

Audit and Risk Assurance Committee

Meeting Date	20 November 2025
Title	HCPC internal audit recommendations tracker
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Executive Sponsor	Claire Amor, Executive Director of Corporate Affairs
Executive Summary This report provides the Committee with progress updates on the implementation of recommendations arising from internal audits. In addition, any significant quality assurance recommendations and recommendations arising from ISO standard audits will be added. Recommendations which have been implemented have been removed from this report. The original numbering of recommendations has been retained. Please refer to individual internal audit reports for the background to recommendations.	
Action required	The Committee is asked to review the information provided and seek clarification on any areas.
Previous consideration	This is a standing item considered at each meeting of the Committee.
Next steps	The next report will be received in March 2026.
Financial and resource implications	Not applicable.
Associated strategic priority/priorities	All
Associated strategic risk(s)	All
Risk appetite	Compliance - measured
Communication and engagement	Not applicable.

Equality, diversity and inclusion (EDI) impact and Welsh language standards	Not applicable.
Other impact assessments	Not applicable.
Reason for consideration in the private session of the meeting (if applicable)	Not applicable

Internal Audit report – Registrant Forecasting Review (first considered at Audit and Risk Assurance Committee 9 November 2022)

Recommendations summary

Priority	Outstanding recommendations	Status
High	0	Overdue
Medium	1	Not yet due
Low	0	Completed

Recommendation / Priority (RAG)	Management response	Timescale/Responsibility	On track	Completion Date/Status	Previous Commentary	Current Commentary
			Y/N			
4 Where there is manual intervention, for example extracting the number of registrants from the model and importing into the Financial model there is a risk that errors arise which can ultimately affect decision making and further numbers generated. 4. a) Investigate whether it is possible to do an automated upload from the model into the Financial model. If this is not possible, consider whether the model can be adapted to include what is required for the Financial model with less manual intervention. A secondary check should be undertaken for all data extracted from the model that is incorporated into the Financial model to verify accuracy. 4. b) Consider if it is possible to incorporate and thus easily identify from the model the number of registrants on discounted registrant fees and those on full registrant fees to support the Finance team further.	This is happening already, to a certain extent, whereby registrant numbers are extracted from the CRM system to inform our financial figures. Further work will need to be carried out to incorporate this seamlessly as part of the overall process.	January 2023 Finance Business Partner	Y	Revised date 31 December 2025, agreed by Head of Finance.	Deferral income module was sucessfully implemented in June 25 by Dogma (BC support supplier). The first profession to run using deferral calculation will be Paramedics and Orthoptists from 01 September 25. We will introduce a job queue which will allow deferral calculation on a set schedule and run automatically; eliminating requirement for running it manually. Expected delivery date is 31 December 2025.	We have validated Credit Memo and Job Queue automation in UAT2 environment. Deferred income have a dependency on Credit Memo logic, both of which are on schedule to be completed by the end of November 2025. We are still on track for the expected delivery date of 31 December 2025.

Internal Audit report – Procurement of Large Contracts (first considered at Audit and Risk Assurance Committee 13 March 2024)

Recommendations summary

Priority	Outstanding recommendations	Status	
High	0	Overdue	0
Medium	2	Not yet due	2
Low	2	Completed	2

Recommendation / Priority (RAG)	Management response	Timescale/Responsibility	On track Y/N	Completion Date/Status	Previous Commentary	Current Commentary
3 HCPC should introduce regular (at least 6 monthly) reviews of its contracts in place to ensure performance is in line with expectations and any areas of identified under performance are identified and rectified in a timely manner.	The Procurement team should: a) Introduce second line and documented 'spot checks' to ensure that procurement activity is in line with prescribed guidance. b) Discuss second line 'end to end' spot checks with the Quality Assurance team and consider if they are able to support in undertaking them on a regular basis. c) Introduce a more comprehensive description of any large value contracts single source requests with a focus on the effectiveness of the procurement process.	Action Owner: Tarek Hussein (Procurement Manager, Finance)	Y	Updated again to Q4 2025-26 by Commercial Business Partnering Manager	Vendor Performance Evaluation form is in use. The contract management is still in progress and will be completed by Q3 2025-26.	The Vendor Performance Evaluation Form has been successfully implement and now in use. We aim to collect and review performance information on a quarterly basis to ensure ongoing supplier quality. The Contract Management is currently work in progress. However, due to shifting priorities, the updated completion date is end of Q4 2025-26.
5 HCPC should review the approved supplier list on a regular basis and where required, remove suppliers no longer identified as providing value for money and add where new value for money suppliers are identified.	We will implement a similar process as per the management response for audit finding 3 (contract and supplier evaluation). We will also ensure that individuals are aware of the approved supplier list when they are looking to procure products/services, which would give assurances that the list of suppliers have been reviewed and meet our requirements.	Action Owner: Tarek Hussein (Procurement Manager, Finance)	Y	Updated again to Q4 2025-26 by Commercial Business Partnering Manager	Currently in progress, and will be completed in early Q3 2025-26. Once the vendor list is approved, we will have full supplier list to carry out review.	We are reconciling the approved supplier list between the Procurement data and the Finance system. This process includes verifying supplier details, ensuring consistency across and identifying any discrepancies. We are also ensuring that suppliers who do not demonstrate value for money are not renewed in future procurement process.

