Chair's Report – 4th December 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. Highlights

The Rt. Hon. Sir Jeremy Hunt MP

The Patient Safety Commissioner and I met Sir Jeremy and the Rt. Hon. Anna Dixon MP, Vice-Chair of the All Parliamentary Party Group (APPG) on Patient Safety.

Sir Jeremy has remained a prominent voice in UK health policy, particularly on patient safety, since his tenure as Health Secretary (2012–2018). In 2025, his work and public statements reflect a continued and deepening commitment to reforming the NHS with safety, transparency, and accountability at the core.

The discussion was wide-ranging.

From HCPC's perspective specifically, the group reflected on the evolving landscape of consent, especially in light of new roles of registrants such as pharmacist prescribers. The current situation of professional regulators having different wording, including consent, person centred care and shared decision making was discussed and the work that the HCPC Chair has been leading with health and care regulators and important actors from the wider healthcare and education systems, with support from PSC to harmonise guidance to all registrants. HCPC's Chair had set off with an ethos of co-producing with patient representatives from the outset. Attendees considered the responsibilities of professional regulators in setting consistent standards and supporting registrants to achieve best practice in obtaining informed consent. Anna Dixon emphasised the importance of patient-centred discussions and the need for ongoing professional development. The HCPC and PSC would warmly welcome any support the APPG and Sir Jeremy could lend.

The regulation of healthcare managers was raised as a key issue for ensuring accountability and consistent standards across the sector. Sir Jeremy Hunt advocated for a proportionate approach that balances oversight with maintaining psychological safety. Professor Hughes noted the potential benefits for patient safety, while Christine Elliott referenced the government's decision that for HCPC would be the regulator for NHS managers. HCPC wholly supported the principle of accountability for NHS managers. However, Christine briefed on a number of concerns that would need to be resolved in order for the proposed disbarring mechanism to be effective and proportionate. These concerns had of course been discussed with the Department of Health and Social Care following a strategic

discussion at Council and a proposed programme of work to prepare for Health Manager regulation that had been developed by the Executive.

I also briefed on a number of regulatory constraints impeding the HCPC's ability to be a proportionate, timely and compassionate regulator.

Parliamentary event 5th November

Congratulations to HCPC's Matthew Peck, Head of Communications, Engagement and Public Affairs, on the resounding success achieved at our first parliamentary drop-in event. We had been very well briefed and rehearsed. The team, including the Executive leadership, Council member Catharine Seddon, communications and engagement team, myself and colleagues from our advisers Luther, fielded questions and spoke to our agreed talking points during a lively couple of hours. As expected, there was a great deal of interest in the regulation of NHS managers.

All employee day 7th November

It was a remarkable day, building on the tradition of gathering as many HCPC colleagues as possible in one place on one day and setting ourselves some innovative challenges. Fantastic to see Council members alongside teams of HCPC colleagues, producing ideas and plans that can translate into better performance, productivity, wellbeing for the organisation and all associated with us.

Another tribute must go to Matt and his team. The logistics doubtless brought challenges, they rose above them and delivered a brilliant experience, topping it with an enthralling exhibition that fielded paramedics and full coverage of all the amazing professions that we are privileged to regulate.

Council Apprentice recruitment

Year on year, our apprentice scheme builds momentum. We were the first health and care regulator to introduce Council Apprentices, enriching our decisions and policies through motivated and able registrants who seek boardroom experience.

I am thrilled to say that we have received 370 applications for the two forthcoming apprentice roles. That is a lot of competition and also, an indication of the talent out there in our registrant community. So we are thinking about ways to embrace the opportunity, rather than letting the enthusiasm and commitment dissipate.

The response certainly amplifies a theme about which I have been writing and speaking: HCPC registrants should be given the opportunity to lead, and their skills should not be overlooked in favour of better known professions, nurses and doctors. More and more allied health, scientific and psychological professions should be present – in boardrooms, health bodies, decision making forums.

Our current apprentices, Alice Gair and Sejal Patel are due to leave us at the end of January 2026 and I want to take this opportunity to record our thanks to them for the valuable contributions and the perspectives that they have brought to our Council and Committee discussions.

Council Member annual reviews

It is motivating and eye-opening to discuss Council colleagues' reflections on their year, or part year, with HCPC. Invariably, these are modest, thoughtful and bring new insights on how we can re-charge and develop as the 'team of Council'. Already, a new concept of arranging Council development sessions is emerging and I look forward to evolving along with a very fine group of strikingly diverse and talented colleagues over the next year.

