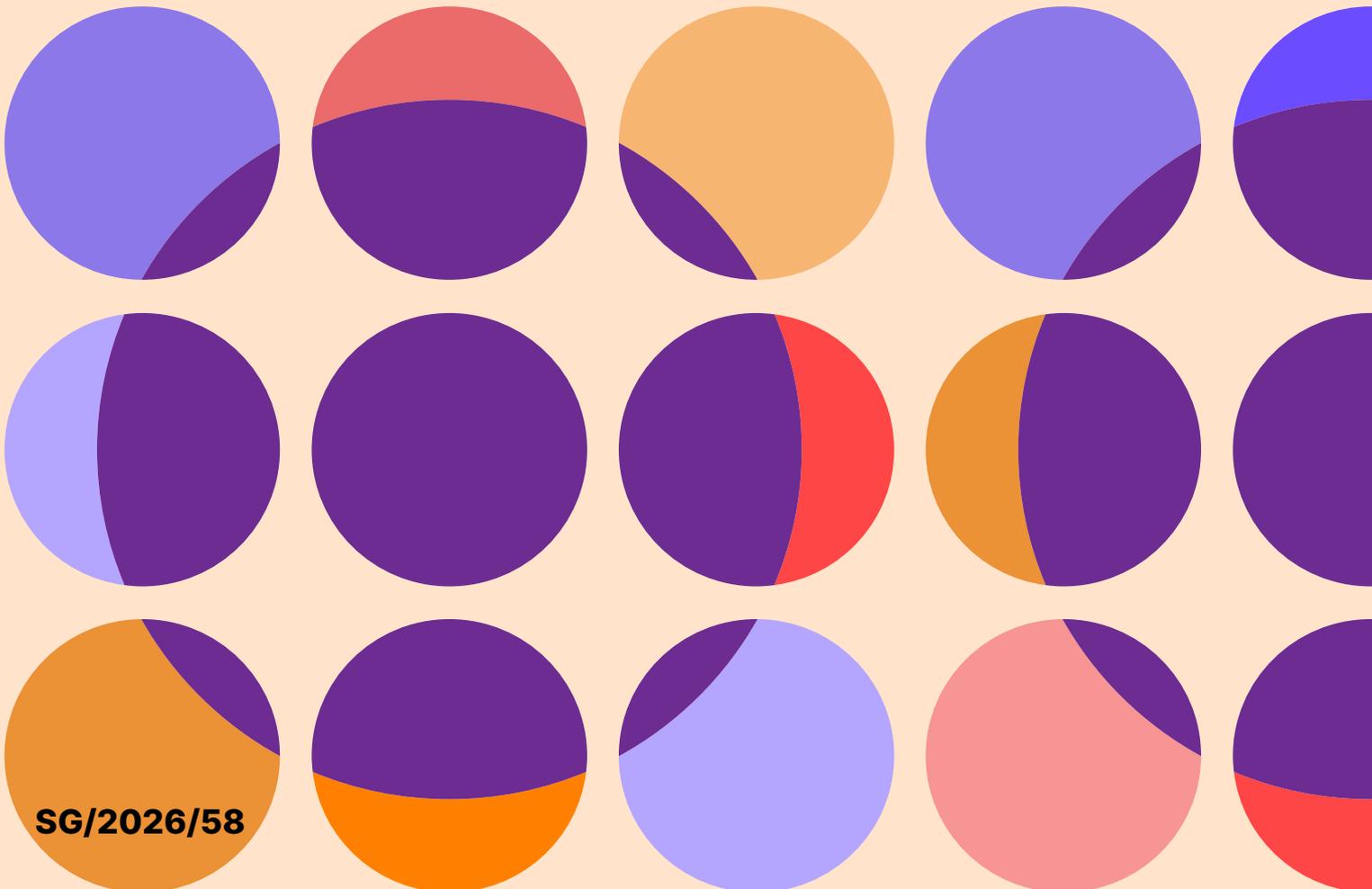


Business Plan

2026-2027

2026-2027



SG/2026/58

Professional Standards Authority for Health and Social Care Business Plan 2026/27

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What we do

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.

