Response to UK Government consultation: Leading the NHS: proposals to regulate NHS managers

February 2025

1. Introduction

1.1 The Professional Standards Authority for Health and Social Care (PSA) promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and registration of people working in health and care. We are an independent body, accountable to the UK Parliament. More information about our work and the approach we take is available at www.professionalstandards.org.uk

1.2 As part of our work we:

- Oversee the ten health and care professional regulators and report annually to Parliament on their performance
- Accredit registers of healthcare practitioners working in occupations not regulated by law through the Accredited Registers programme
- Conduct research and advise the four UK governments on improvements in regulation
- Promote right-touch regulation and publish papers on regulatory policy and practice.

2. Consultation questions

Overall approach to the regulatory model

There are a number of different approaches that can be taken to regulate NHS managers. These range from non-statutory mechanisms such as a voluntary accreditation register, to statutory barring functions through to full statutory registration and revalidation mechanisms.
This section of the consultation asks questions about the most effective approach to the overall model of regulation for NHS managers.
Question
Do you agree or disagree that NHS managers should be regulated?

- **Strongly agree**
- **Agree**
- **Neither agree nor disagree**
- **Disagree**
- **Strongly disagree**
- **Don't know**

Please explain your answer. (Maximum 300 words)

2.1 We agree that NHS managers should be regulated but the appropriate regulatory model needs careful consideration and may require different approaches for different roles within NHS leadership and management.

2.2 Steps should be taken to enhance the professional development and accountability of NHS managers – this has been made clear through inquiries and reviews over several decades. These steps need to be proportionate, targeted and based on a clear understanding of the problem. For this change to be realised, any model of regulation would have to focus on raising standards and professional development as well as holding managers to account if they fall short of those standards. The question should also be considered in the context of the UK as a four-nation country.

2.3 We would like to see our Right-touch regulation (RTR) principles and approach used to help inform the process of deciding which is the most appropriate regulatory model for NHS managers, breaking them down into constituent groups as appropriate. We welcome the reference to RTR in the consultation.

2.4 A RTR approach involves understanding both the nature and the scale of unmanaged risk, in order to identify the most effective regulatory measures to mitigate that risk. Our Right-touch Assurance (RTA) methodology applies this thinking to an occupation.

2.5 Any regulatory solution will need to take account of the differences in regulating NHS managers from other established clinical professions:

- No common qualifications
- Managers from diverse professional backgrounds
- Range of roles
- Diverse skill sets
- Not clinical roles – skills will be different from front-line staff

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Question

Do you agree or disagree that there should be a process to ensure that managers who have committed serious misconduct can never hold a management role in the NHS in the future?

- **Strongly agree**
- **Agree**
- **Neither agree nor disagree**
- **Disagree**
- **Strongly disagree**
- **Don't know**

Please explain your answer. (Maximum 300 words)

2.6 We agree that such a process should exist, to provide the accountability that is both required and expected of people in these roles.

2.7 A statutory barring scheme would perform this function, and likely be less costly and complex than full statutory regulation. However, it would have little direct positive effect on professionalism and raising of standards. This is what we concluded in our advice to the Secretary of State for Health on the feasibility of prohibition order schemes (such as barring or negative registers) in healthcare in 2016[1].

2.8 A barring scheme could be combined with other measures to support professional development and the raising of standards. Barring would require legislation, which can be slow to develop and introduce, and may lack the agility required for any phased approach to regulating different groups.

2.9 Professional registration and regulation can prevent people from holding relevant roles and also raise standards of competence and foster professionalism, thereby supporting managers to do their jobs, recognising that they play a pivotal role in helping to create environments in which safe, effective clinical practice can thrive.

2.10 The different regulatory models being considered as part of this consultation all have the potential to remove those who have committed serious misconduct from the NHS workforce.

2.11 For a voluntary register to fulfil this function effectively, registration with the accredited body would need to become a prerequisite for employment - an approach which is currently gaining some momentum, for example, NHS Employers has highlighted the benefits of using Accredited Registers for unregulated roles, and the NHS in England now requires registration with an accredited register for some roles in talking therapies.

