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Report

# Fitness to Practise Data Supplementary Analysis 2023-24

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## Executive summary

Our Fitness to Practise Annual Report published in October 2024 provided some analysis of our data in order to inform stakeholders and the public about this part of our work. Further analyses of our data are included in this new report and are in two sections. Section 1 highlights the differences in rates of concerns reported to us across several areas including registration route, profession, and protected characteristic. Section 2 relates to concerns at different decision points in the Fitness to Practise process. The data set for each section is different and no direct correlation between section 1 results and section 2 results can be made. Section 2 data relate to decisions made during the 2023/24 financial year, rather than the outcomes of the concerns received in section 1. This is because some of the concerns in section 2, particularly those with Health and Care Professions Tribunal Service decisions, will have been received before 2023/24.

In the financial year 2023/24, HCPC had 1,953 Fitness to Practise (FTP) concerns that passed triage<sup>1</sup>. Those 1,953 concerns related to 1,861 individual registrants with 1,787 registrants having one concern only, 65 registrants having two concerns, six registrants having three concerns, one registrant having four concerns, one registrant having five concerns and one registrant having nine concerns in that period.

The overall FTP concern rate per 1,000 person years in the financial 2023/204 was 3.2. This is equivalent to 0.3% of registrants. The FTP rates vary considerably by the factors described in this report.

In relation to data on concerns we received (section 1), our analysis included:

- after taking into account the number of registrants in each age and sex group, both sexes exhibited a continual rise in rates with increasing age and male rates were higher than female rates in all age groups.
- Three quarters of registrants with at least one FTP concern came from five professions: Paramedics (26%), Practitioner psychologists (16%),

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<sup>1</sup> When someone tells us about a concern, we must first decide if we are able to investigate it. We conduct a test that we call triage. There are three steps to the triage test. 1. The concern must relate to someone on our Register. We can only consider concerns about people who are on our Register. 2. The concerns must be made in writing. This can be by letter or email. We need the concern in writing so we can be clear on the precise concern and ask the registrant for their response. If someone needs help with this, we can support them to raise their concern with us. 3. We must also make sure that the concerns we are told about relate to one of our five statutory grounds of impairment.

Physiotherapists (15%), Occupational therapists (10%) and Radiographers (8%).

- Of those who had reported ethnicity, the percentages of each ethnicity for FTP concerns were broadly similar to the entire registrant population.
- Those who join the HCPC Register via our UK route were more likely to be subject to a Fitness to Practise concern than those who join the register via our international route for all professions combined. For individual professions, seven had a higher rate for International route registrants than for UK route registrants but the numbers involved are small which creates analytical uncertainty. For two of those professions, Physiotherapists and Occupational therapists, the international route rate was statistically significantly higher than the UK rate after adjusting for age and sex.
- Female international route FTP rates were higher than female UK route FTP rates. The opposite was true for males with international FTP rates being lower than UK route rates.
- Most concerns were for registrants reporting white ethnicities, however, when comparing the rates of concerns, registrants reporting ethnicities other than white were more likely to be subject to an FTP concern. This is true for both international and UK routes and is particularly so for UK route registrants with most other ethnic groups being statistically significantly higher than for white registrants.
- While concerns relating to international route registrants were lower overall, Professional Practice related concerns were more common in international route registrants than in UK route registrants, particularly those relating to knowledge or proficiency. However, it is important to note that these were concerns received, not proven allegations.

In relation to findings at key decision points (section 2) our analysis included:

- There was very little difference between age groups in terms of the percent of concerns meeting triage but there was a clear trend in the percent of concerns meeting threshold with the percent decreasing with age.
- There was relatively little difference between the ages in terms of Investigating Committee Panel (ICP) decisions being case to answer but there was

considerable variation between age groups in terms of tribunals resulting in a sanction.

- There was very little difference between the sexes in terms of the percent of concerns meeting triage but there was a very clear difference in the percent of concerns meeting threshold with the percent of males being considerably higher.
- There was relatively little difference between the ethnicities in terms of the percent of concerns meeting triage but there were some differences in terms of meeting threshold.
- There was relatively little difference between the continents of the nationalities in terms of the percent of concerns meeting triage but there were some differences in terms of meeting threshold.

These findings help provide useful context for the health and care professions we regulate. Any findings from within this report must be considered within the context of the limitations of the data, the different data sets and the inevitable analytical uncertainty created by low volumes. In some areas the data can only raise questions that we and other stakeholders may wish to explore in more detail in the future.

Disproportionality shown in our data should not automatically be seen as unfairness. There are many ways in which disproportionality may well be explained.

We are near the beginning of our journey with using EDI data to understand the impact of our regulatory processes and further work is required to explain the data and compare it to historical trends. Through initiatives such as the Joint Healthcare Regulators' EDI Forum, we have the advantage of being able to work closely with other healthcare regulators, many of which have been working with their own data for several years to understand the drivers behind the patterns that they have seen, and we can share that learning.

We will be undertaking further work in the next financial year to build on our current analysis to try to derive further insights and where possible understand any correlations between different data sets. This work sits alongside our ongoing

commitment to EDI, which is outlined in our EDI strategy and specific work to support fairness in our Fitness to Practise decision making. For example, mandatory training and Code of Conduct for partners involved in decision making throughout our FtP processes.

## Introduction

The HCPC collects data relating to its Fitness to Practise processes at different stages to highlight areas of risk, spot trends and inform the sector to support decision making relating to workforce planning. The following analysis covers concerns raised to us by registration route (Section 1) and separate analysis (Section 2) regarding decisions at key points in our FtP process.

Superficially the assessment of FTP rates may seem straightforward. However, there are several complicating factors.

An important consideration is the small number of registrants with FTP concerns reported to us, especially when broken down by registration route. HCPC professions are most usefully considered on an individual basis. The split of the number of concerns across 15 professions can lead to small numbers and results that are highly sensitive to change. For example, seven professions had fewer than 10 international route registrants with an FTP concern in 2023/24 and only two had more than 25. Coupled with the small international route registrant population for some professions this meant there was considerable uncertainty in some of the analyses and not all analyses could be undertaken for all professions.

The main issue which can't be fully accounted for is that of risk exposure. A registrant not practising, or not practising in the UK, is unlikely to be subject to an FTP concern but will still appear in the denominator of any calculation. It is important to recognise here that HCPC registrants do not have to be in the UK to register or to remain registered (but all registrants must do their continuing professional development). It is certainly the case that many international route registrants will necessarily register ahead of coming to work in the UK, and in some instances may not end up working in the UK. It is also certain that some registrants from all of the routes are working overseas or have a period where they are not working. It has not proved possible from the data held by HCPC to generate a more accurate risk exposure than time on the register during the period of interest.

A final complicating factor is the observed structural differences in registrant populations for the UK and international application routes. In general, the risk of FTP increases with age and is higher in males than in females. A greater proportion of international route registrants are in the younger, and lower risk, age groups than for UK route registrants. Conversely, a greater proportion of international route registrants are male, and therefore of higher risk, than for UK route registrants. These structural differences vary by profession. Statistical techniques that adjust for these differences have been used where possible in this report, but the small number issue discussed above meant this was not always possible.

The challenges and some broad findings mirror those of other UK healthcare professional regulators who have looked at issues of disproportionality in FTP concerns. The GMC and GDC have both previously reported higher rates in men than in women, in older registrants than in younger ones, in ethnic minority registrants than in white registrants, and in registrants who trained overseas than in those who trained in the UK [1] [2].

## Our registration routes

Historically there were four routes through which current registrants could have entered the HCPC register: UK, international, European Mutual Recognition (EMR) and Grandparenting. To come through the UK route the registrant must have received their qualifying education from a UK institution approved by the HCPC. The international route is open to those who trained outside of the UK if scrutiny of their training and experience determines comparability to the standards of proficiency required of UK route applicants. The EMR route was an expedited international type route for those who trained in the EU which closed following Brexit and so for the purposes of the analysis in this report international and EMR have been combined. Grandparenting was a route that enabled the porting of existing registrations with another body into HCPC. As grandparenting is not a current registration route, was a route for only a limited number of professions, and as the number of current grandparenting route registrants is small, the majority of analyses in this report do not include them.

## Methods

For the analysis in Section 1, all FTP concerns passing triage in the financial year 2023/24 were included. The analyses presented here are person based, i.e. they relate to the number of registrants subject to one or more concerns in the period of interest. To take into account the ever-changing nature of the register, rates have been calculated per 1,000 registration registrant years. This method adjusts for people who were only registered for part of the year rather than arbitrarily taking a count at a point in time in the year. Registrant years were calculated on a route specific basis, i.e. a rate for international route registrants is per 1,000 international route registrant years, a rate for UK route registrants is per 1,000 UK route registrant years.

Two comparisons of the rates have been conducted. The comparison of the rates without adjustment for any other factors is presented as the rate ratio with its corresponding 95% confidence interval and p value<sup>2</sup>. The comparison of the rates after adjusting for age and sex is presented as the standardised ratio with its corresponding 95% confidence interval. For the standardised ratio an interval that crosses the value 1.0 indicates that the difference in the rates is not statistically significant. Because of the very small numbers, and in some instances very small registrant populations, some confidence intervals are very large. This indicates uncertainty as to true value of the relevant measure. All analyses were produced in Stata/BE 18.0.

## Section 1 - Fitness to Practise concerns 2023/24 and registration route

In the financial year 2023/24, HCPC had 1,953 Fitness to Practise (FTP) concerns reported to us that passed triage. Those 1,953 concerns related to 1,861 individual registrants with 1,787 registrants having one concern only, 65 registrants having two concerns, six registrants having three concerns, one registrant having four concerns,

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<sup>2</sup> A p-value is a measure of how likely it is that an observed difference is due to chance. In this report we describe p-values of less than 0.05 as being statistically significant, which should be interpreted as meaning there is some evidence of the difference not being due to chance alone.



one registrant having five concerns and one registrant having nine concerns in that period.

The vast majority (1556, 84%) of registrants with one or more FTP concerns were those who entered the register via the UK route. International route registrants made up 15% (280) of the total and Grandparenting route registrants accounted for just 1% (25). The small number of international route registrants with one or more FTP concerns means some of the subgroup analyses, including by profession, are based on very small numbers.

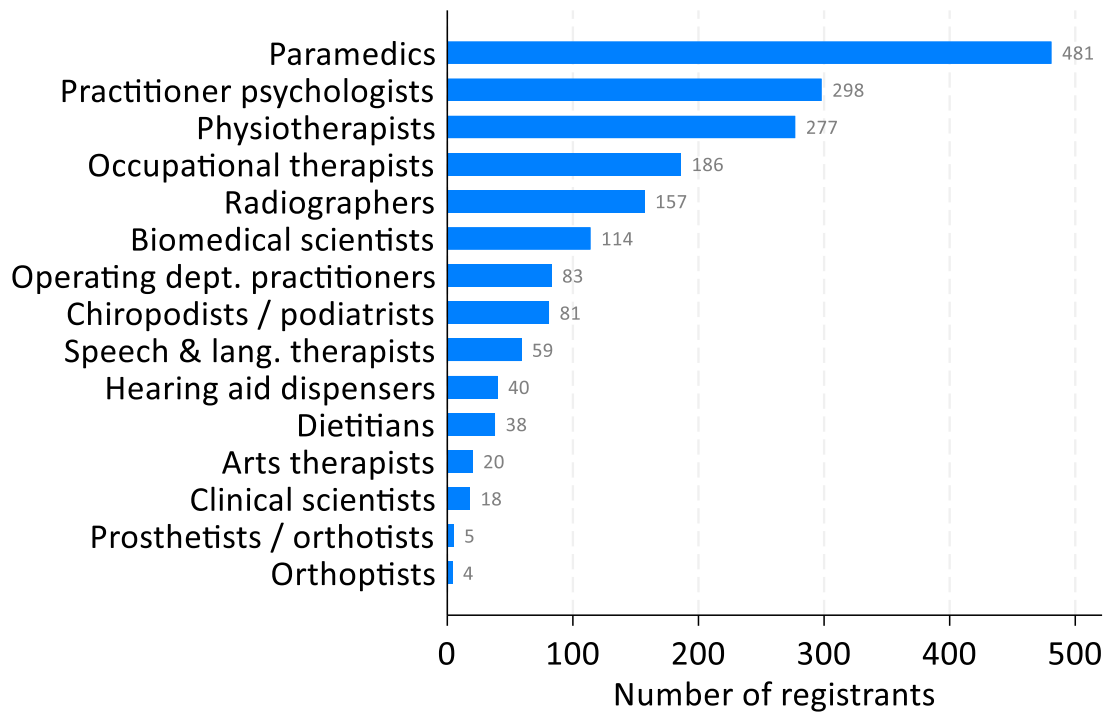
For all professions combined, international route registrant FTP rates (5.2 per 1,000 registrants) and UK route registrant rates (5.4 per 1,000 registrants) were virtually the same. The following sections describe the variation in these rates by profession, age, sex and ethnicity.