Summary of the PSA Strategic Plan 2026-29

Vision

Safer care for all through high standards of conduct and competence in health and social care professionals.

Mission

To protect patients, service users and the public by improving the regulation and registration of health and social care professionals.

Strategic aim 1

To protect the public by delivering highly effective oversight of regulation and registration.

This strategic aim relates to our statutory duties to report on the performance of regulators and to accredit registers of unregulated groups.

- To deliver our statutory duties, targeting our resources where there is greatest risk to the public in line with right-touch regulation.
- To support high standards in health and social care regulation and registration through our performance reviews, Section 29 reviews, Accredited Registers programme, policy and communications functions.
- To seek greater engagement with stakeholders to assess the performance of regulators and Accredited Registers.
- To review and improve our processes (including legislative changes where necessary) to ensure they remain effective and efficient.

Strategic aim 2

To drive improvements in regulation and registration in health and social care

This strategic aim builds on our core reporting duties to cover facilitating, advising and enforcing to promote and support continuous improvement in the work of regulators and Accredited Registers.

- To use advice, guidance and targeted and timely interventions (such as enhanced monitoring, issuing recommendations and requiring performance improvement plans) to support regulators and Accredited Registers to meet our Standards.
- To support continuous improvement in regulators and Accredited Registers using research, data analysis, policy advice, stakeholder engagement, the principles of right-touch regulation and feedback on performance.

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- To use guidance, regulatory data and artificial intelligence (AI) to support a more positive, innovative, anticipatory and preventative approach to regulation and registration.
 - To promote, influence and support regulatory reform in line with the Government's objectives.
 - To promote and monitor equality, diversity and inclusion (EDI) in our work and in those we oversee.

Strategic aim 3

To work with others to make the overall system of healthcare regulation more cohesive, supportive and preventive

For the regulation of health and care professionals to be effective, it must reflect multi-disciplinary teamworking and be aligned to the regulation of the places where care is delivered, as well as with the regulation of medicines and other products. Requirements set by regulators and employers also need to align in ways that minimise unnecessary burdens and maximise opportunities to support professionals in delivering high quality care. Through this strategic aim, we will help shape a more joined-up regulatory system that prioritises prevention in seeking to address the causes of poor practice and consequent harm. The regulatory system should also foster collaboration, support and learning.

- To encourage the UK governments to develop regulatory strategies to support the delivery of workforce plans whilst maintaining safety and public confidence.
- To address any areas of over- or under-regulation in the health and social care workforce across the UK, working in collaboration with others.
- To support collaboration between regulators and with wider stakeholders to develop safer working environments.
- To work with regulators, Accredited Registers, registrants and other stakeholders to improve workplace cultures which support registrant wellbeing, learning, continuous improvement and the prevention of harm.

1. Business Plan 2026/27

Regulation and Accreditation

- 1.1. The work of the Regulation and Accreditation Directorate covers four of the PSA's statutory functions: reporting to Parliament on the work of the regulators (performance review); reviewing regulators' final fitness to practise decisions (section 29); advising the Privy Council about regulators' appointments to their Councils; and managing the Accredited Registers programme of unregulated health and care practitioners. In addition, it deals with concerns raised about regulators and Accredited Registers.

Performance review

- 1.2. We will implement the new Standards (for regulators and Accredited Registers). The new Standards will be used to review the performance of the 10 regulators and report to Parliament on their performance.
- 1.3. We will monitor initial feedback on the Standards implementation, ahead of more formal impact evaluation in 2028.
- 1.4. We will explore potential changes to the Performance Review methodology and processes, following the implementation of the new Standards and apply the principles of the revised right-touch regulation.
- 1.5. We will continue to monitor backlogs of fitness to practise cases in the regulators and take action as appropriate.
- 1.6. We will introduce new and improved processes for targeted interventions to address performance concerns about the regulators. This includes improving how we convene regulators and others for the purposes of sharing information, good practice, learning and encouraging improvement.
- 1.7. We will begin to explore how AI and/or other technology tools can assist with making the performance review processes more efficient and reduce burden.
- 1.8. We will continue to undertake enhanced monitoring of the NMC and consider any changes or different approaches we need to make to our processes more widely. The enhanced monitoring will include continuing our chairing of the Independent Oversight Group to monitor the NMC's response to the recommendations arising from the independent reviews into the work of this regulator.

