

# Health and Care Professions Council

Performance Review  
Periodic review 2022/23

# Health and Care Professions Council

## Performance review report 2022/23

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## About our performance reviews

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 performance review process on our website.

This is a periodic review report on the Health and Care Professions Council (HCPC) and covers 1 April 2022 to 31 March 2023.

## About the HCPC

The HCPC regulates the practice of 15 allied health professions in the United Kingdom. It has **320,594 professionals** on its register (as at 31 March 2023).

## About the HCPC's performance for 2022/23

For this review, the HCPC met 16 out of 18 of our Standards of Good Regulation. These Standards provide the benchmark against which we review performance. Meeting or not meeting a Standard is not the full story about how a regulator is performing. Our report provides more detail about the HCPC's performance this year.

Standards of Good Regulation met 2022/23		
	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
	<b>Total met</b>	<b>16 out of 18</b>
	<b>Standards met 2020-22</b>	
	2021/22	13 out of 18
	2020/21	14 out of 18

## Key findings

### Fitness to practise

We have previously had significant concerns about the HCPC's fitness to practise systems. Since January 2021, the HCPC has accelerated its fitness to practise improvement programme to address our concerns, covering investigations, decision-making, interim orders and support provided to parties involved in proceedings. We have seen improvements in decision-making across all stages of the fitness to practise process, and in risk assessments. We recognise the work that has gone into making these improvements and are pleased to report that the HCPC has met Standards 16 and 17 this year and has again met Standard 14. We have seen some improvements in the quality of investigations and support provided to parties, but we were not fully assured that the concerns we had previously identified in these areas had been fully mitigated. We also continue to be concerned about the time the HCPC is taking to progress cases through its fitness to practise system. The HCPC has therefore not met Standards 15 and 18 this year. We will continue to monitor the HCPC's ongoing programme of improvement.

### Registration processing times

Last year, we were concerned with the length of time it was taking the HCPC to process international applications for registration. To improve services, the HCPC made a number of changes to its registration processes which has led to an improvement in the time taken to process international applications. We commend the HCPC's work in this area, particularly as the number of international applications it received during this review period increased significantly. The HCPC has therefore met Standard 11 for registration this year. We encourage the HCPC to continue to improve its processes and the services provided to applicants.

## General Standards

### 1

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

- 1.1 The HCPC continues to publish information about its role, regulatory requirements, guidance, and activities. The HCPC has been working with other health and care regulators to understand the implications of the Welsh Language Standards Regulations 2022 and has been engaging with the Welsh Language Commissioner regarding compliance with the Regulations. It continues to make the information it publishes available in Welsh and other languages and formats so that it is accessible.

### Conclusion

The HCPC continues to provide information about its registrants, regulatory requirements, guidance, processes and decisions which is accurate and accessible. We are satisfied that 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 Corporate Strategy 2021-2026 states that its purpose is 'to promote excellence in the professions we regulate and champion high-quality care that the public can access safely and with confidence'. The Strategy sets out three core activities: regulation; learning; and preventative action. Public protection is at the centre of these activities. It has six priority areas of work: continuously improve and innovate; promote high quality professional practice; develop insight and exert influence; be visible; engaged and informed; build a resilient, healthy, capable, and sustainable organisation and promote the value of regulation. The 2022/23 Corporate Plan set out the key projects, activities, and milestones under these priority areas.
- 2.2 We noted some examples of the HCPC carrying out work in a way that demonstrated a clear focus on public protection this year:
- Launching revised Standards of Proficiency for all HCPC regulated professions which better reflect current practice.
  - Delivering 'mystandards' events and webinars to registrants to help them meet relevant Standards of Proficiency.
  - Increasing support via its Professional Liaison Service to move towards a more upstream, preventative approach to regulation.

## Conclusion

The HCPC is clear about its purpose and continues to focus its activities on 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 The HCPC's vision, as set out in its Equality, Diversity and Inclusion Strategy 2021-26, is 'to be recognised as an actively anti-discriminatory organisation that upholds and promotes best practice in equality, diversity and inclusion and an active ally for change'. During this review period we have seen the HCPC demonstrate its commitment to Equality, Diversity and Inclusion (EDI) issues in a number of ways, including:
- Revising its approach to Council appointments and continuing to promote and recruit to its registrant Council apprenticeship scheme. This scheme has led to apprentices gaining positions on Boards and other non-executive roles.
  - Delivering 'Joining the UK workforce' programmes to support international registrants make the transition into UK practice.
  - Producing Equality Impact Assessments as part of its public consultations on preceptorships and changes to its fees.
  - Providing training on EDI legislation, bias and decision making to its Council. The HCPC has also committed to developing guidance for its decision-makers, including for its Council, on how best to consider EDI in decision making.

### EDI data

- 3.2 Improving the quality of data and insights is one of the HCPC's seven strategic aims from its EDI Strategy, and we have seen more progress again this year. The HCPC has changed its data collection processes and requires registrants to provide EDI data at the point of registration renewal. As at 31 March 23, the HCPC held 56% of complete EDI data for its registrants and expects this figure to increase to 80% by December 2023. The HCPC now has a solid evidence base from which it can draw informed conclusions and take appropriate action.
- 3.3 The HCPC has used the data collected on registrants' age and sex to understand more about the profile of those who find themselves in the fitness to practise process, and it will use this analysis to explore how it is measuring up against its ambitions to be a fair regulator. As the completeness of the data improves, the HCPC will further develop its ability to analyse the impact of its processes and functions upon people with protected characteristics.

