
Report

Fitness to Practise Data 'Concerns this year' Supplementary Report 1 2024-25

June 2026

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Executive summary

The HCPC collects data relating to its Fitness to Practise processes at different stages to highlight areas of risk, spot trends and inform stakeholders to support wider decision making in the sector. The analysis in this report provides supplementary insight into Fitness to Practise (FTP) concerns reported to the HCPC in 2024/25, building on headline figures in [our annual report](#) to explore variation across professions, registration routes, protected characteristics and types of concerns raised. The findings relate to concerns reported during the year and do not reflect their eventual outcomes.

In 2024-25, 2,044 FTP concerns were reported to the HCPC. This equates to an overall concern rate of 5.4 per 1,000 registrants, or around 0.5% of registrants, indicating that the overall level of concerns reported to the HCPC remains relatively low.

Paramedics and Practitioner psychologists recorded the highest numbers of concerns, together accounting for over 40% of registrants with one or more FTP concerns. When adjusted for profession size, Practitioner psychologists had the highest rate, narrowly higher than Paramedics from previous years. Other professions with comparatively higher rates included Hearing aid dispensers, Chiropodists/Podiatrists, Arts therapists and Operating department practitioners.

Across all professions, registrants joining the HCPC Register via the international route had a similar overall FTP concern rate (5.6 per 1,000) to UK route registrants (5.4 per 1,000). However, variation emerges at profession level: nine professions recorded higher rates for international registrants and six for UK registrants. Statistically significant differences were identified for Dietitians and Physiotherapists (before and after adjusting for age and sex) and for Radiographers (before adjustment only). Similar patterns have been observed by other regulators such as the GMC and GDC.

Analysis of protected characteristics raises important questions about disproportionality of concerns reported to the HCPC. Some patterns are clear: rates increase with age (except among the oldest males), and male registrants consistently have rates between 1.5 and 2.8 times higher than females.

Overall ethnicity distributions in FTP concerns broadly mirror the register. However, differences appear when analysed by registration route: among international registrants, those identifying as Black, African, Caribbean or Black British were significantly more likely to have an FTP concern reported to the HCPC about them than white registrants on the same route. Nationality analysis shows a similar pattern, with rates for African registrants significantly higher and more than double those for Oceania.

A higher proportion of registrants reporting a disability appears in FTP data than in the register overall, though this should be interpreted cautiously, as health issues may form part of broader concerns. Other characteristics show more limited

variation: non-heterosexual groups are slightly overrepresented, while religion or belief largely mirrors the register.

Differences also emerge in the types of concerns raised. International registrants had significantly lower rates of concerns relating to Health, but higher rates in Professional Practice, Record Keeping and HCPC/regulatory matters. Within Professional Practice, the most common sub-category (failure to demonstrate knowledge or proficiency appropriate to experience) was also the only area with a statistically significant difference, higher among international registrants.

These patterns suggest that difference may influence the likelihood of concerns being raised, but no firm conclusions can be drawn without understanding outcomes and whether concerns are upheld. While we are working towards having a clearer picture our data and analysis do not currently allow us to make those conclusions.

Similarly, we may in future be able to draw conclusions based on analyses between those raising concerns and the types of concerns raised. For the first time we have been able to collect data on those raising concerns (referrers), via our online concerns form, which provides an initial snapshot, though based on small numbers. Respondents were predominantly female, white, heterosexual, non-disabled, with gender aligned to sex at birth and English as their first language. However, information would need to be linked directly to concerns and tracked through to their conclusion to establish any firm conclusions.

While this analysis provides a useful window of insight into the concerns raised with us but, as this report does not consider the outcomes of those concerns, it is important to remember that no conclusions about the validity of concerns can be drawn from this analysis alone.

Context

Superficially the assessment of FTP rates may seem straightforward. However, there are several complicating factors.

An important consideration is the small number of registrants with FTP concerns reported to us, especially when broken down by registration route. HCPC professions are most usefully considered on an individual basis. The split of the number of concerns across 15 professions can lead to small numbers and results that are highly sensitive to change. For example, eight professions had fewer than 10 international route registrants with an FTP concern in 2024/25 and only two had more than 30. Coupled with the small international route registrant population for some professions this meant there was considerable uncertainty in some of the analyses and not all analyses could be undertaken for all professions.

The main issue which can't be fully accounted for is that of risk exposure. A registrant not practising, or not practising in the UK, is unlikely to be subject to an FTP concern but will still appear in the denominator of any calculation. It is important to recognise here that HCPC registrants do not have to be in the UK to register or to

remain registered (but all registrants must do their continuing professional development). It is certainly the case that many international route registrants will necessarily register ahead of coming to work in the UK, and in some instances may not end up working in the UK. It is also certain that some registrants from all of the routes are working overseas or have a period where they are not working. It has not proved possible from the data held by HCPC to generate a more accurate risk exposure than time on the register during the period of interest.

A final complicating factor is the observed structural differences in registrant populations for the UK and international application routes. In general, the risk of FTP increases with age and is higher in males than in females. A greater proportion of international route registrants are in the younger, and lower risk, age groups than for UK route registrants. Conversely, a greater proportion of international route registrants are male, and therefore of higher risk, than for UK route registrants. These structural differences vary by profession. Statistical techniques that adjust for these differences have been used where possible in this report, but the small number issue discussed above meant this was not always possible.

The challenges and some broad findings mirror those of other UK healthcare professional regulators who have looked at issues of disproportionality in FTP concerns. The GMC and GDC have both previously reported higher rates in men than in women, in older registrants than in younger ones, in ethnic minority registrants than in white registrants, and in registrants who trained overseas than in those who trained in the UK [1] [2].

Our registration routes

Historically there were four routes through which current registrants could have entered the HCPC register: UK, international, European Mutual Recognition (EMR) and Grandparenting. To come through the UK route the registrant must have received their qualifying education from a UK institution approved by the HCPC. The international route is open to those who trained outside of the UK if scrutiny of their training and experience determines comparability to the standards of proficiency required of UK route applicants. The EMR route was an expedited international type route for those who trained in the EU which closed following Brexit and so for the purposes of the analysis in this report international and EMR have been combined. Grandparenting was a route that enabled the porting of existing registrations with another body into HCPC. As grandparenting is not a current registration route, was a route for only a limited number of professions, and as the number of current grandparenting route registrants is small, the majority of analyses in this report do not include them.

Methods

All FTP concerns passing triage in the financial year 2024/25 were included. The analyses presented here are person based, i.e. they relate to the number of registrants subject to one or more concerns in the period of interest. To take into account the ever-changing nature of the register, rates have been calculated per 1,000 registrants (based on years)s. This method adjusts for people who were only registered for part of the year rather than arbitrarily taking a count at a point in time in the year. The rate was calculated on a route specific basis, i.e. a rate for international route registrants is per 1,000 international route registrant years, a rate for UK route registrants is per 1,000 UK route registrant years.

Two comparisons of the rates have been conducted. The comparison of the rates without adjustment for any other factors is presented as the rate ratio with its corresponding 95% confidence interval and p value¹. The comparison of the rates after adjusting for age and sex is presented as the standardised ratio with its corresponding 95% confidence interval. For the standardised ratio an interval that crosses the value 1.0 indicates that the difference in the rates is not statistically significant. Because of the very small numbers, and in some instances very small registrant populations, some confidence intervals are very large. This indicates uncertainty as to true value of the relevant measure. All analyses were produced in Stata/BE 19.0.

¹A p-value is a measure of how likely it is that an observed difference is due to chance. In this report we describe p-values of less than 0.05 as being statistically significant, which should be interpreted as meaning there is some evidence of the difference not being due to chance alone.

Fitness to Practise concerns 2024/25 and registration route

In the financial year 2024/25, HCPC had 2,044 Fitness to Practise (FTP) concerns reported to us that passed triage. Those 2,044 concerns related to 1,964 individual registrants with 1,904 registrants having one concern only, 51 registrants having two concerns, three registrants having three concerns, four registrants having four concerns, one registrant having six concerns and one registrant having seven concerns in that period.

The vast majority (1,621, 82.5%) of registrants with one or more FTP concerns were those who entered the register via the UK route. International route registrants made up 14.3% (281) of the total and Grandparenting route registrants accounted for just 1.2% (23). The small number of international route registrants with one or more FTP concerns means some of the subgroup analyses, including by profession, are based on very small numbers. For all professions combined, international route registrant FTP rates (5.6 per 1,000 registrants) and UK route registrant rates (5.4 per 1,000 registrants) were virtually the same. The following sections describe the variation in these rates by profession, age, sex and ethnicity.

Profession

Profession was recorded for all 1,964 registrants. Two thirds of registrants with at least one FTP concern came from five professions: Paramedics (23.0%), Practitioner psychologists (17.8%), Physiotherapists (16.5%), Radiographers (9.1%) and Occupational therapists (8.1%). The number of registrants per profession ranged from 451 Paramedics to 5 Prosthetists/orthotists (Figure 1).

After taking into account the number of registrants in each profession, Practitioner psychologists were narrowly higher than Paramedics in the rate of FTP concerns (Figure 2). Hearing aid dispensers, Chiropodists/podiatrists, Arts therapists and Operating Department Practitioners also had noticeably higher rates. The professions with the two highest rates, Paramedics and Practitioner psychologists, accounted for 40.7% of the total number of registrants with one or more FTP concerns in this period.

Figure 1: Registrants with one or more FTP concern in 2024/25, counts by profession

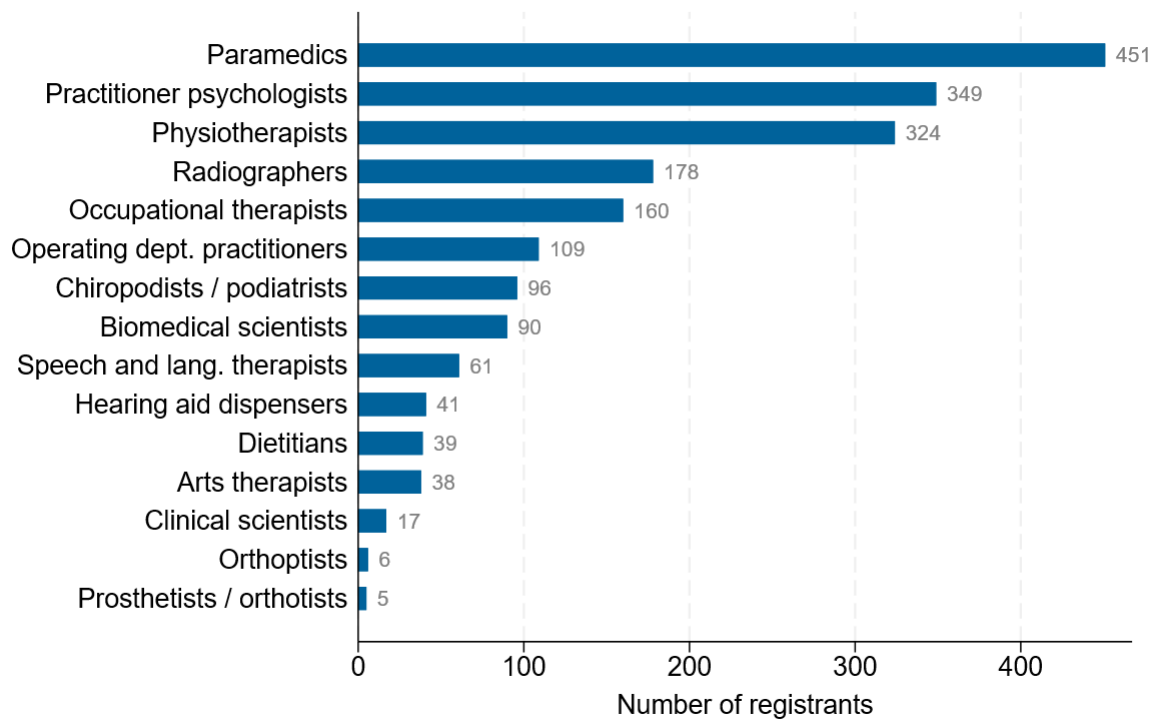
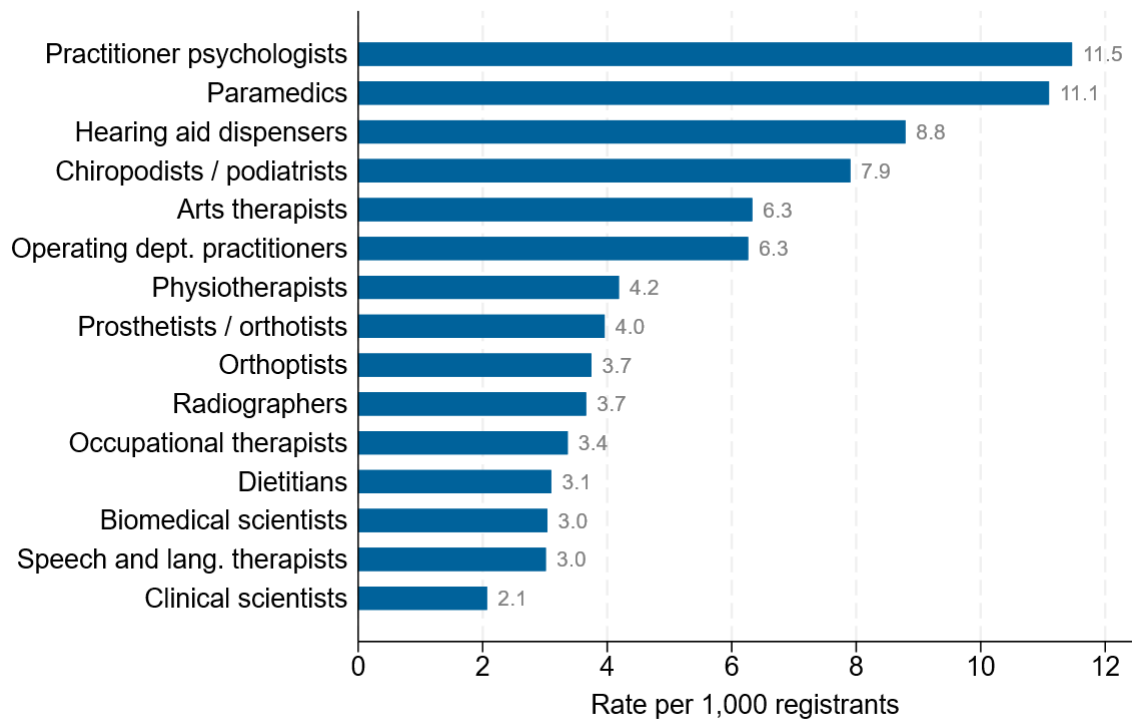


