

8 December 2025, Issue 6

# Parliamentary Bulletin



## How a regulatory strategy can support the NHS workforce plan and help deliver safer care

### The need for a regulatory strategy

In September 2025, the Department of Health and Social Care put out a call for evidence that would help it decide how the NHS workforce needs to change. It was focused on how to deliver the three shifts in its [10 Year Plan](#) for England: from hospital to community; from analogue to digital; and from sickness to prevention.

Our advice to the Secretary of State in our [submission](#) to the call for evidence was to start thinking about what forms of regulation will be needed to support these changes *now*.

It is evident that for the 10 Year Plan to work, it is going to require existing roles to adapt -for example to greater use of artificial intelligence (AI), or to deliver more care in people's homes. This would involve adapting professional training so everyone has the right skills, but may also require changes to the way patients are kept safe – we can all appreciate that care

in the community comes with different risks from those of care in a hospital.

We may also need more of some roles that already exist – such as those involved in diagnosing medical conditions, like sonography, audiology, or a range of healthcare science roles. There are already [concerns](#) about the safety of aspects of these [occupations](#) – it is essential that these are considered and addressed.

Finally, we may need to create some new occupations that are not currently recognised.

### Regulation as an enabler to safe and agile workforce change

Too often, regulation is an afterthought. And too often, regulation of people is seen as a binary choice between statutory regulation (such as for nurses and doctors) and nothing. There is in fact a range of alternatives to statutory regulation that might be more effective and quicker to implement, and would

only involve restrictions that are strictly necessary to keep people safe - [accredited registers](#), employer-led codes of practice, barring schemes, to name but a few.



At the PSA, we refer to this approach as a 'regulatory strategy', but really it's about embedding this thinking explicitly into the development of the workforce plan. Alongside thinking about the changes needed, we also need to ask how do we want to use regulation to make sure that these changes don't create unnecessary risks, and how can we explain this to the public in ways that will give people – patients, employers, other professionals – confidence in the changes? And it's about using only the minimum amount of regulatory force needed, in line with our [Right-touch regulation](#) approach.

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## Monitoring of the regulators

### **Nursing and Midwifery Council: independent reports into whistleblowing concerns**

As part of our oversight of the professional healthcare regulators, we have been examining the two recommissioned reports into the Nursing and Midwifery Council's (NMC) [handling of 20 fitness to practise cases from 2018-2023](#) and [how the NMC dealt with concerns raised by a whistleblower and its treatment of the whistleblower](#) which were published on 30 September 2025. These reports complete the set of three reviews commissioned by the NMC in autumn 2023 to look into issues raised in whistleblowing disclosures.

The Independent Oversight Group (IOG), chaired by the PSA, was established in September 2024 with the role of overseeing

and supporting the work of the NMC to implement the recommendations of the [Independent Culture Review](#) and these two recent reports. The reports were discussed at the November 2025 meeting of the IOG and the NMC will present its plan in response to the reports' recommendations to the group at a future meeting.

Additionally, we will take the findings and recommendations from these reports into account as part of our assessment of the NMC's performance for this year, alongside other evidence sources, including an audit of fitness to practise cases.

We expect to publish our NMC performance report for the 2024/25 review period in Spring 2026.

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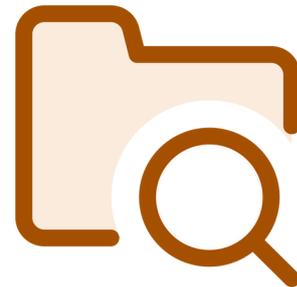
## General Medical Council: doctors banned from practising abroad working in the NHS

You may have seen the recent *Times* investigation (2 October 2025) reporting on doctors who are subject to regulatory action overseas being able to register and practise in the UK. We took these allegations very seriously and have met with the General Medical Council (GMC) to understand their response to the issues raised. We sought assurance about actions they are taking to further strengthen the registration process and to determine whether the GMC's actions are broadly aligned with other regulators and proportionate to the risk.

We recognise that this risk is not unique to doctors and the GMC, so we requested information from all the regulators we oversee about their assessment and management of this risk for the professionals they regulate.

Although the prevalence of this type of fraud or misrepresentation may be proportionally low, the impact on patient safety, public confidence and regulator reputation may be extremely high. We heard from all regulators that this—and other types of registration fraud—are areas that they remain vigilant in highlighting and acting upon swiftly. We have provided an update to the UK Government.

