hcpc health & care professions council

Health and Care Professions Council Fitness To Practise Annual Report 2024–25

HC 1329
SG/2025/216

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Presented to Parliament and the Scottish Parliament pursuant to Articles 44(1) of the Health Professions Order 2001

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Foreword

Our annual report provides an account of our work investigating fitness to practise (FTP) concerns raised with us across the 15 professions we regulate.

The overwhelming majority of professionals on our Register practise safely and effectively.

Fewer than 1% of the professionals we regulate had a concern raised about them in 2024–25, in line with previous years. We will always listen to anyone who feels they have not had safe or effective care, or who has concerns about someone on our Register, and we encourage anyone with a concern to come forward.

In 2024–25 we have seen another increase in the number of new FTP concerns we receive, which is a trend being experienced by other professional regulators across the healthcare system. There are no clear themes behind the increase for the HCPC, however it may show that the public are becoming more aware of and engaged with whistleblowing procedures. As you would expect, we have taken action to adapt our ways of working to respond.

We have again seen benefits from our FTP improvement programme, which has resulted in another Professional Standards Authority[1] standard being achieved this year. In 2024–25 we have implemented and embedded changes to our fitness to practise operating model and processes to increase our ability to progress cases fairly, efficiently and compassionately. We are conscious that there are still improvements to be made and our work will continue.

We have recently introduced a new streaming process which allows more complex cases to be identified and investigated at an early stage.We have also continued our frontloading of cases to improve the timeliness of our investigation.

For the third year running, we are able to include equality, diversity and inclusion (EDI) data analysis in our FTP annual report, which again shows the progress we are making in building our understanding in this important area.

Continuing to improve how we investigate FTP concerns has been a core element of our Corporate strategy 2021–26 and will continue to be a priority for the HCPC in 2025–26, as we strive to maintain high standards for the professions we regulate and to protect the public. We look forward to our work forming a key part of our ongoing strategic priorities as we seek to develop our next corporate strategy in this coming year.

Laura Coffey
Executive Director of Fitness to Practise and Tribunal Services

1. The Professional Standards Authority oversees the work of the ten professional health and care regulators in the UK.

Our role

The HCPC's statutory role is to protect the public by regulating health and care professionals in the UK. We promote high quality professional practice, regulating over 350,000 registrants across 15 different professions by:

- setting standards for professionals' education, training and practice;
- approving education programmes which professionals must complete to join our Register;
- keeping a Register of professionals, known as 'registrants', who meet our standards;
- taking action if professionals on our Register do not meet our standards; and
- stopping unregistered practitioners from using protected professional titles.

By law, people must be registered with us to work in the UK in the professions listed below:

Arts therapists	Biomedical scientists	Chiropodists/ podiatrists
Clinical scientists	Dietitians	Hearing aid dispensers
Occupational therapists	Operating department practitioners	Orthoptists
Paramedics	Physiotherapists	Practitioner psychologists
Prosthetists/orthotists	Radiographers	Speech and language therapists

Our Register

As of 31 March 2025 we had 356,104 registrants on our Register from the 15 professions we regulate. This was an increase of 16,822 registrants on the previous year.

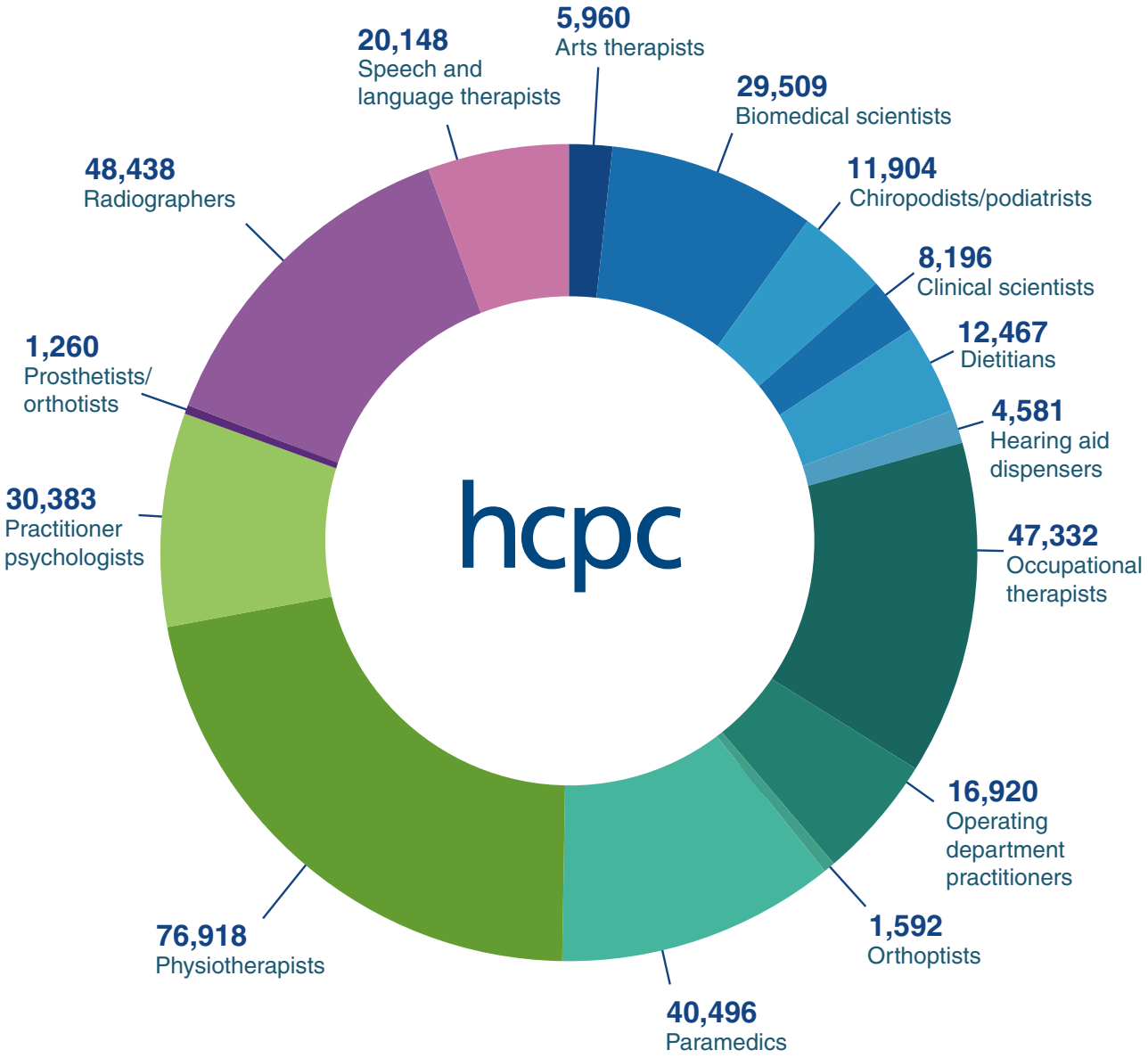
Between 1 April 2024 and 31 March 2025 arts therapists, dietitians, chiropodists/ podiatrists, hearing aid dispensers, operating department practitioners, and practitioner psychologists all renewed their registration.

The HCPC Register

Total number of registrants broken down by profession as at 31 March 2025.

356,104
Total number of registrants on 31 March 2025 (compared to 339,282 on 31 March 2024)

24,476
Number of new registrants during 2024–25 (compared to 29,098 during 2023–24)



What is fitness to practise?

All our registrants must meet our standards of conduct, performance and ethics and our standards of proficiency in order to join our Register and to maintain their registration. The standards are available on our website.

When we say that a registrant is 'fit to practise', we mean that they have the skills, knowledge and character to practise their profession safely and effectively.

The need for registrants to keep their knowledge and skills up to date, to act competently and to remain within the bounds of their competence are all important aspects of fitness to practise.

Maintaining fitness to practise also requires registrants to treat service users with dignity and respect, to collaborate and communicate effectively, to act with honesty and integrity and to manage any risk that may be posed by their own health.

How people raise concerns with us

Anyone can tell us if they have a concern about a HCPC registrant or misuse of one of the protected professional titles. Typically, we receive concerns from:

- A member of the public concerned about the treatment they, or a family member or friend may have experienced
- A colleague of a registrant
- An employer
- A registrant who refers themselves

Each of these types of referrers can use a form on our website, or send their referral by post or by email. If a referrer wishes to discuss their concern, needs help to fill in the referral form or needs us to make an adjustment because of a disability, they are encouraged to get in touch with the Fitness to Practise department by telephone or email.

