

# Health and Care Professions Council

## Periodic review

2025/26

The Health and Care Professions Council regulates 15 health and care professions. There are:

**367,535**

health and care professionals on the register as at 31 March 2026

This report covers the period 1 April 2025 to 31 March 2026

## Key findings and areas for improvement

### Standard 3 on Equality, Diversity and Inclusion (EDI)

The HCPC continues to demonstrate an ongoing commitment to EDI and performed well against this Standard, building on its positive performance from last year. This year, the HCPC published **EDI quality indicators** to help education providers fully understand requirements set out in the HCPC's standards of education and training, and to more explicitly link them to EDI. We considered that the publication of the EDI quality indicators provided strong evidence of progressive improvement and considered they were a positive development.

The HCPC continued to analyse its fitness to practise data to identify potential unfairness and to assess whether its processes lead to unfair outcomes; it has committed to carry out further analysis.

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## Fitness to Practise (FTP)

The HCPC has met three out of five FTP Standards this year.

We audited a sample of closed HCPC cases to evaluate timeliness, investigation quality, decision-making, risk management and support for parties. Our findings were mixed.

The HCPC did not meet Standard 15 again this year, because it is still taking too long to process FTP cases and its open caseload has increased. During our audit of the HCPC's FTP process, we identified avoidable and/or unexplained significant delays in approximately 40% of cases. Stakeholders also continue to tell us about delays in the HCPC's FTP process and the impact these can have on the wellbeing of registrants. In accordance with our escalation policy, we have provided an update letter regarding our concerns to the Secretary of State for Health and Social Care and Health and Social Care Committee Chair.

Our audit highlighted that improvements are needed in the quality and timeliness of some of the HCPC's risk assessments, and that adherence to the HCPC's internal risk assessment guidance is not consistent across its caseload. However, our audit also provided assurance that, in most cases, the HCPC is identifying and managing risks appropriately, such as considering, or applying for, an interim order and progressing high-risk cases promptly. The data shows that the HCPC generally acts promptly when it identifies risk in cases. Whilst we have identified some areas for improvement, on balance we concluded that Standard 17 was met. Next year, we will monitor for evidence of improvements in the areas highlighted in our audit.

The HCPC did not meet Standard 18 this year. While the HCPC has taken steps to improve the support it provides to parties involved in the FTP process, our audit found that these improvements have not yet resulted in consistently reliable performance across its caseload. Stakeholders also described the HCPC's communication as inconsistent, insufficiently responsive, and not adapted to the needs of individuals experiencing distress. Poor communication, such as failing to provide updates on case progression, can compound the stress and harm caused by the process. The HCPC has committed to various actions to improve performance against this Standard and we will monitor the impact of these changes in future performance reviews.

# Standards met: 16 out of 18



General  
Standards  
**5 out of 5**



Guidance and  
Standards  
**2 out of 2**



Education  
and Training  
**2 out of 2**



Registration  
**4 out of 4**



Fitness to Practise  
**3 out of 5**

Previous years

2024/25

**17 out of 18**

2023/24

**16 out of 18**

## Our performance review process



We have a statutory duty to report annually to Parliament on the performance of the 10 regulators we oversee. We do this by reviewing each regulator's performance against our **Standards of Good Regulation** and reporting what we find. The judgements we make against each Standard incorporate a range of evidence to form an overall picture of performance.

Meeting a Standard means a regulator has demonstrated satisfactory performance in that area. It does not mean there is no room for improvement. Our oversight does not stop when we publish our report. It is an ongoing, continuous process and, where we have identified areas for improvement, we pay particular attention to these as we continue to monitor the regulator's performance.

Our performance reviews are usually carried out on a three-year cycle; every three years, we carry out a more intensive 'periodic review' and in the other two years we monitor performance and produce shorter monitoring reports. **Find out more about our review process.** We welcome hearing from people and organisations who have experience of the regulators' work. We take this information into account alongside other evidence as we review the performance of each regulator.

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# General Standards

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In this section:

**Standard 1** (accessible information)

**Standard 2** (clear about purpose)

**Standard 3** (equality, diversity and inclusion)

**Standard 4** (reports on itself and addresses concerns)

**Standard 5** (consults with stakeholders)

## 1. The regulator provides accurate, fully accessible information about its registrants, regulatory requirements, guidance, processes and decisions.

- 1.1. The HCPC provided information about its work this year in various ways including publishing a wide range of information and guidance on its website and sharing information through its social media channels.
- 1.2. As part of our routine register check,<sup>1</sup> we identified three errors in the information published on the Heath and Care Professions Tribunal Service (HCPTS) website. These errors related to information published about cases which had been discontinued, not well-founded or where no further action had been taken. The HCPC's FTP publication policy states that information relating to such outcomes should be removed upon conclusion of the hearing, unless the registrant consents to the publication of such information. Since we flagged these errors to the HCPC, it has introduced additional controls to reduce the risk of this happening again. We were satisfied that all entries on the HCPC register were accurate and that the identified publication errors did not impact public protection or indicate a wider issue with the accuracy or accessibility of the information published on the register or the HCPTS website. We have highlighted to the HCPC the importance of continued adherence to its publication policy to ensure fairness and to maintain public confidence.

**Conclusion:** Although we identified errors with the accuracy of information on the HCPTS website relating to hearing information, these errors were minor and did not impact public protection. We are assured that the HCPC continues to provide accurate and accessible information on its website. We are satisfied this Standard is met.

## 2. The regulator is clear about its purpose and ensures that its policies are applied appropriately across all its functions and that relevant learning from one area is applied to others.

- 2.1. The HCPC's 2025-26 Corporate Plan, published on 16 April 2025, sets out how the HCPC will achieve its strategic priorities for the final year of its

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<sup>1</sup> Each year, we check the accuracy of register entries relating to all appealable FTP hearing decisions.

Corporate Strategy 2021-26. The plan and strategic aims focus on the HCPC's purpose of public protection.

- 2.2. On 21 July 2025, the Government announced new regulations for NHS senior leaders and committed to providing the HCPC with the appropriate powers to oversee the regulation of NHS leaders via the introduction of a statutory barring scheme. The introduction of this new system will be complex, and we will closely monitor developments in this area.

**Conclusion: The HCPC continues to have clear objectives in place that are aligned with public protection. We are satisfied that this Standard is met.**

### **3. The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.**

- 3.1. This year, we continued to use our new approach to assessing regulators against this Standard. As part of this approach, we have broken down the Standard into four separate outcomes. For a regulator to meet the Standard, we need to be assured that the regulator has met all four of the outcomes. Our assessment of the HCPC's performance against the four outcomes is set out below.

#### **Outcome 1: The regulator has appropriate governance, structures and processes in place to embed Equality, Diversity and Inclusion (EDI) across its regulatory activities.**

- 3.2. The HCPC continues to have clear governance, structures and processes in place to guide, monitor and embed its EDI activities. It has demonstrated an ongoing commitment to EDI through:
  - Its continued use and analysis of diversity data for all staff, Council members and Partners<sup>2</sup> to investigate areas where disproportionality may be occurring.
  - Its consistent use of equality impact assessments before major policy changes which provides evidence that EDI is embedded into the HCPC's formal processes.
  - Improving the diversity of its executive leadership and Council members, ensuring that a diverse range of voices are included within

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<sup>2</sup> This group includes HCPC registrants, members of the public (lay) and legal professionals, who provide expertise the HCPC needs for its regulatory decision-making processes relating to registration, education, continuing professional development, FTP and providing legal expertise and advice to decision-makers.

Council and Committees through initiatives including Council apprenticeship schemes and student and university representatives.

## **Outcome 2: In terms of EDI, the regulator ensures that registrants and students are equipped to provide appropriate care to all patients and service users, and have appropriate EDI knowledge and skills.**

- 3.3. The HCPC's standards of conduct performance and ethics and standards of proficiency for registrants include specific EDI elements, and clear requirements to challenge discrimination and practise inclusively.
- 3.4. The HCPC is committed to enhancing its work to ensure that students and registrants have appropriate EDI knowledge and skills through the development of new resources to help them respond to discrimination in the workplace and educational settings.
- 3.5. The current Standards of Education and Training (SETs) require providers to prepare students to provide appropriate care to all, and the HCPC is strengthening these requirements through forthcoming revisions to the SETs. Changes to the SETs include explicit expectations that EDI must be embedded across programme strategies, policies and curricula.

### **EDI quality indicators**

The HCPC published **EDI quality indicators** to help education providers fully understand requirements in the SETs, and to more explicitly link them to EDI. The HCPC will use these indicators as a reference point when undertaking assessments of education providers' performance against the SETs. When these indicators are in place, the HCPC will consider that education providers are performing well in this area. We considered that the publication of the EDI quality indicators provided strong evidence of progressive improvement and considered they were a positive development.

- 3.6. The HCPC shows strong and consistent performance in equipping students and registrants with the EDI knowledge and skills needed to provide appropriate care for all. The publication of EDI quality indicators has strengthened consistency in the HCPC's education assessments, and a broad range of continuing professional development materials and activities continue to support ongoing learning.

## **Outcome 3: In terms of EDI, the regulator makes fair decisions across all regulatory functions.**

- 3.7. We saw examples of the HCPC continuing to collect, publish and analyse data in different areas of its work to identify and address the potential for unfairness in its processes and decisions. The HCPC:

- Maintained complete EDI datasets for all registrants and enhanced its **diversity dashboard** which shows key EDI information held by the HCPC with regards to different characteristics of its registrants.
- Embedded improvements to data collection from individuals who raise FTP concerns online, achieving 100% completion of the new EDI monitoring form since it was integrated with the concerns portal in January 2025, and published an early analysis of English-language status, disability, ethnicity and age of individuals to understand the diversity of people who raise FTP concerns.
- Continued to deliver mandatory EDI training to staff, covering topics such as neurodiversity and reasonable adjustments.
- Continued to carry out detailed analysis of EDI data relating to registrants involved in the FTP process. The HCPC's analysis identified a statistically significant difference between protected characteristic groups in the proportion of concerns that meet the threshold for investigation but did not establish whether this disproportionality reflects unfairness in the process or is explained by other factors; the HCPC has committed to carry out further analysis.

#### **Outcome 4: The regulator engages with and influences others to advance EDI issues and reduce unfair differential outcomes.**

3.8. This year, the HCPC:

- Consulted with its external EDI forum, FTP partnership forum, professional bodies and other regulators to understand the EDI impacts on the revisions to its sanctions policy.
- Engaged with patients and service users with protected characteristics as part of its review of the SETs.
- Demonstrated effective use of research, evidence, data and intelligence to develop its sexual safety hub.
- Engaged with the Community Safety Trust and TellMama to develop training sessions for its staff and decision-makers on Islamophobia and Antisemitism.
- Strengthened the foundations needed to understand and address disproportionality in FTP referrals and delivered sessions for managers across the health sector to help them understand when to make appropriate referrals to reduce unfair disproportionality across FTP referrals.

**Conclusion: The HCPC continues to perform strongly against this Standard and has shown a commitment to continually improve in this area. We are satisfied that the HCPC meets all four outcomes and the overall Standard.**

## 4. The regulator reports on its performance and addresses concerns identified about it and considers the implications for it of findings of public inquiries and other relevant reports about healthcare regulatory issues.

### 4.1. The HCPC:

- Continued publishing regular reports on its operational performance, including reporting on key performance indicators (KPIs) for its regulatory functions and the number of corporate complaints received and resolved.
- Engaged with Lord Mann’s rapid review into how healthcare regulators tackle antisemitism and racism.
- Provided the PSA with a full and detailed explanation of the safeguards it has in place to review international applications for registration in respect of applicants who have been subject to regulatory proceedings overseas. The HCPC will be exploring with the other UK statutory healthcare regulators additional mechanisms to share data, and to strengthen opportunities for international information-sharing. We commend the HCPC’s proactive work in this area to enhance safeguarding and data sharing.

**Conclusion: The HCPC continues to report on its performance and acts on concerns about it. It also monitors and engages with developments in the wider healthcare setting. We are satisfied that this Standard is met.**

## 5. The regulator consults and works with all relevant stakeholders across all its functions to identify and manage risks to the public in respect of its registrants.

### 5.1. This year, the HCPC:

- Worked with a range of cross-sector stakeholders, including the Patient Safety Commissioner, Patients Association, healthcare regulators and the Council of Deans of Health to develop and publish sector-wide consent principles. These are aimed at improving patient safety and to support the move towards a patient-controlled system, as set out in NHS England’s *Fit for the Future: 10 Year Health Plan for England* and related work across the UK nations.<sup>3</sup>
- Worked with the General Osteopathic Council (GOsC) to develop resources designed to provide additional support and clarity for registrants working at advanced levels of practice.

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<sup>3</sup> [Launch of consent principles](#)

- Issued a public consultation on revisions to its standards of education and training which included a targeted consultation with education providers, learners and professional bodies.
- Issued a public consultation on revisions to its Sanctions Policy which included a targeted consultation with its FTP professional bodies forum.

### What we heard from stakeholders

In recent years we have received positive feedback about the HCPC’s approach to engagement activities. Feedback this year was largely positive, but some concerns were raised about engagement on profession-specific issues. We considered that these concerns did not indicate a decline in performance or suggest that the HCPC fails to use stakeholder relationships to identify and manage risks to the public.

Stakeholders welcomed the opportunity for regular engagement with the HCPC.

One stakeholder noted the HCPC’s ‘genuine commitment to involving patients in its work.’

Some stakeholders told us that in FTP forums they ‘are still talking about the same issues and issues that are raised are not progressing.’

**Conclusion:** We have seen examples throughout the year of the HCPC consulting and working with a range of relevant stakeholders to identify and manage risks to the public in respect of its registrants. We encourage the HCPC to consider the stakeholder feedback and what steps it can take in response. We are content that the HCPC’s engagement across all its functions was positive and are satisfied that this Standard is met.

## Guidance and Standards

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In this section:

**Standard 6** (maintains up-to-date standards)

**Standard 7** (provides guidance to help registrants)

### 6. The regulator maintains up-to-date standards for registrants which are kept under review and prioritise patient and service user centred care and safety.

- 6.1. The HCPC’s standards of proficiency are the entry-level standards which all registrants must meet in order to become registered and remain on the register. These standards have been in place since 1 September 2023, and we have not seen any evidence which suggests that they are out of date.

- 6.2. The HCPC's current standards of conduct, performance and ethics have been in place since 1 September 2024. The standards set out the ethical framework within which all HCPC registrants must work. We have not seen any evidence to suggest that the HCPC's standards of conduct, performance and ethics are out of date or do not prioritise patient and service user safety.
- 6.3. The HCPC keeps its standards under continual review to ensure that they are working and continue to reflect current practice. It conducts a periodic review of the standards every five years.

**Conclusion: We are assured that the standards of proficiency and standards of conduct, performance and ethics remain up-to-date and fit for the future. The HCPC has a structured review cycle to ensure that its standards continue to work and reflect current practice. We are satisfied that this Standard is met.**

## **7. The regulator provides guidance to help registrants apply the standards and ensures this guidance is up to date, addresses emerging areas of risk, and prioritises patient and service user centred care and safety.**

- 7.1. The HCPC continues to provide, publish and promote guidance and position statements on its website and via its social media channels. This year it:
  - Published consent principles to help registrants improve decision-making and support them to apply the standards of conduct, performance and ethics.
  - Promoted its guidance on duty of candour, record keeping, scope of practice at advanced level and supervision and delegation.
  - Published a **shared update**, in collaboration with the GOsC, to clarify the regulators' position on the regulation of advanced levels of practice and how HCPC and GOsC registrants working at these levels can continue to meet their existing standards across a range of job titles, sectors and settings. The HCPC also produced guidance documents and materials to support registrants and their managers to better understand how the HCPC standards apply at advanced levels.
  - Started to develop standalone safeguarding guidance to provide clear and accessible information for registrants about their safeguarding responsibilities.

**Conclusion: The HCPC provides guidance for registrants, and we continue to see examples of it seeking to ensure its guidance is up to date, addresses emerging risks and prioritises patient and service user centred care and safety. We are satisfied that this Standard is met.**

# Education and Training

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In this section:

**Standard 8** (maintains up-to-date standards for education and training)

**Standard 9** (effectively quality-assures education provides and training programmes)

## 8. The regulator maintains up-to-date standards for education and training which are kept under review, and prioritise patient and service user centred care and safety.

- 8.1. The HCPC's current SETs have been in place since 2017. In March 2024, the HCPC started to review the SETs as part of its wider programme of standards development and improvement.
- 8.2. Throughout the review, the HCPC engaged with internal and external stakeholders, including education providers, learners, service users and professional bodies which helped it to identify key themes and areas to develop and change the SETs. In November 2025, the HCPC launched a 13-week consultation on proposed revisions to the SETs.
- 8.3. The revised SETs are due to be published in Autumn 2026. The revisions proposed in the consultation include structural changes; changes to standard 1 which sets out the level of qualification for entry to the register; strengthening standards in relation to diverse education delivery models; technology usage; and embedding EDI within the standards.

**Conclusion:** The HCPC has progressed its work to review the SETs and engaged with a wide range of stakeholders to develop this work. We will monitor the implementation phase of the revised SETs when published. We are satisfied that this Standard is met.

## 9. The regulator has a proportionate and transparent mechanism for assuring itself that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator's requirements for registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.

- 9.1. The HCPC publishes information about its processes for the approval and quality assurance of education programmes in the UK. It published quality assurance reports and information about when it has taken action to address concerns.
- 9.2. In September 2025, the HCPC withdrew its approval for the MSci Nurse Paramedic programme at Edge Hill University due to concerns related to: ineffective collaboration with the practice education provider; weaknesses in the curriculum, assessment and practice-based learning; and a failure to address issues in a timely manner. The HCPC had been investigating the

programme since March 2024 and was satisfied that the provider had been supported and had sufficient opportunity to address the HCPC's regulatory requirements prior to the withdrawal of approval.

- 9.3. The HCPC worked with the education provider to arrange alternatives so affected learners can continue their studies and meet future registration requirements. Learners who completed the programme before approval was withdrawn remain eligible for HCPC registration. The HCPC has also worked with employers, the College of Paramedics and other stakeholders to ensure recently qualified registrants can access enhanced support and meet regulatory requirements

**Conclusion: The HCPC continues to have a transparent and proportionate mechanism for quality assuring education providers, and we have seen the HCPC take action when its assurance activity identifies concerns. We are satisfied that this Standard is met.**

## Registration

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In this section:

**Standard 10** (maintains and publishes an accurate register, including restrictions on practice)

**Standard 11** (registration process operates fairly and effectively)

**Standard 12** (risks to public from those using protected title is managed)

**Standard 13** (ensures registrants continue to be fit to practise)

### **10. The regulator maintains and publishes an accurate register of those who meet its requirements including any restrictions on their practice.**

- 10.1. The HCPC did not make any changes to the way it maintains or publishes its register this year, and the search facility is accessible and easy to use.
- 10.2. Our usual register checks did not identify any inaccuracies and we had no concerns about the information displayed on the HCPC's register.

**Conclusion: We are satisfied that this Standard is met.**

### **11. The process for registration, including appeals, operates proportionately, fairly and efficiently, with decisions clearly explained.**

#### **Registration processing times**

- 11.1. The HCPC continues to process applications promptly for applicants who qualified in the UK. The median processing time from receipt of completed application form was less than one week for UK applicants.

- 11.2. For international applicants, the median processing time from receipt of completed application form has fluctuated, but has reduced to within the HCPC’s service level of 12 weeks.

### **What we heard from stakeholders**

Stakeholder feedback about application processing times was mixed. Some stakeholders told us that processes have improved significantly, while others raised profession specific concerns about delays affecting international applications.

“The overall registration process seems a lot more efficient with newly qualified practitioners getting registered promptly.”

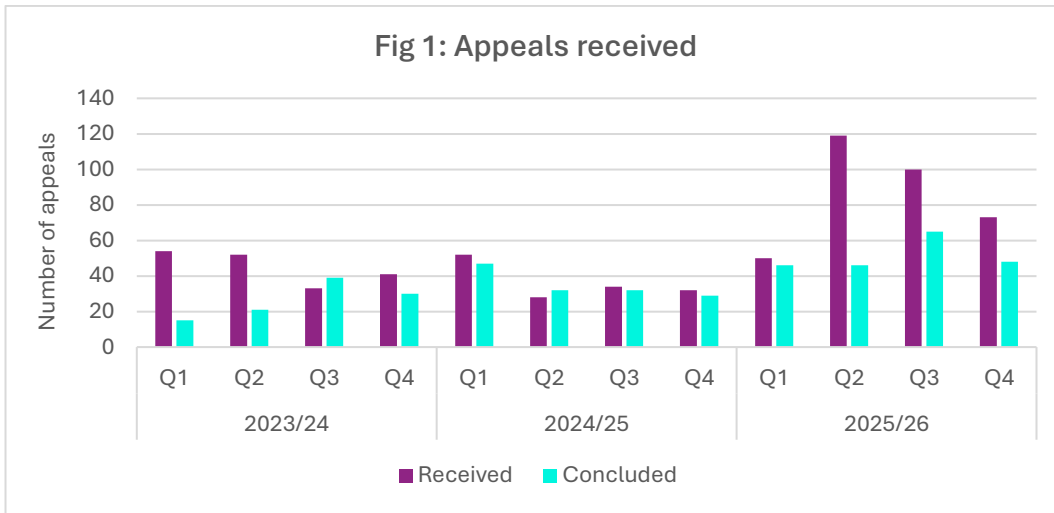
“Time delays are specifically an issue for Music Therapists that have trained in Ireland who want to register and work in the UK.”

“Applicants educated overseas still experience long processing times and variable decisions. HEIs (Higher Education Institutes) and employers also report difficulties predicting when a new overseas recruit will be granted registration, which affects workforce planning.”

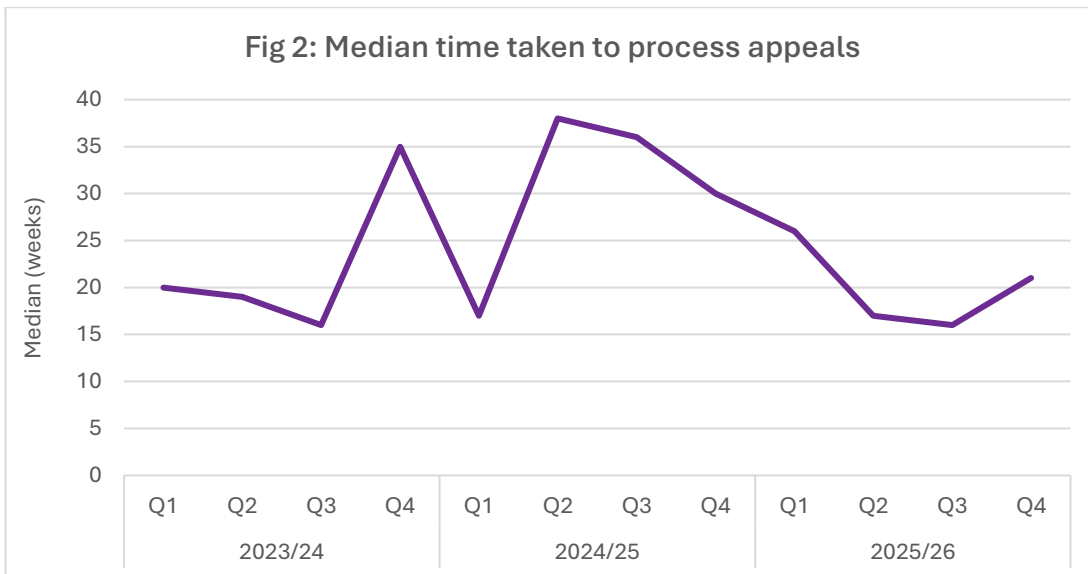
Some concerns were raised directly with us by international applicants, who shared their experiences of long processing times. We considered that these applicants were likely affected by the increase in the number of international applications received by the HCPC at the end of 2024/25, which has now significantly reduced. However, we will continue to monitor the information we receive directly from individuals applying to register with the HCPC.

### **Registration appeals**

- 11.3. As Figure 1 shows, the HCPC received a significantly higher number of appeals against registration decisions in Q2 and Q3 this year. This may indicate a risk of a backlog developing. The HCPC has told us that this was partly driven by the number of assessment decisions made. The proportion of applications that are appealed is low, and less than 1% so far this review period.



11.4. Figure 1 also shows that, in most quarters, the HCPC has received more appeals than it has concluded. However, as Figure 2 shows, the median time taken to process appeals has fallen from its peak in Q2 2024/25, providing some assurance that the HCPC is managing its appeals process effectively.



11.5. The HCPC’s legislation requires registration appeal panels to be chaired by a member of its Council<sup>4</sup> which limits the number of hearings that can be listed. The HCPC has trained the maximum number of Council members eligible to sit as appeal panel Chairs and made changes to the scheduling process to provide extra capacity and to reduce the time taken for an appeal decision.

**Changes to international registration process**

11.6. Last year, the HCPC started to develop its approach to international application assessments, including introducing plagiarism software and revising the types of evidence accepted as proof of an applicant’s English

<sup>4</sup> The Health Professions Order 2001 Article 37(5)(d)

language proficiency. This year, to further streamline and strengthen the registration process, the HCPC introduced new requirements for international applicants. In summary:

- Applicants must complete a standards of proficiency mapping document, mapping their qualifications, experience and training against HCPC standards of proficiency.
- Applicants will no longer be able to provide further information after their application is submitted or to address any gaps identified in qualifications, training and experience.
- If there are gaps in an applicant's qualification, experience and training, meaning that they are unable to evidence that they meet the standards, they will be referred for a test of competence. If the gaps in evidence are significant, the HCPC may decide to refuse the application.

11.7. These changes were implemented in November 2025, and there has not yet been sufficient time to assess the impact of the changes on applicants and registration decisions. The process is broadly aligned with comparable regulators, and we have not yet seen evidence that applicants are disadvantaged by the changes. We will closely monitor the impact of the changes.

### **Internationally trained registrants**

Some stakeholders continue to have concerns that internationally trained registrants do not have the same level of knowledge, understanding and competence as those who register via the UK route. Concerns have been raised across a range of professions regulated by the HCPC and over a number of years. We have explored this in detail with the HCPC and have seen limited evidence to support the assertion that some internationally qualified registrants do not meet the requirements of the relevant standards of proficiency. The HCPC said that its recent work, including updated English language requirements and other process changes, has strengthened the international application process. It has engaged with the stakeholders who raised concerns and continues to meet with them to inform further improvements. Its EDI data shows little variation in FTP representation between UK registrants (5.4 per 1,000) and international registrants (5.6 per 1,000). We will continue to monitor the feedback received in this area.

**Conclusion: The HCPC introduced changes to its international application processes towards the end of this review period and, based on the evidence currently available, we have no concerns about how it is operating. Whilst the number of appeals received has increased, the HCPC has increased its capacity to hold more appeal hearings, and we will monitor the data closely. We are satisfied that this Standard is met.**

**12. Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk-based manner.**

- 12.1. We have been monitoring the HCPC's performance against this Standard in recent years because in 2023/24 it developed a risk-based approach to managing protection of title cases to resolve low-risk cases more quickly, and to focus on progressing more complex, higher-risk cases. We previously considered the HCPC's internal operational guidance and controls in place to manage these cases and were assured that the HCPC's approach was proportionate and in line with the risks.
- 12.2. The approach has had an impact on the number of open protection of title investigations, which reduced from 208 open cases in May 2024 to 120 at the end of March 2026.
- 12.3. The HCPC undertook an internal quality assurance review of its protection of title case closure process, which provided medium assurance that decisions to close protection of title cases were well reasoned, evidenced-based and proportionate. These findings provide some level of assurance that the risk of harm to the public and damage to public confidence in the profession in relation to non-registrants using a protected title is being managed by the HCPC in a proportionate and risk-based way. We have not received any concerns from stakeholders about the HCPC's approach.

**Conclusion: In terms of throughput of cases, the HCPC's risk-based approach has had a positive effect on the number of open investigations. We have not identified any concerns about the outcomes in these cases, and the HCPC's quality assurance activity provides reasonable assurance that decisions are well reasoned and evidence based. We are satisfied that this Standard is met.**

### **13. The regulator has proportionate requirements to satisfy itself that registrants continue to be fit to practise.**

- 13.1. The HCPC did not change its Continuing Professional Development (CPD) requirements during the performance review period. During each renewal cycle, the HCPC randomly selects 2.5% of registrants to submit their CPD profile. The HCPC provides guidance on its website for those who have been selected for audit.
- 13.2. In March 2026, the HCPC hosted its second annual CPD week, which highlighted the importance of CPD across all the professions it regulates, and included learning sessions on: CPD profiles and audits; professionalism and practice; communication and social media; Equality, Diversity and Inclusion; and scope of practice at advanced levels.

**Conclusion: The HCPC has proportionate requirements to satisfy itself that registrants continue to be fit to practise. We are satisfied that this Standard is met.**

# Fitness to Practise

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In this section:

**Standard 14** (anyone can raise a concern about a registrant)

**Standard 15** (timeliness of fitness to practise process)

**Standard 16** (fitness to practise decisions are fair and proportionate)

**Standard 17** (regulator identifies and prioritises cases posing a serious risk)

**Standard 18** (all parties involved in the process are supported)

## 14. The regulator enables anyone to raise a concern about a registrant.

- 14.1. The HCPC's ***Fitness to practise – Raising concerns webpage*** says anyone can raise a concern about a registrant's fitness to practise and provides information about the types of concerns the HCPC can (and cannot) investigate. The HCPC provides tailored guidance for different parties who make referrals, including for: members of the public or colleagues; employers of a HCPC registrant; and registrants referring themselves.
- 14.2. The HCPC received 3,049 referrals during 2025/26, an increase of 41% on the previous year and the fifth consecutive annual increase. The HCPC is working with other regulators to understand the reasons behind this trend, which is also affecting a number of other regulators we oversee. We saw evidence of the HCPC reallocating resource to manage the increased demand.

**Conclusion:** We have not seen any evidence from the data, received any concerns or other sources of information, to suggest that individuals have been unable to raise concerns with the HCPC about registrants. We are satisfied that this Standard is met.

## 15. The regulator's process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that appropriate evidence is available to support decision-makers to reach a fair decision that protects the public at each stage of the process.

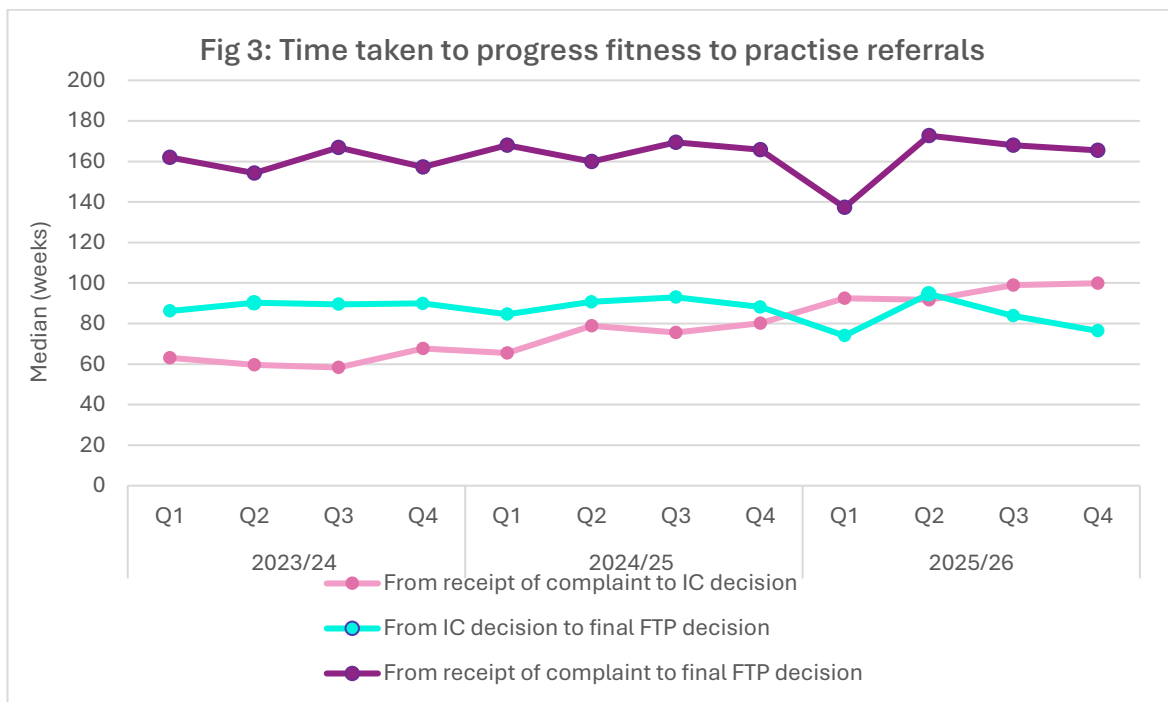
- 15.1. There are two aspects to this Standard: timeliness and investigation processes.

## What we heard from stakeholders

We received substantial and consistent feedback from registrants, complainants and other stakeholders highlighting significant delays within the HCPC’s FTP processes, including the impact lengthy delays can have on the wellbeing of registrants. Some recognised the HCPC’s efforts to address delays and improve processes, and welcomed the HCPC’s frontloading of investigations.

### Data on timeliness of investigations

- 15.2. Figure 3 shows that it is taking longer for cases to reach an investigating committee (IC) decision, indicating worsening timeliness at the early investigative stages. The other key timeliness measures are similar to last year but remain high.



- 15.3. The HCPC’s open caseload has increased from 3,053 at the end of 2024/25 to 4,318 (41%) this year, with the most significant increase in cases at the earliest stages of the FTP process. The number of open cases older than a year has increased again, from 1,505 at the end of 2024/25 to 2,399 at the end of 2025/26 (a 59% increase).

### Our audit findings

- 15.4. Our audit included a review of FTP cases closed between 1 April 2025 and 23 October 2025. Our sample comprised 24 cases closed under the HCPC’s Threshold Policy, 13 cases closed by the IC and five cases closed by the Conduct and Competence Committee.<sup>5</sup>

<sup>5</sup> We selected our sample from a list of 504 cases closed between 1 April 2025 and 23 October 2025.

15.5. We found that:

- There were avoidable, significant delays in 42% of cases. These delays often exceeded six weeks, and in some cases hundreds of working days, during which no meaningful case progression occurred despite the HCPC having the opportunity to act.
- The longest delays were most common in cases that progressed to IC, and it was at this stage where we saw the most significant and multiple periods of inactivity which impacted case progression.
- The most significant delays took place in 2024, or in the six months prior to the review period, although we also identified some delays within the review period itself.
- Some of the most significant delays could have impacted public protection and/or public confidence in the HCPC.
- Six out of seven internally frontloaded cases and three out of five externally frontloaded cases were progressed without delays.<sup>6</sup> This provides some assurance that the frontloading process has a positive impact on case progression. A low proportion of cases are currently frontloaded, but the HCPC is investing to scale up this process.
- Our audit findings correlated with the FTP data, and stakeholder feedback.

15.6. We considered the quality of investigations for cases closed against the threshold policy and by the IC. We considered that the HCPC gathered sufficient relevant information to reach an informed and reasonable decision in 86% of cases. The quality of HCPC investigations has improved since our 2022/23 audit, giving us assurance that performance against this part of the Standard has strengthened.

**Conclusion: The HCPC continues to take too long to progress FTP cases, and its open caseload has increased again this year. Our audit did identify some positive areas of case progression, particularly within the frontloading process, and we found that the quality of investigations improved. However, these improvements do not offset the scale or seriousness of the timeliness issues. We concluded that this Standard was not met. In accordance with our escalation policy, we have provided an update letter regarding our concerns to the Secretary of State for Health and Social Care and Health and Social Care Committee Chair.**

## **16. The regulator ensures that all decisions are made in accordance with its processes, are proportionate, consistent and fair, take account of the statutory objectives, the regulator's standards**

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<sup>6</sup> The HCPC outsources some of its caseload to external legal providers to progress. 'Frontloaded cases' means that evidence such as witness statements are obtained from the beginning of a case so that the case will be ready for a hearing if an IC determines that there is a case to answer. The HCPC has criteria which set out the types of cases which are suitable for 'frontloading.'

## and the relevant case law and prioritise patient and service user safety.

- 16.1. The HCPC uses a variety of controls to ensure the quality of its decision-making<sup>7</sup> including: training and guidance for staff and decision-makers; senior decision-makers' review of evidence against the threshold policy; management approval processes; and a Decision Review Group (DRG) to identify and share learning.
- 16.2. To support decision-makers, this year the HCPC consulted on and published its revised sanctions policy.<sup>8</sup> The policy provides expanded guidance and greater clarity for decision-makers in areas including discrimination, sexually motivated misconduct and professional boundaries.

### Our audit findings

- 16.3. In our audit, we reviewed decisions made at the initial stages of the process: decisions made against the threshold policy and decisions made by an IC:
  - Overall, we found no significant concerns with how the HCPC applied its threshold policy. In most cases, the decision-maker had access to information needed to make informed and reasonable decisions. We also saw instances where they sought additional information to assist decision-making, which were appropriate and proportionate lines of enquiry.
  - We had no significant concerns about how the IC applied the realistic prospect test in most cases reviewed. We saw occasions where the IC adjourned cases to obtain further information, demonstrating an appropriate and proportionate approach when additional information was needed to apply the realistic prospect test.
  - We considered that two of the 13 IC cases had been closed inappropriately, and we could not be assured that the outcomes in these cases were sufficient for public protection or to maintain public confidence in the HCPC. However, it is our view that these do not suggest a systemic issue with the IC's decision-making.
- 16.4. Our audit of closed cases provided generally high levels of assurance of the HCPC's decision-making at the initial stages of the FTP process. We did not have concerns about the outcome of 89% of the cases reviewed.

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<sup>7</sup> The HCPC has four distinct decision-making points within its FTP process: triage; threshold policy; IC; and final hearing (of a Conduct and Competence Panel or a Health Panel).

<sup>8</sup> [Sanctions policy](#)

## Appealing Fitness to Practise decisions (Section 29)

- 16.5. This year, our Section 29 reviews<sup>9</sup> identified some concerns about the HCPC's final FTP panel decisions. The HCPC notified us of 331 appealable decisions and we appealed six. Last year we appealed two cases. We identified good practice on one case and learning points on 25 cases. The HCPC engages with our feedback on decisions.
- 16.6. Although the number of appeals lodged against HCPC's final FTP panel decisions increased, it represents less than 2% of cases referred to us under our Section 29 process, which does not indicate a systemic issue with panel decision-making. We will, however, monitor this area closely.

**Conclusion: Most of the earlier stage decisions we reviewed in our audit were reasonable, and we were assured that the HCPC's controls appeared effective in ensuring appropriate decision-making. Whilst the number of appeals lodged under our Section 29 powers increased this year, appeals against HCPC final FTP panel decisions remained low in the context of the HCPC's overall final hearing caseload. We will monitor this area closely, but are satisfied that this Standard is met.**

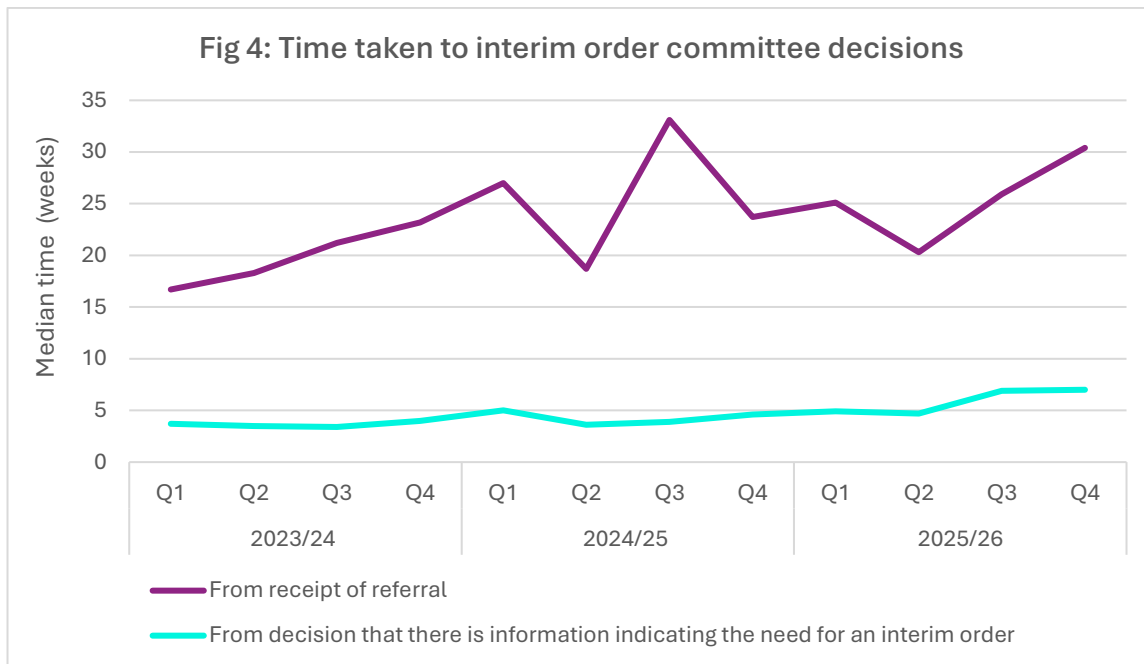
## 17. The regulator identifies and prioritises all cases which suggest a serious risk to the safety of patients or service users and seeks interim orders where appropriate.

### Timeliness of interim orders

- 17.1. As Figure 4 shows, the HCPC generally acts promptly when it receives information suggesting a risk to the public. Although it shows some quarterly fluctuations in the time taken from receipt of referral to interim order committee decision, this is to be expected as timings can be affected by external or third-party investigations, or when new information is received late in the process which increases the risk profile.

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<sup>9</sup> Each regulator we oversee has a 'fitness to practise' process for handling complaints about health and care professionals on its registers. The most serious cases are referred to formal hearings known as fitness to practise panels, tribunals or committees. We review every final decision made by the regulators' fitness to practise panels. If we consider that a decision poses a risk to public safety, does not maintain public trust and confidence, or uphold professional standards, we can refer it to the relevant Court for further consideration. We will only refer panel decisions to Court if there is no other effective way of protecting the public. Our power to review these decisions comes from **Section 29 of the NHS Reform and Health Care Professions Act 2002**. This is why we often use 'Section 29' as our shorthand when referring to this power.



17.2. The number of interim order applications made and the number granted has continued to increase, which appears to reflect the broader growth in the HCPC’s FTP caseload, with a higher volume of cases leading to more situations where an interim order application may be considered appropriate. However, the proportion of interim orders has not changed since last year, which suggests that although the overall number of cases increased, the relative share requiring interim orders has remained stable.

### Interim order review hearings

17.3. The HCPC’s legislation<sup>10</sup> requires the HCPC to review interim orders six months after the order is first imposed, and every three months thereafter, or sooner if new, relevant information becomes available. Registrants subject to interim orders are also able to request an early review of the order.

17.4. We received feedback from stakeholders and parties subject to interim orders who told us that the HCPC had not always adhered to the requirements of the legislation, and some interim order review hearings had been subject to delay.

17.5. Although a failure to review an interim order on time does not affect the order’s validity, failing to carry out reviews every six or three months as required means the HCPC may be vulnerable to legal challenge. The HCPC told us that, while it recognises that it has a statutory responsibility to review an interim order in accordance with the timings set out in the Order, there have been occasions when hearings have had to be cancelled or adjourned because of issues with panel member availability, or for reasons outside of its control. While this issue does not raise immediate public safety concerns, delays to interim order review hearings could be unfair to

<sup>10</sup> Article 31 of the Health Professions Order 2001

registrants subject to restrictions and also might leave the HCPC vulnerable to a judicial review.

### Our audit findings

- 17.6. Our audit sample comprised 30 out of 425 low-risk cases, six out of 41 medium-risk cases, and six out of 38 high-risk cases. Five of the six high-risk cases were subject to an interim order at the time they were closed during our review period. Our findings were mixed.
- 17.7. We saw evidence of risk assessments being completed and in most cases we were satisfied that the HCPC identified and managed risks appropriately, such as considering, or applying for, an interim order and progressing high-risk cases promptly. However, risk assessments were not always completed when they should have been, such as on receipt of new information. We identified unmanaged risks to the public in two cases, and considered that the timeliness of risk assessments, and consideration of risk factors affected the HCPC's ability to progress these cases to an interim order hearing in a timely way.

### Opportunities for improvement

We saw some examples of risk assessments being undertaken every eight weeks, however we considered that the HCPC's internal guidance was not clear as to whether this was expected. The HCPC's guidance should be clear about whether an eight-week risk assessment is expected, even where new information has not been received.

In most of the cases we reviewed, we considered the analysis of risk to be either a case summary or an overview of the evidence received. The HCPC's risk assessment guidance is clear that risk assessments should not be an overall summary of the case; while it should refer to evidence, it should also include a narrative as to why that evidence does not justify an interim order application. We recommend that further training on this could be provided to the FTP team.

**Conclusion:** Our audit highlighted that improvements are needed in the quality and timeliness of some of the HCPC's risk assessments, and that adherence to the HCPC's internal risk assessment guidance is not consistent across its caseload. However, our audit also provided assurance that, in most cases, the HCPC is identifying and prioritising serious cases appropriately. The data shows that the HCPC generally acts promptly when it identifies risk in cases. Whilst we have identified some areas for improvement, on balance we concluded that this Standard is met. Next year, we will monitor for evidence of improvements in the areas highlighted in our audit.

## 18. All parties to a complaint are supported to participate effectively in the process.

## Support for parties

18.1. Our previous decisions against this Standard have been finely balanced and the HCPC met this Standard last year because we had seen evidence of it embedding arrangements to support parties to participate effectively in the FTP process, including:

- A lay advocacy service to provide independent, lay advocacy for members of the public.
- A registrant support service to provide free, independent and confidential support and advice to registrants involved in the FTP process.
- Publishing factsheets and information about its FTP processes on its website.
- Updating the tone and content of letter and email templates to make them clear and accessible.
- Publishing guides to hearings and information about reasonable adjustments.

## Our audit findings

18.2. We identified concerns with customer service in the cases we audited, including:

- At the Threshold and IC stage, we saw significant and prolonged periods of no contact with case parties. There was limited evidence of proactive updates, and we saw examples of emails and queries from case parties going unanswered.
- We identified concerns where the HCPC failed to identify vulnerabilities and potential safeguarding concerns.

18.3. We saw some examples of good practice in relation to customer service, including signposting to support lines, providing clear decisions and information, and providing reasonable adjustments.

### What we heard from stakeholders

We were contacted by registrants and other individuals involved in the FTP process during this review period who raised concerns about the support and level of contact they had received from the HCPC. Many of these referenced significant periods of time with no contact from the HCPC, emails often going unanswered and the significant impact of case delays and poor case handling on mental wellbeing.

Some stakeholders welcomed the HCPC's wellbeing services but noted that communication from the HCPC was inconsistent and often inadequate. Another raised concerns about the poor responsiveness to telephone calls and emails. In response, the HCPC told us that it had introduced a new telephony system in October 2025, which it expects will improve the telephone responsiveness and oversight.

- 18.4. Our Section 29 review of final FTP panel decisions also identified the significant impact of prolonged FTP proceedings on registrants, and communication failures which may have disadvantaged registrants.
- 18.5. In response to our audit findings, the HCPC has committed to various actions to improve performance against this Standard, including additional resource, changes to processes, a review of guidance and training, and expanded quality assurance checks. We will monitor the impact of these changes in future performance reviews.

**Conclusion:** While the HCPC has taken steps to improve the support it provides to parties involved in the FTP process, our audit findings and other sources of evidence indicate a recurrent and systemic pattern of inconsistent communication and a lack of timely updates across much of the HCPC's caseload. As cases take longer to progress through the system, the HCPC needs to be more vigilant in relation to customer service. Poor communication, such as failing to provide updates on case progression, can compound the stress and harm caused by the process. This has been highlighted by the recently concluded National Institute for Health and Care Research funded *Witness to Harm* research project. We concluded that there was sufficient evidence, triangulated from multiple sources, to determine that this Standard was not met.

## Quick links/find out more

- [Find out more about our performance review process](#)
- [Read the HCPC's 2024/25 performance review](#)
- [Read our Standards of Good Regulation](#)
- [Read our new evidence framework for Standard 3](#)