

Protecting the public through the people who care

Health and Care Professions Council
Fitness to Practise Annual Report 2025–26



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Presented to Parliament and the Scottish Parliament pursuant to Article
44(2) of the Health Professions Order 2001



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This publication is available on our website at hcpc-uk.org.

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ISBN 978-1-5286-6825-5

E03690754

10/26

Printed on paper containing 40% recycled fibre content minimum.

Printed in the UK by HH Associates Ltd on behalf of the Controller of His Majesty's Stationery Office.



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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 0.8% of the professionals we regulate had a concern raised about them in 2025–26, 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 our annual performance review by the Professional Standards Authority (PSA) last year, we did not meet Standard 15 and Standard 18 of the Standards of Good Regulation. Standard 15 relates to the timeliness of progressing fitness to practise cases, and Standard 18 focuses on ensuring that people involved in complaints and investigations are properly informed and supported throughout the process in the reporting period. The review comes in a year where we have seen a significant increase in the number of concerns raised about registrants. The sustained and unprecedented increase in volume continues to place pressure on the HCPC's work.

The trend in increased concerns is one being experienced by professional regulators across the healthcare system. There are no clear themes behind the increase for the HCPC, however it may show that the public is becoming more aware of and more engaged in the formal processes available to them. We recognise that we can do more to ensure people involved in fitness to practise cases receive timely outcomes and are supported well through the process. We have taken action

to adapt our ways of working to respond. This has included building our resource to accommodate the additional pressures, reviewing our processes and ensuring those involved in fitness to practise are well-supported.

While demand has been challenging, we have again seen benefits from our FTP improvement programme. In 2025–26 we continued to implement and embed changes to our fitness to practise operating model, including our streaming process and frontloading of investigations to increase our ability to progress cases fairly, efficiently and compassionately. These are already supporting better outcomes and experiences for those involved in fitness to practise cases. We are conscious that there are still improvements to be made and our work will continue.

We have again built on our ability to share information relating to equality, diversity and inclusion (EDI) in our fitness to practise processes this year. Instead of a snapshot included in an annual report, we have launched a new dashboard on our data hub, which will provide a consolidated and more comprehensive look at the information we hold in this area. This step shows again our commitment to building our own, and others', understanding in this important area. As we look to the future, our new corporate strategy (launched in May 2026) outlines clearly that improving our fitness to practise processes will continue to be a priority for the HCPC in the coming years. We look forward to continuing to make progress as we seek to protect the public.

Laura Coffey

Executive Director of Fitness to Practise and Tribunal Services



About *the HCPC*

Our purpose

To promote excellence in the professions we regulate and champion high-quality care that the public can access safely and with confidence.

Our values



Trusted

Being honest,
open and
transparent



Compassionate

Treating people
with respect,
empathy and
care



Inclusive

Collaborating
with others and
championing
diversity



Enterprising

Seeking
opportunities to
be creative and
foster innovation
to improve our
performance

Our statutory role

The HCPC was established under section 60 of the Health Act 1999.

As a regulator of health and care professions in the UK, our role is to protect the public.

We achieve this by:

- setting the standards for education and training, professional skills, conduct, performance and ethics and continuing professional development for 15 health and care professions;
- keeping a Register of professionals who meet these standards;
- approving education programmes that professionals must complete prior to registration; and
- taking action when registrants do not meet our standards.

Our Register

367,535

registrants on our Register
(as of March 2026)



New registrants

24,906

2025-26



Who we regulate

- 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

About *fitness to practise*

What is fitness to practise?

All HCPC registrants must meet our standards of conduct, performance and ethics and 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:

- members of the public concerned about the treatment they, or a family member or friend, have experienced
- registrants' colleagues
- registrants' employers
- registrants who refer 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 filling in the referral form or needs us to make a reasonable adjustment, 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 regarding 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:** a conviction or caution received 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
- **Decision by another regulator:** a decision that relates to the registrant's fitness to practise, made by another regulator

We cannot do the following:

- consider concerns about professionals not registered with us¹;
- 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.

¹ Unless the concern raised was around the misuse of a protected title

How we deal with concerns raised with us

We review each 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 the 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 our standards of conduct, performance and ethics or 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.

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 (or allegations) 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 (or allegations) 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.

