hcpc health & care professions council

Health and Care Professions Council Fitness To Practise Annual Report 2022-23

HC 1783
SG/2023/172

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Presented to Parliament and the Scottish Parliament pursuant to Articles 44(1) of the Health Professions Order 2001

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This publication is available at www.hcpc-uk.org

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ISBN 978-1-5286-4423-5

E02966699 10/23

Printed on paper containing 40% recycled fibre content minimum.

Printed in the UK by HH Associates Ltd. on behalf of the Controller of His Majesty's Stationery Office.

Contents

Foreword

This annual report provides an account of our work investigating fitness to practise (FTP) concerns raised with us about the 15 professions we regulate.

The overwhelming majority of professionals on our Register practise safely and effectively. Fewer than one percent of the professionals we regulate had a concern raised about them in 2022-2023. This is in line with previous years. We will always listen to anyone who feels they have not had safe or effective care, or who has concerns about someone on our Register.

This year we have seen the impact of the changes we have made as part of our FTP Improvement Programme. In this year's annual performance review of the HCPC by the Professional Standards Authority (PSA), we regained two FTP standards (overall achieving three of the five standards of Good Regulation relating to FTP). The PSA noted it had seen improvements in decision-making across all stages of the fitness to practise process, and in our management of risk and interim orders. This marks significant progress, however, we acknowledge that we still have work to do to achieve all the standards of Good Regulation. We believe that Phase 2 of our FTP Improvement Programme will help us achieve this.

Being compassionate and supporting those involved in FTP cases is an important part of Phase 2 of our FTP Improvement Programme. In October 2022, we partnered with POhWER, a lay advocacy service for complainants and witnesses who require additional support engaging in the FTP process. The advocacy service provides an additional means by which we can ensure that the voices of patients, service users and other complainants are effectively heard during the FTP process, and that we can be a more compassionate regulator.

In November 2022, we commenced work to review the tone of voice of our fitness to practise communication. The aim of the review is to make our tone more compassionate and less adversarial and ensure that our processes are explained clearly. This is a key strategic aim of our overarching Registrant Health and Wellbeing Strategy.

In April 2023, we also launched a new wellbeing support service with our partner CiC. This service provides wellbeing support and practical advice for registrants involved in the fitness to practise process. It is free, confidential and independent, and open 24 hours a day, all year round.

For the first time this year, we are able to include EDI data analysis in our FTP Annual Report. We are pleased with the progress this demonstrates in terms of our EDI data collection, but we understand there is more to do in terms of analysing any impacts of EDI factors on the FTP process and outcomes.

Continuing to improve how we investigate FTP concerns is a core element of our Corporate Strategy 2021-26 and will continue to be a priority for the HCPC in 2023-24, as well as demonstrating that we are a compassionate regulator.

We are grateful to our colleagues for all their hard work as we strive to maintain high standards for the professions we regulate and to protect the public.

Laura Coffey
Interim Executive Director of Regulation

1. The Professional standards Authority oversees the work of the ten professional health and care regulators in the UK.

Our role

The HCPC's statutory role is to protect the public by regulating health and care professionals in the UK. We promote high quality professional practice, regulating over 300,000 registrants across 15 different professions by:

- setting standards for professionals' education, training and practice;
- approving education programmes which professionals must complete to join our Register;
- keeping a Register of professionals, known as 'registrants', who meet our standards;
- taking action if professionals on our Register do not meet our standards; and
- stopping unregistered practitioners from using protected professional titles.

By law, people must be registered with us to work in the UK in the professions listed below:

Our Register

As of 31 March 2023 we had 320,438 registrants on our Register from the 15 professions we regulate. This was an increase of 29,133 registrants on the previous year.

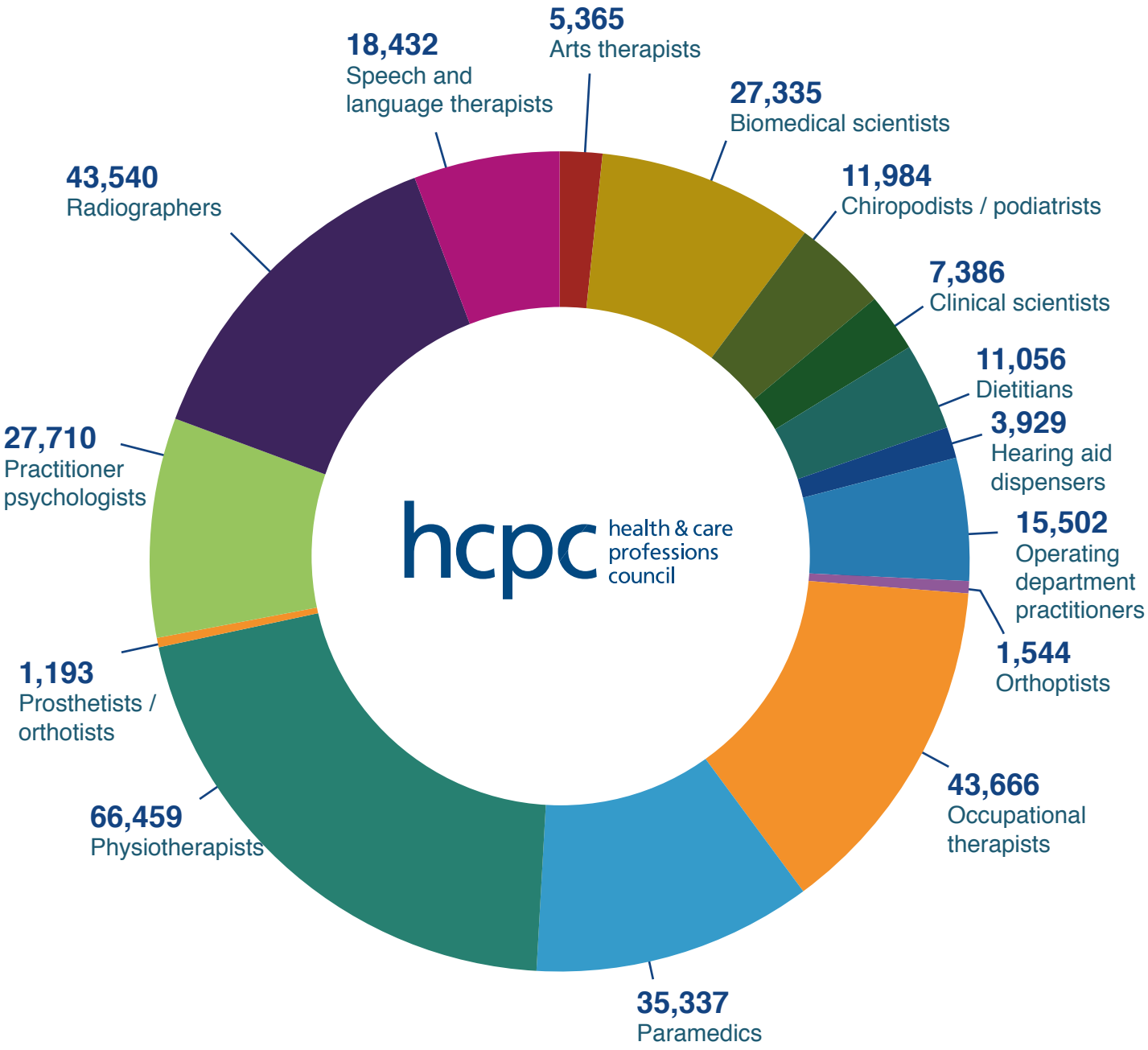
Between 1 April 2021 and 31 March 2022 practitioner psychologists, orthoptists, paramedics, clinical scientists, prosthetists/orthotists, speech and language therapists, occupational therapists, biomedical scientists, and radiographers all renewed their registration.

