

Agenda Item 8 (i)

Enclosure 4

**Health and Care Professions Council
21 March 2018**

Chief Executive report

For discussion

**From Marc Seale, Chief Executive and
Registrar**

Chief Executive's report – 21 March 2018

1. Meetings attended

- A list of the meetings the Chief Executive has attended since the last Council meeting is attached.

2. Key areas to highlight to the Council

- The following are the key areas of organisational performance that I wish to bring to the Council's attention.

Financial performance year to date

- For the 10 months to 31 January 2018, income is on track, and operating expenditure is £88k / 0.3% under forecast
- The forecast operating result for the full year is a deficit of £2k, including depreciation and bank interest receivable. The original budget was for a deficit of £349k
- The forecast does not include the cost of the EMT restructuring, which will be provided for in the 2017-18 accounts, despite severance payments not being made until 2018-19. The final cost of the restructuring depends on the outcome of the consultation and selection process, so we do not yet have a reliable estimate. We will have a sufficiently reliable estimate in time for the draft statutory accounts and the audit
- The forecast also does not include any impairment charge on the freehold buildings. An impairment is likely because the market valuation is unlikely to have increased by as much as the capital expenditure on the refurbishment of 186 Kennington Park Road

Professional Standards Authority (PSA) performance review

- The review for 2017-18 is ongoing. The PSA have advised us that it plans to undertake a targeted review of our performance. We have been asked to answer further questions and in the future we may be asked to meet the PSA and undergo an audit of fitness to practise cases.

Registration Transformation and Improvement project (CPD)

- The root cause of the workflow bug, noted to Council in the September 2017 project update paper and in the CEO reports of December 2017 and February 2018, has been identified by Microsoft after a detailed investigation. A

resolution has been suggested by IBM (with Microsoft's approval) and is currently being tested. At the time of writing this resolution is producing positive results in one out of the five areas affected by this issue, and the team will now test this resolution in all areas. Going live with this bug unresolved would have both an internal operational impact and a customer-facing impact. Internally we would not be able to monitor volumes of work accurately, and externally we would expect customer dissatisfaction to increase as multiple copies of the same email would be sent. Should the resolution currently being tested prove successful across all areas, after 6 weeks of regression testing we would be able to go live in mid-April 2018, in time for Chiropractors'/Podiatrists' and Hearing Aid Dispensers' CPD audit in May.

186 Kennington Park Road Building works

- The building works are progressing well with no change to the previously advised planned completion date of June 2018. The revised budget is estimated to be £3,547,361.92. A separate paper is in the private section of the agenda.

Leasing of office space

- Progress is being made, both sides are still committed to concluding the lease, and the terms are substantially the same as agreed at the heads of terms stage, but the lease with the prospective tenant has still not been signed at the time of writing.

Fitness to practise (FTP) improvement and performance

- FTP Improvement activities that have been completed or initiated since the February Council meeting include:
 1. Proposed revisions to the Discontinuance and Disposal by Consent Practice Notes were considered by the Tribunal Advisory Committee at its meeting on 19 February 2018. The main changes relate to the addition of a skeleton argument in every case setting out the reasons for HCPC's application to discontinue an allegation or dispose of the case by consent.
 2. Development of a case progression plan which includes options for improving case progression and performance against length of time measures. Based on an analysis of the existing caseload four case groups have been identified which would benefit from targeted interventions.
 3. A draft policy statement setting out HCPC's approach to managing health allegations. It is anticipated that this policy will come to May Council for approval.
 4. Recruitment of Case Managers is ongoing. Appointments have been made following the first internal stage of recruitment which gave the

opportunity for temporary employees to apply for a substantive role. The deadline for external applicants for the most recent recruitment campaign has closed. Initial indications suggest that we have seen an increase in the number of applicants following efforts to increase the reach of our advertising, for example by encouraging colleagues to share the job adverts on their own social media platforms.

- In terms of FTP performance, we received a higher than forecast number of new cases in January (254). This is the highest number of new cases received in a month this year. The increase in the number of new referrals, coupled with the reduction in the number of standard of acceptance case closures and cases progressing to an Investigating Committee Panel resulting from the focus on quality following the PSA performance review, has meant the number of open pre-ICP cases being expected levels.
- Temporary case manager resource continues to be used to support operational resilience. The case progression plan includes targeted interventions to support the timely progression and closure of cases to reduce the open caseload. Following the completion of the standard of acceptance refresher training and reinstating of case closure approvals by Case Team Managers, using a risk-based approach, we have seen a recovery in the number of case closures in January. However, we are monitoring this carefully.