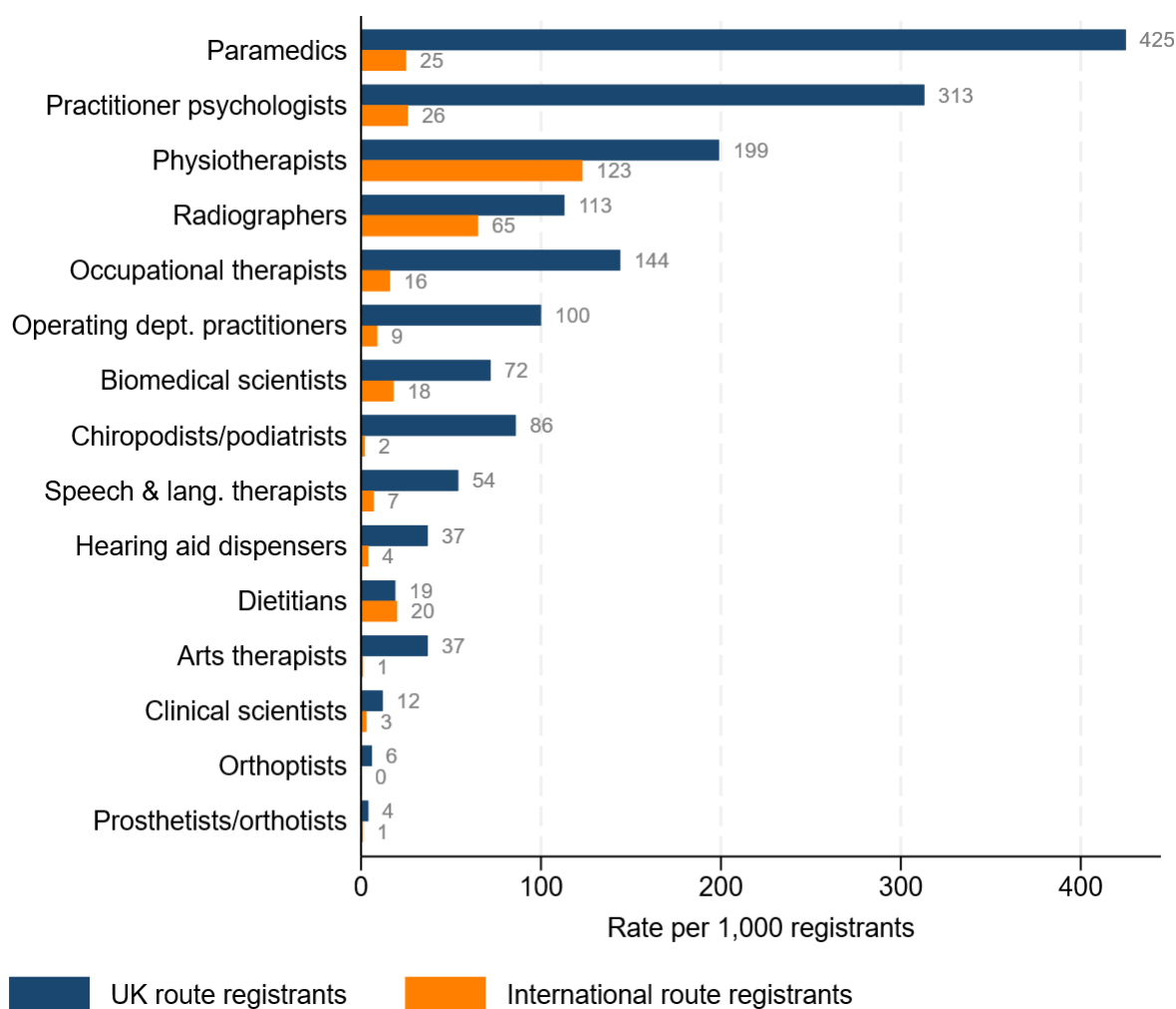
Figure 2: Registrants with one or more FTP concern in 2024/25, rates per 1,000 registrants by profession



Profession by route of registration

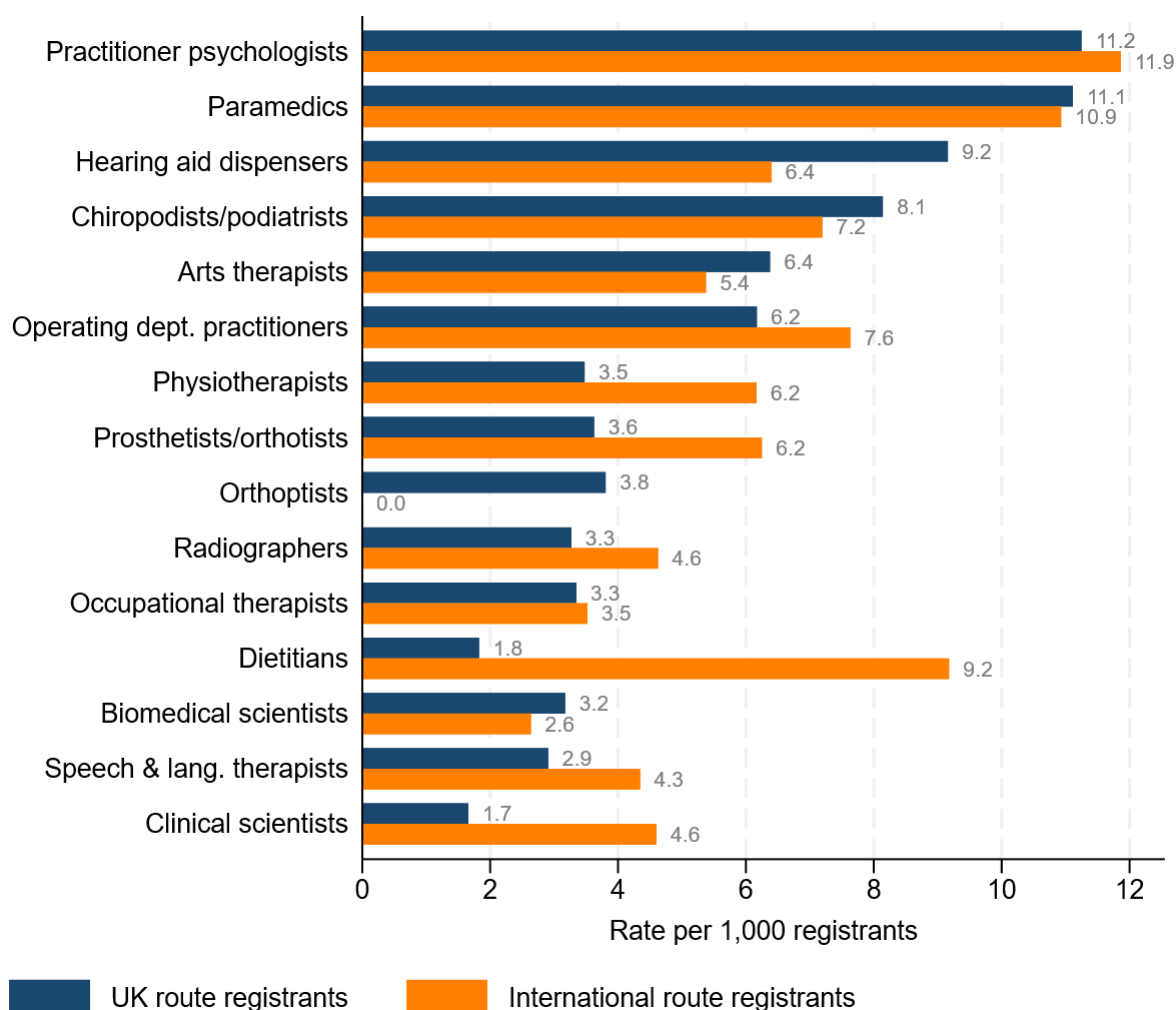
The overall number of FTP cases per profession varied considerably, broadly in line with profession size with some exceptions. When split into UK and International route registrants, many professions had very few international route registrants in FTP (Figure 3). Over half (58.8%) of all international route registrants with one or more FTP concern came from just two professions, Physiotherapists and Radiographers, who in combination also account for 59.9% of all international route registrants.

Figure 3: Registrants with one or more FTP concern in 2024/25, counts by profession and registration route



Profession specific rates by registration route show that nine professions had higher international route rates, and six professions had higher UK route rates (Figure 4). This pattern is something that is seen across other parts of the sector. The GMC and GDC have both previously reported higher FtP referral rates for registrants who trained overseas than in those who trained in the UK. [1] [2].

Figure 4: Registrants with one or more FTP concern in 2024/25, rates per 1,000 registrants by registration route

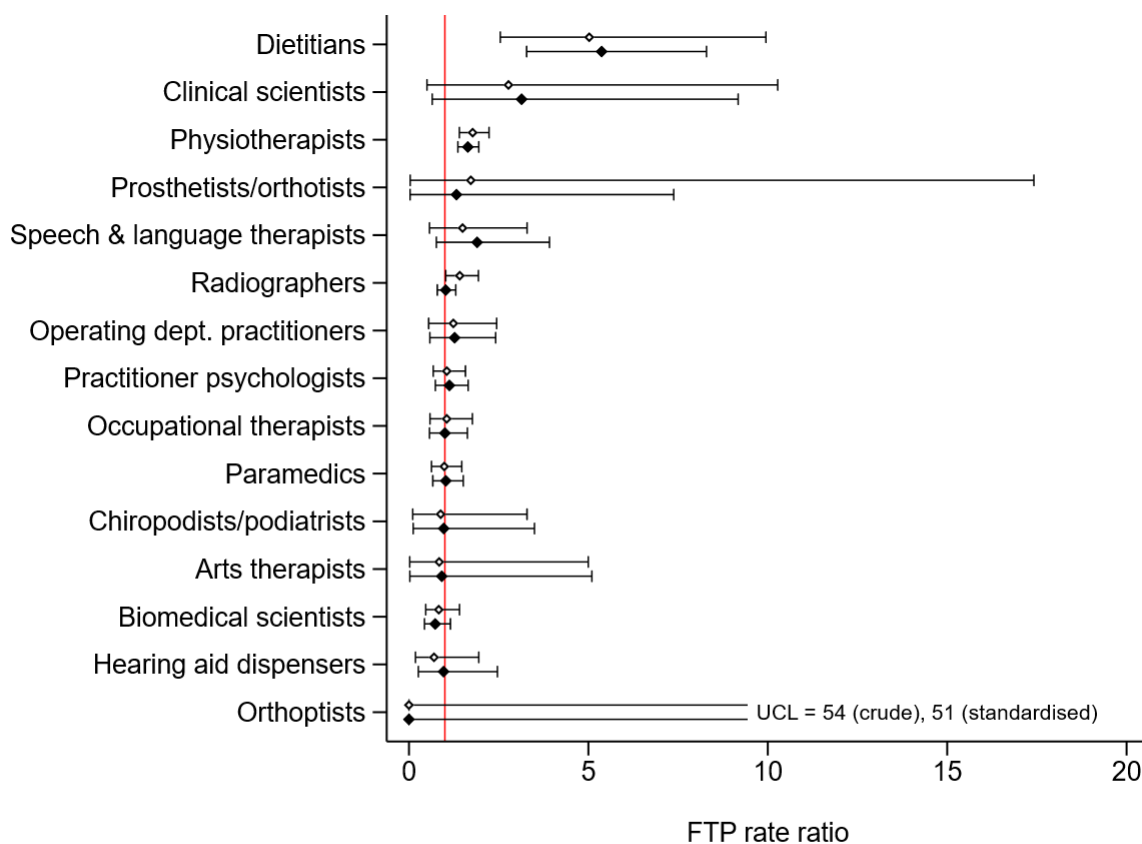


The statistical significance of these differences was assessed as a crude rate ratio, with no adjustment for age and sex, and as an age and sex standardised rate ratio (Figure 5). Adjusting for age and sex was conducted as age and sex specific FTP rates vary considerably and therefore structural differences in the UK and International route registrant populations could explain some of the variations in rates. Age and sex counts and rates by profession can be found in Annexes A-D.

Statistical significance was inferred by the confidence interval crossing the value of 1, plotted as a red line. This indicated that three professions had an FTP rate for international route applicants that was statistically significantly higher than for their UK route applicants. Dietitians and Physiotherapists rate ratios were significant before and after adjusting for age and sex, Radiographers rate ratios were significant only before adjusting for age and sex. The very large confidence intervals are a consequence of the very small numbers for many professions and indicate the extent of the uncertainty in the analysis of them.

Profession counts, rates, and rate ratios are tabulated in Annex A.

Figure 5: Registrants with one or more FTP concern in 2024/25, crude and age & sex standardised rate ratios



- 95% confidence interval
- ◊ Crude rate ratio
- ◆ Age & sex standardised rate ratio

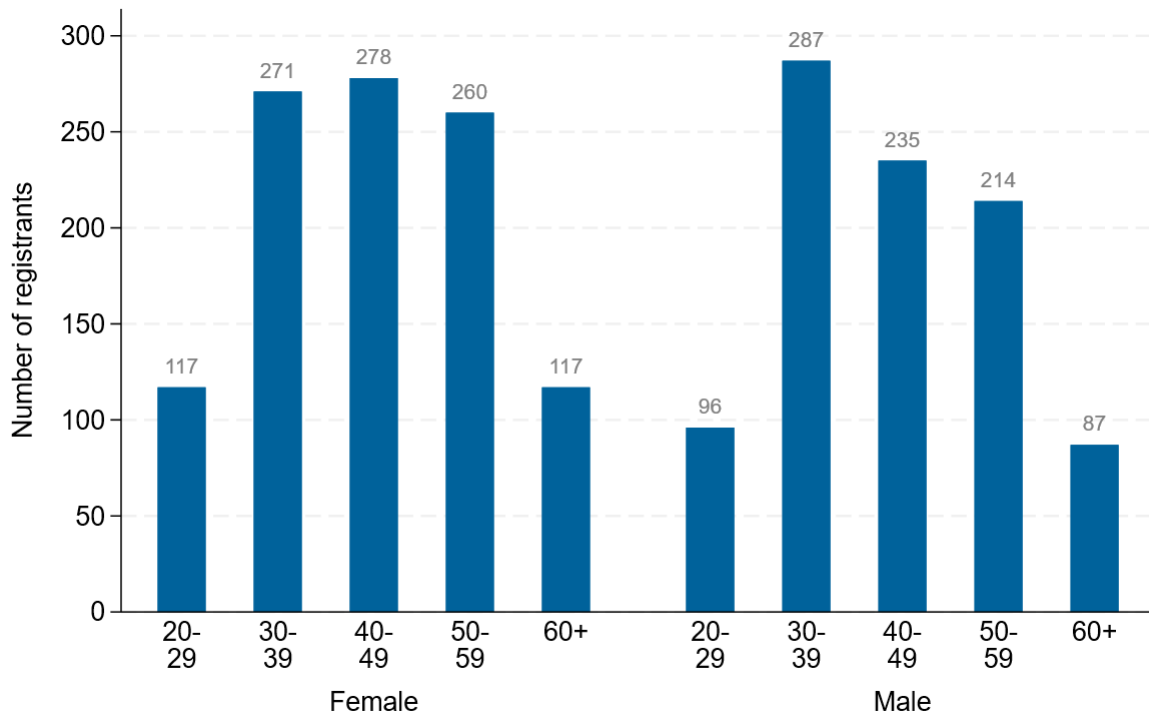
Age & Sex

Age was recorded for all 1,964 registrants. The median age at the time of the FTP concern was 43 (Inter Quartile Range 35 to 53) with ages ranging from 22 to 85.

Sex was recorded for all bar one of the 1,964 registrants and one having stated “Prefer not to say”. Just over half were female (53%). Median age and interquartile range were very similar for females (44, IQR 35 to 54) and males (43, IQR 34 to 53).

