered, and chief executives had agreed to establish a task-and-finish group to develop a joint statement in September supporting the recommendations and setting out what professional regulators and accredited registers would do. The group would also work on principles for AI use, due to be completed by December.

6.10. The **Accredited Registers Quality Mark campaign** was continuing, including the use of influencers. Scripts were being reviewed to ensure they aligned with PSA messaging, with launch planned later in the month.

6.11. The Board asked how the PSA would evaluate the campaign and whether it would help answer broader questions about what the Quality Mark means to users, consumers and patients. It was explained that there was baseline data, including Ipsos polling on general awareness of Accredited Registers, and would compare future data against that. The campaign would measure both reach and what people did after seeing the material, such as click-throughs.
Action: MV to bring the final Quality Mark report to the March 2027 Board meeting.

6.12. **Research conference:** Brunel University, through Professor Anne Gallagher, Head of Health Sciences, was keen and committed to hosting it. Discussions with Brunel and the PSA communications team were ongoing to ensure the facilities would meet requirements. Dates in February and March 2027 were being explored, and it was expected to confirm a date soon.

6.13. **ICT:** The first stage of the business continuity plan testing had been carried out successfully. The team had rebuilt the necessary IT systems on the first day of testing, and JC was awaiting a detailed report.

6.14. There had been significant recruitment activity and since the executive report was drafted, the Head of Policy post was now being advertised.

6.15. The TIDE evaluation had been audited by Onvero, (a sample are audited every year), and the PSA's score had increased to 76%. The PSA remained at stage four of five, but the outcome was very positive. Onvero, had been impressed, particularly with the organisation's detailed record keeping. The PSA had initially undersold itself in the self-assessment but had been able to evidence more during the audit. Follow-up work would be incorporated into the people strategy and equality objectives.

7. Finance report

7.1. The Director of Corporate Services introduced the first full finance forecast for 2026/27.

7.2. The PSA had refunded £168,000 to regulators in the budget, meaning the year began with a forecast deficit of £168,000. That deficit had increased, mainly because of Section 29 costs, but this was largely a timing issue. The previous year had ended with a £151,000 underspend because some appeals were still ongoing, and that expenditure had effectively shifted into the current year.

7.3. The Board was asked to approve use of £35,000 of unrestricted reserves, carried over from the previous year's Accredited Registers surplus, to fund Accredited Registers communications activity. The Board **approved** the use of £35k for this purpose. They also agreed to leave the drawdown at £35,000 rather than approving a larger amount upfront, as there may be other calls on unrestricted reserves later in the year, including business planning and potentially research.

7.4. Questions were raised about the Section 29 legal costs and whether the PSA had sufficient control or assurance over the financial position. It was explained that Section 29 forecasting is done case by case, but number of cases, timings and outcomes are uncertain. It was also noted that the PSA does not have a policy of declining to appeal cases solely because they may be expensive.

8. Committee updates

8.1. **Audit and Risk Committee:** The Chair of the Audit and Risk Committee introduced the item. The Annual Report and accounts had been reviewed by the committee and subsequently approved by AC as Accounting Officer. The audit had been clean and had gone much more smoothly than the previous year. Thanks were recorded to everyone involved in the audit process.

8.2. The Committee had reviewed PSA's first annual report on cyber security, which is one of the key risks. The cyber report assessed the organisation against national benchmarks, including the national cyber security assessment framework. The conclusion was that current arrangements looked robust, although the Board was cautioned that cyber security is an area where the organisation cannot be complacent.

8.3. The Committee's overall conclusion, set out in its annual report, was that the PSA had appropriate frameworks, governance, risk management and controls in place as a whole.

8.4. **Scrutiny Committee:** The Committee had had a lengthy and useful discussion about Section 29 work, particularly legal costs. The discussion recognised that the legal costs being charged were reasonable for the work being done. The main issue was not necessarily the level of cost but the certainty and predictability of costs, especially for forecasting.

8.5. The team was asked to consider whether more could be done through greater standardisation of costs across counsel and solicitors, possible fixed-fee arrangements, better cost recovery, maximising recovery of costs through the process. The team would look at these issues and report back to the Committee.

8.6. The Committee had received an interesting presentation on sexual misconduct in Section 29 cases. There had been an increased profile of sexual misconduct cases within Section 29 work. This was also reflected in statistics discussed at a recent stakeholder meeting. The Committee heard about the broader impact of Section 29 work in this area, including the ability to identify themes and trends and share them with regulators.

