Council

Meeting Date	24 September 2026
Title	Chief Executive's report on organisational performance September 2026
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Executive Summary

This paper provides the Council with updates on the organisation's performance since the May 2026 Council meeting.

Key developments across education, registration, fitness to practise, policy & standards and our corporate enablers are highlighted.

As this is a quarterly edition of this report, it includes our key performance indicator dashboard, our strategic risk register and updates on our corporate plan deliverables tracker for 2026-27.

Appendices

A – HCPC position on registrants working at advanced levels of practice – Karin Smyth MP
B – Chief Executive's meetings in the reporting period
C – KPI Dashboard and Performance Data
D – Corporate Plan 2026-27 Deliverables Tracker
E – Strategic Risk Register

Action required	The Council is asked to review the information provided and seek clarification on any areas.
Previous consideration	This is a standing item, considered at each Council meeting.
Next steps	The next report will be received in December 2026.
Financial and resource implications	None as a result of this paper.

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

Chief Executive's Performance Report – September 2026

1. Introduction

This report provides my assessment of the organisation's performance including our performance against our key performance indicators (KPIs), an update on the 2026-27 corporate plan and our strategic risks. Key developments across the regulatory areas, policy & standards, professional liaison and our corporate enablers are highlighted.

Advanced Practice

Appendix A is a letter from myself and the Chair to Karin Smyth MP setting out the HCPC's position on registrants working at advanced levels of practice. The letter explains that HCPC registrants working in advanced practice are already fully regulated within their scope of practice and must meet the relevant HCPC standards. It confirms that, following independent review and subsequent Council consideration, the HCPC does not consider additional standalone regulation of advanced practice to be necessary or proportionate, as the evidence does not indicate a higher level of risk to the public. The letter also highlights the resources published in March 2026 to support registrants, employers and system leaders in understanding safe and effective advanced practice, and emphasises that HCPC's flexible model of multi-profession regulation supports innovation while maintaining public protection.

Regulation of Hospital Managers

The Department of Health and Social Care (DHSC) has now confirmed that funding for the programme, to design and then implement the barring system, will commence in January 2027. I've provided a brief overview of the background to hospital managers regulation below.

Andy Smith will lead the programme of work to design and implement the barring system as the Senior Responsible Officer for the programme. He will also continue in his role as Deputy CEO.

To ensure Andy has the capacity required to lead this important programme, I will be advertising internally and externally over the coming weeks for an interim Executive Director for a two-year period. This role will assume interim responsibility for Andy's current portfolio and line management, including Insights & Analytics, Education, Registration, Policy & Standards and Regulatory Development & Improvement. I will be seeking either a two-year secondment or a fixed-term contract commencing in January 2027.

Andy is now beginning to pull together a multi-disciplinary programme team that will bring together the skills and experience required to design and then implement a new regulatory system. We will share more on that in due course. While we will set-

up a programme team that will very clearly run as a standalone department, we will keep everyone well informed of its work as it progresses.

I want to reiterate that the funding for this will come from Government and we will not use our existing income from registrants to fund either the design, implementation or ongoing running costs of the hospital managers barring system.

Background to hospital managers regulation

- DHSC published the consultation outcome on 21 July 2025: Leading the NHS: Proposals to Regulate NHS Managers.
- Government responding to numerous independent inquiries and reviews (Infected Blood Inquiry, Thirlwall Inquiry, Messenger and Pollard Report) which have made recommendations about improving accountability, transparency and regulation of senior leaders within the health service.
- Government decided to proceed with a barring system and that HCPC will run that barring system.
- Government considered but decided against full statutory regulation (with the associated education routes, maintaining a register, standards of proficiency etc) or a voluntary register (e.g. akin to those maintained by the Professional Standards Authority (PSA)).
- Both the HCPC and the DHSC are clear on the position that HCPC cannot, and will not fund, the design and implementation (and ongoing running costs) of the barring system. That funding is to be provided by government. Therefore, work to design the barring system will not start until January 2027, when the government's funding begins.

Fitness to Practise Work

The executive team have continued to report into the Fitness to Practise (FTP) governance board on progress. This includes the updates on case management and the mobilisation of support to keep parties to FTP updated. It includes the relevant risks and financial oversight. Recruitment continues at pace to manage the increase in demand.

Mann Review Updates

I provided an update on the Mann review at Council in July. Lord John Mann's report was published in June 2026 and contains recommendations around tackling antisemitism and other forms of racism. In July, I noted that many of the review's themes aligned with work already underway at the HCPC and highlighted a number of recent developments including the publication of resources for registrants, employers and the public on tackling discrimination, including antisemitism and Islamophobia and awareness training for senior leaders, staff and Council members on antisemitism and Islamophobia.

Since then, we have continued to engage with the DHSC, the PSA and other regulators to discuss and co-ordinate our approach to the recommendations and to

share information and best practice. We will continue to provide updates to the Council as this work progresses.

Standards of Education and Training (SETs)

Our revised standards of education and training (SETs) were published in September 2026 and will become effective in September 2027. The revised standards are available here: Revised standards of education and training | The HCPC.

Alongside the revised SETs, we have produced supporting guidance to help education providers understand and implement the changes. The guidance will be available at the end of September. We will also set up webinars to set out the key changes to education providers, professional bodies and other external stakeholders who have an interest in these standards.

All approved education providers and programmes will be required to meet the revised SETs from September 2027.

We will undertake compliance assessments of education providers across three academic years from 2027-28, meaning that we will have assessed compliance for all education providers before the end of August 2030.

Our compliance approach has three stages:

1. Compliance declaration (by the end November 2027)
   Education providers will formally declare that they have reviewed the revised SETs and made any necessary changes.
2. Updated institution level information (by the end August 2028)
   Education providers will submit an updated institutional 'baseline' document explaining how their policies and processes align with the revised SETs.
3. Full compliance assessment (three years from the 2027-28 academic year)
   We will assess all education providers against the revised SETs, using existing monitoring processes. Education providers identified as higher risk will be prioritised earlier in the three year period.

This approach will:

- Ensure all education providers comply with the revised SETs
- Maintain public protection
- Focus regulatory activity where risk is greatest
- Align with our existing education quality assurance model
- Be achievable for both education providers and the HCPC

We will report on progress for SETs compliance through our reporting to the Education and Training Committee (ETC) from the 2027-28 academic year.

Sexual Safety Work

In 2024, our data and anecdotal evidence showed that there were increasing concerns about the conduct of health professionals linked to the crossing of professional boundaries and sexual misconduct. This has a significant and harmful impact on individuals affected. It also impacts colleagues and teams, leading to poor service user outcomes.

We therefore decided to undertake a focused programme of work, linked to our regulatory and influencing role to protect the public. At a high level, our work is focused on:

- Setting clear regulatory expectations, including explaining those expectations through information and guidance
- Applying those expectations in practice through our Education, Registration, and FTP regulatory functions, including taking action where our expectations are not met
- Working directly with registrants, learners, employers, and other stakeholders to influence behaviours, and activities owned by other organisations on this subject

We recognise that our work in this area is not concluded, and are considering further work to help to address this problem. It is important that future activities are linked to our regulatory and support role for our professions, and that we recognise we work in a system with many influencers for cultural change:

- Broadening our requirements so from the 2026-27 academic year, all education providers demonstrate how they are addressing problems with sexual safety, as part of a broader topic on learner safety in education and training
- Reporting education provider approaches to address problems, to share best practice to help the education sector learn and develop
- Continue to develop our Professional Liaison Service materials, and develop a clearer risk-based model for where we target interventions through the Service
- Consider our work to date, informed by data and insight, to make further updates to our sexual safety hub, and in future reviews such as for CPD, returning to practice, and the standards of proficiency

Stakeholder Engagement

Four nations

Together with my Executive Leadership team (ELT) colleagues we have held our regular relationship meetings with stakeholders across the four nations including the new Chief Allied Health Professions Officer for Wales, Gareth Evans, the Chief Healthcare Science Officer for Wales, Vicki Heath; Michelle Tennyson, Chief Allied

Health Professions Officer for Northern Ireland and Chief Scientific Officer for England, Dame Sue Hill.

As part of these meetings, we discussed sector updates and HCPC updates, including Council decision on fees consultation 2026, resources to help registrants respond to discrimination, advanced practice resources and Chair recruitment.

Unions

Similarly, we met with UNITE and UNISON colleagues in September, where we discussed Chair recruitment, advanced practice work, the SETs review, and our fee rise consultation.

My full meeting list is provided at appendix B.

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 FTP report will be discussed as part of the Council's agenda today.

Education

Team performance against service levels and KPIs

We have continued to experience challenges in meeting our KPIs since the last report. Our data and quality assurance work (as reported to ETC) shows that the quality of our decision making has been consistently good but the complexity of our work is increasing. This is due to a broader range of evidence being collated by the team, and developments and challenges within the education sector needing further reviews against our standards.

We are investing in the team to improve performance over the next 12 months and are currently recruiting two new roles. These roles will support improved performance in the short to medium term and will also form part of a revised team structure from September 2027. This additional capacity and revised structure will help us to continue to effectively discharge our regulatory duties linked to education and training.

We are currently concluding our monitoring assessment of education providers that commenced in the 2025-26 academic year to ensure continued alignment with our regulatory standards. A key focus for these reviews is ensuring education providers deliver our revised standards of proficiency and standards of conduct, performance and ethics. We are also planning for assessments in the 2026-27 academic year.

