
Report

Fitness to Practise Data 'Tracking concerns through to decision' Supplementary Report 3 2024-25

June 2026

Contents

Executive summary	3
Methods	4
Threshold assessments for 2023/24 concerns	5
Results	5
Threshold assessment by profession	6
Age & Sex	9
Ethnicity	9
Nationality (continent).....	10
Allegations analysis.....	10

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 follows a cohort of Fitness to Practise (FTP) concerns that met the triage stage in 2023–24, tracking how they progressed through subsequent stages of the process. This approach allows for a clearer understanding of decision-making over time, particularly at the threshold stage.

There were two possible decisions: threshold met, which meant the concern moved to the investigation phase in preparation for the Investigation Committee Panel (ICP); or threshold not met, which meant the concern was closed. While those that meet threshold move on to investigation, this decision does not reflect a decision that there is a case to answer relating to that concern, which is something only considered at the next (ICP) stage. Therefore, the analysis does not provide full insight into questions on the validity of concerns and any risk factors for different cohorts.

The analysis has been conducted on a snapshot of the data available at this point. Of the tracked cohort, 1,953 concerns met triage, relating to 1,861 registrants (some with multiple concerns). Of these, 1,073 met threshold and 811 did not, while 36 were on hold and 36 were awaiting a threshold decision at the time of analysis.

When adjusted for profession size, Paramedics recorded the highest rates at both triage and threshold. Practitioner Psychologists, however, fell from the second highest rate at triage to fourth at threshold, suggesting that a proportion of concerns raised may not meet the required standard to progress past our threshold test. The largest differences between triage and threshold rates were seen among Speech and Language Therapists and Practitioner Psychologists, each showing more than a threefold difference. This may reflect the nature of their roles, particularly in areas where professional opinions are more likely to be challenged, such as education or court-related work.

Concerns involving international route registrants were more likely to meet threshold in eleven professions, with statistically significant differences observed for Paramedics, Biomedical Scientists and Physiotherapists.

A consistent pattern was observed by age and sex. Among female registrants, the proportion of concerns meeting threshold decreased significantly with age. A similar, though less linear, trend was observed among males.

Statistically significant differences were also found by ethnicity. Black registrants were more likely than both Asian and White registrants to have concerns progress beyond threshold.

Nationality analysis showed substantial variation in the proportion of concerns meeting threshold. Registrants with African nationalities were significantly more likely than most other groups to progress beyond threshold (with the exception of

Oceanian registrants), while Oceanian registrants also showed higher rates compared with several other groups. Differences were also observed between Asian and 'not recorded' nationalities.

In terms of allegation type, the most common categories among concerns meeting triage were Professional Practice, followed by Behaviour and Communication. Concerns involving criminal matters or conduct issues were the most likely to meet threshold (81%), while those relating to HCPC regulatory matters were least likely, meeting threshold in just under half of cases.

Overall, the cohort analysis highlights important variation in how concerns progress through the FTP process. While some differences may reflect the nature and complexity of cases, further work is needed to understand the underlying causes and whether any patterns require action.

Methods

For this analysis, all FTP concerns meeting triage in the financial year 2023–24 were considered. The majority of the analyses in this report are person based, i.e. they relate to the number of registrants subject to one or more concerns in the period of interest, rather than the number of concerns. This is to avoid any inflation of characteristic effects caused by some registrants having multiple concerns.

Where registrants did have multiple concerns, for the person based analyses they were included in the threshold met category if at least one of those concerns met threshold. For concern based analyses, only the details of the concerns that met threshold were included.

To take into account the ever-changing nature of the register, rates have been calculated per 1,000 registrants (in years). 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.

Threshold assessments for 2023/24 concerns

In the 2023–24 fitness to practise data supplementary analysis, we looked at the Equality, Diversity and Inclusion (EDI) data of registrants in the fitness to practise concerns which met our triage stage during that year.

Here, we are look again at those concerns from 2023-24 to see what their subsequent threshold decision was. There were two possible decisions: threshold met, which meant the concern moved to the investigation phase in preparation for the Investigation Committee Panel; or threshold not met, which meant the concern was closed.

The aim of this analysis was to better understand whether concerns converted from triage to threshold differently for registrants with different characteristics and to see of some of the effects observed at triage persisted at the next decision stage of the process, threshold.

