professional standards authority
for Health and Social Care

Professional Standards Authority response - NHS 10 Year Workforce Plan call for evidence

1. About us

1.1. 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.

1.2. 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.

1.3. 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.

1.4. 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**

2. Key points

- We recommend that consideration of regulation is explicitly highlighted in the 10-year workforce plan, as it is an essential element for achieving the goals outlined in the 10-year health plan for England.
- The three major shifts necessary to redefine healthcare delivery in England[1] require a unified and transparent approach to risk management and harm prevention. These components are fundamental to implementing the required workforce changes effectively.

[1] From hospital to community settings, from analogue to digital systems, and from sickness treatment to prevention.

- Regulation should serve both as an enabler of workforce transformation and as a mechanism for managing risk, with its primary emphasis on harm prevention. Incorporating a regulatory strategy into the 10-year workforce plan would ensure potential risks associated with workforce development were proactively addressed from the outset.
- Inclusion of the wider workforce must also be a key pillar of any workforce plan for the NHS – the PSA's Accredited Registers programme which includes 29 registers covering a total of more than 120,000 practitioners provides assurance for employers and members of the public that practitioners on the registers are properly qualified and held to clear standards of practice.
- In the transition from analogue to digital platforms, the regulation of AI must be a key consideration including ethical use of AI by professionals and clear lines of accountability.

3. Detailed answers to questions

Section 1: the three shifts

In this section, please submit evidence of:

- **where you have delivered or observed new digital initiatives that improved patient care**
- **where you have already seen or begun to deliver a shift from hospital-based care to community care**
- **where you have already seen or begun to deliver preventative care services**
- **which professions, roles and skills were critical to successful implementation for each example**
- **any barriers to ensuring the right professions, roles and skills were involved, and how you overcame these barriers**
- **any barriers to ensuring the right professions, roles and skills were involved, and how you overcame these barriers**

3.1. Regulation can be a barrier to ensuring that the right professions, roles and skills are available to support the innovation required – but with the right planning it can also be an enabler of change. The PSA recommends that the UK Government develops a regulatory strategy as an integral part of the 10-year workforce plan.

Ensuring the right professions, roles and skills are available - opportunities and risks of workforce changes required

3.2. Each of the 3 shifts will require changes to workforce which will cover one or more of the following:

- Existing roles:
  - Grow – train more people
  - Grow – increase number of posts

- Accelerate – reduce the length of training
- Expand – increase scope of practice
- Adapt - develop new skills/change requirements of practise

- New roles
  - Create – entirely new roles

3.3. All of these changes will involve risks which must be managed, and it's important that the safe implementation of workforce changes is proactive rather than retrospective. In addition, the range of bodies involved in planning and implementation of workforce change can inhibit proper planning resulting in in implementation delays, and damage public, professional and employer confidence.

3.4. The Independent review of the physician associate and anaesthesia associate roles undertaken by Professor Gillian Leng found that: '*A clear vision communicated effectively is required in all change processes, and this was largely missing in the rollout of PAs and AAs. There was no nationally described vision for the integration of the new roles into existing teams and services and, as the workforce expanded, confusion about the roles' purpose and respective remits grew among both patients and professionals*.'[2]

3.5. This example illustrates the challenges that can arise when key decisions about the implications of a particular workforce change lack transparency and robustness.

3.6. The Secretary of State noted when presenting the findings of the Leng Review to Parliament: '*The lessons learned in the Review will be embedded into the upcoming workforce plan to improve how we effect change in the NHS, and ensure the mistakes of the past are not repeated in the future.*'[3]

3.7. The process of regulating or making changes to regulatory processes can also be slow, making it all the more important that questions of appropriate regulation are considered from the start, and there is a focus on agility and making better use of the range of different means of assurance available. In this way, safety can become an integral part the vision that is communicated about workforce change.

Why a regulatory strategy?