### **Profession**

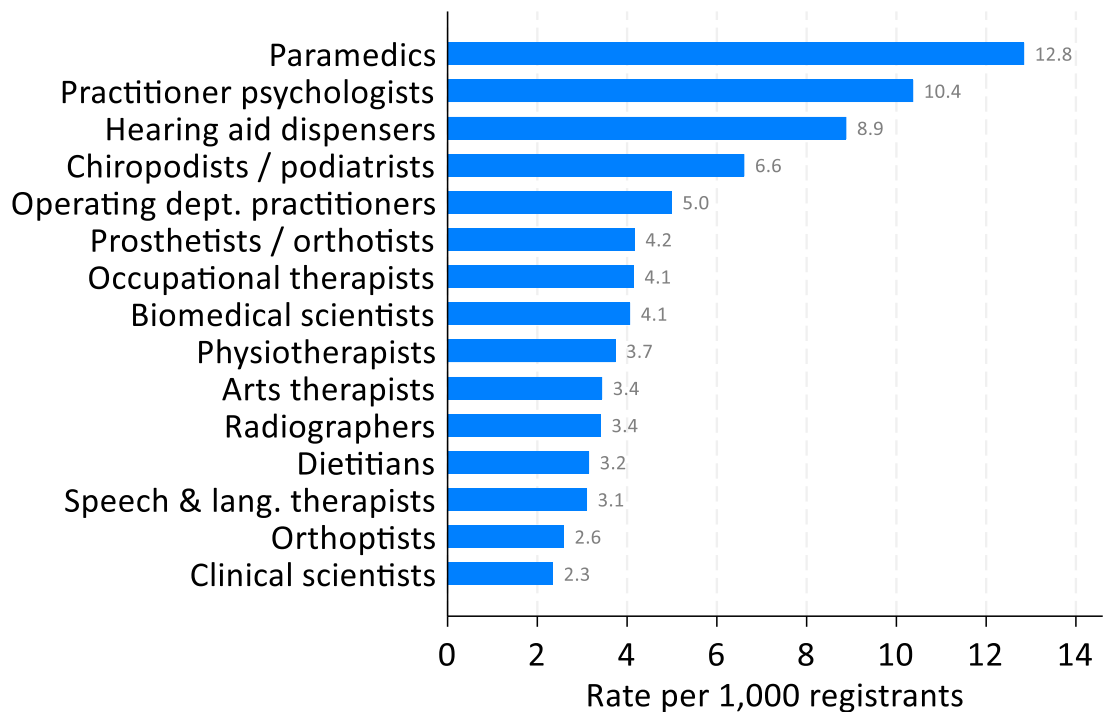
Profession was recorded for all 1,861 registrants. Three quarters of registrants with at least one FTP concern came from five professions: Paramedics (26%), Practitioner psychologists (16%), Physiotherapists (15%), Occupational therapists (10%) and Radiographers (8%). The number of registrants per profession ranged from 481 Paramedics to four Orthoptists (Figure 1).

After taking into account the number of registrants in each profession, Paramedics had by far the highest rate of FTP concerns, with a rate twice that of most other professions (Figure 2). Practitioner psychologists, Hearing aid dispensers and Chiropodists/podiatrist also had noticeably higher rates. The professions with the two highest rates, Paramedics and Practitioner psychologists, accounted for 40% of the total number of registrants with one or more FTP concerns in this period.

**Figure 1: Registrants with one or more FTP concern in 2023/24, counts by profession**



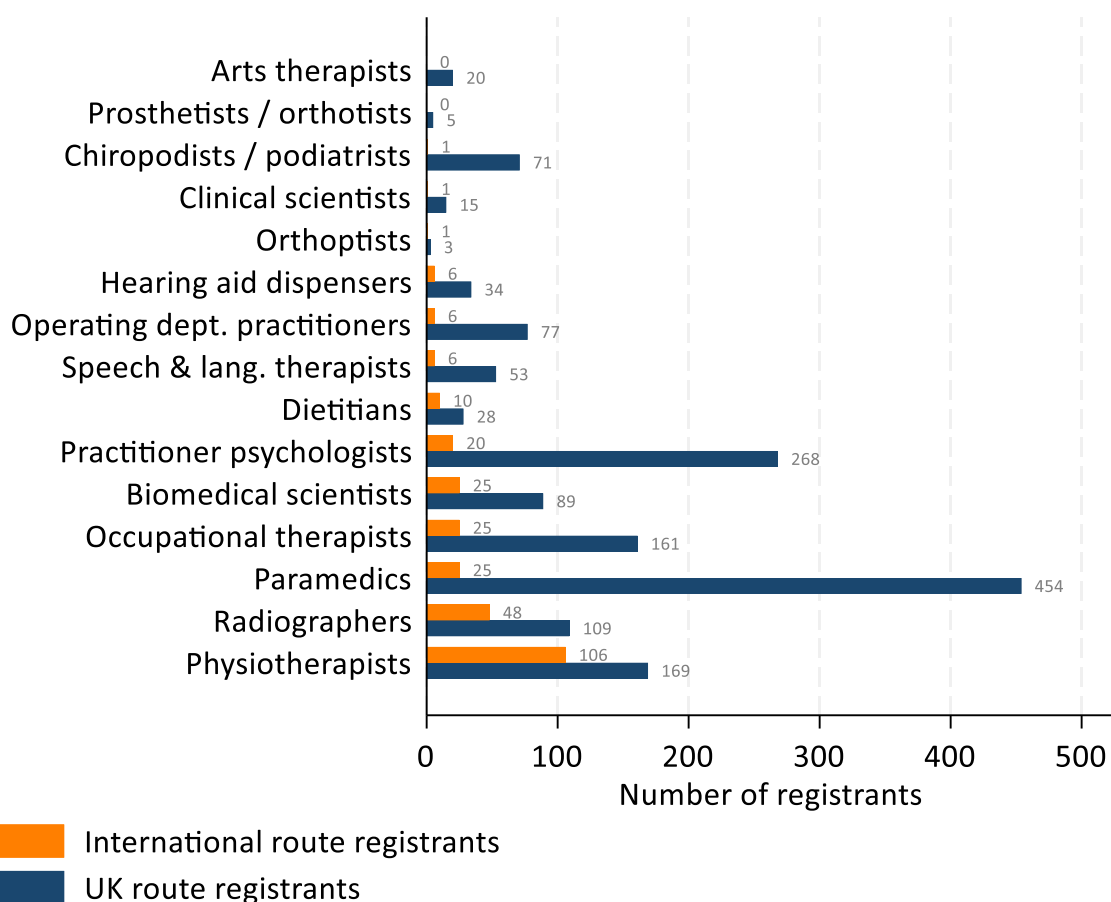
**Figure 2: Registrants with one or more FTP concern in 2023/24, rates per 1,000 registrants by profession**



### Profession by route of registration

The overall number of FTP cases per profession varied considerably, broadly in line with profession size with some exceptions. When split into UK and International route registrants, many professions had very few international route registrants in FTP (Figure 3). Over half (55%) of all international route registrants with one or more FTP concern came from just two professions, Physiotherapists and Radiographers, though those two professions also account for 60% of all international route registrants.

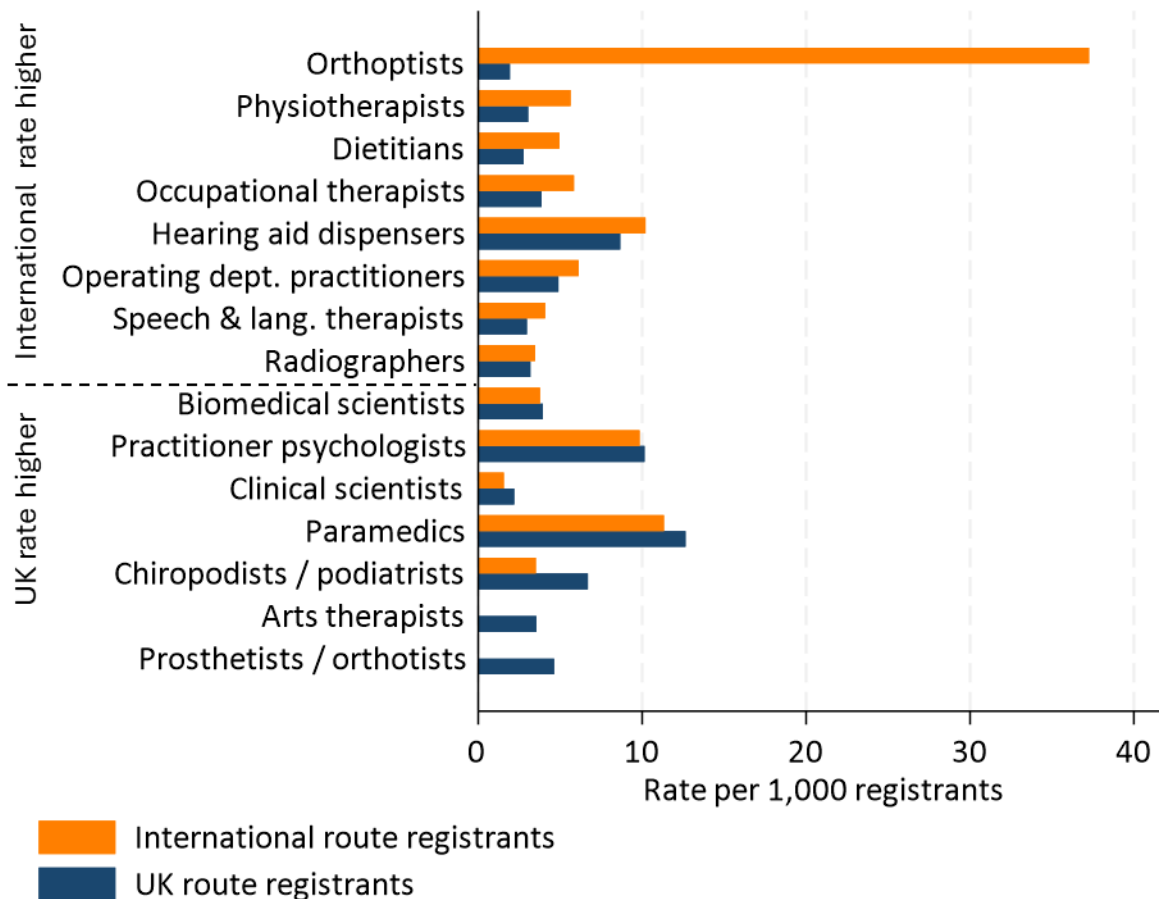
**Figure 3: Registrants with one or more FTP concern in 2023/24, counts by profession and registration route**



Profession specific rates by registration route show that eight professions had higher international route rates, and seven professions had higher UK route rates (Figure 4). However, only two professions had an FTP referral rate for international route applicants that was statistically significantly higher than for their UK route applicants. The high Orthoptist rate is the result of 1 case in a population of 27 international route registrants.

It should be noted that the GMC and GDC have both previously reported higher FtP referral rates for registrants who trained overseas than in those who trained in the UK [1] [2].

**Figure 4: Registrants with one or more FTP concern in 2023/24, rates per 1,000 registrants by registration route**



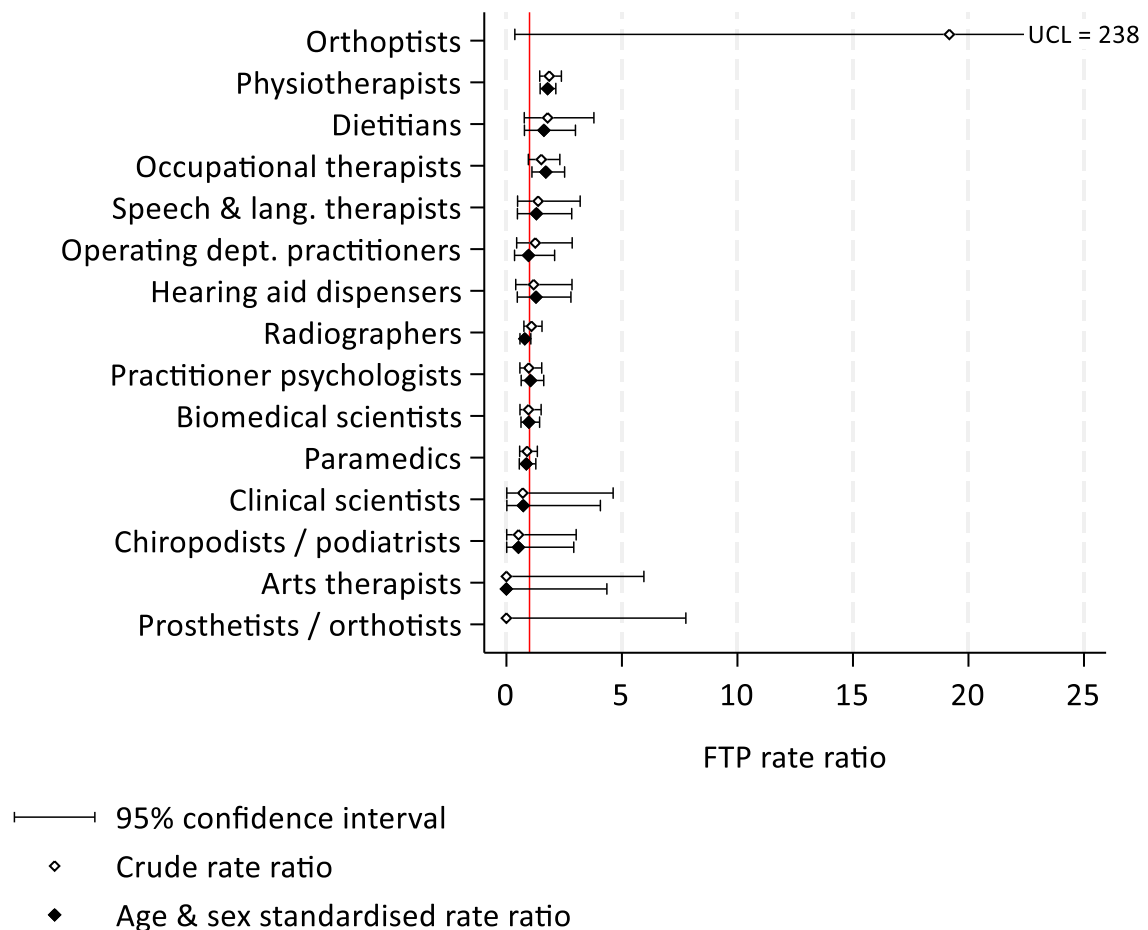
The statistical significance of these differences was assessed as a crude rate ratio, with no adjustment for age and sex, and as an age and sex standardised rate ratio (Figure 5). Adjusting for age and sex was conducted as age and sex specific FTP rates vary considerably and therefore structural differences in the UK and International route registrant populations could explain some of the variations in rates. Age and sex counts and rates by profession can be found in Annexes A-D.

