

## Council

<b>Meeting Date</b>	17 July 2025
<b>Title</b>	Chief Executive's report on organisational performance July 2025
<b>Author(s)</b>	Bernie O'Reilly, Chief Executive
<p><b>Executive Summary</b></p> <p>This report provides my assessment on the HCPC's organisational performance and highlights key developments and pieces of work since the Council last met in May.</p> <p>At the Council's next meeting in October 2025, my report will provide a detailed update of our performance against our key performance indicators, a review of delivery against our 2025-26 corporate plan and our strategic risks.</p> <p><b>Appendices</b></p> <p><a href="#">A –Chief Executive's meetings in the reporting period</a></p>	
<b>Action required</b>	The Council is asked to review the information provided and seek clarification on any areas.
<b>Previous consideration</b>	This is a standing item, considered at each Council meeting.
<b>Next steps</b>	The next report will be received in October 2025.
<b>Financial and resource implications</b>	None as a result of this paper.
<b>Associated strategic priority/priorities</b>	This report is relevant to all strategic priorities.

<b>Associated strategic risk(s)</b>	This report is relevant to all strategic risks.
<b>Risk appetite</b>	Not applicable.
<b>Communication and engagement</b>	Discussed within the paper.
<b>Equality, diversity and inclusion (EDI) impact and Welsh language standards</b>	EDI objectives and Welsh language standards are discussed as part of this paper.
<b>Other impact assessments</b>	Not applicable
<b>Reason for consideration in the private session of the meeting (if applicable)</b>	Not applicable

## Chief Executive's Performance Report – July 2025

### 1. Introduction

This report provides my assessment on the HCPC's organisational performance and highlights key developments since Council last met in [May 2025](#).

At the Council's next meeting in October 2025, my report will provide a detailed update of our performance against our key performance indicators, a review of delivery against our [2025-26 corporate plan](#) and our strategic risks.

### Professional Standards Authority's (PSA) - HCPC's Performance Review Report 2024-25 published

On 27 June 2025 the Professional Standards Authority (PSA) published the [HCPC's Performance Review Report for 2024-25](#). This provides the PSA's assessment of our performance between 1 April 2024 and 31 March 2025.

We now meet 17 of the 18 Standards of Good Regulation. By regaining standard 17, we have built on the progress we have made over the past few years, having achieved 16 out of 18 standards for the past two years, and 13 of the 18 Standards in 2021-2022. This achievement is a reflection of the hard work and dedication our colleagues demonstrate every day, across all areas of our organisation.

Our work to keep on improving performance across the organisation has had a clear impact – from improving our ability to assess the risk to the public quickly and effectively, through to ensuring our standards and guidance reflect the voices of patients and the 15 professions that we regulate.

We're particularly pleased to see the review acknowledge our work on equality, diversity and inclusion (EDI), data and research, and sexual safety as areas of good practice.

We mustn't be complacent. There is, of course, much more to be done. The review comes at a particularly important time for us as an organisation. We're beginning to shape our new corporate strategy, setting out our vision for the next five years. Our progress to date lays a solid foundation on which we can build and I am confident in our trajectory as we look ahead at the HCPC, but also reflect on a changing and evolving sector.

### NHS 10-year plan

Public protection, patient safety and professional accountability are at the heart of the government's announcement of the National Health's Service (NHS) 10-year plan for England, published on 3 July. The plan sets out three core shifts in NHS care for England: from hospital to the community; from analogue to digital; and from sickness to prevention.

The important role of allied health professionals (AHPs) is recognised as central to an updated modern health service. Delivering a workforce 'fit for the future' is also a key theme within the plan, with proposals such as ensuring education and training in digital literacy, artificial intelligence (AI) safety and data governance being referenced. The plan also advocates cross-profession regulatory alignment in support multi-disciplinary teams and work with regulators to identify opportunities across all care pathways to 'train to task' rather than 'train to role' where safe to do so. We will continue to work closely with our stakeholders as the plan is implemented and further details that sit around the proposals are developed.

The plan also describes a move to reduce the NHS's dependence on overseas staff from its current level with the ambition to reduce international recruitment to less than 10% by 2035 (from its current level of 34%). We will continue to work with the Department of Health and Social Care (DHSC) and other stakeholders as well as examining the more detailed plans as they are developed to inform how we forecast our income in future budgets with this proposed shift to reduce reliance on non-UK trained professionals.