3. Updates

External consultations

- The Department for Education launched a consultation on 8 February 2018 on the policy underpinning the statutory regulations which will govern the work of the new regulator of social workers in England, Social Work England.
- A response has been drafted and will be submitted, informed by comments from the Council via e-mail owing to the short turnaround time.

Memorandum of Understanding between Health Inspectorate Wales and the HCPC

- The HCPC have developed a Memorandum of Understanding (MOU) with the Health Inspectorate Wales (HIW). HIW is an inspectorate and regulator of NHS and independent healthcare providers in Wales. The MOU provides a framework for our relationship, communication and facilitates greater HCPC engagement in Wales. (See appendix)

Chief Executive – Marc Seale

Period covering 09 February 2018 to 21 March 2018

Department of Health EU exit and mutual recognition of professional qualifications (MRPQ) changes, London	9 Feb
NHS England Allied Health Professional (AHP) in action board, London	13 Feb
Professional Standards Authority Seminar, Cardiff	15 Feb
The Society of Chiropodists & Podiatrists Meeting with Debbie Delves, Chair and Stephen Jamieson, Chief Executive, London	20 Feb
Director of Professional Regulation Vermont, USA Video conference all with Colin Benjamin, HCPC	22 Feb
Wales Government Meeting with Vaughan Gething, Cabinet Secretary for Health and Social Services, Cardiff	26 Feb
Professional Standards Authority Academic and Research Conference - Fitness to Practise, Windsor	8-9 Mar
Department of Health North Ireland Hazel Winning, AHP Lead Officer, Belfast	12 Mar
Department of Health & Social Care Meeting with Lee McDonough, Director General, Acute Care and Workforce, London	13 Mar
Department for Education and Department of Health Transition of social worker regulation, London	14 Mar
Health and Care Professions Council Meet the HCPC, Wrexham	15 Mar
Department of Health and Department for Education Meeting with Claire Armstrong and Sam Olsen, London	19 Mar
Chief Executive Steering Group meeting	20 Mar

Council meeting, 21 March 2018

Performance report

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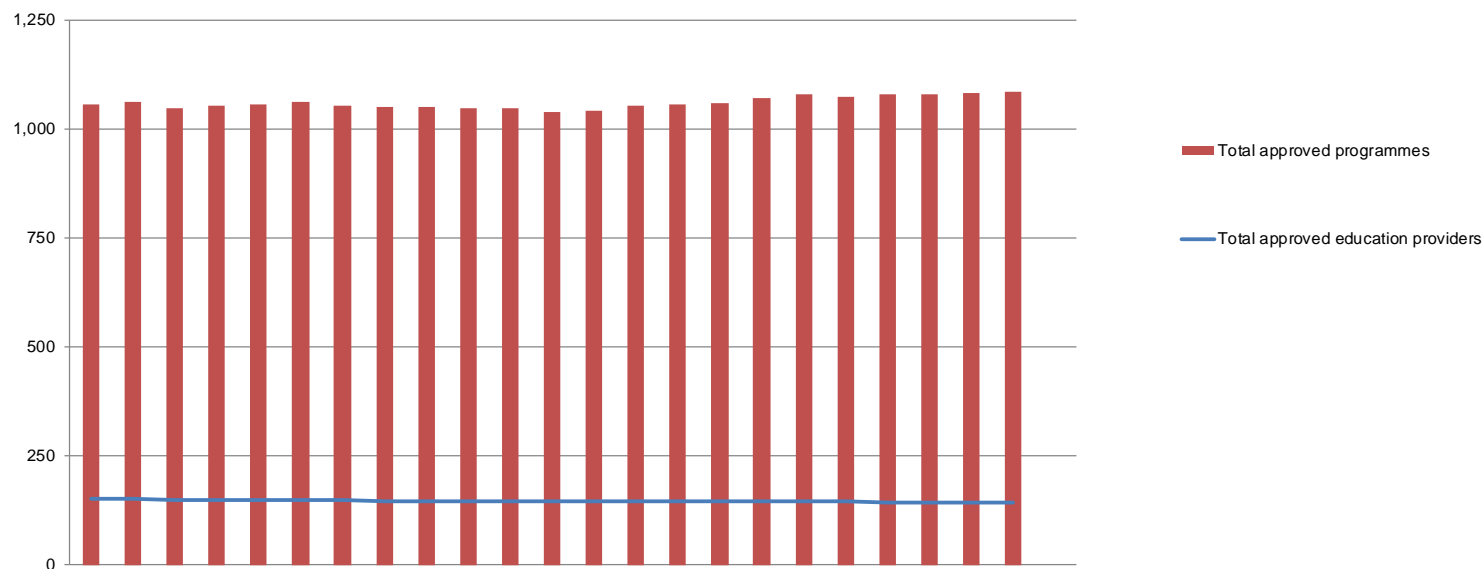
Education

The number of approval cases scheduled in this financial year (2017-18) is now nearer to the original budget (61 actual; 60 budget; 67 reforecast). This about turn stems from a high number of cancellations in quarter three. However, most of these cancellations have now resurfaced as new cases in the next financial year (2018-19).