Committee membership

I will be discussing Committee membership with the Committee Chairs, ahead of the next formal review planned for January 2027. I plan to make some interim changes, particularly in light of the forthcoming change to Council membership.

Farewell

I also wanted to take the opportunity to bid a fond farewell to our valued colleague, Valerie Webster. Valerie joined the Council in 2022 and her expertise and wise counsel have been invaluable to both Council and Committee discussions. We wish Valerie every future success.

HCPC people

Conversations with Christine, November 18th

I would like to thank the colleagues who take the time to share their experiences with HCPC and their personal journeys. Sheneela Shabir – Case Manager, Patrick Adams – Reg Training and development Partner, Joan Bailey – Registration Advisor.

3. Regulation

Legal services provision

A commercial-in-confidence tender for legal services provision to the HCPC closes in November and has been supported by Helen Grantham. The HCPC senior Executive is also consulting Council about its views on future provision, which is timely given rising case volumes and the need to sustain performance improvement in Fitness to practise.

4. Speaking engagements

Westminster Health Forum

On November 24th I spoke at the Westminster Health Forum today on the next steps for professional healthcare regulation. Among the key points I made were:

"The HCPC is proud to be the UK's largest multi-professional regulator, representing 15 diverse professions and nearly 370,000 registrants. These professionals are the backbone of our health system yet often overlooked in policy discussions.

"I (and thousands of others!) know their value first-hand. Multidisciplinary teams of HCPC registrants – from radiographers and clinical scientists to operating department practitioners, physiotherapists and occupational therapists - give exceptional care every day and got me back on my feet from my recent knee replacement operation within hours.

"Experiences like this underline to me why reform matters: regulation should enable professionals to deliver the best care, not hold them back. We must prepare and act now so we can adapt to the changes already underway. Healthcare practice is transforming: digital innovation, AI, and the shift to community-based care.

"At HCPC, we're embracing technology, championing a more proactive approach to regulation, and supporting professionals to thrive. But outdated legislation is slowing progress. The Government is committed to change, and we need it for professionals, for patients, and for the future of care.

"Regulation should be an enabler, not a barrier. Let's make it happen!"

5. Stakeholders and colleagues

Professor Dame Sue Hill Chief Scientific Officer (England) meeting 20th October

Topics covered included regulation-appropriate professionals not currently in regulation e.g. genetic technologists, nuclear scientists and paediatric audiologists; concerns over accredited registers, their voluntary nature and being 'regulation-light'; how to amplify the profile of the scientific professions; prescribing arrangements; the challenges of higher qualified scientists competing with medics.; NHS Managers.

DHSC 21st October

NHS Managers, regulatory reform, protected titles, risk profile of certain professions not in full regulation or not in regulation at all, were also topics for the meeting that I and the CEO had at senior level with the Department.

Carolyn McDonald – Scotland Chief Allied Health Professions Officer (CAHPO), 23rd October

We covered the four nations CAPHO statement on advanced practice (***see appendix***), the health and social care renewal framework, the concerning incidence of sexual misconduct issues and possible under-reporting, plus topics noted earlier in other conversations.

Michelle Tennyson – NI CAHPO meeting 27th October

The role and governance of AHPs in the wider health system was a core theme of the discussion.

Richard Evans OBE – Chief Executive Officer of the Society and the College of Radiographers, 27th October

In addition to topics already mentioned, we covered aspects of Fitness to practise and how HCPC is working to address timeliness within legislative constraints, the informative workforce data available through the 'excellent' HCPC data hub, professional liaison group catch ups (which are appreciated), technological developments in the professions, patients and the advantages of using a registered professional.

Tracy Nicholls, Chief Executive Officer, College of Paramedics, 28th October

We spoke about the College's recent royal patronage and the Prince of Wales's interest in mental health, multi-profession work planning, the 'graduate guarantee', the professional liaison work done by HCPC, which is 'really valuable', continuing challenges of social media management.

Vicki Heath Chief Healthcare Science Officer Wales, 28th October

Ms. Heath has a fascinating background including as a science communicator and as this was an introductory meeting, I had the pleasure of asking her to elaborate on it.

We covered matters raised elsewhere in this Chair's report as well as neurodivergences, neurodifferences and disabilities (under-declared) in the biomedical and clinical science professions and how best to provide support networks.