## **Corporate strategy**

As the Council is aware, work is underway to develop the next HCPC corporate strategy, as the current one ends in early 2026. We are looking to develop the strategy with the help and partnership of key stakeholder groups to meet the challenges and opportunities that lie ahead. The core role of the HCPC remains unchanged, to protect the public, and uphold the high standards across the 15 professions we regulate. It is important that the HCPC continues to be agile so that we can respond to the evolving landscape. July marks the launch of our initial stakeholder engagement via surveys, focus groups, workshops and meetings, with a focus on listening so that we can understand the major issues/threats/opportunities in the health and care sector for the foreseeable future. We will continue to engage the Council, with the aim of launching the strategy at the beginning of 2026.

## **HCPC data hub**

[HCPC's data hub](#) (launched in May 2025) is key to informing the wider health and care sector to spot trends and to better understand the workforce across the UK, helping to support delivery of care. Demonstrations of the hub's flagship product, the workforce profiles, were given to the DHSC and NHS Scotland in May and June. We received a letter from Karin Smyth, Minister of State for Health, commending the development of the data hub. The next data hub products are the learner progression to registration dashboard and the retention rate dashboard and the associated insights report.

## **Regulatory reform activity**

We continue to engage proactively with the DHSC and other regulators on the regulatory reform programme. As the DHSC has continued its work with the General Medical Council (GMC) it has continued to shared proposals across several areas, including registration processes (such as annotations and revalidation and automatic removal and restoration to the Register), rules and powers (including revision of

decisions and appeals), and governance and operating frameworks (such as a revised governance model and constitution Order).

In our engagement with the DHSC we have continued to emphasise the need to improve our regulatory framework for consistency, flexibility, transparency, and fairness for registrants, while maintaining strong public protection.

The HCPC's Policy and Standards team participated in a cross-regulator engagement session with the DHSC to stay informed on key developments and held separate meetings with the Nursing and Midwifery Council (NMC) and the GMC to coordinate on shared reform priorities and ensure alignment with our values and strategic objectives. While the work is being led by the policy and standards team, expertise of colleagues from all of our departments are engaged helping to shape a modern, proportionate, and effective regulatory framework and we will continue to keep the Council updated on developments.

## **Stakeholders**

### Four nations

As part of our regular engagement with the four nations, my executive colleagues and I met with the Chief Allied Health Professions Officer, Carolyn McDonald (Scotland) and Chief Scientific Officer, Catherine Ross (Scotland) on 27 May where we discussed areas of mutual interest including plans for the healthcare science workforce in Scotland.

On 9 June, we met with the Chief Allied Health Professions Advisor (Wales), Ruth Crowder and the new Chief Healthcare Science Officer (Wales), Victoria Heath.

On 7 July, I met with the Chief Allied Health Professions Officer (England) Suzanne Rastrick and discussed, amongst other things, the NHS 10 Year Plan.

Together with Matthew Clayton, Policy Lead, Jamie Hunt, Head of Education and Adam Haxell, Strategic Engagement Lead, we reconvened with Catherine Ross (23 June) to go into greater detail on the Scottish government's 'redefining our workforce' paper on healthcare science, and we will continue to be updated on this work as it progresses.

### Unions

On 30 June my executive colleagues and I met with colleagues from GMB Union: Sharon Wilde, National Officer for Health and Paul Turner, Deputy Branch Secretary, Northwest Ambulance Service (Paramedic); discussion topics included our new data hub, the sanctions policy consultation and the corporate strategy work.

On 2 July we also met with Unison to discuss the same topics, as well as how we can work together on maintaining professional registration guidance for their members.

We also met Unite the Union on 3 July with a similar agenda. All union colleagues commented that they remain pleased to be able to engage with us frequently, and we are committed to that continuing.

### Regular engagement

On 29 May, I met with the Chief Executive of the GMC, Charlie Massey and discussed the Professional Standards Authority's (PSA) consultation on their standards of good regulation which HCPC had responded to on 8 May. The recent Supreme Court ruling on sex and gender was another topic for discussion. I joined my counterparts at the Chief Executive Officers and Registrars Board (CEORB) meeting on 30 May to discuss areas of mutual interest and collaboration.

My full meeting list is provided at [appendix A](#).

### **Raising concerns and sexual safety**

#### HCPC's Student Competition

This spring we launched our fourth student competition that closes on 1 September 2025. We invite students who are enrolled in a HCPC-approved pre-registration programme to create a learning session for fellow students that explores: why speaking up and raising concerns is important; how to develop a range of approaches that are effective and constructive; and how approaches should differ depending on the situation. The winning entry will be awarded a £300 voucher prize. You can view more details here: <https://www.hcpc-uk.org/students/enter-our-student-competition/>

#### Sexual Safety Training for managers

As [previously reported](#), the HCPC launched a programme of work in response to increasing concerns about the conduct of health professionals towards each other, other colleagues, students and learners and service users. This relates to the crossing of professional boundaries and sexual misconduct and involves HCPC registrants, as well as other health and care professionals.