3.8. A regulatory strategy would:

- Set out principles, objectives, options to guide decisions about regulation
- Explain how specific changes in the workforce plan will be implemented safely
- Provide the tools to make decisions about workforce changes that are not anticipated in the plan

[2] The Leng review: an independent review into the physician associate and anaesthesia associate professions, available at: **https://www.gov.uk/government/publications/independent-review-of-the-physician-associate-and-anaesthesia-associate-roles-final-report**

[3] **https://questions-statements.parliament.uk/written-statements/detail/2025-07-16/hcws830**

3.9. Using the PSA principles of **Right-touch regulation**, it would focus on identifying proportionate means of addressing risks of harm to the public, and encourage consideration of the full range of safety measures, such as:

- Local measures, such as HR mechanisms
- Non-statutory 'regulation' - e.g. PSA Accredited Registers
- Licensing
- Negative registers/barring schemes
- Statutory professional regulation.

3.10. It would also be an opportunity for the UK Government to articulate its general approach to regulation, setting out any related priorities, such as growth and innovation, and how regulation would help to deliver them. This could help regulators understand how they can use the levers at their disposal to maximise opportunities to support workforce objectives safely.

3.11. A regulatory strategy could help to achieve the following:

- A unified and transparent approach to risk management and harm prevention
- Bring consistency and coherence to the safe implementation of workforce changes, and to decisions about professional regulation
- Build sector consensus and public confidence from the start by bringing together a coalition of partners to agree the strategy, helping to lay the groundwork for the development of new roles and when bringing new roles into regulation
- Speed up the pace of agreed changes by anticipating the need for safety measures, including any formal regulatory measures, and where necessary setting wheels in motion for legislative change
- Speed up the pace of any future changes by agreeing principles on which decisions about safe implementation would be made
- Enable greater co-ordination of data to support workforce planning and to support an increasingly diverse workforce
- Help to bridge the gap between the regulation of workplaces, teams and individuals to improve patient safety and promote learning
- Support environments in which learning from what works - as well as what has gone wrong - can be identified to support innovation and best practice.

3.12. An example of where a regulatory strategy has been successfully applied is within the psychological services. The PSA worked with NHS England (NHSE) to develop registration requirements for the new and expanded roles helping to widen access to evidence-based psychological support, as set out in the NHS Long Term Plan. NHSE now requires registration with one of our Accredited Registers as a condition of employment for some of these roles, which provides assurance for the public about standards.

3.13. We have also shared thinking on appropriate regulation of NHS managers in England with NHSE and DHSE. Alongside the recently announced statutory barring scheme for senior NHS Managers, NHSE are developing a leadership and management

framework to support professionalism for this group, and the Government has recognised the potential role of accreditation for the wider group of NHS managers and leaders.[4] To be truly effective however, there needs to be an overarching regulatory strategy and a mechanism for ongoing calibration across the regulators and the NHS to achieve greater consensus on risk thresholds and associated actions.

Escalation route for unregulated roles

3.14. As part of this regulatory strategy there is a need for a clearer escalation route for assurance for unregulated new and existing roles within the workforce. The previous Government consulted on introducing a formal process for deciding when statutory regulation is appropriate or what level of regulation is needed including criteria[5], however, this has never been taken forward.

3.15. The PSA in its role operating the Accredited Registers programme is in a unique position to receive and assess evidence provided by current and aspiring registers regarding the risks presented by the practice of those on their register. In this role we have written to DHSC twice recently to raise our concerns that existing mechanisms for assurance for certain professional groups are insufficient to manage the risks – specifically for sonographers and clinical perfusionists. Diagnostics in particular is forecast to increase in use within the health service significantly and therefore we would welcome clarity on what steps are being taken to consider the concerns we have raised about assurance for these roles.

3.16. Ambiguity over such decisions can slow down workforce innovation and this would be a key area to be outlined within a regulatory strategy.

Revalidation

3.17. We welcome the Government's plan for professional regulators to update revalidation systems, supporting real-time feedback and ongoing skill development. This is an opportunity to ensure revalidation aligns with the three shifts in the NHS 10-year plan[6], though most models are UK-wide.[7]

3.18. Regulatory measures such as these should aim both to prevent minor issues escalating and to keep skills current. We support the principle that revalidation and Continuing Professional Development (CPD) requirements should reflect practice risks and adapt to support registrants in meeting emerging challenges. While some regulators have adopted flexible approaches already, progress varies, in many cases due to legislative constraints. Upcoming reforms to the legislation of some of the professional regulators and changes we are making to the PSA Standards for the regulators and Accredited Registers we oversee (due to launch in 2026), should foster greater consistency in designing profession-specific, risk-based models that also meet Government objectives.

