

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. Our performance reviews are 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 [here](#).

This report covers the period 1 January 2021 – 31 March 2022.

Key findings

- The HCPC has met Standard 3, our Equality, Diversity and Inclusion (EDI) Standard, this year. It has worked actively to collect EDI data about its registrants leading to a significant increase in the level of EDI data it holds. We have seen examples of the work the HCPC does to promote EDI internally and externally. The HCPC has a clear commitment to EDI.
- The HCPC has improved engagement with professional bodies. We received positive feedback from stakeholders about the HCPC's willingness to engage, collaborate, and be open to feedback.
- In January 2022, following a successful pilot, the HCPC fully implemented its new model for quality assuring educational providers and programmes. The work of a service user expert within the process is intended to ensure that the patient voice is considered when decisions are made.
- We had no concerns about the time taken to process UK applications to join the register, however the HCPC did not process international applications to join the register quickly enough. The HCPC saw a significant increase in the number of applications it received, but it did not respond to the increase in international applications effectively and this had a serious impact on applicants. The lengthy time taken by the registration department to answer phone calls and emails also affected people's ability to obtain information about registration. We therefore determined that Registration Standard 11 was not met.
- The HCPC has made significant progress in delivering a number of projects designed to improve its fitness to practise processes following our serious concerns from our audit in 2020 about the quality and timeliness of this part of its work. We have seen evidence of improvement in case progression and decision-making. We will be auditing the process next year but, while acknowledging the work the HCPC has been doing, cannot yet say that the relevant fitness to practise Standards are met.

Standards met 2021-22



General Standards	5/5
Guidance and Standards	2/2
Education and Training	2/2
Registration	3/4
Fitness to Practise	1/5
Total	13/18

HCPC standards met 2019-21

2020/21	13/18
2019/20	13/18



297,515

**professionals on the register
as at 31 March 2022**

General Standards

The HCPC met all five General Standards this year.

These five Standards cover a range of areas including: providing accurate, accessible information; clarity of purpose; equality, diversity and inclusion; reporting on performance and addressing organisational concerns; and consultation and engagement with stakeholders to manage risk to the public.

Accuracy and accessibility of information

The HCPC continues to provide up to date information about its registrants, regulatory requirements, guidance, processes, and decisions through its website and social media.

Equality, diversity and inclusion

The HCPC continued to demonstrate a strong commitment to EDI. Last year, the HCPC failed this Standard because it held very little EDI data about its registrants.¹ There has been a major improvement since then and it now holds approximately 30% of complete EDI data about its registrants and 100% of registrant data on age and sex. This is enabling the HCPC to conduct analysis on registrants subject to fitness to practise complaints, which the HCPC will use to identify issues for further investigation and action.

The HCPC has continued its work to improve the diversity of its Council and staff through its Council Apprentice scheme and mentoring opportunities for underrepresented groups of staff.

The HCPC's EDI action plan is ambitious and sets out clearly the actions it will carry out to meet the objectives set out in its 2021-26 EDI Strategy.

We encourage the HCPC in their continued commitment to collecting EDI data about its registrants, to improve its understanding of patients and the public, and to conduct further analysis to understand the diversity of all the professions it regulates.

We will be reviewing our approach to assessing Standard 3 as part of the Authority's organisational EDI action plan 2022/23.²

Stakeholder engagement

Stakeholders have told us that they have seen a noticeable improvement in the way the HCPC engages with them. We received positive feedback from professional bodies about the HCPC's proactive and open approach. The HCPC consulted on a range of issues during the review period, reflected on the feedback it received and made changes to its proposals as a result.



“Leadership and staff of the HCPC have made good progress in improving the relationship and engagement with the professional bodies associated with their registrants... There is evidence that an improved service ethos is being led through all levels of the operations of the regulator”

Guidance and Standards

The HCPC met both Standards for Guidance and Standards this year.

There have been no changes to the HCPC's Standards of Conduct, Performance and Ethics (SCPE) during this performance review period.

The HCPC engaged extensively with stakeholders in developing its revised Standards of Proficiency (SOPs). Additional SOPs relate to promoting public health and preventing ill health, and the HCPC has significantly expanded the emphasis on EDI within the SOPs. We were pleased to see these additions. The revised SOPs were

approved by HCPC's Council in March 2022. We will monitor the implementation of the SOPs next year.

The HCPC published revised guidance on Health and Character in the review period. The HCPC made minor changes to the guidance following a consultation. We encourage the HCPC to look into applicants' experiences of using the guidance and will explore this with the HCPC next year.

We considered that guidance published by the HCPC adequately supported registrants to apply the Standards of Conduct, Performance and Ethics and the Standards of Proficiency.

Education and Training

The HCPC met both Standards for Education and Training this year.

During the review period, the HCPC increased the register entry requirements for Operating Department Practitioners (ODPs) from diploma to degree level, after an extensive public consultation. This reflects changes made to ODP practice and the increasingly complex roles ODPs play in the health and care system. Programmes delivered below degree level will not be able to take on any new students from 1 September 2024.

The changes made to the entry requirements for ODPs evidences the HCPC's commitment to keeping its standards for education and training up to date. However, changes in standards can impact on the number of individuals completing courses. We will be exploring how the HCPC will be assessing any potential impact of the change on the workforce in the coming years.

In January 2022, after a successful pilot, the HCPC fully implemented its new risk-based model for quality assuring education providers and programmes. The HCPC worked with education providers, professional bodies and stakeholders to develop the model and to ensure that they understood what was required of them.

The new process includes a new service user expert advisor role to consider how providers use service users in their programmes, and whether the provider's policies are set up to ensure this occurs. The HCPC is also using students' experiences to inform its assessments. We were pleased to see that service user and student views are being incorporated in the quality assurance mechanism.

Registration

The HCPC met three of four Standards for Registration this year. The HCPC met Standards 10, 12 and 13 and did not meet Standard 11.³

Accuracy of the HCPC's Register

We checked a random sample of register entries to see whether the entry reflected the outcome of fitness to practise hearings concluded during the review period. We found no errors and have seen no other evidence to suggest that there are inaccuracies on the HCPC's register.

The HCPC's Covid-19 temporary register continued to be active during the review period and continues to work effectively.

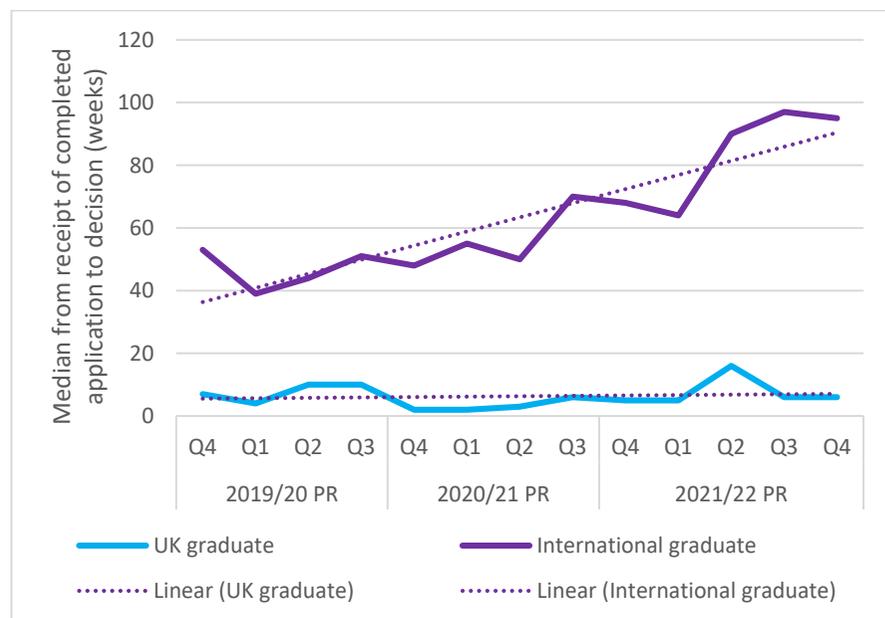
Contacting the Registration Department

Some people had difficulty contacting the HCPC's registration department. We considered this further as we were concerned that people may have been unable to obtain information about HCPC registrants or regulatory requirements.

The registration department received a significant increase in the number of telephone and email enquiries which led to delayed responses. The HCPC took action to respond to the issues, which resulted in improvements.

Time taken to process applications for registration

Figure 1: Median time taken to process applications



Last year, we reported that it had taken longer for the HCPC to process applications to join the register from international applicants. We have continued to receive concerns from international applicants and professional bodies about the length of time taken to process international applications.

We have no concerns with the time taken for the HCPC to process UK applications.

Figure 1 shows that the time taken to process international applications increased significantly during the review period.

The median has been increasing over the last three years and we concluded that the increase cannot solely be attributed to the impact of the pandemic. We understand the median is calculated from receipt of assessment fee and education information up to the time when a first decision is made by a registration assessor. This decision could be that further information, a test or a period of adjustment is required,

or approval and registration. Therefore, the data may not always cover the full time it takes the HCPC to process an application.

Between January and December 2021, the number of international applications to join the HCPC register increased by 26% when compared to the same period in 2019 (and accounting for the removal of social workers from the HCPC's register). We used 2019 as a comparison because we wanted to compare the number of international applications received by the HCPC with pre-pandemic levels. The HCPC also experienced an increase in the number of UK applications.

The HCPC recognised that it was taking too long to process international applications and it increased its office-based resources to undertake the manual aspects of the registration process. In March 2022, the HCPC piloted an online registration portal for international applications which was successful. This was rolled out fully in April 2022 and should have a positive impact on processing times.

Renewing registration and registration appeals

We received some concerns about applications to renew registration during August 2021 and noted delays at this time. However, the HCPC has processes in place to ensure that applications to renew registration are progressed as quickly as possible if delays arise, and it put in place additional measures when it became aware of the problem.

In May 2022, we received some concerns about the number of Physiotherapists who had not, or who had been unable to, renew their registration with the HCPC. As this falls outside the review period, we have not considered this or the HCPC's response in detail. We will be engaging with the HCPC and its stakeholders to better understand these concerns and the HCPC's response as part of our 2022/23 review.

We had no concerns about how the HCPC had been processing registration appeals during the review period.

The HCPC received an increase in international applications at a challenging time, which stretched its registration processes and productivity. However, the HCPC has not responded to this increase effectively and we considered that this was serious, given that the delays could seriously affect applicants and aggravate workforce shortages in the NHS. We therefore determined that Standard 11 was not met.

Concerns about an international qualification

At the end of the review period, the HCPC publicly reported that it had undertaken a review of a qualification delivered outside the UK and completed by a small number of paramedics who achieved HCPC registration via its international application route. The concerns raised were that the qualification may not satisfy all the requirements of the HCPC's Standards of Proficiency for Paramedics. This has affected a small number of registered Paramedics. We have been engaging with the HCPC about this and will consider this in more detail next year.

Misuse of title

The number of open cases relating to non-registrants misusing a protected title or undertaking a protected act increased this year. The HCPC provided us with examples of the types of cases it had received and how it was progressing them. We were assured that the HCPC was managing the risks of these cases appropriately and that it has plans in place to address the backlog of these cases.

We received some concerns around the use of the term 'psychologist' by certain individuals providing expert evidence to the family courts.⁴ The HCPC has been engaging with stakeholders about this. These issues are complex, and we will keep them under review.

Continuing Professional Development (CPD)

We considered the HCPC's CPD requirements and CPD audits for registrants and registrant panel members who consider fitness to

practise hearings and were satisfied that the HCPC's processes for checking CPD were appropriate.

Fitness to Practise

The HCPC met one of five Standards for Fitness to Practise. The HCPC met Standard 14 and did not meet Standards 15, 16, 17 and 18.

HCPC improvement programme

We have reported on our concerns about the HCPC's performance against our Fitness to Practice Standards for a number of years. Last year, the HCPC accelerated its fitness to practice improvement programme to address these.

In this performance review period, the HCPC completed 16 projects designed to improve timeliness, decision-making, risk assessments and the way parties are supported to participate in the process. Projects included creating and embedding a new:

- Case Management System (CMS)
- risk assessment tool
- case plan; and
- introducing legally qualified Investigating Committee Panel (ICP) Chairs and targeted fitness to practise Panel member training.

We have been impressed by the commitment of the HCPC to improving its processes and by the number of projects delivered.

We did not fully assess the impact of the projects during this review period as it will take time for changes to be embedded. Although we have seen evidence of improvement in some areas of the HCPC's fitness to practise processes, we agreed with the HCPC that an audit of closed cases would not yet show sufficient impact if completed this review period.

The HCPC has appropriate processes and guidance in place to enable individuals to raise concerns about its registrants. The number of concerns received by the HCPC increased during this review period. This was to be expected as the impact of the Covid-19 pandemic changed, and restrictions were eased.

To improve the quality and timeliness of its investigations, the HCPC introduced case plans to support staff to take a more strategic view of the investigation.

The HCPC has piloted ‘front-loaded’ investigations. This means that all relevant evidence will have been collected before the case is considered by the ICP when deciding whether a case should proceed. At present, the ICP makes a decision before all the evidence is gathered. The change should improve the quality of decisions at ICP, and reduce the time taken for cases to reach a final hearing. The HCPC received positive feedback about the quality of ‘front-loaded’ investigations and some cases piloted reached the final hearing stage approximately three months faster than those under the HCPC’s standard process.

If properly implemented, these process changes should lead to improved investigations, decision-making and timeliness.

Time taken to progress cases

We received feedback from individuals and professional bodies about delays in fitness to practise investigations and updates provided to parties. We considered the data available to us which showed that during the review period:

- ▶ The time taken for the HCPC to progress cases at the beginning of the process (receipt to ICP decision) improved
- ▶ The time taken for the HCPC to progress cases at the latter stages of the process (ICP to final hearing) increased
- ▶ The time taken for the HCPC to complete cases overall (receipt to final hearing) increased, but there is evidence of improvement at the end of the review period.

Figure 2: Median time taken to process cases through the fitness to practise process

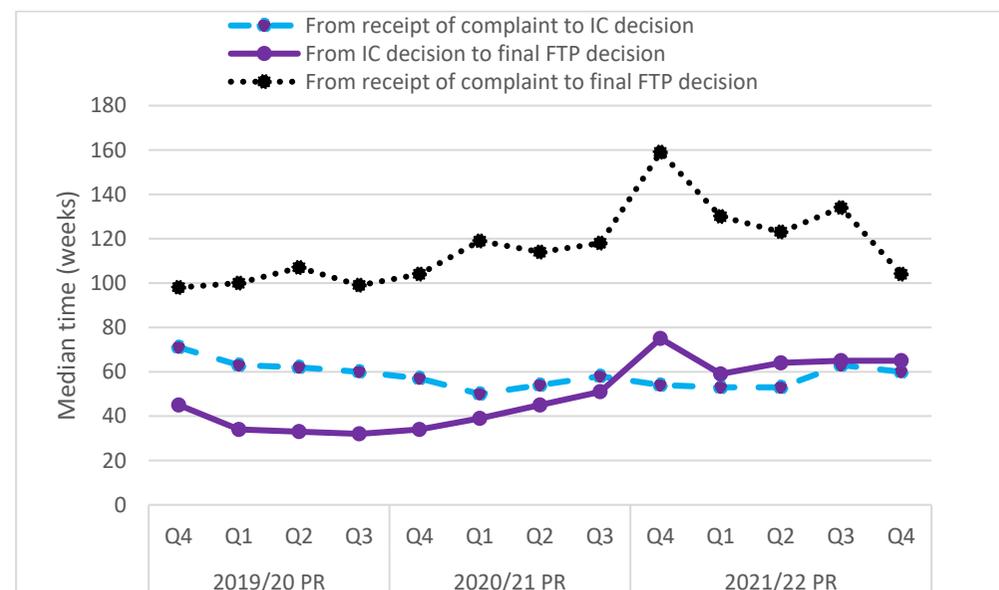


Figure 2 shows that the HCPC’s performance against our timeliness measures has not been significantly affected by the changes the HCPC made to its fitness to practise process. This is positive as the level of change could have reduced productivity and delayed case progression. However, the time taken to complete cases overall is still too long.

The HCPC undertook some activity to improve the age profile of its case load. However, the data we have seen suggests that the number of open cases over 52 weeks has steadily increased during the review period. The HCPC progressed a number of its oldest cases which were affected by the pandemic during the review period. This will have affected the median time taken for cases to progress from receipt to final hearing.

Quality of decision-making

To improve the quality of decision-making, the HCPC introduced Senior Decision Makers (SDMs) and legally qualified ICP Chairs. We reported on the role of the SDMs last year. In April 2021, legally

qualified ICP Chairs were introduced. The HCPC monitored the impact of the Chairs and reported an improvement in the quality of decisions made at ICP, the level of detail and rationale for decisions made.

Targeted training was also provided to all panel Chairs and Legal Assessors in April 2021, focusing on the quality of panel determinations.

We have seen a noticeable improvement in the quality of panel decision-making in the cases we have reviewed when considering whether those decisions are sufficient to protect the public.

Assessing risk

In June 2021, the HCPC implemented a new risk assessment tool, with updated guidance. This should lead to improvements and address our concerns with the quality and timeliness of risk assessments.

The time taken for the HCPC to apply for an interim order from receipt of a case fluctuated due to external factors, but we are assured by the evidence we have seen that the HCPC acts quickly once the need for an interim order is identified.

Support provided to parties

We have previously been concerned about delays in communicating with parties and parties not being supported. During the review period, the HCPC has begun work to support people to participate effectively in the fitness to practise process.

HCPC staff have undergone training in ‘becoming a compassionate regulator’, customer service and stakeholder support, and the use of case plans which include a stakeholder communication plan.

The HCPC will be undertaking a tone of voice review of its documentation and developing a registrant support line for those involved in the fitness to practise process.

Feedback from individuals and stakeholders, however, suggests that there have continued to be delays in receiving correspondence and parties have had difficulties obtaining information from case managers.

One stakeholder told us that the HCPC sent out significant correspondence in the week preceding Christmas. We explored this with the HCPC and were assured that it balanced its regulatory requirements with the wellbeing of its registrants, and its processes are consistent with other health and care regulators. We encourage the HCPC to consider how it times sensitive correspondence to parties.

The HCPC has done a significant amount of work embedding changes to its fitness to practise processes during this review period. Although we have seen some evidence of improvement, we cannot yet comment on the effectiveness of the projects and fully assess whether these initiatives have led to improved performance. Next year, we will assess in detail the impact of the HCPC’s improvement programme to see how this has affected performance in fitness to practise. For this year, however, Standards 15, 16, 17 and 18 are not met.



“There has been a noticeable recent improvement in collaborative working, e.g., the HCPC are more amenable to suggestions from Professional Bodies. For example, making changes to the tone and language within paperwork/communications to registrants, open to understanding of the impact that their communications can have on registrants”

The HCPC regulates 15 allied health professionals, these are:

Arts Therapists
Biomedical scientists
Chiropodists/Podiatrists
Clinical Scientists
Dieticians
Hearing Aid Dispensers
Occupational Therapists
Operation Department Practitioners
Orthoptists
Paramedics
Physiotherapists
Practitioner Psychologists
Prosthetists/Orthotists
Radiographers
Speech & Language Therapists



Quick links/find out more

- ▶ Find out more about our performance review process
- ▶ Read the HCPC's 2020/21 performance review
- ▶ Read our Standards of Good Regulation

¹ Standard 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.

² [www.professionalstandards.org.uk/docs/default-source/psa-policies-and-procedures/staff-policies/professional-standards-authority-edi-action-plan-\(april-2022\).pdf?sfvrsn=e2944b20_4](https://www.professionalstandards.org.uk/docs/default-source/psa-policies-and-procedures/staff-policies/professional-standards-authority-edi-action-plan-(april-2022).pdf?sfvrsn=e2944b20_4)

³ Standard 11: The process for registration, including appeals, operates proportionately, fairly and efficiently, with decisions clearly explained.

⁴ The professions regulated by the HCPC have one or more designated titles that are protected by law. The title 'practitioner psychologist', and several other modalities are protected and can only be used by HCPC registrants. The title 'psychologist' is not protected and individuals using this term are not required to be registered by the HCPC.