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## Chair's Report – October 16, 2025

### 1. Purpose of Report

For those of you who are new to this report, its purpose is to flag developments at the HCPC from the Chair's perspective and to update on activities of note.

### 2. A note of thanks

I would like to begin by thanking Team Governance (Patsy, Fran and Noah) and all my Council colleagues for bearing with my request to delay our 25 September Council to today's date.

The reason is, on 23 September, I had a total knee replacement, which I had hoped for on the 16 September but could not happen. The move also proved to be judicious though as it has left a slightly longer gap than usual between meetings and I can assure you that it has been a tremendously busy time and even better, it has been productive (see below).

The operation was a great technical success, and I am achieving 'gold stars' from the medical and peri-medical team for the metrics I am achieving (*except* in respect of 'take 6 six weeks off after the operation'). There were some unanticipated effects of the whole procedure, but I am getting back into my stride and pacing myself as best I am able.

I am pleased to report that on 6 October, I resumed meetings, with a preference for telephone and a wish to spare my colleagues the current 'camera face'.

My warm gratitude too, to the Executive Leadership Team led by Bernie, Council members and my other HCPC friends and colleagues who have communicated over the period since the operation and who looked forward to having me back. I was incredibly touched as they work so hard and care so much, the pace can seem unrelenting.

Finally, I used the slightly extended time in hospital to make careful notes about the range of professionals I encountered and our interactions. Especially memorable was a delightful physio I saw right after the op, who asked what had brought me to the hospital 'today'. Apparently, according to my daughter afterwards, I began with, "Well, twenty years ago..." which illustrates the kindness and competence of the team who cared for me. The only item I did not record or ask for details of, was the hospital recipes!

### **3. Highlights**

#### **Annual Report**

This is (to my eyes) a beautiful piece of work, requiring cross-organisation collaboration. Our sole external auditor for the period has been the National Audit Office (NAO), the first time since I joined that we have not had a double book of externals. The finance team, led by Alastair Bridges, together with the team and a litany of colleagues across the organisation, supported by our internal Head of Communications, Engagement and Public Affairs, Matthew Peck, have brought together a coherent and, I hope you find, readable narrative and evidence base for our performance. We should also pay tribute to the sterling work of the Audit and Risk Assurance Committee, chaired to great effect by Lianne Patterson. They have the onerous task of appraising, sifting, shifting and finalising the penultimate – 33<sup>rd</sup> – version.

The front cover picture, to my eye, is a delight. Happiness, empathy and compassion are what come across to me in this year's annual report front cover, great choice, thank you team HCPC.

#### ***HCPC people***

#### **Conversations with Christine session 6 August**

I find these conversations invaluable, and I would like to thank the colleagues who take the time to share their experiences with HCPC and their personal journeys. Tom Eustice, Fitness to Practise (FTP) Training and Development Partner, Kayleigh Parker, Internal Communications and Engagement Manager, Petrina Baker, Listings Officer and Ashanti Walker, Scheduling Officer made for a really lively session. Their curiosity, commitment and bright ideas will contribute to enriching and strengthening what we do at the HCPC. I like the fact that they ask themselves, 'we do this like that now, but what if we tried a different way, could we improve?' Exactly the organisational spirit to be nurtured.

#### **Council**

In July, I had follow-up check-ins with Council members Helen Grantham, Carl Stychin and Catharine Seddon. It is a pleasure to get to know newer joiners, who between them have such an impressive array of experience, talents and skills.

#### **Council Development Day, 27 August**

I was ably supported in this new venture by Zoë Allan, Business Manager of the Chair and Chief Executive Office.

The Council had expressed a desire to have some time together to get to know one another following the new intake of members and to be able to discuss the big strategic issues affecting our organisation, the wider sector and beyond. Part of a Council's role is horizon scanning and I am pleased to say that we had almost 100% attendance (special mention to Council Apprentice Sejal Patel, who stayed with us

on screen all day, despite a strapped up, dislocated collar bone). As far as possible, most of us were in the room.

