professional standards authority
for Health and Social Care



Issue 5 | April-September 2026

Learning points Bulletin

Our twice-yearly bulletin providing a valuable overview of the volume of learning points we send and the themes we identify.

We share learning points from our scrutiny of decisions to help regulators improve decision-making, strengthen fitness to practise panel outcomes and drive up standards. Our Performance Review team also considers these points in its regular assessments of regulators. Seeing every relevant decision made by the 10 health and social care regulators puts us in a unique position to identify issues and themes.

April-September 2026 | Statistics

1055
determinations received

143
learning points (sent on 106 cases)

6
appeals lodged

Number of learning points broken down by month	
April	25
May	13
June	22
July	35
August	19
September	29

At what stage were learning points sent?	
Initial review	109
Detailed case review	16
Case meeting	18

April-September 2026 | Themes

This bulletin will again focus on insufficient reasons (which continues to feature prominently), alongside the approach taken to mitigating and aggravating factors.

Following recent publications referred to in this edition, we will also look at sexual misconduct, specifically towards colleagues.

Insufficient reasons

Theme	Number of learning points sent	Cases appealed
Insufficient reasons	43	4

During this period, 43 of the 143 learning points sent related to insufficient reasons.

Of the 18 sent following a case meeting, four related to insufficient reasons.

See previous issues (Issues 1 & 2 focused on sexual misconduct; Issues 3 & 4 focused on sufficiency of reasons.)

Cases considered at a case meeting will have already been through our full scrutiny process, comprising:

- an initial review, when concerns are identified;
- a detailed case review, when we obtain all evidence in the case and come to a view as to whether the case is sufficient, or arguably insufficient applying s.29(4); and
- a case meeting, when a panel considers whether the decision is insufficient to protect the public and if so, whether the PSA should exercise its discretion to appeal.

Where we do not appeal, learning points are often identified.

Whilst all learning points are important and identify areas for improvement for panels and regulators, we wish to emphasise the seriousness of learning points arising from case meetings. These cases have been assessed as arguably insufficient and may have come close to being appealed.

Where a decision is poorly reasoned, it is far more likely that the case will be escalated through our process. Where we identify potential errors and cannot understand how a panel has reached their decision, we often need to escalate the case through our process

to make an assessment of whether the decision is sufficient.

A failure to provide sufficient reasons, as cited in the case of ***General Medical Council v Jagjivan & PSA [2017] EWHC 1247 (Admin)*** "**may constitute a serious procedural irregularity which renders the Tribunal's decision unjust.**"

Therefore, panels must provide clear and sufficient reasons at each stage of decision-making, including sufficient detail about the case and how it is resolved. The reasons must show how relevant guidance has been applied or why the panel has departed from it, particularly when determining sanction. A failure to provide sufficient reasons is more likely to result in learning points, and/or an escalation through our process.



Previously we identified that a lack of sufficient reasons at sanction stage continued to be a prominent feature in learning points and appeals. Whilst this is still the case, we have also identified concerns with reasons at earlier stages in the decision. For example:

Example 1

Greater care could be taken to ensure consistency between the findings at the impairment and sanction stages. In this case, at impairment stage the panel concluded that the registrant had demonstrated sufficient insight and remediation such that there was no ongoing public protection risk. However, when identifying aggravating factors at the sanction stage, the panel referred to limited insight and limited remediation without clearly explaining how those findings were reconciled. A fuller explanation of the panel's reasoning would assist readers in understanding why the registrant's insight was considered sufficient to negate future risk, whilst still being characterised as limited for sanction purposes.

Example 2

The Committee also found that charge 4 (relating to comments made about the Covid-19 vaccine) did not amount to misconduct. Their reasoning in this regard seemed to be centred upon the fact the registrant had not tried to persuade the patient not to take the vaccine. Although a relevant factor, the panel did not sufficiently explain how this allegation did not constitute misconduct despite the fact they also found the registrant's comments were contrary to NHS Guidance and were made whilst discussing healthcare treatment and clinical decision-making. The committee did not adequately explain how their conclusions regarding this conduct (and in particular the fact it appeared to be a further example of the registrant making clinical judgements based on belief rather than clinical evidence) meant that they could still conclude that it did not constitute misconduct.

Clear, logical and consistent reasoning throughout each stage of a determination is essential to enable a reader to understand how a committee reached the conclusions that it did. A failure to give sufficient reasons can give rise to legal challenge.