In 2023–24, there were 1,953 concerns which met triage, for a total of 1,861 individual registrants. Some registrants had more than one concern.

Out of those 1,953 concerns, 1,073 met threshold, and 811 did not meet threshold. At the time of writing 36 concerns were on hold (due to third party investigation), and 36 concerns were still awaiting a threshold decision.

At the registrant level, there were 1,038 registrants with at least one concern which met threshold, 761 registrants with at least one concern but where none of those concerns met threshold, and 62 registrants with at least one concern but where none of those concerns had a threshold decision yet (awaiting decision or on hold).

Results

There were substantial differences between professions in terms of the percentage of concerns passing triage that subsequently met threshold, ranging from 22% to 80%.

Statistically significant associations between registrant's characteristics and the likelihood of a concern that passed triage subsequently meeting threshold were observed for:

- Sex – Concerns relating to male registrants were more likely to meet threshold than concerns for female registrants.
- Age – Concerns relating to younger registrants were more likely to meet threshold than concerns for older registrants, for both sexes.
- Ethnicity – Concerns relating to Black registrants were more likely to meet threshold than concerns relating to Asian or to White registrants.

- Nationality – Concerns relating to Oceanian and African registrants were more likely to meet threshold than concerns relating to many of the other nationalities.
- Application route – Concerns relating to international route registrants were more likely to meet threshold than concerns for UK route registrants.
-

The higher rates per 1,000 registrants for international route registrants for concerns mentioning Professional practice and one of its subgroups noted in the triage analysis persisted in the threshold analysis. Some other allegations were also higher for international route registrants in this threshold analysis. It again should be noted that the analysis does not provide full insight into questions on the validity of concerns and any risk factors for different cohorts. More insight will be drawn when this cohort is tracked to ICP decision points and eventual outcomes.

Threshold assessment by profession

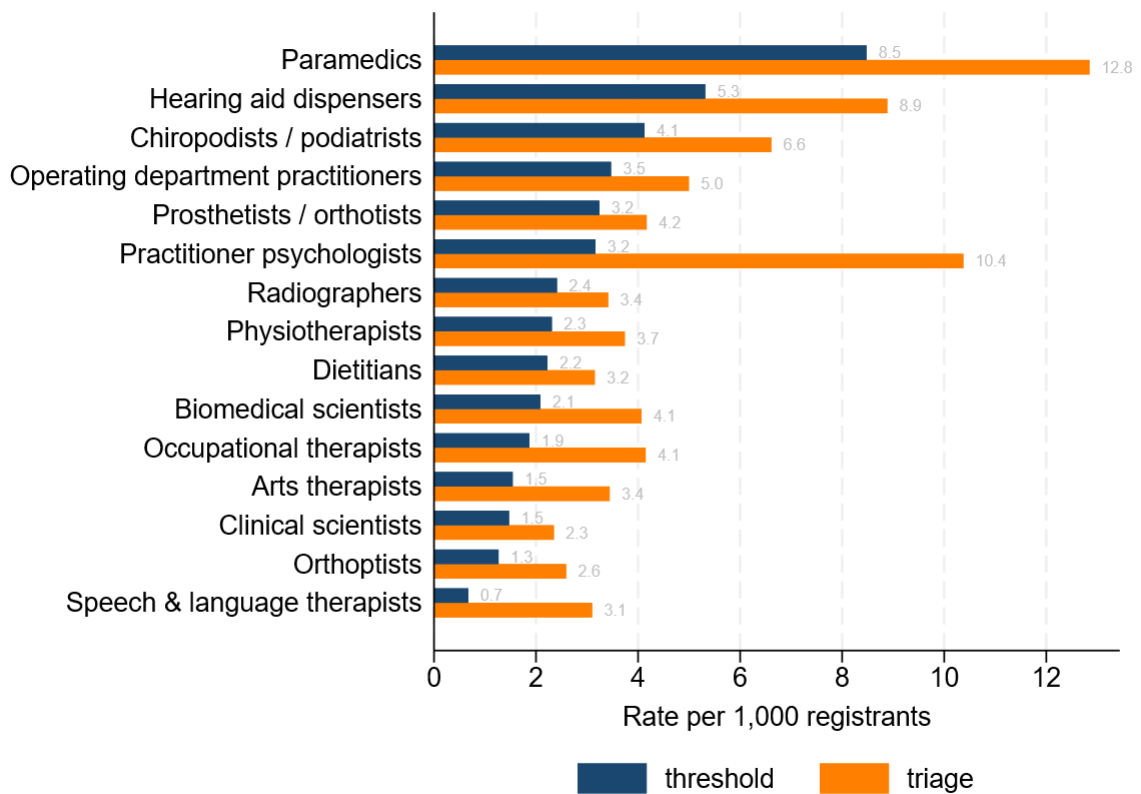
The variation between professions in the conversion of concerns from triage to met threshold was rather stark. At the top end of the scale over three quarters met threshold for prosthetists/orthotists, operating department practitioners, and radiographers. At the opposite end of the scale over three quarters didn't meet threshold for speech and language therapists (Table 4.1).