Statistical significance was inferred by the confidence interval crossing the value of 1, plotted as a red line. This indicated that two professions had an FTP rate for international route applicants that was statistically significantly higher than for their UK

route applicants. Physiotherapists rate ratios were significant before and after adjusting for age and sex. Occupational therapists rate ratios were significant only after adjusting for age and sex. The very large confidence intervals are a consequence of the very small numbers for many professions and indicate the extent of the uncertainty in the analysis of them. Age and sex standardised rate ratios could not be calculated for Orthoptists or Prosthetists / orthotists as there were too few UK route registrants to enable the standardisation.

Profession counts, rates, and rate ratios are tabulated in Annex A.

**Figure 5: Registrants with one or more FTP concern in 2023/24, crude and age & sex standardised rate ratios**



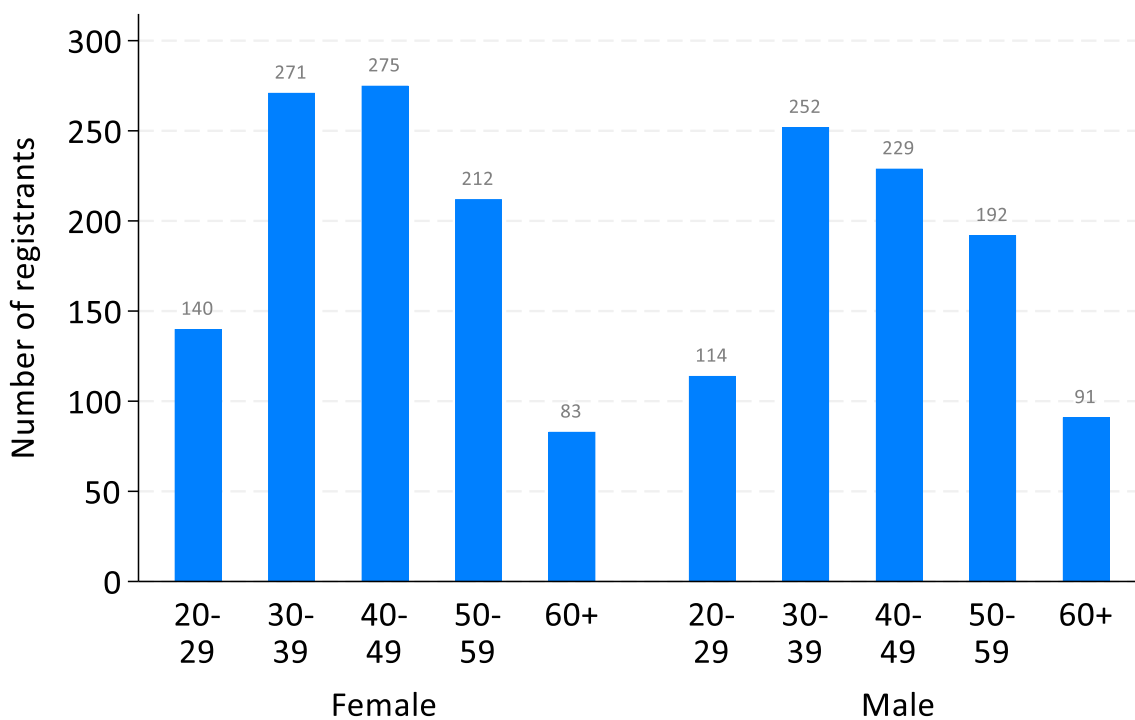
## Age & Sex

Age was recorded for all 1,861 registrants. The median age at the time of the FTP concern was 43 (Inter Quartile Range 33 to 52) with ages ranging from 21 to 85.

Sex was recorded for all but two of the 1,861 registrants with those two having stated “Prefer not to say”. Just over half were female (53%). Median age and interquartile range were very similar for females (42, IQR 33 to 51) and males (43, IQR 33 to 53).

There was a subtle difference in the age distributions by sex with females showing a higher number of concerns across the 30-39 and 40-49 age groups, but males peaking in the 30-39 group then declining (Figure 6).

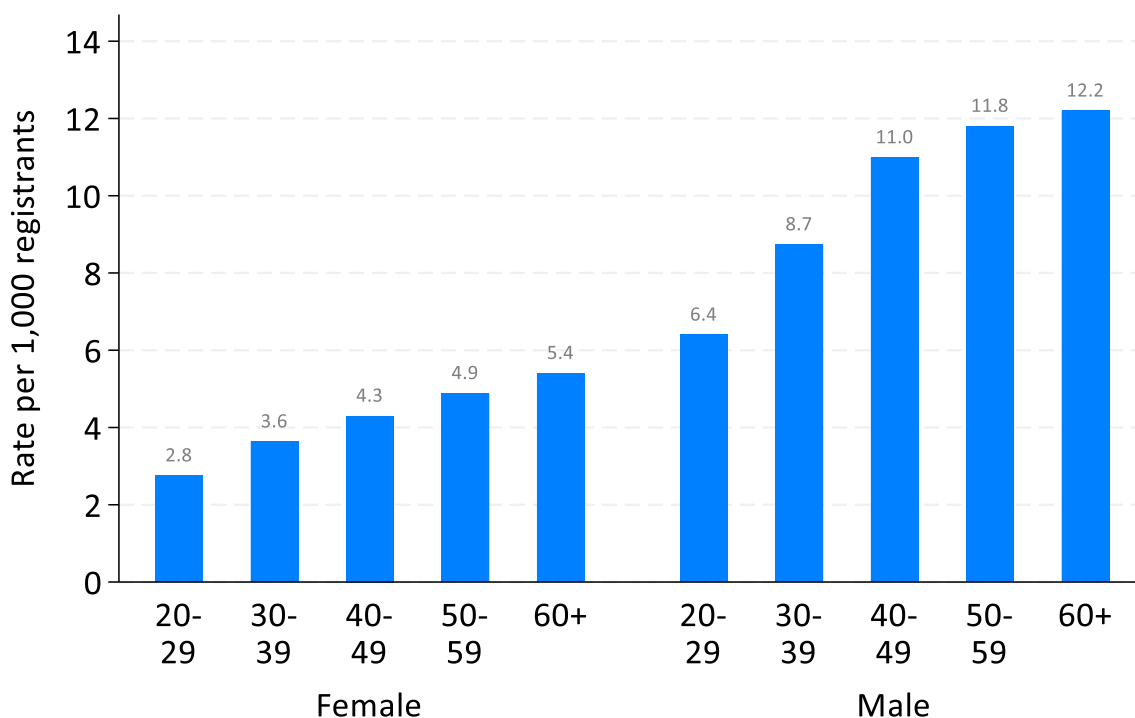
**Figure 6: Registrants with one or more FTP concern in 2023/24, counts by age and sex**



After taking into account the number of registrants in each age and sex group, both sexes exhibited a continual rise with increasing age (Figure 7). Very noticeable is the difference in age specific rates with male rates higher than female rates in all age groups.

All male age specific rates were 2.3 to 2.6 times higher than the corresponding female age specific rates.

**Figure 7: Registrants with one or more FTP concern in 2023/24, rates per 1,000 registrants by age and sex**



## Age & Sex by route of registration

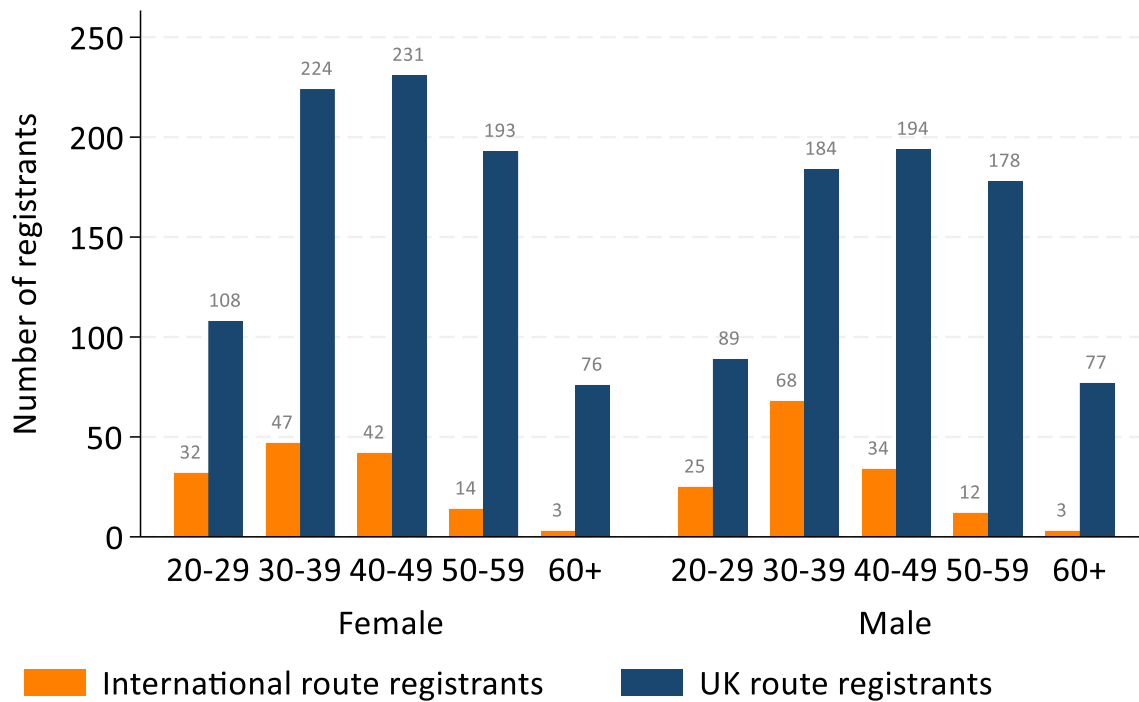
For the UK route, females had a higher count than males in all age groups except 60+ and a higher total. For the international route, females had a higher count than males in all age groups except 30-39 but males had a slightly higher total. This was due to a particularly high count in 30-39 year old males (Figure 8).

International route registrant FTP rates for females were higher than for the UK route for ages 20-59 and higher in total (Figure 9). While rates for international route registrants in age groups from 20 to 59 ranged from 12% to 48% higher than the UK, the only statistically significant difference was for the 40-49 year old group (Figure 10).

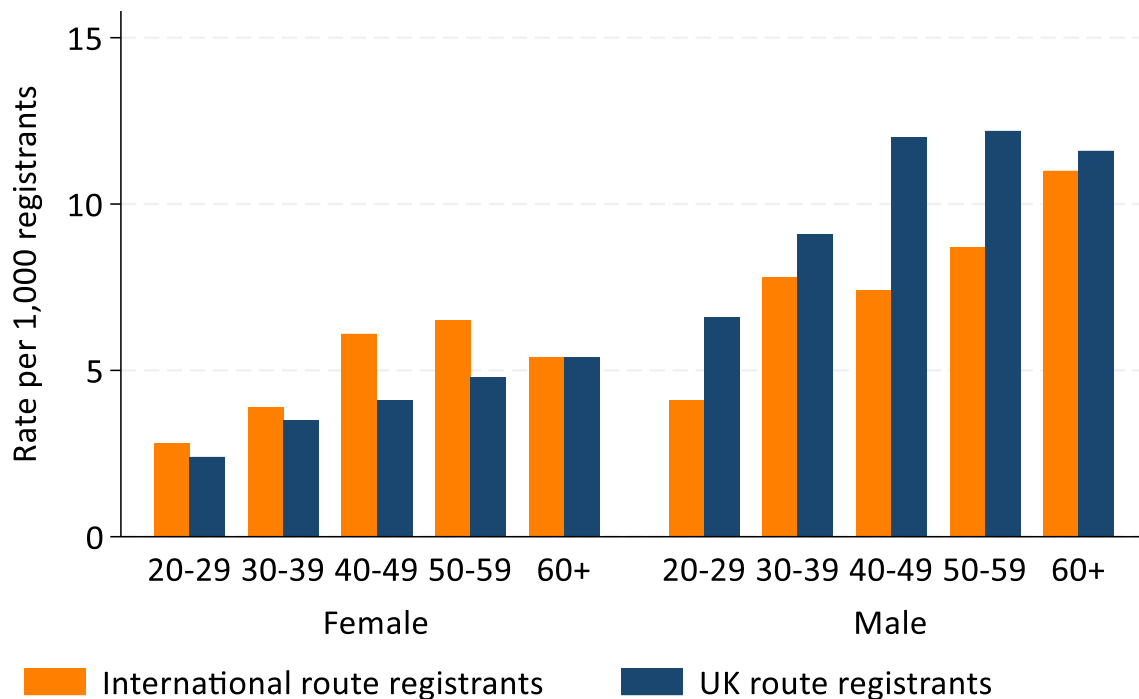
International route registrant FTP rates for males were lower than for the UK route in all age groups and in total (Figure 9). International route registrant rates were between 5% and 38% lower than for the equivalent UK route age groups, and were statistically significantly lower for 20-29, 40-49, and for all ages combined (Figure 10).

Age and sex counts, rates, and rate ratios are tabulated in Annex B.

