

Council

Minutes of the meeting of the Health and Care Professions Council held in public as follows:

Date: Thursday 22 May 2025

Time: 10am

Venue: HCPC Offices, Kennington, London

Present: Christine Elliott (Chair)
Rebekah Eglinton
Alice Gair*
Helen Gough (by Microsoft Teams)
Helen Grantham
John McEvoy
Sejal Patel*
Lianne Patterson
Pameleta Ricketts
Catharine Seddon
David Stirling (by Microsoft Teams)
Carl Stychin
Kathryn Thirlaway
Valerie Webster

Apologies: None

In attendance:

James Afolabi, Financial Planning and Analysis Manager
Aihab Al-Koubaisi, Financial Controller
Fatma Ali, Head of HR and OD
Zoe Allan, Business Manager, Chair and Chief Executive Office
Claire Amor, Executive Director of Corporate Affairs
Eniola Awoyale, Policy Manager
Claire Baker, Head of Adjudication Performance
Adrian Barrowdale, Equality, Diversity and Inclusion Strategic Lead (from item 3)
Francesca Bramley, Governance Manager
Alastair Bridges, Executive Director of Resources
Harshal Chandwani, Digital Communications Officer
Matthew Clayton, Policy Lead
Laura Coffey, Executive Director of Fitness to Practise and Tribunal Services

* Council Apprentice

Paul Cooper, Head of Business Change
Helen Creighton, Registration Advisor
Becky Glass, Digital Engagement Manager
Colette Higham, Professional Standards Authority
Anna Holdsworth, Capsticks LLP
Jamie Hunt, Head of Education
Alan Keshtmand, Head of Finance and Commercial
Geoff Kirk, Head of IT and Digital
Helen Molloy, Operational Manager – International Registration
Andrew Newsome, Digital Communications Officer
Bernie O'Reilly, Chief Executive
Matthew Peck, Head of Communications, Engagement and Public Affairs
Anish Shah, Registration Advisor
Nicole Small, Operational Manager – Quality, Assurance and Training, Registration
Andrew Smith, Deputy Chief Executive and Executive Director of Education,
Registration and Regulatory Standards
Allison Whitenack, Senior Policy Officer

Public meeting

1 Chair's welcome and introduction

The Chair welcomed those present to the meeting of Council, including a number of observers who were invited to introduce themselves by the Chair. She expressed her pleasure at having a sizeable group of external attendees and colleagues from across the HCPC and encouraged them to come again as well as spreading the word about Council meetings.

1(a) Apologies for absence

1.1 There were no apologies.

1(b) Approval of agenda

1.2 The Council approved the agenda.

1(c) Declaration of members' interests in relation to agenda items

1.3 There were no interests to declare from Council members.

1(d) Minutes of the Council meeting on 27 March 2025

1.4 The Council approved the minutes as an accurate record of its meeting held in public on 27 March 2025.

1(e) Matters arising

1.5 The Council noted the updates on the matters arising from previous meetings held in public.

2 Chair's Report

2.1 The Council noted the Chair's report.

Performance reports

3 Chief Executive's Performance Report

3.1 The Chief Executive's performance report highlighted key areas of development in the reporting period since the Council's last meeting in March 2025 and included the key performance indicators, the strategic risk register and an update on progress against the corporate plan for 2025-26.

3.2 The Council noted the report and the following points:

- the Executive Leadership Team (ELT)'s ongoing discussions to consider the implications of the UK Supreme Court's recent transgender ruling, noting the HCPC would engage in the Equality and Human Rights Commission's public consultation;
- the Government's confirmation of its commitment to reforming the regulation of healthcare professionals across the UK, noting legislation for the HCPC was expected to be delivered within the current parliamentary period;
- the successful implementation of the planned fee rise from 29 April 2025 alongside the introduction of quarterly direct debit payments for registrants;
- the completion of 92% of the 2024-25 corporate plan milestones, with two activities rolled into 2025-26 that were continuing to progress;
- the deployment of flexible resourcing within the new Registration operating model to improve registration responsiveness following a spike in application volumes which had led to performance falling below the KPI target, noting the KPI was expected to be met by the end of July 2025;
- an increase in the number of Registration complaints, which was linked to the delays in processing the increased volume of applications, noting the proactive communication with applicants alongside website notifications to seek to manage expectations;
- the continuing challenges in achieving the Fitness to Practise (FTP) timeliness key performance indicators (KPIs), noting work was under way to develop further insights into Fitness to Practice timeliness that would be shared with the Council at its meeting in July 2025;
- the feedback that had been shared with the Professional Standards Authority (PSA) regarding the application and scope of standard 15 as part of the PSA's consultation on its standards, noting the PSA had been receptive and discussions continued;
- the refresh of the strategic risk register to reflect the HCPC's more effective use of data, the positive impact of the fee rise and the development of the updated financial strategy;
- the high response rate and positive feedback received through the latest quarterly employee pulse survey.