Table 4.1: Registrants with one or more FTP concern in 2023–24, by threshold outcome

Profession	Threshold decision				Total n	% met (of those with a decision) %
	Met n	Not met n	On hold n	No decision yet n		
Prosthetists / orthotists	4	1	0	0	5	80.0
Operating dept. practitioners	58	17	7	1	83	77.3
Radiographers	116	38	3	0	157	75.3
Dietitians	27	10	1	0	38	73.0
Paramedics	321	130	16	14	481	71.2
Physiotherapists	172	97	4	4	277	63.9
Clinical Scientist	11	7	0	0	18	61.1
Hearing aid dispenser	24	16	0	0	40	60.0
Chiropodists / podiatrists	45	35	0	1	81	56.3
Biomedical scientists	61	50	0	3	114	55.0
Orthoptists	2	2	0	0	4	50.0
Occupational therapists	86	97	1	2	186	47.0
Arts therapists	9	11	0	0	20	45.0
Practitioner psychologists	89	204	0	5	298	30.4
Speech and lang. therapists	13	46	0	0	59	22.0
All professions	1,038	761	32	30	1,861	57.7

Taking profession size into account, paramedics had the highest rate for both triage and threshold, but practitioner psychologists dropped from the second highest triage rate to the fourth highest threshold rate. The differences in the percent meeting threshold caused some other shuffling around within the top six, and quite considerable shuffling around in the other nine (Figure 4.1). The most notable differences between triage and threshold rates were for Speech & language therapists and for Practitioner psychologists, who both had an over three-fold difference between the two rates. This may be related to aspects of their work for educational, family court, and other similar assessments where recipients challenge the findings.

Figure 4.1: Registrants with one or more FTP concern in 2023–24, rates per 1,000 registrants by profession



Profession by application route

Concerns relating to International route registrants were more likely to meet threshold than concerns for UK route registrants for eleven professions, and statistically significantly so for three of those: Paramedics, Biomedical scientists and Physiotherapists (Table 4.2). Concerns relating to international route registrants for all professions combined were more likely to meet threshold than concerns for UK route registrants for all professions combined (Chi Square [1df] = 30.98, $p < 0.001$).

For two professions the UK route registrants had a higher percentage meeting threshold and two professions had no international route registrants with an FTP concern. Many professions had small numbers of international route registrants with at least one FTP concern, and those small counts can cause large percentage changes. Therefore these results should be read with caution.

Table 4.2: Registrants with one or more FTP concerns in 2023–24 with a threshold decision, by profession and registration route

Profession	UK route registrants			International route registrants			Comparison of routes Fishers exact test p
	Total	Threshold Met	%	Total	Threshold Met	%	
Chiropodists/podiatrists	79	44	55.7	1	1	100.0	1.000
Paramedics	426	298	70.0	25	23	92.0	0.021
Dietitians	27	18	66.7	10	9	90.0	0.229
Operating dept. practitioners	69	53	76.8	6	5	83.3	1.000
Radiographers	106	79	74.5	48	37	77.1	0.841
Biomedical scientists	86	42	48.8	25	19	76.0	0.022
Physiotherapists	167	96	57.5	102	76	74.5	0.006
Hearing aid dispensers	34	20	58.8	6	4	66.7	1.000
Occupational therapists	159	71	44.7	24	15	62.5	0.126
Practitioner psychologists	274	80	29.2	19	9	47.4	0.121
Speech & lang. therapists	53	11	20.8	6	2	33.3	0.605
Orthoptists	3	2	66.7	1	0	0.0	1.000
Clinical scientists	17	11	64.7	1	0	0.0	0.389
Prosthetists/orthotists	5	4	80.0	-	-	-	-
Arts therapists	20	9	45.0	-	-	-	-
Total	1,525	838	55.0	274	200	73.0	<0.001