It was a privilege to have been able to attract such a stellar group of speakers – all illustrious and impressive in their own fields. In fact, the speakers found the content so interesting that several of them stayed on to listen to the others and continue to join in the discussions. We had a morning focused on the impacts, now and forthcoming, of technology, notably Artificial Intelligence (AI), beginning with a wonderful presentation from our Senior Council member David Stirling, an eminent biomedical scientist who is Director of Healthcare Science at NHS National Services Scotland and a member of several influential government and ethics committees. David framed his talk as a provocation and indeed it was, illustrating the relatively massive and cumbersome technologies and boxes of yore, compared to advanced tools currently being used in science. Risk and opportunity were encapsulated by a Global Managing Partner of Cybersecurity at a top technology firm, who joined us online from New York at what was a very uncharitable time of day for him, before heading into the office. There was much more, but the message that came across was, 'The Future isn't coming, it has Arrived'.

Our afternoon was equally stimulating, with an excellent session on NHS Managers and regulatory reform, delivered engagingly by Duncan Hall from the Department of Health and Social Care (DHSC). Registrant Council member and podiatrist Helen Gough, who has been an NHS manager for a decade and who holds advanced managerial qualifications in health and care, refreshed us with a bracing presentation how regulating NHS Managers translates into practice. Among the high points of Helen's career was being awarded the Queen's Nursing Institute Award for services to paediatric diabetes care, improving access for young people with Type 1 diabetes as they transition into adulthood. Helen now works in the private sector, managing a caseload of over 3,000 patients.

I have had the privilege of working over several years now with Professor Dr. Henrietta Hughes, who, we were delighted to hear, had been confirmed in her role as Patient Safety Commissioner (PSC) for a second term. You will be hearing more about the principles on Consent that have been co-produced with the PSC and other patient voices, from their very beginning. The Commissioner spoke about the Patient Safety Principles that she and her team had developed during her first term with a wide and deep range of stakeholders. These go to the very core of the HCPC's aim of protecting patients and services users. That is why the Council and I support the joint working with a range of patient groups and voices that is being done to develop our next strategy, led by Executive Director of Corporate Affairs, Claire Amor, with whom I am working closely.

All in all, we had nine speakers, it was an intensive and, feedback suggests, insightful, challenging, inspiring day, not least because of contributions from all my Council colleagues.

There was no way that we could have done justice to the rich content on the day itself. We have followed up with two rounds of reflection, various documents, which Claire Amor is blending so that our strategy is clear, maximises our attributes and recognises the exciting but novel terrain that the HCPC, along with others, must

navigate to be successful for patients, services users, registrants and our communities of interest.

## **Healthcare in the Community**

In the evening of the development day, I hosted a round table with the Chief Executive of a training business that serves NHS contracts, a Director from a financial services practice that has safely innovated with AI and the Co-Founder and Joint Chief Executive of a multi award-winning consultancy which, as per the 10-year plan, has developed and trialled a simulation of healthcare in the community, involving hundreds of sector volunteers.

Council Members Katie Thirlaway - psychologist registrant Katie is Deputy Vice Chancellor and Provost (Learning and Teaching) at Cardiff Metropolitan University – Swansea University/Prifysgol Abertawe and Helen Gough subsequently provided feedback on a paper about the enabling role of regulation in the community. I am delighted that they have made time in their incredibly busy and demanding schedules, to stay involved in this important project on behalf of the HCPC.

## **Strategy**

Work is proceeding apace, led by Claire Amor for the Executive (as I have mentioned). The HCPC has been a strong initiator of collaboration with other regulators, at executive and non-executive level. There is, nevertheless, competition for scarce resources and the public profile collectively and to a considerable extent, individually (apart, perhaps, from paramedics) is unsung compared to doctors and to nurses and midwives. My view is that we have a job here to do for our registrants. Be that making the case for protected CPD time, illustrating the extent to which the health and care system depends on a multiplicity of HCPC registrants, and emphasising their crucial role in delivering the desired shift to healthcare in the community. As a regulator, despite intentions about 'prevention', we tend to come into the frame after a problem has occurred. The next decade, I believe, will see the more effective and values-driven regulators shift to a model in which regulation more resembles a career-long set of supportive interactions. Data, analysis and understanding will enable us to deliver more evidence-informed and proportionate regulation and lighten the burden for registrants so they can operate to their best performance. I speculate not if, but when, data-sharing, registrant to regulator in a virtuous circle, will enable us to banish the spectre of the CPD audit.