- 3.4 The HCPC holds 100% of EDI data on its Council, Committees and Senior Leadership Team and during the review period it started to undertake an analysis to compare its Partners to its registrant pools to understand the diversity of its decision-makers.<sup>1</sup>
- 3.5 The HCPC has significantly improved the level of data it holds since we introduced this Standard in 2019, and has plans to take this work further, including developing a system to collect EDI data from fitness to practise complainants. It is also analysing the data it has and is beginning to apply this to its work. We encourage the HCPC to continue with its drive to improve in this space and to share lessons learned from its work with other regulators.

## Conclusion

The HCPC has performed strongly again during this review period, and we are satisfied that this Standard is met.

## 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 reports on its performance through its annual reports and accounts. It also published performance information in its Council papers, notably the Chief Executive's report, the key performance indicator dashboard, corporate plan milestone tracker, the Strategic Risk Register, and its Fitness to Practise report. We have observed detailed Council discussion of performance throughout the year. Council has also considered consultation reports, and other pieces of information, and provided challenge and support to management.
- 4.2 The HCPC publishes the volume of corporate complaints it receives, including themes and learning, and these are considered by its Audit and Risk Committee on an annual basis. The HCPC shares with the Committee the lessons learned from feedback and complaints received, and how it has applied learning in response to these in an annual review report; the latest report (for 2021-22) provided a good overview of the causes of complaints but we suggest future reports should contain a more proportionate balance of negative and positive feedback. We have seen evidence of the HCPC applying lessons learned from corporate complaints including improving information available to registrants regarding the supply of controlled drugs and changes to the registration search function.

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<sup>1</sup> Partners are HCPC registrants, members of the public and legal professionals who contribute their expertise to the HCPC. This includes CPD assessors, Legal assessors, Panel Chairs, Panel Members, Registration Assessors and Visitors.

- 4.3 Tone of voice and the content of correspondence has been a consistent theme in corporate complaints received by the HCPC, which is something we have commented on in our recent reports. The HCPC is undertaking a tone of voice review across the organisation to improve the tone and content of correspondence. We will continue to monitor the progress and impact of this review.
- 4.4 The HCPC maintains a public inquiries tracker and presents this to Council on an annual basis. Although we haven't seen the HCPC take any action in response to external inquiries in this review period, we are satisfied that it has an appropriate system in place to do so.

## Conclusion

The HCPC continues to report on its performance regularly and in appropriate detail. The publication of complaints data and themes arising provides evidence that the HCPC is open and transparent about its performance. 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 The HCPC carried out two major consultation exercises during this review period. Its consultation documents are clearly drafted and are accessible on its website. The HCPC publishes detailed consultation reports which contain analysis of the quantitative and qualitative responses and set out the changes the HCPC will make as a result of consultation feedback. The HCPC also engages extensively with stakeholders prior to, and during, its consultation exercises.
- 5.2 The HCPC continued to embed and develop relationships with professional bodies and others who interact with it on a range of issues. The HCPC has met with its Professional Body Forum, which involves representatives across all HCPC professions and unions, on a quarterly basis during the review period.
- 5.3 HCPC stakeholders were positive about the engagement they had with the HCPC and found regular meetings and dedicated liaison managers helpful. Stakeholders provided examples of how engagement and meetings have been helpful to them.



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

“There has been a marked improvement in this area. [We] have a dedicated HCPC liaison manager. We have an agreed protocol to raise matters with the HCPC’s customer support team. The meetings are also helpful to exchange intelligence and information.”



- 5.4 The HCPC has worked with colleagues across the four nations and has met with the Chief Healthcare Science Professions Officer for Scotland, and the Chief Allied Health Professional Advisor for Wales to discuss the development of its professional liaison services in those nations. The HCPC also engaged with Healthcare Science Cymru, had consultative meetings with NHS Education for Scotland and attended the Northern Ireland Joint Regulators' Forum during the review period.
- 5.5 The HCPC has continued to work collaboratively with NHS England (NHSE) and other regulators on a shared approach to regulating advanced practice. The HCPC has emphasised the need to work across the four nations to support the development of a coherent and effective regulatory response. We will continue to monitor the development of this workstream.
- 5.6 The HCPC has continued its joint work on preceptorship (early careers support) with HEE and consulted on guiding principles for preceptorship. It will be publishing the principles and creating supporting guidance to support uptake during the next review period.
- 5.7 On 1 July 2022, new legislation came into force allowing additional health care professionals to certify fit notes in the UK, including physiotherapists and occupational therapists who are regulated by the HCPC. The HCPC provided a regulatory perspective on guidance produced by the Government to ensure that it supported regulation by, for example, being clear about how this area related to scope of practice. The HCPC also published information for its registrants about the new legislation.

## Conclusion

As we have seen in recent years, the HCPC has continued to engage extensively with its stakeholders on a wide range of issues. We have received positive feedback about the HCPC's willingness to engage with the sector. We are satisfied that this Standard is met.

## Guidance and Standards

### 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 As we reported last year, the HCPC revised its Standards of Proficiency (SOP) for each profession it regulates following an extensive consultation process. The revised SOPs were published on 1 August 2022 and will come into effect on 1 September 2023. The HCPC has provided resources and activities to assist different stakeholder groups prepare ahead of the implementation date.
- 6.2 The HCPC began a review of its Standards of Conduct, Performance and Ethics (SCPEs) in this review period and launched a consultation on the proposed

changes on 27 March 2023. Although the HCPC does not expect a major overhaul of the SCPEs, its proposed revisions fall under five key themes: equality, diversity and inclusion; communication with colleagues; service users and carers; duty of candour; upskilling and training responsibilities; and managing existing health conditions and disabilities in the workplace. Many of these areas align with the revised SOPs. The HCPC intends to publish the revised SCPEs in September 2023, with full implementation by September 2024. We will continue to monitor the HCPC's review of the SCPEs.