Section 29

- 1.9. We will review the decisions of the regulators' fitness to practise panels (approximately 2,800 cases annually) to consider whether these are sufficient to protect the public. If we consider that an outcome is insufficient, we can refer the case to the relevant court. We project approximately 25 cases will be appealed in 2026/27 based on past and current volumes of appeals.

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- 1.10. We expect to be exercising our power to review case examiner decisions for Physician Associates (PAs) and Anaesthesia Associates (AAs) and requesting a review/revision by the General Medical Council (GMC) if there are concerns about insufficient outcomes for public protection.
 - 1.11. We will continue to prepare for implementation of regulatory reform, including implementing any necessary changes to PSA functions and processes arising from it.
 - 1.12. We will consolidate any changes made to Section 29 processes in 2025/26 and implement any necessary changes in 2026/27 designed to measure success and improve efficiency.
 - 1.13. We will use our role and intelligence to support continuous improvement and learning in making good quality fitness to practise decisions. This includes:
 - Developing and sharing learning points (with Regulators and with Performance Review colleagues)
 - Organising a Section 29 Conference.
 - 1.14. We will begin to explore how AI and/or other technology tools can assist with making the Section 29 processes more efficient and reduce burdens.

Accredited Registers

- 1.15. We will implement the new Standards (for regulators and accredited registers). The new Standards will be used to assess new applications and applications for renewal, including carrying out in-year monitoring and any targeted reviews of Accredited Registers.
- 1.16. We will undertake Conditions Reviews, Notifications of Change, and Targeted Reviews as required.
- 1.17. We will monitor initial feedback on the Standards implementation, ahead of more formal impact evaluation in 2028.
- 1.18. We will explore potential changes to the Accreditation assessment and decision-making processes, following the implementation of the new Standards and applying the principles of the revised right-touch regulation.
- 1.19. We will continue to undertake activities to grow, mature, promote and raise awareness of the Accredited Registers programme and align to areas of workforce need.
- 1.20. We will introduce new and improved processes for targeted interventions to address performance concerns about registers. This includes improving how we convene registers and others for the purposes of sharing information, good practice, learning and encouraging improvement.
- 1.21. We will explore how AI and/or other technology tools can assist with efficient processes and better accessibility of information about practitioners on Accredited Registers.

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- 1.22. We will respond to UK Government, legislative or policy changes or new inquiries that affect the operations of the Accredited Registers.
 - 1.23. The Accredited Registers work is not funded by fees from the regulators. It is funded in full by the registers.

Appointments to the regulators' governing bodies

- 1.24. We provide advice to the Privy Council on whether we have confidence in the processes applied by eight of the regulators to appoint and reappoint Council members. Our work applies solely to the process; we do not take a view on the suitability of individual candidates and have no say in who is appointed.
- 1.25. We expect to review approximately 15 appointments processes in 2026/27 based on past and current review volumes.

Concerns

- 1.26. We continue to receive concerns about the regulators, which are a useful source of evidence for our oversight work. In 2024/25 we received 346, which represented a similar number to the previous year. There is no obvious trend in the number we receive and we have no reason to believe that there needs to be any change to the resources devoted to this work.