3.3 The Council discussed the KPI report and suggested the inclusion of a visual indication of whether performance against each KPI was improving, worsening or remaining stable would provide valuable context and support continuous improvement for KPIs that were consistently met.

Action: Future Chief Executive Performance Reports would include an illustration of KPI performance trends.

- 3.4 The Executive Director of Corporate Affairs confirmed that a full review of the HCPC's KPIs would be taken forward by the incoming Head of Governance to ensure the KPIs were relevant, appropriately benchmarked and sufficiently challenging.
- 3.5 The Council noted the summary of strategic risks and requested that future reports include a diagrammatic indication of the risk score trends.

Action: Strategic risk updates within future Chief Executive Reports would include a visual summary of whether each risk score had increased, decreased or remained the same.

- 3.6 The Council enquired as to what may be driving the reported increase in the percentage of FTP complaints that had been upheld. It was clarified that a significant proportion of FTP complaints related to timeliness, particularly for cases that at been closed at threshold.
- 3.7 The Council expressed concern regarding the persistent challenges the HCPC faced in achieving the FTP timeliness KPIs, acknowledging the limited scope for change under the current legislative framework and the prolonged timescale for regulatory reform. The ELT planned to share further FTP insights with the Council at its next meeting on 17 July 2025 to explore this further. There had been some consideration of the measures the HCPC could take prior to regulatory reform through Section 60 of the Health Act 1999. The health care regulators who had achieved PSA standard 15 were noted to operate within different legislative frameworks and were either significantly larger or significantly smaller in size and scope than the HCPC.
- 3.8 The Council sought clarity regarding the proportion of registration applications that resulted in a registration appeal. The Deputy Chief Executive and Executive Director of Education, Registration and Regulatory Standards clarified that the Education and Training Committee received regular Registration Performance Reports setting out the total number of applicants and the number accepted onto the register and emphasised that the number of registration appeals was very low in the context of the number of applications and decisions that had the right of appeal.

Action: The Deputy Chief Executive and Executive Director of Education, Registration and Regulatory Standards would provide an update to the Council on the number of registration appeals.

4 Finance Report

- 4.1 The Council noted the finance report outlining the HCPC's financial position for the year ended 31 March 2025.
- 4.2 The actual full year surplus for 2024-25 was £3.8 million, which exceeded the budgeted surplus of £186,000 by £3.6 million.

4.3 The Head of Finance and Commercial highlighted the following points:

- the favourable surplus position was attributable to temporary variances in payroll costs and international applications and was not expected to be recurrent;
- following the previous spike in international applications, the number of international applications received during the final quarter of the year had been less than half the forecast level;
- the 2025-26 budget was lean in view of the growing and emerging risks, with lower corporate contingency than in previous years;
- the planned fee increase had not been factored in to the 2025-26 budget and the ELT was considering how to allocate the additional funding the fee rise would generate;
- there were deferred costs relating to major projects and investments expenditure in 2024-25 which had been incorporate into the 2025-26 budget; and
- there had been good financial management and budgetary control across the HCPC and the ELT continued to closely monitor and review the position.

5 Fitness to Practise Performance Report

5.1 The Council noted the update on the progress of the FTP improvement programme against the targets set to improve the quality and timeliness of case management.

5.2 The Council noted the following points.

- Performance against the three week target for progressing a matter to an interim order hearing once the need for an interim order had been identified was four weeks in April 2025, which was slightly above the three week key performance indicator (KPI) and was due to an adjourned hearing.
- The twelve week target for progressing a matter to interim order hearing from receipt of a concern was not being met and the median time taken was 26 weeks, which was primarily due to a number of cases that had been subject to a third party investigation. Excluding these cases, the median time taken was 13 weeks.
- Monitoring of the quality and timeliness of risk assessments continued and in April 2025 the 80% adherence target had been exceeded, following a temporary dip in performance earlier in 2025 due to the onboarding of a new cohort of case managers.

