

# Health and Care Professions Council

## Monitoring report

2024/25

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

**356,104**

allied health professionals on the register as at 31 March 2025

This report covers the period 1 April 2024 to 31 March 2025

## Key findings and areas for improvement

### Fitness to Practise

The HCPC has met four out of five fitness to practise (FTP) standards this year. The HCPC recognises that there is still more work to do, and we will continue to monitor the HCPC's ongoing programme of improvement.

The HCPC did not meet Standard 15 again this year because it is still taking too long to process fitness to practise (FTP) cases, despite the significant efforts the HCPC has made in recent years. We have escalated our concerns to the Secretary of State for Health and Social Care.

The HCPC enhanced its controls and strengthened its oversight of high-risk cases handled by its external legal providers, following issues we highlighted in our last performance review. Although we considered one case in which some of these additional controls failed to identify that an interim order (IO) application was appropriate, this was picked up by another layer of control and then the HCPC promptly applied for an IO. We concluded that, on balance, Standard 17 was met.

[See overleaf for more detail](#)

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## Standard 3 on Equality, Diversity and Inclusion

The HCPC performed strongly against our Equality, Diversity and Inclusion (EDI) Standard. We saw examples of good practice, particularly the development and publication of its diversity data dashboard, which allows users to filter the HCPC's registrant data by a broader range of characteristics. We also welcome the HCPC's actions to address the opportunities for improvement we identified last year.

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## Managing risks to the public

The HCPC launched a new online Sexual Safety Hub. The hub is designed to raise awareness of the impact of sexual misconduct and to provide guidance, signposting and information about how to raise concerns – both for registrants and the public.

## Standards met: 17 out of 18



General  
Standards

**5 out of 5**



Guidance and  
Standards

**2 out of 2**



Education  
and Training

**2 out of 2**



Registration

**4 out of 4**



Fitness to Practise

**4 out of 5**

Previous years

2023/24

**16 out of 18**

2022/23

**16 out of 18**

## Our performance review process

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



# General Standards

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## 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.

This section of our report mainly focuses on Standard 3 because this is our second year of using our new approach to assessing the regulators against this Standard. More information is available [on our website](#), including our guidance document and our evidence framework.

## Our assessment of the HCPC's performance against Standard 3

In 2024, we introduced a new approach to assessing regulators against Standard 3, which focuses on Equality, Diversity and Inclusion. As part of that 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 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 clear governance, structures and processes in place to embed EDI. It reports on its EDI work at every Council meeting and the EDI impact of regulatory functions are considered in every Council paper. Council meetings regularly include discussions of EDI issues. The HCPC has a clear process for considering equality impacts in all aspects of its work; the [equality impact assessment](#) it published for its registration fees consultation demonstrated careful consideration of how this decision might impact different groups.

The HCPC recognises the importance of EDI data collection and analysis. It holds 100% of data for its Council, senior leaders and other key 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 revised standards of proficiency (SOPs) and standards of conduct, performance and ethics (SCPEs) are designed to ensure that registrants are equipped to provide care to all patients and service users. There are specific requirements for registrants to challenge discrimination and to recognise the impact of culture, equality and diversity on practice.

The HCPC does not publish specific requirements for students, but its standards of education and training (SETs) require that all learners must meet the relevant standards for registrants. The HCPC is currently undertaking a review of the SETs and has committed to strengthening the EDI requirements within them.

### **Evidence of improvement**

Last year we identified that the HCPC could improve its performance against this outcome by considering how it could support registrants to improve their knowledge and skills relating to EDI through Continuing Professional Development (CPD). This year, the HCPC published **case studies** to show registrants how they could incorporate EDI into their CPD activities and are satisfied that this addresses the gap we identified last year.

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

The HCPC significantly improved the level of complete EDI data it holds, which now stands at 99% for all the professions it regulates.

As the completeness of this data has increased, the HCPC has been able to undertake a meaningful and detailed **analysis of FTP concerns** to assess the fairness of its decisions and processes. The analysis describes the association between selected EDI characteristics and FTP outcomes at the four key decision points in its process. The HCPC noted that this analysis did not identify evidence of unfairness in its decisions and processes. It has applied its analysis to update and publish a number of key documents used by its FTP decision-makers, including strengthening guidance for allegations involving racist or discriminatory behaviour, a gap we identified last year.

### **Good Practice**

The HCPC has made its registrant EDI data available via its online **diversity data dashboard**, which provides users with the functionality to filter the data by protected characteristics. The HCPC's dashboard goes further than other health and social care regulators who publish similar information, as it also allows users to see and compare data on a broader range of characteristics including work patterns, application routes and caring responsibilities. We commend the development and functionality of the dashboard.