To ensure we also hold ourselves to the same standards we expect from our registrants we have delivered sexual safety training for managers at the HCPC aimed at improving our understanding of what a disclosure of sexual misconduct means and how to respond appropriately to this, and the immediate and long-term effects of sexual misconduct on survivors. This was an adapted version of training we have delivered to registrants and employers as part of our prevention and upstream regulation work.

The Executive Leadership Team (ELT) participated in this training which was delivered in house by Aditya Palai, Human Resources Partner, Fiona Campbell and Ian Spink, Professional Liaison Consultants.

## 2. Regulatory Performance

Below I highlight some of the key points about the performance of our core regulatory functions of education and registration and a separate deep dive into fitness to practise will be discussed as part of the Council's agenda today.

### Education

#### Team performance against service levels and KPIs

Performance has improved since reported to the Council at its May meeting. The team has reduced the number of open assessments by 12% and has reduced the percentage of assessments outside of our service levels. The team is focused on performance against service levels and KPIs in Q1-2, so that before the start of the next academic year in September, with the aim that our education quality assurance activity is up to date. This will enable a 'clean slate', which will be easier to maintain performance against our time-based KPIs. Evidence shows that the quality of our decision making has been consistently high. We provide a detailed report on performance at each meeting of the Education and Training Committee.

#### Current operational focus

The team is working with education providers to undertake approval assessments for September 2025 start dates, to ensure there are not unreasonable regulatory barriers for new programmes starting as planned in the new academic year.

We have planned our performance review monitoring programme of work for the 2025-26 academic year. 31 education providers will be reviewed, to ensure continued alignment with our regulatory standards. A key focus for these reviews is ensuring education provider deliver our revised standards of proficiency and standards of conduct, performance and ethics.

#### Reducing regulatory burden/overlap in education quality assurance

We are part of two cross regulatory groups on AI in education, and the use of education data to inform regulatory decision making. The purpose of these groups is to consider where we can arrive at joint requirements or positions, to align regulatory expectations for education providers. This would mean that education providers can consider combined expectations, rather than cross referencing multiple expectations in their work. We continue to keep the Education and Training Committee up to date with this work.

## **Registration**

### UK applications to join our Register

In the period April to June 2025, we received 3,814 UK applications via the UK registration route. The team continues to manage the demand well and the median time to assess and process UK applications was one working day during the quarter. This has put us in a strong position as we head into the summer peak of UK graduates applying to join our Register where we expect to receive around 12,800 applications over July – September.

### International applications to join our Register

In the period April to June 2025, we received 963 applications via the international registration route.

The volumes of international applications being received have now settled post the spike of 2,457 applications in January 2025 and so far, this financial year has remained lower than budgeted for as outlined in the finance paper on the agenda today.

The median time to assess international applications during April to May 2025 was 80 days (our service standard is 60 working days) however this is much improved on Q4 24-25 when the median assessment time was 97 working days. As the volumes remain relatively low and as our newer colleagues become fully competent, we expect performance in this area to further improve over the course of the next few months. The data indicates we are on track to return to within our 60 day KPI by the end of July as forecast.

### Registration renewals

On 1 March 2025 practitioner psychologists began their renewal period. At the end of their renewal cycle on the 31st of May 96.3% of practitioner psychologists had renewed their registration which is 0.5% higher than the previous cycle.

On 1 June 2025 paramedics and orthoptists began their renewal period, and as of 30 June 63.5% of paramedics and 60.7% of orthoptists have completed their renewal, both professions are around 2.5% higher than at this time in their previous cycle.

### Developing our international assessment approach

Following on from discussions with the Council in March regarding our plans to further develop the international assessment route, we have made good progress in introducing phase 1, removing our further information process. This change will improve the applicant experience by providing clarity following the completion of the first documentary assessment of an application. It will also further mitigate risks regarding the authenticity and reliability of documentation to reach an assessment decision. Applicants will be either 'accepted' at this stage or, where gaps to our



standards are identified, they will be invited to take a 'test of competence'. Where substantial gaps are identified, we may also refuse the application. We are currently working with our assessors and internal teams to finalise the approach, develop guidance and training materials and are aiming to implement this at the end of September/early October.

### **3. Policy and Standards**

#### Sanctions Policy

Following the Council's approval of the publication of the sanctions policy on 22 May 2025, the consultation was launched on 29 May 2025. The consultation invites views from stakeholders on the proposed approach to sanctions and will remain open until 1 September 2025. We are currently in the consultation period and are actively engaging with stakeholders to encourage responses.

#### Safeguarding guidance

Our updated standards of conduct, performance, and ethics (SCPEs) were published in 2024. As part of our review to the associated guidance that sits alongside the standards, we drafted new safeguarding guidance on standard 7 (report concerns about safety) and updated our guidance on confidentiality.