Age & Sex

Male registrants had statistically significantly higher percentages meeting threshold than females in all age groups and for all ages combined (Table 4.3). There was a clear and statistically significant trend for females with the percentage meeting threshold decreasing constantly as age increased (Cochran-Armitage test for trend $p=0.001$). There was a broadly similar pattern for males with the percentage meeting threshold generally decreasing as age increased. This trend was also statistically significant (Cochran-Armitage test for trend $p=0.046$) though clearly not linear.

Table 4.3: Registrants with one or more FTP concerns in 2023–24 with a threshold decision, by age and sex

Age	Females			Males			Comparison of sexes Fishers exact test p
	Total	Threshold Met		Total	Threshold Met		
	n	n	%	n	n	%	
20-29	136	76	55.9	105	81	77.1	<0.01
30-39	266	136	51.1	239	170	71.1	<0.01
40-49	269	128	47.6	220	146	66.4	<0.01
50-59	209	86	41.2	182	124	68.1	<0.01
60+	81	32	39.5	90	58	64.4	<0.01
Total	961	458	47.7	836	579	69.3	<0.01

Ethnicity

There was substantial variation between registrants of different ethnicities in terms of the percentage of concerns that passed triage which met threshold (Table 4.4). The differences were statistically significant overall (Chi Square [6df] = 30.4, $p < 0.001$) and the Marascuillo procedure indicated that the differences between Black and Asian registrants, and between Black and White registrants, were those that were statistically significant.

Table 4.4: Registrants with one or more FTP concerns in 2023–24 with a threshold decision, by ethnicity

Ethnicity	Total	Threshold Met	
	n	n	%
Black, African, Caribbean or Black British	127	99	78.0
Not recorded	79	51	64.6
Other ethnic group	36	23	63.9
Mixed or Multiple ethnic groups	45	28	62.2
Prefer not to say	115	69	60.0
Asian or Asian British	196	117	59.7
White	1,201	651	54.2
Total	1,799	1,038	57.7

Nationality (continent)

There was substantial variation between registrants of different nationalities in terms of the percentage of concerns that passed triage which met threshold (Table 4.5). The differences were statistically significant overall (Chi Square [6df] = 76.8, $p < 0.001$) and the Marascuillo procedure indicated that the differences between African nationalities and all others except Oceanian, between Oceanian and N/S American, UK, and Not recorded, and between Asian and Not recorded were those that were statistically significant.

Table 4.5: Registrants with one or more FTP concerns in 2023–24 with a threshold decision, by nationality

Ethnicity	Total	Threshold Met	
	n	n	%
Oceanian	12	11	91.7
African	113	97	85.8
Asian	125	82	65.6
European (excl. UK)	82	49	59.8
UK	1,248	713	57.1
Not recorded	200	80	40.0
N/S American	19	6	31.6
Total	1,799	1,038	57.7

Allegations analysis

Concerns may have more than one allegation. Considering any mention of an allegation within the maximum of three recorded for any one concern, the most common allegation groups mentioned in concerns which met triage in 2023–24 were Professional practice, followed by Behaviour, and then Communication (Figure 4.2).

It is important to note that it's not possible to distinguish between allegations within a concern that did and didn't contribute to the concern meeting threshold, as it's only the concern as a whole that can be identified as having met threshold. Notwithstanding that caution, there was considerable variation in the percentage of concerns that met threshold between the allegation groups mentioned. Perhaps unexpectedly 81% of those mentioning criminal matters or conduct met threshold (Table 4.5). At the other end of the scale, those mentioning HCPC regulatory matters or issues met threshold just under half of the time.

Figure 4.2: Number of mentions of allegation groups within concerns and threshold decisions for those concerns.