Statutory regulatory schemes for healthcare professionals such as doctors and nurses allow for:

- **conditions to be placed on their registration**
- **their registration to be suspended if their fitness to practise is found to be impaired**

If there was a disbarring process, do you agree or disagree that the organisation responsible should also have these sanctions available to use against managers who do not meet the required standards?

- **Strongly agree**
- **Agree**
- **Neither agree nor disagree**
- **Disagree**
- **Strongly disagree**
- **Don't know**

[1] Evaluation of feasibility of prohibition order schemes for unregulated health and care workers in the UK | PSA

Please explain your answer. (Maximum 300 words)

2.12 The statutory regulators that the PSA oversees all have these powers in fitness to practise.

2.13 These sanctions enable the regulator to take action that is proportionate and appropriate to the concerns about a registrant – conditions represent both a safeguard and a potential means of rehabilitation. Suspension enables decision-makers to mark a serious departure from acceptable standards in order to maintain public confidence and uphold professional standards, where it would not be proportionate to strike the person off the register permanently,. Interim orders of suspension and conditions are another way for regulators to take action to protect the public during an investigation, where there is an immediate risk to the public.

2.14 We would expect these sanctions to be available to a regulator or register of NHS managers. For a voluntary register, enforcement of these sanctions would require employers' support for such enforcement.

2.15 A barring scheme could also perform these functions – there are examples of barring schemes that can impose conditions in the shape of restrictions on practice in our 2016 advice referred to above.

A professional register

A professional register is a list held by a regulatory body of individuals who are fit to practise in a given profession. A professional register can be mandatory or voluntary. With voluntary accreditation, managers would have the option of joining the register, but with statutory regulation, managers would be required to join the register to be able to practise as a manager in the NHS.

Question

Do you agree or disagree that there should be a professional register of NHS managers (either statutory or voluntary)?

- **Strongly agree**
- **Agree**
- **Neither agree nor disagree**
- **Disagree**
- **Strongly disagree**
- **Don't know**

Please explain your answer. (Maximum 300 words)

2.16 There are different regulatory models being considered as part of this consultation: a barring scheme; full statutory regulation; professional voluntary registration. All these models have merits and drawbacks for NHS manager regulation, which we expand on in elsewhere in our response.

2.17 It is difficult to conclude which model would work best without a detailed assessment of risks for the different groups that make up NMS managers. However, with the evidence available to date, and considering the pros and cons of the three options in the consultation, the PSA believes that a voluntary

register with NHS backing would be the most pragmatic solution at this stage. It would probably be the quickest to introduce. It could provide both professional development as well as accountability, but with the agility to support a phased approach and potentially progress to statutory regulation in the future. See our response to the following question for a more detailed assessment of the two options for registration.

If you agreed, do you agree or disagree that joining a register of NHS managers should be a mandatory requirement?
This could be either a statutory requirement or made mandatory through NHS organisations choosing only to appoint individuals to management positions who are members of a voluntary register.

- **Strongly agree**
- **Agree**
- **Neither agree nor disagree**
- **Disagree**
- **Strongly disagree**
- **Don't know**

Please explain your answer. (Maximum 300 words)

2.18 A statutory register, similar to what exists currently for nurses or doctors, could contribute to raising standards and exclude people who fall far short. It would also require legislation, which typically takes several years to develop and introduce, and may lack the agility required for a phased approach to regulating different groups.

2.19 A non-statutory (voluntary) professional register could be quicker to introduce, and have the agility required for a phased approach and ongoing improvement, without legislation. It could also help provide the foundation for future statutory regulation. We would strongly urge strengthening assurance through accreditation by the PSA with this option, to ensure clear routes for people to raise concerns about a manager and give confidence in the accuracy and transparency of the register. Although the register would be voluntary, employment practices could encourage, or potentially mandate registration – an approach that is already used for talking therapies in the NHS.