We are in an unprecedented position in terms of planned approval case activity for the next financial year (2018-19) this far in advance. There are 55 approval cases already scheduled/being scheduled. This time last year, there were just 24 scheduled in the following financial year. Many of these cases are new provision linked to degree apprenticeships and commissioning changes for occupational therapy and physiotherapy education in England. Resourcing levels are being monitored and some months are already at capacity so provider requests will be pushed back.

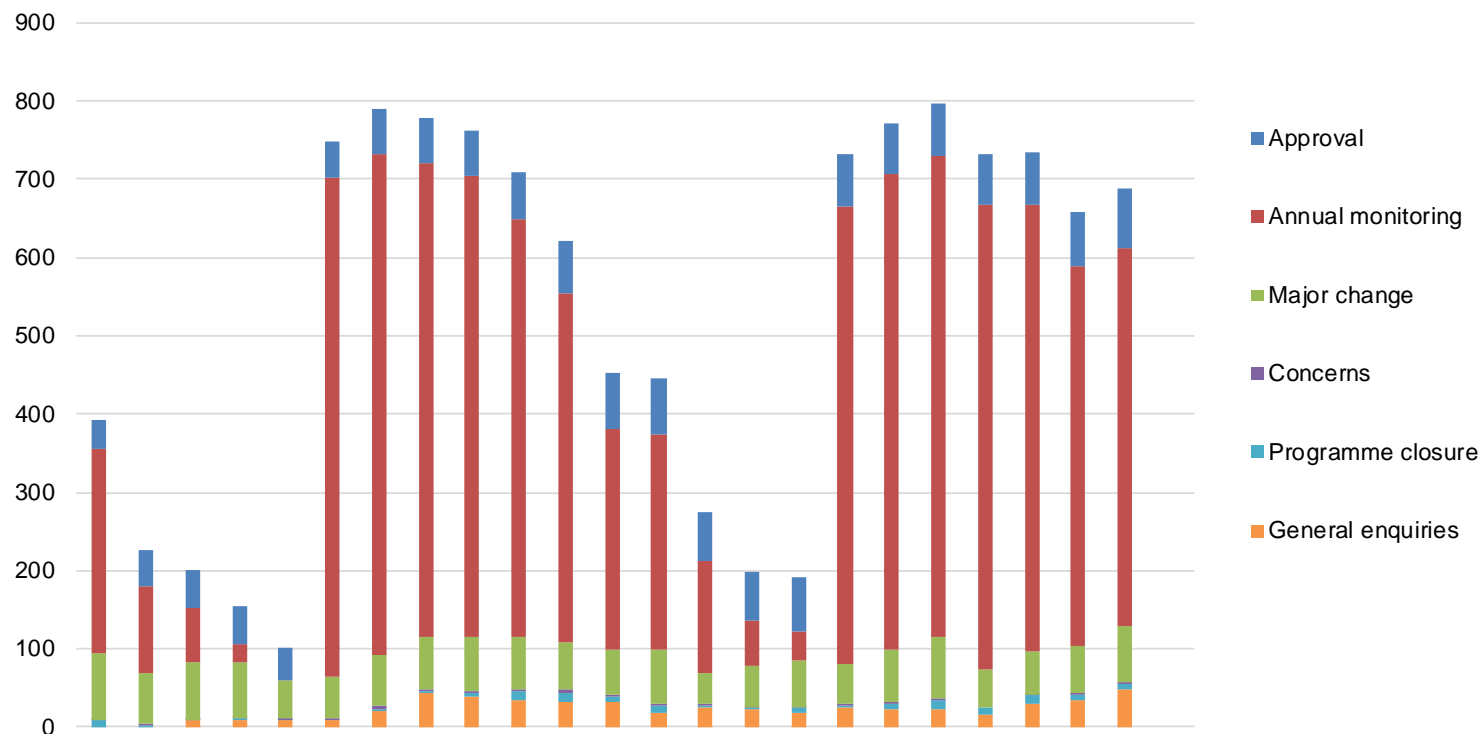
This high caseload is very likely to affect the overall scope of the final 2018-19 work plan as resources will need to prioritise the day-to-day operation of the approval and monitoring processes ahead of process and service improvement and communications and stakeholder work