Relevant case law

General Medical Council and Professional Standards Authority for Health and Social Care v Bramhall [2021] EWHC (2109) (Admin)

This judgment handed down by Mrs Justice Collins Rice demonstrates the importance of providing sufficient reasons.

> "...while [Guidance] does not necessarily constrain a tribunal's final decision, it does properly engage a duty to state clear reasons for departure in the form of careful and substantial case-specific justification'.....'The determination does not provide that. While the GMC's submissions were noted, the engagement of the erasure indicators is not even acknowledged as such in the MPT's reasoned determination. That is remarkable in a case brought on the basis of convictions for crimes of violence, an express indicator in its own right that erasure may be required, not least where committed in a clinical setting. Failure to deal with erasure indicators where they are engaged produces determinations which are simply incomplete' ..... 'That is a fundamental flaw – an error of principle. The decision does not fully make sense and the reader cannot see how it is proportionate." [36]

Read the full judgment

General Medical Council and Professional Standards Authority for Health and Social Care v Dugboyele [2024] EWHC 2651 (Admin)

In this case Mr Justice Murray noted the importance of giving sufficient reasons at impairment stage, particularly when addressing all limbs of the overriding objective:

> "In my view, the Tribunal failed to give proper consideration to the second and third limbs of the over-arching objective and, therefore, failed to take into account factors that it should have taken into account. It should have taken into account in its considerations whether, given the serious professional misconduct it found in this case (involving sexual harassment of a number of junior female colleagues over many years, despite their protestations and a formal warning), a finding of impairment of fitness to practise was necessary, notwithstanding full remediation and no risk of repetition. It was necessary for it to take this factor into account in order properly to consider whether a finding of impairment was necessary in order to promote and maintain public confidence in the medical profession and proper professional standards and conduct for members of the profession. The Tribunal failed, however, to do so." [54]

Read the full judgment

We therefore remind regulators to highlight to their panels the importance of providing sufficient reasons at each stage of the process to ensure such practice is embedded in their decision-making.

Our previous bulletin provided a helpful checklist for panels, including a section on reasoned decisions. We would encourage panels to use this as part of their decision-making.

Mitigating and aggravating factors:

Theme	Number of learning points sent
Mitigating and aggravating factors	24

In a decision, we expect a panel to identify and list the relevant aggravating and mitigating factors. These are important when determining what sanction to impose. Our appeals have included grounds which arise from not all relevant aggravating factors being identified, and/or panels applying undue weight on mitigating factors.

'Limited' insight is not a mitigating factor. 'Developing' insight may be, but a panel should make this distinction clear within the circumstances of the case before them. Compliance with an interim Conditions of Practice order and completion of mandatory training do not constitute mitigating factors. These actions are not indicative of additional insight; rather, they represent the minimum standards expected of all practitioners and should be considered neutral factors. They demonstrate adherence to professional obligations and regulatory expectations, rather than providing evidence of mitigation. A failure to comply with an interim order would, however, be an aggravating factor, in so much as it shows a disregard (intentional or otherwise) for the regulatory process.

relevant aggravating factors or give mitigation undue weight. Panels should assess insight consistently at the impairment and sanction stages. Their conclusions may justifiably change, for example where a registrant adduces further evidence, but they must explain any change sufficiently to avoid reasoning that appears disjointed or potentially flawed.

As the courts have repeatedly recognised, the personal and financial consequences of a sanction for a registrant and their family carry limited weight when determining sanction. The primary purpose of regulatory sanctions is not to punish the registrant, but to protect the public, maintain public confidence in the profession, and uphold proper professional standards.

In ***Bolton v Law Society [1994] 1 WLR 512***, Sir Thomas Bingham MR observed that "t**he reputation of the profession is more important than the fortunes of any individual member**".

Examples of learning points we have fed back this period include:

Example 1

The panel should have been explicit in recognising the registrant's failure to comply with the interim order as an aggravating factor. The registrant had been subject to conditions requiring disclosure to prospective employers yet failed to do so. This deliberate non-compliance was not clearly articulated nor was it clear as to whether it factored into the panel's reasoning on sanction. Where there is evidence of a breach of an interim order, particularly one designed to safeguard the public, the decision should expressly identify and analyse that breach as aggravating, rather than leaving it implicit or unaddressed, given its potential to materially affect the assessment of seriousness and the applicable sanction.

Example 2

The panel should not have treated limited insight as a mitigating factor, particularly where its own findings indicated that insight was minimal. In such circumstances, limited insight should either carry no mitigating weight or be seen as part of the ongoing risk, rather than as a factor capable of reducing the seriousness of the misconduct.