Concerns we can and cannot consider

The types of cases we can consider are those about whether a registered professional's fitness to practise is impaired on one of the following grounds:

- misconduct – behaviour that falls short of what can reasonably be expected of a professional;
- lack of competence – lack of knowledge, skill and judgement, usually repeated and over a period of time;
- conviction or caution – for a criminal offence in the UK (or in another country if the offence would be a crime if committed here);
- physical or mental health – usually a long-term, untreated or unacknowledged condition; or
- a decision made by another health or social care regulator.

We cannot do the following:

- consider concerns about professionals not registered with us[2];
- consider concerns about organisations (our remit is to regulate the people on our Register);
- get involved in or advise on clinical care or social care arrangements;
- change decisions made by other organisations;
- deal with customer service or consumer issues;
- get involved with matters which should be decided by a court, including disagreement with the professional decision of a registrant;
- get a registered professional or organisation to make changes to a report;
- arrange refunds or compensation;
- fine a professional;
- give legal advice; or
- make a professional apologise.

How we deal with concerns raised with us

We will review a concern to decide whether it is about an issue that is within our remit to investigate.

We will first consider whether the concern is something we can deal with. This assessment takes place during our triage stage.

We sometimes receive information about issues we cannot deal with. If this is the case with a concern we will write to explain why, and, if possible, we will direct the complainant to another organisation that might be able to help them.

Where we have made a decision at the triage stage that a matter is something we can deal with, we will carry out an investigation to obtain the relevant information about that concern. This may involve gathering information from a number of sources.

Once we have completed our investigation, we will assess a concern and the information we have obtained about it against our threshold criteria for fitness to practise investigations.

This is to decide whether the concern, and the information we have gathered, amounts to an allegation that the registrant's fitness to practise may be impaired. We will take into account whether the matter could amount to a breach of the HCPC's standards of conduct, performance and ethics or our standards of proficiency. We take a proportionate and risk-based approach when considering new concerns against our threshold policy for fitness to practise investigations.

If we find that a concern does meet our threshold, we will refer the matter to our Investigating Committee. If we consider that our threshold has not been met we will close the case and take no further action. At each stage we write to inform all involved in the case of the outcome.

2. Unless the concern raised was around the misuse of a protected title.

The Investigating Committee Panel (ICP)

The Investigating Committee's role is to consider all evidence put before it and decide whether there is a case to answer in respect of the allegation against the registrant.

The panel will not decide the facts of a case, but whether there is a realistic prospect of proving the allegation(s) at a final hearing. The panel considers cases in private, on the basis of the papers before it. Each panel is made up of three members: a legally qualified chair, someone from the relevant profession and a lay person who is not from any of the professions we regulate.

The Investigating Committee panel can decide that:

- the case should be adjourned for further information to be obtained or for the allegation(s) to be amended;
- there is a case to answer and the case should go forward for a final hearing; or
- there is no case to answer and the case should be closed.

The Health and Care Professions Tribunal Service (HCPTS)

The Health and Care Professions Tribunal Service (HCPTS) is the fitness to practise adjudication service of the Health and Care Professions Council.

Although it is part of the HCPC, the distinct identity of the HCPTS seeks to emphasise that hearings are conducted and managed by independent panels.

Structure of the HCPTS

Health and Care Professions Tribunal

These are the panels that hear and determine cases on behalf of the HCPC's three Practice Committees: the Investigating Committee, the Conduct and Competence Committee and the Health Committee.

The Tribunal Service team

This team provides operational support to the tribunal. Within it sit the Tribunal Service Scheduling team, which is responsible for listing all fitness to practise proceedings, and the Tribunal Service Hearings team, which is responsible for providing support to panels and other participants at hearings and is also responsible for publishing tribunal decisions.

Regulatory action we can take to protect the public

If a registrant's fitness to practise is impaired, an independent HCPTS panel can:

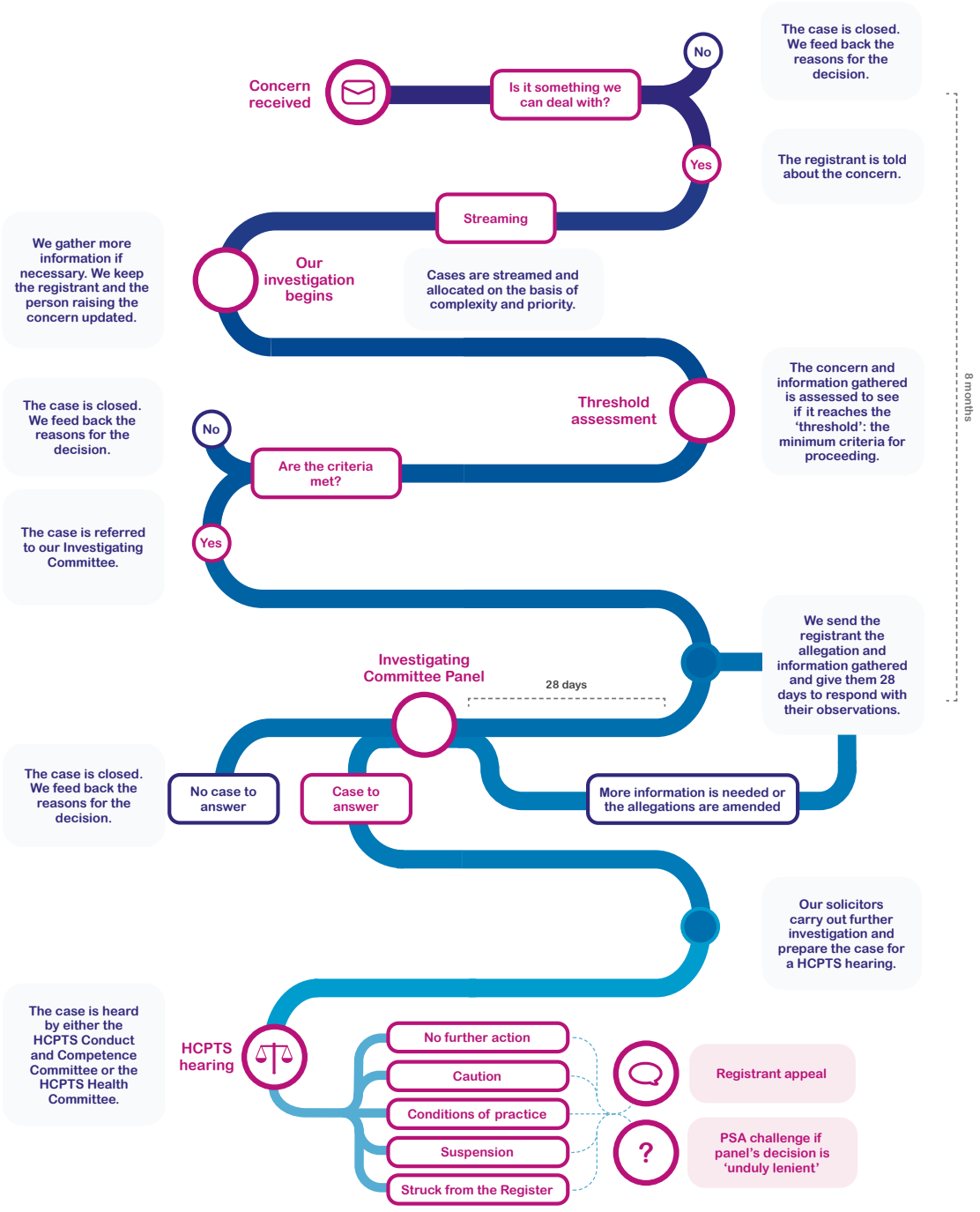
- take no action;
- impose a caution order;
- impose a conditions of practice order;
- impose a suspension order; or
- strike the registrant off the Register.

Regulatory action we can take to protect the public

Hearings are usually held in public. This means that members of the public, including the press, are able to attend. Information heard in public may result in reports in the media. Sometimes, all or part of a hearing is held in private due to the personal and confidential information that may need to be shared with the panel. The public are not allowed to be present when proceedings are held in private.