Internal Audit report – KPIs (first considered at Audit and Risk Assurance Committee 12 March 2025)

Recommendations summary

Priority	Outstanding recommendations	Status
High	0	Overdue
Medium	0	Not yet due
Low	3	Completed

Recommendation / Priority (RAG)	Management response	Timescale/Responsibility	On track Y/N	Completion Date/Status	Previous Commentary	Current Commentary
1 1.We recommend that HCPC undertake the following, for the development of new KPIs and to ensure their ongoing maintenance: a)Alignment workshops: Organise workshops and meetings where KPI owners can collaborate and discuss how their KPIs support the current and new Corporate Strategy, fostering a shared understanding and commitment to strategic goals. b)Good documentation, regular communication and training: Ensure a routine communication and on the job training programme and documentation for new KPI owners and for the introduction of new KPIs This should include information such as KPI purpose and alignment with the Corporate Strategy. c)Automation: Investigate automating manual parts of the data collection for KPI 5.	a)Accept – this will be integrated into the overarching corporate strategy development which will take place in 2025/26 to ensure the new KPIs are aligned to the new strategy. b)Accept – we will ensure appropriate KPI training included in the induction programme. This will progress following completion of 1.a. c)Accept – This will be considered as part of the 2024/25 Feedback & Complaints review. Update; this has been deferred to 2026-2027.	a)Deputy CEO & Executive Director of ERRS b)Executive Director of Resources c)Head of Assurance and Compliance	Y N/A N/A	01/03/2026 Updated to 01/03/27, approved by Head of Assurance and Compliance Updated to 01/03/27, approved by Head of Assurance and Compliance	1a. The corporate strategy plan, put together by the Executive Director of Corporate Affairs, was submitted to Council in May. 1b. Corporate KPIs are not currently included in in the induction programme. Following inducition of new head of governance, we will be incorporating them into new corporate strategy. 1c. ELT and Council have decided the primary scope for this year, which is limited to the foundational layers and the integration, aligning to investment planning. Implementation of the internal and external facing parts to take place 2026-27.	1a) Volunteers and nominees from every department shared ideas on our values, internal and external survey results, Fitness to Practice, the impact of AI, and more. We also held focus groups with members of our Employee Forum and with external stakeholders, ensuring a broad range of voices feed into our work. All feedback from these discussions will contribute to defining the themes of our Corporate Strategy. Council will discuss Corporate Strategy at their next meeting and engage with key stakeholders as it continues to be developed. b) As per the management response, we will ensure KPIs will be included within the first three months. c) Same as above.
2 2. HCPC should undertake regular (cyclical) documented reviews of their KPIs and associated underpinning assumptions to ensure they remain relevant and accurate.	Accept – we will undertake a full review aligned to the development of the corporate strategy and we will complete a full cycle of review across the KPIs during the lifetime of the strategy.	Head of Assurance and Compliance	Y	01/03/2026 (or when the new strategy is developed)	Paper on the HCPC corporate strategy 2026-31 production was approved by Council in private session on 22 May. These recommendations will be a part of the development of the new corporate strategy, though is in early stages.	Work on this recommendation will start in Q4.
3 3.HCPC should consider establishing a standardised template for documenting lessons learned from each KPI review cycle. This should include details of successes, challenges, and specific actions taken.	Accept - Recommendation a: as part of the cyclical review of KPIs (see recommendation 2 above) we will develop a process and document to capture that review.	Head of Assurance and Compliance	Y	01/03/2026	Paper on the HCPC corporate strategy 2026-31 production was approved by Council in private session on 22 May. These recommendations will be a part of the development of the new corporate strategy, though is in early stages.	Work on this recommendation will start in Q4.