- The 80% target for meeting the best practice standard for the quality and timeliness of case plans had been consistently met since January 2025.
- The median age of cases closed at the threshold and Investigating Committee Panel (ICP) stage in April 2025 was 26 weeks, which fell within the KPI of 33 weeks. The oldest case closed was 220 weeks and the youngest was two weeks, demonstrating the efforts to ensure the whole caseload progressed through the FTP process.
- The median age of cases concluded at a final hearing in April 2025 was 57 weeks. Although this exceeded the KPI target of 39 weeks, the low age of the youngest case concluded (33 weeks) reflected the positive impact of frontloading investigations in progressing cases to a final hearing more quickly.
- A total of 2,164 FTP concerns had been received during 2024-25, which equated to an average of 180 new concerns per month. Due to recruitment challenges some vacancies remained. Additional resource had been brought into the Threshold and Investigations teams to manage demand. This included ringfenced resource from the Triage team, which also supported internal career progression. Work continued to streamline processes and upskill teams to increase capacity.
- The number of cases at the post-ICP stage had remained stable at below 500 cases. In April 2025 the caseload was 469, of which 92 were listed for a future final hearing.
- The median age of the open pre-ICP caseload was 45 weeks, which was higher than the KPI of 33 weeks and had remained relatively stable since May 2024. The median included cases that were or had been on hold due to third party investigations; the oldest case listed in April 2025 had been on hold due to coroner proceedings.
- The median age of cases at the post-ICP stage was 20 weeks, which was within the KPI target of 39 weeks. The oldest case had been listed for a final hearing.
- The first three frontloaded cases were expected to conclude at final hearings in September and October 2025, which was below the KPI threshold. The learning from simpler cases would be taken forward to enable more complex cases to be frontloaded over time and a further 50 cases were expected to be frontloaded during 2025-26. The plans to further expand the scope of frontloading in 2026-27 were under discussion alongside consideration of the resourcing required within the in-house legal team.
- A streaming system would be introduced for non-frontloaded investigations during quarter 2 2025-26 to create a more efficient process. Phase 2 of the scheduling process review would include a

review and revision of scheduling processes to make the end-to-end listing process more efficient.

- The work to enhance the support provided to witnesses through the FTP process that had commenced in 2024-25 would continue into 2025-26 with a particular focus on witnesses involved in sexual misconduct cases, acknowledging the need to provide enhanced support to witnesses in a broad range of cases.
- The tone of voice guidelines had been successfully embedded across the FTP department, with fact sheets to support a more compassionate approach to communication with registrants and no recent negative feedback on tone had been received through the regular meetings with registrant representative groups.

- 5.3 The Council sought assurance regarding the effectiveness of the actions that had been taken to mitigate risks after the case in 2024 where an interim order was not applied for at the appropriate stage as a result of processes not being followed by an external legal provider. The Executive Director of Fitness to Practise and Tribunal Services clarified that enhanced monitoring was in place for all high risk potential interim order cases, supported by monthly risk assurance meetings with the legal providers. In addition, the FTP senior management team maintained an internal register of cases that required monitoring. There were no concerns regarding how cases were being progressed since these arrangements had been put in place.
- 5.4 The Council commended the Executive Director of Fitness to Practise and Tribunal Services and all colleagues for the progress that had been made to date and reflected on its aspiration for the FTP Improvement Board to evolve into an FTP Excellence Board.

Items for discussion/decision

6 Health and Care Professions Tribunal Service report

- 6.1 The Head of Adjudication Performance provided an overview of the role and work of the Health and Care Professions Tribunal Service (HCPTS). This included:
- hearings activity during 2024-25, noting a 64% increase in interim order application hearings compared to 2023-24;
 - the continuous improvement as part of the FTP improvement programme and ongoing quality assurance, which helped to monitor the outcome of changes and incorporated the work of the Decision Review Group and feedback from the Professional Standards Authority (PSA);
 - the introduction of three new practice notes on professional boundaries, admissions and freedom of expression to improve the quality of panel decision making;

- the development of e-learning modules for FTP partners including the new approach to admissions, the revised standards of conduct, performance and ethics and trends emerging from PSA feedback and case law; and
 - the priorities for the HCPTS in 2025-26, which focused on continuing the work to deliver scheduling efficiencies through using data and technology to drive performance and reviewing the scheduling process, enhancing support for witnesses, the implementation of the revised sanctions policy and a review of the publication policy.
- 6.2 In response to a question, the Head of Adjudication Performance clarified that referrals to the Decision Review Group (DRG) could be made internally or by the HCPC's external legal providers. The 31 panel decisions reviewed by the DRG during 2024-25 was in line with expected activity levels. Approximately half of these referrals had been made by the HCPC's external legal providers.
- 6.3 The Council welcomed the plans to review and enhance witness support, which would be informed by learning from the witness to harm project. The Council considered that a quantitative and qualitative evaluation of the findings would be useful to inform the development of the HCPC's future approach, acknowledging the witness feedback form completion rate was low.
- 6.4 The Council discussed the training and support provided to FTP panel members. Panel members received a comprehensive training package which included unconscious bias training. The Council reflected on how broader learning could be shared across professional bodies and regulators to further improve the quality of panel decision making.
- 6.5 The Council would continue to receive regular updates about the progress improvement activities within the HCPTS as part of the FTP performance report to the Council. In addition, the Council would receive an annual review of the activities of HCPTS and its contribution to FTP performance and priorities. The next report would also include further information about the proportion of cases that were part heard.

