

4 December 2025

Ms Melanie Venables
Director of Policy and Communications
Professional Standards Authority

By email only to: melanie.venables@professionalstandards.org.uk

Dear Melanie,

Re: PSA Draft 2026-2029 Strategic Plan & Draft Standards for Regulators and Accredited Registers

Further to the survey launched by PSA on 9th October 2025 in respect of the PSA's draft 2026-2029 Strategic Plan and Draft revised Standards of Good Regulation for Regulators and Accredited Registers, we set out our response in this letter.

In accordance with the request in your survey we permit you to process and analyse this response and report depersonalised summaries in line with your Privacy Notice. This is the response of The Pharmaceutical Society of Northern Ireland which is the professional regulator for pharmacists and pharmacies in Northern Ireland.

Standards Review

Question 1 - PSA asked "In our call for evidence, we heard that there are missed opportunities for supporting the appropriate referral of concerns to the regulators. Do you think we should include an expectation in the Standards that regulators and Accredited Registers should make clear the types of concerns that should be referred to them, and support timely local resolution of cases where appropriate, for example, by employers?"

Question 1 – Pharmaceutical Society of Northern Ireland response

We are not sure. As a regulator we already publish the types of concerns that should and should not be referred to the regulator. We support the concept of timely local resolution of cases where appropriate, however we have a concern that promoting local resolution may cause some matters that are rightly for consideration by the regulator not to be referred to the regulator and there is a potential for actions or non-actions by registered persons that meet the criteria for consideration by fitness to practise panels are not properly dealt with in the public interest.

Question 2 – PSA asked "We have chosen the following terms and definitions for clarity. Please rate how clear you think each one is":

- A) **Service user:** anyone who is in receipt of the services of a practitioner and includes people who may be considered patients, family members, carers, recipients of care or clients.

- B) **Health and care practitioner or, for short, practitioner:** the term we use to describe the wide range of people providing health and care services as part of a professional or occupational group.
- C) **Registrant:** a term for a health and care practitioner who appears on a statutory or non- statutory register of health and care practitioners. We sometimes use this term rather than 'practitioner' to make it clear that certain standards or processes apply only to people on registers rather than someone in education or applying to join a register.

Question 2 – Pharmaceutical Society of Northern Ireland response

- A) Very Clear
- B) Mostly Clear
- C) Very Clear

Question 3 – PSA Asked “What aspects of the draft Standards are positive? Please provide examples and explain why.”

Question 3 – Pharmaceutical Society of Northern Ireland response

Separation of the current standard 15 into proposed standards 13 and 14 is positive. It gives stakeholders clarity on where any issues with investigating and resolving cases lie. It is important that stakeholders are clear that if standards are not met that the issue is quality or timeliness, or alternatively quality and timeliness.

The matrix of potential evidence for each standard is a helpful addition.

Question 4 – PSA Asked “What aspects of the draft Standards are negative, or missing altogether? Please provide examples and explain why.”

Question 4 – Pharmaceutical Society of Northern Ireland response

Standards should be outcome oriented and important elements such as EDI, Governance, Leadership and Culture would be best assessed as part of outcomes-oriented standards.

It is not the case that having good policies, standards and outreach in areas such as EDI, Governance, Leadership and Culture necessarily maps to having appropriate outcomes for stakeholders and staff.

PSA Proposed 2026-2029 Strategic Plan

We agree that the five themes: oversight, prevention, reform, governance and Collaboration that run through the proposed strategic plan are appropriate.

Question 5 – PSA asked “Please rank these themes in order of importance for the PSA to focus on over the next few years. Why did you rank the themes in that order?”