Policy, communications and engagement

- 1.27. Our policy, communications and engagement work will play a key role in how we achieve a more preventative and collaborative approach to regulation, in the first year of delivery of our Strategic Plan 2026-29. We will do this by using evidence and insights to drive good practice within our own work, and the work of others. We will also strive to ensure that the value of our work is well understood and that our actions are guided by listening to others, so we can enhance our influence and impact.
- 1.28. We will help to shape the future of professional regulation by providing advice to the UK Governments in relation to regulatory reform, with the aim of maximising opportunities from the greater flexibility reform will give the regulators. We see our future role in this as being one of encouraging consistency, collaboration and best practice across the regulators. We will develop guidance to support the introduction of our new Standards, giving priority to areas that will help promote positive, fair and inclusive cultures, which we know are important to a preventative approach.
- 1.29. In 2026/27 we expect to work on the reformed legislation relating to the regulators and the role of the PSA. Based on the anticipated timetable for reform, we expect this to include inputting to the changes to the NMC and GMC's legislation; and the introduction of a barring scheme for senior NHS managers in England, to be operated by the HCPC. These changes will have implications for how we deliver our oversight functions, and we would also expect revisions to the PSA's legislation to be progressing in 2026/27.
- 1.30. We will continue to advocate for strengthened assurance in areas of health and care

delivery that concern us. This includes, as a priority, non-surgical cosmetics. We will provide support to the Scottish Government for the introduction of its new licensing scheme, and (if confirmed, as we hope) for England. We will continue to urge the Governments in Northern Ireland and Wales to follow suit. Other areas where we anticipate a continued focus will be needed in 2026/27 include counselling and psychotherapy, the broader social care workforce in England and some healthcare science roles such as audiology and clinical perfusionists. We will also begin work to develop how we can make better use of data and intelligence to identify, assess and mitigate practice-based risks, building on our current right-touch assurance approach. This will be informed by research where necessary.

- 1.31. As a UK oversight body, we have an interest in making sure that changes to professional regulation are taken forward in a way that both allow enough flexibility to support national workforce strategies, and provide consistency about the issues that matter to public protection. In 2026/27, we will use our convening role to help facilitate a collaborative response to new and emerging risks and opportunities, such as how to regulate for use of AI by professionals. We will hold our annual events, both online and in-person, including seminars in Scotland, Wales and Northern Ireland. We will also explore new ways to widen input by patients and the public, professionals, employers and others into our work, including our assessments of the bodies we oversee. This will help us to identify new regulatory risks, as well as areas of good practice.

Intelligence and Insight

- 1.32. We will continue work to establish a repository of resources about right-touch regulation, building on our publication of a new version of the document and supporting materials in 2025/26, such that we are supporting ongoing active dialogue and engagement with stakeholders.
- 1.33. We will organise a research conference in Quarter 3, with a focus on impact and regulatory improvement from the insights arising from research.
- 1.34. We will consider requests for commissions when approached, taking these forward where they are within our expertise and where other demands on our capacity allow. In doing so we will implement the revised internal process for commissioned work developed in 2025/26.
- 1.35. We will develop guidance for regulators, Accredited Registers and other stakeholders on realising preventative regulation.
- 1.36. We will begin to create a hub of good practice guidance for professional regulation.

Corporate Services

- 1.37. The team provides the following services: finance, human resources (HR), information technology (IT), information security (DPA/FOI), governance, risk management, audit, facilities, health and safety, business continuity, procurement and office administration.
- 1.38. The team works to ensure that the PSA is an independent, effective, value-for-

money organisation. It supports the Board and executive in delivering the functionality and smooth operation of the organisation.

Priorities for 2026/27

- 1.39. In the coming year, the team will continue to support the general operation of the PSA while continuing to embed the improvements and efficiencies introduced in previous years.
- 1.40. HR and Governance will continue to provide day-to-day support, overseeing all recruitment and responding to all staffing issues and HR matters. They will administer the process to recruit our third Associate Board Member (due May 2026) and the reappointment (or appointment) of one Privy Council Board Member (due January 2027).
- 1.41. The new 2026-29 People Strategy will be launched in April 2026 to sit alongside the Strategic Plan and the team will deliver year one of that in 2026/27.
- 1.42. Finance will continue to provide effective day-to-day running of the finance function, overseeing all financial transactions, procurement, and payroll. They will provide accurate financial reporting and robust budget management as part of their Finance Business Partnering role. They also continue their proactive oversight of all procurement. They will implement and adopt the new Finance Software package that is being scoped in the 2025/26 year, the aim being to simplify some of the administrative processes.
- 1.43. IT will continue to provide effective day-to-day helpdesk support, contract management, patch management, purchasing, cyber security and business continuity. They will support the roll-out of any chosen AI systems and automation services when the current Pilot concludes and decisions are made.