The HCPC Register

Total number of registrants broken down by profession as at 31 March 2023.

320,438
Total number of registrants

29,133
Number of new registrants in the last financial year



What is fitness to practise?

All our registrants must meet our standards of conduct, performance and ethics and our standards of proficiency in order to join our Register and to maintain their registration. The standards are available on our website.

When we say that a registrant is 'fit to practise', we mean that they have the skills, knowledge and character to practise their profession safely and effectively.

The need for registrants to keep their knowledge and skills up to date, to act competently, and to remain within the bounds of their competence are all important aspects of fitness to practise.

Maintaining fitness to practise also requires registrants to treat service users with dignity and respect, to collaborate and communicate effectively, to act with honesty and integrity, and to manage any risk that may be posed by their own health.

How people raise concerns with us

Anyone can tell us if they have a concern about a HCPC registrant or misuse of one of the protected professional titles. Typically, we receive concerns from:

- A member of the public concerned about the treatment they, or a family member or friend may have experienced
- A colleague of a registrant
- An employer
- A registrant who refers themselves

Each of these types of referrers can use a form on our website, or send their referral by post or by email. If a referrer wishes to discuss their concern, needs help to fill in the referral form, or needs us to make an adjustment because of a disability they are encouraged to get in touch with the Fitness to Practise Department via phone or email.

Concerns we can and cannot consider

The types of cases we can consider are those about whether a registered professional's fitness to practise is impaired on one of the following grounds:

- Misconduct – behaviour that falls short of what can reasonably be expected of a professional.
- Lack of competence – lack of knowledge, skill and judgement, usually repeated and over a period of time.
- Conviction or caution – for a criminal offence in the UK (or in another country if the offence would be a crime if committed here).
- Physical or mental health – usually a long-term, untreated or unacknowledged condition.
- A decision made by another health or social care regulator.

We cannot do the following:

- Consider concerns about professionals not registered with us[2];
- Unless the concern raised was around the misuse of a protected title.
- Consider concerns about organisations (our remit is to regulate the people on our Register)
- Get involved in or advise on clinical care or social care arrangements;
- Change decisions made by other organisations;
- Deal with customer service or consumer issues;
- Get involved with matters which should be decided by a court, including disagreement with the professional decision of a registrant.
- Get a registered professional or organisation to make changes to a report;
- Arrange refunds or compensation;
- Fine a professional;
- Give legal advice; or
- Make a professional apologise.

How we deal with concerns raised with us

We will review a concern to decide whether it is about an issue that is within our remit to investigate.

We will first consider whether the concern is something we can deal with. This assessment takes place during our triage stage.

We sometimes receive information about issues we cannot deal with. If this is the case with a concern we will write to explain why, and, if possible, we will direct the complainant to another organisation that might be able to help them.

Where we have made a decision at the triage stage that a matter is something we can deal with, we will carry out an investigation to obtain the relevant information about that concern. This may involve gathering information from a number of sources.

Once we have completed our investigation, we will assess a concern and the information we have obtained about it against our threshold criteria for fitness to practise investigations. This is to decide whether the concern, and the information we have gathered, amounts to an allegation that the registrant's fitness to practise may be impaired. We will take into account whether the matter could amount to a breach of the HCPC's standards of conduct, performance and ethics or our standards of proficiency. We take a proportionate and risk-based approach when considering new concerns against our threshold policy for fitness to practise investigations | (hcpc-uk.org).

If we find that a concern does meet our threshold, we will refer the matter to our Investigating Committee. If we consider that our threshold has not been met we will close the case and take no further action. At each stage we write to inform all involved in the case of the outcome.

2. Unless the concern raised was around the misuse of a protected title.

The Investigating Committee Panel (ICP)

The Investigating Committee's role is to consider all evidence put before them and decide whether there is a case to answer in respect of the allegation against the registrant.

The panel will not decide the facts of a case, but whether there is a realistic prospect of proving the allegation(s) at a final hearing. The panel consider cases in private, on the basis of the papers before them. Each panel is made up of three members: a legally qualified Chair, someone from the relevant profession and a lay person who is not from any of the professions we regulate.

The Investigating Committee Panel can decide that:

- the case should be adjourned for further information to be obtained or for the allegation(s) to be amended;
- there is a case to answer and the case should go forward for a final hearing; or
- there is no case to answer and the case should be closed.

The Health and Care Professions Tribunal Service (HCPTS)

The Health and Care Professions Tribunal Service (HCPTS) is the fitness to practise adjudication service of the Health and Care Professions Council.

Although it is part of the HCPC, the distinct identity of the HCPTS seeks to emphasise that hearings are conducted and managed by independent panels.

Structure of the HCPTS

Health and Care Professions Tribunal - These are the panels that hear and determine cases on behalf of the HCPC's three Practice Committees: he Investigating Committee, the Conduct and Competence Committee, and the Health Committee.

The Tribunal Service team - This team provides operational support to the Tribunal. Within it sit the Tribunal Service Scheduling Team, which is responsible for listing all fitness to practise proceedings, and the Tribunal Service Hearings Team, which is responsible for providing support to panels and other participants at hearings and is also responsible for publishing Tribunal decisions.

Regulatory action we can take to protect the public

If a registrant's fitness to practise is impaired, an independent HCPTS panel can:

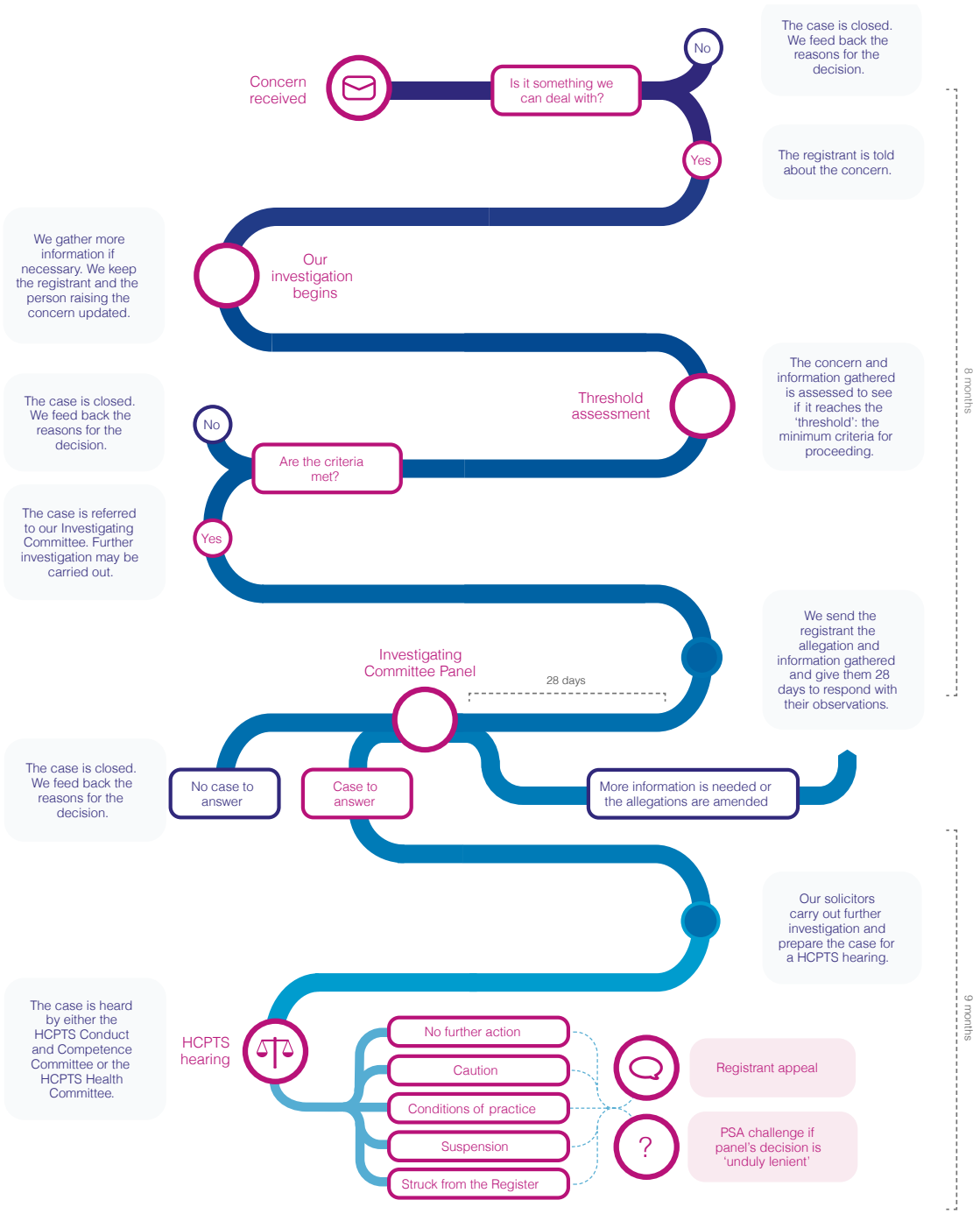
- take no action;
- impose a caution order;
- impose a conditions of practice order
- impose a suspension order
- strike the registrant off the register.

Public information about our decisions

Hearings are usually held in public. This means that members of the public, including the press, are able to attend. Information heard in public may result in reports in the media. Sometimes, all or part of a hearing is held in private due to the personal and confidential information that may need to be shared with the panel. The public are not allowed to be present when proceedings are held in private.

Our investigations process

As a regulator, one of our responsibilities is to ensure HCPC registrants are fit to practise. If someone raises a concern about a registrant's fitness to practise, we investigate it using this process



At all stages of the process we can apply for an interim order to prevent the registrant from practising, or to place conditions on their practice, until the case has been closed by a panel.

Whilst the timescales given here are our aims, the time a case takes to reach the end of the process can vary. This depends on the nature of the investigation we need to carry out and how complicated the issues are. As a result of this, each stage of the process may take a shorter or longer period of time

Statistical summary[3]

Number of concerns

The total number of concerns received in 2022-23 increased by 11% from the previous year. The total number of registrants on our Register increased by 10% during the same period.

Total number of concerns

1,583 **2021-22** | 1,769 **2022-23**

Concerns that met triage

1,174 **2021-22** | 1,426 **2022-23**

Source of concerns

Source of concern	No. of cases	Percentage
Self-referral	327	18.5%
Employer	243	13.7%
Patient/Service User	234	13.2%
Public	159	9.0%
Other	135	7.6%
HCPC registrant	104	5.9%
Anonymous	42	2.4%
Professional Body	27	1.5%
Police	18	1.0%
Article 22(6)[4]	2	0.1%
(Not known)[5]	478	
Total	**1,769**	

3. Statistics relate to professionals on the HCPC's permanent Register. Numbers on the Covid-19 Temporary Register have not been included as individuals would have been identifiable from the small number.

4. Article 22(6) allows us to investigate a matter even where a concern has not been raised with us in the normal way.

5. The majority of these cases did not pass our Triage stage and the information was not provided by the referrer.

Concerns by profession

The profession with the highest number of concerns raised against them in this period were paramedics followed by practitioner psychologists and physiotherapists. For all professions, the percentage of registrants subject to a concern is <1%.

Profession	No. of cases	% of registrants subject to concern
Paramedic	349	0.99%
Practitioner Psychologist	265	0.96%
Physiotherapist	229	0.34%
Occupational therapist	156	0.36%
Radiographer	131	0.30%
Operating Department Practitioner	86	0.55%
Chiropodists / Podiatrist	80	0.67%
Biomedical Scientist	66	0.24%
Dietitian	28	0.25%
Arts Therapist	27	0.50%
Speech and Language Therapist	24	0.13%
Hearing aid dispenser	21	0.53%
Clinical Scientist	13	0.18%
Orthoptist	6	0.39%
Prosthetists / orthotist	6	0.50%
(Not known)[6]	282	
Total	**1,769**	

6. These cases did not pass our Triage stage and the information was not provided by the referrer.

Outcomes

Last year we closed **692** cases as they did not meet our threshold policy, and **362** cases were closed by an Investigating Committee Panel, as there was no case to answer. The case to answer rate has dropped from 40% to 33% as a result of some of the improvements we have made through our FTP Improvement Programme, including introducing Legally Qualified Chairs at the ICP stage and frontloading investigations.

ICP Outcome	2021-22	2022-23
Case to answer	259	238
No Case to Answer	316	362
Adjourned	70	117
Total	**645**	**717**

Cases where an ICP decided there was a case to answer were referred to a Conduct and Competence Committee or Health Committee, depending on the allegation(s).

Conduct and Competence Committee panels

Conduct and Competence Committee panels consider allegations that a registrant's fitness to practise is impaired by reason of misconduct, lack of competence, a conviction or caution for a criminal offence, or a determination by another regulator. Some allegations contain a combination of these reasons.

Misconduct

The majority of cases heard at a final hearing relate to allegations that the registrant's fitness to practise is impaired by reason of their misconduct. Some of these cases relate to allegations about a lack of competence or a conviction. Misconduct allegations could include:

- failure to provide adequate service user care or accurate assessment;
- failure to maintain accurate records;
- failure to complete adequate reports;
- dishonesty (for example, falsifying records, fraud or false claim of sick leave);
- undermining public confidence in the profession;
- breach of confidentiality through inappropriate use or misuse of patient information;
- breach of professional boundaries with colleagues, service users or service user family members;
- assault or abuse;
- bullying and harassment of colleagues;
- failure to report incidents;
- driving under the influence of alcohol;
- failure to communicate properly and effectively with service users and / or colleagues;
- acting outside scope of practice; and
- unsafe clinical practice.