## Conclusion

The review of the SOPs and SCPEs provides evidence that the HCPC keeps its standards under review and up to date. The HCPC has engaged extensively with its stakeholders in developing the revisions to its standards. 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 publishes guidance and learning materials to support registrants to meet its standards. A wide range of information is available on the HCPC website, including information on social media, confidentiality, person-centred care, the duty of candour and scope of practice.
- 7.2 During this review period, the HCPC conducted a series of #MyHCPCStandards webinars, exploring one standard per session to help give registrants the tools to meet the standards. The HCPC received positive feedback on the content of the webinars from attendees.

## Conclusion

The HCPC continues to provide appropriate guidance to registrants, and we are satisfied that this Standard is met.

## Education and Training

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 There have been no changes to the HCPC's Standards of Education and Training (SETs) this year and we have seen no evidence that the SETs have become out of date. The HCPC has committed to begin a review of the SETs in its 2023-24 Corporate Plan which we will consider in future performance reviews.

### Conclusion

The HCPC's commitment to review its SETs provides evidence that it ensures these are reviewed and remain up to date. We have no concerns about the current SETs, and 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's website clearly sets out the processes in place for the approval and quality assurance of education programmes in the UK. It also has pages dedicated to each education provider, detailing the courses on offer, their approval status, and links to the latest quality assurance reports.
- 9.2 The HCPC's risk-based model for quality assuring education programmes has been in place since September 2021. The HCPC has conducted internal assurance activities to examine how the model has worked in practice. The assurance activities found that the model worked as intended and key controls operated effectively. There were some recommendations, such as updates to stakeholder guidance and further work with professional bodies on intelligence and information sharing which have been incorporated into the HCPC's continuous improvement plan.
- 9.3 The Education and Training Committee has had oversight of the implementation of the quality assurance model and the HCPC's education performance information. We have seen evidence of the Committee scrutinising performance data.
- 9.4 The HCPC's Education and Training Panel convenes when required to consider programme approvals, removals, and outcomes of education provider's performance reviews. We have seen examples of the Panel imposing conditions

and considering performance review reports. Outcomes of Panels are published on the HCPC's website.

## Conclusion

The HCPC has transparent and proportionate processes for approving and quality assuring education programmes. It has evaluated the risk-based model it introduced in September 2021 and made improvements in response to the quality assurance and audit activities. We are satisfied that this Standard is met.

## Registration

# 10

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

- 10.1 The appearance of the HCPC's public register remains unchanged, and the search facility is easy to use.
- 10.2 We carried out a register check on a sample of cases where there had been a final fitness to practise hearing between April 2023 and September 2023.<sup>2</sup> We had no concerns about the information displayed on the HCPC's register.

### Review of an international qualification

- 10.3 At the end of last year's review period the HCPC 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. There was a concern that the qualification did not satisfy all the requirements of the HCPC's SOPs for Paramedics. The HCPC worked with the small number of applicants and registrants affected, and with the College of Paramedics, to make sure that the individuals were able to obtain the relevant experience to address the gaps identified between the qualification and the SOPs. We are satisfied that the HCPC acted quickly to mitigate the concerns and to ensure individuals on its register met the required standards. We consider this further under Standard 11.

### Covid-19 temporary register

- 10.4 On 22 September 2022, the UK Government announced that Covid-19 temporary registers – which had been due to close at the end of that month – would remain open for a further two years. This affected a number of regulators, including the HCPC. In response to the announcement, the HCPC has reviewed its approach to the maintenance of the register and will implement changes to it during 2023/24.

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<sup>2</sup> Our sample was about 10% of the final hearings in that period.

We have previously considered how the HCPC manages the temporary register and had no concerns. We will monitor the changes made to it.

## Conclusion

We evaluated the actions taken by the HCPC in response to the concerns it identified about an international qualification and were satisfied that it acted quickly to mitigate the concerns. We found no errors in our check of the register and are satisfied that this Standard is met.

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

11.1 The HCPC did not meet this Standard last year because of the time it took to process the growing number of international applications.

## Registration applications

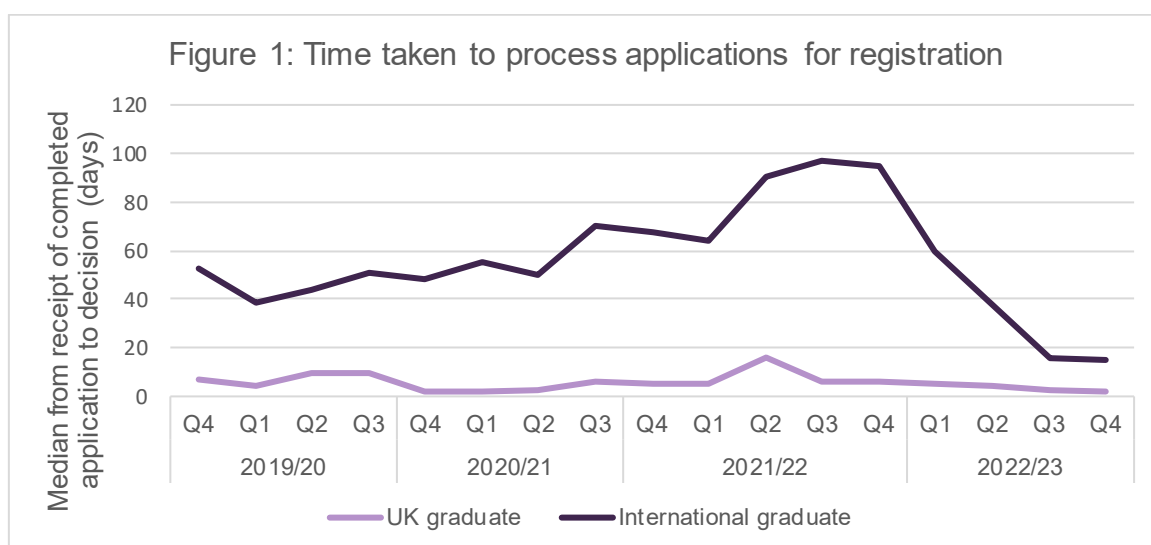
11.2 The number of UK applications received by the HCPC is in line with those seen in previous years, with peaks which coincide with the UK graduation period.