**Figure 8: Registrants with one or more FTP concern in 2023/24, counts by age, sex, and registration route**

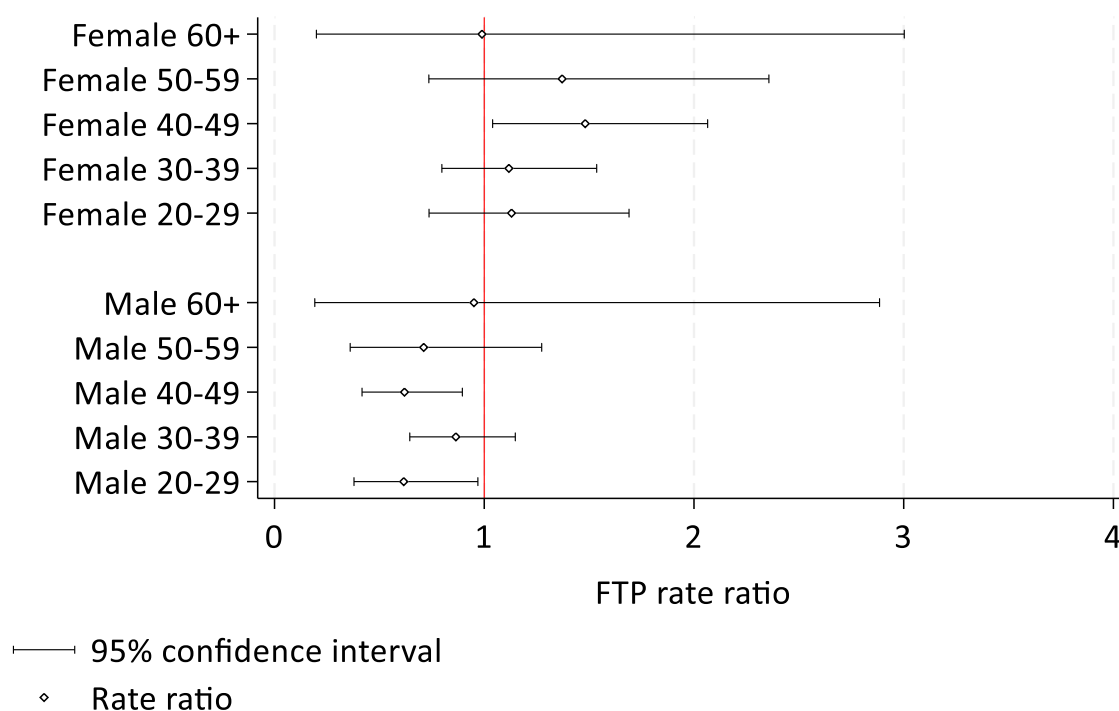


**Figure 9: Registrants with one or more FTP concern in 2023/24, rates per 1,000 registrants by age, sex, and registration route**





**Figure 10: Registrants with one or more FTP concern in 2023/24, rate ratios by age and sex**



### Ethnicity

Ethnicity information is collected via the Equality, Diversity and Inclusion portal that HCPC registrants have been invited to complete at first registration and at renewal since December 2021. Of the 1,861 registrants with an FTP concern in 2023/24, 1,778 (96%) had answered the ethnicity question. The equivalent figure for ethnicity information for the entire registrant population during 2023/24 was 98%.

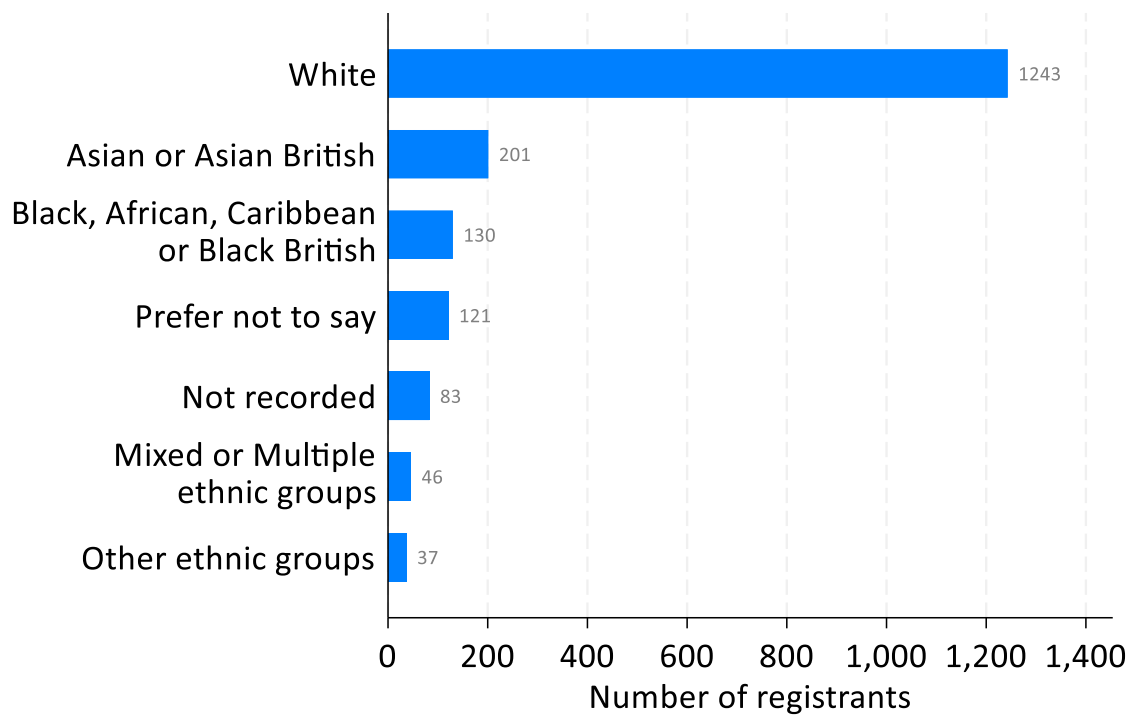
Of those who had reported ethnicity, the percentages of each ethnicity for FTP concerns were broadly similar to the entire registrant population (Table 1).

**Table 1: Registrants with one or more FTP concern in 2023/24, counts and percents by ethnicity**

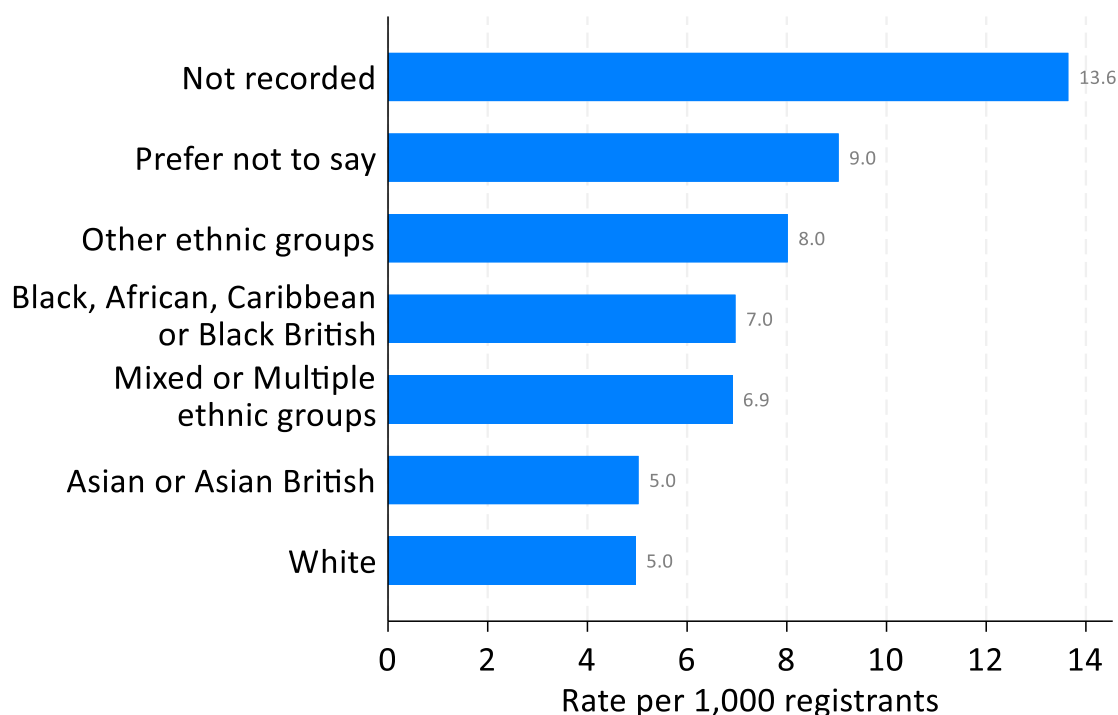
	FTP registrants		Register
	n	%	%
White	1,243	66.8	73.7
Asian or Asian British	201	10.8	11.8
Black, African, Caribbean or Black British	130	7.0	5.5
Mixed or multiple ethnic groups	46	2.5	2.0
Other ethnic group	37	2.0	1.4
Prefer not to say	121	6.5	3.9
Not recorded	83	4.5	1.8
All	1,861	100.0	100.0

Whilst the vast majority of concerns reported to the HCPC were about registrants reporting white ethnicities (Figure 11), all non-white ethnicities other than Asian or Asian British reported higher rates (Figure 12). The higher percentage of registrants in FTP without ethnicity recorded may be in part due to some registrants in FTP not renewing. A registrant in FTP who failed to renew would not be removed from the register but would also not complete the EDI questions asked at renewal.

**Figure 11: Registrants with one or more FTP concern in 2023/24, counts by ethnicity**



**Figure 12: Registrants with one or more FTP concern in 2023/24, rates per 1,000 registrants by ethnicity**



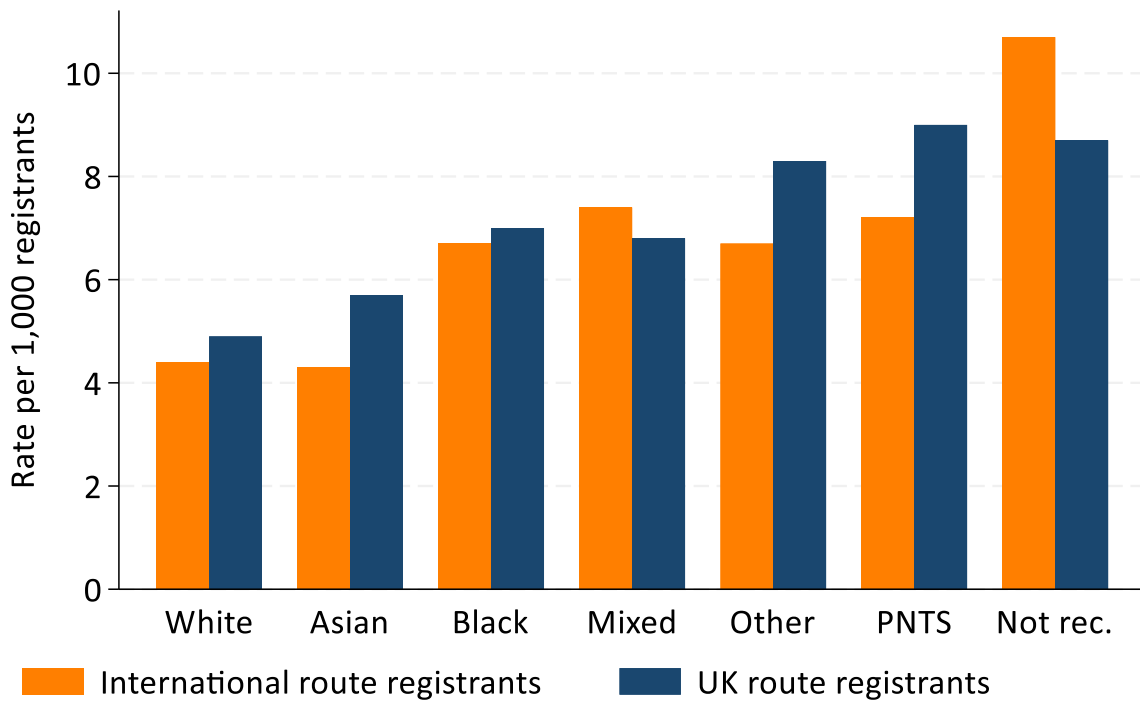
### Ethnicity by route of registration

Both UK and international routes exhibited the same pattern of the lowest FTP rates being for registrants who reported White or Asian or Asian British ethnicities and the higher rates for Black, African, Caribbean or Black British, Mixed or multiple ethnic groups and Other ethnic group (Figure 13). The highest rates for all were for those who responded Prefer not to say or for whom no ethnicity data were recorded.

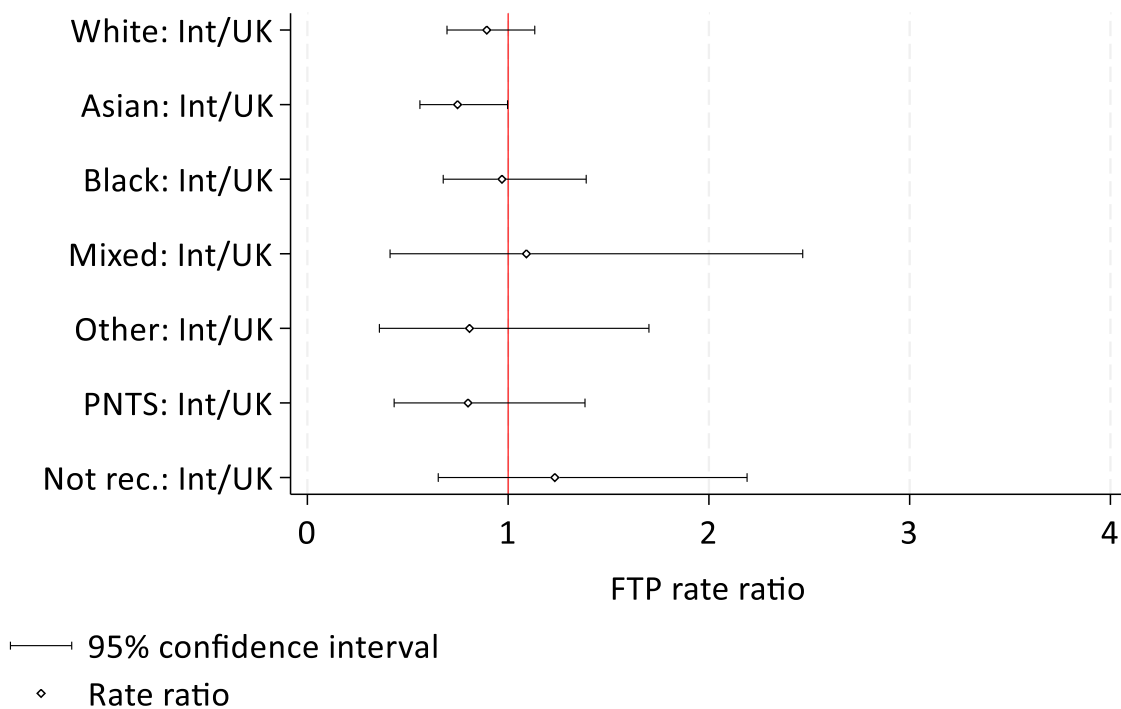
Comparison of the international route and UK route rates indicated only in the case of Asian or Asian British did they differ statistically significantly, with international route rates being lower (Figure 14).