Last year, we reported that the HCPC was developing an online FTP portal which will allow the HCPC to collect EDI data for members of the public, and others who raise FTP concerns to 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. This **portal** became available for users towards the end of this review period, and we expect to see some initial analysis next year.

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

The HCPC continues to perform strongly in respect of its stakeholder engagement, particularly how it engages with and acts on feedback from a diverse range of stakeholders. We saw examples of how the HCPC changed some of its processes following feedback it received, such as the production of an **easy-read version** of the revised SCPEs and its approach to health and character declarations.

Last year, we considered that the HCPC could enhance its performance against this outcome by publishing its own research and data analysis on EDI impacts relating to its registrants. The HCPC has addressed this gap, and we have seen evidence of it using its own research, and other published research, to consider how it can reduce unfair differential outcomes.

### Opportunity for improvement

While we recognise the way the HCPC uses research to inform its approach to tackling unfair differential outcomes for registrants, we have not seen the HCPC do the same for issues affecting patients and service users who share protected characteristics. We encourage the HCPC to engage with patients and service users to obtain their views and expectations of EDI.

The HCPC has performed strongly against Standard 3 again this year. There is evidence of the HCPC undertaking a significant amount of work under each of the four outcomes and we noted good practice and areas of improvement since our assessment last year. The HCPC met all four outcomes.

## Engaging with stakeholders and managing risks to the public

The HCPC applied research, data and lived experience to create a new online **sexual safety hub**. The hub is designed to raise awareness of the impact of sexual misconduct and to provide guidance, signposting and information about how to raise concerns – both for registrants and the public. The HCPC also introduced a new question about sexual safety for the performance reviews of paramedicine education providers to understand how issues such as sexual boundaries are taught. It is therefore starting to take an upstream approach in this area. The HCPC's use of data and research to inform work and manage risks to the public regarding sexual safety is, in our view, good practice. More broadly, stakeholders were very positive about the HCPC's engagement activities.

**“Interactions and relationships with the HCPC at the regular Professional Bodies Forum have continued to be, on the whole, positive with an improvement theme from the HCPC as the continuing narrative.”**

**Stakeholder feedback**

# Guidance and Standards

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

The HCPC's revised SCPEs came into effect on 1 September 2024. The HCPC hosted workshops and webinars to prepare registrants and others for the implementation of the revised standards. The guidance documents that accompany the standards have been updated to reflect the revisions, along with published material on the website.

During the review period, we heard from a stakeholder who was concerned about the disparity in training and standards between medically qualified surgeons (regulated by the General Medical Council) and podiatrists practising podiatric surgery (regulated by the HCPC). We raised the concerns with the HCPC who had also engaged with the stakeholder. The HCPC confirmed that the cohort of podiatrists practising podiatric surgery was small, and that its FTP data showed that the risks were limited. The standards of proficiency for all professions regulated by the HCPC were recently revised with input from the relevant professional bodies and we are assured that the HCPC took action to understand the concerns raised by the stakeholder and that the standards are up to date and reflect current practice.

# Education and Training

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

### Standards of Education and Training (SETs) review

The HCPC started pre-consultation work to inform its review of the SETs, which were published in 2017. As part of this, it has convened a panel of experts to consider four topics: the use of technology such as artificial intelligence (AI); simulation in learning; models of learning; and equality, diversity and inclusion. We have seen no evidence that the current SETs are out of date, and we will continue to monitor the HCPC's work to review and update them.

### Artificial Intelligence in education and training

In April 2024, the HCPC produced **guidance** for approved education providers on the use of AI. The guidance focused on how providers can:

- maintain academic integrity alongside greater use of AI technology
- support staff and learners to become AI literate, including considerations of the risks and benefits of AI in learning and practice
- cover emerging technology within practice as part of programme curricula.

AI is an emerging area, and it is important that regulatory bodies consider the impact of this technology on learners, registrants and the public. The guidance document produced by the HCPC helps providers understand and consider the impact of the technology.

### The impact on increasing the level of qualification for entry to the register for Operating Department Practitioners

In July 2021, the HCPC stopped accepting applications to approve Operating Department Practitioner (ODP) programmes below degree level, and programmes delivered below

degree level before July 2021 were unable to accept any new cohorts of students from 1 September 2024.