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

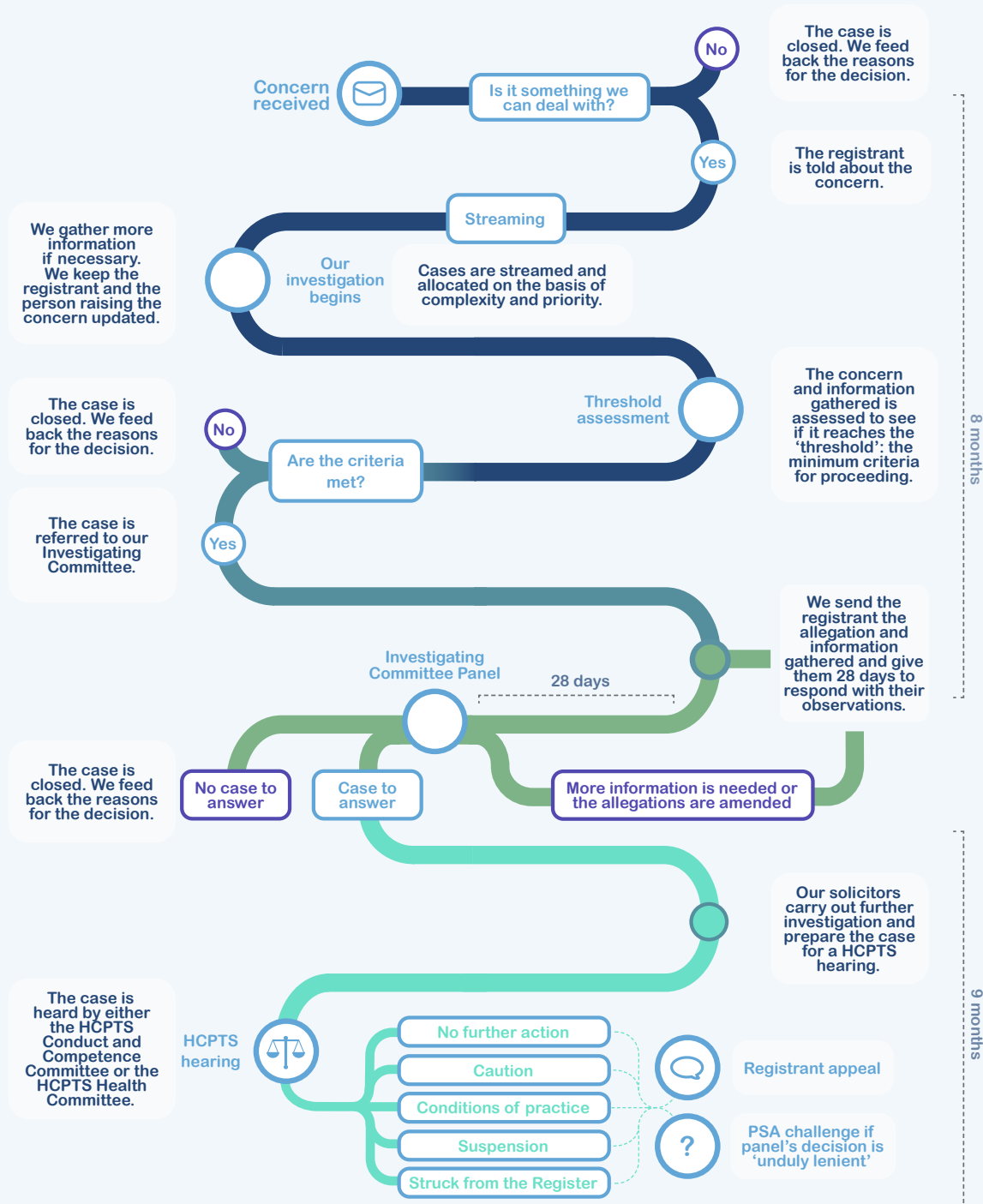
If a registrant's fitness to practise is impaired, an independent HCPTS panel can:

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

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





Statistical *summary*

These statistics relate to professionals on our Register.

Number of concerns

The total number of concerns received in 2025–26 increased significantly from the previous year. The total number of registrants on our Register increased by 11,431 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 and have taken action to plan our resources and adapt our ways of working to respond to it.

Total number of concerns

3,106

2025–26



2,409

2024–25



Concerns that passed our triage stage

2,459

2025–26



2,044

2024–25



Sources of concerns

Referrer type	Number of concerns	Percentage
Public	754	24.3%
Self-referral	555	17.9%
Employer	465	15.0%
Patient or service user	371	11.9%
Other	209	6.7%
Another HCPC registrant	178	5.7%
Police	38	1.2%
Professional body	26	0.8%
Renewal Health and Character	5	0.2%
Other regulatory proceedings	2	0.1%
FTP	1	0.0%
Work disciplinary matter	1	0.0%
Not known ³	501	12.5%
Total	3,106	100%

³ The majority of these cases did not pass our triage stage and the information was not provided by the referrer.