8.7. The recent Section 29 conference had been well received and had generated positive feedback. There was a view that the PSA should take more opportunities to showcase the value and impact of its work in this area. This will be covered in the associated publication in September 2026.

8.8. The Committee also discussed implementation of the new standards, reviewing readiness for implementation, communications going out to different audiences and how the message about the standards' substantive impact would be conveyed.

9. Governance and Assurance Frameworks

9.1. The Director of Corporate Services introduced the item, noting that the Audit and Risk Committee had reviewed the frameworks in detail and made helpful changes, which were summarised in the paper. The Committee was recommending both frameworks to the Board for approval.
9.2. It was noted that the Scrutiny Committee terms of reference had been updated significantly and were particularly different and had needed to be built into the Governance framework. Because there were so many changes, they had been listed in detail so Board members could see exactly what had been amended.
9.3. The Chair thanked the governance team for keeping the frameworks up to date and "watertight" so that Audit and Risk could review it properly.
9.4. The Board was being asked to review and approve the frameworks.
9.5. The Board asked in what circumstances additional subcommittees might be created. It was explained that the only current subcommittee was the Business Plan Review Committee. It was due to meet the following week and again at the end of August to help pull together the business plan and budget for the next year, ahead of the September fee consultation.
9.6. There had previously been a Finance Committee, which had been wound up because the Board felt finance matters could be handled at Board level. The wording was intended to give flexibility to determine whether another committee might be needed in future. Setting up any new committee would be a Board decision.
Action: JC to update the wording of the governance framework so that it was clear any new committee would be established by the Board.
9.7. Subject to that clarification, the Board **agreed** the frameworks.

10. Risk discussion

10.1. The Chief Executive introduced the item, explaining that it followed recommendations from the external Board evaluation. Those recommendations were to introduce a revised risk register and to hold a Board discussion on risk tolerance. The new risk register had already been considered by the Audit and Risk Committee, which was generally pleased with it but had suggested some improvements.
10.2. Key changes included a new heat map, recommended through the external review; a revised scoring system, based on internal audit advice; a clearer commentary column to make the register more live and current; a new indication of the degree of PSA control over each risk; and an explicit view on whether each risk was within or outside current risk tolerance.
10.3. The Board agreed the dashboard/heat map was useful and easy to read. It was noted that the risk register would come to every Board meeting as an annex to the executive report, so members could track movement over time.
10.4. **Risk 1: Fitness to practise backlogs.** The first and most detailed discussion was on fitness to practise backlogs. The overall position was not improving, and regulators were generally "running to stand still". More was needed, whether through greater investment by regulators, improved processes, more innovative or different approaches.
10.5. The PSA could shine a light on the issue, provide data and analysis, and convene discussion, but it did not directly run regulators' processes. PSA's control was assessed as medium, and the risk was not within tolerance.
10.6. Board members supported the PSA's focus on thinking differently with regulators rather than simply accepting the position as normal.
10.7. The Board agreed that the word "unacceptable" was important. There was a danger that persistent backlog problems could become normalised simply because they were difficult to fix.

10.8. The Board queried whether some of the planned actions, such as analysis of sexual misconduct cases and Section 29 concerns, were directly linked to reducing backlog risk. It was explained that these were linked more to the impact of backlogs than the backlog itself — for example, whether delay could compromise regulatory effectiveness, cause cases to fall away, or lead regulators to cut corners to speed things up.

10.9. There was agreement that the register needed to distinguish between different types of backlog. Some delays may be unavoidable or justifiable, such as cases affected by registrant health issues or criminal justice processes, while others may be unacceptable, such as delays caused by expert witness availability or avoidable process problems. The Board felt both the PSA and regulators needed better analysis of the reasons behind backlogs, not just headline numbers.

10.10. **Risk 2: Performance review and regulatory underperformance.** The second risk concerned the PSA failing to identify risks in regulators' performance, or regulators underperforming against standards. The overall risk was increasing because two regulators were significantly underperforming in terms of standards met.

10.11. The Board noted that the wording should be amended because the paper appeared to say that poor fitness to practise by regulators was "not identified by the PSA", whereas in fact the PSA had identified it.