Lack of competence

Lack of competence allegations could include:

- a failure to provide adequate service user care;
- inadequate professional knowledge; and
- poor record-keeping.

Health Committee

Panels of the Health Committee consider allegations that registrants' fitness to practise is impaired by reason of their physical and / or mental health. Many registrants manage a health condition effectively and work within any limitations their condition may present.

However, we can take action when the health of a registrant is not managed effectively and / or is considered to be affecting their ability to practise safely and effectively.

Our presenting officer at a Health Committee hearing will often make an application for proceedings to be heard in private. Sensitive matters regarding registrants' ill-health are often discussed during these hearings and it may not be appropriate for that information to be discussed in a public session.

Outcomes summary

In total we closed 445 more FTP cases in 2022-2023 compared to the previous year, and the number of cases closed pre-ICP increased by 61%. The number of cases closed, or concluded at final hearing in 2022-23 was very similar to the previous year. We believe the increased number of cases closed pre-ICP is a result of introducing legally qualified chairs and frontloading investigations so that the ICP has more evidence to determine if there is a case to answer.

Outcome	2021-22	2022-23
Case closed pre-ICP[7]	642	1037
Case closed at ICP	316	362
Case concluded at final hearing	212	216
Total	**1,170**	**1,615**

7. Includes cases closed at triage and at threshold.

Final hearing outcomes

216 cases were concluded at final hearings where **142** sanctions were imposed.

Concluded outcome	No. of cases
Struck off	41
Removed following fraudulent or incorrect entry process	1
Suspended	37
Cautioned (inc. 6 by consent)	30
Conditions of Practice (inc. 4 by consent)	12
Removed by consent	21
Not well founded, discontinued or no further action	74
Total	**216**

Concluding cases by consent

Our consent process is a means by which we, and the registrant concerned, may seek to conclude a case without the need for a contested hearing.

In such cases, both parties consent to conclude the case by agreeing an order. The order is of a type that the panel would have been likely to make had the matter proceeded to a fully contested hearing.

In some cases, both parties may also agree to enter into a Voluntary Removal Agreement. By Voluntary Removal Agreement, we allow the registrant to remove themselves from the Register. This is on the basis that they no longer wish to practise their profession and admit the substance of the allegation that has been made against them.

Voluntary Removal Agreements are made on similar terms to those that apply when a registrant is struck off the Register.

Cases can only be concluded by consent with the authorisation of a panel of a Practice Committee. In order to ensure that we fulfil our obligation to protect the public, we would not ask a panel to agree to resolve a case by consent unless we were satisfied that:

- public protection was being secured properly and effectively; and
- there was no detrimental effect to the wider public interest.

To ensure a panel can be satisfied on those points, we present evidence to demonstrate that the registrant understands the impact on their registration if they agree to a sanction. We will only consider resolving a case by consent:

- after an ICP finds that there is a case to answer, so that a proper assessment has been made of the nature, extent and viability of the allegation(s);
- where the registrant is willing to admit the substance of the allegation (a registrant's insight into, and willingness to address failings are key elements in the FTP process and it would be inappropriate to conclude a case by consent where the registrant denies liability); and where any remedial action agreed between the registrant and us is consistent with the expected outcome if the case were to proceed to a contested hearing.

Concluding a case by consent may also be used when existing conditions of practice orders or suspension orders are reviewed. This enables orders to be varied, replaced or revoked without the need for a contested hearing.

Cases concluded by consent

Decision	2021-22	2022-23
Consent - Caution	2	6
Consent - Conditions of Practice	1	4
Removed by Consent	23	21
Grand Total	**26**	**31**

Appeals against decisions

Registrants may appeal against an HCPTS panel's decision if they think it is wrong or unfair. An appeal must be lodged at the relevant court within 28 days of the hearing. Appeals are made directly to the High Court in England and Wales, the High Court in Northern Ireland or, in Scotland, the Court of Session.

Appeals outcome	2021-22	2022-23
Upheld and outcome substituted	0	0
Upheld and case remitted to regulator for re-hearing	0	0
Settled by consent	1	0
Dismissed or not upheld	2	4

Restoration to the register

A person who has been struck off our Register and wishes to be restored can apply for restoration under Article 33(1) of the Health Professions Order 2001. A restoration application cannot be made until five years have elapsed since the striking-off order came into force.

In addition, if a restoration application is refused, a person may not make more than one application for restoration in any twelve-month period. In applying for restoration, the burden of proof is upon the applicant. This means that the applicant needs to prove that he or she should be restored to the Register, but we do not need to prove the contrary.

If a panel grants an application for restoration, it may do so unconditionally or subject to the applicant:

- meeting our 'return to practice' requirements; or
- complying with a conditions of practice order imposed by the panel.

Restoration to the register outcomes	2021-22	2022-23
Total restoration applications received	1	5
Applications accepted	0	2
Applications rejected	1	3

Interim orders

For the most serious cases, HCPTS panels may impose interim suspension or interim conditions of practice while an investigation is ongoing. These interim restrictions are to protect the public, to protect the registrants from harm to themselves, or are otherwise in the public interest.

The panels considered **110** applications for interim orders, **88** were granted and **22** were not. In 2022-23 we reduced the median time taken from receipt of referral to a decision made by the IO committee by more than four weeks. We also slightly improved our performance from a median of 3.2 to 3.1 weeks for an IO committee decision from the point of receiving information indicating the need for an interim order.

Interim order decisions	2021-22	2022-23
Conditions of Practice - Interim Order	14	29
IO not granted	8	22
Suspension - Interim Order	51	59
Total	**73**	**110**

Median time to interim order committee decision in weeks:

Median time taken in weeks	2021-22	2022-23
From receipt of referral	22.1	17.7
From decision that there is information indicating the need for an interim order	3.2	3.1

EDI Analysis

Introduction

One of the seven strategic aims of our Equality, Diversity and Inclusion Strategy 2021-26 is to improve the quality of our data and insights. As at 31 March 23, the HCPC held 56% of complete EDI data for its registrants and we expect this figure to increase to 80% by December 2023. We have a solid evidence base from which we can draw informed conclusions and take appropriate action. This year, we have used some of the EDI data collected on our registrants to understand more about the profile of those who find themselves in the fitness to practise process. We will continue to analyse the data in this way, in line with our commitment to being a fair regulator.

The analyses presented here are person based, i.e. they relate to the 1,348 persons subject to one or more concerns in the reporting period. To take into account the ever changing nature of the Register, rates have been calculated per 1,000 registrant 'years' – a method which 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.

The overall FTP concern rate per 1,000 registrant years in the financial year 2022-23 was 4.1. This is equivalent to 0.4% of registrants.

It is important to note that the data in this section of the report relates to FTP concerns reported to us and does not relate to seriousness of the concern and/or the outcome of the case. Because a concern is reported to us does not necessarily mean that the registrant is unfit to practice.