Our investigations process

As a regulator, one of our responsibilities is to ensure HCPC registrants are fit to practise. If someone raises a concern about a registrant's fitness to practise, we investigate it using this process



At all stages of the process we can apply for an interim order to prevent the registrant from practising, or to place conditions on their practice, until the case has been closed by a panel.

Whilst the timescales given here are our aims, the time a case takes to reach the end of the process can vary. This depends on the nature of the investigation we need to carry out and how complicated the issues are. As a result of this, each stage of the process may take a shorter or longer period of time.

Statistical summary[3]

Number of concerns

The total number of concerns received in 2024–25 increased from the previous year. The total number of registrants on our Register increased by 16,822 during the same period. There are no discernible themes behind the increase but it is a trend being experienced by other professional regulators across the healthcare system. It may be the case that the public are becoming more aware of and engaged with whistleblowing procedures. This increase makes it even more challenging to progress cases at pace, however we identified the trend in new referrals early and have taken action to plan our resources and adapt our ways of working to respond to it.

Total number of concerns

2,226
2023–24

2,409
2024–25

Concerns that met triage

1,953
2023–24

2,044
2024–25

Source of concerns

Source of concern	Number of cases	Percentage
Self-referral	318	13.2%
Employer	235	9.8%
Public	219	9.1%
Patient/service user	192	8.0%
HCPC registrant	76	3.2%
Other	65	2.7%
Anonymous	48	2.0%
Professional body	16	0.7%
Police	13	0.5%
Article 22(6)	4	0.2%
Physical health	1	0.0%
(Not known)[4]	1,222	50.7%
Total	**2,409**	**100.0%**

3. Statistics relate to professionals on the HCPC's permanent Register. Numbers on the COVID-19 temporary Register have not been included as individuals would have been identifiable from the small number.

4. The majority of these cases did not pass our triage stage and the information was not provided by the referrer.

Concerns by profession

The profession with the highest number of concerns raised against them in this period were paramedics followed by practitioner psychologists and physiotherapists. For all professions, the percentage of registrants subject to a concern is 0.6%.

Profession	Number of registrants	Percentage
Paramedic	503	20.9%
Practitioner psychologist	397	16.5%
Physiotherapist	360	14.9%
Radiographer	179	7.4%
Occupational therapist	161	6.7%
Operating department practitioner	123	5.1%
Chiropodist/podiatrist	94	3.9%
Biomedical scientist	92	3.8%
Speech and language therapist	61	2.5%
Arts therapist	51	2.1%
Hearing aid dispenser	46	1.9%
Dietitian	46	1.9%
Clinical scientist	21	0.9%
Prosthetist/orthotist	5	0.2%
Orthoptist	4	0.2%
(Not known)[5]	226	11.0%
Total	**2,409**	**100.0%**

5. These cases did not pass our triage stage and the information was not provided by the referrer.

Outcomes

In 2024–25 we closed 591 cases as they did not meet our threshold policy and 244 cases were closed by an ICP as there was no case to answer.

ICP Outcome	2023–24	2024–25
Case to answer	211	252
No case to answer	273	244
Adjourned	113	215
Total	**597**	**711**

Conduct and Competence Committee panels consider allegations that a registrant's fitness to practise is impaired by reason of misconduct, lack of competence, a conviction or caution for a criminal offence or a determination by another regulator. Some allegations contain a combination of these reasons.

Conduct and Competence Committee panels

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Misconduct

The majority of cases heard at a final hearing relate to allegations that the registrant's fitness to practise is impaired by reason of their misconduct. Some of these cases relate to allegations about a lack of competence or a conviction. Misconduct allegations could include:

- failure to provide adequate service user care or accurate assessment;
- failure to maintain accurate records;
- failure to complete adequate reports;
- dishonesty (for example, falsifying records, fraud or a false claim of sick leave);
- undermining public confidence in the profession;
- breach of confidentiality through inappropriate use or misuse of patient information;
- breach of professional boundaries with colleagues, service users or service user family members;
- assault or abuse;
- bullying and harassment of colleagues;
- failure to report incidents;
- driving under the influence of alcohol;
- failure to communicate properly and effectively with service users and/or colleagues;
- acting outside scope of practice; and
- unsafe clinical practice.

Lack of competence

Lack of competence allegations could include:

- a failure to provide adequate service user care;
- inadequate professional knowledge; and
- poor record-keeping.

Health Committee

Panels of the Health Committee consider allegations that registrants' fitness to practise is impaired by reason of their physical and/or mental health. Many registrants manage a health condition effectively and work within any limitations their condition may present.

However, we can take action when the health of a registrant is not managed effectively and/or is considered to be affecting their ability to practise safely and effectively.

Our presenting officer at a Health Committee hearing will often make an application for proceedings to be heard in private. Sensitive matters regarding registrants' ill-health are often discussed during these hearings and it may not be appropriate for that information to be discussed in a public session.

Outcomes summary

In 2024–25 there were fewer cases referred to the ICP, and we continued to close a significant number of cases at our triage and threshold decision stages. The number of cases closed as they did not meet our threshold last year was 591 cases.

Outcome	2023–24	2024–25
Case closed pre-ICP[6]	1,042	949
Case closed at ICP	273	244
Case concluded at final hearing	221	215
Total	**1,536**	**1,408**

6. Includes cases closed at triage and at threshold.

Final hearing outcomes

215 cases were concluded at final hearings where 146 sanctions were imposed.

Concluded outcome	No. of cases
Struck off (including one by consent)	59
Removed following fraudulent or incorrect entry process	2
Suspended (including three by consent)	47
Cautioned (including three by consent)	20
Conditions of Practice	7
Removed by consent	13
Not well founded, discontinued or no further action	67
Total	**215**

Concluding cases by consent

Our consent process is a means by which we, and the registrant concerned, may seek to conclude a case without the need for a contested hearing.

In such cases, both parties consent to conclude the case by agreeing an order. The order is of a type that the panel would have been likely to make had the matter proceeded to a fully contested hearing.

In some cases, both parties may also agree to enter into a voluntary removal agreement. By voluntary removal agreement, we allow the registrant to remove themselves from the Register. This is on the basis that they no longer wish to practise their profession and admit the substance of the allegation that has been made against them.

Voluntary removal agreements are made on similar terms to those that apply when a registrant is struck off the Register.

Cases can only be concluded by consent with the authorisation of a panel of a Practice Committee. In order to ensure that we fulfil our obligation to protect the public, we would not ask a panel to agree to resolve a case by consent unless we were satisfied that:

- public protection was being secured properly and effectively; and
- there was no detrimental effect to the wider public interest.

To ensure a panel can be satisfied on those points, we present evidence to demonstrate that the registrant understands the impact on their registration if they agree to a sanction. We will only consider resolving a case by consent:

- after an ICP finds that there is a case to answer, so that a proper assessment has been made of the nature, extent and viability of the allegation(s);
- where the registrant is willing to admit the substance of the allegation (a registrant's insight into and willingness to address failings are key elements in the FTP process and it would be inappropriate to conclude a case by consent where the registrant denies liability); and
- where any remedial action agreed between the registrant and us is consistent with the expected outcome if the case were to proceed to a contested hearing.

Concluding a case by consent may also be used when existing conditions of practice orders or suspension orders are reviewed. This enables orders to be varied, replaced or revoked without the need for a contested hearing.

Cases concluded by consent

Decision	2023–24	2024–25
Consent - Caution	2	3
Consent - Conditions of practice	2	0
Consent - Suspension	2	3
Consent - Strike Off	3	1
Removed by consent	20	13
Grand Total	**29**	**20**

Appeals against decisions

Registrants may appeal against a HCPTS panel's decision if they think it is wrong or unfair. An appeal must be lodged at the relevant court within 28 days of the hearing. Appeals are made directly to the High Court in England and Wales, the High Court in Northern Ireland or, in Scotland, the Court of Session.

Appeals outcome	2023–24	2024–25
Upheld and outcome substituted	0	0
Upheld and case remitted to regulator for re-hearing	0	0
Settled by consent	0	1
Dismissed or not upheld	1	0

Restoration to the register

A person who has been struck off our Register and wishes to be restored can apply for restoration under article 33(1) of the Health Professions Order 2001. A restoration application cannot be made until five years have elapsed since the striking-off order came into force.