11.3 The volume of international applications, however, increased sharply for a second year running. During this review period, the HCPC received 14,535 international applications compared to 7,740 over the same period last year – an increase of 88%. To deal with the surge in applications, the HCPC made the following key improvements to its processes during the review period:

- Introduced an online application portal.
- Established dedicated teams to process international and UK applications.
- Improved information on its website, including a 'what to expect section' which explains what an applicant should expect at each stage of the process, and current processing times.

## Processing times

11.4 As Figure 1 shows, the HCPC has significantly reduced the time taken to process international applications during this review period. The time taken to process UK applications has remained low and steady.



- 11.5 We received four concerns from individuals about the time taken to process international applications this year, which is a significant reduction in the number of concerns we received last year. When considering these concerns, we looked at the information available on the HCPC’s website which sets out what people should expect when making an international application for HCPC registration. We considered that the public information available to applicants is clear and transparently sets out the HCPC’s processes and expected timeframes.
- 11.6 We have also received some concerns from HCPC stakeholders which suggests that some applicants continue to experience delays in the progress of applications. We encourage the HCPC to continue engaging with its stakeholders about the international registration processes to ensure that any concerns are discussed and addressed.

## Renewing registration

- 11.7 The HCPC invites registrants to renew their registration every two years. It provides guidance about the renewal process, including a renewal timeline, on its website. Registrants are expected to make sure that their online accounts and contact details, including email, postal addresses and contact phone number are up to date.
- 11.8 In May 2022, we received some concerns about the number of registered physiotherapists who had come off the register at the end of the registration renewal cycle as they had not renewed their registration in time. We quickly engaged with the HCPC and its stakeholders to better understand the concerns and examine the HCPC’s response.
- 11.9 The HCPC told us that the percentage of physiotherapists who did renew was 91%, which was in line with its usual rate of renewal which is between 90% and 97%. However, we heard that some physiotherapists did not receive a reminder to ensure that their contact details were up to date and therefore some email reminders for registration renewal were not delivered, or emails were received in a spam folder.

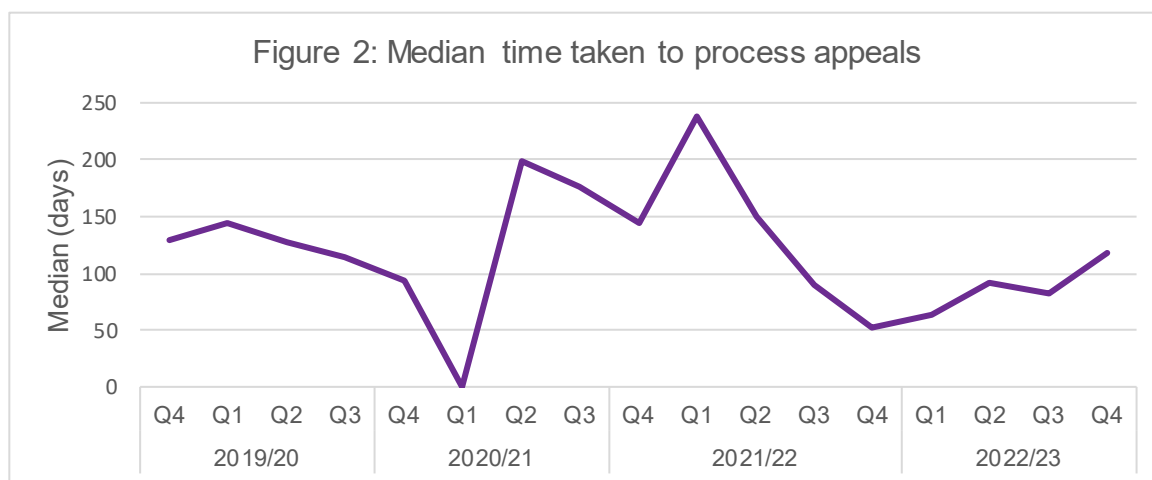
11.10 Following media stories about the issues with registration renewal, the HCPC engaged with its stakeholders to support registrants who had inadvertently let their registration lapse to get back on the register as quickly as possible. The HCPC processed applications for readmissions for physiotherapists within 24 hours.

11.11 The HCPC has told us that its registration renewal process worked as expected. However, it has reflected on this episode and has implemented a number of 'lessons learned' to improve its registration renewal process, including enhancing its renewal guidance, increasing engagement with professional bodies to ensure registrants understand when and how to renew their registration, and agreeing additional communication methods to ensure that renewal rates are in line with expectations.

11.12 Several professions have renewed their registration with the HCPC without issue since concerns were raised about the process. It is positive that the HCPC has reflected on the concerns raised by its stakeholders and implemented changes in response.

## Registration appeals

11.13 During this review period, the number of registration appeals has increased which is to be expected given the higher number of applications for registration received by the HCPC. Figure 2 shows a mixed picture in relation to the median time to process appeals. We are not currently concerned with the time taken to process appeals and we will continue to monitor any changes to the data and other information available to us.



## Review of an international qualification

11.14 As reported under Standard 10, the HCPC undertook a review of an international qualification in light of concerns that it might not satisfy all the requirements of the SOP for Paramedics.

11.15 The HCPC engaged with the affected registrants and paused the registration applications of those who had been awarded the qualification. It provided advice and guidance to those impacted and worked with the College of Paramedics to

support those affected. The HCPC's registration assessors have undertaken further training to mitigate any risk of the issue occurring in the future.