We have been monitoring the impact of the change on the workforce and learner numbers since its implementation. The HCPC has continued to publish data on changes to programme capacity, including for ODP programmes, and it has reported that there has been no negative impact on learner numbers for ODPs since the higher academic requirements have been in place. We are therefore assured that the changes made by the HCPC have not had an adverse impact on ODP learners or the workforce.

### Education annual reports

The HCPC published two **‘state of the nation’ reports for education and training** in the 15 professions it regulates. The reports are based on the assessments of education providers and programmes for the academic years from 2021 to 2024. It is positive that the HCPC has made use of this information and shared its findings with stakeholders and others to plan and consider future challenges.

## Registration

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**The HCPC met all four Standards for Registration this year.**

### Accuracy of the register

Our register check did not identify any inaccuracies in the HCPC’s Register. However, through an appeal conducted under our Section 29 powers, we identified a case whereby the HCPC’s statutory review panel incorrectly extended an existing Conditions of Practice (COP) Order *‘with immediate effect’*, which was not in accordance with the HCPC’s legislation.<sup>1</sup> This subsequently affected the calculation of the expiry date of the Order, which was recorded incorrectly on the public register. In response, the HCPC checked all current COP orders and found no other errors on the register. It also strengthened its guidance for decision-makers and provided further training to panel members. We are assured that this case was an isolated error and are satisfied with the HCPC’s response.

### Time taken to process applications for registration

The HCPC’s registration processing times for both UK and international applications have remained low despite another year of relatively high application numbers. Stakeholders told us that the HCPC’s registration processes had improved, and that it actively collaborates with professional bodies to ensure that renewal of registration is a straightforward process for registrants. Stakeholders also noted that the HCPC’s guidance for applicants had improved the quality of applications and the speed of the process.

**“The addition of more in depth guidance for applicants on the website with clear information on documentation needed to complete the process has meant that applicants are able to make sure they are prepared before applying, meaning less hold ups in process and a speedier process.”**

**Stakeholder feedback**



## Internationally qualified registrants

One stakeholder raised concerns that the HCPC's internationally qualified registrants may not have the appropriate underpinning knowledge, experience and skills. Similar concerns were raised by other stakeholders last year, which we explored in detail with the HCPC. This year, the HCPC used its FTP data to analyse profession-specific FTP rates by registration routes. The HCPC report noted that "Those who join the HCPC Register via our UK route were more likely to be subject to a Fitness to Practise concern than those who join the register via our international route for all professions combined." We currently have limited evidence to support the assertion that the HCPC's assessments of international applicants are not working as intended. However, we will explore this in further detail next year as part of our periodic review.

## English language proficiency requirements

In January 2025, the HCPC's updated English language proficiency requirements came into effect following an extensive consultation. The HCPC undertook a detailed equality impact assessment to consider the effect of the changes on people with protected characteristics and wider groups, and it has sought to mitigate the impacts by developing a qualifying countries list and expanding the range of recognised English language tests. The HCPC undertook a programme of stakeholder engagement to communicate the changes made to its requirements. We have not received any concerns about the changed requirements, and we note that the HCPC has taken an approach that is consistent with other health and care regulators.

# Fitness to Practise

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

The HCPC continues to have appropriate processes and guidance to enable people to raise concerns about its registrants. During this review period, the HCPC introduced an online referral system for members of the public who wish to make an FTP referral about a HCPC registrant. As referred to under Standard 3, this system allows the HCPC to collect EDI monitoring data to help it understand whether people with protected characteristics face barriers to raising concerns.

The HCPC has continued to receive a higher than usual number of FTP referrals, and we have seen evidence of it distributing its resources to deal with the increased in demand across its FTP processes when necessary.

## FTP investigations

The HCPC continued to implement its FTP improvement programme, which this year included bringing more legal work in-house and reviewing its hearing scheduling process and practice notes to reduce the length of final hearings.

Despite this, as Figure 1 shows, timeliness has not improved and, as Figure 2 shows, the number of older open cases increased again this year.