Number of approved programmes, by profession April 2016 - March 2018



Profession/entitlement	2016			2017									2018									2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18			
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FYE	FYE	FYE	FYE	FYE	FYE	YTD
Arts therapists	31	31	30	30	29	29	29	29	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	21	29	30	28	31	28	28	
Biomedical scientists	65	65	63	63	62	62	62	62	62	62	60	60	60	60	64	64	64	64	64	64	64	64	64	49	60	57	55	65	60	64	
Chiropodists/Podiatrists	20	20	20	20	19	19	19	19	17	17	17	17	17	17	18	18	19	19	19	19	19	19	19	20	18	17	16	20	17	19	
Clinical scientists	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	4	4	4	1	3	3	3	3	3	4	
Dietitians	32	32	32	32	32	32	32	32	32	32	32	32	32	32	33	33	33	34	34	35	35	35	35	33	32	32	32	32	32	35	
Hearing aid dispensers	22	22	22	20	20	20	20	19	19	19	19	18	18	18	18	18	18	18	19	18	18	18	18	18	18	15	18	20	22	18	18
Occupational therapists	70	71	71	71	70	70	69	69	68	68	67	68	68	72	72	72	72	71	71	72	73	73	73	74	73	70	69	70	68	73	
Operating Department Practitioners	38	37	37	38	38	38	37	37	37	35	35	34	34	33	33	34	36	36	36	37	37	37	37	34	35	34	34	38	34	37	
Orthoptists	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
Paramedics	77	77	75	76	77	78	75	74	77	77	76	73	73	74	75	75	76	74	74	72	75	75	75	50	50	49	53	77	73	75	
Physiotherapists	71	70	70	70	71	71	71	71	72	72	71	71	72	76	76	75	75	75	77	78	78	78	78	67	65	69	69	71	71	78	
Practitioner psychologists	102	103	101	101	101	101	101	102	104	104	105	102	102	106	104	104	108	107	103	103	105	109	95	91	91	93	102	102	109	109	
Prosthetists/Orthotists	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	2	2	2	
Radiographers	52	53	52	52	54	54	54	54	54	54	54	54	54	54	55	57	57	57	58	58	58	58	58	56	53	51	50	51	54	58	
Social workers in England	242	243	242	250	251	253	253	252	252	249	252	252	252	252	254	251	252	251	254	255	253	251	251	231	223	221	242	252	251	251	
Speech and language therapists	34	34	34	34	34	34	33	33	33	33	33	34	34	35	35	35	36	39	39	40	40	40	40	32	31	30	31	34	34	40	
Prescription only medicines - administration	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	5	5	4	4	4	4	4	2	4	4	4	4	4	4	
Prescription only medicines - sale / supply	8	8	7	7	7	7	7	6	6	6	6	6	6	6	6	6	7	6	5	5	5	5	9	9	10	9	8	6	5		
Supplementary prescribing	53	52	52	52	52	52	52	52	52	52	52	51	51	51	50	50	50	50	50	50	49	49	77	77	62	59	53	51	49		
Independent prescribing	93	94	94	94	94	96	95	94	94	94	96	95	95	95	95	98	98	98	98	98	98	98	98			86	89	93	95	98	
Orthoptists - medicine exemptions																															
Approved mental health professionals	34	36	32	32	32	32	32	32	32	32	32	32	32	32	33	33	34	33	33	33	33	33	33								
Podiatric surgery															2	2	2	2	2	2	2	2	2								
Total approved programmes	1,056	1,060	1,046	1,054	1,055	1,060	1,053	1,049	1,051	1,048	1,047	1,039	1,040	1,053	1,056	1,059	1,069	1,078	1,074	1,078	1,079	1,081	1,085	644	909	968	967	1,055	1,039	1,085	
Total approved education providers	150	151	147	147	148	149	147	146	146	146	146	145	145	146	146	144	144	144	143	143	143	143	128	150	151	143	150	145	143		