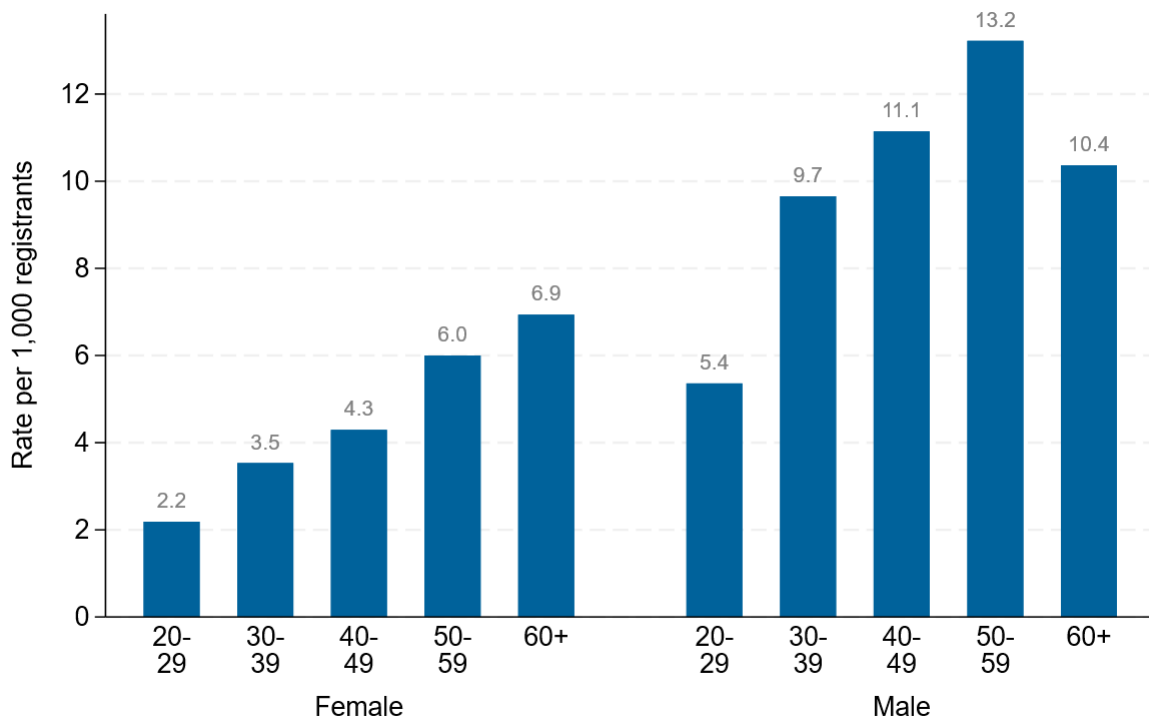
There was a subtle difference in the age distributions by sex with females showing a higher number of concerns across the 30-39 to 50-59 age groups, but males peaking in the 30-39 group then declining (Figure 6).

Figure 6: Registrants with one or more FTP concern in 2024/25, counts by age and sex



After taking into account the number of registrants in each age and sex group, females exhibited a continual rise with increasing age (Figure 7), while males peaked at 50-59, but then dropped slightly. All male age specific rates were 1.5 to 2.8 times higher than the corresponding female age specific rates.

Figure 7: Registrants with one or more FTP concern in 2024/25, rates per 1,000 registrants by age and sex



Age & Sex by route of registration

For the UK route, females had a higher count than males in all age groups and a higher total. For the international route, males had a higher count than females in all age groups and had a higher total (Figure 8). This reflects the higher proportion of males in International route registrations than in UK route registrations.

International route registrant FTP rates for females were higher than for the UK route for ages 20-39 and 50-59 (Figure 9). None of the difference in age specific rates for females were statistically significant (Figure 10).

International route registrant FTP rates for males were higher than for the UK route for ages 20-49 and lower thereafter (Figure 9). The International route registrant rate for 40-49 year olds was substantially higher than for the UK route and was statistically significantly higher (Figure 10).

Age and sex counts, rates, and rate ratios are tabulated in Annex B.

Figure 8: Registrants with one or more FTP concern in 2024/25, counts by age, sex, and registration route

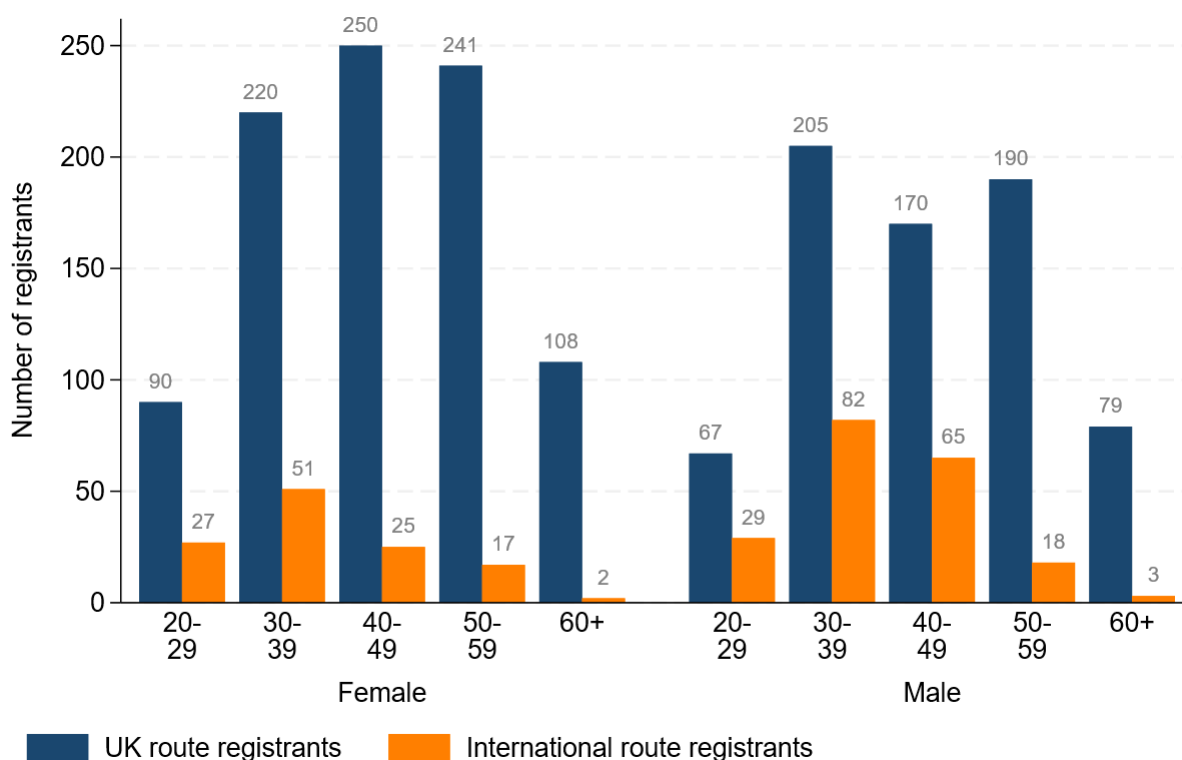


Figure 9: Registrants with one or more FTP concern in 2024/25, rates per 1,000 registrants by age, sex, and registration route

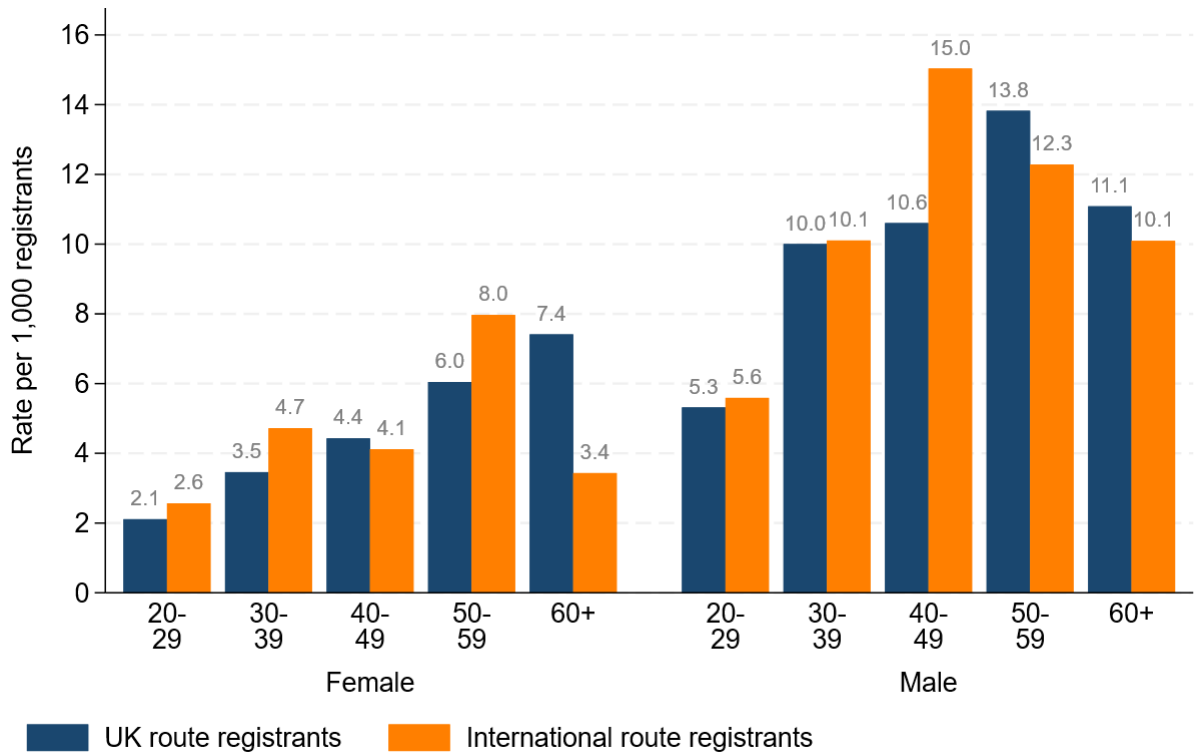
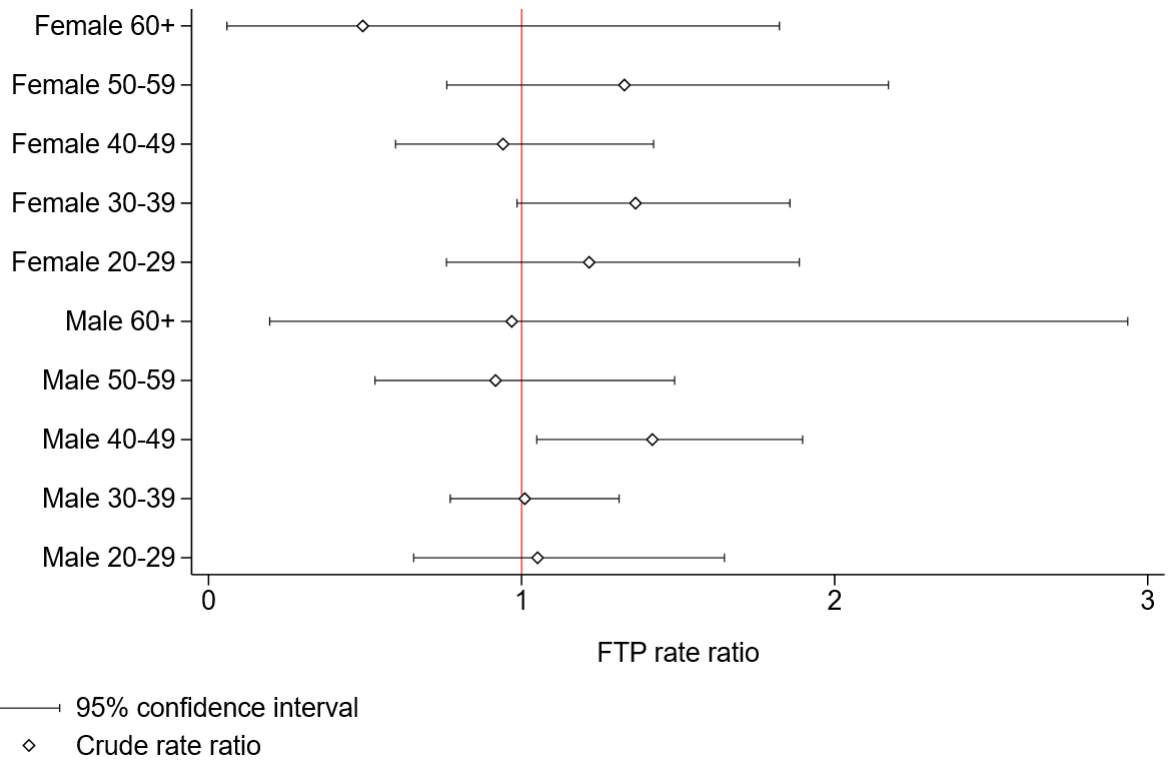


Figure 10: Registrants with one or more FTP concern in 2024/25, rate ratios by age and sex



Ethnicity

Ethnicity information is collected via the Equality, Diversity and Inclusion portal that HCPC registrants have been invited to complete at first registration and at renewal since December 2021. Of the 1,964 registrants with an FTP concern in 2024/25, 1,950 (99%) had answered the ethnicity question. Of those who had reported ethnicity, the percentages of each ethnicity for FTP concerns were broadly similar to the entire registrant population (Table 1).

Table 1: Registrants with one or more FTP concern in 2024/25, counts and percents by ethnicity

| | FTP registrants | | Register | |
|--|-----------------|-------|----------|-------|
| | number | % | | % |
| White | 1,379 | 70.2 | | 73.9 |
| Asian or Asian British | 244 | 12.4 | | 12.6 |
| Black, African, Caribbean or Black British | 146 | 7.4 | | 5.7 |
| Mixed or multiple ethnic groups | 46 | 2.3 | | 2.0 |
| Other ethnic group | 25 | 1.3 | | 1.4 |
| Prefer not to say | 110 | 5.6 | | 3.9 |
| Not recorded | 14 | 0.7 | | 0.5 |
| All | 1,964 | 100.0 | | 100.0 |

Whilst the vast majority of concerns reported to the HCPC were about registrants reporting white ethnicities (Figure 11), though all other ethnicities reported higher rates (Figure 12).