In addition, if a restoration application is refused, a person may not make more than one application for restoration in any 12 month period. In applying for restoration, the burden of proof is upon the applicant. This means that the applicant needs to prove that they should be restored to the Register, but we do not need to prove the contrary.

If a panel grants an application for restoration, it may do so unconditionally or subject to the applicant:

- meeting our 'return to practice' requirements; or
- complying with a conditions of practice order imposed by the panel.

Restoration to the register outcomes	2023–24	2024–25
Total restoration applications received	7	3
Applications accepted	3	2
Applications rejected	4	0
Adjourned	0	1

Interim orders

For the most serious cases, HCPTS panels may impose interim suspension or interim conditions of practice while an investigation is ongoing. These interim restrictions are to protect the public, to protect the registrants from harm to themselves or are otherwise in the public interest.

The panels considered 239 applications for interim orders, of which 203 were granted and 36 were not.

Interim order decisions	2023–24	2024–25
Conditions of Practice - Interim Order	39	58
IO not granted	24	36
Suspension - Interim Order	87	145
Total	**150**	**239**

EDI Analysis

Introduction

One of the seven strategic aims of our equality, diversity and inclusion (EDI) strategy 2021–26 is to improve the quality of our data and insights. In April 2025, the HCPC held EDI data for 99.7% of its current registrants. We therefore have an almost complete data set from which we can draw informed conclusions and take appropriate action. We will continue to analyse the data in this way, in line with our commitment to being a fair regulator.

The analyses presented here are person-based: they relate to the 1,964 persons subject to one or more concerns in the reporting period, i.e. all cases open during this time (including concerns received prior to 2024–25). To take into account the ever-changing nature of the Register, rates have been calculated per 1,000 registrant 'years' – a method which 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.

It is important to note that the data in this section of the report relates to FTP concerns reported to us and does not relate to the seriousness of the concern and/or the outcome of the case. A concern being reported to us does not necessarily mean that the registrant is unfit to practise.

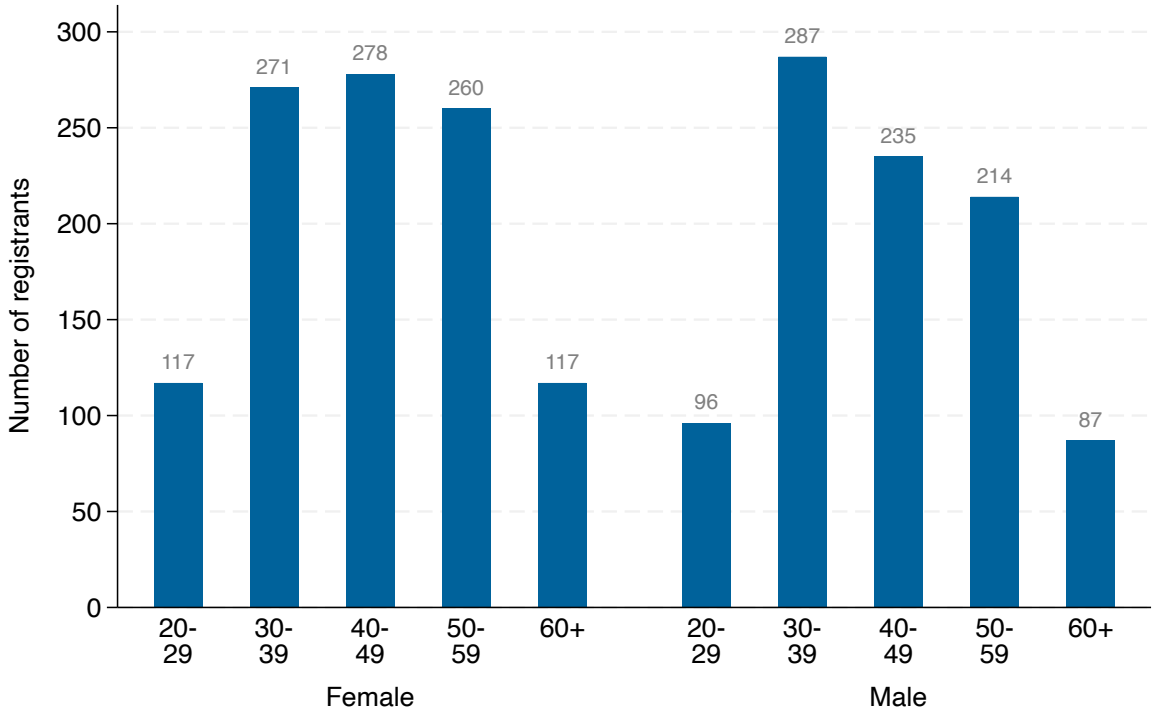
Age and sex

Age was recorded for all 1,964 registrants. The median age at the time of the FTP concern was 43 (interquartile range (IQR) 35 to 53) with ages ranging from 21 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 high number of concerns across the three age groups from 30 to 59 whilst male concerns peaked in the 30-39 age group and declined thereafter (Figure 1).

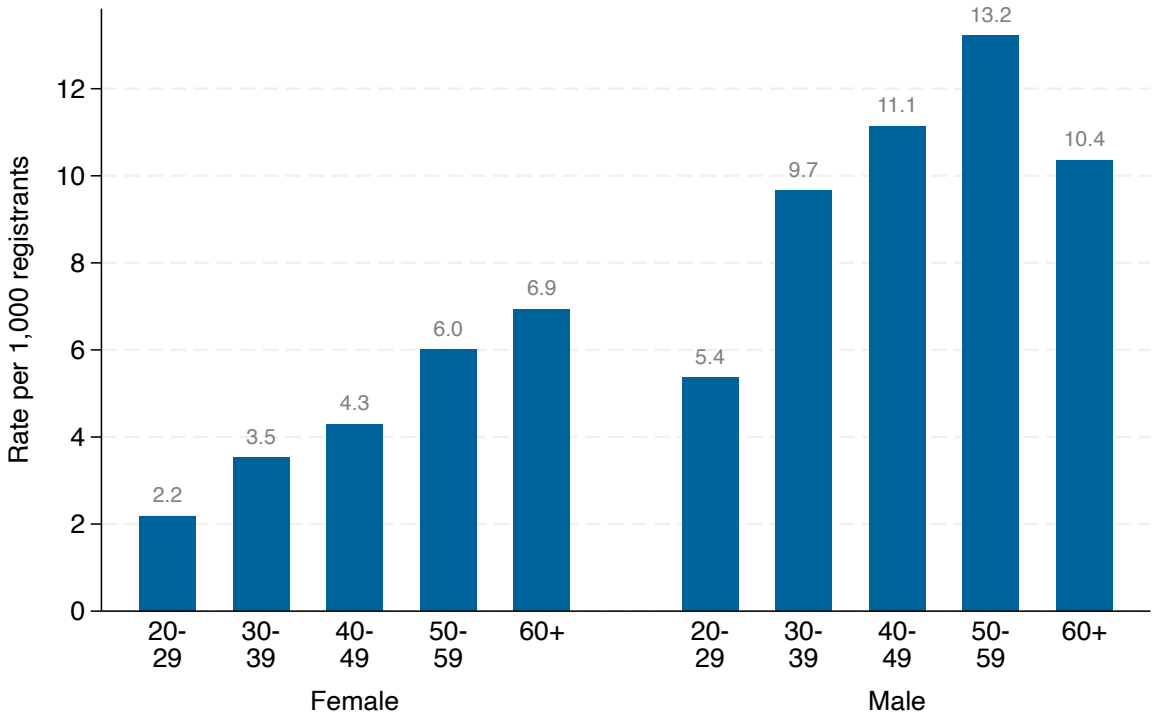
Figure 1: Registrants with one or more FTP concern in 2024–25, counts by age and sex



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



Profession

Profession was recorded for all 1,964 registrants. Three quarters 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 five prosthetists/orthotists (Figure 3).