Equality Diversity and Inclusion (EDI)

- 1.44. Key priorities will be to deliver the new equality objectives embedded in the Strategic Plan for 2026-29 and the associated actions contained within the equality action plan.
- 1.45. We will continue to carry out horizon-scanning, highlighting geo-political issues that may impact on staff and/or delivery of PSA projects as well as considering EHRC 'How to consider equality in policy making: A 10-step guide for public bodies in England' and revise the PSA EIA toolkit.

2. Finance and Resources

- 2.1. The PSA operates as an independent body with statutory duties. We are accountable to Parliament.
- 2.2. The PSA is an entity classified to central government and part of the Department of Health and Social Care's accounting boundary. Therefore, our accounts are consolidated into DHSC's accounts.
- 2.3. The PSA is funded through:
 - Fees collected from the regulatory bodies that it oversees, which fund the costs of its regulatory and standards functions.
 - Income arising from the accreditation of voluntary registers.
 - Income for advice and investigations that are specifically commissioned by the Secretary of State and/or the Devolved Administrations.
 - Income from other activities, for example, fees from the provision of advice and advisory services to governments, regulatory bodies and other similar organisations in the UK and abroad.
- 2.4. We are required, by the Health and Social Care Act 2012, to consult with the regulatory bodies advising them of our proposed budget requirement.

Value for Money

- 2.5. We are committed to delivering value for money. We aim to do so in three ways: carefully reviewing expenditure and controlling costs; systematically evaluating core processes to identify improvements in effectiveness and efficiency; and maximising the benefits of our work in the interests of better regulation and registration. We continue to monitor benefits realisation across our work and to allocate resources to maximise value for money.
- 2.6. Our strategic plan for 2026-29 sets out our plans to maximise the benefits of our work, with a particular focus on contributing to improvements in regulation through research, policy advice, and the sharing of good practice.
- 2.7. The Accredited Registers function has been self-funding since 2021/22.
- 2.8. We closed the NHS Pension Scheme to new starters from April 2023 and introduced a Defined Contribution scheme in its place. Savings from this change are materialising already.
- 2.9. We continue to have virtual meetings for our Board committees and workshops, which delivers savings in travel and subsistence costs for Board members.
- 2.10. We have changed from having a Board meeting in each Devolved Administration every 18 months to having one every two years, this has reduced expenses associated with room hire, travel and accommodation. We supplemented this with a bespoke seminar for each country in the year we do not visit, so providing enhanced services and support.
- 2.11. We have substantially reduced the cost of our annual research conference by

reducing the duration from two days to one, by charging a modest registration fee to those attending and by holding the event at less costly venues.

2.12. We made considerable savings by not using recruitment agencies.

2.13. We are conscious of the financial pressures faced by many registrants working in health and social care. The average cost per registrant of the PSA's regulation and standard-setting work in 2025/26 was £2.74. This compares with £2.58 in 2024/25, £2.59 in 2023/24, £2.65 in 2022/23 and £2.72 in 2021/22, as shown below. On the basis of registrant numbers as at 31 March 2025, our expected fee per registrant in 2026/27 is £2.84.



Assumptions

2.14. The assumptions for business as usual in 2026/27 that we built our budget on are as follows:

- A pay increase for all staff and Board members of 3% from 1 April 2026.
- That based on the recovery costs averaged over the last three years, we will recover 25% of total expenditure on legal advice related to section 29 cases.
- That the total cost of legal action will be similar to 2024/25 and 2025/26.
- That the number of fitness to practise cases will be approximately 2,800, the number of detailed case reviews approximately 75 and the number of appeals approximately 25.
- There will be one additional Policy Adviser for the work on reform (a role continuing from 2025/26).
- There will be one additional Section 29 Administrator for the legal work (a role continuing from 2025/26)
- That no legislative changes that amend the duties of the PSA to an extent that will impact on our costs, will be introduced during the year.
- That DHSC will progress regulatory reform as planned.