The committee placed weight on the fact that there had been no repetition of the misconduct since the events in question. However, the Sanctions Guidance indicates that the mere passage of time without repetition is generally a neutral factor and should not ordinarily be treated as mitigation. In addition, insufficient regard was given to the fact that the registrant had not been engaged in unrestricted practice since December 2024, meaning there had been limited opportunity to demonstrate that the behaviour would not be repeated.

The committee also identified the absence of previous fitness to practise history as a mitigating factor. However, this is more appropriately characterised as the absence of an aggravating factor or a neutral factor rather than positive mitigation.

Committees should carefully differentiate between genuine mitigating features and circumstances which simply do not increase the seriousness of the case.

Further, the committee did not identify all relevant aggravating factors that were engaged in the case. In particular, the Sanctions Guidance identifies the fact that, where a victim of sexual misconduct was isolated at the time it occurred, it is an aggravating factor. This should have been expressly identified and reflected in the Committee's determination.

Professional Standards Authority for Health and Social Care v Nursing and Midwifery Council, Mr D Wilson, [2015] EWHC 1887 (Admin)

In this case from 2015, the PSA appealed a decision of the NMC to suspend Mr Wilson for four months imposed in January 2015.

Mr Wilson had dishonestly failed to disclose his 1995 US convictions for armed robbery and escaping lawful custody when seeking NMC registration and employment, and had concealed his birth name from his employer.

On analysing what was required of the panel in characterising the misconduct, nature of the impairment and what sanction was required (which included an assessment of the aggravating and mitigating factors) Laing J reasoned:

- Questions of remediability and risk of repetition were of secondary importance to assessing the seriousness of the conduct and its impact on the public interest and declaring and maintaining standards. Laing J described remediability and the absence of a real risk of repetition as irrelevant in this case.
- As there were no clinical allegations, factors relating to Mr Wilson's ability to do his job were of secondary importance.
- Individual factors, including the impact of the sanction on Mr Wilson were of secondary importance in line with the principles outlined in Bolton.
- Whilst the nature of the crimes were important, the focus of the NMC charges related to failures to disclose. Therefore, factors connected with the efforts made to rehabilitate himself following the original offences were of secondary importance.

Laing J stated:

> "If the CCC approach were correct, it would mean that a person could dishonestly obtain registration and then stay registered despite that dishonesty. It cannot be sensibly suggested that the failures to disclose were trivial or insignificant. [119]
> ....
> Overall, I do not consider from its analysis of the aggravating and mitigating factors that the CCC significantly appreciated that the overriding factor in this case was the public interest in maintaining the reputation of the profession. The NMC and the public are entitled to the highest standards of honesty and integrity from registrants and this was a case in which those standards have been manifestly broken." [121]

The court quashed the suspension and substituted a striking-off order.

Successful PSA appeal in relation to this theme:

Professional Standards Authority for Health and Social Care v (1) Nursing and Midwifery Council (2) Budzichowska [2026] EWHC 610 (Admin)

This was an appeal against an NMC decision to impose a 12-month suspension order against a nurse. Allegations included abuse towards four residents at the Home where she was employed.

The PSA appealed principally on four grounds. Ground four related to sanction and a material omission from the aggravating factors identified by the panel in that it did not identify the humiliation and distress caused to Resident A. The panel further mischaracterised the harm as 'potential' rather than 'actual' harm to a person in the registrant's care.

The appeal was upheld on all grounds, and the registrant was struck off the register.

Read the full judgment

Sexual misconduct towards colleagues

This section will focus specifically on sexual misconduct against colleagues. Two recent publications have highlighted the prevalence of this type of sexual misconduct, as well as the impact this can have not only for the survivor, but for patient protection and public confidence.

It is important to note that whilst focusing on this area for the purposes of this Bulletin, we do not seek to minimise the seriousness of sexual misconduct towards patients.



Sexual misconduct is not strictly defined in fitness to practise and is often used as an umbrella term. However, it is widely accepted as covering any unwanted or non-consensual conduct of a sexual nature. This encompasses both behaviour towards colleagues and patients/service-users and ranges from inappropriate comments to serious criminal conduct. It also encompasses behaviour in a registrant's private life which may not be towards colleagues or patients and service-users.

Sexual misconduct cases are among the most serious and sensitive matters considered through the fitness to practise process and may result in erasure.