Internal Audit report – Outreach (first considered at Audit and Risk Assurance Committee 12 March 2025)

Recommendations summary

Priority	Outstanding recommendations	Status
High	0	Overdue
Medium	4	Not yet due
Low	0	Completed

Recommendation / Priority (RAG)	Management response	Timescale/Responsibility	On track	Completion Date/Status	Previous Commentary	Current Commentary
			Y/N			
1 Develop a list of 'must have' datasets that should be incorporated in future system upgrades, such as the employer's name and workplace location.	We accept the findings and will work with relevant colleagues to identify the data capture required and wider system and process changes that might be needed to be able to capture and analyse the data.	Head of Professionalism and Upstream Regulation	Y	30/09/2025	FTP data still ongoing. We are meeting with Data and Insights team in September to solidify our plan of working together on ongoing basis. We will clarify what we need and what their team is doing.	Met with Data and Insights to better understand each other's work. Reached agreement with them around accessing data and sharing with us; they understand how we work and what data will be essential for us. Will continue with more informal ad-hoc requests by email in interim, and consider this approach next year. FTP Annual Report published.
2 Take a more strategic approach to coverage of professions, geographical areas and groups, informed by FTP and other data, refining the picture as more data sets become available.	We accept the findings and will develop a more targeted and risk-based approach to our prevention work, whilst identifying future data and insight needs	Head of Professionalism and Upstream Regulation	Y	30/09/2025	Plans drawn up by consultants for each nation, based on available FTP data, external bodies (EG CQC reports, RQIA), intelligence from external sources (eg other regulators, contacts), and intelligence from sessions already undertaken (e.g. registrant feedback.)	We have put the plans into action this year. The team is delivering sessions based on the sources identified. We have flexibility to adapt when new information comes available such as recent FTP report.
3 Develop a strategic resource plan on the basis of the resource needs, with due consideration to coverage (Rec 2) cost realism, likely risks and organisational risk appetite.	We accept the findings and will develop a strategic resource plan.	Head of Professionalism and Upstream Regulation	N - delay owing to head of department leaving organisation.	TBD, pending new department head, approved by Head of Communications	Recruitment process starting in September.	Head of department recruitment still ongoing. Professional liaison consultant for Scotland recruitment to start soon. Meeting with HR in November to make plan.
4 Provide 'hostile audience' training for outreach staff and have an emergency response plan.	We accept the findings. Training will be provided and an emergency plan will be developed.	Head of Professionalism and Upstream Regulation	Y	30/11/2025	Budget approved by learning and development team. Will begin organising training.	We have identified providers and are in contact with organisation to provide training. To be organised in due course.

Internal Audit report – Stakeholder Engagement (first considered at Audit and Risk Assurance Committee 12 March 2025)

Recommendations summary

Priority	Outstanding recommendations	Status
High	0	Overdue
Medium	2	Not yet due
Low	0	Completed