3.19. Strategic changes to revalidation should be made within a transparent regulatory

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[4] **Leading the NHS: proposals to regulate NHS managers consultation response - GOV.UK**
[5] **Healthcare regulation: deciding when statutory regulation is appropriate - GOV.UK**
[6] **10 Year Health Plan for England: fit for the future - GOV.UK**
[7] With the exception of Social Work England (England), the General Pharmaceutical Council (Great Britain), and the Pharmaceutical Society of Northern Ireland (Northern Ireland).

framework or regulatory strategy, considering both risks and opportunities, and aligned with broader safety and regulatory goals.

3.20. NHSE's review of its appraisal framework, a key part of medical and nursing revalidation, should be coordinated with wider revalidation work to ensure a joined-up approach.

Shifting the workforce

3.21. The Government's aspirations for the NHS will require some significant shifts in the makeup of the workforce and a broader recognition of the contribution of both regulated and unregulated workforce. The PSA's Accredited Registers programme for registers of unregulated roles in health and care has already been a key mechanism for providing assurance to employers and patients/service users and could play an important role in helping to move to a more preventative model of healthcare as well as the ambition to move more care from hospitals into the community.

3.22. Accredited Registers should be considered among the options for safe workforce change in any regulatory strategy. Our powers to accredit registers are backed by legislation, and the scheme itself offers greater speed and flexibility than statutory regulation as the registers that apply for accreditation are not bound by, nor required to wait for, statute. Another benefit of the scheme is that it provides assurance for roles that may not be employed directly by the NHS, but are important as part of plans to widen access to care.

3.23. There are currently 28 registers in the programme, covering a total of more than 120,000 practitioners.[8] Practitioners on an Accredited Register must demonstrate that they have undertaken appropriate education and training and meet standards set by the register.

3.24. Throughout the life of the programme, we have sought to maximise its potential to supplement the NHS workforce and improve outcomes in a number of different areas, including mental health, occupational health, and public health generally. We believe that more could be done, with the support of the Government and NHSE to maximise the contribution of practitioners on Accredited Registers to improve overall population health. This could include investing in raising awareness of the programme with the public and employers and embedding AR registration as a clearer employer requirement for roles where robust assurance is required, such as with example provided of psychological practitioners in the NHS above.

3.25. The PSA is doing its bit through our review of our Standards for regulators and Accredited Registers to promote consistent expectations for both regulated and unregulated roles where the intention is for us to have a single set of Standards covering both.

Analogue to digital

3.26. In light of the transition from analogue to digital platforms, the regulation of AI must also be a key consideration in this workforce plan including ethical use of AI by professionals and clear lines of accountability.

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[8] **Our work with Accredited Registers | PSA**

3.27. In our sector, we are considering how to harness technology to make care safer, and to predict and prevent future risks. Despite the fragmented nature of regulation of health and care, with the regulation of people, product and place handled separately, by closer working across regulators, ideally under a unifying framework we can better understand the risks and opportunities that digital transformation will bring.

3.28. In our view, a more coordinated approach to data and AI across the ten professional regulators we oversee, linking in with the regulators of products (Medicines and Healthcare Products Regulatory Agency) and place (Care Quality Commission), holds great potential in terms of:

- identifying and acting on risks, moving to a more preventative approach to regulation
- operational efficiencies within the regulators - such as how professional regulators deal with concerns - and the potential to close cases quicker at earlier stages
- helping to identify innovation and share best practice.

3.29. Such cross-sector working is complex, and can be inhibited by concerns about data sharing, security, and quality. This is especially the case with AI, where the complexity of the technology itself can exacerbate these concerns. The recent announcement from Government of a blueprint approach for AI regulation through the AI Growth Lab is welcome and should provide a way forward to allow use of AI alongside the testing and development of appropriate regulatory safeguards.[9]

3.30. There is also the question of ethical use of AI by professionals and lines of accountability when things go wrong where it will be important to achieve a consensus to allow professional regulators to take a consistent approach in guidance and standards for professionals.