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- That the Accredited Registers programme will cover its costs (including any changes to staffing numbers).

2.15. In comparison to the budget for 2025/26, costs have increased in relation to staffing and inflation on some non-staff costs (3%) and the Section 29 workload (including changes arising from reform). The overall budget in 2026/27 will be 5.7% higher than in 2025/26.

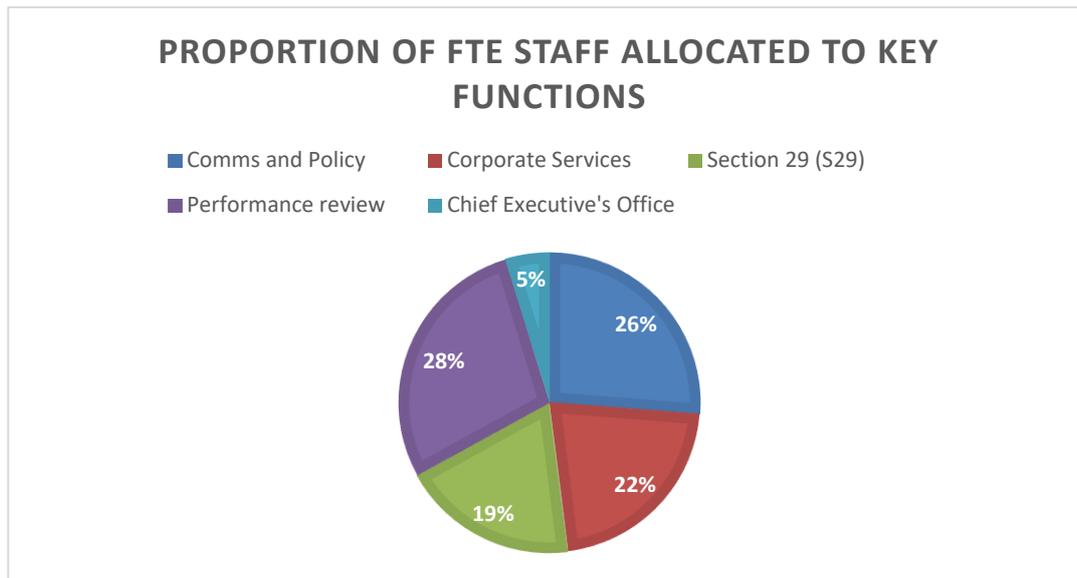
2.16. The staffing establishment as budgeted for 2026/27 is:

Permanent Posts	Actual as at 1 September 2025	2026/27
Chief Executive	1	1
Directors	3	3
Assistant directors	1	1
Heads of functions	7	¹ 8
Managers	8	7
Technical specialists	3	4
Officers and advisers	23	22
Administrators	4	5
Total	50	51

- 2.17. These 51 posts in 2026/27 include Accredited Registers staff and equate to 47.7 full-time equivalents.
- 2.18. The overall increase in the budget is 5.7%.
- 2.19. The PSA maintains two months operating cost as restricted reserves, as per our Reserves Policy. Excess restricted reserves can be used to fund project work or unanticipated expenditure, or returned to the regulators as a discount on fees. Typically the PSA will retain 50% of excess restricted reserves to fund any unanticipated additional expenditure, such as Section 29 appeals, and will aim to return 50% to the regulators unless that figure is considered immaterial.
- 2.20. Taking into account the expected reserves position at the end of 2025/26 we propose to discount the fees required from the regulators by using excess reserves of £168,000. Therefore, the increase in fees for the regulators in 2026/27 will be 2.6% compared to 2025/26.
- 2.21. In order to provide regulators with additional information about how our budget is divided between our different functions, we have analysed our staff costs (by far our largest costs) by function (not including Accredited Registers), as shown in Figure 2.