Through the SCPEs review we discussed standard 7 and safeguarding with registrants and heard about the importance of registrants having easy access to information that sets out their safeguarding responsibilities. We also heard that it is important for them to understand local safeguarding processes.

Information related to registrants safeguarding responsibilities has previously been included in our guidance on confidentiality. Standalone guidance on safeguarding will ensure the accessibility of information provided to registrants about their safeguarding responsibilities and creates a clear reference point.

Through a focus group exercise with the Patients Association, we will be seeking feedback on the draft safeguarding guidance from service users. This will ensure the guidance is aligned with the experience of service users and where appropriate, reflects their expectations of health and care practitioners accurately.

The Patients Association will run two focus groups; one with under 18s (accompanied by a parent/guardian), and another with adults who have had experience of safeguarding in health and care settings. The focus groups will likely take place in August with 20 participants (10 in each group).

We will complement this engagement with workshops and a survey for wider stakeholder groups. This engagement will particularly target professional bodies and

employers to ensure that the draft guidance aligns with safeguarding principles and processes.

Following our engagement, the Policy team will bring a paper to the Council at the beginning of next calendar year.

#### **4.Resources**

We have been managing a technical issue with our Business Central finance system. This issue arose following implementation of changes to the sales order process to improve the way in which we account for income and to enable quarterly payments of registration fees by direct debit. There were unintended consequences of this system change, including the system generating duplicate invoices. The main impact on registrants is that we have had to delay the collection of direct debits for around 20,000 registrants due in July to 1 August, which we are communicating proactively to all registrants affected. No registrants' registration status has been affected and we have put in place controls to ensure there are no further adverse external impacts until the IT fix is successfully deployed. Work to address the system issues with the supplier is ongoing as a top priority and the ELT is actively tracking progress to minimise the impact and any further risk.

The ELT has approved a business case to allocate income from the recent fee increase to address specific capacity bottlenecks in the FTP decision making process that are having an adverse impact on timeliness of decision making. The impact on performance from the investment will be tracked through the existing monthly performance reports to the ELT. The business case also provides for work by the Business Change team in partnership with FTP to review business processes and identify opportunities for further process improvements within the existing resource base. The finance report includes a section seeking Council approval for this additional allocation of funds.

At the beginning of July we published a new policy for staff on the use of AI in the workplace. The policy embraces the positive potential of AI to change the way we work, while setting clear guardrails for its use, including a reminder that no personal or confidential data should ever be uploaded into an open-source AI tools such as Chat GPT. The Secretariat will circulate the policy for information to the Council.

The Business Change team and FTP team have worked together on the deployment of significant changes to the case management system to support the delivery of internal frontloaded investigations. The changes also supported go-live of a new approach to streaming pre-ICP investigations, which commenced on 7 July. With the implementation of streaming the planned changes to the FTP operating model that have been rolled out over the last year are now complete. These changes will support more efficient case progression, better use of resources and promote high-quality decision making.

Work has continued to roll out new partner contracts and implement a new payroll system for partners. The changes will enable payment of holiday pay in future as part of the move to worker status for partners, during periods when they are working on an assignment for HCPC.

We have completed on time the first draft of the 2024-25 annual report and accounts, in preparation for the National Audit Office's (NAO) audit at the end of July.

Our new Environmental, Health and Safety Manager, Stefan Marin, has been leading a programme to update our emergency response and preparedness, including new policies, and the development of an online, AI-enabled search and guidance (both in progress), and training for emergency responders and incident commanders.

## Appendix A - Chief Executive's external meeting schedule covering 16 May 2025 – 9 July 2025

HCPC Professional Body Forum	20 May
Carolyn McDonald, Chief Allied Health Professions Officer for Scotland; Catherine Ross, Chief Scientific Officer for Scotland	27 May
The General Medical Council (GMC) - Charlie Massey, Chief Executive	29 May
Chief Executives Officers Regulators Board meeting (CEORB)	30 May
Ruth Crowder, Chief Allied Health Professions Adviser, Wales; Victoria heath, Chief Healthcare Science Officer, Wales	9 June
Chief Executives Steering Group Meeting (CESG)	26 June
GMB - Rachel Harrison, National Secretary, Public Services Section; Paul Turner, Deputy Branch Secretary, Northwest Ambulance Service (Paramedic)	30 June
UNISON - Celestine Laporte, National Officer – Health; Nick Entwistle, National Officer, National Officer; Sharandeep Bandesha, National Officer – Health Group	2 July
UNITE - Gavin Fergie, Lead Professional Officer; Dave Munday, Lead Professional Officer (Mental Health)	3 July
Suzanne Rastrick, Chief Allied Health Professions Officer for England	7 July