2.20 On balance, we believe that a voluntary register with NHS backing would be the most pragmatic solution at this stage.

Scope of managers to be included
This considers the seniority and roles of managers that a regulatory system should apply to and whether there are other organisations it should apply to.
Our starting position is that the regulatory scheme should, as a minimum apply to:

- **all board level directors in NHS organisations in England**

- **arm's length body board level directors**
- **integrated care board members**

Question
Which, if any, of the following categories of managers within NHS organisations do you think a system of regulation should apply to? (Select all that apply)

- **Chairpersons**
- **Non-executive directors**
- **Senior strategic level managers and leaders or very senior managers (includes CEOs and executive directors, some medical and dental directors, for example clinical directors)**
- **All NHS staff aspiring to be board level directors**
- **Senior managers and leaders (approximately bands 8d to 9, for example service manager, clinical lead, nurse consultant, deputy director or director - usually band 9 - and head of department)**
- **Mid-level managers and leaders (approximately bands 8a to 8c, for example operations manager, programme manager, senior clinician and matron, up to head of service, for example head of nursing, head of performance and delivery)**
- **First-time line managers (approximately bands 6 to 7, for example project manager, staff nurse, occupational therapist, team supervisor, team manager)**
- **Foundation managers (approximately bands 4 to 5, for example administrator, receptionist, medical secretary, clinical support worker, clinical assistant, healthcare assistant)**
- **Don't know**
- **Not applicable - managers should not be regulated**

Please explain your answer. (Maximum 300 words)

2.21 A key challenge in the introduction of a regulatory framework is one of definition- who is in and who is out. The sheer range of different NHS manager roles impacts in different ways on the safety of care and the outcomes that are achieved for patients. In addition, NHS managers are managing risks specific to their own areas of expertise and responsibility which may materialise into different kinds of negative outcome and harm.

2.22 We believe that any decision on the introduction of regulatory arrangements that apply to any or all of these groups should be taken based on evidence. This should include what the scope of practice is for each group; and their influence in decision-making and outcomes. It may be the case that an assessment of these factors using a RTA-type methodology brings to light that different regulatory or assurance approaches may be appropriate for different groups within the broad definition of NHS managers. We are not aware that any such risk assessment on the different groups listed above has been carried out to date.

2.23 It is worth noting that the roles listed above focus heavily on secondary care and clinical manager roles and do not reflect the range of managerial roles in secondary and primary care, such as GP or dental practice managers or those managing pharmacy or optical businesses.

2.24 Finally, since September 2023 the arrangements for holding board-level directors to account have been strengthened following Tom Kark's review. It may be too soon to establish the effectiveness of the new arrangements, but it is important to note the differences between board members and other NHS leaders/managers in any policy development on regulation of NHS managers.

Question

Which, if any, of the following categories of managers in equivalent organisations do you think a system of regulation should apply to? (Select all that apply)

- **Appropriate arm's length body board members (for example, NHS England)**
- **Board level members in all Care Quality Commission (CQC) registered settings**
- **Managers in the independent sector delivering NHS contracts**
- **Managers in social care settings**
- **Don't know**
- **None of these**

Please explain your answer. (Maximum 300 words)

2.25 The health and social care systems should be aligned wherever possible. It is important to look at the current regulatory frameworks and safeguards in place across health and social care. For example, the CQC requires a registered manager in every regulated setting under the Health and Social Care Act. In addition, social care workforce regulators in Wales, Northern Ireland and Scotland have already rolled out regulation for social care managers. The models being developed and tested for social care managers in the devolved countries could help to build the evidence base for the most appropriate model for NHS manager regulation in England.

2.26 In addition, we would expect managers in the independent sector delivering NHS contracts to be covered by the same requirements as their peers working within the NHS to ensure consistent standards and protections for patients and service users.