After taking into account the number of registrants in each profession, practitioner psychologists had the highest rate of FTP concerns, slightly ahead of paramedics (Figure 4). Hearing aid dispensers, chiropodists/podiatrists, arts therapists and operating department practitioners also had noticeably higher rates than the other nine professions. 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 3: Registrants with one or more FTP concern in 2024–25, counts by profession

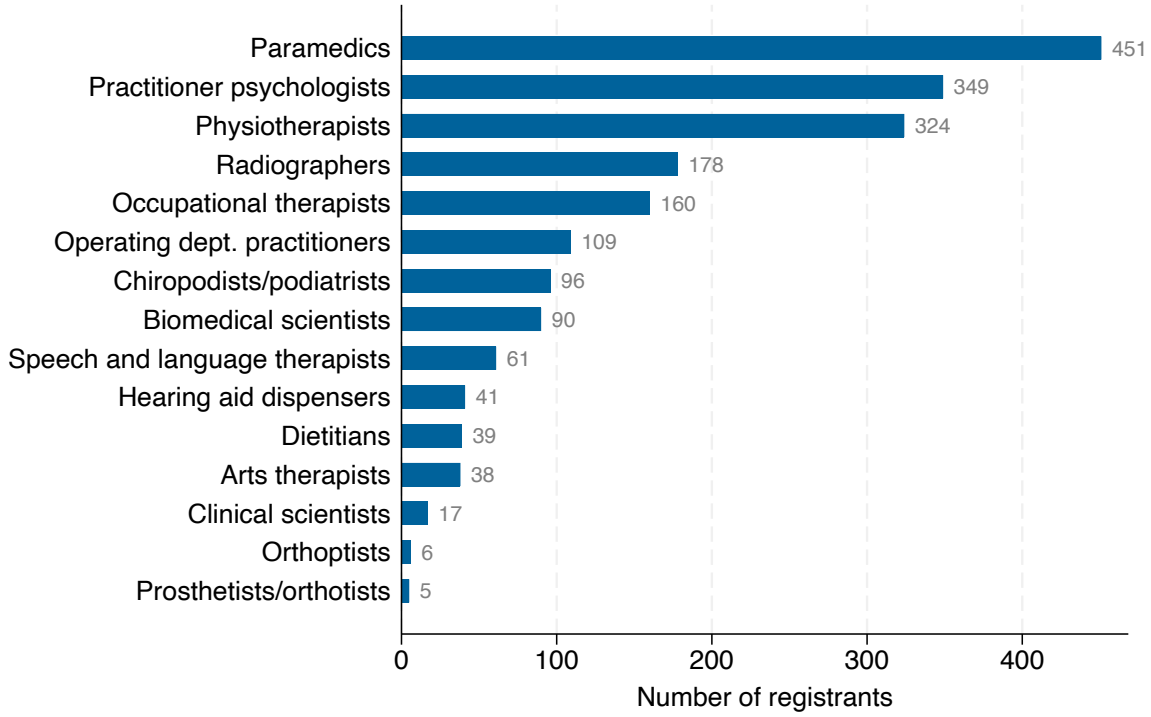
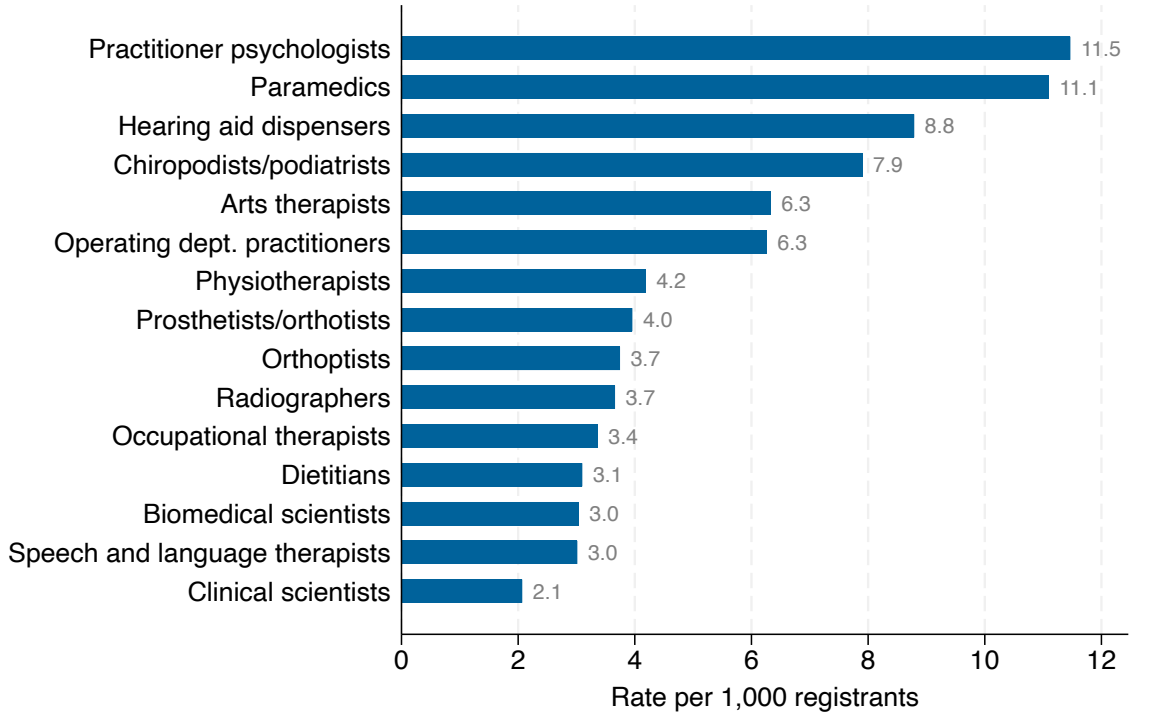


Figure 4: Registrants with one or more FTP concern in 2024–25, rates per 1,000 registrants by profession



Age and sex counts and rates by profession can be found in Annexes A to D.

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 percentages 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 5), all other ethnicities reported higher rates (Figure 6).

Figure 5: Registrants with one or more FTP concern in 2024–25, counts by ethnicity

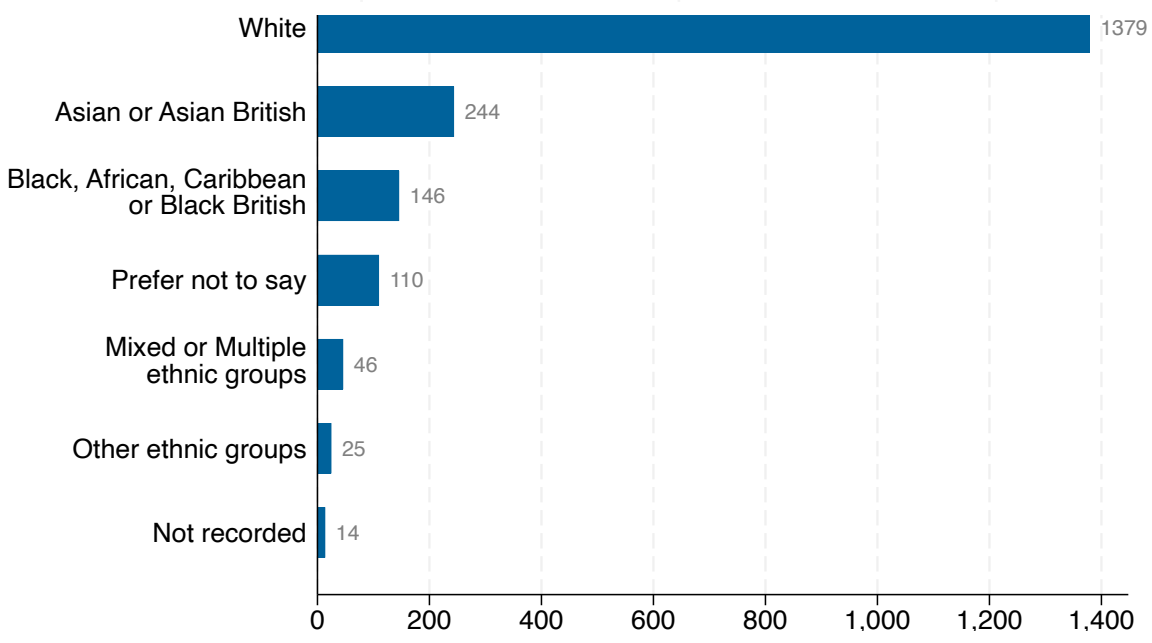
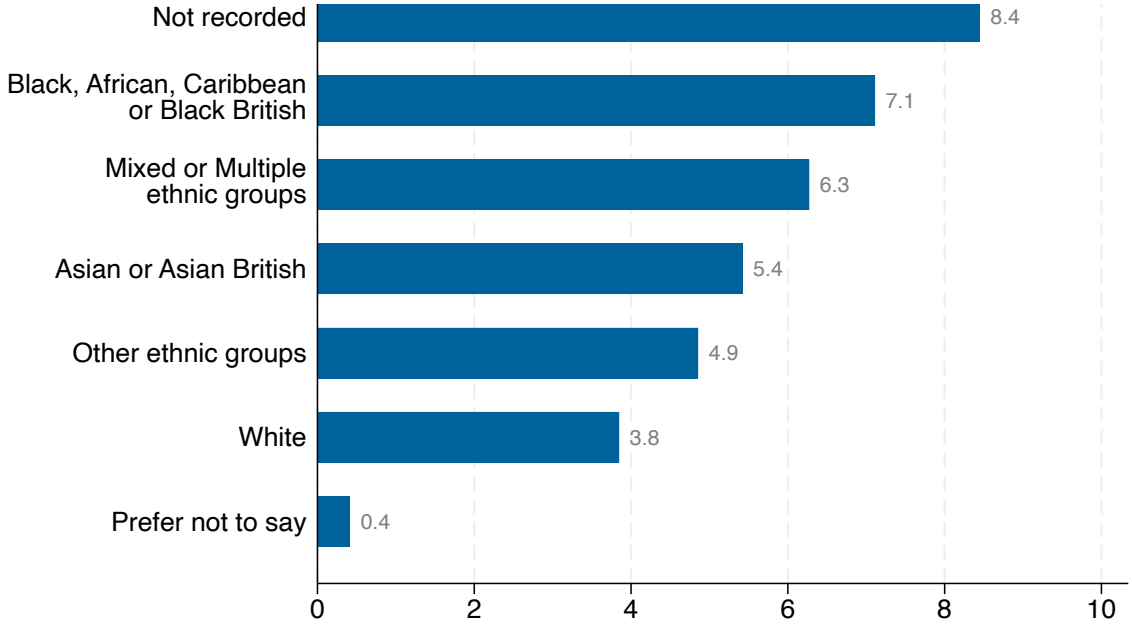