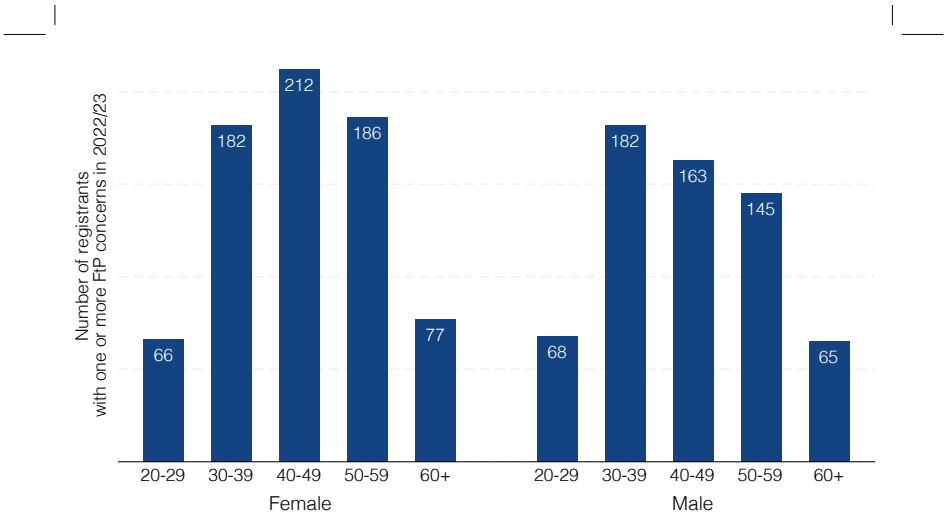
Age and sex

Age was recorded for all 1,348 registrants. The median age at the time of the FTP concern was 44 (Inter Quartile Range 35 to 53), with ages ranging from 22 to 83.

Sex was recorded for all bar two of the 1,348 registrants. Just over half were female (54%). Median age and interquartile range were very similar for females (45, IQR 36 to 53) and males (43, IQR 34 to 53).

There was a subtle difference in the age distributions by sex with females showing symmetry around the 40-49 age group but males peaking in the 30-39 group then declining (Figure 1).

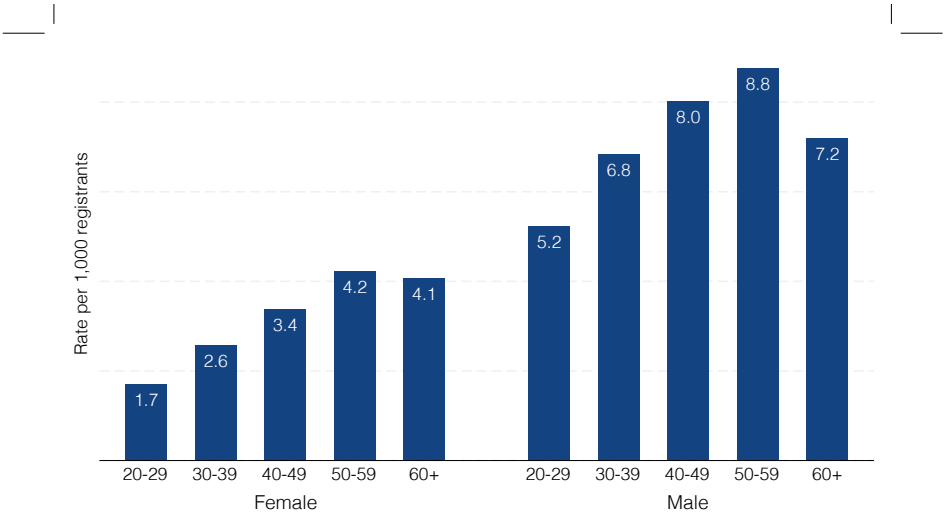
Figure 1: Age and sex counts



After taking into account the number of registrants in each age and sex group, both sexes exhibited a continual rise with increasing age to a peak in the 50-59 group, with a drop thereafter (Figure 2). The difference in age specific rates is very noticeable, with male rates higher than female rates in all age groups.

The difference in age specific rates was most acute in the youngest age group, with the male rate being 3.1 times the female rate. This gap narrowed consistently across the ages, though remained substantial, with the male rate being 1.8 times the female rate in the oldest age group.

Figure 2: Age and sex specific rates, per 1,000 registrants



Profession

Profession was recorded for all 1,348 registrants. Three quarters of registrants with at least one FTP concern came from five professions: paramedics (25%), practitioner psychologists (17%), physiotherapists (15%), occupational therapists (10%) and radiographers (9%). The number of registrants per profession ranged from 332 paramedics to four orthoptists (Figure 3).

After taking into account the number of registrants in each profession (Figure 4) the highest referral rates are for paramedics, practitioner psychologists, prosthetists/orthotists, chiropodists/podiatrists and arts therapists.

Figure 3: Profession counts

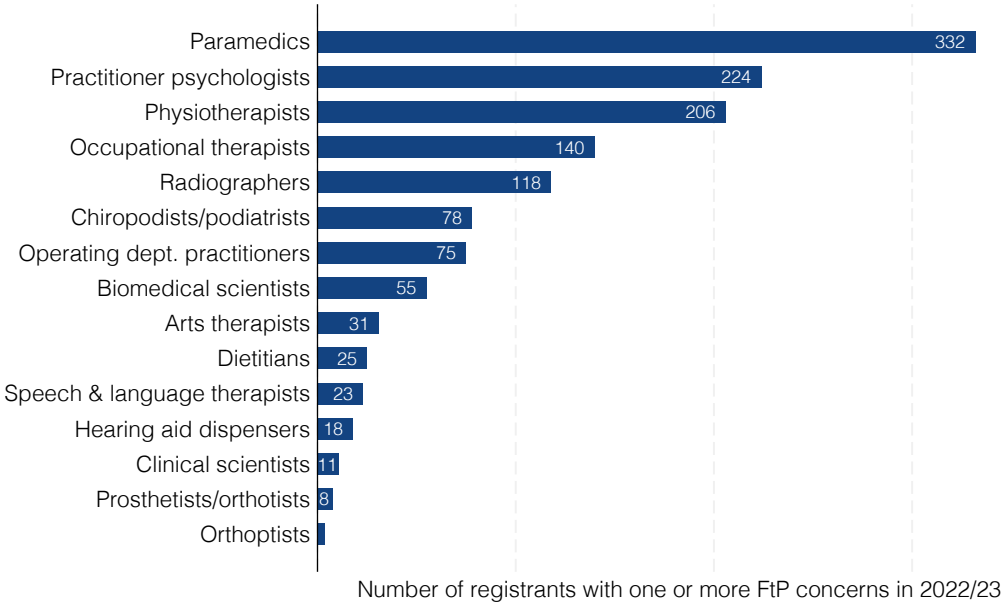
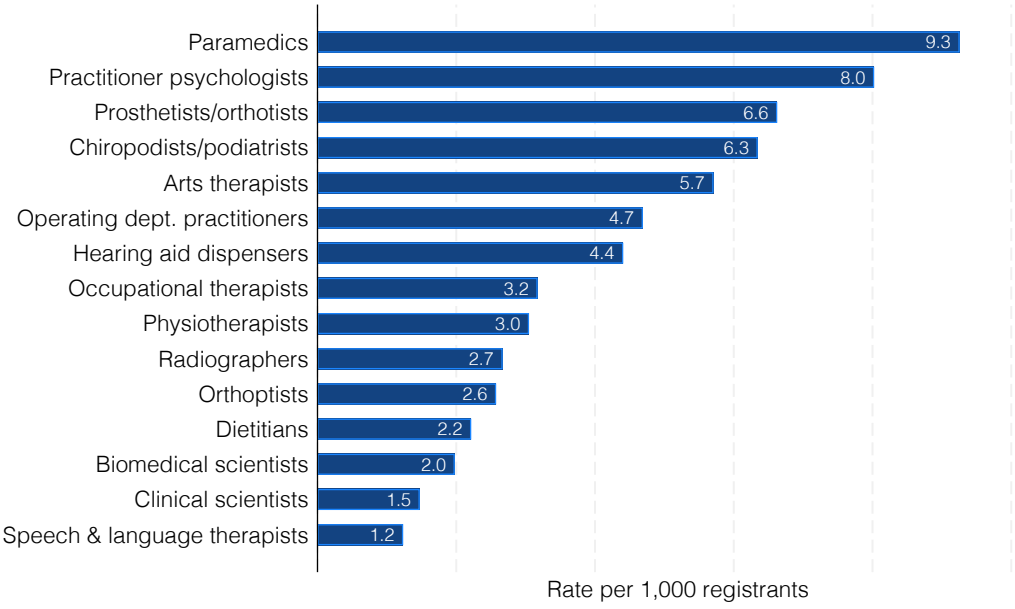