## Registration contact centre

- 11.16 Last year, we reported that some people had difficulty contacting the HCPC's registration department and noted that the HCPC had taken action to respond to the issues.
- 11.17 This year, the HCPC has continued to make significant and sustained improvements in this area by providing additional call handler training and introducing a new cloud-based telephone system. The HCPC has also improved the guidance and information published on its website to help registrants and reduce the need for them to contact the HCPC.
- 11.18 We have seen a significant reduction in the number of concerns received about the registration contact centre this year and are satisfied that the measures put in place by the HCPC have addressed the issues we noted last year.

## Conclusion

Last year, the HCPC did not meet this Standard because it was taking too long to process applications for registration from international applicants. This year, the HCPC has made improvements to its registration processes which has led to a significant reduction in the median time to first decision. This is positive, given the continuous high volume of international applications received by the HCPC. We have also seen improvements to the registration contact centre and to its processes for renewing registration. We are therefore 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 The HCPC's process for managing protection of title cases is unchanged since last year. Its website continues to provide information about its protection and misuse of title function, including the designated titles that are protected by law, and how to raise a complaint. The website also provides information for assistants, students, trainees and how companies can apply for non-objection from the HCPC when using protected titles in company names.
- 12.2 Last year, we reported an increase in the number of open cases relating to non-registrants misusing a protected title or undertaking a protected act and were satisfied that the HCPC is managing these cases in a proportionate and risk-based manner. This year, the number of open cases has steadily decreased as the HCPC undertook focused work in this area.



- 12.3 The HCPC has started to review its protection of title processes and key performance indicators. We will monitor this work closely and report on any changes in future performance reviews.

## Conclusion

The HCPC has appropriate processes in place to manage the risk of harm to the public of non-registrants using protected titles. 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 There have been no changes to the HCPC's requirements regarding Continuous Professional Development (CPD) during this performance review. During each renewal cycle the HCPC randomly selects 2.5% of each profession and asks them to submit their CPD profile. The HCPC provides guidance on its website for those selected for audit, including tips from CPD assessors to help registrants complete their profiles.
- 13.2 The HCPC continues to provide up-to-date data on its website regarding the outcome of CPD audits. We have considered the most recent CPD audit data and noted that the outcome of recent audits was consistent with previous ones. We have seen evidence that the HCPC removes registrants from its register when CPD standards are not met. We have not received any concerns about the HCPC's approach to CPD.

## 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

For a number of years, we reported significant concerns about the HCPC's performance against our fitness to practise Standards. We identified concerns in relation to timeliness, quality of investigations, decision-making, risk assessment and ensuring parties were supported to participate in the process.

Since January 2021, the HCPC has accelerated and added to its fitness to practise improvement programme to address the concerns. The HCPC has invested significant resources and developed workstreams in the following areas:

- replacing the current case management system to improve adherence to processes and timeliness

- improving the quality of decision-making
- developing a new approach to risk assessments
- developing the skills and experience of its fitness to practise staff, and
- developing guidance for all parties involved in its fitness to practise processes and improving processes to ensure individuals are supported.

In 2021/22, we started to see some improvements in areas such as decision-making, but agreed with the HCPC that a full assessment of closed cases would not have shown sufficient impact of changes it had made as part of the improvement programme.

As part of our performance review this year, we audited a sample of 25 cases closed by the HCPC between 1 April 2022 and 31 August 2022, representing just over half of the cases closed at threshold or Investigating Committee Panel (ICP) during that period, to assess the impact of the improvement programme on:

- the quality of investigations
- decision-making against the threshold criteria
- ICP decisions
- risk assessments, and
- support provided to parties involved in the fitness to practise process.

Details of our audit findings are set out against the relevant Standards.

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

- 14.1 The HCPC provides appropriate guidance and information for anyone considering whether to raise a concern against a registrant.
- 14.2 The number of fitness to practise referrals received by the HCPC has remained relatively steady during the performance review period and there is no evidence from the data, or other sources of information available to us, that individuals have been unable to raise concerns about registrants with the HCPC.

### Conclusion

The HCPC enables anyone to raise a concern about a registrant and we are satisfied that this Standard is met.