The responsible body

The responsible body refers to the organisation that should be responsible for regulating managers. A responsible body may:

- **set standards of conduct and competency against which managers are assessed**
- **hold a register of NHS managers who are registered to practise**
- **run a disbarring or fitness to practise scheme for NHS managers**

Question

If managers are brought into regulation through the introduction of a statutory barring system, which type of organisation do you think should exercise the core regulatory functions outlined above?

- **Executive agency of DHSC**
- **Professional membership body**
- **Don't know**
- **Other type of body**
- **Not applicable - managers should not be regulated through a barring system**

Please explain your answer. (Maximum 300 words)

2.27 In our view, in order for a regulatory model to have the confidence of the public and the sector, it would need to be demonstrably independent of both Government and the NHS.

2.28 Independence from Government is an important feature of any regulatory model. The health regulators we oversee are financially, structurally and operationally independent of Government. They are statutory bodies implementing the will of Parliament, funded almost exclusively by the professionals on their registers.

2.29 In our view, this level of independence is appropriate and desirable, both in principle and in practice, because the regulators themselves are best placed to determine how to meet their statutory objective to protect the public, in line with the independence they have been granted by Parliament.

Question

If managers are brought into regulation through the introduction of a professional register (either a voluntary accredited register or full statutory regulation), which type of organisation do you think should exercise the core regulatory functions outlined above?

- **Independent regulatory body**
- **Executive agency of DHSC**
- **Professional membership body**
- **Don't know**
- **Other type of body**
- **Not applicable - managers should not be regulated through a professional register system**

Please explain your answer. (Maximum 300 words)

2.30 The most appropriate type of body will depend on the model and scope of regulation.

2.31 Legislative change would be required to achieve statutory regulation, likely through Section 60 of the Health Act (1999), which was updated in 2022 to cover NHS managers, and enables the Secretary of State to both create a new regulator and to amend the powers of an existing one. If an existing regulator were to regulate NHS managers, the approach would be similar to that of bringing Nursing Associates and Medical Associate Professions (MAPs) into regulation by the NMC and GMC respectively. The choice of regulator would be approved by Parliament following public consultation.

2.32 The potential for a new body to be established with responsibility for statutory regulation of NHS managers would be a more significant legislative and operational endeavour. However, it may have some advantages in relation to non-clinical managers in particular who would be distinct from regulated health and care professionals.

2.33 With non-statutory options, regulation could be achieved through expanding the role of an existing Accredited Register, expanding the role of a regulator or register, or by establishing a new body. This would not require legislative change and would likely be quicker and less costly than statutory regulation.

2.34 As we set out in our previous answer, independence from the Government and the NHS would need to be a feature of any regulatory body for NHS managers.

2.35 Finally, it is important that professional membership and professional regulation functions should be kept separate to avoid conflicts of interest. The key aim of a professional membership body is to serve the interests of the profession, whilst professional regulation and registration exist to protect the public. The regulators we oversee are required to focus exclusively on the latter, while our Standards for ARs allow for both, but require a separation of the membership and regulatory functions through governance structures.

Question

If managers are brought into some form of regulation, do you have an organisation in mind that should operate the regulatory system? (Select all that apply)

- **An existing regulator**
- **An existing membership body**
- **An existing arm's length body (for example, an executive agency)**
- **Establish a new independent regulatory body**
- **Establish a new membership body**
- **Establish a new arm's length body (for example, an executive agency)**
- **Don't know**
- **Other**
- **Not applicable - managers should not be regulated**

Please explain your answer - if you said an existing regulator, membership body or arm's length body, please specify which. (Maximum 300 words)

2.36 See answer to previous question.

Other considerations: professional standards for managers

Professional standards include as a minimum, the values, behaviours and competencies that managers will be expected to demonstrate. There is currently not a set of recognised professional standards for NHS managers. Further work is being undertaken by NHS England to develop professional standards for managers, which could form the foundations for future regulatory standards for managers.

Question

Do you agree or disagree that there should be education or qualification standards that NHS managers are required to demonstrate and are assessed against?