Figure 11: Registrants with one or more FTP concern in 2024/25, counts by ethnicity

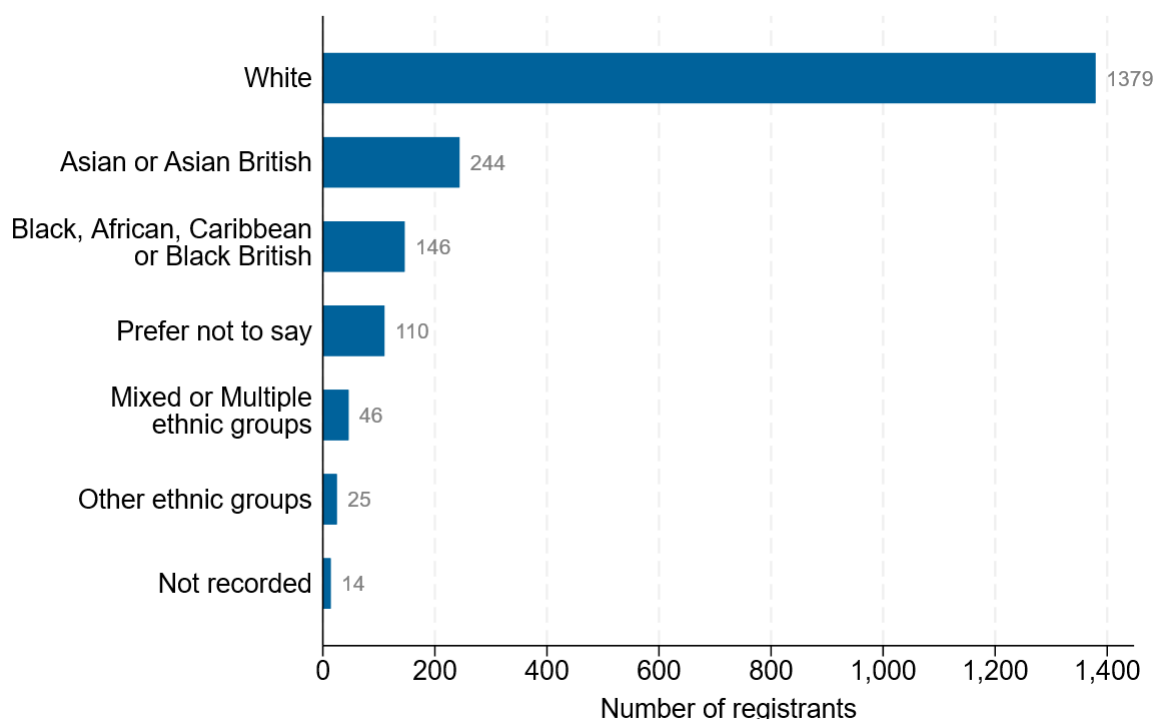
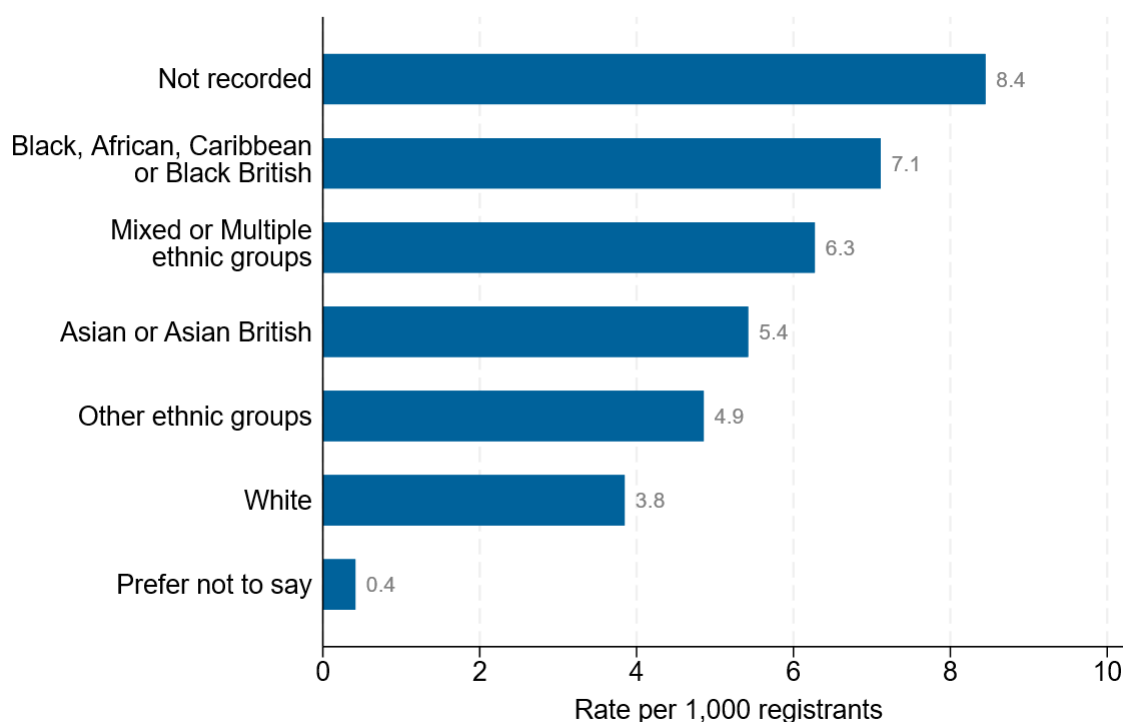


Figure 12: Registrants with one or more FTP concern in 2024/25, rates per 1,000 registrants by ethnicity



Ethnicity by route of registration

Both UK and international routes exhibited the same pattern of the lowest FTP rates for concerns being reported to the HCPC being for registrants who reported Other or White ethnicities. The highest data group (aside from not recorded) for the UK route was Prefer not to say and for the International route was Black, African, Caribbean or Black British (Figure 13).

Comparison of the ethnicity rates (for concerns reported to the HCPC) for international route and UK route rates that there were no statistically significant differences (Figure 14).

Looking within the routes to see how the ethnicities compared against a baseline of white indicated that for international route registrants Black, African, Caribbean or Black British registrants were statistically significantly more likely to have an FTP concern (reported to the HCPC) than white registrants from the route (Figure 15). For the UK route registrants only Prefer not to say registrants were statistically significantly more likely to have an FP concern (reported to the HCPC) that white registrants from the UK route (Figure 15). Ethnicity counts, rates, and rate ratios are tabulated in Annex C.

Figure 13: Registrants with one or more FTP concern in 2024/25, rates per 1,000 registrants by ethnicity and registration route

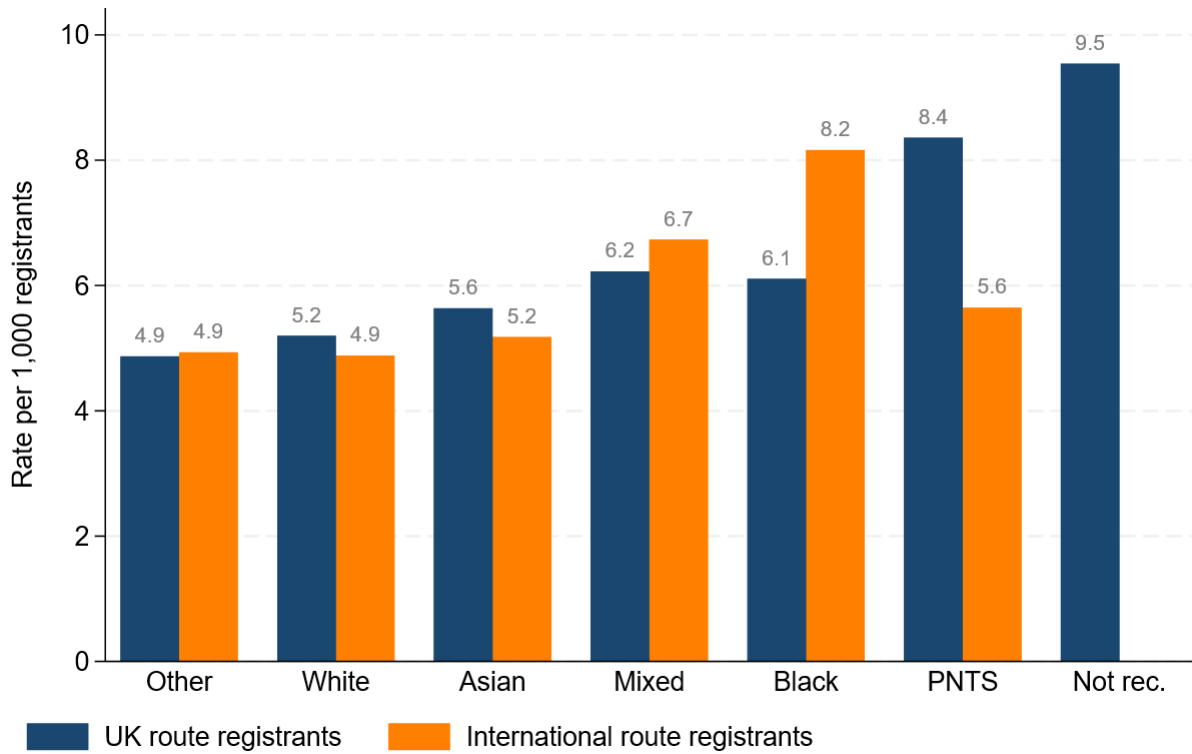


Figure 14: Registrants with one or more FTP concern in 2024/25, rate ratios for International compared to UK by ethnicity

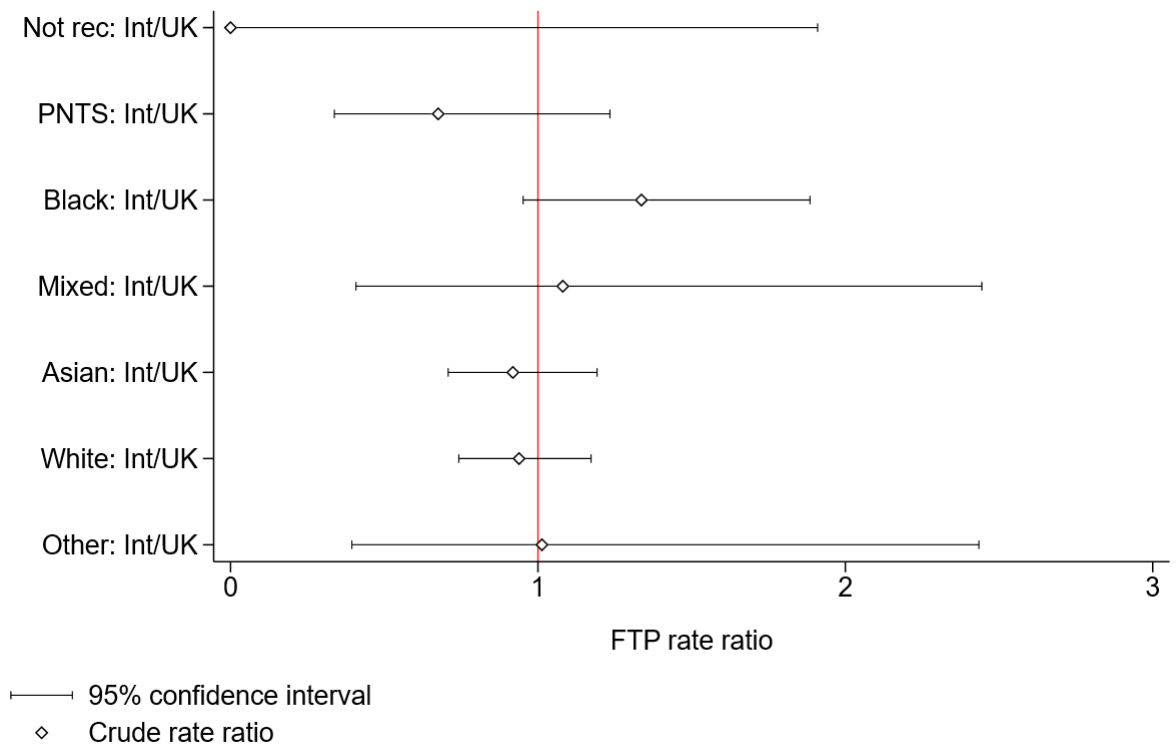
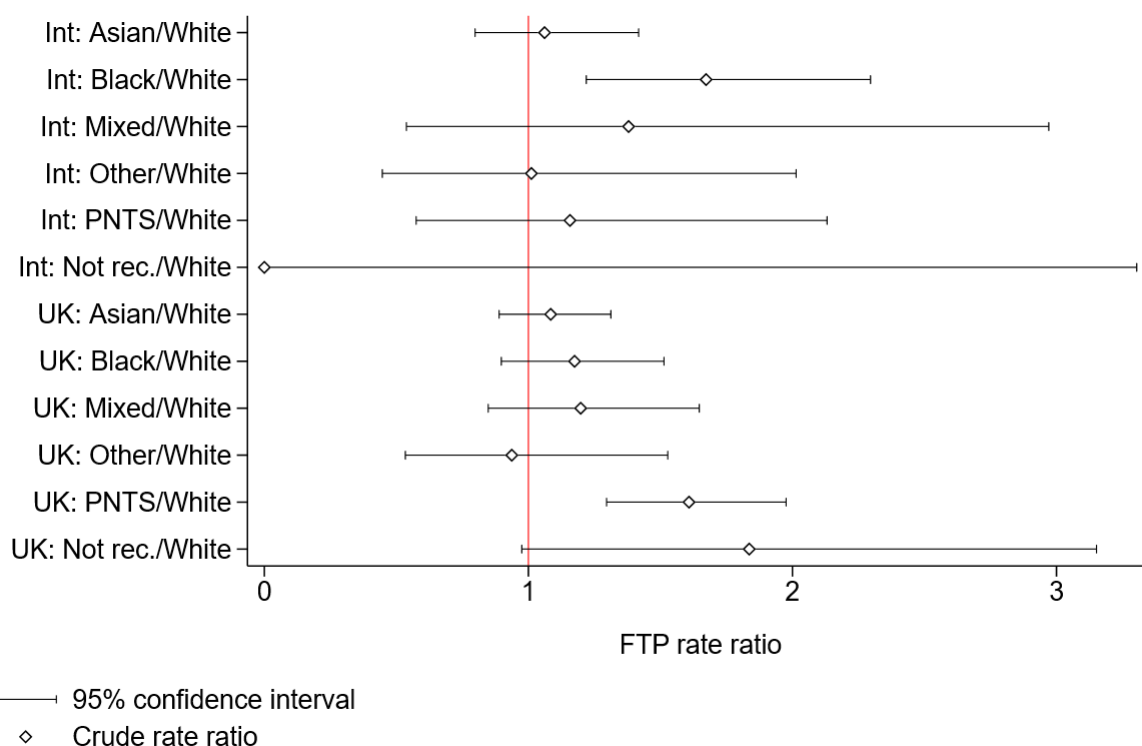


Figure 15: Registrants with one or more FTP concern in 2024/25, rate ratios white compared to other ethnicities by route



Nationality (continent)

Nationality information is collected during the registration process though is not mandatory. Of the 1,964 registrants, 1,752 (89%) had self-reported nationality. As many individual nationalities resulted in very small counts, nationality here has been aggregated into continent, and in the instance of North and South America, merged continents (Figure 16). Of those who had reported nationality, the percentages of each continent for FTP concerns were broadly similar to the entire registrant population (Table 2).

Table 2: Registrants with one or more FTP concern in 2024/25, counts and percents by continent of nationality

| | FTP registrants | | Register |
|------------------|-----------------|-------|----------|
| | number | % | % |
| UK | 1,342 | 68.3 | 71.4 |
| Asia | 146 | 7.4 | 4.4 |
| Africa | 118 | 6.0 | 8.0 |
| Europe (excl.UK) | 109 | 5.5 | 6.8 |
| N/S America | 16 | 0.8 | 0.9 |
| Oceania | 21 | 1.1 | 1.7 |
| Not recorded | 212 | 10.8 | 6.7 |
| All | 1,964 | 100.0 | 100.0 |

Whilst the rates for most of the nationality groups were between 4.4 and 5.2, the rate for Africa was more than twice the rate for Oceania (Figure 17). The rate is higher but as this only considers the numbers of concerns (reported to the HCPC) overall, and not those that progressed to sanction, we cannot say from this data alone that there is disproportionate risk associated with those registrants from certain continents.