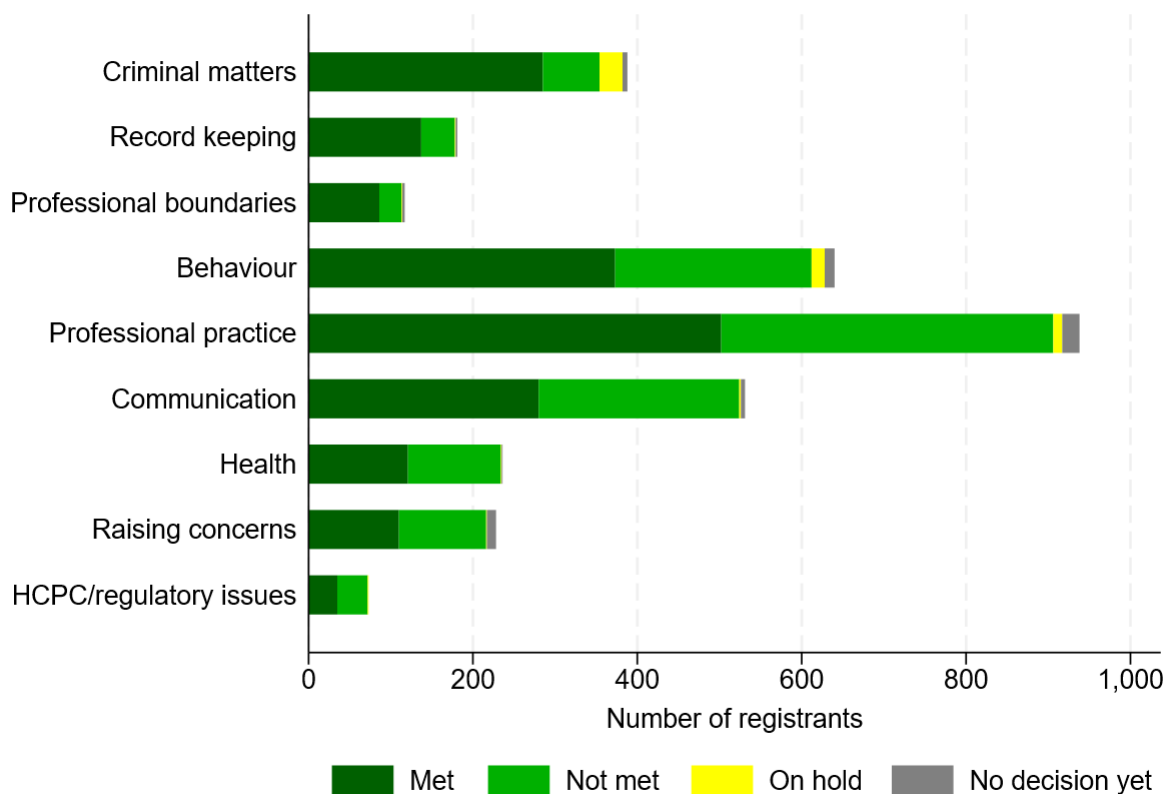


Table 4.5: Number of mentions of allegation groups within concerns and threshold decisions for those concerns.

Allegation	Threshold decision				Total n	% met (of those with a decision) %
	Met n	Not met n	On hold n	No decision yet n		
Criminal matters	285	69	28	6	388	80.5
Record keeping	137	41	1	2	181	77.0
Professional boundaries	86	27	1	3	117	76.1
Behaviour	373	239	16	12	640	60.9
Professional practice	502	404	11	21	938	55.4
Communication	280	244	2	5	531	53.4
Health	121	113	1	1	236	51.7
Raising concerns	110	106	1	11	228	50.9
HCPC/regulatory issues	35	37	1	0	73	48.6
Total	1,929	1,280	62	61	3,332	60.1

In the triage analysis published in the supplementary report for 2023/24, a comparison of the rates of concerns by registration route and allegation group highlighted statistically significantly higher triage rates for international route registrants for concerns relating to professional practice, and for its the sub group, Failure to demonstrate knowledge or proficiency appropriate to experience.

Repeating that analysis for rates of concerns that met triage found that those effects persisted at threshold (Figure 4.3). Additional allegation groups and sub groups were statistically significantly higher for international route registrants at threshold: HCPC/Regulatory matters, and Professional Practice sub groups Supervision and related matters, and Other professional responsibilities.

This cohort will be followed up again in one years time to see whether these patterns change or persist at the next FTP phase, Investigation Committee Panel.

Figure 4.3: Rate ratios of rates per 1,000 registrants, International route registrants compared to UK route registrants, by allegation mentions