- **Strongly agree**
- **Agree**
- **Neither agree nor disagree**
- **Disagree**
- **Strongly disagree**
- **Don't know**

Please explain your answer. (Maximum 300 words)

2.37 We would caution against a standardised qualification approach in order to become or remain an NHS manager. It may be appropriate to set different requirements for different sub-groups.

2.38 Further, setting strict qualifications-based entry requirements could restrict access and talent into the sector as well as limit mobility into other sectors. As stated above lessons could be learned from models developed in Scotland, Northern Ireland or Wales for social care managers, which allow, for example for training to be completed within a set period once on the register.

2.39 The PSA supports the work on a leadership and management framework being developed by NHS England, which should help to lay the groundwork for any future requirements for professional registration by developing clear and consistent standards.

2.40 Like many others in our sector, we want to play our part in encouraging a shift by professional regulators and registers towards a more preventative approach to regulation, creating conditions in which care is better and safer, and harm is less likely to occur.

2.41 The balance between preventative and reactive approaches in professional regulation and registration currently tends towards reactive – in particular through dealing with concerns about professionals through 'fitness to practise', after harm has already occurred. The preventative functions of education,

registration, standards, guidance and continuing fitness to practise have arguably not received as much attention, but could in the regulatory model developed for managers.

If you agreed, which categories of NHS managers should this apply to? (Select all that apply)

- **Chairpersons**
- **Non-executive directors**
- **Senior strategic level managers and leaders or very senior managers (includes CEOs and executive directors, some medical and dental directors, for example clinical directors)**
- **All NHS staff aspiring to be board level directors**
- **Senior managers and leaders (approximately bands 8d to 9, for example service manager, clinical lead, nurse consultant, deputy director or director - usually band 9 - and head of department)**
- **Mid-level managers and leaders (approximately bands 8a to 8c, for example operations manager, programme manager, senior clinician and matron, up to head of service, for example head of nursing, head of performance and delivery)**
- **First-time line managers (approximately bands 6 to 7, for example project manager, staff nurse, occupational therapist, team supervisor, team manager)**
- **Foundation managers (approximately bands 4 to 5, for example administrator, receptionist, medical secretary, clinical support worker, clinical assistant, healthcare assistant)**
- **Don't know**

Please explain your answer. (Maximum 300 words)

2.42 Please see the response to the previous question.

Other considerations: revalidation

Revalidation is a periodic check that someone remains fit and competent to remain on a professional register. Certain types of regulation, such as being part of a statutory professional register, can involve a revalidation process. It can include confirming or providing evidence that an individual has kept their skills up to date and continues to meet the standards.

Question

If a professional register is implemented for NHS managers, do you agree or disagree that managers should be required to periodically revalidate their professional registration?

- **Strongly agree**
- **Agree**

- **Neither agree nor disagree**
- **Disagree**
- **Strongly disagree**
- **Don't know**

Please explain your answer. (Maximum 300 words)

2.43 The PSA agrees that NHS managers should periodically revalidate their professional registration if a model of professional regulation is implemented. Revalidation provides public assurance and confidence that registrants continue to maintain the competencies and skills required to perform their role.

2.44 Revalidation is also an opportunity to focus on preventative regulation and raise standards across the profession to maintain safe and effective care.

2.45 It should nonetheless be tailored to the level and type of risks associated with different roles, and as above it may be appropriate to set different requirements for different sub-groups.

If you agreed, how frequently should managers be required to revalidate their professional registration?

- **Annually**
- **Every 2 years**
- **Every 3 years**
- **Every 5 years**
- **Less frequently than every 5 years**
- **Don't know**

Please explain your answer. (Maximum 300 words)

2.46 The frequency of revalidation would need to be decided once the scope and model of regulation was agreed.

What skills and competencies do you think managers would need to keep up to date in order to revalidate? (Maximum 300 words)

2.47 The PSA is not in a position to comment on this, beyond encouraging a strong focus on patient safety, for example with reference to the Patient Safety Commissioner's Patient Safety Principles – see here Patient Safety Principles - Patient Safety Commissioner.