Figure 16: Registrants with one or more FTP concern in 2024/25, counts by continent of nationality

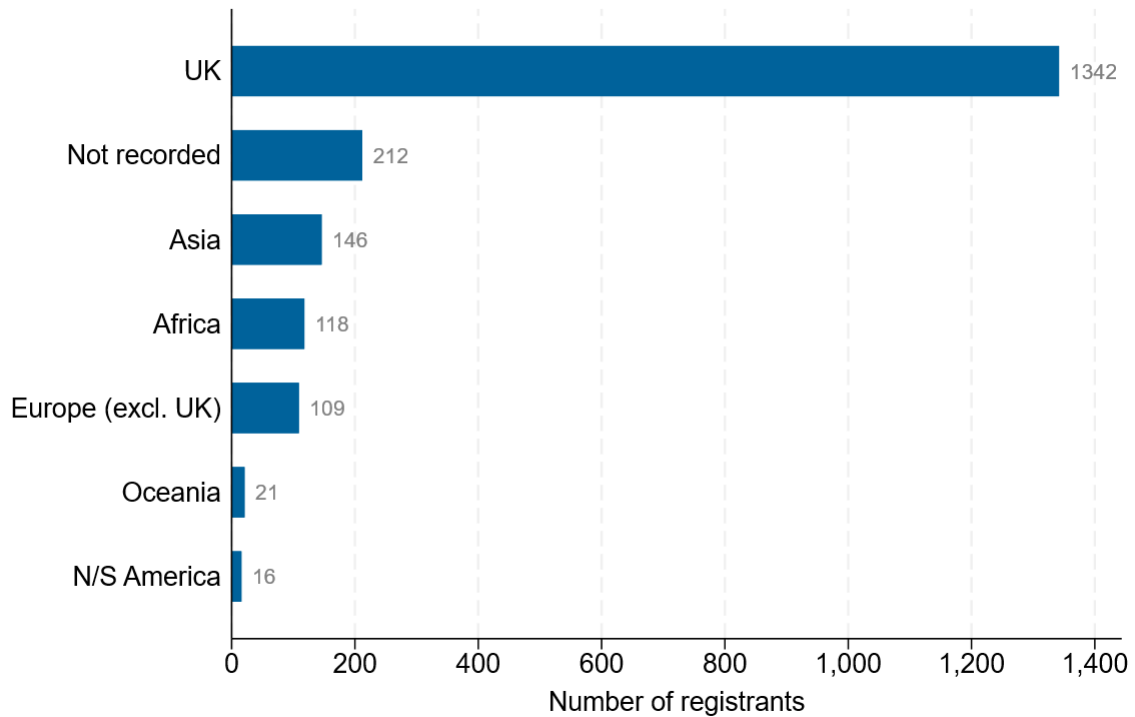
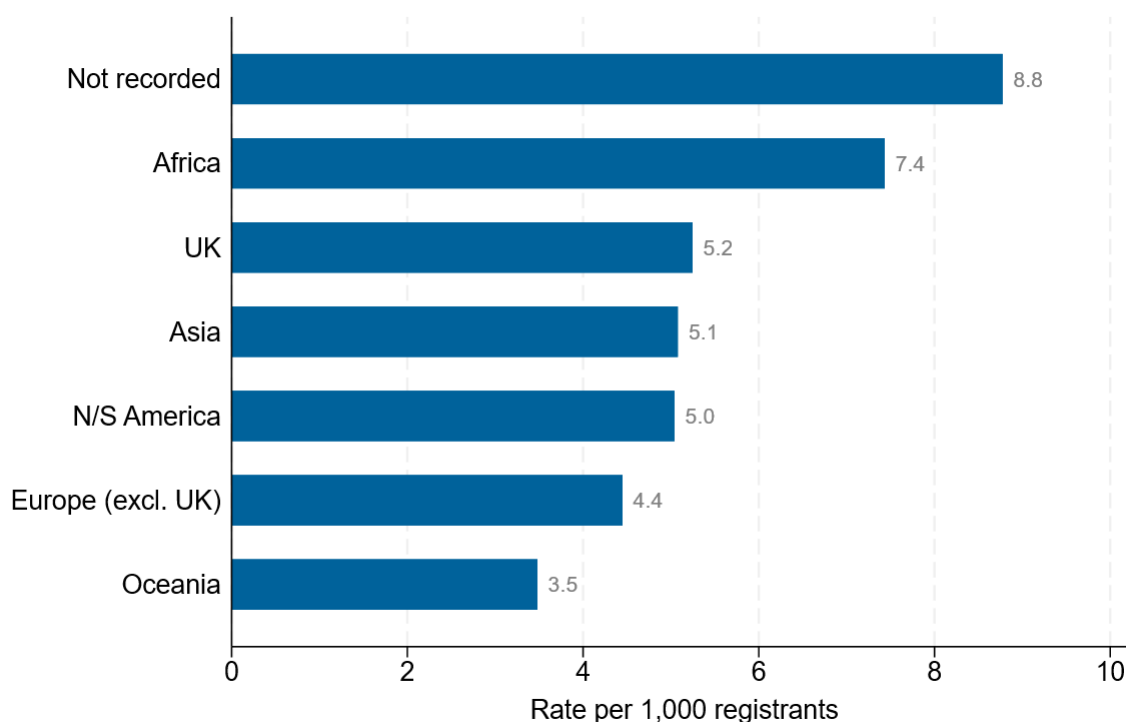


Figure 17: Registrants with one or more FTP concern in 2024/25, rates per 1,000 registrants by continent of nationality



Nationality (continent) by registration route

The registration route used by those with a nationality of UK citizen is, as you might expect, primarily the UK route (Table 3). However, all other nationalities were also users of the UK route to varying degrees.

Table 3: Registrants with one or more FTP concern in 2024/25, counts and percents by nationality and registration route

| | Grandparenting | | International | | UK | | Total |
|-------------------|----------------|-----|---------------|------|-------|-------|-------|
| | n | % | n | % | n | % | n |
| UK | 19 | 1.4 | 13 | 1.0 | 1,310 | 97.6 | 1,342 |
| Not recorded | 0 | 0.0 | 0 | 0.0 | 212 | 100.0 | 212 |
| Asia | 1 | 0.7 | 130 | 89.0 | 15 | 10.3 | 146 |
| Africa | 0 | 0.0 | 98 | 83.1 | 20 | 16.9 | 118 |
| Europe (excl. UK) | 2 | 1.8 | 52 | 47.7 | 55 | 50.5 | 109 |
| N/S America | 0 | 0.0 | 8 | 50.0 | 8 | 50.0 | 16 |
| Oceania | 1 | 4.8 | 19 | 90.5 | 1 | 4.8 | 21 |
| Total | 23 | 1.2 | 320 | 16.3 | 1,621 | 82.5 | 1,964 |

Correspondence address

The HCPC relies on registrants to provide and maintain an up to date and accurate correspondence address. This is assumed to be close to where they work but there will inevitably some degree of cross border flow, and that will affect different areas of the UK to different extents. There is some evidence to suggest that not all registrants keep their correspondence address up to date, which would affect the accuracy of

these figures. Also, registrants may have changed their correspondence address since the issue that led to the FTP concern being raised. The vast majority of registrants with an FTP concern in 2024/25 had an English correspondence address, as did the majority of HCPC registrants (Table 4).

Table 4: Registrants with one or more FTP concern in 2024/25, counts and percents by correspondence address

| | FTP registrants | | Register | |
|------------------|-----------------|-------|----------|-------|
| | n | % | n | % |
| England | 1,616 | 82.3 | 275,952 | 77.2 |
| Scotland | 145 | 7.4 | 26,499 | 7.4 |
| Northern Ireland | 42 | 2.1 | 10,348 | 2.9 |
| Wales | 85 | 4.3 | 14,897 | 4.2 |
| Overseas | 58 | 0.0 | 20,346 | 5.7 |
| Not recorded | 18 | 0.0 | 9,559 | 2.7 |
| All | 1,964 | 100.0 | 357,601 | 100.0 |

Correspondence address by registration route

The registration route used by those with a correspondence address in England, Scotland, Northern Ireland or Wales is, as you might expect, primarily the UK route (Table 5). However, a number of registrants with non-UK correspondence addresses were also users of the UK route. The largest proportion of registrants that used the grandparenting route were from England.

Table 5: Registrants with one or more FTP concern in 2024/25, counts and percents by correspondence address and registration route

| | Grandparenting | | International | | UK | | Total |
|------------------|----------------|-----|---------------|------|-------|------|-------|
| | n | % | n | % | n | % | n |
| England | 20 | 1.2 | 232 | 14.4 | 1,364 | 84.4 | 1,616 |
| Scotland | 3 | 2.1 | 12 | 8.3 | 130 | 89.7 | 145 |
| Wales | 0 | 0.0 | 9 | 10.6 | 76 | 89.4 | 85 |
| Northern Ireland | 0 | 0.0 | 3 | 7.1 | 39 | 92.9 | 42 |
| Overseas | 0 | 0.0 | 47 | 81.0 | 11 | 19.0 | 58 |
| Not recorded | 0 | 0.0 | 17 | 94.4 | 1 | 5.6 | 18 |
| Total | 23 | 1.2 | 320 | 16.3 | 1,621 | 82.5 | 1,964 |

Other protected characteristics

There was a higher percent of registrants with a disability in the FTP data than in the register as a whole (Table 6). The management of a health condition may be a feature of a broader FTP concern reported to us and these concerns are often self-referrals. This means that the higher levels seen in this category are not necessarily unexpected.

Table 6: Registrants with one or more FTP concern in 2024/25, counts and percents by disability

Question: Do you consider yourself to have a disability or to be a disabled person?

| | FTP registrant | | Register |
|-------------------|----------------|-------|----------|
| | n | % | % |
| Yes | 169 | 8.6 | 5.1 |
| No | 1683 | 85.7 | 91.2 |
| Prefer not to say | 98 | 5.0 | 3.6 |
| Not recorded | 14 | 0.7 | 0.0 |
| Total | 1,964 | 100.0 | 100.0 |

The number of registrants in the FTP data identifying as a different gender to the sex registered at birth was too small to make any meaningful comparison with the register as a whole (Table 7).

Table 7: Registrants with one or more FTP concern in 2024/25, counts and percents by gender reassignment

Question: Is the gender you identify with the same as your sex registered at birth?

| | FTP registrants | | Register |
|-------------------------|-----------------|-------|----------|
| | n | % | % |
| Yes | 1,830 | 93.2 | 0.2 |
| No | 11 | 0.6 | 0.1 |
| Prefer not to say | 103 | 5.2 | 3.2 |
| Prefer to self-describe | 3 | 0.2 | 0.1 |
| Not recorded | 17 | 0.9 | 96.4 |
| Total | 1,964 | 100.0 | 100.0 |

There were higher percentages in the FTP data than in the register for those reporting as divorced, separated but still legally married and prefer not to say groups (Table 8). Whereas there were lower percentages for married and never married and never registered in a civil partnership.

Table 8: Registrants with one or more FTP concern in 2024/25, counts and percents by marriage and civil partnership

Question: What is your legal marital or registered civil partnership status?

| | FTP registrants | | Register |
|--|-----------------|--------------|--------------|
| | n | % | % |
| Married | 866 | 44.1 | 47.5 |
| Never married and never registered in a civil partnership | 601 | 30.6 | 36.6 |
| Divorced | 154 | 7.8 | 5.1 |
| Separated but still legally married | 54 | 2.7 | 1.3 |
| Widowed | 16 | 0.8 | 0.6 |
| In a registered civil partnership | 17 | 0.9 | 0.6 |
| Formerly in a civil partnership which is now legally dissolved | 2 | 0.1 | 0.1 |
| Separated but still legally in civil partnership | 2 | 0.1 | 0.0 |
| Surviving partner from a registered civil partnership | 1 | 0.1 | 0.0 |
| Prefer not to say | 237 | 12.1 | 8.1 |
| Not recorded | 14 | 0.7 | 0.0 |
| Total | 1,964 | 100.0 | 100.0 |

There was a slightly lower percent of registrants falling under the protected characteristic of pregnancy and maternity in the FTP data than in the register as a whole (Table 9). This is not unexpected as the FTP data has a greater proportion of males than the register as a whole.

Table 9: Registrants with one or more FTP concern in 2024/25, counts and percents by pregnancy and maternity

Question: Do you consider yourself to fall under the protected characteristic of 'pregnancy and maternity', as per the Equality Act 2010?

| | FTP registrants | | Register |
|-------------------|-----------------|--------------|--------------|
| | n | % | % |
| Yes | 55 | 2.8 | 5.0 |
| No | 1,760 | 89.6 | 89.1 |
| Prefer not to say | 132 | 6.7 | 5.9 |
| Not recorded | 17 | 0.9 | 0.0 |
| Total | 1,964 | 100.0 | 100.0 |

The percent of registrants in the FTP data for each religion or strongly held belief was similar to the percent in the register as a whole though was a little lower for Christian and little higher for Muslim and Prefer not to say (Table 10).

Table 10: Registrants with one or more FTP concern in 2024/25, counts and percents by religion or belief

Question: What is your religion or strongly held belief, if any?

| | FTP registrants | | Register | |
|-------------------------------------|-----------------|--------------|----------|--------------|
| | n | % | | % |
| Christian (all denominations) | 685 | 34.9 | | 38.1 |
| Muslim | 122 | 6.2 | | 5.1 |
| Hindu | 53 | 2.7 | | 3.1 |
| Spiritual | 46 | 2.3 | | 1.8 |
| Buddhist | 15 | 0.8 | | 0.7 |
| Jewish | 19 | 1.0 | | 0.6 |
| Sikh | 14 | 0.7 | | 0.5 |
| Any other religion or belief | 23 | 1.2 | | 0.6 |
| No religion or strongly held belief | 770 | 39.2 | | 41.3 |
| Prefer not to say | 203 | 10.3 | | 8.3 |
| Not recorded | 14 | 0.7 | | 0.0 |
| Total | 1,964 | 100.0 | | 100.0 |

Almost all categories other than heterosexual were slightly higher in the FTP data than in the register as a whole (Table 11).