Recommendation / Priority (RAG)	Management response	Timescale/Responsibility	On track Y/N	Completion Date/Status	Previous Commentary	Current Commentary
1 1.HCPC should: a)Develop a stakeholder plan for the short to medium term for all stakeholder groups. b)Develop documented policies, procedures and guidance for how to manage different stakeholder groups and who manages different groups. Identify and implement best practice from each methodology. (This will help to prevent any risk from key person dependency). c)Develop a stakeholder query log that details queries / comments that have been received, who receipted them, how they were managed (i.e. what team the query was referred to) and any subsequent actions.	We agree that this is required, and further work is scheduled for this financial year and next. However, it should be noted that the production of this documentation will require resource, and this will need to be balanced with current delivery activity.	Head of Communications	Y	01/03/2026	The work to complete this action continues to be on track and activity is progressing in line with current resourcing levels.	Further work to assess additional resourcing required for this work to be fully completed is currently being undertaken. This assessment is in line with the wider communications strategy plans and will allow further work to be completed on this recommendation.
3 3.HCPC should identify how Luther Pendragon can gain access to information on other stakeholder engagement activity undertaken by HCPC on an ad hoc basis. Any 'confidential or sensitive' information could be restricted.	We believe making information relating to our engagement more accessible across the organisation, including with our outsourced supplier would be beneficial. The work to improve information sharing is scheduled for next financial year via the development of a business case for a CRM solution. Any solution will ensure everyone with a role in stakeholder management will have access to the information they require.	Head of Communications	N- awaiting resource	01/03/2026	The activity to build the foundational elements of the CRM is being taken forward via IT and Business Change as per investment case planning. The delivery of this recommendation continues to be contingent on the delivery of the foundational aspects of the CRM investment case due to be delivered this year. The deadline for completion may need to be extended.	Recruitment is being undertaken by IT to onboard the required resource to implement foundational aspects of the CRM. The delivery of this recommendation continues to be contingent on the delivery of the foundational aspects of the CRM investment case due to be delivered this year. The deadline for completion may need to be extended.

Internal Audit report – Data Privacy (first considered at Audit and Risk Assurance Committee 11 June 2025)

Recommendations summary

Priority	Outstanding recommendations	Status
High	0	Overdue 0
Medium	0	Not yet due 3
Low	3	Completed 0

Recommendation / Priority (RAG)	Management response	Timescale/Responsibility	On track Y/N	Completion Date/Status	Previous Commentary	Current Commentary
5 HCPC should separate the privacy notice from the data protection policy and develop: a. A Data Protection Policy which sets out how HCPC complies with the requirements of the UK GDPR. b. HCPC should reformat the existing privacy notice, to reflect a layered approach so that individuals can easily navigate to the section of the privacy notice which is applicable to them.	We accept the findings. a) The Privacy Notice and Data Protection Policy will be separated. The Data Protection Policy will define how HCPC complies with UK GDPR requirements. b) The privacy notice will be reformatted to make it more accessible.	Action Owner: CISRO	Y	Updated to 31 December 2025, approved by CISRO	Work is currently underway and is due to be completed in October 2025.	Work is underway but incomplete. Additional items have been requested including advice regarding data storage across the organisation. This action should be completed by 31 December.
10 HCPC should define the process for assessing the severity of a data breach (using the Information Incident rating tool) and reporting to the ICO and affected individual (if appropriate) in the helpdesk system	We accept the finding. For context, currently, the response to information incidents is the sole responsibility of the Information Governance Team who have been trained and have experience in this area. A process flow exists that flags each potential type of incident and the business lead. The Information Gov Mgr reports breaches to ELT & ARAC annually in a lessons learned section of her annual report. Employees and Partners have been trained to flag incidents to allow us to respond in appropriate time scales reporting issues to informationsecurity@hcpc-uk.org.	Action Owner: CISRO	N/A	Updated to November 2025, approved by CISRO	The calculation of severity is not possible within the IT helpdesk. We will maintain a manual scoring process. The IT side is still being worked on; to be completed end of November 2025.	Work is currently dependant on a limited IT resource, involved in the telephony project. As the project will deliver less benefit than anticipated, it is less critical.
11 HCPC should implement defined data retention periods and automated deletion process (where possible) across organisation-wide systems to ensure personal data is not retained for longer than required.	Partial accept – a review of retention requirements is due in FY 2025/2026. A technology road map has been defined for most business areas and the requirement will be added to backlogs where required, but this does not guarantee implementation.	Action Owner: CISRO on behalf of system owners	N/A	31/03/2026	We are conducting some retention audits currently to gauge scale of the challenge.	This work has not been included in the budget, and has therefore been deprioritised. It is not currently feasible to implement this. Most areas will be complex and require more resource and budget.