John Cowman Chief Executive, Chartered Society of Physiotherapy, 28th October

John started by volunteering that his predecessor, Professor Karen Middleton, had left the Chartered Society in a very sound and sustainable position, enabling John to build on that legacy by internationalising and strengthening the CSP brand.

We had an open discussion about dealing with potential racism and bias against international members.

The CSP will be launching full scale market research next year to test what its members now expect from the Society. The CSP had just funded an AI Fellow and is about to promote its new career development framework.

Minister Smyth meeting 29th October

Together with the HCPC Chief Executive, I met Minister Smyth to update her on our Fitness to practise progress and ways in which we support and complement her Health Department's work.

We explained some of the ways in which current legislation is limiting the HCPC's further improved performance.

We briefed the Minister on HCPC's programme of work to prepare for an NHS managers disbarring function and noted that this could only begin once the Department had released funding. In response to a written parliamentary question, the Minister later in the month confirmed that the government is working with the Health and Care Professions Council (HCPC) to identify the cost implications of implementing a barring mechanism for senior NHS managers. The Minister stated that the HCPC cannot fund this new regulatory function through the fees levied on its current 15 professions.

PSA Chairs roundtable 17th November

Hosted by PSA Chair Caroline Corby, the discussions amongst sector Chairs are confidential but included updates on mutual progress and challenges and the impacts of AI.

Chairs quarterly 27th November

The HCPC committee Chairs and I meet quarterly, with the Senior Council member (or more often if required) to check that the Council is receiving assurance on all key issues and to verify that none are missed in the business conducted outside of plenary meetings. In this, we are ably assisted by Patricia (Patsy) Morrissey, Head of governance.

Patsy and Francesca (Fran) Bramley deserve several shout outs for the huge workload they are managing with such good grace. I will mention one in particular, the wonderful influx of Council apprentice applications, despite which the timetable for recruitment is still on track and they continue to devise smart ways of managing expected challenges – and new ones. Thank you!

Future events and meetings include:

Attending the General Medical Council annual conference on November 26th.

Advanced practice in the Allied Health Professions (AHPs)

1. Introduction

1.1 The Chief Allied Health Professions Officers in each of the four UK countries have collaborated to produce this statement in order to provide clarity for leaders and decision makers about how advanced practice for allied health professions is defined, regulated and governed.

2. Statement on Advanced Practice

Whatever the specific profession, role and context, all advanced practice AHPs will have the necessary advanced-level capabilities across all four pillars of practice needed to provide safe, high quality, holistic care with people, their families and carers.

All AHPs, including those working in advanced practice roles, are statutorily regulated by the Health and Care Professions Council (HCPC) or General Osteopathic Council (GOsC).[1]

Robust employer governance is central to the safe and effective employment, utilisation and deployment of advanced practice AHPs.

3. Defining advanced practice for AHPs

The following provides a high-level, common definition agreed across the four UK countries.

3.1 Advanced Practice in allied health professions involves complex decision-making, underpinned by a post-registration master's level award or equivalent undertaken by an experienced practitioner that encompasses all four pillars of practice: clinical practice, leadership and management, education, and research. It is delivered by skilled and experienced registered health and care professionals who exercise significant autonomy, judgement and responsibility in their roles.

3.2 Advanced practitioners manage complex care in partnership with individuals, families and carers, analysing and synthesising complex problems, often as part of multi-professional teams. They handle clinical risk and uncertainty across significant areas of work, in various settings, developing innovative solutions to expedite access to care, optimise peoples' experiences, drive population health and prevention and improve outcomes

[1] Osteopaths are considered AHPs in England only

4. Regulation of AHP advanced practice

4.1 All AHPs, including those working in advanced practice roles, are statutorily regulated by the Health and Care Professions Council (HCPC) or General Osteopathic Council (GOsC).[2] AHPs must hold registration with the appropriate regulator and meet the regulatory standards applicable to their registration and practice.

4.2 The regulators for allied health professionals have assessed the risks of advanced practice and consider that existing regulatory arrangements are in place to manage any risks which arise from advanced practice.

5. Advanced practice governance

5.1 Robust employer governance is central to the safe, effective employment and utilisation of advanced practice AHPs. Specific governance requirements and arrangements will vary between the four countries of the UK, but there should always be clear lines of leadership oversight and accountability for the advanced practice AHP workforce. This should include leadership oversight from an Executive Director of AHP / Chief AHP, or equivalent.

6. More information

6.1 See Annex A for more information about advanced practice in the AHP workforce across the four countries of the UK.

[2] Osteopaths are considered AHPs in England only