Table 11: Registrants with one or more FTP concern in 2024/25, counts and percents by sexual orientation

Question: Which of the following best describes your sexual orientation?

| | FTP registrants | | Register | |
|-------------------------|-----------------|--------------|----------|--------------|
| | n | % | | % |
| Heterosexual/straight | 1,604 | 81.7 | | 86.9 |
| Gay man | 57 | 2.9 | | 1.2 |
| Gay woman/lesbian | 33 | 1.7 | | 1.3 |
| Bisexual | 44 | 2.2 | | 1.9 |
| Asexual | 5 | 0.3 | | 0.1 |
| Pansexual | 7 | 0.4 | | 0.3 |
| Queer | 4 | 0.2 | | 0.3 |
| Prefer to self-describe | 2 | 0.1 | | 0.1 |
| Prefer not to say | 194 | 9.9 | | 7.9 |
| Not recorded | 14 | 0.7 | | 0.0 |
| Total | 1,964 | 100.0 | | 100.0 |

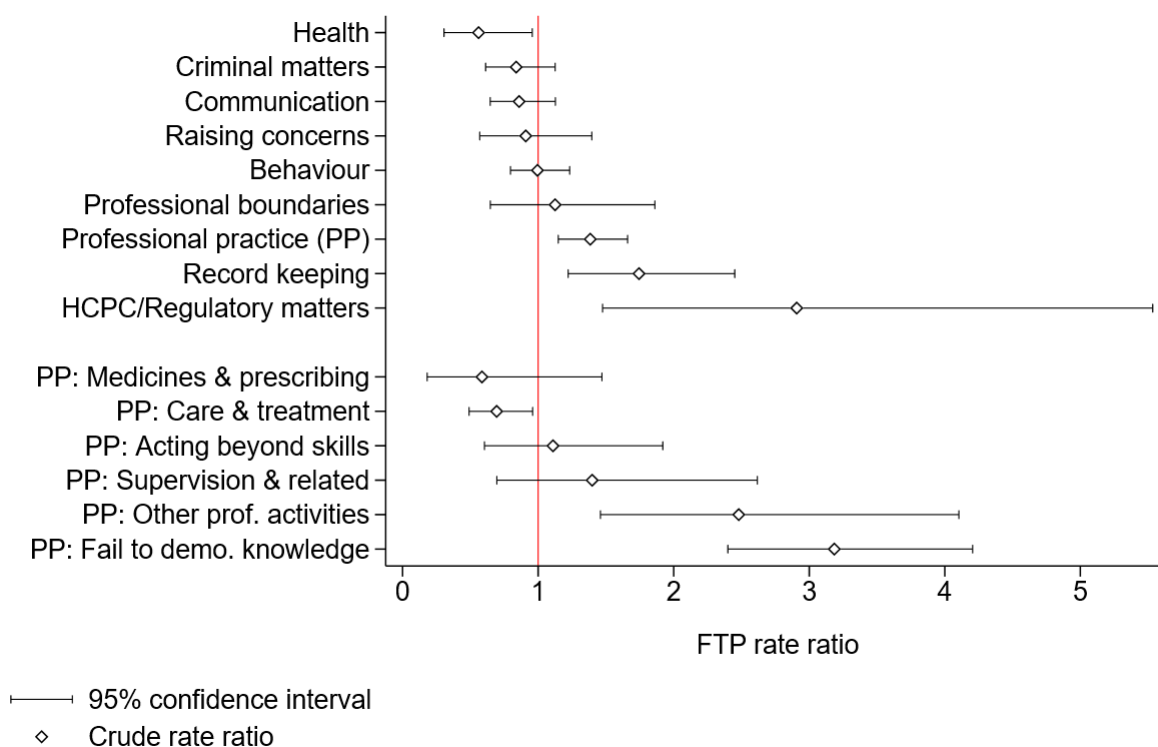
Case classification by route of registration

The overall FTP concern rate per 1,000 person years in the financial year 2024/25 was 5.4. This is equivalent to 0.5% of registrants, showing that overall concerns reported to us remain relatively low. For all professions combined, registrants who followed the international route to registration had an almost identical FTP concern rate (5.6 per 1,000) to those who had followed the UK route (5.4 per 1,000). For all professions combined, International route registrants had statistically significantly lower FTP rates for matters falling under the top level classification of 'Health' than UK route registrants (Figure 18). Conversely International route registrants had statistically significantly higher FTP rates for matters falling under 'Professional Practice', which was the largest group for both routes, and for matters falling under 'Record Keeping' and for 'HCPC/Regulatory matters'.

Drilling down into the sub classifications for 'Professional Practice' identified 'Failure to demonstrate knowledge or proficiency appropriate to experience' as the largest sub-classification and as the only one where the routes differed statistically significantly with the international route being higher. Case classification counts, rates, and rate ratios are tabulated in Annex D.

It is important to reiterate that these elements relate to concerns reported to the HCPC, rather than outcome and, therefore, no conclusions on the veracity of the concerns raised in these areas can be drawn from this data alone. Further analysis of these types of concerns is required to establish the number of these types of concerns resulted in regulatory action and whether potentially greater risk is associated with a particular cohort of registrants.

Figure 18: Registrants with one or more FTP concern in 2024/25, rate ratios for International compared to UK by case classification



EDI characteristics of those raising FTP concerns

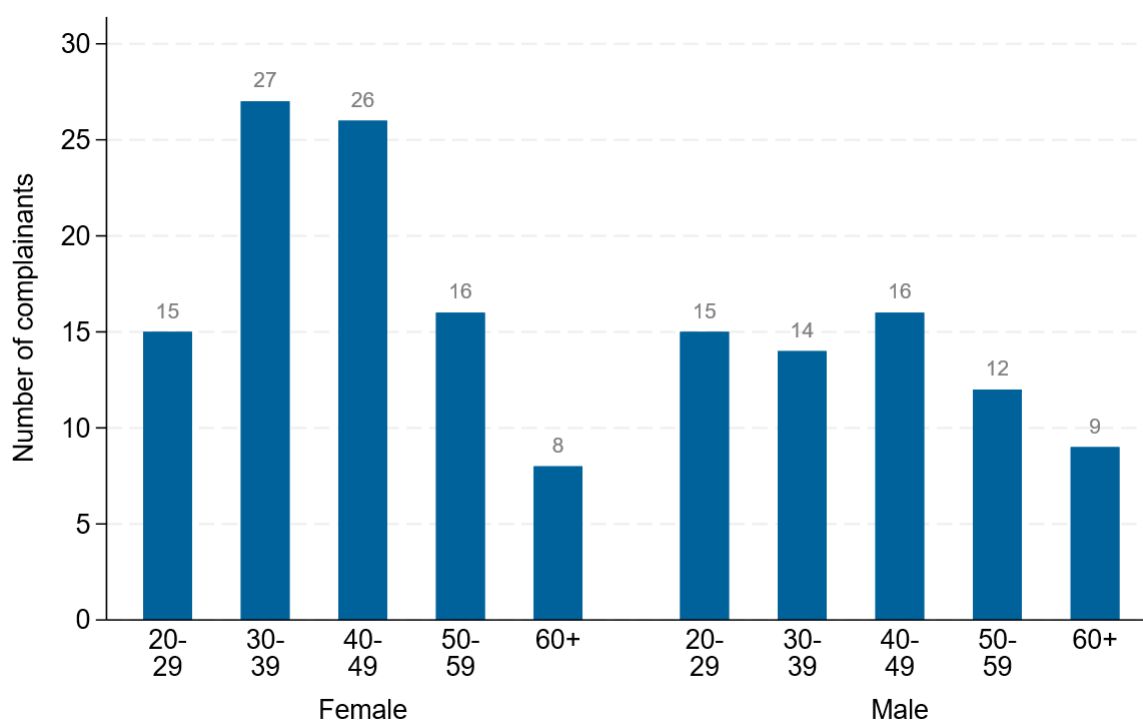
On 12th February 2025, HCPC launched the online concerns form, which allowed collection of basic EDI data from those raising FTP concerns (referrers), on a voluntary basis. By the end of March 2025, HCPC had EDI data for 182 referrers.

The following figures show the distributions of referrers across six protected and one other characteristic: age, sex, ethnicity, disability, sexual orientation, gender reassignment, and English first language.

Age and sex

A greater percent of referrals came from females (58%) than from males (42%), and their age distributions for the sexes differed, noticeably peaking from 30-49 for females whilst being much flatter for males (figure 19).

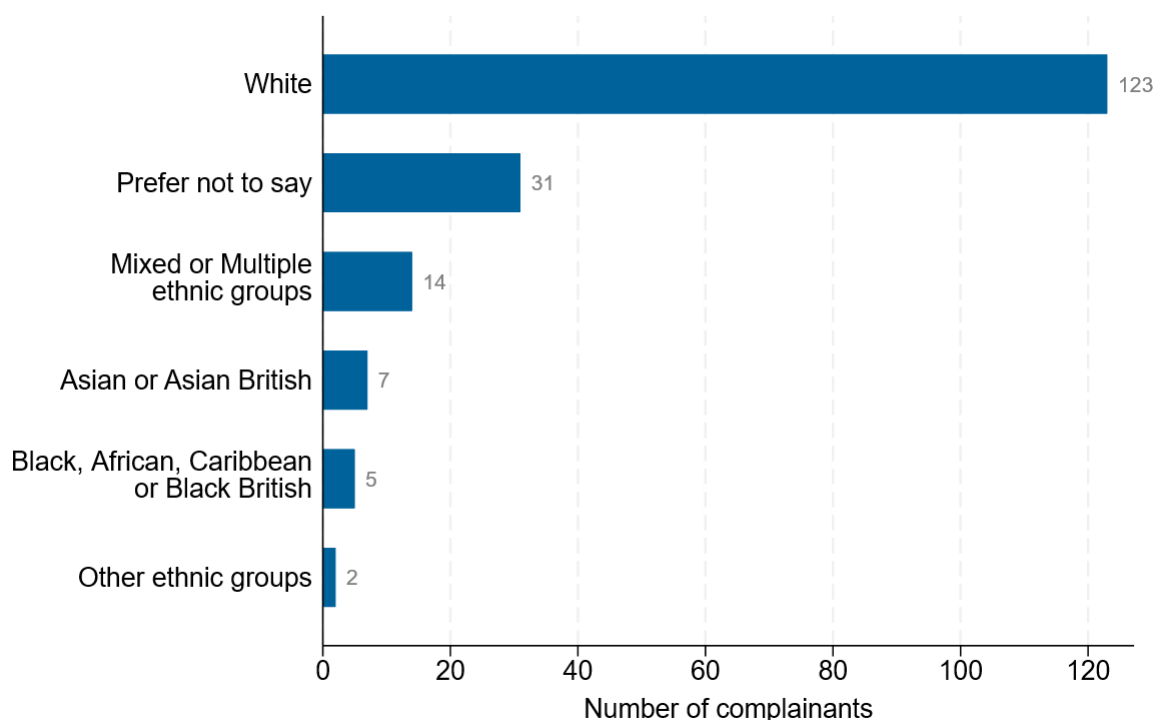
Figure 19: EDI characteristics of people raising concerns, concerns received between 01/01/2025 and 31/03/2025, counts by age and sex of complainant.



Ethnicity

By far the majority of referrers were white (68%), while 'Prefer not to say' was the second biggest group with 17% (Figure 20). The high levels of prefer not to say may hint at some reluctance to volunteer this information for a complaint in case its seen as, at least in part, race motivated.

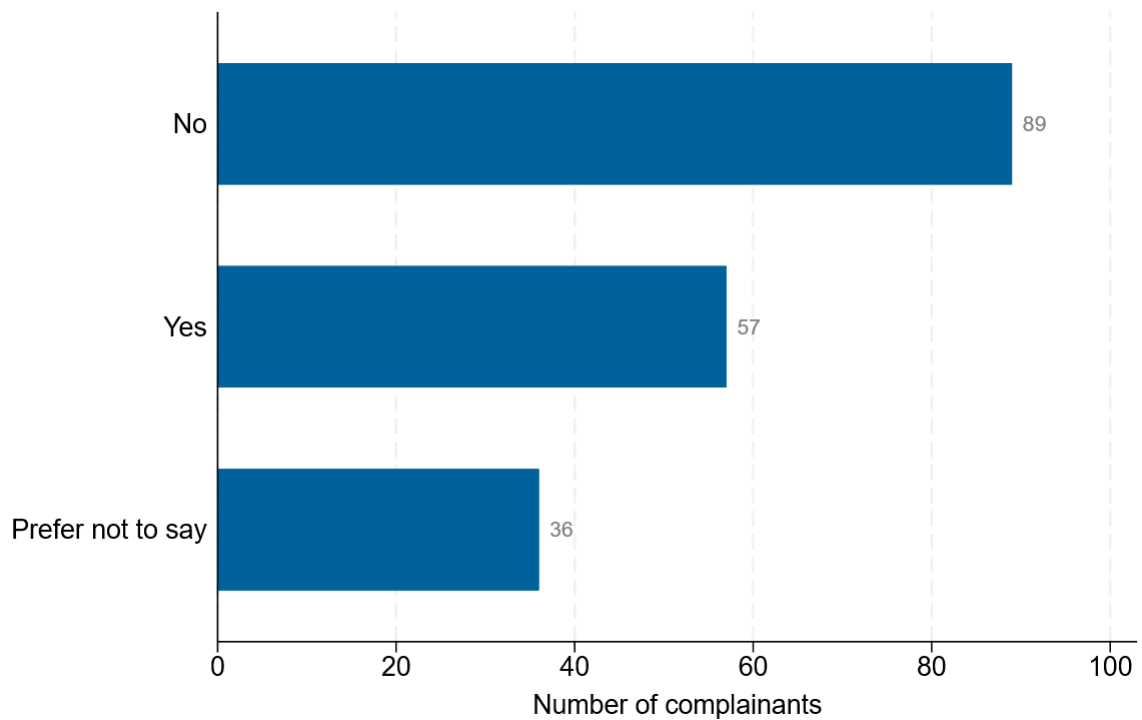
Figure 20: EDI characteristics of people raising concerns, concerns received between 01/01/2025 and 31/03/2025, counts by ethnicity of complainant.



Disability

Almost a third of referrers reported that they did have a disability (31%) another fifth responding with prefer not say (Figure 21). The high level of disability is not necessarily surprising as in many instances the referrals will have been patients and are therefore more likely to declare a disability.

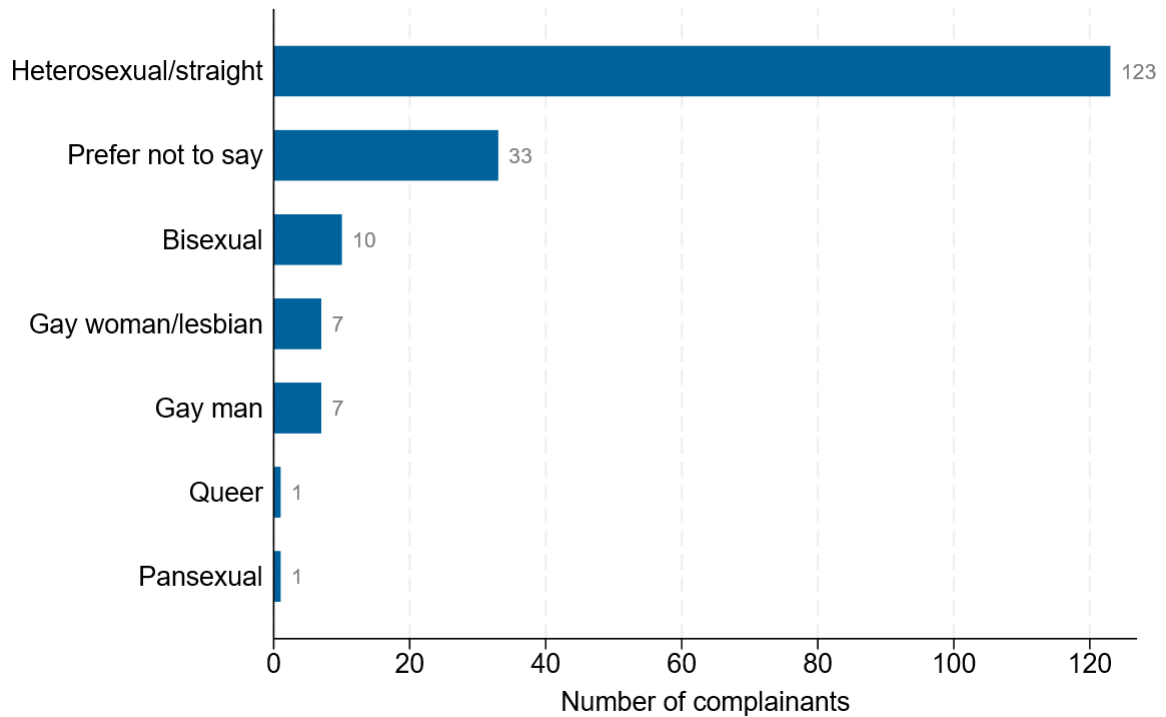
Figure 21: EDI characteristics of people raising concerns, concerns received between 01/01/2025 and 31/03/2025, counts by disability status of complainant.