Responding to the NHS 10 Year Plan for England

Once the workforce element of the 10 Year Health Plan for England is published, we will have good insight on what regulatory action we will need to take in response to the plan over the coming years. We were expecting this to have been published by now, but publication has been delayed due to changes in central government. We currently do not have a revised timeframe for publication of the plan, but are liaising with DHSC through our normal engagement channels.

Registration

UK applications to join our Register

During the period June to August 2026, we received 8,584 UK applications via the UK registration route. The team continues to manage the demand well and the median time was two working days in June, five working days in July and eight working days in August 2026, which is below the ten working days KPI. This means performance is good as we manage the peak summer period of UK graduates applying to join our Register.

International applications to join our Register

We received 585 international applications in the period June to August 2026, and we assessed international applications within our 60 working days KPI. The number of international applications received this financial year to date is 953 which is 20% higher than the 792 forecasted when we set our budget for this financial year, but considerably lower when compared to the 1,502 applications received during the same period in 2025.

We will continue to monitor international performance closely.

Registration renewals

- On the 1 March 2026, arts therapists began their renewal period. At the end of their renewal cycle on the 31 May, 92.2% of arts therapists had completed their renewal, which is in line with previous cycles.
- On the 1 April 2026, dietitians began their renewal period. At the end of the renewal cycle on the 30 June, 93.5% of dietitians had completed their renewal, which is in line with previous cycles.
- On the 1 May 2026, chiropodists began their renewal period. At the end of the renewal cycle on the 31 July, 92.5% of chiropodists had completed their renewal, which is in line with previous cycles.
- On the 1 May 2026, hearing aid dispensers began their renewal period. At the end of the renewal cycle on the 31 July, 90.4% of hearing aid dispensers had completed their renewal, which is lower compared to this time in 2024, but in line with previous cycles.

We continue to work with professional bodies and unions requesting that they share our guidance and remind their members to renew their registration – this negates the need for people to apply to re-join the Register if they unintentionally do not renew their registration.

3. Policy & Standards

Research on the use of AI by our registrants

We have continued to work with our research partner, Ipsos, to explore how registrants are using artificial intelligence (AI) in practice. Following the focus groups earlier in the summer, we sent invitations to a sample of our registrants across all professions to participate in the quantitative survey. The survey questionnaire seeks insights into how and how often registrants are using AI, their confidence level, and how they see the impact of using AI on their practice and ability to meet the standards. Registrants will be able to respond until 18 September. Ipsos has also begun recruiting and scheduling depth qualitative interviews to further investigate the findings from the survey. We provided a detailed update on this work to ETC on 9 September.

CPD Review

We have been conducting a preliminary exploratory review as part of a wider review of the HCPC's current continuing professional development (CPD) standards and processes to assess whether they remain fit for purpose in a rapidly changing healthcare environment. We have conducted desktop research into our processes using publicly available documents and discussions with internal stakeholders. We have analysed a range of internal data, including CPD outcome statistics and feedback from registrants on our CPD process, to triangulate with our high-level literature review of academic and ‘grey’ literature. Furthermore, we have completed a horizon scan of how CPD is implemented across a range of regulators in healthcare and other sectors. Across these data sources, we are aiming to analyse what works well in approaches to CPD and what might need further consideration. This will enable the HCPC to make an evidence-informed decision on the appropriate next steps.

4. Resources

The focus of the Resources directorate has been on building FTP capacity and delivering process and system improvements, as part of wider planning to respond to the significantly increased demand that the Council has discussed a number of times. Specific activities include running assessment centres to recruit regulatory investigators, configuring the case management system to help enable regular updates to be sent to people involved in FTP cases, configuring new reports and working with the Senior Leadership Group to reprioritise and reschedule deliver of other corporate plan activities.

Other work has included development of the 2025-26 annual report and accounts and engagement with NAO on their audit of the accounts and next steps in the fees review process.

Appendix A – HCPC position on registrants working at advanced levels of practice - Karin Smyth MP

Dear Ms Smyth,

The Health and Care Professions Council (HCPC) regulates over 360,000 professionals across the UK. Allied health professionals (AHPs), healthcare scientists, and psychologists are central to diagnosis, care, support, and treatment across the country. These professionals, and many more like them, are central to the delivery of the NHS 10 Year Health Plan and the wider transformation of health and care services. Together, these professionals work as part of multidisciplinary teams, providing vital care and support to millions of people every year.

Many of these professionals may also work at advanced levels of practice across our regulated professions. We are aware of ongoing conversations across the sector about Advanced Clinical Practitioners (ACPs), and we therefore wanted to write to clarify our regulatory position, and to highlight our recent work in this area.

HCPC registrants working at advanced levels of practice are currently fully regulated by the HCPC and must adhere to all regulatory standards relevant to her scope of practice. Their skills and experience make them a critical part of the wider health and social care system, and one which will be of enormous importance in the stated shifts set out in the NHS Ten-Year Plan.

Our model of regulation for registrants, including advanced practitioners, does not seek to impose arbitrary barriers, or stifle innovation. It is a form of regulation that not only protects the public, it also enables flexibility, the development of new skills and methods to meet ever-changing needs and enhances the ability of the NHS and the wider sector to be fit for the future.

The HCPC currently regulates Allied Health Professionals (AHPs), healthcare scientists, and Practitioner Psychologists working at advanced levels of practice. In 2020 we commissioned an independent review of advance practice, to ensure that the decisions we take are based on evidence and ensure the public is protected.

One key question was to determine if additional, standalone, regulation of advanced

practitioners was necessary to mitigate any potential risks. The evidence from the review was clear that additional regulation would not be necessary or proportionate, as the level of risk presented was low. This being the case, our model of regulation of advanced practice was affirmed by our Council in 2021 and in 2024 and is why have no plans to develop additional regulation of advanced practice.

In our assessment, there has been no evidence produced to support the case for additional and separate regulation, as HCPC registered ACPs currently working across the sector are fully regulated and have not demonstrated a greater level of risk to the public in the very many years they have been working.

In order to aid registrants, and the wider sector, in their understanding of our regulation of advanced practice we also published a new set of resources in March

2026. One section of these resources directly informs managers, multi-disciplinary strategic leaders and employing organisations about the shared responsibility we have for safe and effective practice. It includes the responsibilities our registrants have, the support they should be given, and gives further information on how we expect supervision and delegation to be undertaken within our regulatory framework. This work was commissioned by NHS England and developed in partnership with the General Osteopathic Council, with input from a wide range of sector voices.

We are confident that our position protects the public effectively and proportionately. It is a great strength of our regulatory model that it enables innovation and flexibility, letting highly trained professionals develop their practice in a way that best helps their patients or clients. Our regulation is there to ensure this is done safely, effectively and proportionately and it is not our intention to create arbitrary barriers or constrain those on our register from performing to their maximum potential.

We know that reducing regulatory burden, whilst maintaining standards, is also a priority for Government. The HCPC runs a lean and efficient model of regulation, which would be further improved by reforming its archaic legislation. We therefore urge you to consider the implications of unnecessarily adding a layer of advanced practice bureaucracy to achieve an uncertain outcome.

Our position on advanced practice, as on other areas, reflects our model of multi-profession regulation. HCPC registrants work across a range of professional settings to deliver a high level of care or support and are an invaluable part of the health and care sector, and society more broadly.

Appendix B - Chief Executive's external meeting schedule covering 10 July 2026 – 17 September 2026

Department of Health and Social Care (DHSC) – Phil Harper, Deputy Director – Professional Regulation	13 July
Professional Standards Authority- Alan Clamp, Chief Executive; Caroline Corby, Chair	28 July
Chief Executives Officers Regulators Board meeting (CEORB)	30 July
Michelle Tennyson, Chief Allied Health Professions Officer for Northern Ireland	6 August
Advanced Practice Meeting with HCPC, NMC, BMA, CNOs and CAHPOs	12 August
Chief Healthcare Science Officer (Wales) - Vicki Heath, Chief Allied Health Professions Officer for Wales - Gareth Evans	26 August
Chief Scientific Officer (England) – Dame Sue Hill	27 August
Chief Executives Officers Regulators Board meeting (CEORB)	27 August
UNISON - Celestine Laporte, National Officer – Health; Nick Entwistle, National Officer, National Officer; Sharandeep Bandesha, National Officer – Health Group	3 Sept
UNITE- Gavin Fergie, Lead Professional Officer; Dave Munday, Lead Professional Officer (Mental Health)	7 Sept

Chief Executive's report on organisational performance – September 2026

Appendix C

- Key Performance Indicators Dashboard
- Register Demographics
- Media Reach Metrics

FTP

Measure	KPI 1 - the proportion of cases concluded at each stage that are within KPI 1.70% of cases concluded pre-ICP (threshold and ICP decisions) within 33 weeks of receipt 2.70% of cases concluded at a final hearing (including cases resolved by consent) within 39 weeks of the decision by the ICP that there is a case to answer.	Period September 2026
What it tells us	This provides a view of the age profile of cases that have progressed through the fitness to practise process and the timeliness of how cases are progressed to a final decision point. Metrics relating to the age profile of our open caseload are reported separately to Council in the FtP Performance reports. RAG: R: <60% A: 60-70% G: >70%	
Reporting period commentary	The data below reflects work we are undertaking to conclude our oldest cases, particularly at the post-ICP stage. We continue to ensure that we progress our entire caseload in a risk-based, proportionate way so that both younger and older cases are concluded in balance. In August 2026 we concluded 43% of cases at the pre-ICP stage within KPI, which is the largest proportion since May 2025. This KPI should be considered alongside the median age data for concluded cases (in the FTP Performance Paper). This KPI includes cases that have been on hold at any time during the investigation and the time accrued whilst in that 'on hold' status. Our median age for cases concluded at the pre-ICP stage in August was 28 weeks, which is within KPI.	