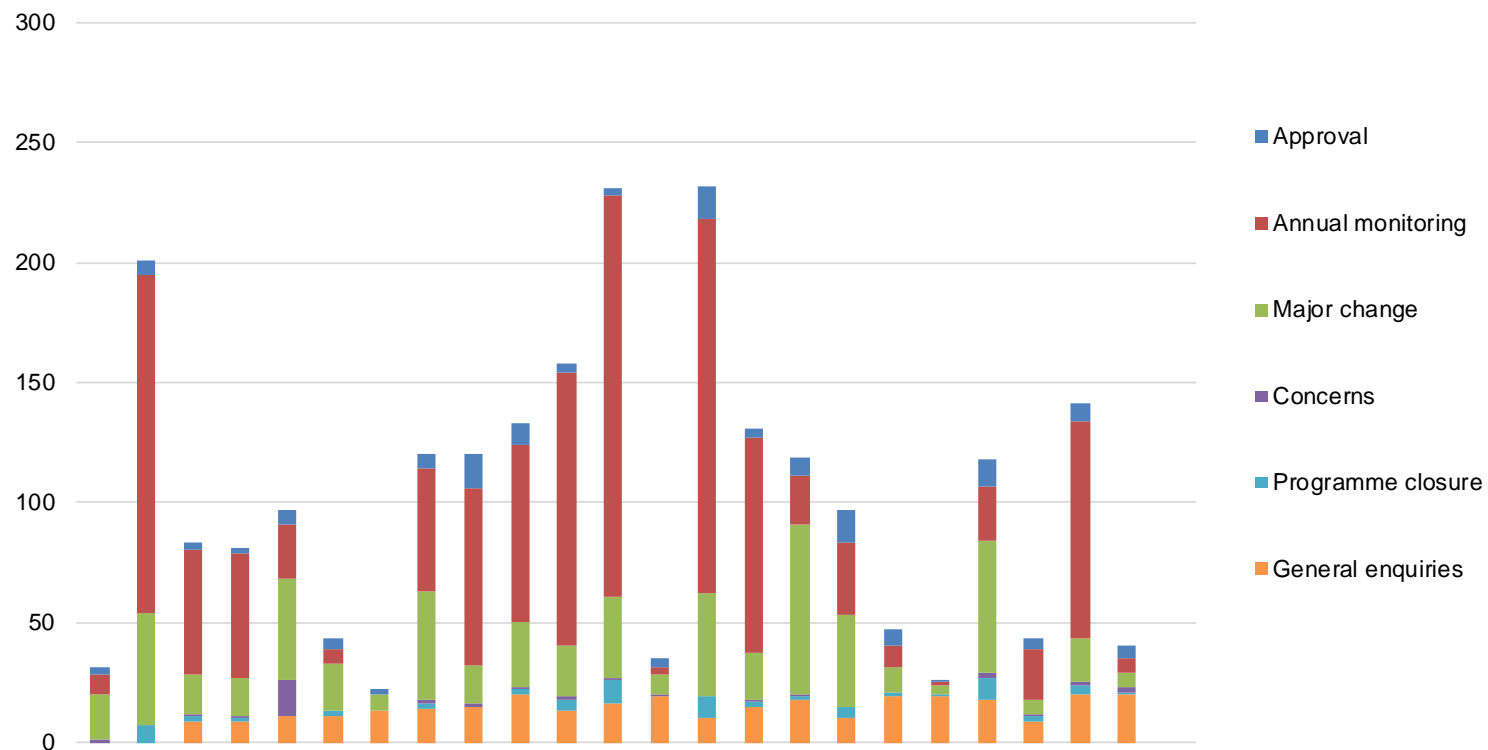
Overview of workload, Number of active cases, April 2016 - March 2018



Work area	2016			2017												2018							
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Approval	37	45	48	49	43	47	58	57	57	62	67	70	72	63	62	69	65	64	68	65	67	69	75
Annual monitoring	261	111	69	22	0	638	641	606	589	532	445	283	276	142	57	36	585	608	613	594	572	485	484
Major change	85	66	73	71	48	53	64	67	69	67	61	57	68	40	53	60	51	67	80	48	54	60	72
Concerns	1	2	1	1	2	2	5	3	4	4	4	3	2	2	1	2	2	2	0	1	2	1	
Programme closure	8	2	1	1	1	0	2	2	5	10	13	8	9	3	3	6	3	7	11	8	11	7	7
General enquiries			8	10	8	9	20	43	38	35	31	31	19	25	22	18	25	23	23	17	30	35	49
Total	392	226	200	154	102	749	790	778	762	710	621	452	446	275	198	191	731	771	732	735	658	688	

2015/16	2016/17	2017/18
FYE	FYE	YTD
34	70	75
264	283	484
69	57	72
2	3	1
4	8	7
	31	49
373	452	688

Overview of workload, Number of resolved cases, April 2016 - March 2018



Work area	2016			2017									2018										
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Approval	3	6	3	2	6	4	2	6	14	9	4	3	4	14	4	8	14	7	1	11	4	7	5
Annual monitoring	8	141	52	52	23	6	0	51	74	74	114	167	3	156	90	20	30	9	1	23	21	91	6
Major change	19	47	16	16	42	20	7	45	16	27	21	34	8	43	19	71	38	10	4	55	6	18	6
Concerns	1	0	1	1	15	0	0	2	1	1	1	1	1	0	1	1	0	0	0	2	1	1	2
Programme closure	0	7	2	1	0	2	0	2	0	2	5	10	0	9	2	1	5	2	1	9	2	4	1
General enquiries			9	9	11	11	13	14	15	20	13	16	19	10	15	18	10	19	19	18	9	20	20
Total	31	201	83	81	97	43	22	120	120	133	158	231	35	232	131	119	97	47	26	118	43	141	40