Sexual orientation

Two thirds of referrers reported their sexual orientation as heterosexual or straight (68%) with almost a fifth responding with prefer not to say (Figure 22).

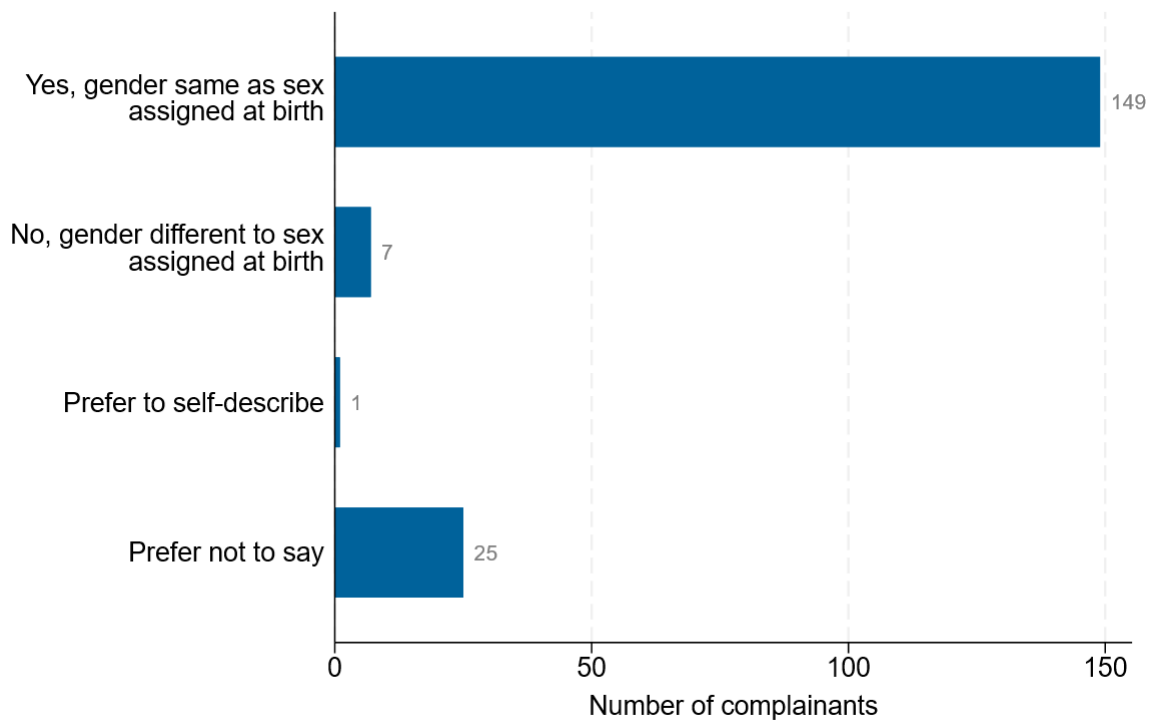
Figure 22: EDI characteristics of people raising concerns, concerns received between 01/01/2025 and 31/03/2025, counts by sexual orientation of complainant.



Gender reassignment

Almost 4% of referrers responded that their gender was not the same as their sex assigned at birth (Figure 23). This is much higher than the percent from the 2021 Census for the general population though the numbers here are small.

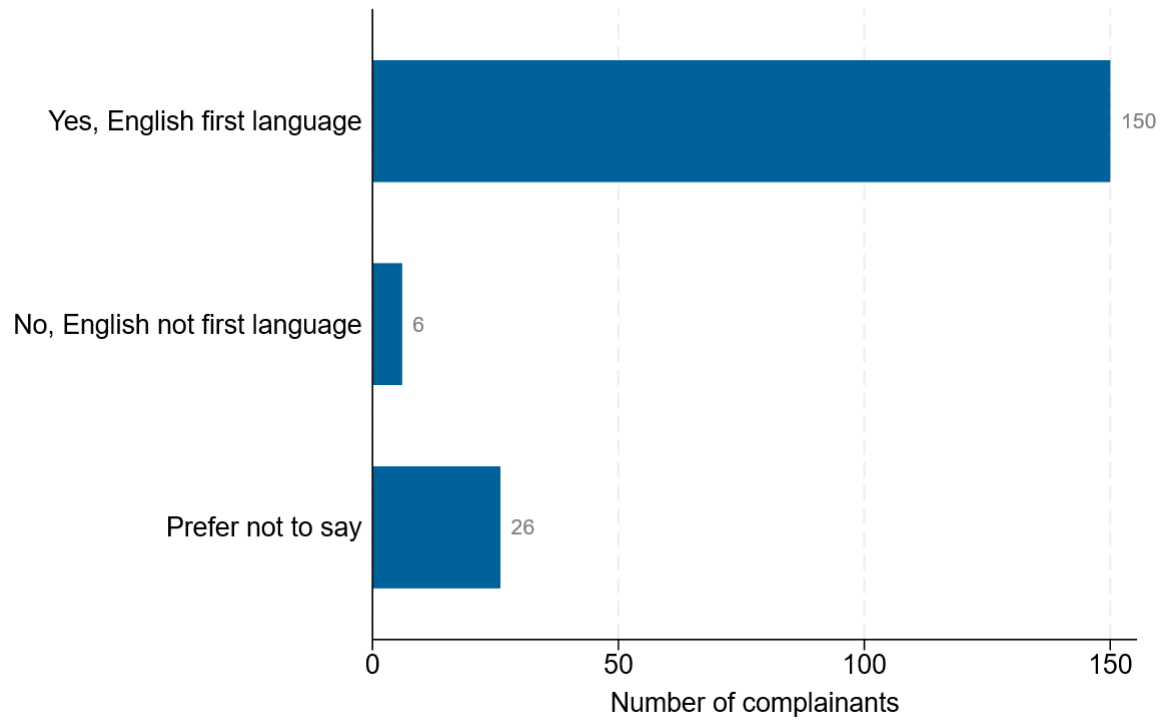
Figure 23: EDI characteristics of people raising concerns, concerns received between 01/01/2025 and 31/03/2025, counts by gender reassignment of complainant.



English first language

Relatively few referrers reported not speaking English as their first language though this could include first language Welsh speakers (Figure 24).

Figure 24: EDI characteristics of people raising concerns, concerns received between 01/01/2025 and 31/03/2025, counts by whether or not English was the first language of the complainant.



References

- [1] General Medical Council, "Fair to refer? Reducing disproportionality in fitness to practise concerns reported to the GMC," GMC, London, 2019.
- [2] D. Zahra, M. Roberts, M. Bryce, T. O'Brien and J. Archer, "Analysis of fitness to practise case data for the General Dental Council," 2016.

Annexes

Annex A: Professions

Arts therapists

| Route | n | Rate per 1,000 | Crude rate ratio | | | Age & sex standardised | |
|---------------|----|----------------|------------------|--------------|------|------------------------|--------------|
| | | | Rate ratio | 95% CI | p | Rate ratio | 95% CI |
| UK | 37 | 6.4 | 0.84 | 0.02 to 5.00 | 1.00 | 0.91 | 0.02 to 5.10 |
| International | 1 | 5.4 | | | | | |

Biomedical scientists

| Route | n | Rate per 1,000 | Crude rate ratio | | | Age & sex standardised | |
|---------------|----|----------------|------------------|--------------|------|------------------------|--------------|
| | | | Rate ratio | 95% CI | p | Rate ratio | 95% CI |
| UK | 72 | 3.2 | 0.83 | 0.47 to 1.41 | 0.57 | 0.73 | 0.43 to 1.16 |
| International | 18 | 2.6 | | | | | |

Chiropodists / podiatrists

| Route | n | Rate per 1,000 | Crude rate ratio | | | Age & sex standardised | |
|---------------|----|----------------|------------------|--------------|------|------------------------|--------------|
| | | | Rate ratio | 95% CI | p | Rate ratio | 95% CI |
| UK | 86 | 8.1 | 0.88 | 0.11 to 3.29 | 1.00 | 0.97 | 0.12 to 3.50 |
| International | 2 | 7.2 | | | | | |

Clinical scientists

| Route | n | Rate per 1,000 | Crude rate ratio | | | Age & sex standardised | |
|---------------|----|----------------|------------------|---------------|------|------------------------|--------------|
| | | | Rate ratio | 95% CI | p | Rate ratio | 95% CI |
| UK | 12 | 1.7 | 2.77 | 0.50 to 10.28 | 0.24 | 3.14 | 0.65 to 9.17 |
| International | 3 | 4.6 | | | | | |

Dietitians

| Route | n | Rate per 1,000 | Crude rate ratio | | | Age & sex standardised | |
|---------------|----|----------------|------------------|--------------|-------|------------------------|--------------|
| | | | Rate ratio | 95% CI | p | Rate ratio | 95% CI |
| UK | 19 | 1.8 | 5.02 | 2.54 to 9.95 | <0.01 | 5.37 | 3.28 to 8.29 |
| International | 20 | 9.2 | | | | | |

Hearing aid dispensers

| Route | n | Rate per 1,000 | Crude rate ratio | | | Age & sex standardised | |
|---------------|----|----------------------|------------------|--------------|------|------------------------|--------------|
| | | | Rate ratio | 95% CI | p | Rate ratio | 95% CI |
| UK | 37 | 9.2 | 0.70 | 0.18 to 1.94 | 0.68 | 0.96 | 0.26 to 2.46 |
| International | 4 | 6.4 | | | | | |

Occupational therapists

| Route | n | Rate per 1,000 | Crude rate ratio | | | Age & sex standardised | |
|---------------|-----|----------------------|------------------|--------------|------|------------------------|--------------|
| | | | Rate ratio | 95% CI | p | Rate ratio | 95% CI |
| UK | 144 | 3.3 | 1.05 | 0.59 to 1.77 | 0.93 | 1.00 | 0.57 to 1.63 |
| International | 16 | 3.5 | | | | | |

Operating department practitioners

| Route | n | Rate per 1,000 | Crude rate ratio | | | Age & sex standardised | |
|---------------|-----|----------------------|------------------|--------------|------|------------------------|--------------|
| | | | Rate ratio | 95% CI | p | Rate ratio | 95% CI |
| UK | 100 | 6.2 | 1.24 | 0.55 to 2.44 | 0.64 | 1.27 | 0.58 to 2.42 |
| International | 9 | 7.6 | | | | | |

Orthoptists

| Route | n | Rate per 1,000 | Crude rate ratio | | | Age & sex standardised | |
|---------------|---|----------------------|------------------|---------------|------|------------------------|---------------|
| | | | Rate ratio | 95% CI | p | Rate ratio | 95% CI |
| UK | 6 | 3.8 | 0.00 | 0.00 to 53.54 | 1.00 | 0.00 | 0.00 to 51.46 |
| International | 0 | 0.0 | | | | | |

Paramedics

| Route | n | Rate per 1,000 | Crude rate ratio | | | Age & sex standardised | |
|---------------|-----|----------------------|------------------|--------------|------|------------------------|--------------|
| | | | Rate ratio | 95% CI | p | Rate ratio | 95% CI |
| UK | 425 | 11.1 | 0.98 | 0.63 to 1.47 | 1.00 | 1.03 | 0.66 to 1.52 |
| International | 25 | 10.9 | | | | | |

Physiotherapists

| Route | n | Rate per 1,000 | Crude rate ratio | | | Age & sex standardised | |
|---------------|-----|----------------------|------------------|--------------|-------|------------------------|--------------|
| | | | Rate ratio | 95% CI | p | Rate ratio | 95% CI |
| UK | 199 | 3.5 | 1.77 | 1.41 to 2.23 | <0.01 | 1.64 | 1.36 to 1.95 |
| International | 123 | 6.2 | | | | | |

Practitioner psychologists

| Route | n | Rate per 1,000 | Crude rate ratio | | | Age & sex standardised | |
|---------------|-----|----------------------|------------------|--------------|------|------------------------|--------------|
| | | | Rate ratio | 95% CI | p | Rate ratio | 95% CI |
| UK | 313 | 11.2 | 1.05 | 0.68 to 1.57 | 0.85 | 1.13 | 0.74 to 1.65 |
| International | 26 | 11.9 | | | | | |

Prosthetists / orthotists

| Route | n | Rate per 1,000 | Crude rate ratio | | | Age & sex standardised | |
|---------------|---|----------------------|------------------|---------------|------|------------------------|--------------|
| | | | Rate ratio | 95% CI | p | Rate ratio | 95% CI |
| UK | 4 | 3.6 | 1.72 | 0.03 to 17.42 | 0.98 | 1.32 | 0.03 to 7.38 |
| International | 1 | 6.3 | | | | | |

Radiographers

| Route | n | Rate per 1,000 | Crude rate ratio | | | Age & sex standardised | |
|---------------|-----|----------------------|------------------|--------------|------|------------------------|--------------|
| | | | Rate ratio | 95% CI | p | Rate ratio | 95% CI |
| UK | 113 | 3.3 | 1.41 | 1.03 to 1.94 | 0.03 | 1.02 | 0.79 to 1.30 |
| International | 65 | 4.6 | | | | | |

Speech and language therapists

| Route | n | Rate per 1,000 | Crude rate ratio | | | Age & sex standardised | |
|---------------|----|----------------------|------------------|--------------|------|------------------------|--------------|
| | | | Rate ratio | 95% CI | p | Rate ratio | 95% CI |
| UK | 54 | 2.9 | 1.49 | 0.57 to 3.29 | 0.42 | 1.90 | 0.76 to 3.91 |
| International | 7 | 4.3 | | | | | |

Annex B: Age and sex

| Age & sex | International route | | UK route | | Comparison | |
|-------------------|---------------------|----------------|----------|----------------|---------------------|------|
| | n | Rate per 1,000 | n | Rate per 1,000 | Rate ratio | p |
| Females: 20-29 | 27 | 2.6 | 90 | 2.1 | 1.22 (0.76 to 1.89) | 0.43 |
| Females: 30-39 | 51 | 4.7 | 220 | 3.5 | 1.36 (0.99 to 1.86) | 0.06 |
| Females: 40-49 | 25 | 4.1 | 250 | 4.4 | 0.94 (0.60 to 1.42) | 0.87 |
| Females: 50-59 | 17 | 8.0 | 241 | 6.0 | 1.33 (0.76 to 2.17) | 0.32 |
| Females: 60+ | 2 | 3.4 | 108 | 7.0 | 0.49 (0.06 to 1.82) | 0.47 |
| Females: all ages | 122 | 4.0 | 909 | 4.1 | 0.98 (0.80 to 1.18) | 0.81 |
| Males: 20-29 | 29 | 5.6 | 67 | 5.3 | 1.05 (0.66 to 1.65) | 0.90 |
| Males: 30-39 | 82 | 10.1 | 205 | 10.0 | 1.01 (0.77 to 1.31) | 0.98 |
| Males: 40-49 | 65 | 15.0 | 170 | 10.6 | 1.42 (1.05 to 1.90) | 0.02 |
| Males: 50-59 | 18 | 12.3 | 190 | 13.4 | 0.92 (0.53 to 1.49) | 0.84 |
| Males: 60+ | 3 | 10.1 | 79 | 10.4 | 0.97 (0.20 to 2.94) | 1.00 |
| Males: all ages | 197 | 10.1 | 711 | 10.0 | 1.01 (0.86 to 1.19) | 0.86 |