2025-26		Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	March- 26	April-26	May-26	Jun-26	July-26	Aug-26
1: Pre ICP	%	35%	27%	36%	23%	36%	41%	21%	25%	24%	35%	32%	43%
2: Final Hearing	%	40%	14%	13%	20%	6%	6%	8%	12%	23%	15%	20%	16%
2024-25		Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	March- 25	April-25	May 25	Jun- 25	Jul-25	Aug-25
1: Pre ICP	%	43%	49%	57%	48%	49%	40%	47%	34%	47%	37%	24%	32.4%
2: Final Hearing	%	18%	6%	12%	19%	30%	17%	10%	19%	11%	33%	13%	0%

Measure	KPI 2 - S.29 appeals and learning points	Period September 2026
What it tells us	This includes data and narrative on the number of final fitness to practise decisions appealed to the High Court by PSA under their S29 powers and the number of new PSA s29 learning points received. This provides a view of the quality of our fitness to practise decisions and assurance that those decisions are sufficient to protect the public.	
Reporting period commentary	In Q1 we received six learning points from the PSA. This includes areas of good practice highlighted by the PSA, as well as feedback on areas for improvement. All learning points are reviewed by our cross-organisational Decision Review Group and the relevant learning is fed back to panel members, advocates and case management teams as appropriate. This year to date we have not received any appeals by the PSA of our hearing decisions.	

2026-27		Q1 April-June (2026-27)	Q2 July-Sept	Q3 Oct-Dec	Q4 Jan-March
S.29 Appeals	Number	0	0 tbc		
PSA Learning Points	Number	6	3 tbc		
2025-26		**Q1**	**Q2 July-Sept**	**Q3 Oct-Dec**	**Q4 Jan-March**
S.29 Appeals	Number	3	1	0	3
PSA Learning Points	Number	6	5	7	6

Item 03

Education

Measure	KPI 3 - Education Quality and Timeliness 1. Less than 20% of assessments resulting in conditions / formal requirements 2. 30 days or less to provide process reports to the education provider from conclusion of quality activities	Period September 2026
What it tells us	Measure 1 will tell us whether we have worked effectively to help providers meet our standards and frontloaded addressing issues with providers, rather than setting formal requirements later in the process. RAG rating: R >25%, A 20-25%, G <20% Measure 2 will tell us whether we deliver reports to providers in a timely manner and have a team in place which is capable and supported to produce high quality reports. RAG rating: R >36, A 31-35, G <30	
Reporting period commentary	Measure 1 – An explicit aim of our quality assurance model is to address problems with education providers before the point of needing to set formal requirements – we hold providers to high standards, but support them in meeting them, aiming to reduce the need for formal conditions. In June, we set conditions on two assessment – as there were a low number of decisions (two) in this month this has resulted in a red RAG rating. The overall percentage of conditions set in the last 12 months is 8.8% of assessments. Measure 2 – Performance remains red rated in this reporting period, with a significant fluctuation in the number of average days to produce reports. We have continued to conclude overdue assessments in this period, and expect improved performance in future reports following the current bottleneck of reports that normally coincides with the end of the academic year. We are also investing in the team to address resource challenges, with two roles currently being recruited, and will move to a new operating model from September 2027. This should address challenges with meeting KPIs.	

		Sept 25	Oct 25	Nov 25	Dec 25	Jan-26	Feb 26	March 26	April 26	May 26	June 26	July 26	August 26
1													
	%	0	0	0	0	N/A	33	0	N/A	0	100	N/A	N/A
2	days	43	72	66	68	56	50	52	61	84	54	66	51
		Sept 24	Oct 24	Nov 24	Dec 24	Jan-25	Feb 25	March 25	April 25	May 25	June 25	July 25	Aug 25
1	%	0	7	0	0	0	0	0	17	N/A	0	0	N/A
2	days	92	80	28	N/A	70	51	27	37	46	41	44	28

Registration

Measure	KPI 4 – Registration responsiveness 1 - Monthly performance medium 10 working days 2 - Monthly performance medium 60 working days 3 - Answer 90% of telephone calls 4 - Respond to emails within 5 working days	Period September 2026
What it tells us	Responsiveness provides Council with a view of the customer service (timeliness) received by registrants. The breakdown of the register is included in the accompanying performance data to enable Council to maintain awareness of the size and make up of our registrant population. ETC receive more detailed Registration performance data. KPI 1 R: >15, A: 11-14, G: <=10 KPI 2 R: >70, A: 61-69, G: <=60 KPI 3. R: <70%, A: 70-89%, G: >90% KPI 4 R: >11 days, A: 6-10 days, G: <5 days	
Executive commentary	**UK application:** Performance against our service standard for UK applications has been consistently met since February 2022. The monthly performance median continues to remain within the 10 working days service standard. **International applications:** The monthly performance median for international applications was within our KPI, April to August 2026, and was 50 working days in August 2026. The number of international applications received from April to July 2026 is 20% higher than forecast, when we set our budget for the 2026/2027 financial year. We have received 953 applications in the 2026/2027 financial year[1]. **Calls:** The telephone call answer rate was 95% in April, 96% in May, 99% in June, 98% in July and 96% in August 2026. **Emails:** Our performance against our target of 5 working days for emails has been sustained, and we have been achieving the KPI for emails since June 2022.	

		Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	April-26	May-26	Jun-26	July-26	Aug-26
1: UK registration	Median days	3	2	2	1	1	1	2	1	2	2	5	8
2: Int registration	Median days	27	44	39	34	52	60	66	58	58	49	43	50
3: Calls	%	97%	98%	97%	99%	99%	93%	96%	95%	96%	99%	98%	96%
4: Emails	working days	2	2	3	1	1	3	2	2	3	2	2	3
		Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	April-25	May-25	Jun-25	Jul-25	Aug-25
1: UK registration	Median days	7	7	3	1	2	2	1	1	2	1	1	2
2: Int registration	Median days	66	70	84	81	92	97	82	81	78	81	44	31
3: Calls	%	93%	92%	95%	96%	93%	95%	94%	97%	92%	93%	99%	97%
4: Emails	working days	3	1	1	1	1	1	1	1	1	1	1	1

Item 03

Customer Service

Measure	KPI 5 - Customer service: Number of complaints and % upheld												Period September 2026
What it tells us	This provides insight into potential customer service and performance issues. Narrative will be vital for Council to probe and should include information on corrective action taken. Upheld RAG - Green <50 Amber 50-59 Red >59												
Executive commentary	Complaints related to international applications accounted for the majority of feedback received throughout the 12-month period, however by the end of Q4 2025-26 complaints for international registration had more than halved from their peak, and FTP complaints although relatively consistent, had risen slightly. Q1 2026-7 has seen slighter fewer complaints than the preceding periods, averaging at around 80 per month. July 2026 has seen FTP receive more complaints than Registration, as FTP complaints have risen and international application complaints were at a yearly low. Complaint themes across Registration and FTP continued to be mostly about delays, communication and responsiveness, some with references to wellbeing. The number of complaints determined as upheld in the last two quarters have stabilised at a reduced level from the preceding periods, and as a measure of performance this can be interpreted as an improved trend.												
Year to date		Sept-25	Oct-25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	April 26	May 26	June 26	July 26	August 26	Monthly average
	Number	85	113	80	63	103	88	85	74	79	88	80	**	85
	% upheld	49	51	46	41	51	41	40	34	46	44	**	**	44
Previous years		Sept 24	Oct-24	Nov 24	Dec 24	Jan 25	Feb 25	March 25	April 25	May 25	June 25	Jul 25	Aug 25	Monthly average
	Number	51	52	64	51	80	86	89	117	91	112	104	73	76
	% upheld	59	60	33	39	53	45	59	60	69	53	50	59	55

*** Approximate as cases still open at the time of reporting**
**** Final number/percentage to be confirmed or subject to minor change**

Item 03

Professional practice and insight

Measure	KPI 6 - Professional practice and insight: 60% of registrants said their practice would change as a result of information gained through a professional liaison learning event											Period September 2026
What it tells us	This measure focuses on outcomes which highlight the impact of our engagement. Engagement and media reach dashboard to be provided in performance report. Target 60%											
Executive commentary	In April we delivered a social media webinar and a professionalism workshop for NHS trusts. In May we delivered workshops related to professionalism, professional boundaries/sexual safety and social media. In June we delivered workshop for registrants related to professional boundaries, social media, raising concerns and the value of regulation. In July we delivered workshops related to professionalism, raising concerns and social media. In August we delivered workshops related to professionalism, raising concerns, social media, record keeping and CPD standards.											
Year to date		Sept-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	April-26	May-26	Jun-26	July-26	Aug-26
	%	93	N/A	63	71	74	68	90	78	73	50	83	90
		Sept-25	Oct-24	Nov-24	Dec-24	Jan 25	Feb 25	March 25	April 25	May 25	Jun- 25	Jul-25	Aug-25
	%	81	80	100	74	100	93	100	N/A	92	67	100	74