Internal Audit report – Environmental Sustainability (first considered at Audit and Risk Assurance Committee 11 June 2025)

Recommendations summary

Priority	Outstanding recommendations	Status	
High	0	Overdue	0
Medium	2	Not yet due	1.5
Low	0	Completed	0.5

Recommendation / Priority (RAG)	Management response	Timescale/Responsibility	On track Y/N	Completion Date/Status	Previous Commentary	Current Commentary
1 1.b.HCPC should consider using a recognised framework to underpin and direct all HCPC's environmental sustainability work.	1.b.HCPC will consider using a recognised framework with along with further advice. The 24 criteria assessment outlined in the executive summary of good practise (point three) aims to capture best practise. Elements of the assessment are derived from frameworks, e.g., SBTi (Science Based Target Initiative) and Social Value TOMs (Themes Outcomes Measures). Expert consultants conducted the assessment and led HCPC in the development of the strategy with knowledge of these and other such frameworks. We plan to recruit an Environment and Quality Manager who will bring further insight and assist with the proposed implementation of an Environmental Management System (EMS) which should provide opportunity to align with relevant frameworks that fits the needs of the organisation. The EMS will be enhanced over an extended period as our plans develop.	Head of Estates, Facilities Management and Sustainability	Y	1.b)31 March 2025 Recruitment 31 March 2026 EMS Implemented	1.b. Additional EHS resources are being progressed. The EHS Technician Apprentice role was filled in July 2025, and recruitment for an EHS Specialist is underway with appointment expected in Autumn 2025. A proof of concept for the Business Central EMS system is also scheduled for implementation in Autumn 2025. We are continuing to work with specialist consultants to review the framework and ensure alignment with objectives.	1.b. A second round of recruitment for the EHS Specialist role is in progress. The proof of concept for the EMS module within Business Central is planned for Q4. HCPC continues to review environmental reporting against emerging national and international sustainability disclosure frameworks and public sector expectations.
2 2.The roadmap should be supported by action plans outlining who is responsible, timelines, and to allow progress tracking.	Action since the strategy's initiation in 2023, including progress and targets, has been shared with ELT, PRC, and the Council, who approved the initial emission reduction targets we are working toward. A progress update covering action to date and those planned was provided to the Council in September 2024. We will continue to provide similar updates as relevant. The recruitment of the Environment and Quality Manager will provide additional resources to assist across a range of areas including the documentation of more detailed actions plans in time.	Head of Estates, Facilities Management and Sustainability	Y	31 September 2026	The EHS Manager is actively developing the detailed action plans to support the agreed roadmap. Delivery of the action plan remains on track.	Further action plans were outlined within the environmental sustainability update to Council in October. Detailed plans are to be developed from the overview shared. Additional resource currently being recruited to further support this work.

Internal Audit report – Follow-up Audit (first considered at Audit and Risk Assurance Committee 18 September 2025)

Recommendations summary

Priority	Outstanding recommendations	Status
High	2	Overdue0
Medium	2	Not yet due3
Low	0	Completed0

