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1 April 2015 to 31 March 2016

# Fitness to practise – key information 2016



# Executive summary

Welcome to the summary of key information about the Health and Care Profession Council's (HCPC's) work in considering allegations about the fitness to practise of our registrants. This summary covers the period 1 April 2015 to 31 March 2016 and includes key statistics about the cases we have received and how our fitness to practise panels have dealt with them.

Our fitness to practise process is designed to protect the public from those registrants who are not fit to practise. If a registrant's fitness to practise is 'impaired', it means that there are concerns about their ability to practise safely and effectively. That may mean that they should not practice at all, or that they should be limited in what they are allowed to do. Our processes do not mean that we will pursue every isolated or minor mistake but if a registrant is found to fall below our standards, we will take action to protect the public.

In the last five years, the number of registrants on our Register has increased by 56 per cent (from 219,162 in 2011–12 to 341,745 in 2015–16) and the number of allegations we have received has increased by 130 per cent (from 925 in 2011–12 to 2,127 in 2015–16). It is important to note, however, that during 2015–16 only 0.62 per cent of registrants had an allegation made against them, and only 0.07 per cent of registrants were subject to a sanction imposed at a final hearing.

Ensuring our processes are aligned with the principles of restorative and rehabilitative justice remains core to the HCPC's fitness to practise proceedings. Along with ensuring openness, fairness and transparency in our fitness to practise proceedings, this will remain central to our approach and work in 2016–17.

The continued timely progression and conclusion of cases, whilst ensuring ongoing public protection, will be our strategic focus for 2016–17. We will be introducing greater specialisation to the management of cases through the fitness to practise process. This will include establishing a dedicated team responsible for the initial receipt and risk assessment of fitness to practise concerns and a dedicated team responsible for the preparation of cases for a final hearing following a case to answer decision.

We also continue to work on enhancing the independence in our fitness to practise process through the separation of our investigation and adjudications functions.

I hope you find this document of interest. Further information can be found in our full Fitness to practise annual report 2015–16 which can be found on our website at [www.hcpc-uk.org/publications/reports](http://www.hcpc-uk.org/publications/reports)

If you have any feedback or comments please email me at [ftponcaserelated@hcpc-uk.org](mailto:ftponcaserelated@hcpc-uk.org)

**Kelly Holder**  
**Director of Fitness to Practise**

# Cases received in 2015–16

## Total number of cases received in 2015–16

Year	Number of cases	Total number of registrants	% of registrants subject to complaints
2015–16	2,127	341,745	0.62

## Who raised concerns in 2015–16?

Who raised a concern	Number	%
Article 22(6) / anon	57	2.7
Employer	535	25.2
Other	115	5.4
Other registrant / professional	51	2.4
Professional body	20	0.9
Police	10	0.5
Public	910	42.8
Self referral	429	20.2
<b>Total</b>	<b>2,127</b>	<b>100*</b>

There was a decrease of 1.9 per cent in the number of new cases the HCPC received compared to 2014–15.

The number of professionals registered by the HCPC increased over the same period by 3.3 per cent.

The proportion of registrants who had a fitness to practise concern raised against them was 0.62 per cent or about one in 162 registrants. This is similar to 2014–15 where 0.66 per cent of registrants had a concern raised against them or about one in 166 registrants.

Members of the public remained the largest complainant group. They made 42.8 per cent of the complaints about registrants. In 2014–15, the proportion was 45.5 per cent.

When a case does not meet our Standard of acceptance for allegations, the case is closed. You can find out more about our Standard of acceptance policy on our website at [www.hcpc-uk.org/publications](http://www.hcpc-uk.org/publications)

1,661 cases were closed without being considered by a panel of the HCPC's Investigating Committee. In 2014–15 1,042 cases were closed.

\* Please note that due to rounding to one or two decimal points, some percentage totals do not amount to exactly 100 per cent.

# Decisions by Investigating Committee panels

Panels of the Investigating Committee (ICPs) considered 787 cases. In 48 of these cases, the ICPs requested further information. The outcome of the remainder of the cases is set out in the table below.

The case to answer rate for cases considered by an ICP was 63 per cent. In 2014–15, the case to answer rate was 53 per cent.

54 per cent of the cases considered by an ICP were received from employers. Of these, 73 per cent resulted in a 'case to answer' decision.

98 of the cases considered by an ICP were received from members of the public. Of these, only 32 cases resulted in a 'case to answer' decision.

## Case to answer by complainant

Complainant	Number of case to answer	Number of no case to answer	Total	% case to answer
Article 22(6) / Anon	11	3	14	79
Employer	289	109	398	73
Other	16	12	28	57
Other registrant / professional	13	1	14	93
Police	8	4	12	67
Professional body	8	3	11	73
Public	32	66	98	33
Self referral	90	74	164	55
<b>Total</b>	<b>467</b>	<b>272</b>	<b>739</b>	<b>63</b>

# Final hearings

320 final hearing cases were concluded, this is a decrease of 31 cases from 2014–15.

Final hearings where allegations were well found concerned only 0.07 per cent of the professionals registered by the HCPC. In 2014–15, this was 0.03 per cent.

Decisions from all public hearings where fitness to practise is considered to be impaired are published on our website at [www.hcpc-uk.org](http://www.hcpc-uk.org). Details of cases that are considered to be not well founded are not published on the HCPC website unless specifically requested by the registrant concerned.

## Outcome by type of committee

Committee	Caution	Conditions of practice	No further action	Not well founded / Discontinued	Removed (incorrect / fraudulent entry)	Struck off	Suspension	Voluntary removal	Total
Conduct and Competence Committee	33	38	5	82	0	69	53	20	300
Health Committee	0	4	0	2	0	0	7	5	18
Investigating Committee (fraudulent and incorrect entry)	0	0	0	0	2	0	0	0	2



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