Finance

Measure	KPI 7 - Finance: Performance against budget/forecast operating expenditure in the range of 96.3% to 102.6%											Period September 2026
What it tells us	Indicates the grip and control in place and accuracy of forecasting. Measure will be the full-year forecast variance against the full-year budget moving from YTD.											
Executive commentary	• Overall expenditure for financial year ended 31 March 2026 is in line with the latest forecast (99.4%). • The operational underspend in actual expenditure of £267k compared to forecast is mainly due to lower payroll costs and the release of the provision for Partners' historic liabilities. • The full year actuals are subject to change as part of potential year-end external audit adjustments.											
Year to date	(£000)	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	April-26	May-26	Jun-26	July-26	Aug-26
	YTD Actual	20,710	24,100	28,133	31,448	35,045	38,589	42,127	3,544	7,239	11,139	15,033	**
	YTD Budget												**
	YTD Forecast	20,870	24,146	28,149	31,650	35,131	38,688	42,366	3,758	7,484	11,148	15,115	**
	YTD Variance	160	46	16	202	86	99	267	214	245	9	82	**
	Actual as % of budget / forecast	99.2%	99.8%	99.9%	99.4%	99.8%	99.7%	99.4%	94.3%	97.4%	99.9%	99.5%	**
Previous year	(£000)	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	April 25	May 25	Jun- 25	Jul-25	Aug-25
	YTD Actual	19,217	22,619	25,996	29,625	33,274	36,586	39,864	3,514	6,920	10,326	13,882	17,127
	YTD Budget	-	-	-	-	-	-	40,253	3,600				
	YTD Forecast	19,302	22,627	26,046	29,690	33,326	36,653	40,445		7,046	10,601	14,042	17,291
	YTD Variance	85	8	50	65	52	67	581	86	126	275	160	164
	Actual as % of budget / forecast	99.6%	100%	99.8%	99.8%	99.8%	99.8%	98.6%	97.6%	98.2%	97.4%	98.9%	99.1%

Information technology

Measure	KPI 8 - Availability of core IT systems Target: >99.5%										Period	September 26
What it tells us	Measure is based on actual hours of availability per month vs total number available. Given the reliance of our core functions on IT systems, this measure indicates the reliability of the IT infrastructure. Additionally, our registrants and stakeholders predominantly interact with us via our IT systems, and we have a statutory duty to ensure our online register is consistently available.											
Executive commentary	Performance and availability of the Online Register has been affected by excess load on the CRM and Finance systems, which is being investigated and remediated where possible. Mitigations have been put in place to minimise impact on external users.											
Year to date		Sept-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	April-26	May-26	June-26	July-26	Aug-26
	Availability %	99.69%	99.9%	100%	99.99%	100%	99.92%	99.86%	99.94%	99.98%	99.99%	99.96%	**
Previous year		Sept-25	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	March 25	April 25	May 25	Jun- 25	Jul-25	Aug-25
	Availability %	100%	100%	100%	100%	100%	99.99%	100%	100%	100%	100%	99.95%	100%

Measure	KPI 9 – Security Score Target: >80%										Period	September 26
What it tells us	Secure Score in Microsoft Defender for Cloud is a metric used to score the overall Azure Resources/On-prem Server security posture for HCPC. The changes in the "Defender score" needs to be taken into context, as a change to the score could relate to new updates, security framework changes or Infrastructure changes within the HCPC's environment.											
Executive commentary	This KPI tracks compliance with Microsoft security recommendations, so is constantly moving as new recommendations are made. A number of new requirements were added to the measure after the Christmas change freeze, requiring substantial effort to remediate but which carry limited real risk to HCPC. Work is underway to address these requirements alongside other priorities. Following the resolution of the long-term SMS fraud attack, a goodwill credit has been received from Microsoft. Details of the incident have been provided to our cyber insurer in order to ascertain whether further costs can be recovered.											
Year to date		Sept-25	Oct-25	Nov-25	Dec-25	Jan 26	Feb 26	Mar 26	April 26	May 26	June 26	July 26	Aug 26
	Score %	83%	82%	81%	74%	74%	75%	70%	70%	70%	73%	78%	**
Previous year		Sept-24	Oct-24	Nov-24	Dec-24	Jan 25	Feb 25	March 25	April 25	May 25	Jun- 25	Jul-25	Aug-25
	Score %	79%	81%	78%	77%	74%	81%	83%	80%	85%	74%	81%	80%

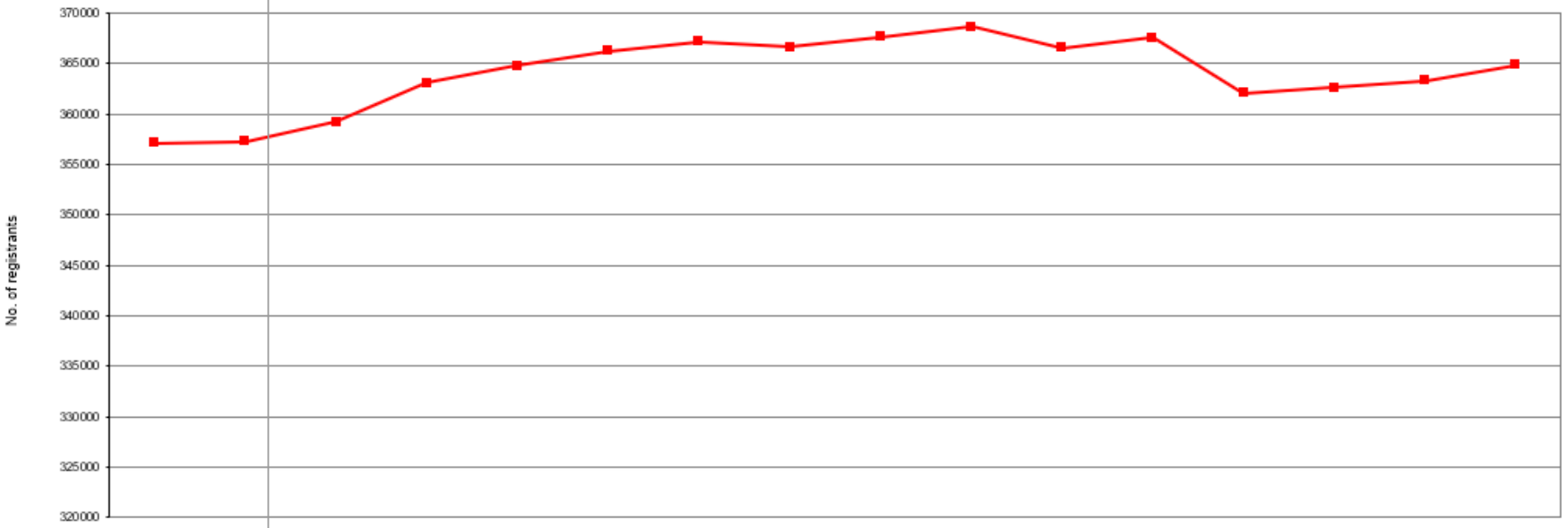
HR

Measure	KPI 10 - Voluntary staff turnover Target: <23%				Period	September 26
What it tells us	This will be based on permanent establishment leavers and not FTCs. This provides an indicator that could point to cultural issues. PRC considers more detailed HR and internal EDI metrics. (Figure is a rolling year to date total not the turnover in that quarter in isolation) Green 23% or less / Amber 24% - 27% / Red 28% or over.					
Executive commentary	Voluntary turnover increased to 14% in Q1, compared with 12% in the previous quarter. While this represents a modest quarter-on-quarter increase, the position will continue to be monitored to identify any emerging trends, particularly within critical roles and departments.					
FY 2026-27		Q1 (2026-27)	Q2	Q3	Q4	
	%	14				
FY 2026-25		Q1	Q2	Q3	Q4	
	%	10	10	11	12	

Measure	KPI 11 – Recruitment and onboarding efficiency				Period	May 26
What it tells us	Time to hire is based on the advert going live to the appointee's offer date. This measures how effective HCPC is in attracting and making an offer to the right talent, which has been an area of challenge in a competitive job market. Green 44 days or less / Amber 43 days – 53 days / Red 54 days or over.					
Executive commentary	Q1 data shows that the average recruitment cycle was 16 days, measured from the date an advert went live to the point an offer was made. To support the increased priority placed on recruiting Regulatory Investigators, a revised campaign-based approach has been introduced. Campaigns will run quarterly and remain open for longer, enabling the Talent team to source and screen candidates continually through application reviews and telephone screening. Shortlisted candidates are then invited to an assessment centre involving role play, an in-tray exercise, report writing, a presentation and a competency-based interview. Assessment centres require significant cross-organisational input, with different panels supporting each exercise, and are delivered alongside all other organisational recruitment activity. As this approach becomes embedded into business as usual, the average time to hire is likely to increase. However, it provides a more robust assessment of candidate capability and supports the development of a sustainable pipeline of suitably qualified Regulatory Investigators.					
FY 2026-27		Q1 (2026-27)	Q2	Q3	Q4	
	Average (days)	16				
FY 2026-26		Q1	Q2	Q3	Q4	
	Average (days)	22	20	21	19	