This is an area of risk that we will continue to monitor closely with the GMC and other regulators through our routine engagement and performance review assessments. We are currently assessing the GMC's performance for the 2024/25 review period and expect to publish the findings of this review in December 2025.



# Updated version of Right-touch regulation responds to current challenges

In all four nations of the UK, the healthcare workforce faces challenges and opportunities. The move towards more community-based care, changes to scopes of practice, and the increased use of artificial intelligence in healthcare are all issues that bring opportunities to better meet healthcare demand. However, it is vital that alongside them and other initiatives any related risks to patient safety are effectively managed.

Our recently updated publication of *Right-touch regulation* outlines a principles-based framework which helps with deciding how best to protect the public by looking at the level of risk of harm and choosing the most effective and proportionate response, whether through regulation or other actions. At a time when regulation is under pressure to show its value, support innovation and help drive



economic growth, we believe right-touch regulation remains a powerful tool. The central principles, alongside the areas of new emphasis outlined in this edition, encourage efficient identification of what needs to be regulated and how. Applying these principles helps lead to approaches which drive improvement and enable rapid responses in evolving and changing situations.



Since its first publication in 2010, the PSA's Right-touch Regulation guidance has offered clear, practical principles for applying risk-based professional regulation in health and care. The 2025 update ensures these principles remain timely and applicable in today's uncertain, rapidly changing, financially-constrained, diverse, and technologically-driven landscape, in which striking the right balance between over- and under-regulation is more critical than ever.

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# PSA at NHS Confederation Events in Northern Ireland and Wales

2025 has been a pivotal year for health and social care across the UK. Our engagement at the NHS Confederation events in Northern Ireland (NI) and Wales this autumn provided a platform to champion patient safety, regulatory reform, and collaborative solutions for complex challenges.

## Northern Ireland: resetting for the future

In October, we joined leaders at the NICON25 Conference in Belfast under the theme “Reset: Shaping Health and Social Care for the Future.” The event came at a critical time, with NI’s health system facing a £600m budget gap and mounting pressures on services. Discussions centred on the Reset Plan, which calls for efficiency, productivity, and cultural transformation.

We were delighted to be part of a panel discussion coordinated by the General Medical Council and Nursing and Midwifery Council on Resetting our Workplace Culture – Embedding Best Practice. Our contribution focused on right-touch regulation and tackling barriers to complaints—key elements in building trust and improving patient safety. We also highlighted the importance of embedding equality, diversity, and inclusion in regulatory frameworks.



## Wales: partnership for a healthier nation

November saw us in Cardiff for the Welsh NHS Confederation Annual Conference, where the emphasis was on partnership and innovation. From workforce planning to patient safety, the conversations reflected a shared ambition: creating a sustainable, high-quality health system for Wales.

We showcased *Right touch regulation* (with brand new copies in Welsh) and shared findings from our research into complaint barriers. This is the first time we had exhibited at this event, and it was a great way to make new connections and gain a better understanding of how regulation can support the direction of travel for health and care delivery in Wales. We will be setting out more on this through our regulation manifesto for the 2026 Senedd elections.





## Why It Matters

Each of the four UK nations – England, Scotland, Wales, and Northern Ireland - is responsible for meeting the health and social care needs of its own population. The powers of each nation to legislate in respect of the regulation of healthcare professionals differ. We seek to encourage consistency of regulation where we think it would benefit the public - for example, a UK-wide approach to strengthened assurance of non-surgical cosmetic treatments such as Botox and fillers. Attending events such as these is a great way for the PSA to understand the specific contexts for health and care delivery in each of the four nations and share our regulatory expertise.

The PSA was set up following the Inquiry into failings at Bristol Royal Infirmary to ensure that professional regulation remains focused on public protection and the public interest. We protect the public by promoting high standards of competence and conduct among health and social care professionals through our oversight of

their regulators and Accredited Registers.

The PSA’s quarterly bulletin highlights how we can work together to create a health and social care system that promotes safety for all. We hope you find the information useful.

## Contact information

If you have questions, comments, or would like to meet with a member of our team, please email [engagement@professionalstandards.org.uk](mailto:engagement@professionalstandards.org.uk).