Other considerations: clinical managers and dual registration
Dual registration is where individuals are required to register with more than one professional regulatory body at a time. Many individuals who hold management and leadership positions in the NHS will also be registered clinicians, who are already regulated as part of their clinical profession.
Question

Do you agree or disagree that clinical managers should be required to meet the same management and leadership standards as non-clinical managers?

- **Strongly agree**
- **Agree**
- **Neither agree nor disagree**
- **Disagree**
- **Strongly disagree**
- **Don't know**

Please explain your answer. (Maximum 300 words)

2.48 We believe that all NHS managers should be subject to a common code of conduct. Our research in this area pointed to benefits, but also challenges in developing a common code that would apply across all professions. We believe that these could be overcome for NHS managers, and that the benefits of having clear shared expectations of behaviour for this group outweigh any challenges. Indeed, the work currently being undertaken by NHSE on a leadership and management framework includes a code of practice for all NHS managers, which could form the basis for any regulatory code in the future.

2.49 Dual or multiple registrations are common for health and care roles, and regulators tend to take a pragmatic approach. Fitness to practise with dual registration should start from the principle that each regulator should consider what action is necessary for the protection of the public against the standards required by that regulator. In practice, there is usually one regulator who takes the lead on investigating, while the other awaits its outcome. Under their legislation each is able to recognise decisions of other UK regulatory bodies.

2.50 Dual registration can also span statutory and voluntary regulation. For example, being a doctor or other suitably qualified regulated healthcare professional is a requirement to join the register of the Joint Council for Cosmetic Practitioners, which is accredited by the PSA. Here, voluntary registration helps to provide assurance for non-surgical cosmetic procedures, a specialism not currently regulated by the GMC.

2.51 Given the potential scale of overlap between a register for NHS managers and existing registration and regulation, Government will want to establish the range of current practices relating to dual registration, and how they might be scaled up, or adapted. There will need to be a shared understanding of the remits of the different bodies, to identify any gaps, and avoid burdensome and confusing overlaps.

If you agreed, how should clinical managers be assessed against leadership or management standards?

- **They should hold dual registration with both their existing healthcare professional regulator and the regulator of managers**
- **They should only be required to hold registration with their existing healthcare professional regulator who will hold them to account to the same leadership competencies as non-clinical managers**

- **They should only hold registration with an existing healthcare professional regulator that will determine any leadership and managerial competencies**
- **Don't know**
- **Other**

Please explain your answer. (Maximum 300 words)

2.52 Dual registration could have potential benefits in allowing different areas of competency to be addressed – for example, both the leadership and the clinical skills of a doctor.

2.53 However, in order to answer this question, we would need, as we have said above, to have a clearer picture of which areas of NHS management are associated with the biggest risks – clinical and non-clinical being the key distinction here – and of the effectiveness of existing mitigations, including professional regulators in health and care, but also in other sectors. A review of failings by senior managers identified in reviews and inquiries might be a helpful place to start. The persistent nature of these failings suggests perhaps that existing professional regulation is not delivering the desired outcomes as far as leadership and management responsibilities are concerned, and that this needs either strengthening, or supplementing.

2.54 We would also want to have some idea of the number of clinical managers who have existing voluntary accredited and/or statutory professional registration(s).

2.55 Finally, we would recommend an assessment of the impact of adding a further layer of regulation in terms of the impact on the registrant, the public and the regulator.

Other considerations: phasing of a regulatory scheme

A phased approach may begin with the implementation of a voluntary register or a barring mechanism, with a view to transitioning to a full system of regulation in the longer term.

Question

Do you agree or disagree that a phased approach should be taken to regulate NHS managers?

- **Strongly agree**
- **Agree**
- **Neither agree nor disagree**
- **Disagree**
- **Strongly disagree**
- **Don't know**

Please explain your answer. (Maximum 300 words)

2.56 As stated above we would support this approach. With the evidence available to date the PSA believe that a voluntary register with NHS backing would be the most pragmatic solution at this stage and provide both professional development as well as accountability with the agility to have a phased

approach and potentially progress to statutory regulation in the future. It also means that additional safeguards would be in place more quickly.