2015/16	2016/17	2017/18
FYE	FYE	YTD
133	62	79
928	762	450
306	310	278
9	24	9
38	31	36
	131	177
1,414	1,320	1,029

Finance

- In the Finance tables, income and expenditure is compared against the month 9 forecast. For the 10 months to 31 January 2018, income is on track, and operating expenditure is £88k / 0.3% under forecast
- The main departmental variances are:-
 - FTP are £161k / 1.3% over forecast, due to number of days of hearings being above forecast.
 - Major Projects are £84k / 6.7% under the Opex budget and £276k / 26% **over** the capex forecast. This is because of the 186 KPR project, which is £76k under the phased month 9 forecast and £277k over the phased month 9 capex forecast, net £202k over forecast overall. We now expect total project spend to be around £3.5m, over budget by around £200k, when the project completes in Q1 of 2018-19
 - Registration are £48k / 1.7% under forecast, due to £18k underspend on payroll costs and a £21k underspend on international assessor fees.
- The forecast operating result for the full year is a deficit of £2k, including depreciation and bank interest receivable. The original budget was for a deficit of £349k.
- The forecast does not include the cost of the EMT restructuring, which will be provided for in the 2017-18 accounts, despite severance payments not being made until 2018-19. The final cost of the restructuring depends on the outcome of the consultation and selection process, so we do not yet have a reliable estimate. We will have a sufficiently reliable estimate in time for the draft statutory accounts and the audit
- The forecast also does not include any impairment charge on the freehold buildings. An impairment is likely because the market valuation is unlikely to have increased by as much as the capital expenditure on the refurbishment of 186 Kennington Park Road.
- The cash balance at 31 January was £15.5m.
- The tender for FTP and Comms printing services under the Crown Commercial Services Managed Print framework agreement concluded in December, and we are progressing towards signing the contract with the successful supplier.
- There have been no significant issues with core processes.

						Jan -18 Comments (Actuals vs 2017-18 M9 Forecast)	
Department	Movement YTD	M9 Forecast YTD	Budget YTD	Forecast Variance	Budget Var %	Variations by Income Type	Variations by Profession
Total Income	27,788,426	27,782,639	27,744,801	5,788	0.0	On Target or variance below threshold	On Target or variance below threshold
EXPENDITURE							
Department	Movement YTD	M9 Forecast YTD	Budget YTD	Variance v Forecast	Variance v F'cast %	Variations on Payroll	Variations on Non-payroll
Communications	896,717	901,366	999,501	4,649	0.5	On Target or variance below threshold	On Target or variance below threshold
Education	896,643	910,155	960,456	13,511	1.5	On Target or variance below threshold	On Target or variance below threshold
Office Services	1,999,625	2,004,908	2,442,064	5,283	0.3	On Target or variance below threshold	On Target or variance below threshold
Fitness to Practise	13,077,932	12,916,437	12,318,866	(161,495)	(1.3)	On Target or variance below threshold	<p>£50k over forecast on partner fees and travel, this is due to above forecast number of days of hearing for January 18 (183 days of hearings activities vs 160 days forecast) . This is in part due to the focus on concluding the older more complex cases. The hearing activities also included an additional ICP day and a restoration hearing.</p> <p>£74k over forecast on transcription writers due to delays in supplier issuing invoices and under accrual in the previous months.</p>
IT Department	1,778,259	1,806,587	1,844,272	28,329	1.6	On Target or variance below threshold	On Target or variance below threshold
Major Projects	1,168,316	1,252,223	1,467,268	83,907	6.7	On Target or variance below threshold	£76k under forecast on 186KPR project, but this may be due to timing differences on Opex/Capex split. 186KPR project expected to be c£200k overspend overall on conclusion in Q1 of 2018-19
Registration	2,728,012	2,775,778	3,029,973	47,766	1.7	On Target or variance below threshold	On Target or variance below threshold