Looking within the routes to see how the ethnicities compared indicated that for international route registrants all ethnicity groups other than Asian were higher than the white group, and statistically significantly so for Black and Not recorded (Figure 15). All other ethnicities were higher than white for UK route registrants, and all statistically significantly so other than Asian and Mixed, both of which were borderline significant (Figure 15). Ethnicity counts, rates, and rate ratios are tabulated in Annex C.

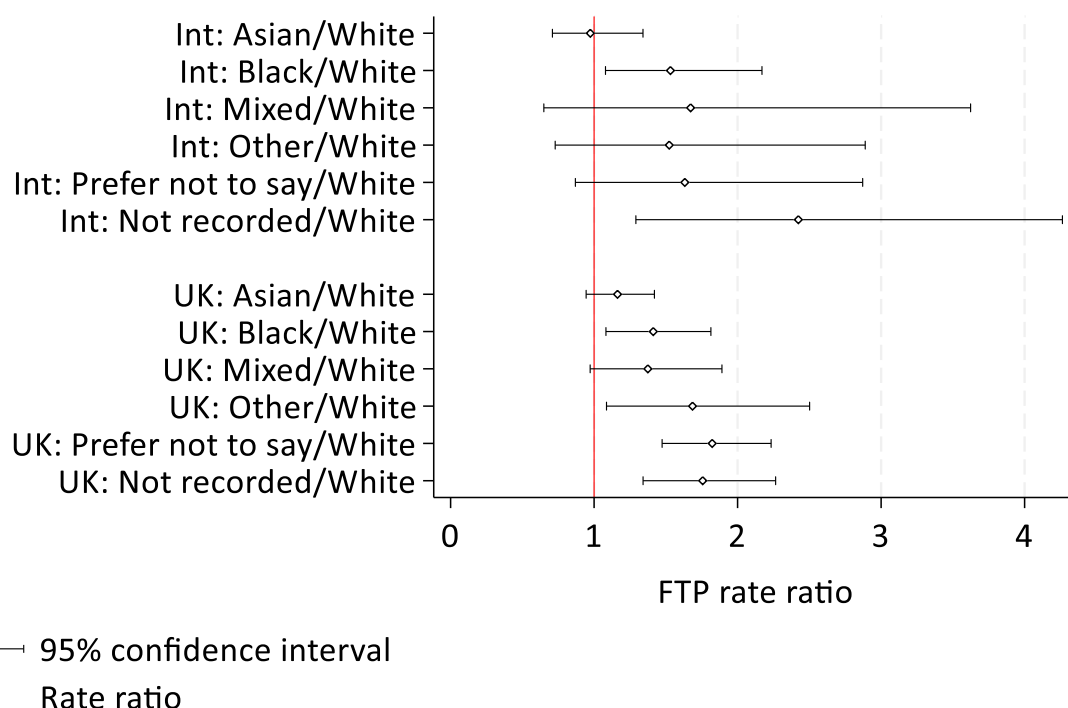
**Figure 13: Registrants with one or more FTP concern in 2023/24, rates per 1,000 registrants by ethnicity and registration route**



**Figure 14: Registrants with one or more FTP concern in 2023/24, rate ratios for International compared to UK by ethnicity**



**Figure 15: Registrants with one or more FTP concern in 2023/24, rate ratios white compared to other ethnicities by route**



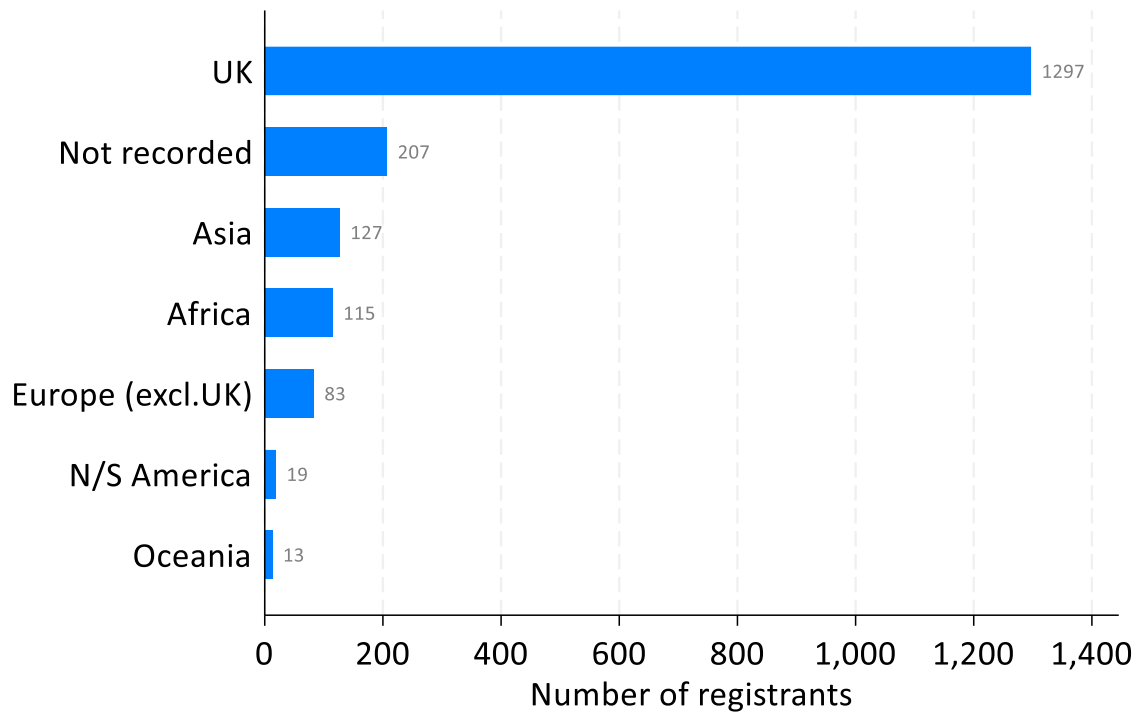
### Nationality (continent)

Nationality information is collected during the registration process though is not mandatory. Of the 1,861 registrants, 1,654 (89%) had self-reported nationality. As many individual nationalities resulted in very small counts, nationality here has been aggregated into continent, and in the instance of North and South America, merged continents. Of those who had reported nationality, the percentages of each continent for FTP concerns were similar to the entire registrant population (Table 2).

**Table 2: Registrants with one or more FTP concern in 2023/24, counts and percents by continent of nationality**

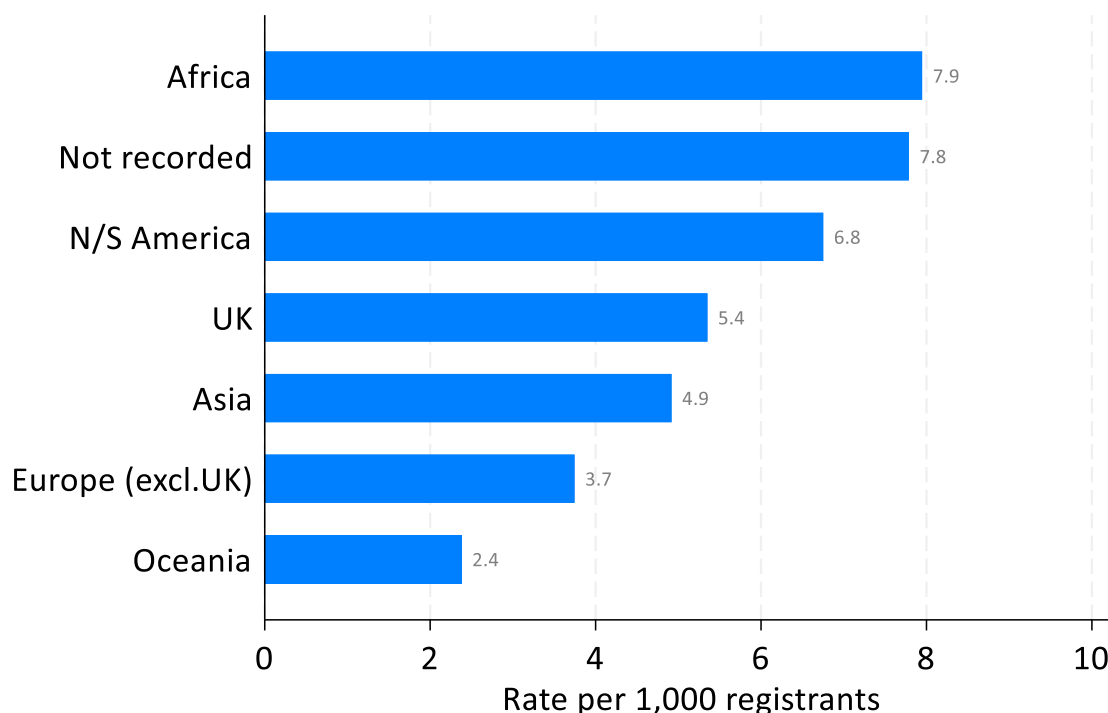
	FTP registrants		Register
	n	%	%
UK citizen	1,297	69.7	71.4
Asia	127	6.8	7.6
Africa	115	6.2	4.1
Europe(excl. UK)	83	4.4	6.5
North or South America	19	1.1	0.8
Oceania	13	0.7	1.6
Not recorded	207	11.1	8.7
All	1,861	100.0	100.0

**Figure 16: Registrants with one or more FTP concern in 2023/24, counts by continent of nationality**



It is important to note that the rates per 1,000 registrants recorded for continent of nationality (Figure 17) could vary with small changes. For instance, if there were 4 fewer registrants with a recorded continent of nationality of North or South America, or 38 fewer registrants with a recorded continent of nationality of Africa they would result in the same rate as of UK citizen.

**Figure 17: Registrants with one or more FTP concern in 2023/24, rates per 1,000 registrants by continent of nationality**



### Nationality (continent) by registration route

The registration route used by those with a nationality of UK citizen is, as you might expect, primarily the UK route (Table 3). However, all other nationalities were also users of the UK route to varying degrees. Over a quarter of all non-UK nationality registrants with one or more FTP concern came through the UK registration route.

**Table 3: Registrants with one or more FTP concern in 2023/24, counts and percents by nationality and registration route**

	Grandparenting		International		UK		Total
	n	%	n	%	n	%	n
UK	23	2	15	1	1259	97	1297
not recorded	0	0	3	1	204	99	207
Asia	1	1	107	84	19	15	127
Africa	0	0	87	76	28	24	115
Europe (excl.UK)	0	0	47	57	36	43	83
N/S America	1	5	9	47	9	47	19
Oceania	0	0	12	92	1	8	13
Total	25	1	280	15	1556	84	1861

## Correspondence address

The HCPC relies on registrants to provide and maintain an up to date and accurate correspondence address. This is assumed to be close to where they work but there will inevitably some degree of cross border flow, and that will affect different areas of the UK to different extents. There is some evidence to suggest that not all registrants keep their correspondence address up to date, which would affect the accuracy of these figures. Also, registrants may have changed their correspondence address since the issue that led to the FTP concern being raised.

The vast majority of registrants with an FTP concern in 2023/24 had an English correspondence address, as did the majority of HCPC registrants (Table 4).

**Table 4: Registrants with one or more FTP concern in 2023/24, counts and percents by correspondence address**

	FTP registrants		Register
	n	%	%
England	1,517	81.5	76.7
Scotland	122	6.6	7.6
Wales	80	4.3	4.3
Northern Ireland	35	1.9	3.0
UK, nation unspecified	22	1.2	0.7
Overseas	84	4.4	7.6
Address could not be geocoded	1	0.1	0.1
All	1,861	100.0	100.0

## Correspondence address by registration route

The registration route used by those with a correspondence address in England, Scotland or Wales is, as you might expect, primarily the UK route (Table 5). However, a number of registrants with non-UK correspondence addresses were also users of the UK route. The largest proportion of registrants that used the grandparenting route were from England.



**Table 5: Registrants with one or more FTP concern in 2023/24, counts and percents by correspondence address and registration route**

	Grandparenting		International		UK		Total
	n	%	n	%	n	%	n
England	20	1	196	13	1302	86	1518
Scotland	2	2	10	8	110	90	122
Wales	0	0	5	6	76	94	81
Northern Ireland	1	3	3	9	31	89	35
UK, nation unspecified	0	0	7	32	15	68	22
Overseas	2	2	59	71	22	27	83
total	25	1	280	15	1556	84	1861

### Other protected characteristics

There were higher levels of not recorded or prefer not to say in the FTP data for the other protected characteristics than for age and sex. The higher levels of not recorded in the FTP data is likely to be due to registrants in certain stages of FTP not being subject to renewal, which is where the EDI data are collected. Higher levels of prefer not to say in the FTP data are likely related to the older age profile of FTP registrants as prefer not to say generally increases with age in the register as whole.

There was a higher percent of registrants with a disability in the FTP data than in the register as a whole (Table6). This is not unexpected as the management of a health condition may be a feature of a broader FTP concern reported to us.

**Table 6: Registrants with one or more FTP concern in 2023/24, counts and percents by disability**

Question: Do you consider yourself to have a disability or to be a disabled person?

Value	FTP registrants		Register
	count	%	%
Yes	184	9.9	5.0
No	1,479	79.5	88.2
Prefer not to say	115	6.2	3.6
Not recorded	83	4.4	2.6
	1,861	100.0	100.0

The number of registrants in the FTP data identifying as a different gender to the sex registered at birth was too small to make any meaningful comparison with the register as a whole (Table 7).

**Table 7: Registrants with one or more FTP concern in 2023/24, counts and percents by gender reassignment**

Question: Is the gender you identify with the same as your sex registered at birth?

Value	FTP registrants		Register
	count	%	%
Yes	1,677	90.1	93.7
No	5	0.3	0.2
Prefer to self-describe	3	0.1	0.1
Prefer not to say	93	5.0	3.1
Not recorded	83	4.5	2.7
	1,861	100.0	100.0

There were higher rates in the number of registrants in the FTP data than in the register for those reporting as divorced, separated but still legally married and prefer not to say groups (Table 8). Whereas there were lower rates in married and never married and registered in a civil partnership.