Recommendation / Priority (RAG)	Management response	Timescale/Responsibility	On track	Completion Date/Status	Previous Commentary	Current Commentary
			Y/N			
2 Key Financial Controls- We recommend that HCPC: a) Review the composition of the 116 policies and procedures and consider whether any can be combined (e.g. P2P process) b) Update the Adding New Users to WAP Policy, ensuring it details how changes to individuals' access and approval thresholds are made c) Create a central finance manual and policy tracker. The policy tracker should detail the date of last update (which should align to the date on the document) and detail a responsible individual for ensuring the accuracy and completeness of the policy/procedure. The tracker should detail areas covered within policies and procedures. d) Update the Finance Induction Slides to align to the above changes as well as changes from SAGE to Business Central (BC).	Business Central was implemented 12th April 2024. The WAP aspect of the system is no longer relevant however HCPC will need to ensure that there are clear guidelines on how changes to individuals' access and approval thresholds are made in Business Central. HCPC are still working to fully, review, update and consolidate HCPC's finance policies. Some policies, such as the Credit Card, Investment, Financial Regulations and Expenses policies have been updated and approved by Council; Work is currently underway on updating the Financial Strategy. The team will continue to update the remaining policies and processes and aim to collate them in one Finance Manual once the Financial Strategy is approved.	Financial Controller, Financial Consultant, Head of Finance	Y	In progress - revised due date: 31/03/26, approved by Head of Finance	The team are currently being audited by external audit. We are updating the financial processes and documenting the changes following the migration of our financial software from Sage and WAP to BC. The Credit Card Policy, Investment Policy, Financial Regulations, Expenses Policy and financial strategy have been updated and approved by Council. We will continue to update our remaining policies and processes and aim to collate them in one manual.	Following a helpful meeting with Josh from BDO, we now have a clear plan regarding the content and level of detail for the manual. The finance manual will cover our financial policies as well as all related procedures. At present, we are working on updating our CAPEX policy. We are aiming to complete the finance manual by 31 March 2026.
3 Key Financial Controls- HCPC should investigate adding approvals within the finance system (for both SAGE and BC) for each addition or change to bank details, with a change of bank details being put on hold without the approval of the second individual. If it is not possible to require approval within the system, HCPC should look to add electronic signatures to the sign-off of each weeks' audit log, so that individuals checking these additions or changes can be held accountable for any errors not identified.	HCPC are working with a Business Central (BC) consultant to develop a workflow model within the system. It is anticipated that the workflow model once implemented would require bank account amendments to be processed by the Operations team once the relevant approver has received the BC amendment request & approved the amendment on the BC system. The consultant is currently supporting on a number of projects and once the essential projects are complete, the workflow model will be implemented. In the interim, a workaround is in place via a segregation of duties & the regular sign off of the BC audit log (of system changes) by the Financial Controller	Financial Controller, Financial Consultant, Head of Finance	Y	In progress - revised due date: 31/03/26, approved by Head of Finance	This risk is mitigated by segregation of duties and the regular sign-off of the BC audit log by the Financial Controller. Our BC consultant is working on a workflow model, which would require bank account amendments to be processed by the operations team. The changes are made once the relevant approver has received the request and approved the amendment on the BC system. Our BC Consultant is still working on a number of projects. Once the essential projects are completed, this workflow model will be prioritised.	This risk is significantly mitigated by segregation of duties and the regular sign off of the BC audit log of system changes by the Financial Controller. Our BC Consultant is continuing to progress the workflow model, which would require bank account amendments to be processed by the operations team. Once they have received appropriate documentation to make this amendment, the relevant approver has received the BC amendment request, then can be approved. Our BC Consultant remains very busy but is working on completing this task by 31 March 2026.
4 Partners- HCPC should: c) On a regular basis, assess whether upgrades can be made to its business systems to allow an automated transfer of payment data from the CRM system to the WAP system, which would remove the need for manual Excel spreadsheets as a delivery mechanism.	An email was disseminated by the Financial Controller for managing FTP partner payments to officers including those in the Finance and Partners team. The email detailed step by step guidance on cancelling payments, evidence required when hearings end early, duplicate payments and further checks to be completed. We saw evidence that the FTP team attach a copy of the cancellation email as evidence of a cancellation. The email is subsequently checked by the Finance team to ensure the cancellation payment is per the Cancellation policy which depends on when the cancellation email was sent. A new payroll system – due to go live on 1 October 2025, is being implemented for partners. During the second phase of the project (October 2025 – April 2026), IT will be looking at further automation of payroll with a potential to move from data upload to assignments reports (= timesheets).	Partner Project Lead	Y	c) 01/04/26	c) We are currently implementing a new payroll system for Partners. This will go live on 1 October 2025. During the second phase of the project, IT will be looking at further automation of payroll; potentially to move from data upload to assignments reports (timesheets). The second phase of the project will run from October 2025 to 01 April 2026.	The new payroll system is live and the first Partner payments will go out on 25 November 2025. A specific cancellation payment code has been set up for FTP which clearly indicates payments for fully cancelled hearings. Phase 2 of the implementation will look into options to automate and connect systems internally, and consider the implementation of timesheets for Partners to complete.

Internal Audit report – FTP Declarations (first considered at Audit and Risk Assurance Committee 20 November 2025)

Recommendations summary

Priority	Outstanding recommendations	Status
High	0	Overdue
Medium	1	Not yet due
Low	3	Completed