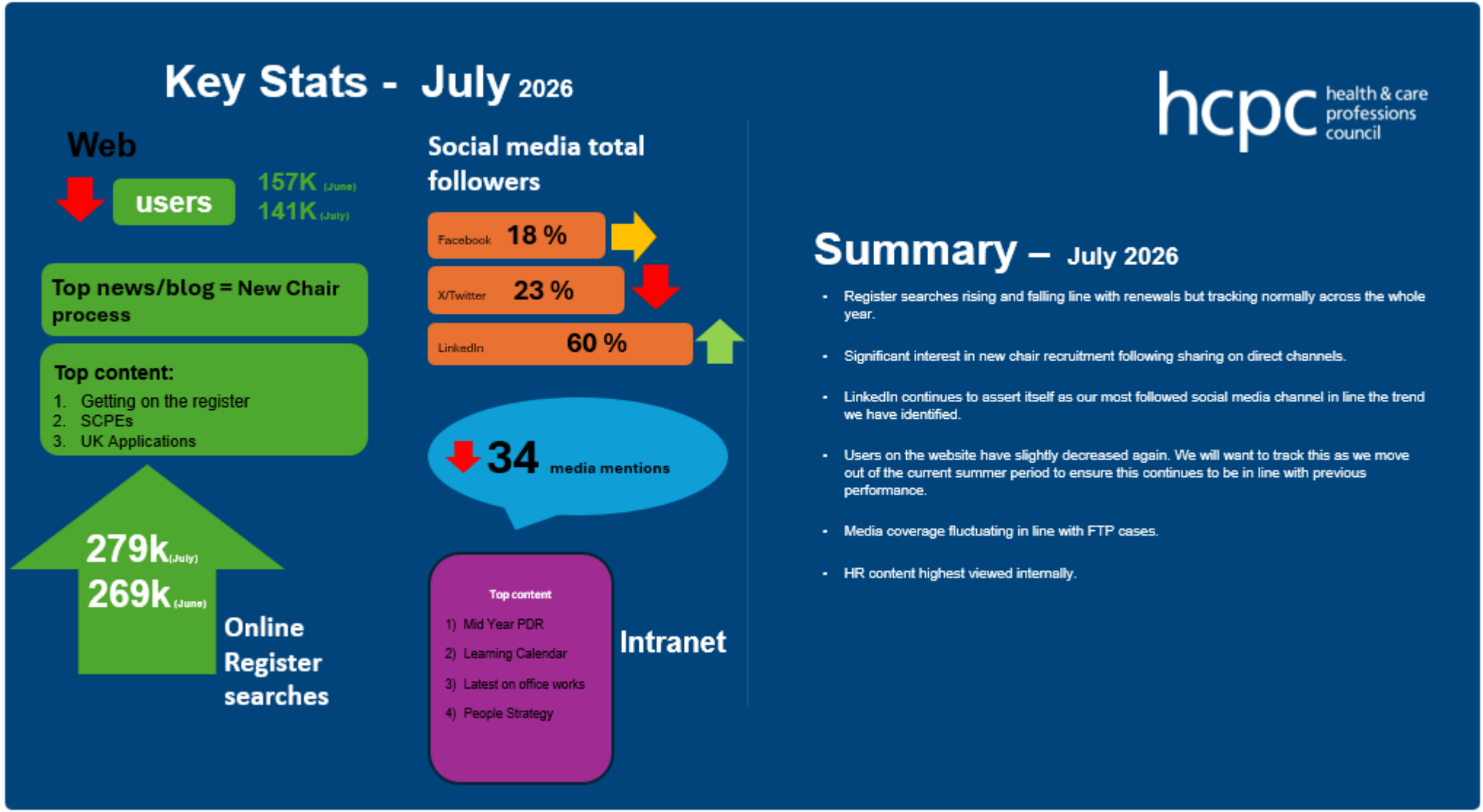
Item 03

Number of Registrants by Profession



	2025 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2026 Jan	Feb	Mar	Apr	May	Jun	Jul
Arts therapists	5,973	5,982	6,010	6,084	6,184	6,246	6,304	6,343	6,377	6,404	6,409	6,422	6,430	6,033	6,109	6,163
Biomedical scientists	29,611	29,767	29,927	30,199	30,385	30,448	30,538	28,399	28,633	28,776	28,852	28,942	29,020	29,087	29,179	29,345
Chiropodists / podiatrists	11,874	11,877	11,925	11,998	12,049	12,101	12,120	12,112	12,094	12,087	12,083	12,066	12,031	11,994	12,008	11,328
Clinical scientists	8,227	8,255	8,276	8,275	8,302	8,015	8,314	8,385	8,432	8,499	8,542	8,597	8,639	8,673	8,713	8,736
Dietitians	12,517	12,552	12,624	12,828	12,908	12,984	13,100	13,171	13,196	13,243	13,320	13,355	13,392	13,398	12,761	12,952
Hearing aid dispensers	4,606	4,649	4,693	4,777	4,826	4,887	4,940	4,954	4,991	5,018	5,025	5,045	5,051	5,056	5,070	4,681
Occupational therapists	47,447	47,526	47,654	48,067	48,350	48,599	46,715	47,032	47,165	47,297	47,426	47,603	47,672	47,747	47,902	48,215
Operating department practitioners	16,979	17,040	17,098	17,204	17,323	17,531	17,794	17,838	17,883	17,930	17,954	17,953	17,985	18,010	18,052	18,101
Orthoptists	1,594	1,592	1,591	1,600	1,616	1,562	1,563	1,571	1,575	1,576	1,577	1,580	1,580	1,581	1,584	1,587
Paramedics	40,634	40,637	40,825	41,295	40,551	40,936	41,340	41,623	41,730	41,807	41,926	42,082	42,131	42,145	42,364	42,823
Physiotherapists	77,264	77,737	78,390	79,461	80,293	80,905	81,457	81,739	81,956	82,165	82,319	82,400	76,421	76,940	77,361	78,111
Practitioner psychologists	30,431	29,543	29,841	30,015	30,179	30,636	31,098	31,376	31,513	31,660	31,779	31,888	31,980	32,055	32,142	32,208
Prosthetists / orthotists	1,261	1,266	1,279	1,297	1,305	1,226	1,239	1,245	1,250	1,251	1,254	1,258	1,259	1,260	1,269	1,277
Radiographers	48,542	48,637	48,873	49,571	49,950	50,191	50,412	50,502	50,457	50,410	47,547	47,803	47,930	47,989	48,165	48,601
Speech and language therapists	20,170	20,193	20,223	20,361	20,542	19,996	20,196	20,353	20,406	20,478	20,513	20,541	20,574	20,603	20,617	20,712
Total	**357,130**	**357,253**	**359,229**	**363,032**	**364,763**	**366,263**	**367,130**	**366,643**	**367,658**	**368,601**	**366,526**	**367,535**	**362,095**	**362,571**	**363,296**	**364,840**

Item 03


Key Stats - July 2026
Web
users
157K (June)
141K (July)
Top news/blog = New Chair process
Top content:
1. Getting on the register
2. SCPEs
3. UK Applications
279k (July)
269k (June)
Online Register searches
Social media total followers
Facebook 18 %
X/Twitter 23 %
LinkedIn 60 %
34 media mentions
Top content
1) Mid Year PDR
2) Learning Calendar
3) Latest on office works
4) People Strategy
Intranet
hcpc health & care professions council
Summary – July 2026
Register searches rising and falling line with renewals but tracking normally across the whole year.
Significant interest in new chair recruitment following sharing on direct channels.
LinkedIn continues to assert itself as our most followed social media channel in line the trend we have identified.
Users on the website have slightly decreased again. We will want to track this as we move out of the current summer period to ensure this continues to be in line with previous performance.
Media coverage fluctuating in line with FTP cases.
HR content highest viewed internally.

Chief Executive's report on organisational performance – September 2026

Appendix D

Corporate Plan 2026-27 - Deliverables Milestones Tracker

Corporate Plan 2026-27 delivery tracker

Progress continues, however some planned milestones have been deferred from Q2 to Q3/Q4 following investment reprioritisation to support the FTP customer service improvement programme. The areas with timescale changes or that have been deprioritised or added as new are highlighted in blue in the progress commentary.

Plan commitment	Owner	Target	Progress commentary
Putting patients at the centre of smarter, preventative regulation			
Establish a diverse Patient Panel to embed lived experience into our regulation strengthening the patient voice and building greater public trust and transparency.	Claire Amor	Q2-4	Options will be presented to Council in December 2026 with aim for Q4 mobilisation.
Evolve our Professional Liaison and Outreach service to be more strategic, risk-based and responsive to stakeholder needs. We will begin incorporating behavioural science into our work to strengthen how we understand and influence professional behaviour. We will focus our resources where they will have the greatest impact on public protection and the prevention of harm.	Claire Amor	Q1-4	New strategy for the work of the team is being developed, to be presented to Council December 2026. New Scottish Professional Liaison Consultant joined us in July.
Undertake analysis to identify the profession specific risk profiles that lead to fitness to practise concerns to better inform our approach to smarter, preventative regulation.	Andy Smith	Q1-2	Work on this has started and the preliminary findings are that while some characteristics are relative risk factors, their absolute risk is so low as to not be useful for prediction. The work is in track to be completed by end Q2.
Deliver multi-channel communication campaigns to improve understanding of our role, our regulated professions and the value of our insights, supporting greater public confidence and clearer awareness of how we prevent and address risk.	Claire Amor	Q1-4	A prioritised communications activity plan has been created for the year which has identified key campaign activity. Detailed planning and audience mapping is in progress across a number of projects and campaigns. Objectives

