



# An Agenda for Change:

## The MDU's parliamentary priorities

**We can do better  
for our healthcare  
system. We can  
do better for the  
people who work in  
it and the patients  
who rely on it.**

The government came into power determined to address the challenges facing our healthcare system. Since then, we have seen welcome investment in the NHS and a 10 Year Health Plan promising an ambitious programme of change.

Yet more can, and must, be done to support those working in our health service and create an NHS that is truly fit for the future. The Medical Defence Union (MDU) is urging MPs and peers to lend their voice to three key policy areas that are often overlooked but which, if addressed, could deliver huge benefits for the healthcare workforce and the NHS more broadly.

## **1** Reform of healthcare professional regulation

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## **2** Action on clinical negligence costs

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## **3** Supporting the health and wellbeing of the workforce

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# 1. Reform of healthcare professional regulation

Healthcare professional regulation is a patchwork quilt across the UK. No one would design the current system. It is outdated and in desperate need of reform. That is why doctors and dentists have been promised change for many years.

MDU members tell us that undergoing a General Medical Council (GMC) or General Dental Council (GDC) investigation is one of the most difficult experiences of their professional lives. The stress of being under scrutiny during a lengthy and potentially career-ending fitness to practise process can have a devastating impact. Part of the challenge is that fitness to practise procedures are too rigid and governed by outdated legislation.

The most recent Professional Standards Authority (PSA) report shows that it takes an average of over 100 weeks for the GMC to progress fitness to practise referrals from receipt to final hearing.<sup>1</sup> For the GDC, this figure is over 150 weeks.<sup>2</sup> The GDC also failed to meet all standards for fitness to practise investigations as laid out by the PSA in its latest performance review.

A reset is needed and can be implemented in this Parliament.

## What can government do?



Bring forward a Section 60 Order to enable doctors to get the reformed, fairer, more timely and more proportionate model of regulation they have long been promised.



The same legislative steps must immediately follow for dental professionals in respect of the GDC. Professionals in other areas of healthcare will be subject to more modern regulations while dentists will be left with an old regime. This isn't fair.

## References

1. Professional Standards Authority, General Medical Council Periodic review 2023/24, p.20, 20th December 2024, accessed 11th August 2025, Periodic Review - General Medical Council 2023/24 | PSA.
2. Professional Standards Authority, General Dental Council Performance Review Monitoring year 2023/24, p.6, 18th December 2024, accessed 11th August 2025, Monitoring Report - General Dental Council 2023/24 | PSA.

## 2. Action on clinical negligence costs

Patients harmed as a result of negligence must receive appropriate compensation. However, the law surrounding clinical negligence in the UK has failed to keep up with the times and is woefully out of date. Legislation enacted before the NHS existed continues to play a role in determining the amount paid out in clinical negligence claims. This is contributing to growing costs and taking money from frontline services. It is a setup that benefits neither staff nor patients.

NHS Resolution's latest Annual Reports and Accounts show that clinical negligence now costs the NHS over £3 billion a year.<sup>3</sup> Every pound spent on clinical negligence costs is a pound that could instead be spent on recruiting and training new staff, improving facilities and helping to cut waiting times.

Several factors contribute to these spiralling costs but one of the most notable is disproportionate legal fees. For lower value claims (up to £25,000), average legal costs now come to over £27,000 – meaning that we spend more on legal fees than is awarded to those affected by harm. The MDU has recently settled several claims that showcase this disparity. In one case, the claimant received £1,400 while legal costs were £60,000, while another claimant received £5,000 and their legal costs were £155,000.

The cost of clinical negligence in the UK is unsustainable. Action must be taken.

### What can government do?



Repeal section 2(4) of the Law Reform (Personal Injuries) Act 1948. It requires the courts to disregard the existence of NHS care when determining compensation awards and instead base it on the cost of private care.



Tackle disproportionate legal costs by ensuring fixed recoverable costs in clinical negligence claims up to £25,000 is promptly enacted. This should swiftly be followed by a commitment to extend that regime to claims valued up to £250,000.

### References

3. NHS Resolution, Annual Report and Accounts 2024/25, p.8, 17th July 2024, accessed 18th July 2025, NHS Resolution annual report and accounts 2024 to 2025.

# 3. Supporting the health and wellbeing of the workforce

At some point in our lives, each and every one of us will be treated by a doctor. We want them to feel well rested, alert and able to provide optimal care. However, the environment that healthcare professionals find themselves in means that this is currently far from certain.

Burnout is a major concern, with surveys of our members indicating that this has further deteriorated over time. In a 2025 survey of MDU members, nearly 90% of respondents said they felt sleep deprived at work.<sup>4</sup>

In addition, 38% of respondents stated that they were rarely or never able to take breaks – including lunch breaks – during the working day, and 35% said that tiredness had impaired their ability to treat patients. The government and NHS employers must take action to tackle these figures.

Small changes can make a big difference. Our members tell us that improving access to hot food and break facilities, including for those working out of hours, would play a major role in boosting morale and supporting wellbeing. Additionally, our recent survey of members found 90% want the government to continue funding specialist practitioner support programmes.<sup>5</sup>

Making these changes would be a sign to healthcare workers that the government takes their concerns seriously and is seeking to address them.

## What can government do?



The government should direct NHS employers to ensure that staff catering and rest facilities are provided, including for those working out of hours.



A commitment to continue funding for programmes and services that support doctors and dentists at risk of burnout such as NHS Practitioner Health or Staff Treatment Hubs.

## References

4. Medical Defence Union, Doctors more sleep deprived now than after the pandemic, 3rd March 2025, accessed 11th August 2025, Doctors more sleep deprived now than after the pandemic – The MDU.
5. Ibid.

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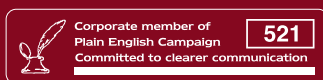
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