Question 5 – Pharmaceutical Society of Northern Ireland response

- 1) Oversight and accountability is essential to public confidence in healthcare regulation. It is the cornerstone of assurance as it assesses if healthcare regulators follow best practice, protects the public and builds trust and credibility with stakeholders.
- 2) Prevention is next most important as it helps to prevent avoidable harm or risk of harm to individuals, both registrants and the public. By aiding registrants to ensure care and treatment is provided in a safe manner, regulators can protect services users from significant risk and also reduce the number of fitness to practise concerns raised to the regulator.
- 3) Reform is next most important as a healthcare regulator must be able to adapt to keep pace with new technologies, services, and care delivery models which the safe implementation of leads to better outcomes to service users. Reform of regulations ensures registrants avoid fitness to practise concerns being raised where practise may be sound, however it does not meet extant regulations, standards or guidance.
It should be noted that the ability to reform can be impacted by current legislation and the appetite/capacity of Health departments to make and/or facilitate legislative changes.
- 4) Governance is ranked fourth. It is crucial in regulation, as it ensures that public policies are well-designed and effectively enforced. Good governance mandates transparency, accountability, efficiency and adherence to the law and is essential to help regulators function fairly, use resources appropriately and strengthen stakeholder trust in the organisation.
- 5) Collaboration is ranked fifth though not because it is not important. Collaboration between healthcare regulators can provide peer exemplars to assist a regulator to improve in certain areas, and to understand thought processes and potential pitfalls in decision making by peers to enable good practise to be shared.
The different legislative frameworks in which each regulator operates mean it is not always straightforward to transplant a process or policy from one regulator to another, and there will be differences in the scales of different regulators where processes that work for 500 staff do not work in a regulator with 25 staff.

Question 6 – PSA asked “Do you think Strategic Aim 1 and the activities outlined to support it are appropriate for us to focus on?”

Question 6 – Pharmaceutical Society of Northern Ireland response

We agree with Strategic Aim 1 which is to protect the public by delivering highly effective oversight of regulation and registration.

There are 2 points to note.

The PSA is proposing to target resources where there is greatest risk to the public in line with right touch regulation principles. The PSA does not allow any leeway or provide context when assessing if healthcare regulators meet standards of good regulation when healthcare regulators target resources where there is greatest risk to the public when regulator has insufficient resource. There should be consistency in how the PSA operates on how it rightly expects healthcare regulators to operate.

Performance reviews could be more transparent and have non-PSA staff/Council as part of the decision-making panels.

Question 7 – PSA asked “Do you think the improvement measures identified for Strategic Aim 1 are appropriate for us to focus on?”

These measures are:

“By 2029: we will further develop our proportionate and risk-based oversight functions to report on the work of regulators and registers, driving improvements to protect the public.

We will know that improvements have been made if: we have implemented successfully our new Standards for regulators and Accredited Registers; our processes are proportionate and cost-effective; our reporting on the performance of regulators and Accredited Registers is clear, accessible and supports improvements; and we have adapted our oversight as needed in response to legislative reform, to enable us to continue to fulfil our statutory functions effectively.”

Question 7 – Pharmaceutical Society of Northern Ireland response

We agree with the measure though with some comments;

It is unclear if health care regulators will be able to provide proportionate and risk-based oversight or if the regulators will be judged differently to how the PSA intend to operate. Without sight of the metrics by which “we have implemented successfully our new Standards” will be measured it is difficult to know if this is a reasonable statement i.e. what is defined as success?

How is it decided if PSA processes are proportionate and cost effective. What are the metrics for measurement? Does this mean proportionate and costs effective for PSA only, or will the metrics include the healthcare regulators?

How will it be measured if your performance reporting is clear, accessible and supports improvements.

Question 8 – PSA asked “Do you think Strategic Aim 2 and the activities outlined to support it are appropriate for us to focus on?”

Question 8 – Pharmaceutical Society of Northern Ireland response

We agree with Strategic Aim 2 which is to drive improvements in regulation and registration in health and social care, however it should be noted there are tensions within Strategic Aim 2, and between it and other partes of the strategy.

- The current UK government policy paper states [New approach to ensure regulators and regulation support growth \(HTML\)](#) - GOV.UK for instance states “Our regulatory approach has become too risk averse. Incentives on politicians and regulators to avoid criticism when regulation fails to fully mitigate risks has encouraged excessive risk aversion in the system. Rules-based frameworks can limit regulator discretion making it difficult to strike the right balance between risk and growth and managing the risk of legal challenge. Regulators must be attuned to the challenges facing businesses and be able to adapt to new industries, the challenges posed by new

technologies and avoid disproportionate risk-averse behaviour.”