			have been agreed for a key awareness raising campaign, concept and case study development is ongoing.
Supporting healthcare workforce development through proportionate, agile regulation			
Increase our capacity to undertake front-loaded investigations and strengthen case management resources to support timely, proportionate decision-making and a better experience for all parties.	Laura Coffey	Q1-4	Investment has been redirected to strengthen FTP operational delivery, including increasing regulatory investigation and case management capacity and exploring the use of outsourced support for elements of case handling. Alongside process and technology improvements, these measures are intended to support front-loaded investigations, reduce delays and improve the experience of registrants, witnesses and other parties engaging with the FTP process.
Commence a review of the threshold policy, which sets out the kinds of concerns we will accept for investigation, to ensure that the cases we progress are proportionate to the risk involved.	Laura Coffey	Q1-4	We have initiated the project and are undertaking early engagement with our external legal firms, decision makers and registrant representatives group to help frame the scope of the review.
Enhance witness support and the customer service we provide to all participants throughout the FTP process	Laura Coffey	Q1-4 *Prev Q1-3*	Customer service improvement activity has become a key investment priority. Focus during Q2 has included risk assessment workflow improvements, reminder tools to support case updates, and external support solutions to

			improve communication with case parties. FTP witness support activity remains in scope, with resources across the organisation reprioritised to support delivery of FTP customer service improvements.
~~Begin a project to improve how we list cases for hearings to reduce unnecessary delays and uncertainty for registrants~~	~~Laura Coffey~~	~~Q3-4~~	This area was deprioritised for this year to enable focus on the FTP investment programme in timeliness and customer service. However, we are trialling new ways of working within the team to improve listing times instead of a formal project
Undertake data analysis to identify the key factors contributing to delays in case progression so we can better mitigate avoidable delays.	Andy Smith	Q4	Not yet due to initiate. However, as part of the reprioritisation exercise to support FtP we have completed trend analysis on FtP concerns by source of referral, nature of the concern and geolocation. This was presented to the FtP Excellence Board in September 2026.
Commence review of CPD standards and return to practice requirements to ensure they reflect evolving models of care, new technologies and the needs of a diverse, multidisciplinary workforce.	Andy Smith	Q1-4	CPD review scoping commenced, our initial step will be to carry out a literature review looking at CPD both in health and other sectors, UK and internationally. Return to practice review will commence Q3.
Provide high quality data analysis that supports workforce planning by: - Further developing the workforce dashboard to increase functionality and to incorporate the EDI dashboard, including more categorisations.	Andy Smith	Q4	Not yet due to initiate.

- Analysis of those leaving the HCPC register that will assist workforce planning and will also assist forecasting renewal rates and therefore HCPC's income. - Develop our use of HESA data to improve workforce pipeline data		Q4 Q2	
Provide high quality data analysis on regulatory outcomes by: - Publish an FTP dashboard containing annual report, supplementary EDI report and FTP cohort outcomes - International registration application outcomes by EDI characteristic analysis refresh	Andy Smith	Q3 Q3	The FtP dashboard will be launched alongside the FtP annual report. Not yet due.
Improve integration with the wider system by expanding data-sharing and transparency through improved dashboards. Including: - Data sharing opportunities with NHS ESR system.	Andy Smith	Q4	We have received a draft data sharing agreed from NHS BSA and we are reviewing that and completing a DPIA as part of that review process.
Improve the quality of HCPC data by: · Undertaking data profiling across the key regulatory domains (Registration, Education and FTP), identifying data quality issues and working with data stewards to resolve them. · Delivering targeted engagement and training sessions to data owners, data stewards and operational staff to promote accountability and foster a strong culture of data ownership.	Andy Smith	Q1-Q4 Q1-Q4	Data profiling activities have continued across the Registration, Education and FtP domains to identify data quality issues, with remediation actions being progressed in collaboration with data stewards. Engagement with Data Owners, Data Stewards and operational teams has also continued through targeted discussions and awareness activities, helping to strengthen accountability, reinforce data ownership responsibilities and support the

			development of a positive data culture across the organisation.
Evaluate the impact of the 2025 English language requirement changes, and implement further improvements to our UK and international registration processes ensuring fairness, clarity and a more streamlined experience for applicants and employers.	Andy Smith	Q1-4	Evaluate impact of changes to English language requirements completed: Paper evaluating the impact of English language requirement changes scheduled for discussed at June and September ETC. Further improvements to our international assessment model (phase 2) on track. Key updates for Q1-2 include: • New test of competence assessor guidance, assessment record and eLearning to be introduced for all registration assessors in Q2. • Pilot of a new internal QA framework for international assessments completed in Q1 • Clinically led audit pilot in progress and due to complete in Q2. UK application process transformation not yet initiated due to decision to pause some investments in response to reprioritisation decisions .
Commission research on registrants' use of AI to inform future regulatory approaches and develop our regulatory approach to the use of AI by registrants and applicants.	Andy Smith	Q1-3	On track. Research partner (Ipsos) selected, research underway and ETC provided with update at the September meeting.

Technology-Enabled Regulatory Excellence and Organisational Sustainability			
Launch a renewed People Strategy that strengthens leadership capability at all levels, builds digital skills and supports an inclusive and supportive culture, enabling a confident, adaptable workforce and consistent, values-led regulatory delivery.	Alastair Bridges	Q2-3	Strategy approved by Council at its July 2026 meeting, implementation planning underway
Develop and launch a new Digital and AI Strategy to set the direction for how we adopt and use digital and AI tools across the organisation, incorporating a refreshed technology roadmap that will support delivery of the new corporate strategy. Q1 = engagement with ELT, PRC & the wider organisation, Q2 = PRC review draft, Q3 = Council	Alastair Bridges	Q1-4 *Prev Q1-3*	Initial engagement with ELT and PRC took place in Q1. This work was paused in Q2 in order to be able to reflect the impact of reprioritisation decisions. A draft strategy will be submitted to PRC in Q3 before subsequently seeking Council approval.
Establish robust AI governance and extend the responsible use of automation to ensure AI-enabled processes are used safely and appropriately, reducing manual burden and supporting more efficient regulatory operations.	Alastair Bridges	Q1-4	The overall approach to progressing AI adoption and governance was agreed by ELT and PRC in Q1. A proposal for taking this forward, including the resourcing needed to enable this, is due to be submitted to ELT shortly for approval.
Enhance our data platform and improve core systems including our website, to improve user experience, strengthen analytics and enable more effective organisational decision-making.	Alastair Bridges	Q1-4	HCPC website modernisation has been completed, delivering improved search and navigation capability and a future-proofed platform. Options for updating and improving the HCPTS website are currently being explored. Work continues on the data platform. The FTP data model has been built and is currently undergoing validation. Work

			on the Registration data model has been paused in response to reprioritisation decisions. Options for enhancing FTP operational reporting capacity in the short term are being explored. The public-facing Data Hub continues to be enhanced and extended.
Design a unified Single Contact Centre operating model to ensure stakeholders get the right information from the right people when they need it, improving customer experience, reducing duplication and increasing service responsiveness.	Alastair Bridges	Q1-4	The target operating model for the next phase of the Customer Contact project has been defined and business requirements captured. Work has now paused in response to the reprioritisation decisions taken.
Strengthen long-term organisational sustainability by implementing measures that support financial resilience and advancing our environmental sustainability strategy, ensuring HCPC can continue to deliver high-quality, responsible and future-ready regulatory services.	Alastair Bridges	Q1-4	Fee rise consultation launched 28 May 2026, reporting to Council for decision September 2026. Second phase of HVACs project to complete transition away from use of gas-powered heating in office estate, Q4.

Strengthening Public Protection through the Regulation of NHS Senior Leadership - NEW			
Establish the phase 1 team for the regulation of Hospital Managers Project.	Andy Smith	Q3-4	On track – DHSC have confirmed funding to be in place from Jan 2027. Recruitment of the core programme team to be in place from Jan 2027 is underway.