7 Sanctions policy consultation

- 7.1 The Policy Manager summarised the proposed changes to the sanctions policy to increase transparency and promote public confidence. No changes to the policy position had been proposed; the amendments aimed to provide additional clarity.
- 7.2 The policy reflected recent case law, stakeholder feedback and the HCPC's revised standards and practice notes.
- 7.3 The proposed consultation on the revised sanctions policy would run for 13 weeks from 29 May 2025 to 1 September 2025. Subject to approval, the revised policy was anticipated to come into effect by the end of 2025.

- 7.4 An extensive communications plan had been developed to inform the public consultation which included professional bodies, unions and health organisations, noting that historically, responses had been low in number.
- 7.5 The Council commended the work undertaken to date to develop a clear and concise revised policy and suggested the addition of a free text response question at the end of the consultation questionnaire to enable those responding to provide additional feedback.
- 7.6 In response to a question, the Policy Manager clarified that the consultation would be available in Welsh on the HCPC's website. The Council emphasised the importance of maintaining the same ease of comprehension in any Welsh translations of the policy and consultation documents.
- 7.7 The Council approved the planned public consultation on the revised sanctions policy and delegated authority to the Executive Leadership Team to approve any changes to the policy arising from consultation feedback, noting the Council's approval would be sought for any material changes resulting from the consultation.

8 Equality, diversity and inclusion (EDI) update

- 8.1 The EDI Strategic Lead presented an update on EDI at the HCPC.
- 8.2 The key achievements since the publication of the EDI strategy in 2021 had included embedding strategic EDI support and advice across the organisation, developments within data and insights and equality impact analyses, the retention of the PSA EDI standard.
- 8.3 Future plans included developing internal capability through a network of EDI champions, building research capacity, and ensuring EDI was embedded within the new corporate strategy.
- 8.4 The Council discussed the importance of embedding lived experience into EDI workstreams, including unseen disabilities such as neurodiversity. There were plans to engage with the Patients Association to develop patient and public involvement. The standards of education and training (SETs) review was identified as a lever to ensure institutions prepared learners to meet the needs of a diverse population. The HCPC was in the early stages of developing an organisational research strategy and further work would be undertaken to understand the HCPC's data before this was finalised, which could include comparisons with other regulators' datasets.

Items for noting

9 Council forward plan 2025

- 9.1 The Council noted this item.

10 Council reflection

10.1 Helen Molloy, Operational Manager - International Registration, provided her reflections on her career journey, working with the HCPC and the Council meeting. Helen had recently joined the HCPC having previously worked at the General Medical Council. Helen reflected that she had found the HCPC to be a welcoming and supportive organisation. The increased volumes of international applications had presented challenges and opportunities to improve ways of working. Helen reflected that the Council meeting had been well chaired and Council members had provided constructive challenge where appropriate.

10.2 The Chair of the Council thanked Helen for her reflections.

11 Resolution

11.1 The Council resolved that the remainder of the meeting would be held in private, because the matters being discussed related to the following:

- (a) information relating to a registrant, former registrant or application for registration;
- (b) information relating to an employee or office holder, former employee or office holder or applicant for any post or office;
- (c) the terms of, or expenditure under, a tender or contract for the purchase or supply of goods or services or the acquisition or disposal of property;
- (d) negotiations or consultation concerning labour relations between the Council and its employees;
- (e) any issue relating to legal proceedings which are being contemplated or instituted by or against the Council;
- (f) action being taken to prevent or detect crime or to prosecute offenders;
- (g) the source of information given to the Council in confidence; or
- (h) any other matter which, in the opinion of the Chair, is confidential or the public disclosure of which would prejudice the effective discharge of the Council's functions.

Item	Reason for Exclusion
12	H
13	H
14	H
15	G and H
16	H
17	H

The meeting was adjourned at 12.03pm.

Chair:

Date: