

This monitoring report covers the period 1 April 2023 to 31 March 2024. You can find out more about our performance review process at the end of our [report](#).

Key findings

- The HCPC continues to meet Standard 3, our Equality, Diversity and Inclusion (EDI) Standard. We have seen the HCPC build on the EDI data it holds about its registrants and it has started to use the data to understand the characteristics of those within its fitness to practise (FTP) process. The HCPC seeks and acts on feedback from a diverse range of stakeholders, and we commend its work in including a diverse range of voices in its consultation on the revised standards of conduct, performance and ethics (SCPEs)
- The HCPC has updated its standards of proficiency (effective from 1 September 2023), and its standards of conduct, performance and ethics (effective from 1 September 2024). We are satisfied that the HCPC maintains up-to-date standards for registrants which prioritise patient and service user care and safety.
- The HCPC continued to embed a number of projects designed to improve its FTP processes. Despite this, it is still taking too long to progress cases to a final Fitness to Practise Committee decision, and the HCPC has therefore again not met Standard 15.
- We identified weaknesses in the HCPC's oversight of cases handled by its external legal providers. As a result, a registrant had been able to practise for three months after they had been charged with a serious offence against a patient, exposing the public to serious risk. We concluded that Standard 17 was not met.
- Although we received mixed feedback from stakeholders regarding the support provided to parties involved in the FTP process, there was enough evidence of improvement this year for us to conclude that Standard 18 is met.

Standards met 2023/24



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
Total	16 out of 18

HCPC standards met 2020-23

2022/23	16
2021/22	13
2020/21	14



339,282

professionals on the register
(as at 31 March 2024)

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.

The HCPC performed strongly against all five General Standards this year. Our report focuses on Standard 3 because we have used a new approach to assessing the regulators against this Standard. More information is available in our [guidance document](#).

Our assessment of the HCPC's performance against Standard 3

As part of our new approach, we have broken down the Standard into four separate outcomes. For a regulator to meet the Standard, we would 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 EDI across its regulatory activities

The HCPC has clearly defined governance, structures and processes in place to embed EDI across all its regulatory functions. It has an action plan to implement its EDI Strategy 2021-26 and reports on progress each year. There are clear processes to ensure that EDI is considered by the Executive Leadership Team and HCPC's Council, including using equality impact assessments in advance of major policy changes. The HCPC collects data on its decision makers, and we have seen evidence in the HCPC's annual and Partner reports that

it analyses the data it holds to understand the diversity of its decision makers.

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

The HCPC recently revised its standards of proficiency (SOPs) and standards of conduct, performance and ethics (SCPEs), which now both have a greater focus on EDI. They are designed to ensure that registrants are equipped to provide appropriate care to all patients and service users, including a requirement to challenge discrimination and to recognise the impact of culture, equality and diversity on practice. The HCPC has provided registrants with relevant material in a number of formats including factsheets, webinars and social media posts. Although the HCPC does not publish specific standards for students, its standards of education and training (SETs) require that learners must meet the SOPs and the expectations set out in the SCPEs. The HCPC will soon be starting the process of reviewing the SETs and has committed to strengthening EDI requirements within them.

Opportunity for Improvement

The HCPC does not require registrants to demonstrate learning and development relating to EDI through its Continuing Professional Development (CPD) requirements. We encourage the HCPC to consider how it could support registrants to improve their knowledge and skills relating to EDI through CPD.

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

The HCPC has complete EDI data for 97% of registrants it regulates. The HCPC used this data to understand more about the profile of

registrants who find themselves in the fitness to practise (FTP) process and it published some basic analysis in terms of age, race and ethnicity. The HCPC intends to undertake detailed analysis and regular reporting across all its regulatory activities in the future. The HCPC did not collect EDI data on FTP complainants during the review period, but it is developing an online FTP concerns portal which will allow for the collection of EDI data for members of the public who raise FTP concerns. This will allow the HCPC to conduct more in-depth analysis and to consider further what other actions it can take to reduce barriers and ensure fairness.

We found that most of the HCPC's internal FTP guidance and policy documents addressed allegations involving discrimination, however the guidance for Investigating Committee Panel members did not reference these types of cases.

Opportunity for Improvement

Although we saw no evidence that the HCPC failed to identify or impose sanctions appropriately in cases involving allegations of racist or discriminatory behaviour, we encourage the HCPC to consider strengthening its guidance for staff and FTP decision makers to ensure that all its FTP guidance address allegations of this kind.

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

The HCPC engaged extensively with internal and external EDI forums and presented on its work in this area at several conferences during the review period.

Good Practice

The HCPC actively sought and acted on feedback from a diverse range of stakeholders during the review period. We commend its work on ensuring that a range of diverse voices contributed to the consultation on the revised SCPEs, including engaging with patient groups and developing post-consultation groups. These groups, made up of individuals who may be impacted by the revised standards because of their race, nationality, age, or disability, are working to ensure that the standards, guidance and explanatory material are accessible, well-structured and relevant.

The HCPC also engaged extensively with AbleOTUK¹ on several initiatives resulting in changes across multiple processes, including:

- separating health questions from character declaration questions for applicants and registrants.
- improving the wording on the online application form to ensure that the meaning and intention of the declarations are clear to applicants.
- triaging health declarations to prevent managed conditions automatically entering the FTP process.

The HCPC's performance against this outcome could have been further strengthened by demonstrating how it applies external research findings to its work. However, we were generally satisfied that the HCPC engaged and influenced others to advance EDI issues and is working to reduce unfair differential outcomes.

The HCPC generally performed well against each outcome statement. Although we have highlighted some opportunities for improvement, we determined that on balance these did not impact on the HCPC's overall performance against the Standard, and we were satisfied that Standard 3 is met.

Guidance and Standards

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

The HCPC's revised SOPs came into effect on 1 September 2023. The HCPC promoted the updated standards via its website, social media channels and through holding online #myhpcstandards sessions, which were designed to support registrants to understand and achieve the updated standards of proficiency.

One of the changes made to the SOPs included emphasising the importance of registrants looking after their own mental health and seeking help where necessary to maintain their FTP. We received some feedback that the change might lead to employers inappropriately referring health issues to the HCPC as FTP concerns. We note that the HCPC has relevant guidance for registrants on managing their health and wellbeing, and we recommend the HCPC monitors the type of referrals it receives in light of the changes made to the SOPs.

The HCPC consulted on revisions to its SCPEs during the review period. We supported the stronger requirements relating to discrimination, professional boundaries, communication, social media use and raising concerns about bullying and intimidation. The revised standards come into effect on 1 September 2024. We will monitor the implementation of the SCPEs next year.

We were satisfied that guidance published by the HCPC, particularly the new social media guidance (effective from 1 September 2024), adequately supported registrants to apply the SCPEs and the SOPs.

Education and Training

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

There have been no changes to the HCPC's SETs this year. The HCPC will be starting a review of the SETs in 2024. We saw no evidence to indicate the current SETs have become out of date and we will monitor the review next year.

The HCPC has a transparent, risk-based mechanism for quality assuring education and training providers. The HCPC continued to refine and streamline its processes since implementing its risk-based quality assurance approach in 2021 and we did not receive any concerns.

One stakeholder told us:



“We have had a very positive experience as we went through our scheduled [education provider] performance review, in terms of discussions, feedback and support.”

Stakeholder feedback

Registration

The HCPC met all four Standards for Registration this year.

Accuracy of the Register

The HCPC continued to publish an accurate register and to process registration applications efficiently. Although the number of international applications remained high, the HCPC has been able to

maintain its processing and assessment times. The HCPC has also started checking documents submitted during the international application process for plagiarism.

Internationally qualified registrants

We received some concerns about whether internationally trained registrants were able to meet the standards of proficiency for operating department practitioners. The HCPC told us that its assessment of international qualifications and experience is based on comparability rather than equivalence, and where concerns have been raised about qualifications from specific countries, the HCPC has reviewed applications and its assessments and found no systemic issues. The HCPC also told us that it undertook an analysis of fitness to practise referrals which found that it is less likely to receive a complaint against an internationally trained registrant than against a UK trained registrant.

To support internationally trained and newly registered registrants, the HCPC developed and published Principles on Preceptorship and delivered webinars on joining the UK workforce. It also worked with employers to ensure that newly registered international registrants were supported and consulted on changes to its English language requirements.

Protection of title

During the review period the HCPC developed a risk-based approach to managing protection of title (POT) cases, to ensure that lower risk cases can be resolved more quickly and that its efforts focused on progressing more complex, higher risk cases. Cases will be managed via a defined pathway, depending on the risk and complexity of a case. Cases can be concluded with no further action, an information pack, seeking an informal resolution or undertaking a formal case review.

We discussed the changes with the HCPC and obtained information about the controls in place to ensure public protection was being maintained, and that consistent and high-quality decisions were being made. We are satisfied that the changes are proportionate and that the HCPC considered the risk of harm to the public and public confidence when developing the changes. We will monitor the impact of these changes in future performance reviews.

Continuing Professional Development (CPD)

There have been no changes to the HCPC's requirements regarding CPD. The HCPC continued to provide guidance to registrants on the completion of CPD profiles, and published data regarding the outcome of recent CPD audits.

Fitness to Practise

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

HCPC improvement programme

We have previously reported on the HCPC's FTP improvement programme, and on the improved quality of decision-making and risk assessments.

During this review period, the HCPC continued to embed changes made to FTP processes, with a specific focus on improving the support available for those involved in cases.

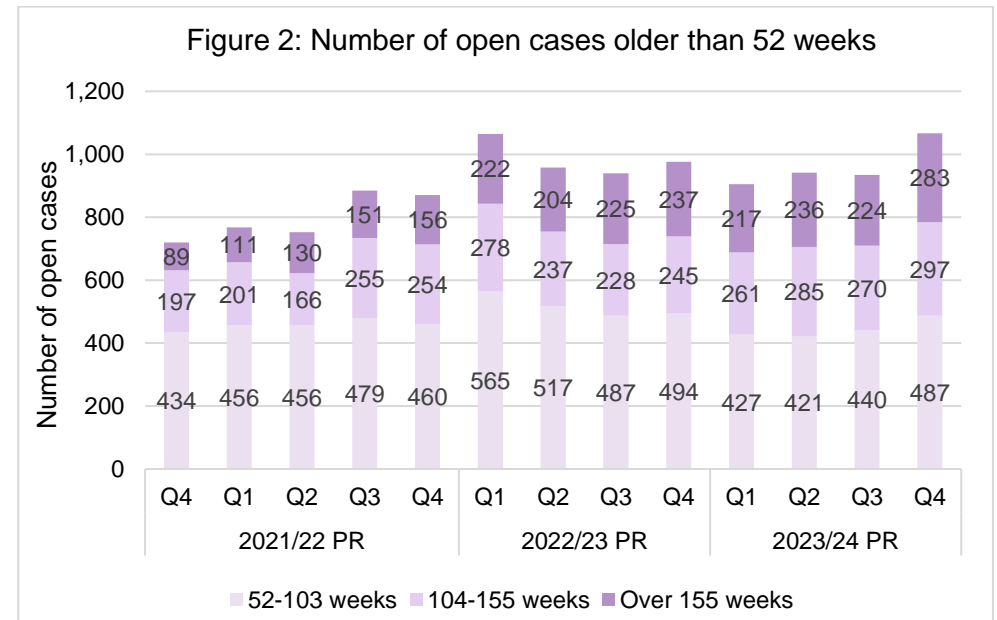
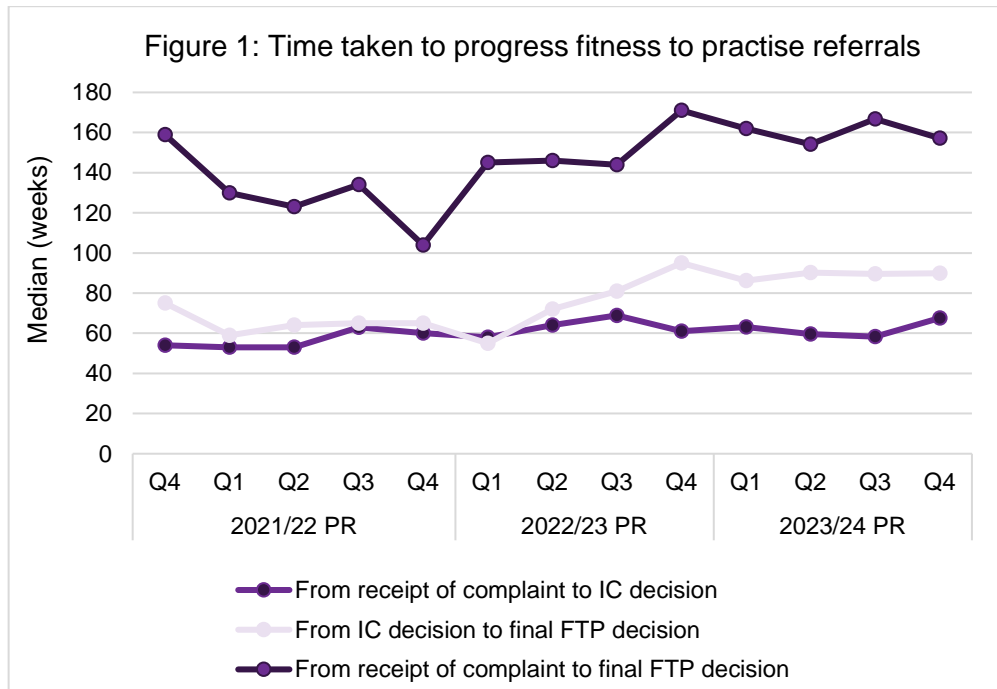
The HCPC has appropriate processes, and guidance to enable people to raise concerns about its registrants. The number of concerns received by the HCPC increased for the third consecutive year; the HCPC has told us that there is no apparent trend or reason for the increase but that it is monitoring this closely.

Timeliness of fitness to practise investigations

The HCPC has not met the Standard relating to timeliness of investigations for eight years. Last year, we started to see some evidence that the measures designed to improve the quality and timeliness of investigations were starting to take effect.

Figure 1 shows that the HCPC is still taking too long to progress cases to a final FTP Committee decision. And, as Figure 2 shows, the number of open older cases has increased in 2023/24; this will tend to increase the median figures in future quarters when they are closed.

We continued to receive feedback from stakeholders about delays within the HCPC's fitness to practise processes and the HCPC recognises that there is still more to do to improve the timeliness of its investigations and reduce the age profile of cases.



We saw some weaknesses in the quality of the HCPC's investigations in our audit last year. This year, the HCPC continued to monitor compliance with its case planning best practice standard, an internal measure of case quality, and the data presented to its Council suggests that there had been an improvement against this measure since our last audit; this provided some assurance about the quality of investigations, but, since we have not carried out an audit this year, we cannot say whether all our previous concerns have been resolved.

Although the evidence suggested that some of the HCPC's improvement initiatives had a positive effect we concluded that investigations were still taking too long and that the HCPC did not meet Standard 15.

Managing risk

Last year we audited the HCPC's approach to risk assessments and determined that the HCPC had met Standard 17. Our assessment was finely balanced as we saw some examples of the HCPC not conducting risk assessments to its best practice standard, but our audit provided us with assurance that the HCPC had improved the way it identified and prioritised high-risk cases.

There have been no changes to the HCPC's risk assessment processes this year and the HCPC's quality assurance activities and interim order data provide some assurance that cases being investigated internally are mostly being managed in accordance with the HCPC's internal guidance. During this review period, the HCPC has consistently exceeded the target it has set itself regarding the quality of risk assessments it has conducted on cases managed internally.

However, we did identify weaknesses in the HCPC's oversight of cases handled by its external legal providers, which made up approximately 27 per cent of the HCPC's caseload during the review period. We were contacted by a member of the public who told us that a HCPC registrant had been able to practise for three months after they had been charged with a serious offence against a patient. The external legal provider had not followed the process set by the HCPC to apply for an interim order at the point of charging, and the HCPC had not identified this error despite having a number of controls in place to do so, and despite being told several times by a member of the public that the registrant was still practising. As a result of these failures, for which the HCPC is ultimately responsible, the public had been unnecessarily exposed to serious risk over a number of months.

We considered this information in the context of other evidence available to us and reflected on our previous audit findings, interim order data and the HCPC's internal quality assurance data. Our decision was carefully balanced but, because the failures in the

HCPC's controls in this case were so serious, and had a direct impact on public protection, we concluded that Standard 17 is not met.

In light of this incident, the HCPC has put further controls in place over cases it outsources to its external legal providers. These were put in place after the end of this review period, and we will closely monitor how effectively the HCPC oversees the cases it outsources to ensure the public is protected.

Support provided to parties

In previous performance reviews we set out our concerns about the level of support the HCPC provided to parties in the FTP process, including lack of updates, delays in communications, failure to respond to emails and inaccurate information in correspondence.

Last year, we undertook an audit to assess whether there had been any improvements to the support offered to parties. We identified some improvements with the tone of correspondence, but we saw issues such as parties not routinely being provided with case updates, delays in communications, limited responses to request for case updates, and witnesses or employers not being informed of the case outcome – which we consider good practice.

During this review period, the HCPC took further steps to improve the level of support offered to parties to enable them to participate effectively in the process, including:

- ▶ Introducing a lay advocacy service to provide independent, lay advocacy for members of the public.
- ▶ Working with Communicourt to provide an intermediary service for registrants and witnesses with communication needs to participate in hearings.
- ▶ Introducing a registrant support service in conjunction with CiC, to provide free, independent and confidential support and advice to registrants involved in the FTP process.

- Updating the tone and content of letter and email templates to make sure they are clear and accessible, and that parties are provided with relevant information at the right stage of the process.
- Developing factsheets explaining each stage of the FTP process.

To improve the timeliness and frequency of updates provided to parties involved in the process, the HCPC updated its internal guidance to set out its expectations to staff in this area. It also introduced an internal quality assurance measure to make sure that management has sufficient oversight of compliance with the guidance, and to identify opportunities for learning and improvement. The HCPC shared its quality assurance data with us, which indicates that there has been improvement in the timeliness and frequency of updates provided to parties. The HCPC also shared with us data which showed there had been a drop in complaints about communication which provided us with additional assurance that performance had improved in this area.

We received mixed feedback from stakeholders, and it is clear that some stakeholders remain unhappy in terms of the HCPC's performance responding to phone calls and emails in particular.

Our decision in relation to Standard 18, which speaks to the support provided to parties involved in the FTP process, was finely balanced. We note the work the HCPC has undertaken to address the concerns we previously identified, which appears to be appropriate and effective; there was enough evidence of positive impact of these improvements for us to conclude that the Standard is met. We will continue to monitor closely the HCPC's performance against this Standard.

The HCPC regulates 15 health professions:

- ▶ Arts therapists
- ▶ Biomedical scientists
- ▶ Chiropodists/podiatrists
- ▶ Clinical scientists
- ▶ Dieticians
- ▶ Hearing aid dispensers
- ▶ Occupational therapists
- ▶ Operating department practitioners
- ▶ Orthoptists
- ▶ Paramedics
- ▶ Physiotherapists
- ▶ Practitioner psychologists
- ▶ Prosthetists/orthotists
- ▶ Radiographers
- ▶ Speech and language therapists

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 that we are satisfied, from the evidence we have seen, that a regulator is performing well in that area. It does not mean there is no room for improvement. Where we identify areas for improvement, we pay particular attention to them as we continue to monitor the performance

of the regulator. Similarly, finding that a regulator has met all of the Standards does not mean perfection. Rather, it signifies good performance in the 18 areas we assess.

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](#). 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.



Quick links/find out more

- ▶ [Find out more about our performance review process](#)
- ▶ [Read the HCPC's 2022/23 performance review](#)
- ▶ [Read our Standards of Good Regulation](#)
- ▶ [Read our new evidence framework for Standard 3](#)

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¹ AbleOTUK is an Occupational Therapy Network/Advocacy Group for practitioners, students, researchers, educators and people with disabilities/long term health conditions. It develops resources in a range of topics such as disclosure and supporting OT colleagues with a disability/health condition.