Annex C: Ethnicity

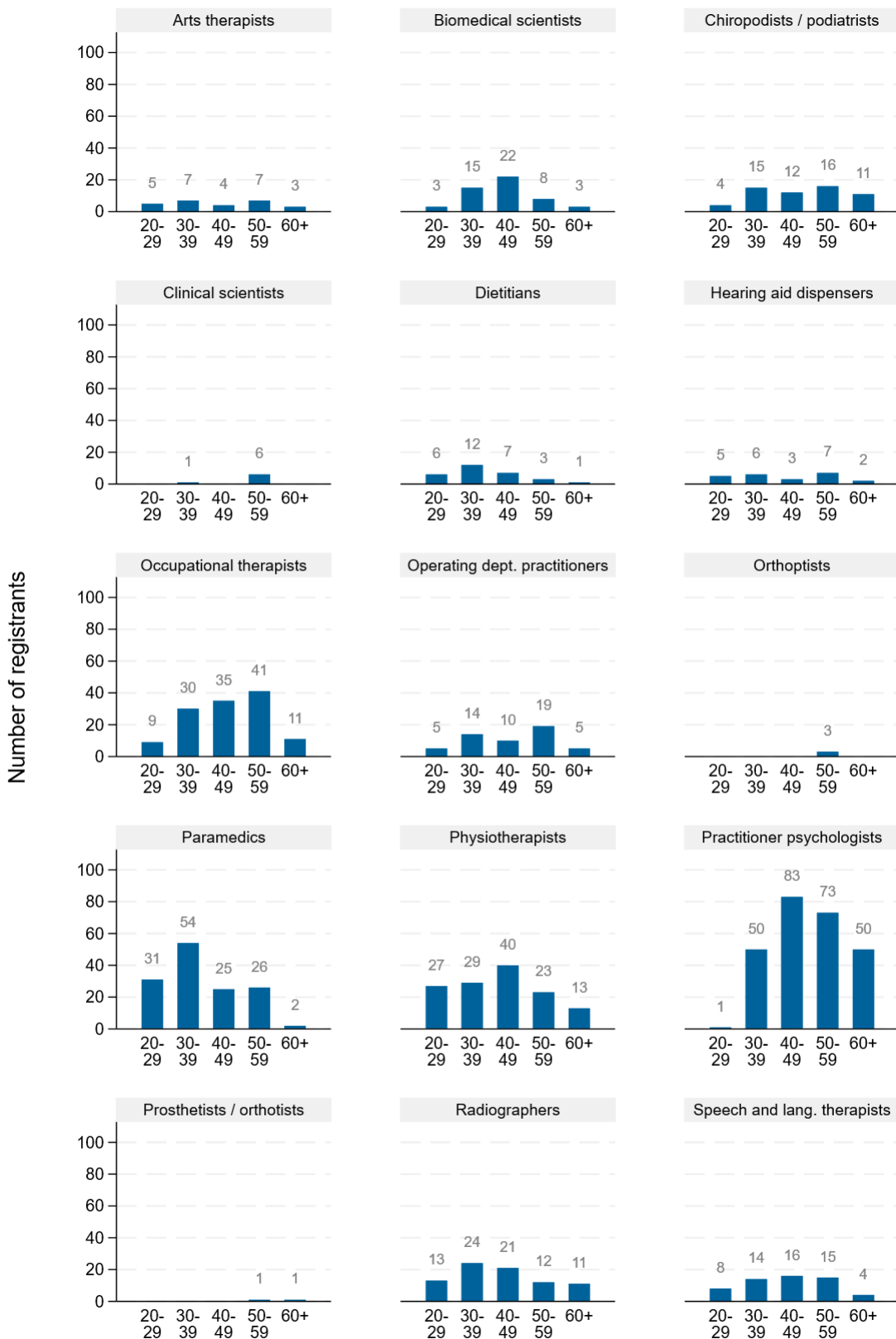
| Ethnicity | International route | | UK route | | Comparison | |
|--|---------------------|----------------|----------|----------------|---------------------|------|
| | n | Rate per 1,000 | n | Rate per 1,000 | Rate ratio | p |
| Other ethnic group | 9 | 4.9 | 16 | 4.9 | 1.01 (0.39 to 2.43) | 1.00 |
| White | 83 | 4.9 | 1,276 | 5.2 | 0.94 (0.74 to 1.17) | 0.62 |
| Asian or Asian British | 126 | 5.2 | 116 | 5.6 | 0.92 (0.71 to 1.19) | 0.55 |
| Mixed or multiple ethnic groups | 7 | 6.7 | 39 | 6.2 | 1.08 (0.41 to 2.44) | 0.98 |
| Black, African, Caribbean or Black British | 83 | 8.2 | 63 | 6.1 | 1.34 (0.95 to 1.89) | 0.10 |
| Prefer not to say | 12 | 5.7 | 98 | 8.4 | 0.68 (0.34 to 1.23) | 0.24 |
| Not recorded | 0 | 0.0 | 13 | 9.5 | 0.00 (0.00 to 1.91) | 0.25 |
| All registrants | 320 | 5.6 | 1,621 | 5.4 | 1.04 (0.92 to 1.17) | 0.51 |

Annex D: Case classification

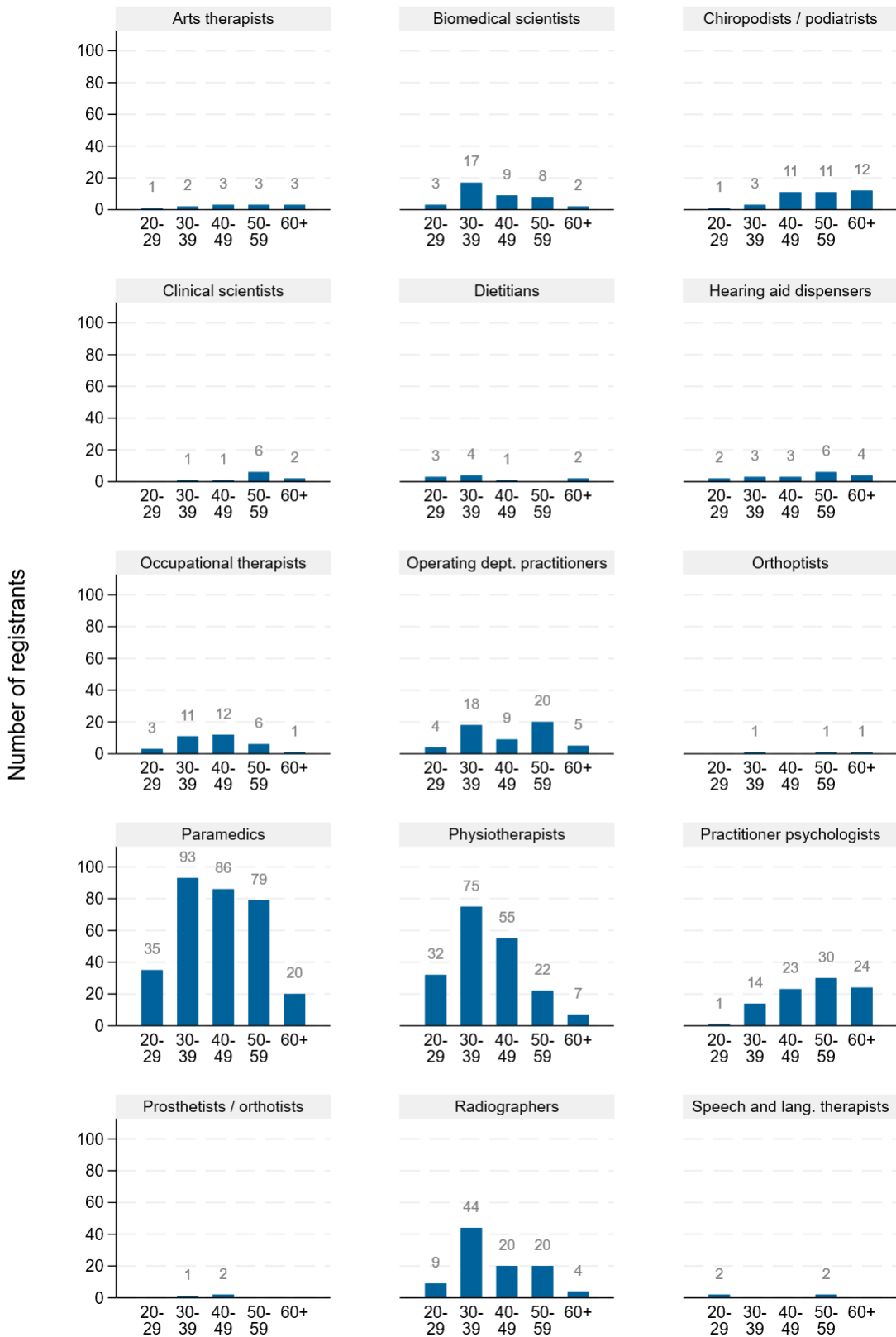
| Case classification | International route | | UK route | | Comparison | |
|--|---------------------|----------------|----------|----------------|---------------------|-------|
| | n | Rate per 1,000 | n | Rate per 1,000 | Rate ratio | p |
| Behaviour | 101 | 1.8 | 535 | 1.8 | 0.99 (0.80 to 1.23) | 1.00 |
| Communication & information sharing | 62 | 1.1 | 380 | 1.3 | 0.86 (0.65 to 1.13) | 0.30 |
| Criminal matters or conduct | 52 | 0.9 | 327 | 1.1 | 0.84 (0.61 to 1.13) | 0.26 |
| HCPC / regulatory issues | 16 | 0.3 | 29 | 0.1 | 2.91 (1.48 to 5.53) | <0.01 |
| Health | 15 | 0.3 | 141 | 0.5 | 0.56 (0.31 to 0.96) | 0.03 |
| Professional boundaries | 19 | 0.3 | 89 | 0.3 | 1.13 (0.65 to 1.86) | 0.72 |
| Professional practice | 150 | 2.6 | 571 | 1.9 | 1.38 (1.15 to 1.66) | <0.01 |
| Raising concerns, complaints, safeguarding and risk management | 25 | 0.4 | 145 | 0.5 | 0.91 (0.57 to 1.40) | 0.75 |
| Record keeping | 46 | 0.8 | 139 | 0.5 | 1.74 (1.22 to 2.45) | <0.01 |

| Case sub classification for Professional practice | International route | | UK route | | Comparison | |
|---|---------------------|----------------|----------|----------------|---------------------|-------|
| | n | Rate per 1,000 | n | Rate per 1,000 | Rate ratio | p |
| Acting beyond skills, knowledge & experience | 16 | 0.3 | 76 | 0.3 | 1.11 (0.60 to 1.92) | 0.79 |
| Care & treatment | 42 | 0.7 | 319 | 1.1 | 0.69 (0.49 to 0.96) | 0.03 |
| Failure to demonstrate knowledge or proficiency appropriate to experience | 84 | 1.5 | 139 | 0.5 | 3.18 (2.40 to 4.21) | <0.01 |
| Medicines & prescribing | 5 | 0.1 | 45 | 0.2 | 0.59 (0.18 to 1.47) | 0.34 |
| Other professional responsibilities | 24 | 0.4 | 51 | 0.2 | 2.48 (1.46 to 4.10) | <0.01 |
| Supervision, delegation and team working issues | 13 | 0.2 | 49 | 0.2 | 1.40 (0.70 to 2.62) | 0.36 |

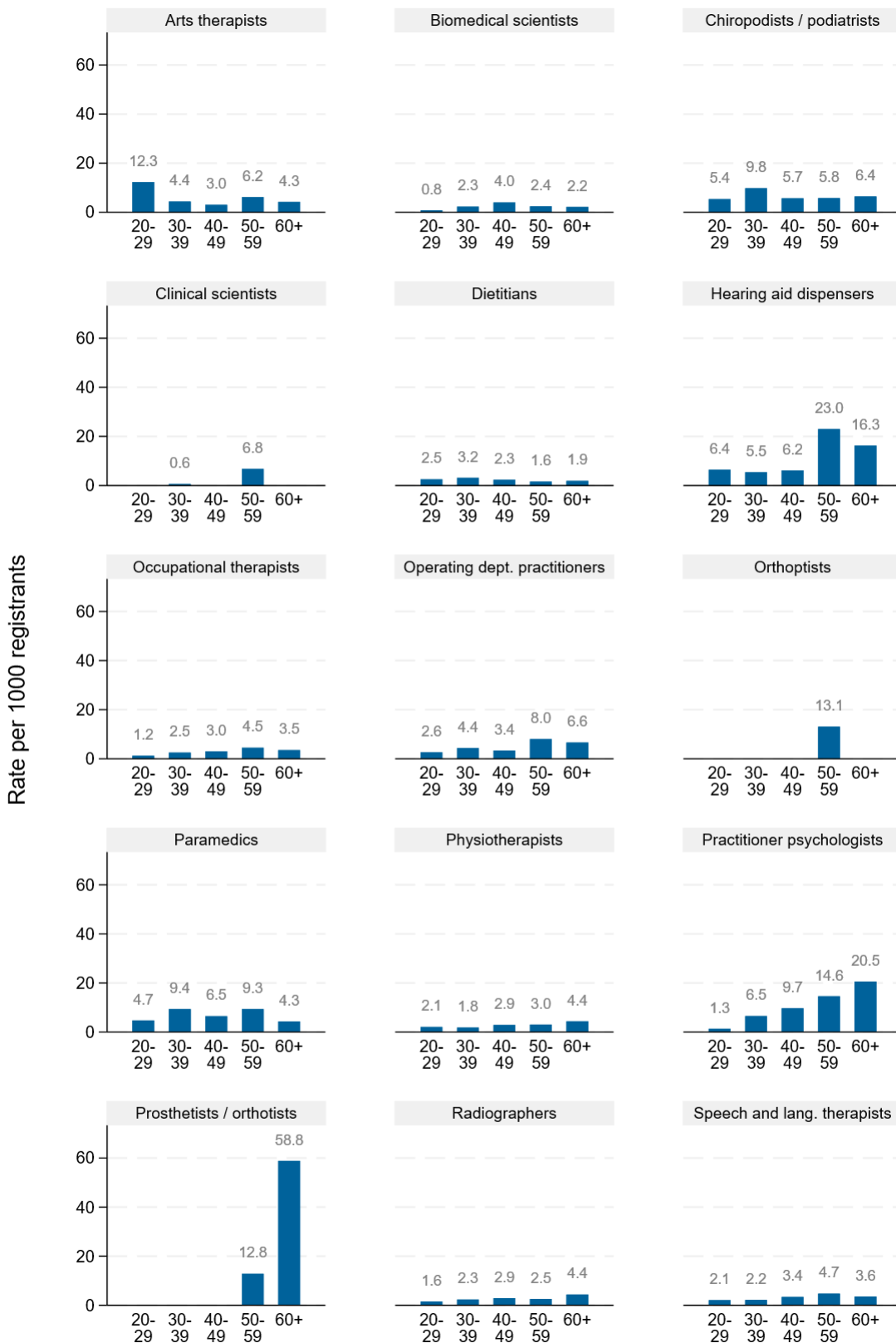
Annex E: Age specific counts by profession: Females



Annex F: Age specific counts by profession: Males



Annex G: Age specific rates by profession: Females



Annex H: Age specific rates by profession: Males