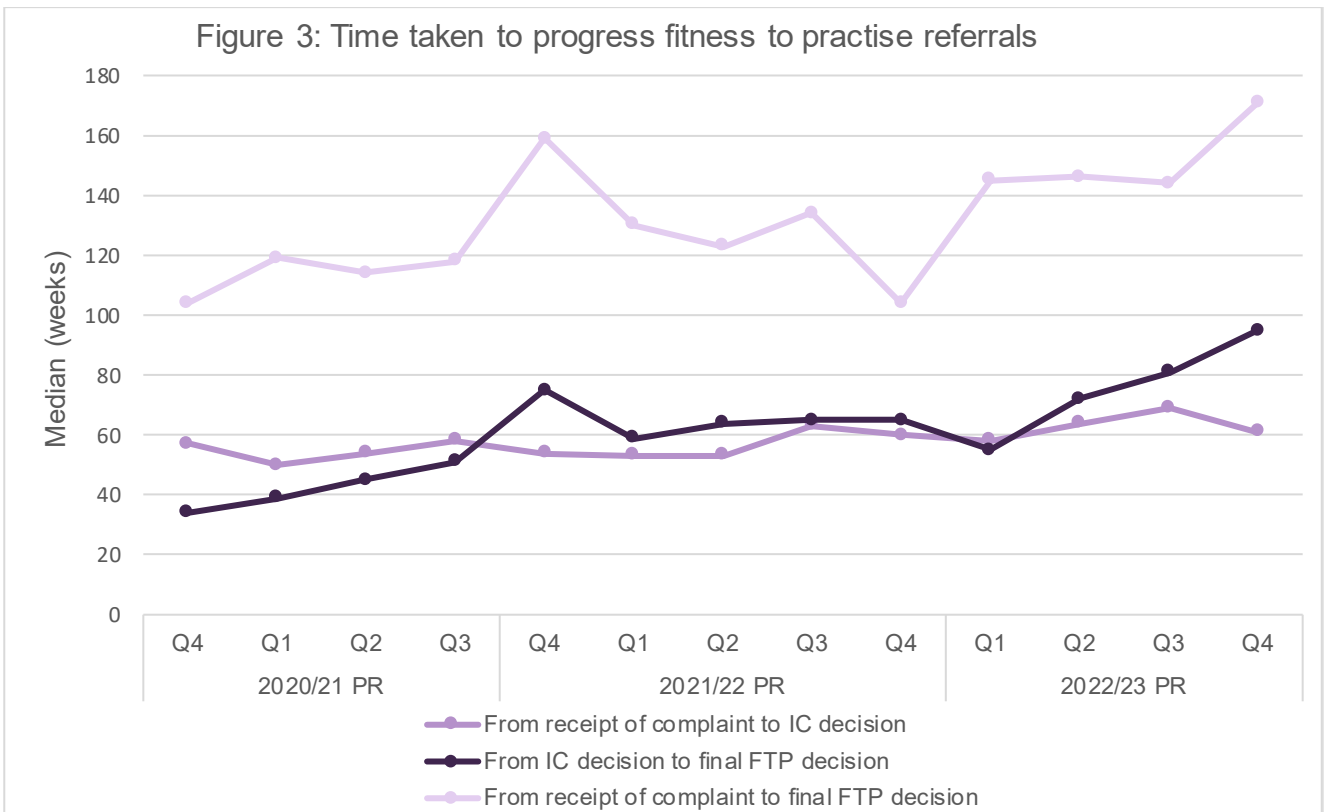
## 15 | The regulator's process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that appropriate evidence is available to support decision-makers

**to reach a fair decision that protects the public at each stage of the process.**

15.1 The HCPC did not meet this Standard last year because it was taking too long to conclude fitness to practise cases. This was the seventh consecutive year the HCPC had not met our Standard relating to the timeliness of its fitness to practise cases.

**Timeliness**

15.2 As Figure 3 shows, the time taken to progress cases through the HCPC’s fitness to practise process has deteriorated again this year, notably in the latter stages of the process. At the end of the review period, the time from receipt of referral to final decision by a Fitness to Practise Committee (FTPC) was one of the longest among all the regulators. The HCPC told us that it has been affected by a shortage of legal assessors due to an increase in court activity post Covid-19; this has led to the HCPC listing some cases in two parts, increasing the time taken for a hearing to conclude and increasing the number of adjournments. We understand that the availability of legal assessors has since improved, and the HCPC has also recruited more legal assessors to its pool.



15.3 During our audit, we identified avoidable and/or unexplained delays in almost half of the cases we looked at, mainly at the threshold stage of the process. The HCPC told us that timeliness at its threshold stage of the process has improved since our audit, and its Senior Decision Makers (SDMs) are consistently meeting their internal Service Level Agreements. There was some improvement in the time

taken from receipt of referral to ICP decision in the last quarter of the review period, and we will monitor the data next year to see whether this has been sustained.

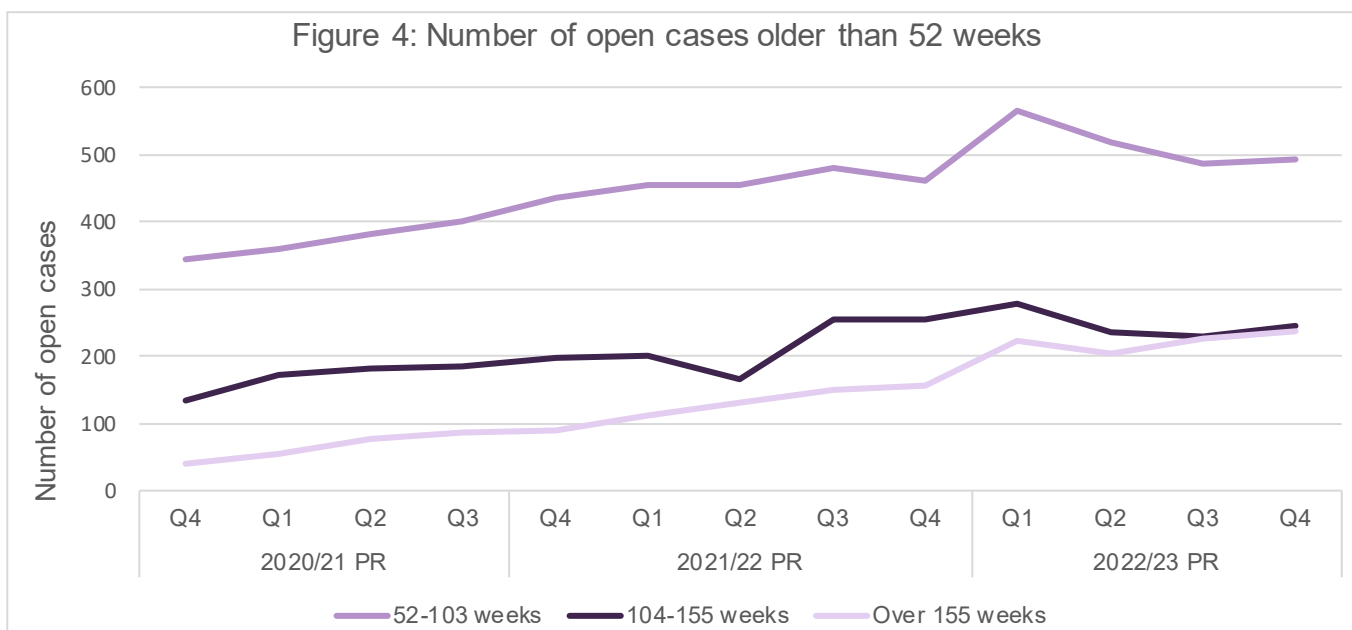


### What we heard from stakeholders

“We have seen a small improvement in case progression, but it is still taking too long for cases to progress in all stages of the [fitness to practise] process.”