Figure 1: Time taken to progress fitness to practise referrals

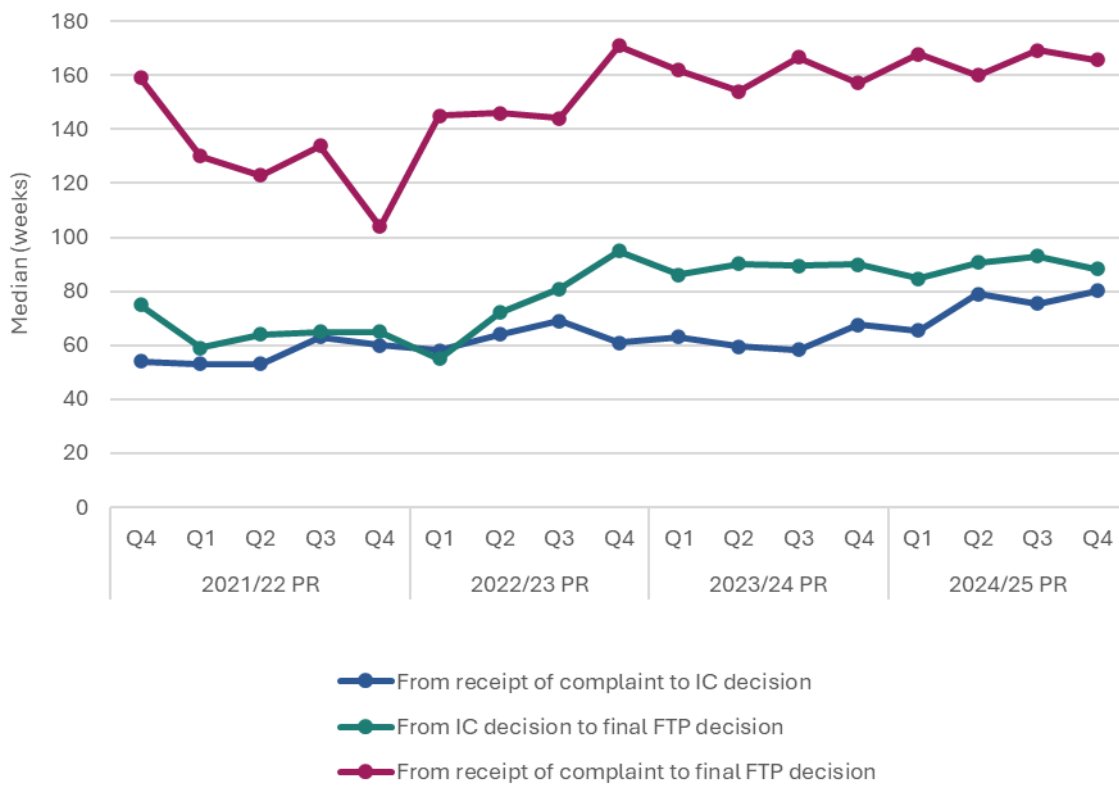
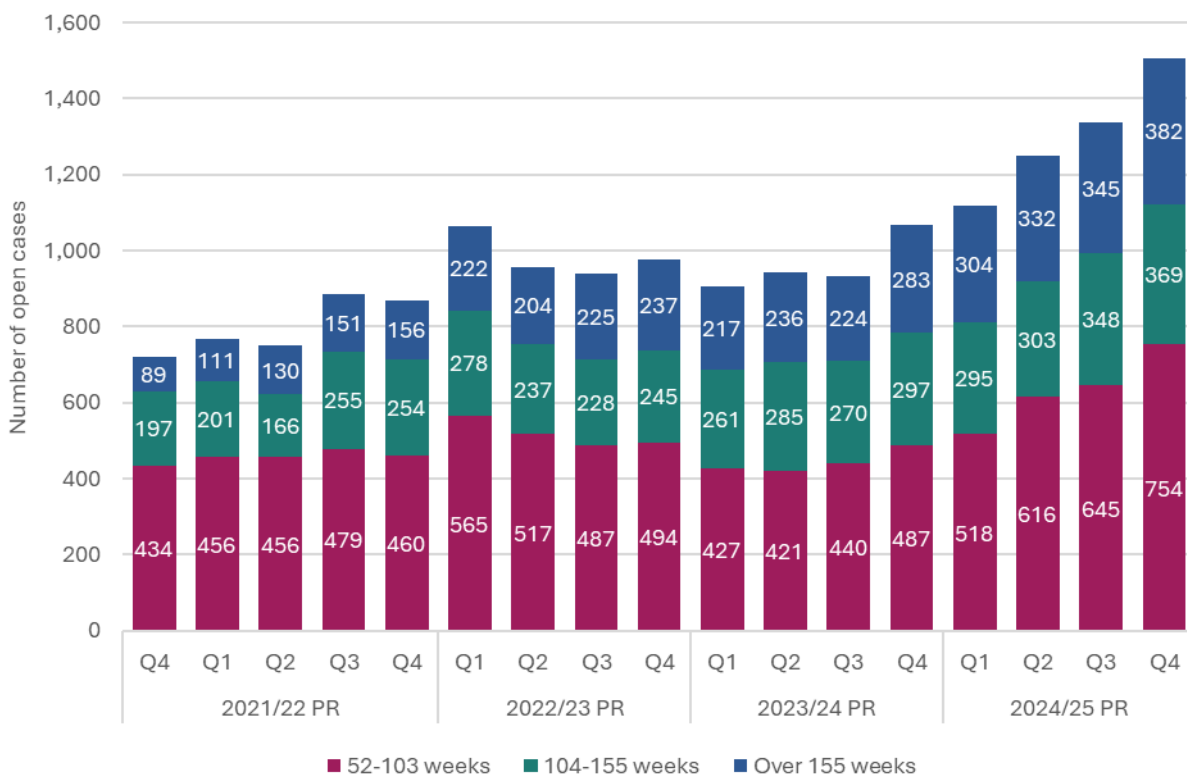