Figure 4: Profession rates, per 1,000 registrants



Age and sex counts and rates by profession can be found in Annexes A-D in the Appendix.

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 1,348 registrants with an FTP concern in 2022/23, 953 (71%) had answered the ethnicity question. The equivalent figure for ethnicity information for the entire registrant population during 2022/23 was 62%. Whilst this demonstrates great movement towards producing FTP rates by ethnicity, it is too low at present to be able to do so.

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

Table 1: Ethnicity

	FTP concerns 2022/23		HCPC registrants 2022/23*
	n	%	%
White	713	52.9	47.7
Asian or Asian British	83	6.2	6.8
Black, African, Caribbean or Black British	54	4.0	3.2
Mixed or multiple ethnic groups	25	1.9	1.3
Other ethnic group	16	1.2	0.9
Prefer not to say	62	4.6	2.3
Not recorded	395	29.3	37.9
All	1,348	100.0	100.0

Nationality

Nationality information is collected during the registration process although it is not mandatory. Of the 1,348 registrants with FTP concerns raised about them, 1,205 (89%) had self-reported nationality. Of those who had reported nationality, the percentages of each nationality for FTP concerns were very similar to the entire registrant population (Table 2).

Table 2: Nationality

	FTP concerns 2022/23		HCPC registrants 2022/23*
	n	%	%
UK citizen	992	73.6	71.9
European (excl. UK)	88	6.5	7.1
Asian	54	4.0	5.8
African	52	3.9	4.0
Oceanian	13	1.0	1.7
North American	6	0.5	0.8
South American	0	0.0	0.1
Not recorded	143	10.6	8.7
All	1,348	100.0	100.0

* Who have provided data

Registration route

There have been four routes for Registrants to enter the register: UK, international, European Mutual Recognition (EMR) and Grandparenting. As a result of Brexit the EMR route has closed and so for the purposes of the analysis below international and EMR have been combined. Grandparenting was a route that enabled the porting of existing registrations with another body into HCPC but it is not a route open to new registrants. To come through the UK route the registrant must have received their qualifying education from a UK institution.

All 1,348 registrants with an FTP concern in 2022/23 have a known registration route, with 1,177 (87%) coming through the UK route, 156 (12%) coming through the international route and 15 (1%) through grandparenting.

The 2022/23 FTP concern rate for UK routes (4.3 per 1,000 registrants) was slightly higher than for international route registrants (3.4 per 1,000) and slightly lower than for the grandparenting route registrants (5.1 per 1,000).

Analysis by route of registration is complicated by the fact that registrants may not live in the UK for a period before they move and begin work in the UK. During that period before starting work in the UK, they are registered but unlikely to be at risk of being subject to an FTP concern.

Observed structural differences in registrant populations for the application routes will affect any summary measures. Much smaller proportions of international route registrants are in the highest risk 50-59 age category (8% of females and 8% of males) compared to the UK route registrants (20% of females and 22% of males). Conversely, a much higher proportion of international route registrants are of the higher risk[8] sex (male 39%) than for UK route (male 25%).

More detailed analysis of FTP rates by application route is being undertaken separately to this supplement. That work will also consider how best to assess FTP outcomes by application route.

7. At higher risk of incurring an FTP concern according to our data.

Looking forward

As well as continuing to realise the benefits from the changes and improvements to our FTP process, in 2023-2024 we will continue to focus on the FTP related goals set out in our Corporate Plan:

- Improve experiences of our fitness to practise process by shifting the focus of our investigation work to earlier in the process, which has shown in pilot to reduce the time FTP cases take overall.