Concerns by profession

The professions 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 0.7%.

Profession	Number of concerns	Percentage
Paramedics	684	22.0%
Practitioner psychologists	475	15.3%
Physiotherapists	430	13.8%
Occupational therapists	282	9.1%
Radiographers	238	7.7%
Biomedical scientists	128	4.1%
Operating department practitioners	112	3.6%

Profession	Number of concerns	Percentage
Chiropodists/podiatrists	100	3.2%
Speech and language therapists	77	2.5%
Hearing aid dispensers	65	2.1%
Dietitians	62	2.0%
Arts therapists	39	1.3%
Clinical scientists	30	1.0%
Orthoptists	4	0.1%
Prosthetists/orthotists	2	0.1%
Not known ⁴	378	12.2%
Total	3,106	100%

⁴ These cases did not pass our triage stage and the information was not provided by the referrer.

Outcomes

In 2025–26 we closed 771 cases as they did not meet our threshold policy, and 291 cases were closed by an ICP as there was no case to answer.

ICP outcome	2024-25	2025-26
Case to answer	252	295
No case to answer	244	291
Adjourned	215	76
Total	711	662

Conduct and Competence Committee panels

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.

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 a registrant's fitness to practise is impaired by reason of their physical and/or mental health. Many registrants manage health conditions 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 2025–26 there were more 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 771 (2024–25: 591).

Referrer type	2024-25	2025-26
Case closed pre-ICP ⁵	949	1,303
Case closed at ICP	244	291
Case concluded at final hearing	215	232
Total	1,408	1,826

⁵ Includes cases closed at triage stage and at threshold.

Final hearing outcomes

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

Outcome	2024-25	2025-26
Struck off	59	70
Removed following fraudulent or incorrect entry process	2	6
Suspended (including 1 by consent)	47	35
Cautioned (including 5 by consent)	20	26
Conditions of practice (including 3 by consent)	7	15
Removed by consent	13	13
Not well founded, discontinued or no further action	67	67
Total	215	232

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 that 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 (or allegations);
- where the registrant is willing to admit the substance of the allegation (the registrant's insight into their failings, and willingness to address them, are key elements of 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. 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.

Cases concluded by consent

Decision	2024-25	2025-26
Consent - caution	3	5
Consent - conditions of practice	0	3
Consent - suspension	3	1
Consent - strike off	1	0
Removed by consent	13	13
Total	20	22

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.

Decision	2024-25	2025-26
Upheld and outcome substitute	0	0
Upheld and case remitted to regulator for re-hearing	0	0
Settled by consent	1	1
Dismissed or not upheld	0	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 outcome	2024-25	2025-26
Accepted	2	1
Rejected	0	0
Adjourned	1	0
Total received	3	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 328 applications for interim orders, of which 280 were granted and 48 were not.

IOA hearing decision	2024-25	2025-26
Conditions of practice – interim order	58	65
Not granted	36	48
Suspension – interim order	145	215
Total	239	328

Equality, diversity and inclusion (EDI) *analysis*

One of the seven strategic aims of our EDI strategy 2021–26 was 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 continue to analyse the data in this way, in line with our commitment to being a fair regulator.

We have made further advances to our data and analysis in the last few years, including launching our data hub. In previous years, we have included a small snapshot of

analysis relating to equality, diversity and inclusion within this report, as a stepping stone towards sharing more detailed information in an accessible way.

For this year’s report, we have aligned publication with the launch of a new dashboard on the data hub, which sets out EDI data relating to FTP concerns that pass threshold and further information relating to our decision-making. The new dashboard will allow us to provide more detailed and up-to-date information and improve our commitment to sharing this information publicly.

Looking *forward*

We launched our new corporate strategy and 2026–27 corporate plan in May 2026. These documents set out our priorities for the coming year and beyond.

As well as continuing to realise the benefits from the changes and improvements to our FTP process, in 2026–27, we will continue to focus on the FTP-related goals, including:

- To increase our capacity to undertake frontloaded investigations and strengthen case management resources to support timely, proportionate decision-making and a better experience for all parties.
- To enhance witness support and the customer service we provide to all participants throughout the FTP process.
- To commence a review of the threshold policy, which sets out the kinds of

concerns we will accept for investigation, to ensure that the cases we progress are proportionate to the risk involved.

Improving the fitness to practise process remains central to supporting a confident and resilient workforce. Timely, fair and proportionate case handling enhanced by increasing our in-house capacity to undertake frontloaded investigations, stronger case management and better support for all involved, with a strong focus on customer service quality, will help facilitate timely investigations and increase clarity for professionals and the public alike.



Supporting professionals.
Protecting the public.