15.4 As Figure 4 shows, the number of open cases older than 52 weeks has increased during this review period. The HCPC has told us that the majority of older cases are in its post-ICP caseload, with the volume of older cases pre-ICP decreasing. We know that the closure of older cases impacts the timeliness data, and we will continue to monitor the age profile of cases and its impact on timeliness.

Figure 4: Number of open cases older than 52 weeks



## Quality of investigations

15.5 As part of our audit, we looked at the quality of fitness to practise investigations, and the tools and processes used by the HCPC to improve the quality, including case plans and frontloading.

- In nine of the 25 cases we audited, we adjudged that the HCPC had not obtained or considered sufficient information during the investigation.
- Case plans were not always completed and/or updated during the investigation which was not compliant with the HCPC’s internal guidance. This impacted the quality of the investigation in a small number of cases we audited.

- In response to our feedback, the HCPC told us that its own quality assurance checks from the same sample period identified non-compliance with its best practice standard in a similar proportion of cases we identified. This provides some assurance of the quality controls in place. The HCPC also provided further data to us which suggests that the level of compliance with its internal guidance has improved since our sample period.
- Following an initial pilot, the HCPC began frontloading cases as business as usual during the performance review period. We considered two cases which had been frontloaded and closed at ICP. We did not have any concerns with the quality of investigation or evidence in these cases and there were no significant delays in case progression. HCPC stakeholders welcomed the frontloading initiative and told us that they had seen an improvement in the progression of these cases.

## Conclusion

The HCPC has continued to make progress in embedding processes which are designed to improve the quality and timeliness of its investigations. Some of these measures are starting to take effect and we are encouraged by what we have seen. However, this year's audit showed that some weaknesses remain – in particular around the proportion of cases where the HCPC did not obtain sufficient evidence during the investigation. The time taken for cases to progress through the HCPC's fitness to practise process has also increased again this year. We therefore concluded that this Standard is not met.

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

- 16.1 The HCPC did not meet this Standard last year, but we reported that we had seen a noticeable improvement in the quality of FTPC decision-making in the cases we reviewed when considering whether those decisions are sufficient to protect the public.
- 16.2 As part of our audit this year, we looked at whether the implementation of SDMs had improved the quality of decisions made at the threshold stage and whether the targeted training of ICP members and the implementation of legally qualified ICP Chairs improved the quality of ICP decisions.

### Threshold decisions

- 16.3 Our audit of threshold decisions provided us with reasonable assurance that the HCPC is applying the Threshold Criteria appropriately and provides evidence of improved decision making at this stage of the process.

- Threshold decisions were recorded, well-structured, referred to the relevant SCPEs and statutory ground of impairment (where applicable), and included clear reasoning with reference to the Threshold Criteria.
- We determined that one case had been closed against the Threshold Criteria prematurely and disagreed with the decision made. We considered that further information and investigation would have provided more confidence in the HCPC’s decision-making and demonstrated that it had seen the issues evident in the complaint and grappled with these. The HCPC agreed with our assessment and shared learning with the fitness to practise team.

16.4 Separately from our audit, we also received a small number of concerns about decisions made against the Threshold Criteria via our feedback route. We reviewed the decisions against the Criteria and were satisfied that the structure of the decisions appeared to comply with the HCPC’s guidance, and the concerns did not raise any significant issues with decision-making at the threshold stage.

### Investigating Committee Panel (ICP) Decisions

16.5 In the cases we reviewed during our audit, we saw a significant improvement in the quality of ICP decisions and found:

- The ICP applied the relevant tests correctly, and these were referred to appropriately in written decisions.
- Decisions were recorded and referred to all factors set out in the ICP guidance.
- It was clear that evidence had been considered and was referenced throughout the decisions.
- Public interest, public protection and upholding standards were addressed at the relevant stage of the decision-making process.
- We identified one case where the ICP did not correctly apply the appropriate tests and considered that this could raise concerns with public protection and public confidence. The HCPC agreed with our findings and told us that the decision had previously been considered by its internal decision review group and feedback had been provided to Panel members and incorporated into further ICP Chair training. This provided us with assurance that the HCPC’s quality assurance and feedback mechanisms work as intended.



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

“We have seen an improvement in ICP decisions, which are more detailed and an increase in more no case to answer decisions on current impairment.”

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## Fitness to Practise Committee (FTPC) decisions

- 16.6 Last year we reported that we had seen a noticeable improvement in the quality of decision-making in cases we reviewed when considering whether those decisions are sufficient to protect the public. This improvement has been sustained this year.

### Conclusion

Our audit of threshold and ICP decisions, along with the information we have considered from our function to review FTPC decisions, has provided us with assurance that the work undertaken by the HCPC to improve the quality of decisions made at all stages of the fitness to practise process has had a positive effect, and that the concerns we identified in our previous audits have been remedied. We 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.

- 17.1 Although the HCPC did not meet this Standard last year, we did note the improvements it had made to its processes, such as the introduction of a new risk assessment tool.

### Timeliness of interim orders

- 17.2 Interim orders prevent registrants who pose a serious risk to the public from practising. It is important that regulators have a rigorous process in place to risk-assess fitness to practise investigations on an ongoing basis and ensure that an interim order can be imposed as quickly as possible after the receipt of a referral.
- 17.3 The time taken for the HCPC to impose an interim order from receipt of a concern has improved this year, from 22 weeks in 2021/22 to 18 weeks in 2022/23. The HCPC also acts quickly once it identifies a need for an interim order.