Duty of candour for NHS leaders

The professional duty of candour forms part of the professional standards for regulated professions, overseen by professional regulators such as the GMC, NMC and HCPC to encourage open behaviour. There is also a statutory (organisational) duty of candour.

Question

If managers are brought into a statutory system of regulation, do you agree or disagree that individuals in NHS leadership positions should have a professional duty of candour as part of the standards they are required to meet?

- **Strongly agree**
- **Agree**
- **Neither agree nor disagree**
- **Disagree**
- **Strongly disagree**
- **Don't know**

Please explain your answer. (Maximum 300 words)

2.57 The PSA agrees that if NHS managers are brought into regulation, whether statutory or voluntary, a professional duty of candour should be part of the regulatory standards they are required to meet, as it is for healthcare professionals currently. Indeed this is an example of where standards of behaviour should be common across the healthcare workforce – and the joint statement by the regulators on candour is testament to this.[2]

2.58 Professional regulators have made wide-ranging efforts to embed the professional duty of candour, including candour-related standards, guidance and embedding candour into fitness to practise documents and education and training, as we identified in our 2019 report.[3] There would nonetheless be benefits to conducting a thorough evaluation of the impact of the professional duty of candour, more than ten years on from its introduction, to establish whether it could be strengthened, and how it works alongside the duties of candour placed on providers.

2.59 The PSA would have reservations about the professional duty of candour being put on a statutory footing as it is unlikely to help address toxic cultures and could create unreasonable expectations on professionals. A statutory duty could potentially be appropriate for the most senior leaders in the NHS who by nature of their role are expected to shoulder greater responsibility – however we would urge caution here, as the threat of criminal sanctions, for example, does not always deliver the intended behaviour change.

[2] https://assets.pharmacyregulation.org/files/joint_statement_on_the_professional_duty_of_candour.pdf
[3] https://www.professionalstandards.org.uk/publications/telling-patients-truth-when-something-has-gone-wrong-how-have-professional-regulators

2.60 The reasons for lack of openness open when care has gone wrong are complex, and include the influence of workplace culture, fear of the regulator or litigation and career impact. There is undoubtedly more that professional regulation could do to support openness and learning when care has gone wrong. We have embarked on a programme of work to inform and support this focus, including through the current review of our Standards for professional regulators and accredited registers.

If you agreed, which categories of NHS managers should a professional duty of candour apply to? (Select all that apply)

- **Chairpersons**
- **Non-executive directors**
- **Senior strategic level managers and leaders or very senior managers (includes CEOs and executive directors, some medical and dental directors, for example clinical directors)**
- **All NHS staff aspiring to be board level directors**
- **Senior managers and leaders (approximately bands 8d to 9, for example service manager, clinical lead, nurse consultant, deputy director or director - usually band 9 - and head of department)**
- **Mid-level managers and leaders (approximately bands 8a to 8c, for example operations manager, programme manager, senior clinician and matron, up to head of service, for example head of nursing, head of performance and delivery)**
- **First-time line managers (approximately bands 6 to 7, for example project manager, staff nurse, occupational therapist, team supervisor, team manager)**
- **Foundation managers (approximately bands 4 to 5, for example administrator, receptionist, medical secretary, clinical support worker, clinical assistant, healthcare assistant)**
- **Don't know**

Please explain your answer. (Maximum 300 words)

2.61 The professional (non-statutory) duty should apply to all who are subject to professional regulation or registration.

Question

Do you agree or disagree that NHS leaders should have a duty to ensure that the existing statutory (organisational) duty of candour is correctly followed in their organisation and be held accountable for this?

- **Strongly agree**
- **Agree**
- **Neither agree nor disagree**
- **Disagree**

- **Strongly disagree**
- **Don't know**

Please explain your answer. (Maximum 300 words)

2.62 More needs to be done to encourage candour, given that failings in candour continue to be found through inquiries and reviews.