**Table 8: Registrants with one or more FTP concern in 2023/24, counts and percents by marriage and civil partnership**

Question: What is your legal marital or registered civil partnership status?

Value	FTP registrants		Register
	count	%	%
Married	735	39.5	47.2
Never married and never registered in a civil partnership	562	30.2	34.3
Divorced	159	8.5	5.0
Separated but still legally married	58	3.1	1.3
Widowed	21	1.1	0.6
In a registered civil partnership	18	1.0	0.6
Formerly in a civil partnership which is now legally dissolved	3	0.1	0.1
Separated but still legally in civil partnership	1	0.1	0.0
Surviving partner from a civil partnership	0	0.0	0.0
Prefer not to say	221	11.9	8.0
Not recorded	83	4.5	1.8
All	1,861	100.0	100.0

There was a slightly lower percent of registrants falling under the protected characteristic of pregnancy and maternity in the FTP data than in the register as a whole (Table 9). This is not unexpected as the FTP data has a greater proportion of males than the register as a whole.

**Table 9: Registrants with one or more FTP concern in 2023/24, counts and percents by pregnancy and maternity**

Question: Do you consider yourself to fall under the protected characteristic of 'pregnancy and maternity', as per the Equality Act 2010?

Value	FTP registrants		Register
	count	%	%
Yes	61	3.3	4.9
No	1,583	85.1	86.6
Prefer not to say	134	7.2	5.8
Not recorded	83	4.4	2.6
All	1,861	100.0	100.0

The percent of registrants in the FTP data for each religion or strongly held belief was similar to the percent in the register as a whole (Table 10).

**Table 10: Registrants with one or more FTP concern in 2023/24, counts and percents by religion or belief**

Question: What is your religion or strongly held belief, if any?

Value	FTP registrants		Register
	count	%	%
Christian (all denominations)	669	36.4	37.8
Muslim	107	5.8	4.8
Hindu	45	2.4	3.0
Spiritual	34	1.8	1.8
Buddhist	15	0.8	0.7
Jewish	11	0.6	0.6
Sikh	7	0.4	0.5
Any other religion or belief	19	1.0	0.6
No religion or strongly held belief	677	36.4	40.3
Prefer not to say	194	10.4	8.2
Not recorded	83	4.4	1.8
All	1,861	100.0	100.0

There were proportionally more gay men in the FTP data than in the register as a whole (Table 11). This may be in part due to FTP data having a higher proportion of males.

**Table 11: Registrants with one or more FTP concern in 2023/24, counts and percents by sexual orientation**

Question: Which of the following best describes your sexual orientation?

Value	FTP registrants		Register
	count	%	%
Heterosexual/straight	1,489	80.1	85.4
Gay man	43	2.3	1.2
Gay woman/lesbian	31	1.7	1.3
Bisexual	30	1.6	1.8
Asexual	4	0.2	0.1
Pansexual	4	0.2	0.3
Queer	4	0.2	0.3
Prefer to self-describe	3	0.2	0.1
Prefer not to say	170	9.1	7.9
Not recorded	83	4.4	1.8
All	1,861	100.0	100.0

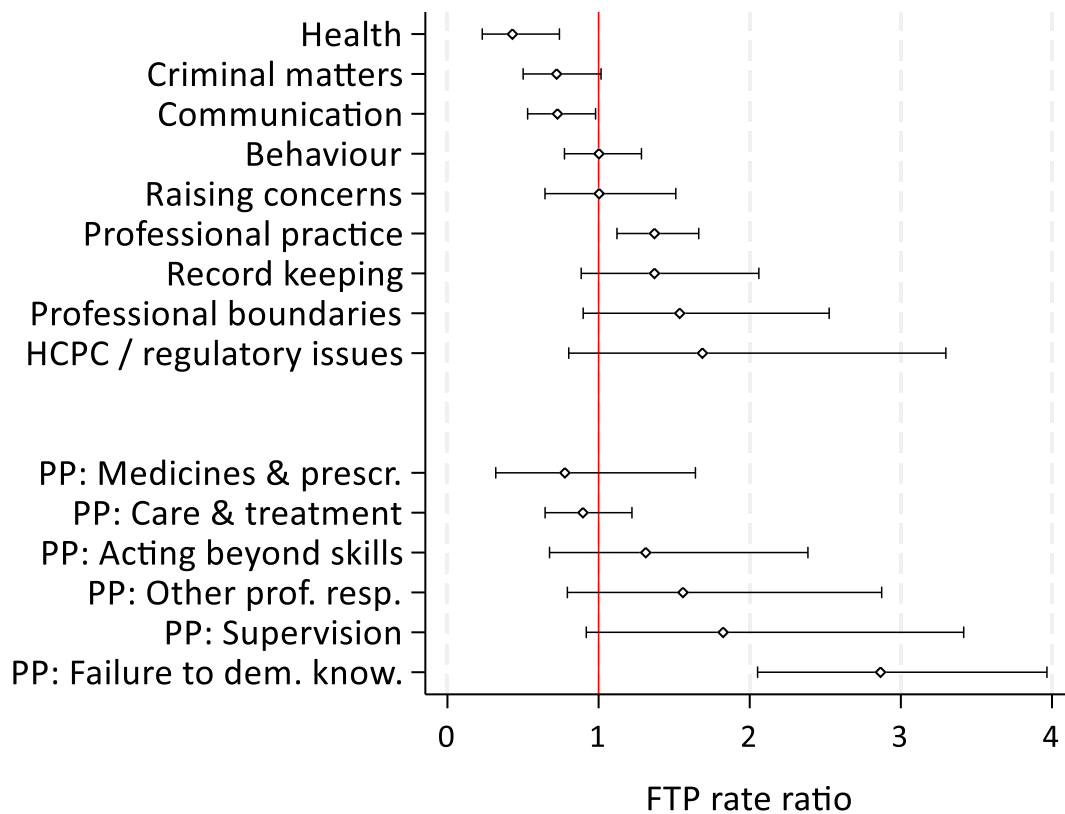
### Case classification by route of registration

The overall FTP concern rate per 1,000 person years in the financial 2023/204 was 3.2. This is equivalent to 0.3% of registrants, showing that overall concerns reported to us remain relatively low. In addition, in general registrants who have followed the international route to registration have fewer concerns reported than those who have followed the UK route. International route registrants had statistically significantly lower FTP rates for matters falling under the top-level case classifications of Communication and information sharing, and for matters falling under Health than UK route registrants (Figure 18). Conversely International route registrants had small but statistically significantly higher FTP rates for matters falling under Professional Practice, which was the largest group for both routes. The HCPC are continuing to work on refining our case classification and data collection in order to draw further insight from these findings in the future.

Drilling down into the sub classifications for Professional Practice identified Failure to demonstrate knowledge or proficiency appropriate to experience as the largest classification and as the only one whether the routes differed statistically significantly with the international route being higher. Case classification counts, rates, and rate

ratios are tabulated in Annex D. It is important to reiterate that these elements relate to concerns raised, rather than outcome and, therefore, no conclusions on the veracity of the concerns raised in these areas can be drawn from this data alone. Further analysis of these types of concerns is required to establish the number of these types of concerns resulted in regulatory action.

**Figure 18: Registrants with one or more FTP concern in 2023/24, rate ratios for International compared to UK by case classification**



— 95% confidence interval  
 ◇ Rate ratio

## Section 2 - Concerns passing triage and key decision points

Section 2 of the report describes the association between selected EDI characteristics and the FTP outcomes at four key FTP decision points:

- Triage decision: Triage Met, and Triage Not Met
- Threshold Decision: Threshold Met, and Threshold Not Met
- Investigating Committee Panel (ICP): Case to Answer, and No Case to Answer
- Tribunal (Final Hearing): case concluded (Discontinuance, No Further Action, Not Well Founded), and sanctions (Caution, Conditions of Practice, Suspension, Strike Off, Removed by Consent)<sup>3</sup>

All tables in section 2 describe decisions made during the 2023/24 financial year, rather than tracking the same cohort of concerns as described in Section 1 across the FTP process. Some of these concerns, particularly those with Health and Care Professions Tribunal Service decisions, will have been received before the financial year in question. It is not possible, therefore, to accurately draw conclusions or correlations between the data analysis in this section with section 1.

The coverage is very high to complete in most instances (Table 12). Ethnicity data completeness decreases across the decision points to 65% for tribunals; the EDI portal for registrants was fully implemented on the HCPC register in March 2022, and some of the concerns which reached tribunal in the 2023/24 financial year were received before then.

The findings in section 2 help provide useful context for the health and care professions we regulate. Any findings from within this report must be considered within the context of the limitations of the data, the different data sets and the inevitable sensitivity created by low volumes. Where possible we have drawn out the current constraints in our findings, while sharing as much information as possible. In some areas the data can only raise questions that we and other stakeholders may wish to explore in more detail in the future.

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<sup>3</sup> [How we investigate |](#)

We are very near the beginning of our journey with using EDI data to understand the impact of our regulatory processes and further work is required to explain the data and compare it to historical trends. Through initiatives such as the Joint Healthcare Regulators' EDI Forum, we have the advantage of being able to work closely with other healthcare regulators, many of which have been working with their own data for a number of years to understand the drivers behind the patterns that they have seen, and we can share that learning.

We will be undertaking further work in the next financial year to build on our current analysis to try to derive further insights and where possible understand any correlations between concerns reported to us and decisions at different stages of the FTP process. This activity sits alongside our ongoing commitment to EDI, which is outlined in our EDI strategy and specific work to support fairness in our Fitness to Practise decision making. For example, mandatory training and Code of Conduct for partners involved in decision making throughout our FtP processes.

**Table 12: Coverage of key EDI data items at main FTP decision points, decisions made in 2023/24**

Decision point	Concerns				
	count	% with age	% with sex	% with ethnicity	% with nationality
Triage	1,902	100	100	95.4	89.0
Threshold	1,323	100	100	95.3	87.4
ICP	479	100	100	89.9	92.3
Tribunal	223	100	100	64.6	100.0

## Age

There was very little difference between the age groups in terms of the percent of concerns meeting triage but there was a very clear trend in the percent of concerns meeting threshold with the percent decreasing with age (Table 13a).

There was relatively little difference between the ages in terms of ICP decisions being case to answer but there was considerable variation between age groups in terms of tribunals resulting in a sanction (Table 13b). Older and younger registrants had much lower percentages of sanctions though the percentages in these groups are less stable due to the relatively small numbers of concerns.

**Table 13a: Outcomes at triage and threshold decision points 2023/24, by age**

Age	Triage decision			Threshold decision		
	Total n	Meeting triage n %		Total n	Meeting threshold n %	
20-29	261	254	97.3	172	107	62.2
30-39	537	524	97.6	357	188	52.7
40-49	514	505	98.2	353	165	46.7
50-59	414	404	97.6	314	128	40.8
60+	176	174	98.9	127	55	43.3
<b>All ages</b>	<b>1,902</b>	<b>1,861</b>	<b>97.8</b>	<b>1,323</b>	<b>643</b>	<b>48.6</b>

**Table 13b: Outcomes at ICP and Tribunal decision points 2023/24, by age**

Age	ICP decision			Tribunal decision		
	Total n	Case to answer n %		Total n	Sanction given n %	
20-29	67	29	43.3	11	5	45.5
30-39	127	60	47.2	53	33	62.3
40-49	124	56	45.2	61	36	59.0
50-59	116	48	41.4	64	39	60.9
60+	45	18	40.0	34	15	44.1
<b>All ages</b>	<b>479</b>	<b>211</b>	<b>44.1</b>	<b>223</b>	<b>128</b>	<b>57.4</b>

## Sex

There was very little difference between the sexes in terms of the percent of concerns meeting triage but there was a very clear difference in the percent of concerns meeting threshold with the percent of males being considerably higher (Table 14a).

The percent of males with an ICP decision of a case to answer was considerably higher than for females but the percent of males receiving a sanction was slightly lower than for females (Table 14b).

**Table 14a: Outcomes at triage and threshold decision points 2023/24, by sex**

Age	Triage decision			Threshold decision		
	Total n	Meeting triage n %		Total n	Meeting threshold n %	
Female	1,001	981	98.0	764	323	42.3
Male	899	878	97.7	557	319	57.3
Prefer not to say	2	2	100	2	1	50.0
<b>All sexes</b>	<b>1,902</b>	<b>1,861</b>	<b>97.8</b>	<b>1,323</b>	<b>643</b>	<b>48.6</b>



**Table 14b: Outcomes at ICP and Tribunal decision points 2023/24, by sex**

Age	ICP decision			Tribunal decision		
	Total n	Case to answer n %		Total n	Sanction given n %	
Female	214	83	38.8	101	61	60.4
Male	264	127	48.1	122	67	54.9
Prefer not to say	1	1	100	0	-	-
<b>All sexes</b>	<b>479</b>	<b>211</b>	<b>44.1</b>	<b>223</b>	<b>128</b>	<b>57.4</b>

## Ethnicity

There was relatively little and no statistically significant difference between the ethnicities in terms of the percent of concerns meeting triage but there were some differences in terms of meeting threshold. At this decision point registrants declaring ethnicity as, Asian or Asian British (57%), Black, African, Caribbean or Black British (70%), other (65%) and not recorded (65%) groups all had higher rates that were statistically significant (Table 15a).

Variation between the ethnicities persisted for ICP case to answer and for Tribunal sanctions given though the small numbers in some groups means considerable uncertainty remains as to whether these differences are meaningful (Table 15b) and there are none that could be classed as statistically significant.

Disproportionality in this data should not automatically be seen as unfairness. There are many ways in which disproportionality may well be explained - for example, a higher proportion of concerns meeting our threshold for further investigation for Black and Asian registrants may actually relate to the fact that a greater proportion of these groups have qualified overseas.