Chief Executive's report on organisational performance – September 2026

Appendix E

Strategic Risk Register September 2026

High Level Risk Summary	Risk Owner	Inherent Risk Score	Current Risk Score	Risk Appetite	Mitigating Actions 2026-27	MA Narrative	Risk movement	Target Risk Score
SR01 Delivery of Regulatory Requirements								
There is a risk that failure to deliver our statutory functions may impact patient safety and undermine public confidence. Key controls and mitigations: A 2026–27 QA workplan will review FTP, Registration and Education, alongside first-line controls. Centralised PSA coordination, and regular engagement. KPIs and performance is monitored and reported to ELT, Committees and Council. Monitoring demand and adjusting workforce levels as appropriate. Decision Review Group and Decision Assurance Group in FTP and Registration Appeals to critically consider hearing decisions and identify learning. More Rrobust English language requirements in place for international applicants and Phase 1 of changes to the international assessment model implemented in November 2025. Enhanced new record of assessment for CPD audits.	Deputy CEO & Executive Director of ERRS Executive Director of FTP & Tribunal Services	**25 (I5xL5)**	**9 (I3xL3)**	**Regulation – Measured**	•~~KPI review under way~~ - Complete •Implement Phase 2 changes for the new international assessment model. •Test third-party checks to better understand applicants' main qualifications. •Strengthening case management processes to support timely proportionate decision making. Investment in FTP from reserves, outsourced cases to ELP, external case update project, operational excellence in FTP support to be tendered. Reporting improvements in FTP to be comissioned •Implement the updated SETs (with supporting processes and guidance) for the QA of education programmes • Update processes and guidance to support new education and training standards.	The planned actions strengthen quality assurance, decision making, and regulatory processes across Registration, Education and Fitness to Practise. Implementation of Phase 2 of the international assessment model, enhanced qualification verification, improved case management processes and investment in FTP to improve performance in timliness and customer service, and updated education standards will provide greater consistency and assurance over regulatory decision making. Collectively, these actions are expected to reduce the likelihood of regulatory failure from possible to unlikely, enabling the risk score to reduce	→	**6 (I3xL2)**
SR02 Organisational capacity								
There is a risk that the our strategic ambition is not aligned with the realities of the organisation's financial and workforce capability and capacity, which may result in reduced workforce resilience, leading to diminished service performance and potential impacts on public protection. **Key controls and mitigations:** Workforce plan agreed and aligned with budgets and corporate plan. New talent acquisition approach being developed, including assessment centres for FTP roles. ELT scrutiny of business cases for new activity ensure that the capacity and capability requirements of new initiatives are carefully considered. Investment planning ensures strategic objectives are aligned with financial and resourcing constraints. 2026-2031 People Strategy launched focusing on: Living our values and purpose; Developing our potential; Creating the right conditions for success.	Executive Director of Resources	**20 (I5xL4)**	**16 (I4xL4)**	**People – Open**	•~~Launch new People Strategy~~ Launched •Implement workforce plans for recruitment and L&D, including recruitment to critical regulatory investigator roles in FTP •Complete establishment of new internal Legal Services Team in FTP •Recruit to new roles in HR agreed as part of workforce plan to enable recruitment and effective business partnering support to departments •Develop technology capability in accordance with workforce plan, to augment change and innovation capacity and capability •In light of FTP investment, the wider project portfolio has been re-prioritised to ensure organisational capacity. •Compliance for APDR completion is high, audit of quality of APDR returns being undertaken with any needed actions to be determined.	Delivery of the People Strategy, workforce plans, recruitment to critical roles, establishment of the internal Legal Services Team, strengthened HR capability, and development of technology skills will improve organisational resilience and ensure resources are aligned to strategic priorities. These actions will increase workforce capacity and capability, reducing the likelihood that strategic ambitions outpace organisational resources and supporting a reduction in risk. The requirement to initate the hospital managers project in Q4 and recruiting into this team with possible backfill needs in wider organisation poses a risk to capacity to be managed.	→	**6 (I3xL2)**
SR03 Appropriate action from EDI data								
There is a risk that inadequate collection, exploration, and understanding of EDI data leads to incomplete analysis, allowing bias within processes and decision-making to go undetected, and resulting in disproportionate outcomes with associated legal and reputational risk. **Key controls and mitigations:** EDI data held for 99% of registrants. EDI Impact assessments in place for all new projects. EDI Data sets are published on registrant protected characteristics, and analysis undertaken to understand if our regulatory decisions are fair. EDI data is requested as part of the online portal for FTP complainants. Data Governance Group is in place to actively drive a data culture across the organisation. Data Governance Lead & Senior Data Analyst Business Partner in post to ensure accountability.	Deputy CEO & Executive Director of ERRS	**20 (I5xL4)**	**9 (I3xL3)**	**Data – Open**	•Redevelop some aspects of EDI data collection, particularly around place of work and reasons for leaving •Continue data profiling across the key regulatory domains (Registration, Education and FTP), identifying data quality issues and working with data stewards to resolve them •Develop EDI Strategy for 2026-2031 •Scope a patient panel and/or a digital network of lived experience across our registrants and service users to help support our work.	Improvements to EDI data collection, data quality, analysis and governance will strengthen the organisation's ability to identify, understand and address potential disparities in regulatory outcomes. The development of a new EDI Strategy and increased engagement with service users and registrants will further support evidence-based decision making. Together, these actions are expected to reduce the likelihood of undetected bias and discriminatory outcomes, reducing the risk	→	**6 (I3xL2)**
SR04 Internal EDI								
There is a risk that insufficient identification and response to perceived inequities in staff experience may lead employees to feel they are not treated fairly, equitably, or recognised, resulting in reduced morale and engagement, and increasing the risk of discrimination issues and a weakened organisational culture. **Key controls and mitigations:** Organisational workforce plan which focuses on career development opportunities updated regularly. Hybrid working approach enables a balanced approach to optimising working patterns and productivity, taking appropriate account of individual and team circumstance. Training for aspiring managers, managers, operational managers and Leads, and senior leadership. Pay award annually, and pay review completed on a three year cycle. Annual gender, ethnicity and disability pay gaps report (last published April 2026). 2026-2031 People Strategy launched focusing on: Living our values and purpose; Developing our potential; Creating the right conditions for success.	Executive Director of Resources	**20 (I5xL4)**	**12 (I4xL3)**	**People – Open**	•~~Launch new People Strategy~~ - Launched •Implement workforce plan including recruitment to critical new operational roles priorities, drawing on wider talent pool •New Talent Acquisition approach, including more rigorous assessment centres for recruitment to FTP roles, drawing on widest possible talent pool •ELT review of pay gap data •Update/Refresh the behavioural framework in line with the updated values. •Graduate programme, apprenticeship workforce upskilling	The new People Strategy, workforce planning initiatives, broader recruitment approaches, review of pay gap data, behavioural framework updates and targeted development opportunities (eg aspiring to management) will help create a more inclusive and equitable employee experience. By improving organisational understanding of workforce needs and strengthening opportunities for progression and engagement, these actions are expected to reduce both the impact and likelihood of workforce inequality concerns, reducing the risk	→	**4 (I2xL2)**
SR05 HCPC Culture								
There is a risk that a lack of consistent leadership in fostering values, accountability, and performance culture may undermine organisational effectiveness, impacting decision quality, workforce engagement, and the delivery of credible regulation. **Key controls and mitigations:** Quarterly Pulse Survey sent to whole organisation for completion. All free text comments are reviewed by ELT. Ways of Working Policy in place. Annual all staff development day, and monthly all staff briefings led by CEO. Clear speaking up pathways, including Freedom to Speak Up Guardians, formal and informal support form HR, SLT and ELT availability, all detailed in the Speaking Up and Whistleblowing policy. 2026-2031 People Strategy launched focusing on: Living our values and purpose; Developing our potential; Creating the right conditions for success.	CEO	**16 (I4xL4)**	**12 (I3xL4)**	**People – Open**	•Continue developing and updating our workforce planning and succession planning frameworks •Setting up a new Employee Experience Working Group, which will bring together the key teams that can have an impact on the overall employee experience - first two meetings have taken place, embedding •Aspiring to Management programme, HR essentials, MDP (if numbers), OLDP, bespoke internal leadership upskilling, Beyond Barriers Programme •Enhanced internal communications and engagement, including monthly AEBs and annual all-employee development day. •Compliance for APDR completion is high, audit of quality of APDR returns being undertaken with any needed actions to be determined.	Enhanced workforce and succession planning, the introduction of an Employee Experience Working Group, expanded leadership development programmes, and improved internal communication arrangements will strengthen leadership capability, employee engagement and organisational accountability. These actions will support a more consistent and positive organisational culture, reducing the likelihood and impact of cultural weaknesses affecting organisational effectiveness and reducing the risk	→	**4 (I2xL2)**