Recommendation / Priority (RAG)	Management response	Timescale/Responsibility	On track Y/N	Completion Date/Status	Current Commentary
1 & 2 1. Ensure that the QA Workplan is directly informed by the Risk Assessment Framework with clear documentation showing that QA areas are prioritised based on inherent risk, not just the risk level (high, medium, low). Where specific areas are not prioritised, there should be a clear and detained commentary stating the reasons why. The QA Work Plan, including outcome reports from the QA review on the performance of the FtP process, should be reviewed and approved by the ELT and evidence of this should be retained within meeting minutes. 2. Ensure that first line checks by the Triage team are established as per the Risk Assessment Framework and introduce a periodic monitoring to ensure that they are being completed as intended.	1. This process is completed yearly to develop the annual QA workplan. Currently the areas/processes considered for inclusion is based on risk, department input, outcomes of past audits, length of time since last audit. Due to the volume of processes in the regulatory areas, it has not been deemed proportionate to review every area when prioritising activities for the workplan. However, in order to balance risk and resource capabilities we agree to complete a full assessment of regulatory processes every three years, with more targeted assessments completed in between. All workplans are currently approved by ELT. 2. Support for the development of the Triage first line checks are in the 2025/26 QA workplan. Once in place they will be reported to ELT and ARAC. Subsequently this will be incorporated in the above prioritisation approach to the QA workplan.	Anna Raftery, Head of Assurance and Compliance	Y	1. 01/11/2025 - 31/03/2026 2. 22/12/2025	1. Work planning for next year will begin at the end of Q3. 2. Triage team currently has first line checks covering the intial triage itself, protection of title, and health and character declarations. These fit into the overall framework for FLCs across FTP which includes monthly monitoring and discussions. In October, we have ensured there are benchmark statements for each criteria used in the checks, to ensure consistency in their approach. This recommendation is now complete.
3 HCPC should investigate steps to improve the efficiency and effectiveness of information flow between the Registration and Declarations Teams, for example: • Develop a live document tracker or shared dashboard (for example, using readily available tools in SharePoint) that is limited to the Registration team and Declarations. This will ensure that all referred cases are completed and resolved consistently, progress is recorded and monitored effectively, and key personnel are assigned responsibilities as per their role. • Alternatively, in the long-run, Management could consider moving toward a single case management system that supports two tailored user profiles (one for Registration, one for FtP/Declarations). This would enable both teams to operate within the same environment while maintaining role-specific access and functionality, security, improving transparency, collaboration, and efficiency.	With no examples of significant delays or omissions, we don't think there is anything wrong with sharing information or making referrals by emails per se. It may be more efficient to have a single CMS across both areas, but this is surely a nice to have rather than an essential process that needs to be put in place to assure the integrity of the process. This recommendation does not speak to any risk identified here. However, we will investigate how to improve the efficiency and effectiveness of information flow between Registration and FTP in line with the organisation's Digital Roadmap.	Anna Raftery, Head of Assurance and Compliance	Y	End of Q3, 2025-26 Updated to end of Q4 as per Head of Assurance and Compliance	The report and recommendation have been referred to the digital transformation programme board. This has only had its initiation meeting to date and requested that when this rec has been considered by the board, an update is provided to ARAC.
4 HCPC should update the existing FtP Policies and Guidance to require management to perform a structured lessons learned exercise for the declarations appeals process, including the appeals process where necessary and this should be aligned to the current HCPC lessons learned processes.	We will consider what this will look like once the listing and hearing of registration appeals are fully embedded into the HCPTS as will need to think about whether it sits within our current DRG process or whether we need to design a different process which will be resource dependant.	Claire Baker, Head of Adjudication Performance	Y	31/03/2026	The HCPTS took over the listing and hearings of Registration Appeals in October. The HCPTS will look to train the Registration appeals team on the purpose of Decision Review Group (DRG). In particular, the remit of the group and how to make any internal referrals following any concerns with a panel decision. The DRG can consider taking the following action after consideration of a panel decisions: direct feedback to panels, updating or creating any guidance, and helps inform any themes used in refresher training. We are developing a new HCPTS practice note for registration appeals and aiming for this to go live early in the new year.

5	HCPC should explore the introduction of an automation process within its case management system to streamline the handling of declaration cases. This should include: • Design and implementation of automated checks to identify and auto-approve straightforward, low-risk declaration cases based on predefined criteria. • Escalation of only complex or unclear cases for manual triage and review by the Registration or Declarations teams, as appropriate. • System testing and validation prior to launch to ensure automation criteria are accurate, robust, and aligned with HCPC standards.	While this type of automation would be nice to have it is not something we can commit to. However, we will add this to the appropriate backlog to be explored and managed through that process.	Anna Raftery, Head of Assurance and Compliance		End of Q3, 2025-26	Due to risk priority, this rec could not be considered as part of the last prioritisation meeting. We will request that this is prioritised at the next meeting in December.
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