3.31. We also hope that the new AI Commission established by the MHRA will provide a forum to help tackle some of the barriers to more effective use of AI within the NHS as well as some of the specific issues for professional regulation.[10]

Section 4: culture and values

[9] **New blueprint for AI regulation could speed up planning approvals, slash NHS waiting times, and drive growth and public trust - GOV.UK**
[10] **New Commission to help accelerate NHS use of AI - GOV.UK**

In this section, please provide evidence of:

- **policy interventions that have directly improved workforce outcomes and patient outcomes (for example, retention, staff wellbeing, reducing sickness absence, as well as better quality care)**
- **approaches that have successfully embedded strong core values into everyday leadership, decision making and service delivery**
- **systems or practices that ensure leaders at all levels actively listen to staff feedback - particularly from underrepresented groups - and act on it**

The role of regulation in influencing culture and values

3.32. Although not the primary driver of improvements in culture and values, regulation has a role to play in developing a clear and proportionate regulatory framework which helps to create the right conditions for a healthy workplace culture, good leadership and better outcomes for staff and patients.

3.33. In our 2022 report *Safer care for all*[11], the PSA identified some specific ways in which regulation could do more to support action to tackle discrimination, improve workplace culture and ultimately improve outcomes for patients. Although largely focussed on tackling discriminatory behaviours in the workplace they provide a useful overview of the regulatory levers available to support change in this area:

- Developing clear and consistent standards and guidance (particularly for registrants in leadership and management positions) and disseminating them effectively
- Adopting a firm and consistent approach in enforcing expected standards of behaviour in employment settings and via the fitness to practise process
- Training and educating current and future professionals in the significance of equality and fair and open cultures in health and care, and of tackling workplace discrimination
- Supporting professionals to tackle workplace discrimination and manage difficult situations and signposting them to the mechanisms and resources available.

3.34. With regard to leadership, we are aware of regulators, such as the General Medical Council (GMC), who have guidance for those in leadership and management roles to support their adherence to professional standards.[12] In other sectors, for example pharmacy where there are specific additional legislative requirements for those occupying the Chief Pharmacist role, the General Pharmaceutical Council (GPhC) have produced dedicated standards which supplement their code for pharmacists and have provided specific advice in order to help registrants in these roles create a supportive, learning culture.

3.35. Alongside the introduction of the statutory barring scheme for NHS Managers there

[11] **Safer care for all - solutions from professional regulation and beyond | PSA**
[12] **About Leadership and management for all doctors - professional standards - GMC**

will be the need for joined up action by regulators and employers to support leaders to perform effectively through the Leadership and Management Framework under development by NHS England. We welcome the moves to strengthen the regulatory and wider framework for leaders and managers, and we see these developments, alongside the reviews of revalidation and appraisal as an opportunity to embed clear and consistent professional standards throughout.

3.36. Greater accountability for NHS leaders could support a message of unity, as well as consistency of standards – in the interests of a collective focus on moving towards prevention, collaboration and driving improvements through the sharing of good practice and effective regulatory governance and leadership. This is very much in line with the emerging themes of the PSA's 2026-29 Strategic Plan and direction of travel for our ongoing review of our Standards for regulators.

3.37. Within fitness to practise there is balance to be struck by regulators in taking firm action in response to serious unacceptable workplace conduct which may have a negative effect on workplace culture, such as discrimination or sexual misconduct; or serious lack of competence, whilst also avoiding contributing to a culture of fear where professionals worry they will be penalised for small errors or mistakes.

3.38. Our Standards[13] require regulators to ensure that their guidance and fitness to practise processes address allegations of racist and other discriminatory behaviour and we are aware that a number have made changes to guidance for decision makers to promote a more robust approach in such cases.

3.39. There is also an important wider role for regulation in helping to support open learning cultures which we know are important for safety within healthcare. The professional duty of candour was introduced to help embed the practice of being open with patients and families when something has gone wrong, however relatively little is known about how well this is working.

3.40. The PSA is planning to introduce a new standard on governance for the regulators we oversee (see information below about our Standards Review) which would encourage them to play an active role in monitoring their own organisational culture and taking steps to foster positive cultures.