High Level Risk Summary	Risk Owner	Inherent Risk Score	Current Risk Score	Risk Appetite	Mitigating Actions 2026-27	MA Narrative	Risk movement	Target Risk Score
SR06 FTP effectiveness - timeliness								
There is a risk that FTP improvement programmes may not achieve the required improvements in case timeliness to meet PSA Standard 15, resulting in associated performance and reputational impacts. **Key controls and mitigations:** Creation of in-house legal team to increase our capacity to manage frontloaded investigations in-house. Increase in headcount in last year to ensure capacity, capability and resilience to meet increasing demand. Senior leadership oversight of oldest cases on monthly basis. Senior leadership monthly oversight of high risk cases with ELPs.	Executive Director of FTP & Tribunal Services	**25 (I5xL5)**	**20 (I5xL4)**	**Regulation – Measured**	•Review of Threshold Policy to support case progression and close cases safely at the earliest opportunity. •Improve case load management, ensuring effective prioritising of cases and embedding good case management practices to assist with case progression, including special case handling. •Process improvements in approach to listing final hearings to support the development of a more efficient listing process. •Significantly increase the capacity of frontloaded cases managed in-house for cases at all stages of the process. •Using the opportunity of new contracts with ELPs and new internal legal team to review our approach to contract management and oversight	The review of the Threshold Policy, improvements to case management, hearing listing processes, increased in-house legal capacity, and enhanced oversight of external legal providers will improve the efficiency and timeliness of case progression. These actions are designed to reduce delays, improve throughput, and support sustained compliance with PSA standards. Score increased on further reflection of the current risk and realistic target risk. This is driven by the increase in case volumes and the need to resource up to meet this demand.	↑	**12 (I4xL3)**
SR07 FTP effectiveness - case communication								
There is a risk that a lack of effective and timely communication with case parties may prevent the regaining of PSA Standard 18, potentially impacting compliance, service quality, and stakeholder confidence. Key controls and mitigations: Lay advocacy service in place to provide independent, lay advocacy for members of the public. Working with Communicourt to provide an intermediary service for registrants and witnesses with communication needs to participate in hearings. FTP Process Factsheets and improved tone of voice on all templates. Registrant support service in conjunction with CiC, to provide free, independent and confidential support and advice to registrants involved in the FTP process.	Executive Director of FTP & Tribunal Services	**25 (I5xL5)**	**16 (I4xL4)**	**Regulation – Measured**	•Development of customer service first line checks in FTP, with advice and support from QA Programme Lead - In place, first round to take place Q3 •QA audit to be completed in Q3 2026-27 •Strengthen management practices to support pre-Investigating Committee teams in operational delivery and improved customer service •Develop our approach to supporting witnesses. Continuation of improvements to the support and guidance we provide to witnesses throughout the FTP process •Increased headcount to create capacity to consistently meet our customer service expectations •Changes to case management system to automate reminders for case updates, and provide reporting on updates to support team manager oversight •Review of best practice guidance for teams on customer service •FTP employees undertaking customer service training Oct 26 •FTP all employee development day will be themed on customer service Nov 26 •Regular case updates to external parties being outsourced for a period until internal resource can meet demand expected Q4. •FTP performance excellence board established to provide governance oversight of FTP improvement investment	The introduction of customer service quality checks, targeted audits, strengthened management practices, enhanced witness support, additional staffing capacity and improved case management system functionality will improve the consistency, quality and timeliness of communication with case parties. These actions will help restore confidence in the FTP process and support compliance with PSA standards, reducing the risk. Score increased on further reflection of the current risk and realistic target risk. This is driven by the increase in case volumes and the need to resource up to meet this demand.	↑	**9 (I3xL3)**
SR08 Financial sustainability								
There is a risk that financial pressures and limits on fee flexibility may undermine sustainability, affecting delivery, regulatory performance, and public protection. **Key controls and mitigations:** Budgeting and financial processes are followed, with audit oversight and Finance challenge aligned to ELT principles. Business change challenge is applied to investment benefits, supported by a Medium-Term Financial Strategy and efficiency plan. Integrated investment planning ensures strategic objectives are aligned with financial forecasts and affordability constraints. All investments are subject to ELT approval, with ongoing reporting of budget and milestones, and monthly financial reviews with Finance.	Executive Director of Resources	**25 (I5xL5)**	**16 (I4xL4)**	**Financial – Measured**	•Improve financial reporting speed and accuracy via Workday Adaptive Planning, to enable early and accurate identification of risks and opportunities and mitigations. •Strengthen financial business partnering arrangements to ensure effective financial management across organisation. •Track and report regularly on delivery of investment programme and benefits, to enable early action if project deliverables and planned benefits risk not being realised. •Implement project accounting using Business Central dimensions to improve financial management of projects. •Launch consultation on fees, conduct analysis and produce consultation outcome document; ensure that system is correctly configured to apply new fees if approved. •Maintain medium term financial plan as basis for tracking longer term risks and opportunities and scenario planning. •In light of FTP investment, the wider project portfolio has been re-prioritised to	Enhanced financial reporting, stronger business partnering, improved oversight of investment delivery, project accounting improvements, fee consultation activity and ongoing medium-term financial planning will strengthen financial management and forecasting capability. These actions will improve the organisation's ability to identify and respond to financial pressures at an earlier stage, reducing both the likelihood and impact of financial sustainability challenges and reducing the risk	→	**6 (I3xL2)**
SR09 Digital roadmap								
There is a risk that we fail to realise the potential benefits of innovation in ways of working and maintaining the resilience of our core processes, as a result of insufficient governance and assurance over the pace of transformation and gaps in capacity and skills, leading to reduced effectiveness. **Key controls and mitigations:** Most technology initiatives are part of the major investment programme using formal project management, a continuous improvement process is in place to support improvements to existing systems, effective business continuity planning	Executive Director of Resources	**16 (I4xL4)**	**12 (I4xL3)**	**Compliance – Measured**	•Develop a new Digital and AI Strategy aligned to the new Corporate Strategy. •Explore further opportunities to derive value from AI and automation, including an assessment of the technical, financial and legal requirements needed to expand the use of Copilot. •Undertake a process to secure the right long-term strategic partnership model for CRM and Business Central. •Advisor to Council on tech innovation in place. •Role for an internal IT innovation Lead being scoped.	The development of a Digital and AI Strategy, exploration of automation opportunities, and establishment of long-term strategic technology partnerships will strengthen governance, capability and delivery confidence across the digital transformation agenda. By providing clearer prioritisation, improved oversight and enhanced technical capacity, these actions are expected to reduce the likelihood that transformation objectives are not realised, reducing the risk	→	**8 (I4xL2)**

High Level Risk Summary	Risk Owner	Inherent Risk Score	Current Risk Score	Risk Appetite	Mitigating Actions 2026-27	MA Narrative	Risk movement	Target Risk Score
SR10 Cyber security event								
There is a risk that insufficient cyber security vigilance and defence mitigations may lead to an incident that disrupts services, compromises data, and impacts financial sustainability, compliance, confidence, and reputation. **Key controls and mitigations:** Combination of ISO27001 & Cyber Essentials Plus to maintain good level of control as a baseline. Deployment of E5 security solutions to enhance protection capabilities. Multi-factor authentication in place, SMS MFA decommissioned. Ongoing NIST-aligned assessment of assets, threats, and mitigations. Regular penetration testing to identify and address vulnerabilities	Executive Director of Resources	**20 (I5xL4)**	**15 (I5xL3)**	**Compliance – Measured**	•Maintain HCPC's cyber security defences, deploying new security solutions and improvements where required. •Maintain ISO 27001:2022 and deliver recertification audit in March 2027 •Implementing zero trust network •Implementing Data Loss Prevention controls	Continued investment in cyber security controls, ISO 27001 certification, implementation of a zero-trust network architecture and deployment of Data Loss Prevention controls will strengthen HCPC's ability to prevent, detect and respond to cyber threats. While the potential impact of a major cyber incident remains significant, these actions will substantially reduce the likelihood of occurrence, lowering the risk	→	**10 (I5xL2)**
SR11 Responding to regulatory change								
There is a risk that insufficient resources to deliver both regulatory reform and the NHS manager barring system concurrently may result in ineffective implementation of reforms and potential reputational damage, limiting the organisation's ability to ensure regulation remains fit for the modern healthcare landscape. **Key controls and mitigations:** Communications and strategic engagement, including parliamentarians and cross-party engagement, on regulatory reform. The Government have confirmed in a Written Ministerial Statement, its commitment to reforming the regulation of healthcare professionals across the UK and delivering legislation relating to the Health and Care Professions Council in this Parliamentary period. High level plan and associated costs for regulatory reform developed.	CEO Deputy CEO & Executive Director of ERRS	**25 (I5xL5)**	**16 (I4xL4)**	**Reform – Open**	•Co-ordinate our input to regulatory reform, including response to DHSC consultation on GMC legislation. •Develop detailed plan and refine associated costs for HCPC reform when timeline is clearer for HCPC's reform. •Chair and CEO meeting with Director General on approach to HM project September 26, legislative change will be discussed. •Pursuing strategic S.60 legislation changes short of regulatory reform to alleviate some pressure on FTP system in line with changes to other regulators legislation in recent years.	Coordinated engagement with government, regulators and stakeholders, alongside the development of detailed implementation plans and refined cost estimates, will improve organisational readiness for regulatory reform. These actions will support clearer resource planning and more effective programme delivery, reducing uncertainty and lowering the likelihood of implementation challenges.	→	**8 (I4xL2)**
SR12 Delays in funding NHS manager scheme								
There is a risk that delays in securing government funding, or funding levels falling short of requirements, may delay the initiation of the programme to establish effective oversight of NHS managers, leading to rushed implementation, reputational damage, and potential risks to public safety. **Key controls and mitigations:** Clear articulation of funding required. Redline on using registrant fees to fund this scheme. Work not commenced by HCPC and will not commence until funding from Government is in place.	CEO Deputy CEO & Executive Director of ERRS	**25 (I5xL5)**	**20 (I5xL4)**	**Reform – Open**	•Co-ordinate and deliver Communication and engagement plans related to NHS Managers. •Continued engagement with DHSC. •DHSC have issued a 'letter of comfort' on the HM funding for Q4 FY26-27, this has enabled recruitment to the project team to commence planning, conversation ongoing on full programme funding agreement. •Chair and CEO meeting with Director General on approach to HM project September 26. • Governance structure between HCPC and DHSC team discussed, to be	Ongoing engagement with DHSC and delivery of targeted communications and stakeholder engagement activities will maintain clarity regarding HCPC's requirements for project initiation. Finding for Q4 confirmed and governance structures more progressed, reduing the score liklihood. While the organisation cannot directly control government funding decisions, these actions will improve preparedness and reduce implementation uncertainty when full programme funding is confirmed. HCPC remains clear that registrant money will not be used to fund any aspect of the hospital managers project.	→	**8 (I4xL2)**

Item 03

	May-26	Aug-26	Change	Target
SR01 Delivery of Regulatory Requirements	9	9	→	6
SR02 Organisational capacity	16	16	→	6
SR03 Appropriate action from EDI data	9	9	→	6
SR04 Internal EDI	12	12	→	4
SR05 HCPC Culture	12	12	→	4
SR06 FTP effectiveness - timeliness	16	20	↑	12
SR07 FTP effectiveness - case communication	12	16	↑	9
SR08 Financial sustainability	16	16	→	6
SR09 Digital roadmap	12	12	→	8
SR10 Cyber security event	15	15	→	10
SR11 Responding to regulatory change	16	16	→	8
SR12 Delays in funding NHS manager scheme	20	20	→	8

Heat map of strategic risks - current

	Highly unlikely 1	Unlikely 2	Possible 3	Likely 4	Highly Likely 5
Catastrophic 5			SR10	SR06 SR12	
Significant 4			SR04 SR05 SR09	SR02 SR07 SR08 SR11	
Moderate 3			SR01 SR03		
Minor 2					
Insignificant 1					

Heat map of strategic risks - target

	Highly unlikely 1	Unlikely 2	Possible 3	Likely 4	Highly Likely 5
Catastrophic 5		SR10			
Significant 4		SR09 SR11 SR12	SR06		
Moderate 3		SR01 SR02 SR03 SR08	SR07		
Minor 2		SR04 SR05			
Insignificant 1					