Income and Expenditure

31 January 2018

	Period 10	Year to date				Full Year	Full Year
	Actual	Actual	M9 Forecast	Variance	Variance %	Forecast (M9)	Budget
Income by Activity							
Graduate Registration Fees	145,943	1,449,287	1,457,751	(8,464)	(0.6)	1,762,866	1,860,788
Readmission Fees	26,055	201,420	175,365	26,055	14.9	202,764	214,318
Renewal Fees	2,422,015	23,688,900	23,694,904	(6,004)	(0.0)	28,558,752	28,480,891
International Scrutiny Fees	197,505	1,464,760	1,466,182	(1,422)	(0.1)	1,779,047	1,824,911
UK Scrutiny Fees	51,335	984,060	988,437	(4,377)	(0.4)	1,103,965	1,026,069
Registration Income	2,842,853	27,788,427	27,782,639	5,788	0.0	33,407,393	33,406,977
Cheque/credit card write offs	(0)	(0)	0	(0)			0
Total Income	2,842,853	27,788,426	27,782,639	5,788	0.0	33,407,393	33,406,977
Chair	1,129	74,015	73,411	(604)	(0.8)	92,686	100,720
Chief Executive	25,658	318,306	321,936	3,631	1.1	380,714	357,202
Council & Committee	(31,493)	168,373	217,657	49,284	22.6	274,749	303,179
Communications	92,699	896,717	901,366	4,649	0.5	1,114,092	1,211,336
Education	91,585	896,643	910,155	13,511	1.5	1,134,635	1,178,318
Office Services	207,010	1,999,625	2,004,908	5,283	0.3	2,545,741	2,921,188
Finance	52,421	627,988	625,008	(2,981)	(0.5)	765,059	845,938
Fitness to Practise	1,486,272	13,077,932	12,916,437	(161,495)	(1.3)	15,549,690	14,797,229
Human Resources	91,260	848,634	848,817	183	0.0	1,047,811	997,163
Human Resources Partners	61,431	309,304	326,341	17,037	5.2	405,595	436,219
IT Department	198,818	1,778,259	1,806,587	28,329	1.6	2,262,816	2,277,810
Major Projects	36,800	1,168,316	1,252,223	83,907	6.7	1,450,722	1,486,909
Operations Office	58,214	531,110	519,898	(11,212)	(2.2)	634,899	644,280
Policy	42,292	355,474	356,004	530	0.1	417,160	446,946
Registration	241,211	2,728,012	2,775,778	47,766	1.7	3,462,925	3,659,028
Secretariat	17,483	211,753	212,480	727	0.3	252,201	272,381
Depreciation	69,212	668,452	677,275	8,823	1.3	854,354	905,736
PSA Levy	0	878,682	878,682	0	0.0	878,682	878,682
Apprenticeship Levy	2,727	27,603	27,821	218	0.8	33,710	35,337
Operating expenditure	2,744,729	27,565,198	27,652,782	87,585	0.3	33,558,242	33,755,602
Operating surplus/(deficit)	98,124	223,229	129,856	93,372		(150,848)	(348,624)
Other income							
Investment Income	11,142	130,813	129,707	1,107	0.9	148,902	0
	11,142	130,813	129,707	1,107	0.9	148,902	0
Total surplus/(deficit)	109,266	354,042	259,563	94,479		(1,947)	(348,624)

Payroll costs

31 January 2018

	Period 10	Year to date				Full Year	Full Year Budget
	Actual	Actual	M9 Forecast	Variance	Variance %	Forecast (M9)	
Chief Executive	21,550	218,624	220,513	1,889	0.9	267,391	272,802
Communications	54,858	540,351	540,644	293	0.1	648,516	673,273
Education	72,968	703,724	704,924	1,200	0.2	867,670	891,080
Office Services	22,886	245,195	248,557	3,363	1.4	304,013	332,860
Finance	39,401	397,187	397,188	1	0.0	487,208	496,638
Fitness to Practise	482,020	3,924,619	3,888,762	(35,857)	(0.9)	4,797,112	4,533,740
Human Resources	43,280	523,140	534,323	11,183	2.1	683,457	656,033
Human Resources Partners	12,766	109,261	109,641	381	0.3	134,388	125,546
IT Department	72,599	746,521	746,520	(0)	(0.0)	891,718	875,169
Major Projects	20,976	230,812	233,566	2,754	1.2	277,379	149,129
Operations Office	43,993	448,035	448,034	(1)	(0.0)	536,020	526,245
Policy	24,089	230,775	230,750	(25)	(0.0)	278,878	291,531
Registration	152,985	1,602,251	1,620,837	18,586	1.1	1,963,979	2,079,477
Secretariat	17,124	189,202	189,132	(70)	(0.0)	226,244	239,691
Payroll costs	1,081,495	10,109,695	10,113,393	3,698	0.0	12,363,972	12,143,214