### Risk assessments

- 17.4 Our previous audits identified three main areas of concern with the HCPC's risk assessment process: the HCPC did not conduct risk assessments promptly on receipt of new information; the HCPC did not identify risk factors appropriately and/or in sufficient detail; and the HCPC did not prioritise high risk cases. Following these audits, the HCPC implemented a new risk assessment tool and staff undertook further training on how to assess risk.
- 17.5 As part of this year's performance review, we audited the HCPC's approach to risk assessments to see whether the concerns identified in our previous audits had been resolved.

- We saw evidence of the HCPC’s case management controls working as intended, and of risk assessments being completed and recorded at appropriate stages of the process.
- There were some delays in conducting risk assessments upon receipt of new, material information which was not compliant with the risk assessment process.
- There were some instances where risk factors were not identified or fully analysed within the risk assessment tool. However, we could understand how risk ratings had been arrived at in most cases and we did not see any examples of cases being given an inappropriate risk rating.
- We did not identify any cases which the HCPC failed to identify as high risk.
- We saw examples of the HCPC’s serious case criteria working as expected and evidence of the HCPC prioritising high risk investigations.
- The findings from the HCPC’s own quality assurance checks mirrored our findings which provides us with some assurance about its quality assurance controls.

## Conclusion

Although we saw examples of the HCPC not conducting risk assessments to its best practice standard, our audit work provided us with overall assurance that the HCPC has improved the way it identifies and prioritises high risk cases. The data also shows the HCPC has progressed cases to interim order hearings more quickly this year. Our assessment was finely balanced, but we are satisfied that we have seen sufficient evidence of improvement since our previous audit. We are satisfied that this Standard is met.

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

- 18.1 The HCPC did not meet this Standard last year, and in previous reports we have set out our concerns about the level of support the HCPC has provided to parties in the fitness to practise process, including: lack of updates; delays in communications; failure to respond to emails; inaccurate information in correspondence and providing misleading information.
- 18.2 Since 2021, we have been monitoring the work undertaken by the HCPC in this area, including:
- publishing and implementing its 2021-24 Registrant health and wellbeing strategy
  - undertaking ‘becoming a compassionate regulator’ workshops
  - delivering customer service training to all staff in the fitness to practise directorate



- developing a fitness to practise customer service charter
  - publishing information and guidance on virtual hearings to support parties to engage with hearings
  - working with the Nursing and Midwifery Council (NMC) to develop a lay advocacy framework.
- 18.3 In this review period, the HCPC has continued its improvement work and commenced a tone of voice review to improve the correspondence and information provided to parties involved in the fitness to practise process.
- 18.4 The HCPC also joined the lay advocacy service PohWER, which is the country's largest provider of person-centred lay advocacy for people with mental health needs, learning disabilities or those who require support to be involved with the fitness to practise process. The HCPC has published information about this service on its website, which includes information on how to be referred to the service.
- 18.5 In April 2023, just after the end of this performance review period, the HCPC launched a support line for registrants involved in the fitness to practise process. The HCPC has published information about the service on its website, including information on what the service offers, how to access the service and how usage information will be shared with the HCPC. We will consider the impact of this service and the lay advocacy service PohWER in future performance reviews.
- 18.6 As part of our audit of closed cases this year, we assessed whether the work the HCPC has carried out in this area has made an impact. We identified some areas of improvement:
- The HCPC generally provided parties with written decisions and explanations at each stage of the decision-making process. Decisions were communicated quickly and explanations about the processes were clear. Template letters used to communicate threshold decisions included information about next steps and anticipated timeframes.
  - We did not have any concerns about the tone of correspondence and saw relatively few examples of inaccurate information being provided to parties.
  - We saw some examples of the HCPC providing additional support to parties involved in the fitness to practise process.
- 18.7 However, we found issues in four-fifths of the cases we reviewed, including:
- The HCPC did not routinely provide parties with regular case updates, and where updates were given, these were usually because the HCPC was seeking further information.
  - Parties contacted as part of the investigation process, such as employers or witnesses, were not always informed of the case outcome. The HCPC told us that this was not a requirement of its process, and some parties, such as the police, would never be told of the case outcome. Whilst we acknowledge that parties such as the police would not routinely be informed, it is our view that it

is good practice for the regulator to inform and update parties such as the registrant's employer or those who have provided witness statements.

- In the cases we reviewed which had been frontloaded, we did not see evidence that the HCPC had provided the registrant, complainants or witnesses with case updates as required by the Service Level Agreement.
- Delays in communicating with parties, and instances where the HCPC did not respond to requests for updates. We considered that these delays impacted the service and support provided to those party to the proceedings.

18.8 In addition to our audit, we received feedback from individuals who had participated in the fitness to practise process as complainants or registrants subject to proceedings. The feedback related to various customer service issues, including: lack of timely responses; lack of information regarding processes and the progress of investigations; delays in case progression; and delays in providing updates or information ranging from two months to 10 months.

18.9 We also received feedback from HCPC stakeholders, including professional bodies and unions which was in line with some of the issues we identified in our audit.

## Conclusion

There have been some improvements in this area since our previous audit and we are encouraged by the additional processes put in place to support parties in the fitness to practise process. However, the feedback received from HCPC stakeholders, when taken together with the findings from our audit, demonstrates that the HCPC still has improvements to make in this area. We therefore conclude that this Standard is not met.

**Professional Standards Authority for Health and Social Care**

16-18 New Bridge Street  
London EC4V 6AG

Telephone: **020 7389 8030**

Email: [info@professionalstandards.org.uk](mailto:info@professionalstandards.org.uk)

Web: [www.professionalstandards.org.uk](http://www.professionalstandards.org.uk)

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