Sexual misconduct in the workplace against a colleague will have a significant impact on the survivor and can have an impact on patient safety. Where someone is subjected to sexual misconduct in the workplace, this can have a significant impact on their wellbeing, and this in turn can have an impact on patient/service user care.

The PSA's recent report on ***Improving the handling of sexual misconduct cases in fitness to practise*** also found that it is increasingly recognised and understood that harassment or abuse within healthcare teams 'erodes performance, impacts effective teamworking and as a consequence can create a risk to patient and service-user safety'.

The report also highlights specific advice to panels and potential improvement actions including:

- Consider the public interest and public confidence in the profession, including the impact on the profession and colleagues coming forward to raise concerns.
- Recognise that sexual misconduct undermines public trust and can create a risk to patient and service-user safety no matter who the victim is in relation to the registrant.

In 2023, **Surviving in Scrubs published a report on their findings in relation to sexism and sexual violence in the workplace**. One of their six key findings included:

- the risk to patient care with female healthcare workers reporting their clinical judgements questioned,
- decisions not taken seriously,
- clinical requests being ignored, and
- referrals being refused.

This has the potential to exclude valuable professionals, which can ultimately impact patient care.

Additionally, the Worker Protection (Amendment of Equality Act 2010) Act 2023, which came into force on 26 October 2024 now places a proactive legal duty on UK employers to prevent sexual harassment in the workplace. This change in the law demonstrates that there is now a zero-tolerance approach to sexual misconduct directed against colleagues. More recently and from 30 October 2026, the law on sexual harassment was strengthened. The current law says employers need to take 'reasonable steps' to prevent sexual harassment. From 30 October 2026, employers need to take 'all reasonable steps'.

Read all recent PSA reports and resources related to tackling and preventing sexual misconduct in health and social care

Relevant case law

Dr G Arunachalam v General Medical Council [2018] EWHC 758 (Admin)

"Where the victim is a colleague rather than a patient, severe sanctions in such cases are generally necessary, in addition, to protect and uphold the dignity of workers in the profession and to protect their freedom to work without being molested.

The victims are usually women. [59]

In other parts of the world where the culture is different, and in some isolated sectors in this country, there is still a culture which regards such behaviour as acceptable. That is completely wrong and now regularly proclaimed to be so. The days are gone when mainstream discourse was in any way split on the issue of sexual misconduct, particularly in the workplace. The mainstream in our society, reflected in our law, is now that there is virtual zero tolerance of such behaviour." [61]

Successful PSA appeal in relation to this theme:

Professional Standards Authority for Health and Social Care v (1) General Medical Council and (2) Hanson [2021] EWHC 588 (Admin)

This case involved unwanted, non-consensual, sexually motivated behaviour towards a nurse, Ms A. The Tribunal determined that Dr Hanson's fitness to practise was impaired. It imposed a 10-month suspension with a review.

The PSA appealed on the basis that the Tribunal failed to recognise the seriousness of the registrant's conduct and failed to impose a sanction that protected the public. The appeal was upheld and the sanction of erasure was imposed.

Mr Justice Chamberlain noted in his judgment that:

"First, although the Tribunal recognised that the misconduct found proven by the Tribunal was serious, it failed to recognise how serious. Dr Hanson, a doctor of many years' experience, was in a position of authority vis-à-vis Ms A, a relatively newly qualified nurse. He was a tall man; she was a small woman. He was many years her senior. He approached her at night, when he knew she would be alone. He deliberately guided her into a room away from others. His conduct on the way to the room and inside it was not limited to inappropriate remarks. It involved persistent and repeated touching, which was sexually motivated, and continued after she had made clear she considered it inappropriate and pushed him away. The experience caused her significant distress: she was off work for several weeks. If found proved to the criminal standard in a court, these facts would have constituted the offence of sexual assault contrary to s. 3 of the Sexual Offences Act 2003." [23]

"Second, this was a calculated and deliberate abuse of power which foreseeably caused real harm to a fellow healthcare professional. Someone who has engaged in conduct of this kind poses a danger to the 'health, safety and well-being of the public' (which includes co-workers), unless there is a proper basis for concluding that the conduct is unlikely to be repeated. The Tribunal should have focussed on the question whether there was such a basis." [24]

Read the full judgment

Our findings

8	During this period the PSA identified **eight** learning points sent on four cases where an allegation related to sexual misconduct.
3	Of the four cases, **three** related to sexual misconduct between colleagues
1	of these cases all charges were found not proved
1	of these cases sexual motivation was found not proved

Whilst not a common feature of learning points sent during this period, we have identified previous learning points where panels have not found or adequately considered there to be a patient risk where there has been sexually motivated conduct towards a colleague. As supported by evidence found in the reports referred to above, where misconduct is directed towards colleagues, a panel will still need to have regard to whether the conduct had impacted patient care.