**Table 15a: Outcomes at triage and threshold decision points 2023/24, by ethnicity**

Ethnicity	Triage decision			Threshold decision		
	Total	Meeting triage		Total	Meeting threshold	
	n	n	%	n	n	%
Asian or Asian British	208	201	96.6	122	70	57.4
Black, African, Caribbean or Black British	131	130	99.2	79	55	69.6
Mixed or Multiple ethnic groups	47	46	97.9	34	20	58.8
Other ethnic group	37	37	100	23	15	65.2
Prefer not to say	122	121	99.2	80	43	53.8
White	1,270	1,243	97.9	923	400	43.3
Not recorded	87	83	95.4	62	40	64.5
<b>All ethnicities</b>	<b>1,902</b>	<b>1,861</b>	<b>97.8</b>	<b>1,323</b>	<b>643</b>	<b>48.6</b>

**Table 15b: Outcomes at ICP and Tribunal decision points 2023/24, by ethnicity**

Ethnicity	ICP decision			Tribunal decision		
	Total	Case to answer		Total	Sanction given	
	n	n	%	n	n	%
Asian or Asian British	39	13	33.3	17	11	64.7
Black, African, Caribbean or Black British	32	15	46.9	10	6	60.0
Mixed or Multiple ethnic groups	10	5	50.0	1	1	100
Other ethnic group	8	2	25.0	3	1	33.3
Prefer not to say	34	10	29.4	17	7	41.2
White	308	125	40.6	96	40	41.7
Not recorded	48	41	85.4	79	62	78.5
<b>All ethnicities</b>	<b>479</b>	<b>211</b>	<b>44.1</b>	<b>223</b>	<b>128</b>	<b>57.4</b>

## Nationality (continent)

There was relatively little difference between the continents of the nationalities in terms of the percent of concerns meeting triage but there were some substantial differences in terms of meeting threshold with those declaring nationalities falling into Africa (84%) and Asia (64%), and those in other or not-recorded (31%) categories being higher by statistically significant amounts (Table 16a).

Variation between the continent of nationalities persisted for ICP case to answer and for Tribunal sanctions given, though the small numbers in some groups means considerable uncertainty remains as to whether these differences are meaningful (Table 16b).

**Table 16a: Outcomes at triage and threshold decision points 2023/24, by continent of nationality**

Continent of nationality	Triage decision			Threshold decision		
	Total	Meeting triage		Total	Meeting threshold	
	n	n	%	n	n	%
Africa	116	115	99.1	74	62	83.8%
Asia	130	127	97.7	69	44	63.8%
Europe (excl. UK)	89	83	93.3	69	33	47.8%
North or South America	19	19	100	15	6	40.0%
Oceania	14	13	92.9	10	7	70.0%
UK citizen	1,325	1,297	97.9	919	440	47.9%
Not recorded	209	207	99.0	167	51	30.5%
<b>All nationalities</b>	<b>1,902</b>	<b>1,861</b>	<b>97.8</b>	<b>1,323</b>	<b>643</b>	<b>48.6%</b>

**Table 16b: Outcomes at ICP and Tribunal decision points 2023/24, by continent of nationality**

Continent of nationality	ICP decision			Tribunal decision		
	Total	Case to answer		Total	Sanction given	
	n	n	%	n	n	%
Africa	25	11	44.0	6	4	66.7
Asia	24	15	62.5	12	8	66.7
Europe (excl. UK)	26	11	42.3	19	11	57.9
North or South America	5	2	40.0	2	1	50.0
Oceania	3	1	33.3	3	2	66.7
UK citizen	359	155	43.2	159	95	59.7
Not recorded	37	16	43.2	22	7	31.8
<b>All nationalities</b>	<b>479</b>	<b>211</b>	<b>44.1</b>	<b>223</b>	<b>128</b>	<b>57.4</b>

## References

- [1] General Medical Council, "Fair to refer? Reducing disproportionality in fitness to practise concerns reported to the GMC," GMC, London, 2019.
- [2] D. Zahra, M. Roberts, M. Bryce, T. O'Brien and J. Archer, "Analysis of fitness to practise case data for the General Dental Council," 2016.

# Annexes

## Annex A: Professions

### Arts therapists

Route	n	Rate per 1,000	Crude rate ratio			Age & sex standardised	
			Rate ratio	95% CI	p	Rate ratio	95% CI
UK	20	5.6	0.00	0.00 to 5.95	0.51	0.00	0.00 to 4.35
International	0	3.0					

### Biomedical scientists

Route	n	Rate per 1,000	Crude rate ratio			Age & sex standardised	
			Rate ratio	95% CI	p	Rate ratio	95% CI
UK	89	3.9	0.95	0.59 to 1.50	0.85	0.97	0.63 to 1.44
International	25	3.7					

### Chiropodists / podiatrists

Route	n	Rate per 1,000	Crude rate ratio			Age & sex standardised	
			Rate ratio	95% CI	p	Rate ratio	95% CI
UK	71	6.7	0.52	0.01 to 3.02	0.58	0.52	0.01 to 2.92
International	1	3.5					

### Clinical scientists

Route	n	Rate per 1,000	Crude rate ratio			Age & sex standardised	
			Rate ratio	95% CI	p	Rate ratio	95% CI
UK	15	2.2	0.71	0.02 to 4.62	0.83	0.73	0.02 to 4.07
International	1	1.5					

## Dietitians

Route	n	Rate per 1,000	Crude rate ratio			Age & sex standardised	
			Rate ratio	95% CI	p	Rate ratio	95% CI
UK	28	2.8	1.79	0.77 to 3.79	0.13	1.62	0.78 to 2.99
International	10	4.9					

## Hearing aid dispensers

Route	n	Rate per 1,000	Crude rate ratio			Age & sex standardised	
			Rate ratio	95% CI	p	Rate ratio	95% CI
UK	34	8.7	1.18	0.40 to 2.84	0.68	1.28	0.47 to 2.79
International	6	10.2					

## Occupational therapists

Route	n	Rate per 1,000	Crude rate ratio			Age & sex standardised	
			Rate ratio	95% CI	p	Rate ratio	95% CI
UK	161	3.9	1.51	0.95 to 2.31	0.07	1.71	1.10 to 2.52
International	25	5.8					

## Operating department practitioners

Route	n	Rate per 1,000	Crude rate ratio			Age & sex standardised	
			Rate ratio	95% CI	p	Rate ratio	95% CI
UK	77	4.9	1.25	0.44 to 2.85	0.58	0.96	0.35 to 2.09
International	6	6.1					

## Orthoptists

Route	n	Rate per 1,000	Crude rate ratio			Age & sex standardised	
			Rate ratio	95% CI	p	Rate ratio	95% CI
UK	3	1.9	19.2	3.20 to 335	<0.01	-	-
International	1	37.3					

### Paramedics

Route	n	Rate per 1,000	Crude rate ratio			Age & sex standardised	
			Rate ratio	95% CI	p	Rate ratio	95% CI
UK	454	12.6	0.90	0.57 to 1.34	0.60	0.86	0.56 to 1.27
International	25	11.3					

### Physiotherapists

Route	n	Rate per 1,000	Crude rate ratio			Age & sex standardised	
			Rate ratio	95% CI	p	Rate ratio	95% CI
UK	106	5.6	1.85	1.44 to 2.38	<0.01	1.78	1.45 to 2.13
International	169	3.0					

### Practitioner psychologists

Route	n	Rate per 1,000	Crude rate ratio			Age & sex standardised	
			Rate ratio	95% CI	p	Rate ratio	95% CI
UK	268	10.1	0.97	0.58 to 1.53	0.92	1.05	0.64 to 1.62
International	20	9.8					

### Prosthetists / orthotists

Route	n	Rate per 1,000	Crude rate ratio			Age & sex standardised	
			Rate ratio	95% CI	p	Rate ratio	95% CI
UK	5	4.6	0.00	0.00 to 7.77	0.52	-	-
International	0	0.0					

### Radiographers

Route	n	Rate per 1,000	Crude rate ratio			Age & sex standardised	
			Rate ratio	95% CI	p	Rate ratio	95% CI
UK	109	3.2	1.09	0.76 to 1.54	0.62	0.80	0.59 to 1.06
International	48	3.5					

## Speech and language therapists

Route	n	Rate per 1,000	Crude rate ratio			Age & sex standardised	
			Rate ratio	95% CI	p	Rate ratio	95% CI
UK	53	3.0	1.37	0.48 to 3.19	0.45	1.30	0.48 to 2.83
International	6	4.1					



## Annex B: Age and sex

Age & sex	International route		UK route		Comparison	
	n	Rate per 1,000	n	Rate per 1,000	Rate ratio	p
Females: 20-29	32	2.8	108	2.4	1.13 (0.74 to 1.69)	0.54
Females: 30-39	47	3.9	224	3.5	1.12 (0.80 to 1.54)	0.48
Females: 40-49	42	6.1	231	4.1	1.48 (1.04 to 2.07)	0.02
Females: 50-59	14	6.5	193	4.8	1.37 (0.74 to 2.36)	0.26
Females: 60+	3	5.4	76	5.4	0.99 (0.20 to 3.00)	0.95
Females: all ages	138	4.2	832	3.8	1.09 (0.91 to 1.31)	0.34
Males: 20-29	25	4.1	89	6.6	0.62 (0.38 to 0.97)	0.03
Males: 30-39	68	7.8	184	9.1	0.86 (0.64 to 1.15)	0.31
Males: 40-49	34	7.4	194	12.0	0.62 (0.42 to 0.90)	0.01
Males: 50-59	12	8.7	178	12.2	0.71 (0.36 to 1.27)	0.25
Males: 60+	3	11.0	77	11.6	0.95 (0.19 to 2.88)	0.99
Males: all ages	142	6.7	722	10.1	0.67 (0.55 to 0.80)	<0.01

## Annex C: Ethnicity

Ethnicity	International route		UK route		Comparison	
	n	Rate per 1,000	n	Rate per 1,000	Rate ratio	p
White	73	4.4	1,156	4.9	0.89 (0.70 to 1.13)	0.35
Asian or Asian British	94	4.3	106	5.7	0.75 (0.56 to 0.99)	0.04
Black, African, Caribbean or Black British	65	6.7	65	7.0	0.97 (0.68 to 1.39)	0.86
Mixed or multiple ethnic groups	7	7.4	39	6.8	1.09 (0.41 to 2.47)	0.80
Other ethnic group	11	6.7	25	8.3	0.81 (0.36 to 1.70)	0.57
Prefer not to say	15	7.2	102	9.0	0.80 (0.43 to 1.38)	0.43
Not recorded	15	10.7	63	8.7	1.23 (0.65 to 2.19)	0.46
All registrants	280	5.2	1,556	5.4	0.96 (0.84 to 1.09)	0.55

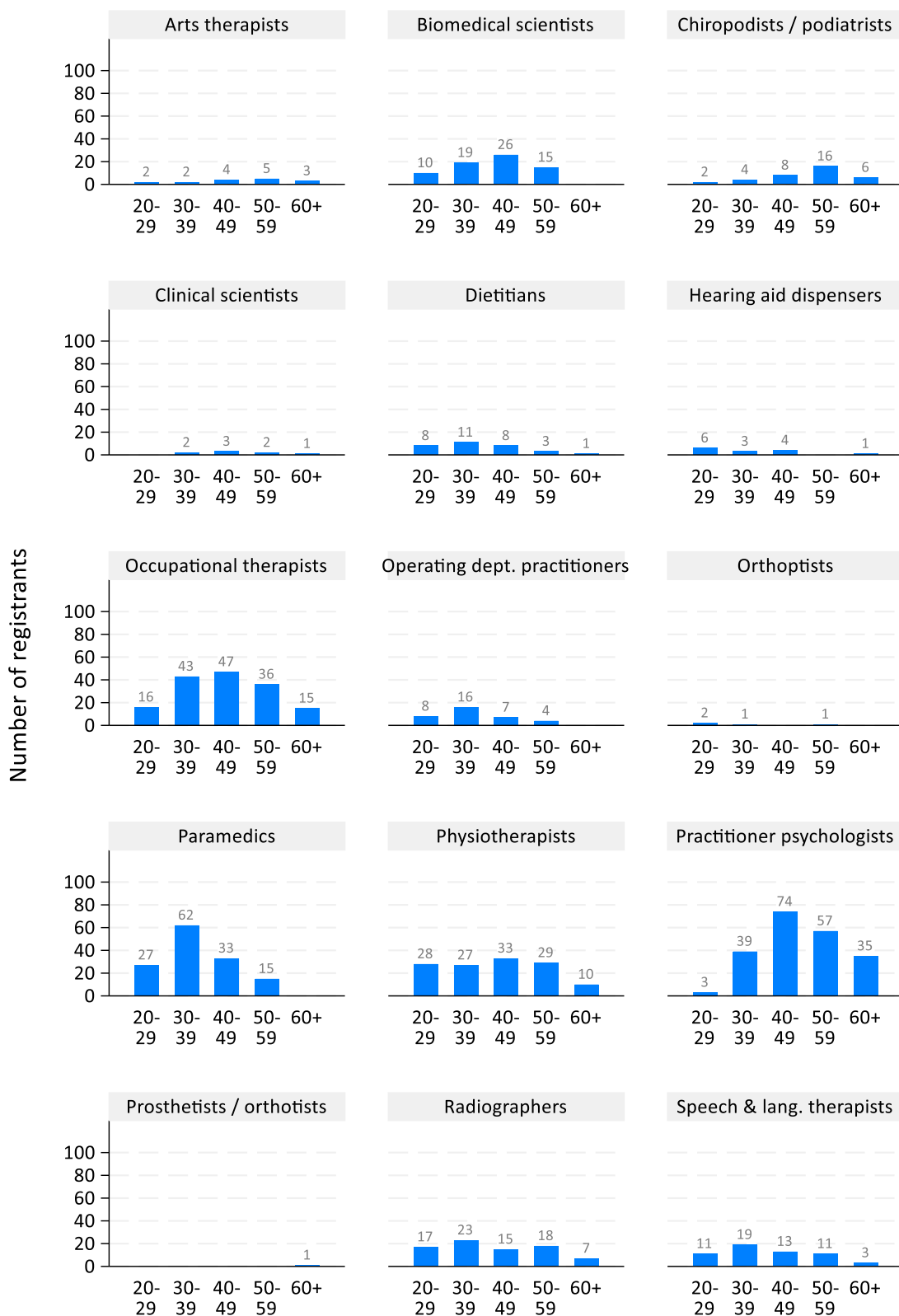
## Annex D: Case classification

Case classification	International route		UK route		Comparison	
	n	Rate per 1,000	n	Rate per 1,000	Rate ratio	p
Behaviour	76	1.4	405	1.4	1.00 (0.77 to 1.28)	0.97
Communication & information sharing	50	0.9	367	1.3	0.73 (0.53 to 0.98)	0.03
Criminal matters or conduct	38	0.7	281	0.9	0.72 (0.50 to 1.02)	0.05
HCPC / regulatory issues	12	0.2	38	0.1	1.69 (0.80 to 3.30)	0.13
Health	14	0.2	174	0.6	0.43 (0.23 to 0.74)	<0.01
Professional boundaries	21	0.4	73	0.3	1.53 (0.90 to 2.53)	0.09
Professional practice	131	2.4	511	1.8	1.37 (1.12 to 1.66)	<0.01
Raising concerns, complaints, safeguarding and risk management	28	0.5	149	0.5	1.00 (0.65 to 1.51)	0.96
Record keeping	30	0.6	117	0.4	1.37 (0.89 to 2.06)	0.13