10.12. The Board raised the question of issues not spotted by the PSA, referring in particular to maternity-related findings and concerns about how regulators communicated with families and responded to harm. The Board asked whether the PSA processes were picking up these kinds of significant policy and public protection issues. In relation to Nottingham, the PSA was aware of earlier poor engagement by the regulator, although later feedback suggested improvements had been made. There could be timing issues, and the policy team was looking across maternity reviews to identify what they mean for professional regulation. While professional regulation may only be a small part of many inquiry recommendations, it may still be part of the solution.

10.13. Some ongoing work to improve the PSA's ability to identify issues was not fully reflected in the risk actions. This included performance review becoming more risk-based and forward-looking; work to make the process more agile; November Scrutiny Committee consideration of the action plan following the lessons learned review on the NMC.

10.14. **Risk 3: Accredited Registers.** The Accredited Registers area was generally working well, with a number of new registers in the pipeline. However, the scheme was now testing areas outside the "natural market" captured in its early days, including whether some applicants were genuinely in health and care, and the possibility of larger social care-related developments in future.

10.15. The Board raised the issue of applicants where no register was actually in place. This could expose the PSA to considerable risk if it appeared to be evaluating public safety in relation to something that did not yet exist. Updated processes under the new standards now make the public interest test clearer at the outset, including that there must be an actual register for the PSA to review. It was agreed that this improvement should be reflected in the register.

10.16. **Risk 4: Regulatory reform.** The PSA was more comfortable than previously with the legislation on regulatory reform, particularly the latest order, though it still believed improvements could be made and was feeding that back.

10.17. The main risks now related to delays, slow progress, whether regulators have sufficient resources to deliver reform well. The PSA was increasingly concerned about the resources regulators would need. The GMC was committing significant resource, but other regulators might struggle, especially if they were already dealing with performance issues. The NMC and HCPC were identified as particularly relevant forthcoming examples, because they would need both to improve current performance and deliver major change programmes over several years.

10.18. **Risk 5: PSA relevance, impact and doing things differently.** This risk was linked to several others, especially FtP backlogs. There were positive indicators in terms of commissions, engagement, reviews, and being asked to lead work related to the Mann review. However, the current wording described activity more than impact. The Board's concern was not simply whether the PSA was busy or useful, but whether its work was adding value and helping create a more cohesive, coherent and preventative system.

10.19. **Risk 6: Cyber security.** This was described as a continuing area of focus for the Audit and Risk Committee. The PSA had had a detailed internal audit, had implemented actions, and would continue testing. Business continuity testing had also been completed successfully. Cyber risk would probably never be a decreasing risk because it is an "arms race" and the PSA has to keep on top of it. There was nothing obvious more to do beyond maintaining vigilance and avoiding complacency. Cyber risk is not just an IT team issue. Risks can arise from staff and Board members leaving documents on trains, mishandling access to documents, or clicking phishing links. Annual training and phishing tests were in place; a small number of people had clicked on test links and had been required to undertake further training.

10.20. The Board felt that a low residual score did not instinctively feel right for cyber, given the ongoing threat. This would be reviewed.

10.21. **Risk 7: Safeguarding and criminal records checks.** This risk had been around for a long time. It initially focused on Accredited Registers but had now widened to include regulators. The new standards ask more questions about how risks are managed in this area, which gave the PSA more assurance. However, the PSA still had limited direct control. Once assessments under the new standards had taken place, the organisation would have a better understanding and might identify additional risks or areas of concern.

10.22. **Risk 8: Public confidence, underperformance and under-regulation.** This risk covered two related issues: public confidence being affected because regulation is not working well and public confidence being affected where there is no regulation in areas that may pose risks.

10.23. Cosmetics was highlighted again as a concern, especially given delay to the England consultation. The Scottish Commission was also seen as useful because it may identify issues in Scotland that are likely to apply elsewhere in the UK.

10.24. The Board asked whether the register should reflect fallout and follow-up from major inquiries, including maternity-related inquiries. The concern was that even where areas are ostensibly regulated, members of the public may ask why harm keeps happening and what the regulatory system is learning from it.

10.25. There is a gap between what the public may expect regulation to do to prevent harm, what regulation is actually designed to do, and what it actually delivers in practice. The PSA has a clear role in trying to close the gap between regulatory design and delivery, but there is also a wider question about whether the regulatory model itself should be expected to do more.