Figure 2: Number of open cases older than 52 weeks



Stakeholders and individuals have told us that cases are still taking too long to progress, and some have also commented on the impact this is having on the mental health of registrants and complainants.

**“The HCPC’s FTP cases are still taking far too long to process. New cases have seen an improvement in the time it takes to complete. However, many are still taking at least a year to get to the investigation stage. This is having a detrimental effect on registrant’s mental health.”**

**Stakeholder feedback**

We concluded that the evidence did not show signs of improvement in case progression, and that the HCPC did not meet Standard 15. We have raised our concerns about the HCPC’s performance in this area with the Secretary of State for Health and Social Care.

In terms of the quality of investigations, we took some assurance from the HCPC’s data on compliance with its case planning best practice standard, which it uses to assess and improve the quality of investigations, but we could not use it to assess whether the weaknesses we identified in previous reviews had been remedied. We will be undertaking a more in-depth review of the HCPC’s FTP investigations next year where we will look in more detail at the quality of investigations.

### Managing risk

The HCPC did not meet Standard 17 last year because we identified weaknesses in the HCPC’s oversight of cases handled by its external legal providers, which led to the public being unnecessary exposed to a serious risk.

Since then, the HCPC has enhanced its controls and strengthened its oversight of cases managed by its external legal providers. Despite these improvements, we did consider one example (flagged to us by the HCPC) of a high-risk case not being identified promptly as suitable for an interim order (IO) application. One of the HCPC’s additional layers of control did subsequently identify this case and the HCPC then applied for an IO promptly. We were satisfied that this related to a single case and that the nature of the case was different from that which led to the HCPC not meeting the Standard last year. The HCPC’s interim order data provides us with enough assurance that the HCPC is identifying and prioritising high-risk cases and we therefore concluded that Standard 17 is met.

### Support provided to parties

Last year, the HCPC took further steps to improve the level of support offered to parties to enable them to participate effectively in the process and we concluded that, on balance, the HCPC met Standard 18.

The HCPC has continued to embed the improvements it made, including promoting its registrant support service which has seen an increase in uptake since its launch in April 2023. The HCPC also:

- started to review its scheduling processes to reduce the time taken to list final hearing

- reviewed the support and guidance offered to witnesses
- provided guidance to its team to support individuals or organisations who have legitimate interest in the progress and/or outcome of a case.

Stakeholder feedback in this area was largely positive. However, some stakeholders noted ongoing concerns regarding responsiveness to phone calls and emails, as well as representatives not being copied into correspondence. We have also heard from individual registrants involved in the FTP process, who told us that they had not received case updates for several months, and in some instances, for over a year. In response, the HCPC has revised its procedures to ensure staff send case updates every eight weeks.

Our decision in relation to Standard 18 is finely balanced. The HCPC has continued to embed its improvement work, and we have seen some evidence of the positive impact of this work. Some concerns remain, and we will be looking into this area in more detail next year.

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<sup>1</sup> Article 30(1) of the Health Professions Order 2001 gives the committee a power to (a) extend the period of the order it is reviewing, (b) make a different order which could have been made at the time of the original order or (c) where the order under review is a suspension order, replace it with a (different) conditions of practice order. In each case, including where an extension is made, that is expressed to be *with effect from the date on which the order under review would (otherwise) have expired*.

### Quick links/find out more

- Read the [HCPC's 2023/24 performance review](#)
- Find out more about [our performance review process](#)
- Read our [Standards of Good Regulation](#)
- Read our [evidence framework for Standard 3](#)



020 7389 8030  
[info@professionalstandards.org.uk](mailto:info@professionalstandards.org.uk)  
[professionalstandards.org.uk](https://professionalstandards.org.uk)

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