

Royal College of Podiatry's response to Department of Health & Social Care's consultation:

[Leading the NHS: proposals to regulate NHS managers](#)

Overall approach to regulatory model

Do you agree or disagree that NHS managers should be regulated?

Disagree

Please explain your answer

Whilst we agree that NHS managers must be equipped with the appropriate skills, and supported through a structured framework; full statutory regulation is a step too far. Unlike healthcare professionals, NHS managers come from a diverse range of professional backgrounds and do not follow a single qualification pathway. Implementing a rigid regulatory system risks creating unnecessary barriers to recruitment and career progression. Instead, a strong leadership and safety framework that sets out clear competencies and expectations would be a more effective approach, fostering a culture of accountability and improvement. For example, the NHS already has the Fit and Proper Person Test (FPPT), which ensures that board-level leaders meet specific standards. Expanding and strengthening this framework, rather than introducing statutory regulation, would be a more proportionate response. The Professional Standards Authority (PSA) emphasises the importance of "right-touch regulation," which seeks the least intrusive means of achieving desired public protections whilst avoiding unintended consequences. A similar approach has been taken in Australia's healthcare system, where leadership standards are reinforced without the need statutory regulation.

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

Please explain your answer

It is essential to prevent individuals who have demonstrated serious misconduct from re-entering NHS roles, management or otherwise. However, rather than introducing full statutory regulation, a reinforced competency and accountability framework, similar to the strengthened FPPT, would be a more proportionate measure. The UK's Senior Managers and Certification Regime (SMCR), which applies in the financial sector, provides a useful model. It holds senior managers accountable for failings in their areas of responsibility whilst allowing for professional development and remediation where appropriate. Implementing a similar system in the NHS would help to ensure that managers who fail to meet ethical or professional standards can be identified and, where necessary, removed from roles without requiring an entire profession-wide regulatory system.

If there was a disbaring 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

Please explain your answer

A mechanism for ensuring accountability, such as a barring list for those who have committed serious misconduct, is necessary to maintain public trust. However, it should be part of a broader leadership framework rather than full statutory regulation. A disbarring process should be independent, fair, and applied consistently across all NHS management roles, ensuring due process whilst protecting public trust. The Kark Review (2019) identified a need for better enforcement of the FPPT, and a revised version of this test, with greater oversight and independent adjudication, this could effectively serve this purpose without resorting to a full professional register. As many NHS services are provided by the independent contractors, any mechanisms would need to ensure that those working for, though not employed by NHS Trusts/ Health Boards are similarly covered.

A professional register

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

Disagree

Please explain your answer

A professional register would add unnecessary complexity and cost to an already stretched healthcare system. Whilst a voluntary register could be an option for professional development and leadership accreditation, making registration a statutory requirement would create significant barriers to entry and potentially deter skilled professionals from stepping into NHS management roles. A large number of NHS managers, who have a background in clinical care, are regulated by healthcare regulators. A more effective approach would be to implement a robust NHS Leadership and Management Framework, akin to the Leadership Academy's NHS Healthcare Leadership Model, which sets out clear expectations for managerial competencies, ethics, and professional development.

Scope of managers to be included

Which, if any, of the following categories of managers within NHS organisations do you think a system of regulation should apply to?

NA

Please explain your answer

As per our previous responses, we do think that a regulatory system for NHS managers is necessary.

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

NA

Please explain your answer

As per our previous responses, we do think that a regulatory system for NHS managers is necessary.

The responsible body

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?

NA

Please explain your answer

As per our previous responses, we do think that a regulatory system for NHS managers is necessary.

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?

NA

Please explain your answer

As per our previous responses, we do think that a regulatory system for NHS managers is necessary.

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

NA

Please explain your answer

As per our previous responses, we do think that a regulatory system for NHS managers is necessary.

Other considerations: professional standards for managers

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 disagree

Please explain your answer

NHS managers come from a diverse range of backgrounds and have a wide range of experience and qualifications; this range of diversity is of benefit to the NHS, rather than having a one size fits all approach that may not meet the needs of services and the general public.

Other considerations: revalidation

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?

Disagree

Please explain your answer

Unlike clinicians who must regularly demonstrate clinical competency, NHS managers should focus on continuous leadership development rather than revalidation. Mandatory revalidation could add unnecessary administrative burdens and discourage innovation. Instead, leadership development should be embedded into existing performance management structures, with ongoing training and peer review mechanisms to ensure competency. The King's Fund has recommended leadership development models based on mentorship, reflective practice, and continuous improvement rather

than rigid revalidation frameworks. NHS managers should have access to structured career development pathways without the constraints of a formal revalidation process.

Other considerations: clinical managers and dual registration

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

Please explain your answer

Simply because a NHS manager is regulated by a healthcare regulator, and must meet the standards of that regulator, does not mean that the same manager should not meet management and leadership standards as an NHS manager who is not regulated by a healthcare regulator.

Other considerations: clinical managers and dual registration (continued)

How should clinical managers be assessed against leadership or management standards?

Please explain your answer

The vast majority of managers who come from a clinical background maintain their clinical capabilities, whilst also ensuring that their management and leadership skills meet the needs of their role. Assurance around their capabilities and skills in management come about through effective performance management rather than regulation. The manager with a clinical background, who is regulated by a healthcare regulator, will have to meet the standards of their regulator as applicable to their current role.

Other considerations: phasing of a regulatory scheme

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

Strongly disagree

Please explain your answer

We do not believe that a regulatory system for NHS managers. A voluntary regulatory system is insufficiently robust to be effective. We would wish to understand exactly what is meant by 'a barring mechanism' prior to commenting.

Duty of candour for NHS leaders

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

Please explain your answer

All NHS employees, regardless of whether they are managers, clinicians, or administrators has a duty of candour.

Which categories of NHS managers should a professional duty of candour apply to?

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)

Please explain your answer

See previous response.

Duty of candour for NHS leaders (continued)

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

Please explain your answer

All NHS managers have a duty of candour to protect patients and staff, as part of their role.

Which categories of NHS managers should the statutory duty of candour apply to?

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)

Please explain your answer

NHS leaders' duty to respond to safety incidents

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

Please explain your answer

There are already structures in place to ensure that NHS managers have a statutory duty to record, consider and respond to any concern raised about healthcare being provided, or the way it is being provided.

Which categories of NHS managers should this apply to?

Please explain your answer

We are unaware of the question we are being asked in this section.

NHS leaders' duty to respond to safety incidents (continued)

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?

Disagree

Please explain your answer

We agree that those in NHS leadership positions have a duty to ensure that existing processes are in place for recording, considering and responding to concerns about healthcare provision, however we do not agree that this should be statutory.