The Medical Practitioners Tribunal Service have also recently published an article on sexual misconduct involving colleagues. Key findings included that more than a third of sexual misconduct allegation cases brought before a substantive doctor's tribunal last year involved colleagues.

Good practice

Although we often raise concerns through learning points to highlight areas of improvement, it is also important to recognise particularly good practice in the determinations we review.

During this period, we identified three good practice learning points.

We considered the learning point below (page 11) demonstrated good practice and a commitment to equality, diversity and inclusion (EDI).

Example 1

The case concerned health allegations and was discontinued in full. The panel demonstrated good commitment to equality, diversity and inclusion by recognising dyslexia as a form of neurodiversity that should not, in itself, restrict a registrant's ability to practise, and by carefully applying the protections of the Equality Act 2010 to ensure the process remained fair and non-discriminatory. The panel's approach was thoughtful of reasonable adjustments, insight and the importance of avoiding unnecessary regulatory action, reflecting a sensitive and inclusive handling of the case.

The two further good practice points we identified related to thorough reasons.

Example 2

The registrant…was found to have accessed patient records without clinical justification for doing so. She was also found to have failed to declare a conflict of interest to her employer. All charges were found proved and a 12 month suspension order with review was imposed.

We did not identify concerns with the decision but wanted to feed back that we found the determination to be well reasoned at each stage of proceedings, particularly at sanction stage when the panel gave clear thorough reasons for not imposing conditions or removal.

Example 3

The registrant…was found to have dishonestly removed money from the [employer's] premises without authorisation to do so.

The registrant made full admissions to the charges, and the committee found misconduct and current impairment and imposed a 12-month suspension order with review. We did not have any concerns with the decision but wanted to highlight what we considered to be good practice by the committee at sanction stage.

Whilst imposing a suspension order, the committee recognised that this was a case where a number of factors for erasure were engaged. We considered their reasons for not imposing a sanction of erasure to have been thorough and detailed, providing reasons as to why they considered a suspension order to be sufficient, despite the registrant demonstrating little insight.

We often see committees providing one-line sentences simply stating that erasure would be disproportionate without expanding on their reasons, which has in the past, led to further scrutiny of cases. This decision was well reasoned and provided the reader with thorough reasons for each stage of the committee's decision-making.

Appeal updates

Professional Standards Authority for Health and Social Care v (1) General Dental Council and (2) Rahman [2026] EWHC 1603 (Admin)

This case concerned a pattern of conduct extending over three years and included allegations of inappropriate behaviour towards junior female colleagues and patients, including conduct which was sexually motivated and/or discriminatory.

The PSA appealed principally on six grounds; including that the committee erred in respect of its findings of fact (including under prosecution as the GDC failed to allege sexual harassment), the committee erred in its approach to sanction, including a failure to properly grapple with the seriousness of the allegations as found proven, and the committee failed to have adequate regard to the appropriateness of a sanction of erasure.

The court upheld each of the PSA's grounds except in relation to under-prosecution and separately did not address the PSA's ground concerning erasure.

The court allowed the appeal, quashed and amended aspects of the fact determination and remitted the case back to a fresh committee of the GDC to determine sanction.

What does this judgment tell us?

The judgment is particularly useful for highlighting that, when assessing professional misconduct of this nature, a panel must properly consider the overall pattern and cumulative gravity of the alleged misconduct. It is not necessarily sufficient to analyse each incident in isolation and distinguish between:

- sexual and non-sexual conduct; or
- sexually motivated and non-sexually motivated conduct.

Where the evidence demonstrates a repeated pattern, a panel must consider the context and cumulative effect of that behaviour.