2.63 It will be important to establish how this new duty would relate to existing requirements about the statutory duty of candour, which has itself been subject to a recent review.

If you agreed, which categories of NHS managers should the statutory duty of candour apply to? (Select all that apply)

- **Chairpersons**
- **Non-executive directors**
- **Senior strategic level managers and leaders or very senior managers (includes CEOs and executive directors, some medical and dental directors, for example clinical directors)**
- **All NHS staff aspiring to be board level directors**
- **Senior managers and leaders (approximately bands 8d to 9, for example service manager, clinical lead, nurse consultant, deputy director or director - usually band 9 - and head of department)**
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- **First-time line managers (approximately bands 6 to 7, for example project manager, staff nurse, occupational therapist, team supervisor, team manager)**
- **Foundation managers (approximately bands 4 to 5, for example administrator, receptionist, medical secretary, clinical support worker, clinical assistant, healthcare assistant)**
- **Don't know**

Please explain your answer. (Maximum 300 words)

2.64 We have insufficient information to form on view on which categories of managers such a duty should apply to.

NHS leaders' duty to respond to safety incidents

This considers if a duty should be applied to NHS leaders in relation to recording, considering and responding to any concerns about the provision of healthcare that might be brought to their attention.

Question

Do you agree or disagree that individuals in NHS leadership positions should have a statutory duty to record, consider and respond to any concern raised about healthcare being provided, or the way it is being provided?

- **Strongly agree**
- **Agree**
- **Neither agree nor disagree**
- **Disagree**
- **Strongly disagree**
- **Don't know**

Please explain your answer. (Maximum 300 words)

2.65 This duty appears, on the face of it, to be a sensible approach, but we have insufficient information to form a view on this specific proposal.

If you agreed, which categories of NHS managers should this apply to? (Select all that apply)

- **Chairpersons**
- **Non-executive directors**
- **Senior strategic level managers and leaders or very senior managers (includes CEOs and executive directors, some medical and dental directors, for example clinical directors)**
- **All NHS staff aspiring to be board level directors**
- **Senior managers and leaders (approximately bands 8d to 9, for example service manager, clinical lead, nurse consultant, deputy director or director - usually band 9 - and head of department)**
- **Mid-level managers and leaders (approximately bands 8a to 8c, for example operations manager, programme manager, senior clinician and matron, up to head of service, for example head of nursing, head of performance and delivery)**
- **First-time line managers (approximately bands 6 to 7, for example project manager, staff nurse, occupational therapist, team supervisor, team manager)**
- **Foundation managers (approximately bands 4 to 5, for example administrator, receptionist, medical secretary, clinical support worker, clinical assistant, healthcare assistant)**
- **Don't know**

Please explain your answer. (Maximum 300 words)

N/A

Question

Do you agree or disagree that individuals in NHS leadership positions should have a statutory duty to ensure that existing processes in place for recording,

considering and responding to concerns about healthcare provision are being correctly followed?

- **Strongly agree**
- **Agree**
- **Neither agree nor disagree**
- **Disagree**
- **Strongly disagree**
- **Don't know**

Please explain your answer. (Maximum 300 words)

2.66 We agree that more needs to be done to encourage candour, given that failings in candour continue to be found through inquiries and reviews, but we have insufficient information to form a view on this specific proposal.

If you agreed, which categories of NHS managers should this apply to? (Select all that apply)

- **Chairpersons**
- **Non-executive directors**
- **Senior strategic level managers and leaders or very senior managers (includes CEOs and executive directors, some medical and dental directors, for example clinical directors)**
- **All NHS staff aspiring to be board level directors**
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- **Foundation managers (approximately bands 4 to 5, for example administrator, receptionist, medical secretary, clinical support worker, clinical assistant, healthcare assistant)**
- **Don't know**

Please explain your answer. (Maximum 300 words)

N/A

3. Further information

3.1 Please get in touch if you would like to discuss any aspect of this response in further detail. You can contact us at:

policy@professionalstandards.org.uk

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