¹ Manager post regraded to Head of Function

Figure 2



2026/27	Staff headcount	Staff costs £'000	Other net costs £'000	Total Costs £'000
Comms and Policy	12	1,128	283	1,411
Corporate Services (CS)	12*	1,175*	976	2,151
Section 29 (S29)	9.5**	777	406	1,183
Performance Review (PR)	12.5**	1,026	0	1,026
Totals	46***	4,106	1,665	5,771

*Includes Chief Executive and Executive Assistant

** Director role split between S29 and PR

*** Figure does not include Accredited Registers staff

Indicative budgets

Regulation and standards	2026/27 £'000	2025/26 £'000
Net operating expenditure (excluding depreciation for assets purchased during the year and database amortisation)	5,721	5,411
Capital expenditure	50	50
Subtotal	5,771	5,461
Reserves refunded	168	0
Total funding requirement	5,603	5,461

Expenditure breakdown

	2026/27 £'000	2025/26 £'000
Expenditure		
Staff costs	4,106	3,766
Other administrative costs	1,936	1,834
Income		
Operating income	(321)	(189)
Net operating expenditure	5,721	5,411

Capital expenditure	2026/27 £'000	2025/26 £'000
Information technology	40	40
Fixtures and fittings	10	10
Capital expenditure	50	50

Administrative costs

	2026/27 £'000	2025/26 £'000
Board appointments	0	0
Recruitment	15	15
Training and conferences	77	75
Other HR	61	24
Staff travel	10	10
Other Admin	62	41
Occupancy	334	324
Audit	80	70
Corporate Legal	10	10
ICT	223	190
Board pay	120	116
Board expenses	34	33
Policy conferences	52	45
Commissioned policy advice and research	90	75
Communications	16	20
Engagement	125	108
S29 legal	607	657
Regulation and Accreditation (R&A) general legal	20	21
Depreciation	0	0
Total administrative costs	1,936	1,834

Operating income

	2026/27 £'000	2025/26 £'000
Section 29 cost recoveries	221	164
Other operating income	100	25
Total operating Income	321	189

Accredited Registers (indicative budget for information only)

	2026/27 Budget £'000	2025/26 Budget £'000
Income		
Fees	798	771
Total	798	771
Expenditure		
Pay costs	494	447
Non pay costs	297	284
Total	791	731
Total surplus/(deficit)	7	40

3. Key performance indicators

Area of work	Key performance indicators
Section 29 decisions	<p>Number of cases received [compared with same period last year]</p> <p>Number of Cases considered at a case meeting or statutory deadline meeting [compared with same period last year]</p> <p>Appeals lodged [compared with same period last year]</p> <p>100% of relevant decisions considered within statutory deadline [compared with last year]</p>
Performance Reviews	100% of performance reviews published within three months of end of review period
Public concerns about Regulatory bodies	100% of concerns acknowledged within five working days
Accredited Registers – current processes	<p>90% of Registers have a full assessment within the agreed cycle (3 or 4 years based on risk assessment)</p> <p>90% of decisions about the annual check within one year of the previous assessment</p> <p>95% of Conditions are reviewed within two months of when they were due</p> <p>100% of targeted reviews are completed within four months of the date initiated</p> <p>90% of eligibility and public interest decisions that are submitted after completing the pre-application period are made within four months of receipt of all documents</p> <p>90% of decisions about full accreditation are made within eight months of receipt</p>
Finance	Budgeted income / expenditure variance less than 5%
ICT	<p>85% of helpdesk calls to be closed within one day</p> <p>System unavailability below 10 hours</p>
Information security	No incidents reported to the Information Commissioner's Office
Information requests (FOI / SAR / EIR)	All (100%) Subject Access Requests dealt with within statutory deadlines

	All (100%) Freedom of Information Act requests dealt with within statutory deadlines
Complaints	100% of complaints acknowledged in five days Response to all complaints to be completed within 28 days
Social media	Total number of followers across our social media channels (compared with same period last year in brackets) Number of new followers across our social media channels (compared with same period last year in brackets) Number of engagements with our social media posts (compared with same period last year in brackets).
Website usage	Year-to-date data on website usage from April 2026 to date with same period last year in brackets <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

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