3.41. As well as individual action by regulators to set out clear standards, ensure appropriate education and training and take action when standards are not met, it will also be important that regulators work closely together to align where possible on expected standards of behaviour, noting that increasingly care is delivered in multi-disciplinary teams.

3.42. There is also an important role for regulators to play in shifting the dial to a system that is more focussed on prevention, learning, and earlier resolution of concerns. Currently much of professional regulators' work is focused on handling of complaints about a relatively small proportion of registrants and there is evidence that some of these complaints could be better dealt with locally by employers rather than needing to go to the regulator. But we are also aware, from research[14] recently commissioned by the PSA, that people trying to make complaints about to a

[13] **Professional Standards Authority Standard 3 evidence matrix**

[14] **New research reveals need for clearer, more accessible complaints systems for healthcare professional regulators | PSA**

professional regulator can experience many barriers including poor communication and limited support.

3.43. Our revised Standards will promote a greater focus on harm prevention and will also seek to encourage a more compassionate, joined-up approach to complaints handling. There will also be a greater expectation for regulators to work in collaboration with others, including NHS employers, to handle complaints effectively, including promoting effective local resolution where appropriate. They should also ensure clear information about where to go with different kinds of complaints and the purpose of complaints processes as a mechanism for improving patient safety rather than blame.

3.44. It would be helpful to understand whether the commitment in the 10-year health plan for England to: *'reform the complaints process and improve response times to patient safety incidents and complaints'* provides an opportunity for formal collaboration on this with the professional regulators. If so, this is something we would be happy to support.

Tackling health inequalities

3.45. It is widely acknowledged that health inequalities exist across England, linked both to ethnicity and socio-economic status - this was already the case in 2022, when we published *Safer care for all*[15], and we continue to see regular reports of disparities in health outcomes.[16]

3.46. In our response to the call for evidence on the 10-year plan for the NHS, we called on the Government to make tackling these inequalities a priority under Shift 3. In our view this is a key part of improving patient outcomes.

3.47. *Safer care for all*[17], highlighted the lack of robust demographic data relating to complaints about health and care provision. Since the report was published, the PSA has introduced higher expectations for the statutory regulators in relation to Equality, Diversity and Inclusion. Among other things, it requires regulators to develop an understanding of the diversity of the people who interact with the regulator, which includes through bringing complaints.

3.48. It is too early to assess what effect this is having overall, but we are aware of a range of work planned and underway to improve their ability to gather and use EDI information about people making referrals. We will continue to track and report on progress in this area through our Performance Review reports.

Section 5: any additional comments

Please include any other comments, information or evidence you would like to share as part of this call for evidence that you think would help deliver the ambitions of the 10 Year Health Plan. (Optional, maximum 250 words.)

Legislative reform for statutory regulators

3.49. The planned reforms to statutory professional regulators' legislation, beginning with

[15] **Safer care for all - solutions from professional regulation and beyond | PSA**
[16] **Health inequalities in health protection report 2025 - GOV.UK**
[17] **Safer care for all - solutions from professional regulation and beyond | PSA**

the GMC, will enable regulators to adapt processes more flexibly and respond swiftly to workforce and external changes. However, this supports the need for a coherent regulatory strategy as previously mentioned.

3.50. The PSA will also seek to use its role to share and promote good practice and appropriate alignment across regulators following reform.

Moving to a preventative approach

3.51. The PSA is undertaking a review of its Standards for the statutory regulators and Accredited Registers that we oversee. We use these Standards when we assess and report on the performance of the statutory regulators that we oversee and grant or review accreditation of non-statutory registers of practitioners.[18]

3.52. The review[19] should lead to our Standards being more effective in supporting the regulators and registers to protect the public, and better able to take account of current and future challenges.

3.53. Changes that we are looking to make would support regulators and registers to reflect current and anticipated needs within health and social care—including advancements in technology, collaborative working between service users and practitioners, increased flexibility, a shift toward community-based care, and a focus on preventative healthcare. These are intended to mirror the three shifts laid out in the NHS 10-year plan and encourage regulators and registers to explicitly outline how they are supporting these goals.

[18] **Our Standards | PSA**
[19] **Reviewing our Standards | PSA**