Figure 6: Registrants with one or more FTP concern in 2024–25, rates per 1,000 registrants by ethnicity



Nationality

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. 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 percentages 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 (excluding UK)	109	5.5	6.8
North or South 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 8).

Figure 7: Registrants with one or more FTP concern in 2024–25, counts by continent of nationality

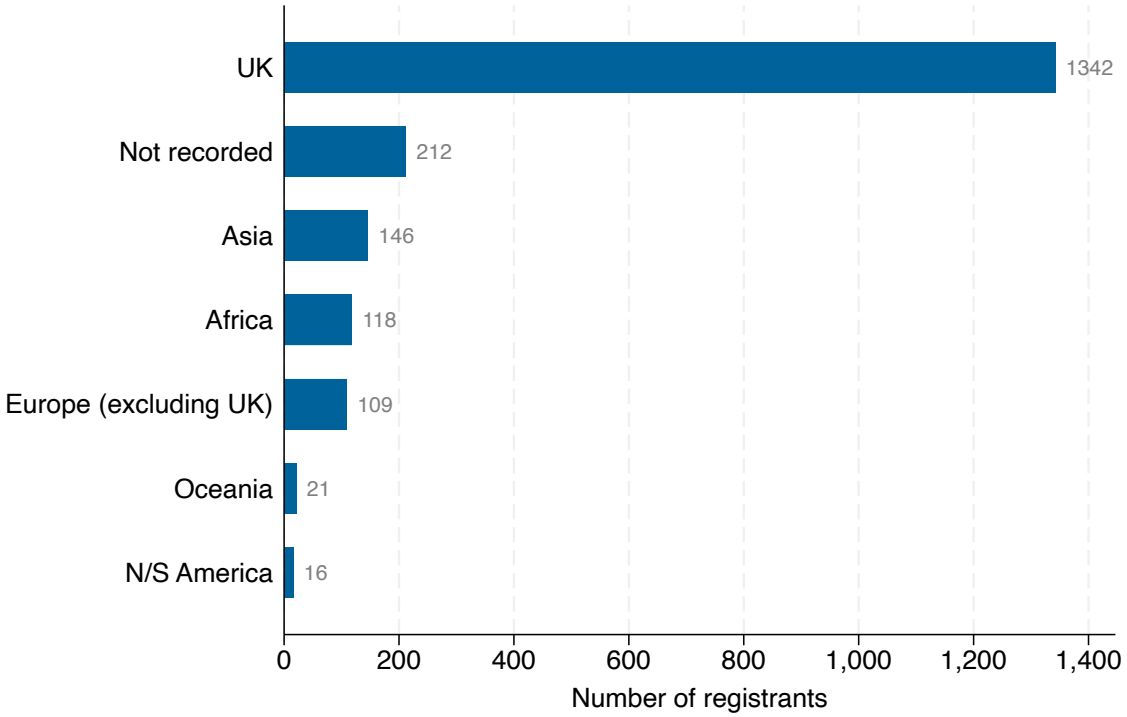
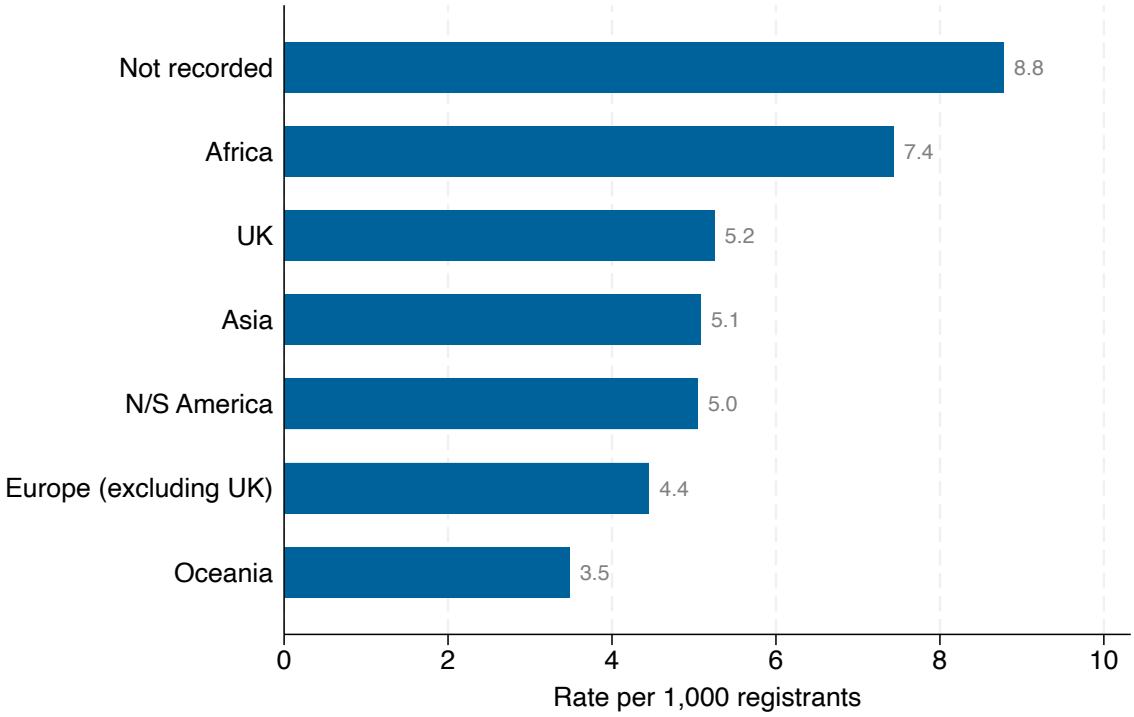


Figure 8: Registrants with one or more FTP concern in 2024–25, rates per 1,000 registrants by continent of nationality



Registration route

There have been four routes for registrants to enter the Register: UK, international, European Mutual Recognition (EMR) and grandparenting. As a result of Brexit, the EMR route has closed and so for the purposes of the analysis below international and EMR have been combined. Grandparenting was a route that enabled the porting of existing registrations with another body into the HCPC and no new registrations come through this route. To come through the UK route the registrant must have received their qualifying education from a UK institution.

All 1,964 registrants with an FTP concern in 2024–25 have a known registration route, with 1,621 (82.5%) coming through the UK route, 281 (14.3%) coming through the international route and 23 (1.2%) through grandparenting.