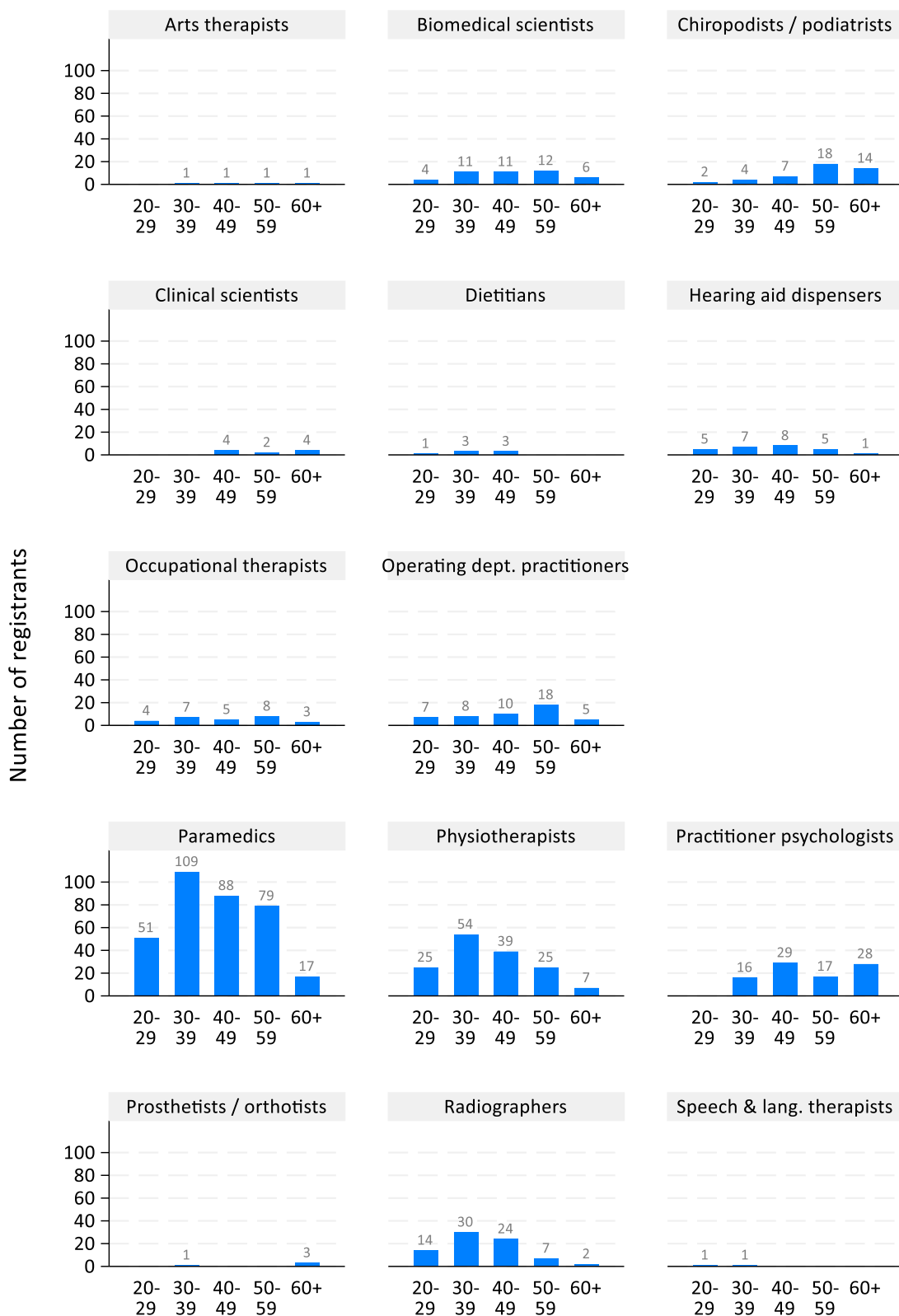
  

Case sub classification for Professional practice	International route		UK route		Comparison	
	n	Rate per 1,000	n	Rate per 1,000	Rate ratio	p
Acting beyond skills, knowledge & experience	14	0.2	57	0.2	1.31 (0.68 to 2.39)	0.36
Care & treatment	48	0.9	286	1.0	0.90 (0.65 to 1.22)	0.49
Failure to demonstrate knowledge or proficiency appropriate to experience	59	1.0	110	0.4	2.87 (2.05 to 3.97)	<0.01
Medicines & prescribing	8	0.1	55	0.2	0.78 (0.32 to 1.64)	0.53
Other professional responsibilities	14	0.2	48	0.2	1.56 (0.79 to 2.86)	0.16
Supervision, delegation and team working issues	14	0.2	41	0.1	1.83 (0.92 to 3.42)	0.06

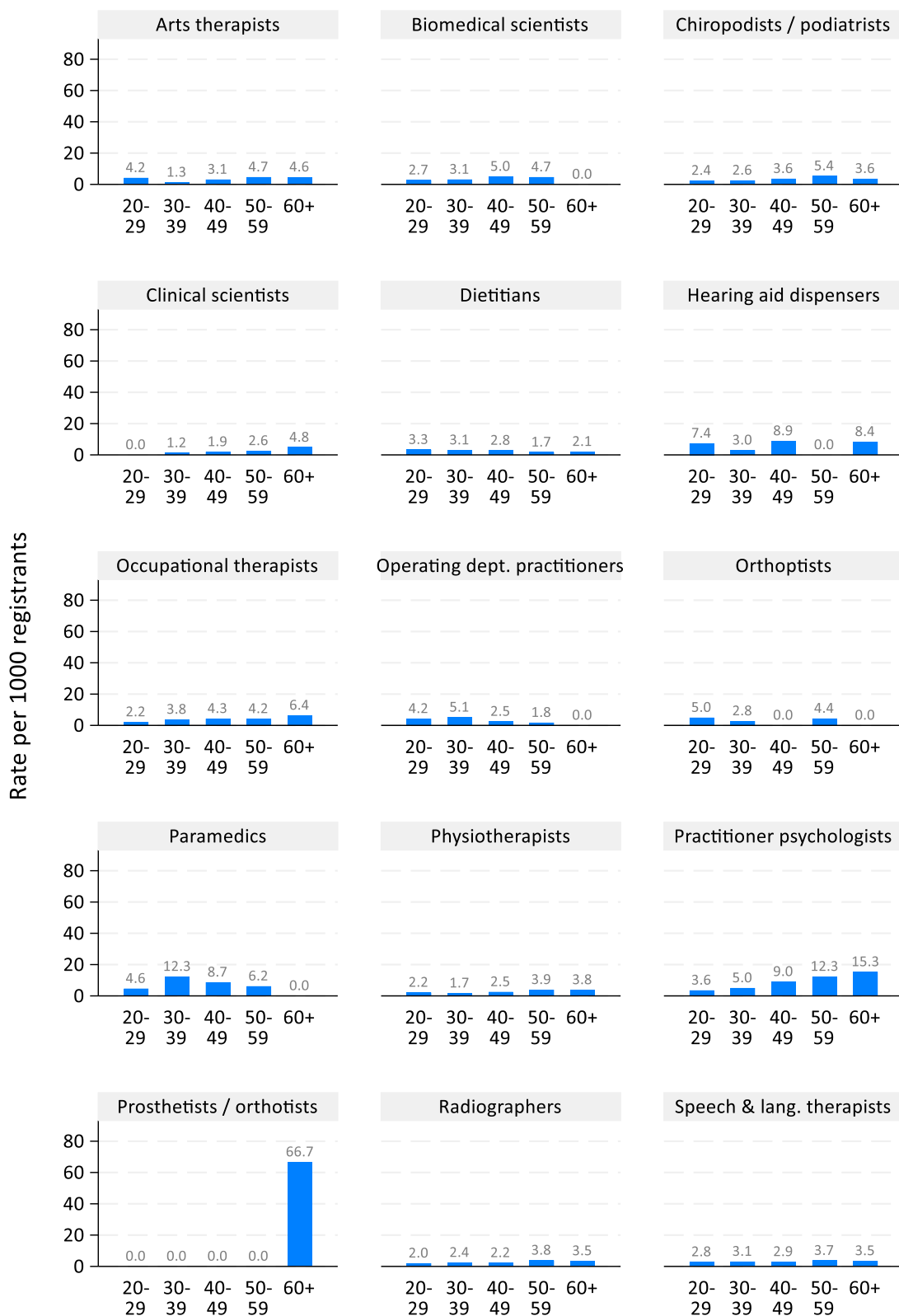
# Annex E: Age specific counts by profession: Females



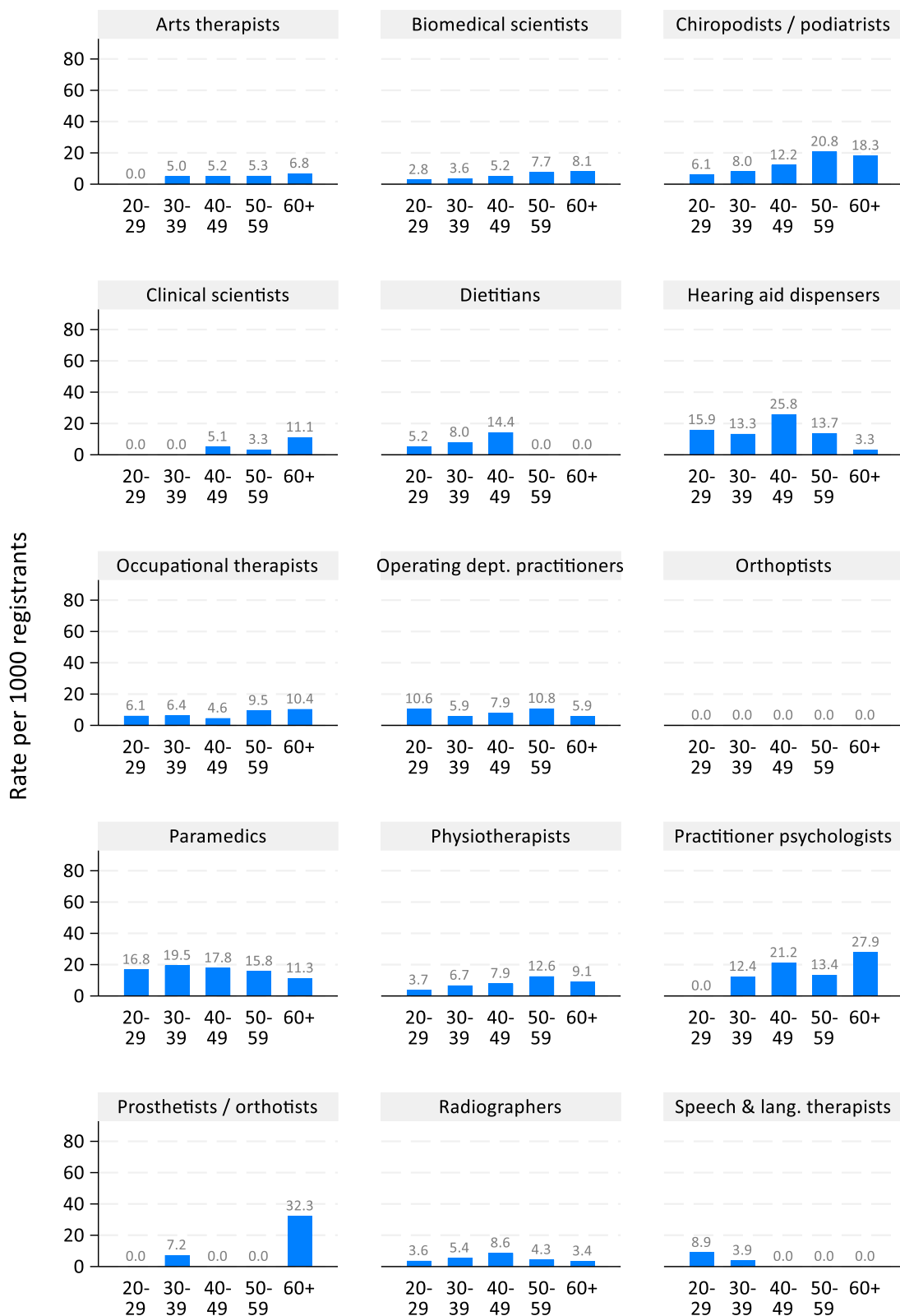
# Annex F: Age specific counts by profession: Males



# Annex G: Age specific rates by profession: Females



## Annex H: Age specific rates by profession: Males



**Note:** the following age specific rates for males are based on small populations (<100) and should be viewed with caution: Dietitians 50-59; Orthoptists 20-29; Prosthetists 50-59 & 60+; Speech & Language therapists 50-59