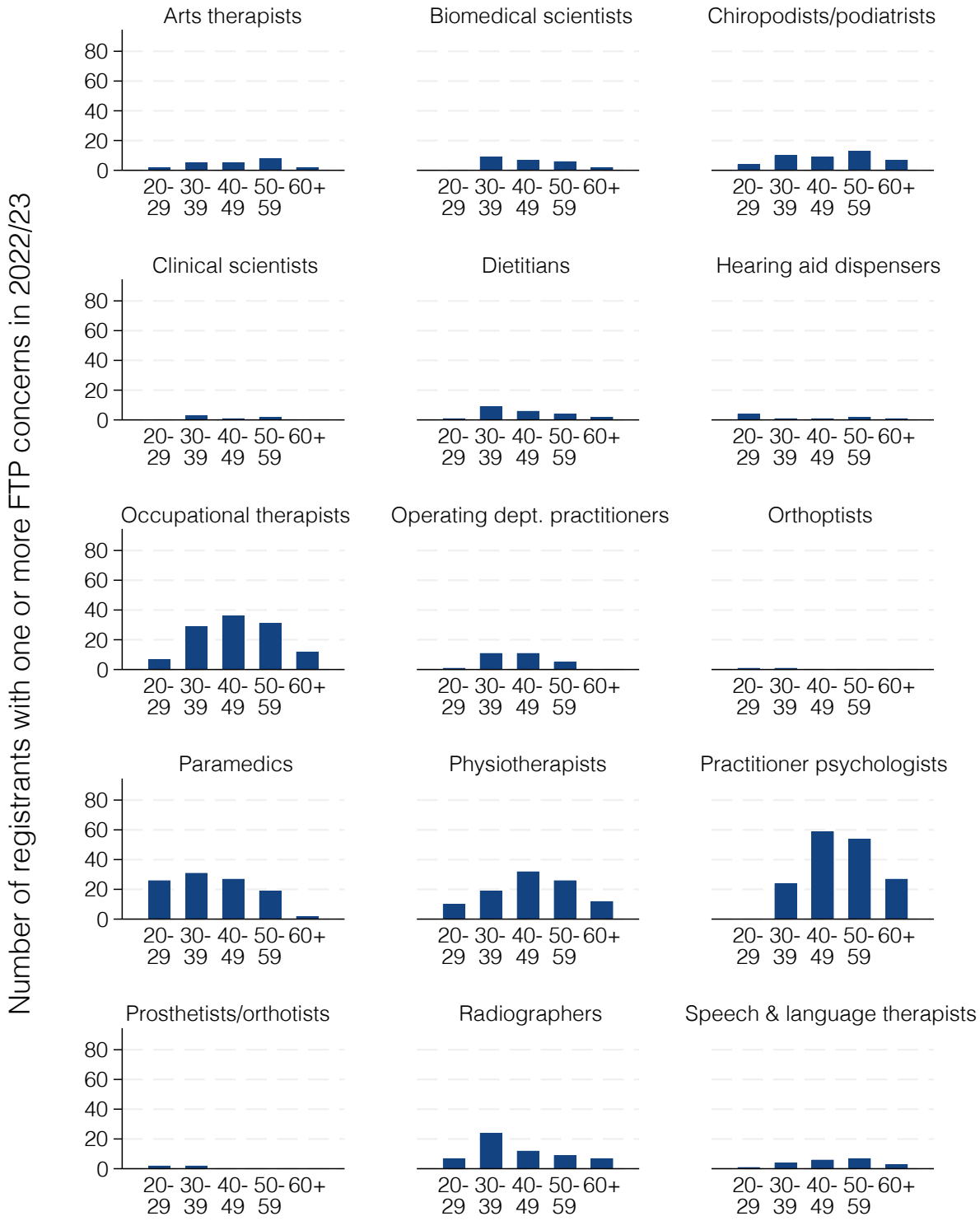
- Seek to reduce the impact of FTP processes on registrants and other participants through our new dedicated registrant support line, and by continuing to run our lay advocacy service.

In addition, we will further progress our Tone of Voice review of communication to registrants during the FTP process.

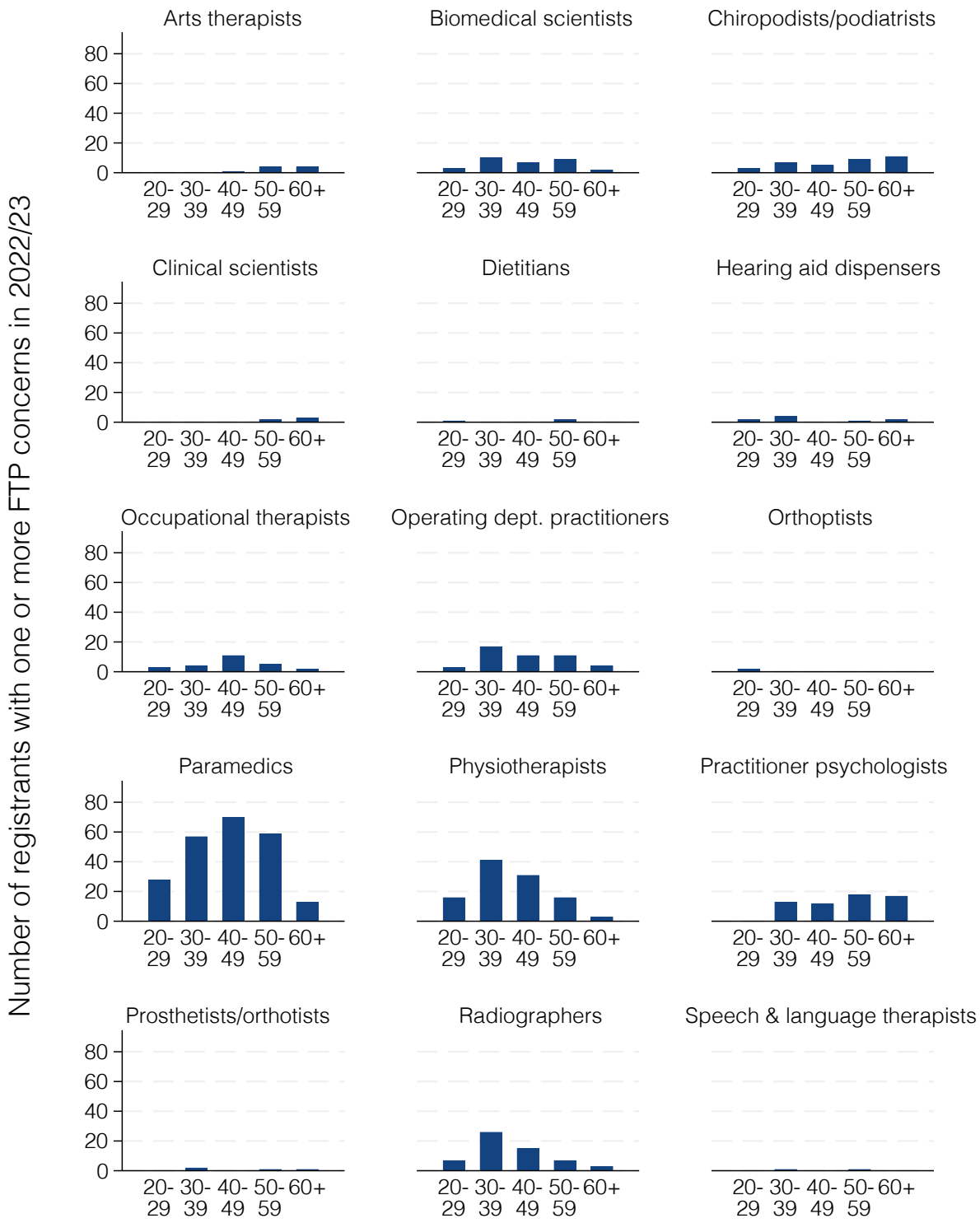
This work will further our aims to continuously improve and innovate, and embed a compassionate approach to regulation.