The 2024–25 FTP concern rate for the UK route (5.6 per 1,000 registrants) was slightly higher than for international route registrants (5.4 per 1,000) but considerably lower than for grandparenting route registrants (9.5 per 1,000). Grandparenting route registrants are relatively small in number and are in older, higher risk, age groups.

Analysis by route of registration is complicated by a number of factors and as such this matter is covered in more detail in the supplementary report.

Looking forward

As well as continuing to realise the benefits from the changes and improvements to our FTP process, in 2025–26 we will continue to focus on the FTP related goals set out in our Corporate Plan.

- Improve experiences of our fitness to practise process by shifting the focus of our investigation work to earlier in the process, which has shown in a pilot to reduce the time FTP cases take overall.

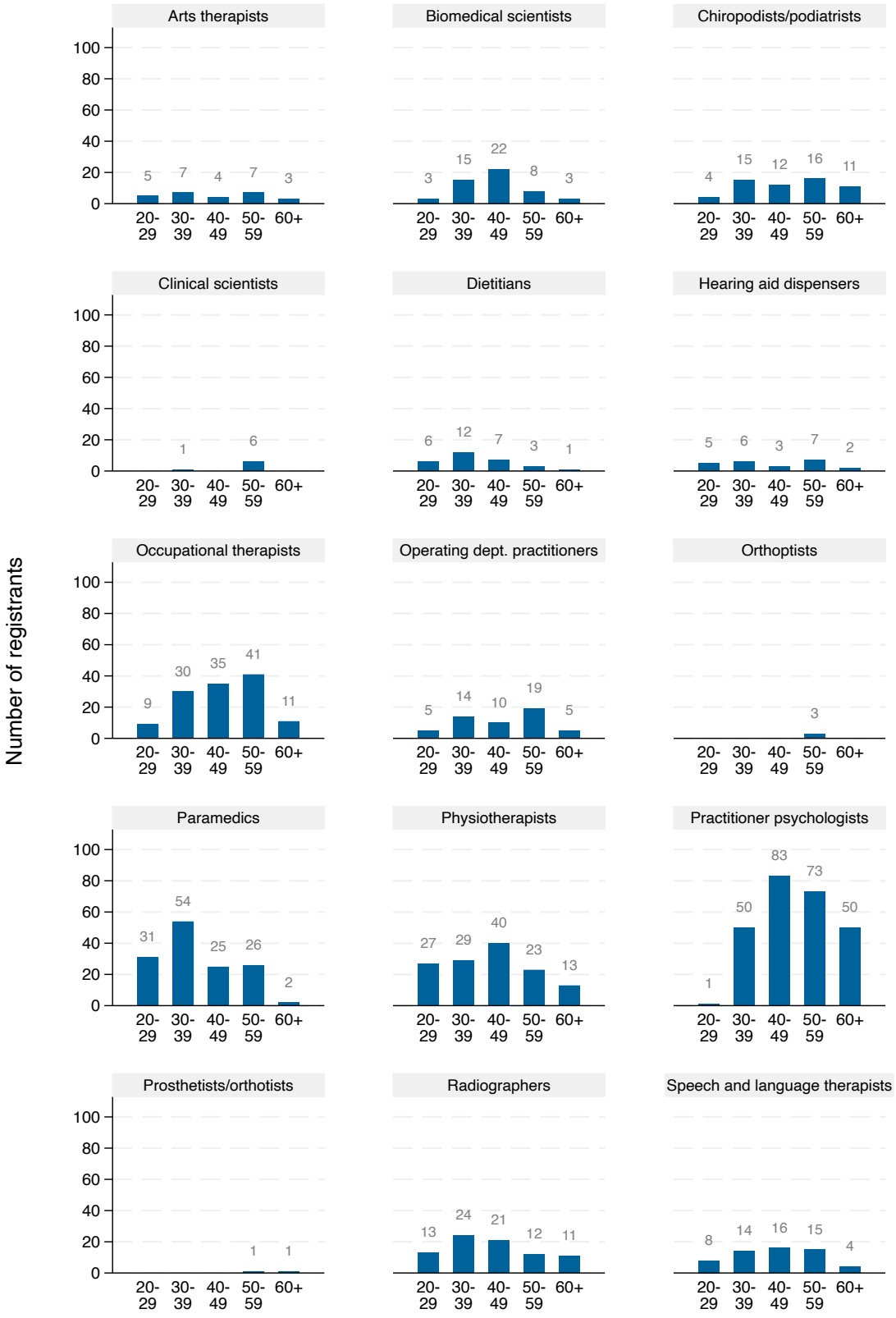
- Seek to reduce the impact of FTP processes on registrants and other participants through our new dedicated registrant support line, and by continuing to run our lay advocacy service.

This work will further our aims to continuously improve and innovate and embed a compassionate approach to regulation.

Appendix

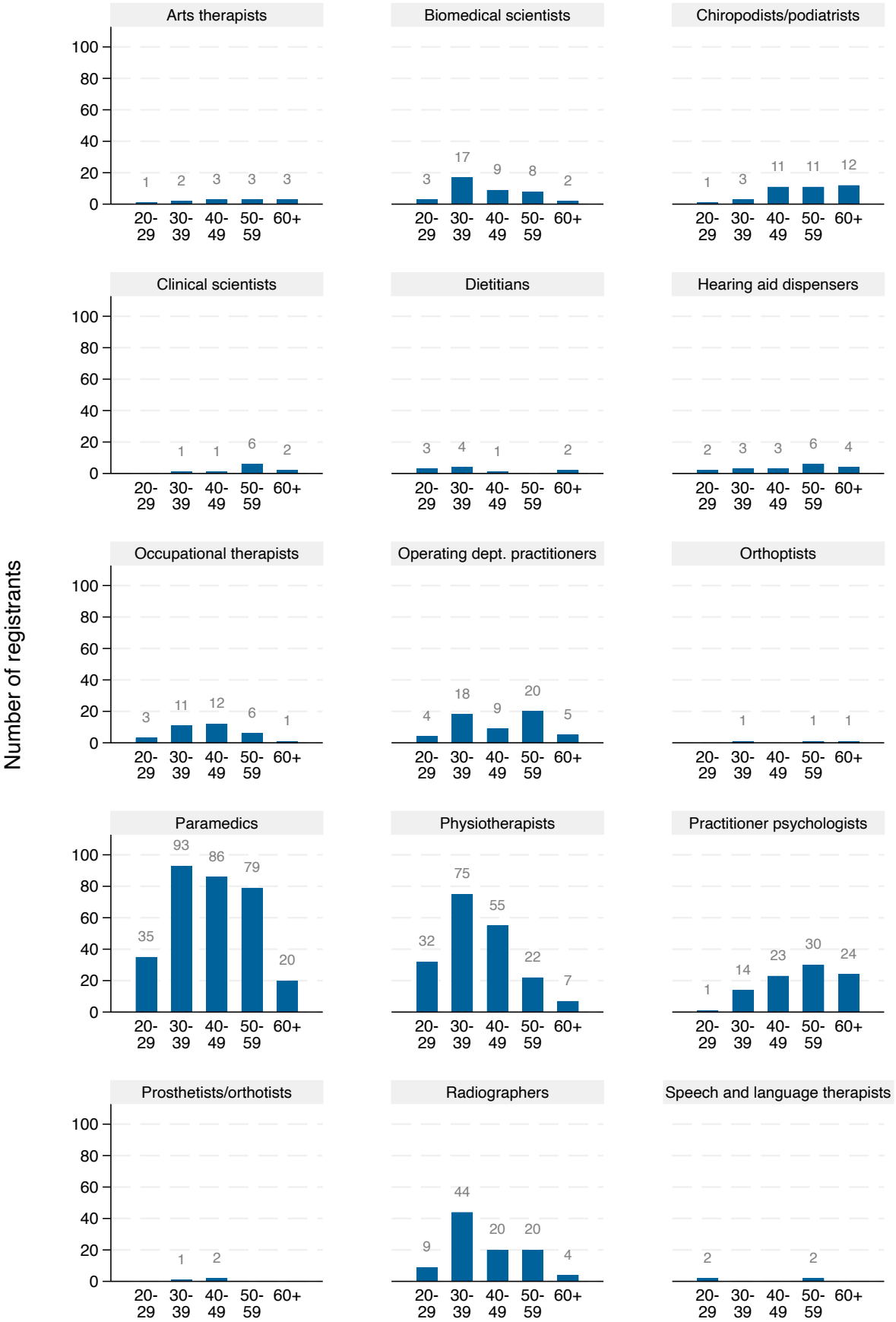
Annex A: Registrants with one or more FTP concern in 2024–25