## **Stakeholders**

### **Professional Standards Authority (PSA)**

Bernie and I had our regular quarterly mutual update with the PSA Chair and Chief Executive. These are an important fixture in our diaries. As well as 'business as usual', we tend to cover more discursive subjects, 'deeper dives', if you like. I was struck, on this occasion, by the impact that working at close quarters with the NMC may be having on the PSA. Together with, the ramifications of restructuring NHS England (NHSE), changes in tone and tempo at the DHSC, and the themes set out in the 10-year plan. Some of these are arguably not what the HCPC has conventionally been doing but do fall under the umbrella of patient and services

users' protection, including workforce, technology, multi-profession working and advanced practice (which, along with other regulators, we are re-visiting).

Subsequently, the PSA has published its thinking on 'hate speech'. This has been a vexed question in other sectors, notably policing. Arguably, it could be 'regulatory creep' to engage, and we must do so carefully, keeping our regulatory role front and central, but it seems clear that 'nil reaction' is not enough.

### **Patient Safety Commissioner (PSC)**

On 9 September, I attended the launch of the Patient Safety Commissioner's impact report. It was impressive, as were (despite a London Underground strike) the range of attendees and the priority given to patients' voices in the room.

The PSC and I will be meeting the Chair of the All Parliamentary Party Group (APPG) on Patient Safety in September.

### **GMC Chair**

The GMC Chair was good enough to brief me (2 September) on what she, the GMC Council and Executive, had learned from the introduction of Physician Associates and Anaesthesia Associates to the GMC Register. It would be fair to say that the experience had been problematic, not least for the registrants concerned, as well as very much in the media spotlight. We also covered Fitness to Practise trends and other regulatory topics.

### **Deputy Director, DHSC**

Understandably, given the timing (3 September), NHS manager regulation was discussed in several respects, particularly the governance and finance aspects, but also the importance of genuine co-production, best practice and collaboration. The Department's thinking on these matters was at an early stage and at the Council development day, the DHSC undertook to continue to interact with the Council directly.

I stressed the HCPC's determination to achieve timeliness in Fitness to Practice cases and reminded the Department that there are some regulatory blockers in our legacy legislation that make this (in addition to case volumes trending upwards) especially difficult to achieve.

### **Chief Allied Health Professional Officer, England (CAHPO)**

12 September was the date of a conversation from which I always draw encouragement, value and challenge – with Suzanne Rastrick, the CAHPO for England. Her knowledge of the field, and also of medicines, is encyclopaedic. We covered, among other topics, the regulation of NHS Managers, its complexities and what form it might take near term and in the future, advanced practice, and prescribing issues.

#### 4. Regulation

Following a public consultation that took place in November 2024, with the government's formal response published on 21 July, the government announced, in broad terms, that the HCPC is the regulator chosen to set up and run a barred list mechanism for NHS Managers. We are content that an incremental approach is being adopted, the task will be complex and will require careful handling. It cannot be overstated that NHS Managers will be run as a complementary operation to the main Register and current registrants' fees **will not** be used either to finance set up costs or afterwards, running costs. There will be **no cross subsidy**, and we are grateful that the DHSC has been exceptionally clear about stating this.

Detailed plans for the initial phase will be discussed shortly by the Council and thereafter, with the DHSC.

This moment is undoubtedly a transformative moment for the HCPC. It is a turnaround from the situation when I arrived in 2019, and a decision had already been taken by government to remove social workers from the HCPC Register and to establish a standalone regulator.

Heartfelt thanks to all present and former members of the Council and our Executive colleagues, for the dedication to difficult change that has eventually brought us to a place of sustained improvement, robust performance and renewed confidence. We are, however, **never complacent**.

#### 5. Speaking engagements

##### Association for Perioperative Practice

The annual conference took place on 8 August, and I was surprised and glad to be asked back for a second year, taking part in a keynote panel that was the conference finale.

It really is a gift to be able to spend time with a sizeable number of our registrants, listening and discussing directly, without filters. Operating Department Practitioners (ODP's) are a versatile profession, with huge responsibilities. Always looking for ways in which we can improve, I listened carefully to what several practitioners had to say about registration 'in the age of AI' especially, elicited some further data, which I have fed back to my Executive colleagues and which the Senior Council Member and I will be following up on.

#### 6. Stakeholders and colleagues

I observed a Professional Body Forum (online) on 17 September, it was a superb engagement exercise on the forthcoming strategy. Thank you to Council member Catharine Seddon, who represented me 'in the room, and to Council member Carl Stychin, who joined as part of his personal induction programme.

On 18 September, I observed and Audit and Risk Assurance Committee meeting, chaired with consummate skill by Council member Lianne Patterson.