- Supporting this policy direction is difficult to align with the legislation governing many regulators. In addition, where a regulator has within its remit commercial premises and registrants who are employed by commercial premises, there must continue to be a cornerstone of focusing on public safety above commercial considerations. Otherwise, key decision makers are placed in an impossible position.
- The UK government is seeking the reduction of “red tape”, however we are being measured by PSA against EDI standard 3 and therefore have extra work and place extra burden on registrants etc, where we don’t have a legal obligation under section 75 of the Northern Ireland Act 1998.

Question 9 – PSA asked “Do you think the improvement measures identified for Strategic Aim 2 are appropriate for us to focus on?”

These measures are:

“By 2029: there will be clear improvements in the performance of all regulators and Accredited Registers; the PSA will be playing an active role in the effective implementation of regulatory reform (which should be completed for the GMC, NMC and HCPC); regulatory approaches will be more positive and preventative; indicators of equality, diversity and inclusion across the regulators and Accredited Registers will show significant progress when compared to 2025/26.

We will know that improvements have been made if: there is comprehensive coverage of appropriate safeguarding checks for those working in health and social care; the average number of Standards of Good Regulation met by the regulators has increased; backlogs in fitness to practice have reduced; the average number of conditions for established Accredited Registers has decreased; there are fewer section 29 appeals and our success rate for these appeals continues to exceed 80%; regulators and Accredited Registers will have adopted a more preventative approach to regulation; and indicators of equality, diversity and inclusion have significantly improved.”

Question 9 – Pharmaceutical Society of Northern Ireland response

We agree with the measures with the following comments.

The PSA appear to be imposing safeguarding checks on healthcare regulators, however without the ability to charge a fee to registrants for these checks due to restrictive and archaic legislation, these checks could be financially prohibitive. Will the current thresholds for deciding if there will be Section 29 appeal remain in place? Should the thresholds for a decision to appeal be raised, then this would automatically lead to fewer appeals (per determination).

Is there a metric on how “a more proactive approach to regulation” will be measured?

Question 10 – PSA asked “Do you think Strategic Aim 3 and the activities outlined to support it are appropriate for us to focus on?”

Question 10 – Pharmaceutical Society of Northern Ireland response

We agree with Strategic Aim 3 which is to work with stakeholders to promote external enablers and reduce external barriers relating to the impact of professional regulation on safer care for all.

We comment as follows.

There is a some disconnect between Standard 2 which references UK government policy to loosen regulation to enable economic growth, and Standard 3 which wishes to look at areas of over and under regulation.

There is an aim to encourage the UK governments to develop regulatory strategies to support the delivery of workforce plans whilst maintaining safety and public confidence with no mention of encouraging UK governments to ensure healthcare regulators have sufficient resource to properly carry out their legislative functions and meet/exceed PSA standards.

Question 11 – PSA asked “Do you think the improvement measures identified for Strategic Aim 3 are appropriate for us to focus on?”

These measures are:

“By 2029: all four countries of the UK will have: regulatory strategies that support workforce planning; priority areas of over- or under-regulation, including non-surgical cosmetic interventions, have been addressed; and health and social care professionals report more positive workplace cultures that enable professionals to perform their roles effectively and keep people safer.

We will know that improvements have been made if: workforce planning around the UK is underpinned by regulatory strategies; regulation and registration processes for each profession are proportionate to the risk of harm; and that candour, learning and quality improvement underpin safe care in all working environments.”

Question 11 – Pharmaceutical Society of Northern Ireland response

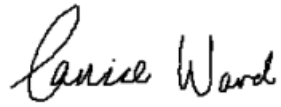
We agree with the improvement measures, however we are concerned about the availability of sufficient resource to achieve all the requirements.

It should be noted that overall workforce planning issues are matters for government but not regulators.

Additionally, it would be helpful as a regulator to understand precisely how the PSA defines how “regulation and registration processes are proportionate to the risk of harm”. For example, if the board/Council of the regulator believed its regulation and registration processes are proportionate to the risk of harm”, will the PSA decide differently as part of its review process?

Thank you for giving us the opportunity to feedback on these important proposals and look forward to being kept informed on the next steps.

Yours sincerely

A handwritten signature in black ink that reads "Canice Ward". The signature is written in a cursive, flowing style.

Canice Ward
Chief Executive Officer

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