Age specific counts by profession: Females



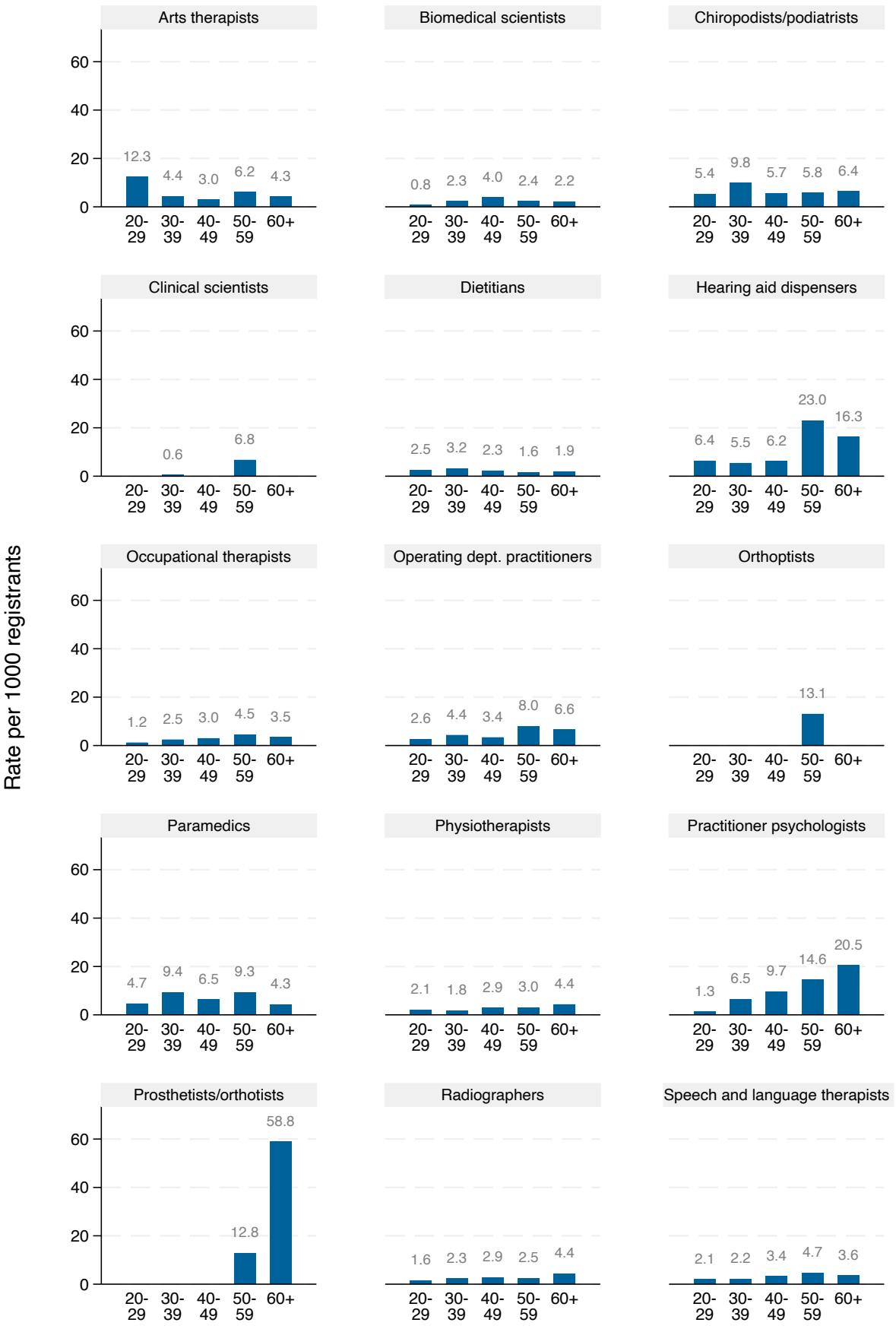
Annex B: Registrants with one or more FTP concern in 2024–25

Age specific counts by profession: Males



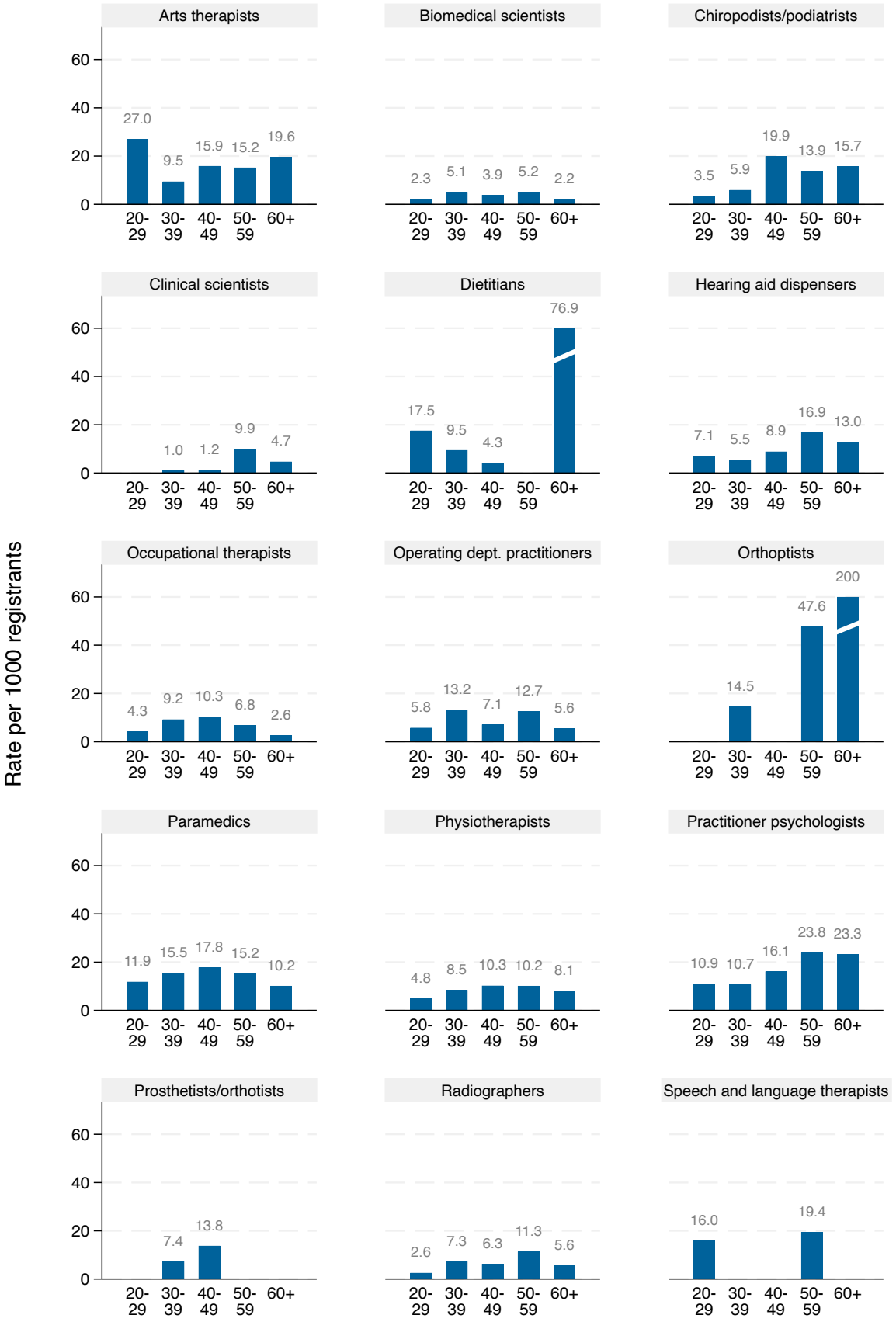
Annex C: Registrants with one or more FTP concern in 2024–25

Rates per 1,000 registrants by age and profession: Females



Annex D: Registrants with one or more FTP concern in 2024–25

Rates per 1,000 registrants by age and profession: Males



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