10.26. The PSA needed to engage with patients and the public about this without sounding defensive. Regulation cannot eliminate all risk, and adverse outcomes do not always mean that an individual professional should be blamed or that a referral will result in action. However, the public is entitled to say that the system needs to work better.

10.27. Regulatory effectiveness depends heavily on collaboration across the system. A regulator acting alone is unlikely to succeed; effectiveness depends on working with professionals, providers and the public.

10.28. A general point was raised that, given the changes to the risk register format and approach, the risk management policy would need updating. It was confirmed that this would be done.

11. Website project benefits realisation report

11.1. The Director of Policy and Communications introduced the item, explaining that the new website had been introduced at the beginning of 2025 and had been a significant project for the PSA, involving support across the organisation, including IT services. The project board had recently reviewed implementation, and the paper drew on that review to assess the project against the three main benefits originally identified.

11.2. The paper also set out further actions and next steps. It was presented to the Board for information, but the team wanted the Board to be assured and to capture any further actions members wanted taken forward.

11.3. In preparing the review, the team had learned lessons, particularly around accessibility, changes in how people use websites, changes in search behaviour and the impact of AI on how online information is found and used.

11.4. The Board had tested the website search function and found it not very easy to use or bringing up the most relevant content. Overall the Board was disappointed with the practical user experience and felt some usability and optimisation work was needed.

11.5. There was agreement that future work needed to consider how users now search for information; whether the website's internal search algorithm can be improved; how the website content is scraped or interpreted by AI tools; whether information is structured so that both users and AI-generated summaries find the right, most current material.

11.6. The Board felt that the PSA needed to think more broadly about how it engages users, rather than assuming the website would remain the main route.

11.7. The Board welcomed the work done to make the website accessible. Accessibility is a significant challenge for all websites and can be complex because what improves accessibility for one user may make things harder for another.

11.8. It was also highlighted that referrals from other relevant websites appeared to be an area of growth. The PSA should ensure it is visible and properly linked from regulators' websites, Accredited Registers websites and other relevant related websites.

11.9. It was confirmed that despite stepping back from Twitter/X, other social media channels, especially LinkedIn remained an important channel because it fits the PSA's corporate and professional audience. BlueSky and Facebook are also being used. The influencer campaign will use channels where the PSA does not necessarily maintain its own corporate presence, including Instagram and TikTok. The approach would allow the PSA to reach consumer-facing audiences on those platforms through influencers, with links directing people back to the PSA website, without requiring the PSA to maintain a permanent corporate account on every channel.

11.10. It was confirmed that AI optimisation work was already one of the planned actions. The team was scoping potential partners to support that work, which would lead to a programme of activity.

11.11. The internal search function was already part of the ongoing development programme with the website developer. The team could adjust search algorithms based on what people are looking for and how the search function performs. Staff feedback will be sought on what people search for and whether they can find it easily.
Action: MV to bring an update on next steps for website optimisation to the September Board meeting.

12. Board annual workplan

12.1. The Director of Corporate Services introduced the item, and the Board **noted** the workplan.

13. Any other business

13.1. There was no other business discussed.

14. Questions from Members of the Public

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



Signed by Chair **Date** 16 September 2026

professional standards authority
for Health and Social Care

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
14 January 2026	6.17	Schedule deeper review of the Fitness to Practise system for the Scrutiny Committee and report back to the Board.	JO/GM	November 2026	Previously identified for June, however moved to the Scrutiny Committee meeting in November 2026 to allow full exploration of the issue	
20 May 2026	5.4	Organise Board workshop on AI.	MV	October 2026	In progress.	
20 May 2026	6.12	Review and refine the Wales engagement model, including options beyond a single annual seminar, and report back to the Board.	MV	September 2026	In progress. Survey to stakeholders in Wales has been issued. Proposals will be taken to November Board meeting (Cardiff).	
20 May 2026	6.18	Review and propose revisions to communications KPIs and reporting approach, including AI-related impacts.	MV	September 2026	Completed. Revised KPIs	

					proposed as part of the draft 27/28 business plan. Executive Report provides further context.	
15 July 2026	6.11	Bring the final Quality Mark report to the March 2027 Board meeting.	MV	March 2027		
15 July 2026	11.12	Bring an update on next steps for website optimisation to the September Board meeting.	MV	September 2026	Completed – please see Executive Report.	