Appendix

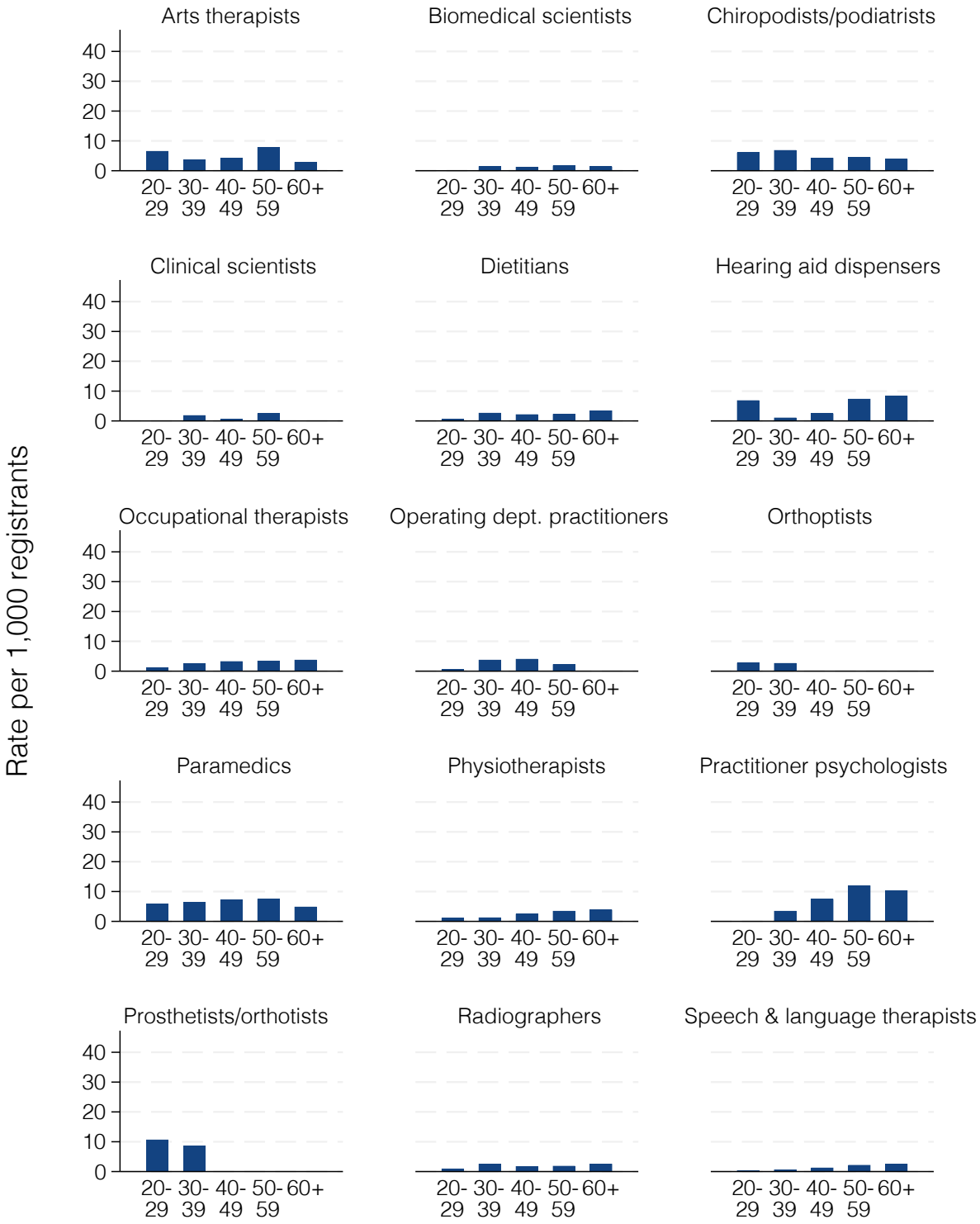
Annex A: Age specific counts by profession: Females



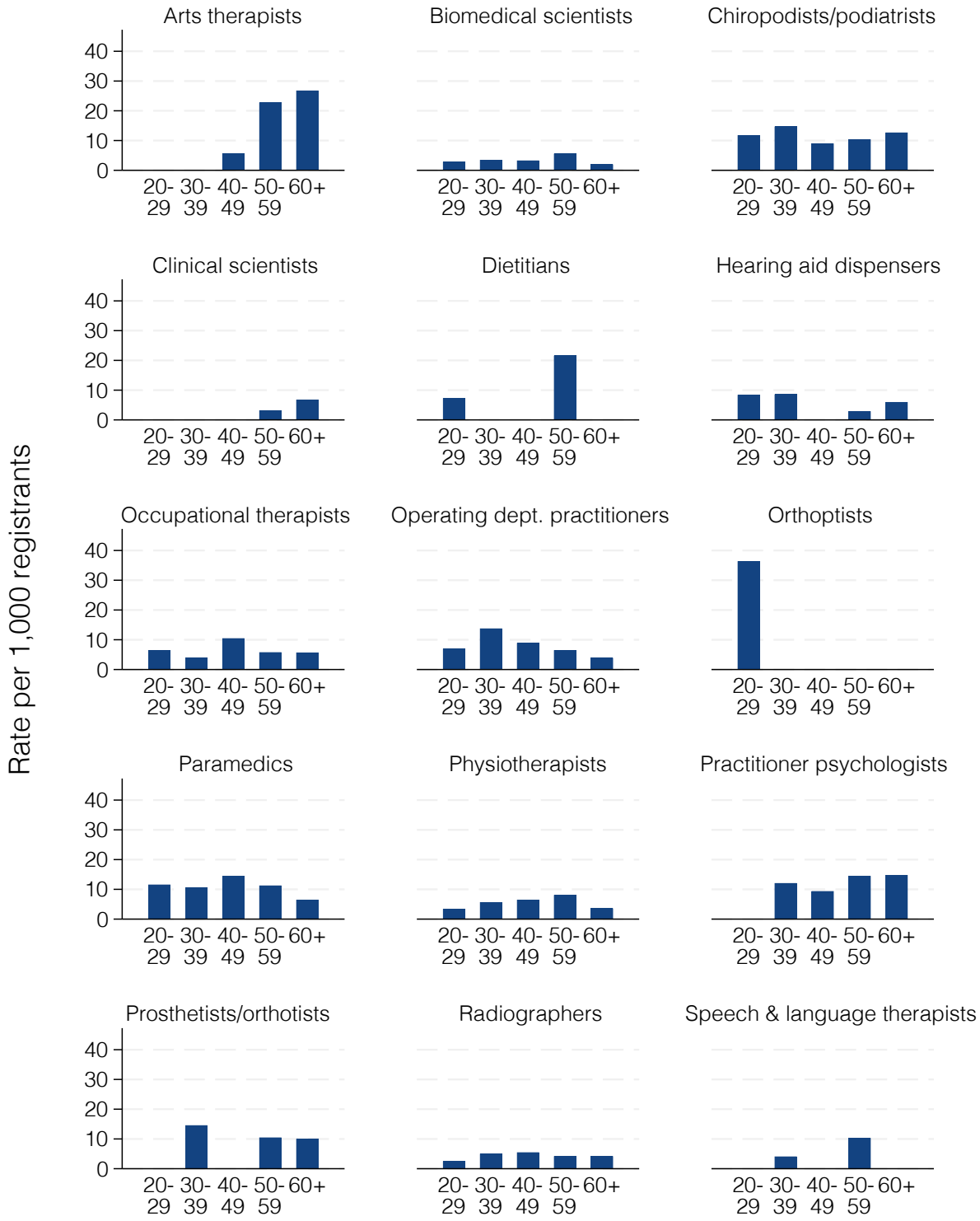
Annex B: Age specific counts by profession: Males



Annex C: Age specific rates by profession: Females



Annex D: 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.

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HC 1783
SG/2023/172