Following our appeal the case was remitted, and Mr Rahman was erased. It was noted at the sanction stage:

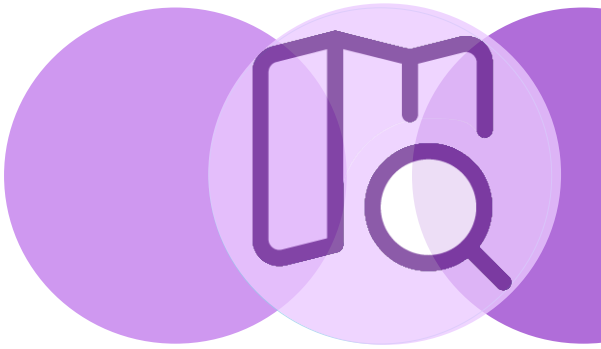
"The Committee found that findings of sexual and discriminatory misconduct are particularly damaging to the profession and whilst the concerns in this case do not amount to being the most serious sexual misconduct, persistent comments and behaviours would be viewed as harmful when accompanied by a lack of meaningful insight.

The Committee found that you have not demonstrated full insight into your misconduct notwithstanding the passage of time since the original PCC's decision. This demonstrates a persistent lack of insight into the seriousness of the matters found proved against you.

Whilst you have undertaken CPD in an attempt to remediate your misconduct, there is no evidence before the Committee that these courses have developed into a deeper and more meaningful understanding of the seriousness of the matters at the heart of this case or that it has been embedded as such that it would prevent you from behaving similarly in the future.

Taking all of the above into account, the Committee concluded that erasure is the only sanction that would appropriately address the misconduct in this case and send the public and the profession a clear message about the standards expected of a registered dental professional. To adequately protect the public and the wider public interest, nothing short of removal from the Register would be sufficient."

Read the full judgment



General Medical Council and Professional Standards Authority for Health and Social Care v Dr Andrej Grajn [2026] EWHC 1157 (Admin)

This was a joint GMC and PSA appeal and cross appeal by the registrant. The registrant was found to have committed serious professional misconduct in relation to having had an improper sexual relationship with a patient by the Medical Board of Australia in September 2023 and was disqualified from the register. The registrant failed to disclose this to the GMC and his employer. He was suspended for 12 months.

We joined the appeal on the basis that:
(1) the GMC wrongly failed to allege the registrant's failure to disclose the Australian Health Board's determination to the GMC and his employer was dishonest, deliberate, reckless and/or lacked integrity.

(2) the GMC wrongly failed to allege that the registrant had failed to disclose proceedings to his employer when asked in 2019 and 2023 whether he was subject to fitness to practise proceedings, and that his failure was dishonest.

(3) the MPTS wrongly decided on 18 September 2025 not to postpone the hearing to allow the GMC to investigate the allegations in Ground 2, and if appropriate, hear them together with the other allegations, and

(4) wrongly failed at the hearing to exercise its power to amend the charges to include the allegations in Grounds 1 and/or 1 and 2 above.

The court upheld grounds 1 and 2. The judge did not consider that they needed to go further and determine grounds 3 and 4. The court also upheld Ground 1 from the GMC.

The court quashed the MPT's decision in full and remitted the case back to a new panel for a fresh hearing.

Read the full judgment

Related material

- **Section 29 process and guidelines**
  Read through details of our process and guidelines.
- **Fitness to practise appeals update**
  Read through a round-up of recent appeals and their outcomes.
- **Fitness to Practise and sexual misconduct**
  Read the key takeaways from our conference on fitness to practise cases and sexual misconduct.
- **Preventing and responding to sexual misconduct in health and social care settings**
  Read through a series of insights compiled from our webinar series.
- **Improving the handling of sexual misconduct cases in fitness to practise**
  Read our report collating insights and practical measures for fairer, safer and more trauma-informed fitness to practise processes.

Case studies



Read through our fitness to practise appeal case studies

You might also be interested in

- **2027 PSA Research conference | Regulation, education and the health and care workforce**
  We have recently issued a call for proposals as well as details of our next Research conference taking place in February 2027
- **Moving towards a more preventative regulatory approach**
  How can regulation prevent harm rather than simply respond to it? Find out more in this blog by PSA Deputy Chair, Juliet Oliver.
- **Beyond compliance: the case for regulatory curiosity**
  A blog from PSA Chief Executive, Alan Clamp, where he discusses how regulatory curiosity can help support better regulatory decisions and public protection.
- **Joint statement of intent on the regulation of Artificial Intelligence**
  PSA joins health and social care regulators and Accredited Registers to issue a joint statement of intent.
- **PSA Parliamentary Bulletin**
  We circulate parliamentary bulletins to the four UK Parliament/Assemblies on a quarterly basis - the most recent issue was circulated in September 2026.

Next bulletin due approximately May 2027

Contact information

We would welcome any feedback on this publication. If you would like more information, please get in touch with **Georgina Tait** by email: Georgina.Tait@professionalstandards.org.uk