Non-payroll costs

31 January 2018

	Period 10	Year to date				Full year	
	Actual	Actual	M9 Forecast	Variance	Variance %	Full Year Forecast (M9)	Full Year Budget
Chair	1,129	74,015	73,411	(604)	(0.8)	92,686	100,720
Chief Executive	4,109	99,682	101,424	1,741	1.7	113,324	84,400
Council & Committee	(31,493)	168,373	217,657	49,284	22.6	274,749	303,179
Communications	37,841	356,366	360,722	4,356	1.2	465,576	538,063
Education	18,617	192,919	205,230	12,311	6.0	266,964	287,238
Facilities Management	184,124	1,754,431	1,756,351	1,920	0.1	2,241,729	2,588,328
Finance	13,020	230,802	227,819	(2,982)	(1.3)	277,851	349,300
Fitness to Practise	1,004,253	9,153,313	9,027,675	(125,638)	(1.4)	10,752,578	10,263,489
Human Resources	47,980	325,494	314,494	(11,000)	(3.5)	364,354	341,130
Human Resources Partners	48,665	200,043	216,699	16,656	7.7	271,207	310,673
IT Department	126,218	1,031,738	1,060,067	28,329	2.7	1,371,098	1,402,641
Major Projects	15,824	937,504	1,018,657	81,153	8.0	1,173,343	1,337,780
Operations Office	14,221	83,075	71,863	(11,212)	(15.6)	98,879	118,035
Policy	18,203	124,699	125,255	555	0.4	138,283	155,415
Registration	88,226	1,125,761	1,154,941	29,180	2.5	1,498,946	1,579,551
Secretariat	359	22,551	23,348	796	3.4	25,958	32,690
PSA Levy	0	878,682	878,682	0	0.0	878,682	878,682
Apprenticeship Levy	2,727	27,603	27,821	218	0.8	33,710	35,337
Non-payroll costs	1,594,022	16,787,051	16,862,115	75,064	0.4	20,339,916	20,706,651

Statement of Financial Position

31 January 2018

	Actual Period 10	M9 Forecast YTD	M9 Forecast 31 March 2018	Budget 31 March 2018	Actual 31 March 2017
Non-current assets					
Land & buildings, at cost or valuation	5,577,128	5,299,768	5,524,123	6,431,833	4,615,000
Land & buildings depreciation	(38,458)	(38,459)	(46,151)	(62,267)	0
	5,538,670	5,261,309	5,477,973	6,369,566	4,615,000
Computer equipment, at cost	528,653	528,653	528,653	591,763	499,535
Computer equipment depreciation	(440,176)	(440,176)	(449,557)	(459,718)	(382,705)
	88,477	88,477	79,096	132,045	116,829
Office furniture and equipment, at cost	1,183,115	1,183,115	1,183,115	1,183,115	1,183,115
Office equipment depreciation	(558,629)	(558,627)	(586,025)	(570,333)	(413,863)
	624,486	624,488	597,090	612,782	769,252
Intangible assets	7,516,269	7,509,260	7,764,435	8,452,829	7,116,711
Intangible depreciation	(6,103,082)	(6,111,895)	(6,244,503)	(6,285,313)	(5,675,325)
	1,413,187	1,397,365	1,519,932	2,167,516	1,441,386
Total non-current assets	7,664,820	7,371,640	7,674,091	9,281,910	6,942,467
Current assets					
Other current assets	892,001	982,570	1,929,749	2,009,182	1,994,076
Cash & cash equivalents	15,480,737	15,089,216	18,841,374	18,582,766	19,528,831
	16,372,739	16,071,785	20,771,123	20,591,948	21,522,907
Total assets	24,037,558	23,443,425	28,445,214	29,873,858	28,465,374
Current liabilities					
Trade and other payables	538,923	167,347	167,347	430,848	430,848
Other liabilities	1,392,219	1,435,039	1,435,039	2,187,619	2,115,827
Deferred income	16,583,149	16,412,229	21,675,527	22,434,790	20,749,474
Total current liabilities	18,514,290	18,014,615	23,277,913	25,053,257	23,296,149
Liabilities greater than one year	163,052	163,052	163,052	163,052	163,052
Total assets less liabilities	5,360,216	5,265,758	5,004,248	4,657,549	5,006,174
General fund b/fwd	(4,155,121)	(4,155,121)	(4,155,121)	(4,155,121)	(4,155,121)
Rev Res - Land & Building	(851,052)	(851,052)	(851,052)	(851,052)	(851,052)
This periods (surplus)/deficit	(354,042)	(259,585)	1,924	348,624	
General fund c/fwd	(5,360,216)	(5,265,758)	(5,004,248)	(4,657,549)	(5,006,174)

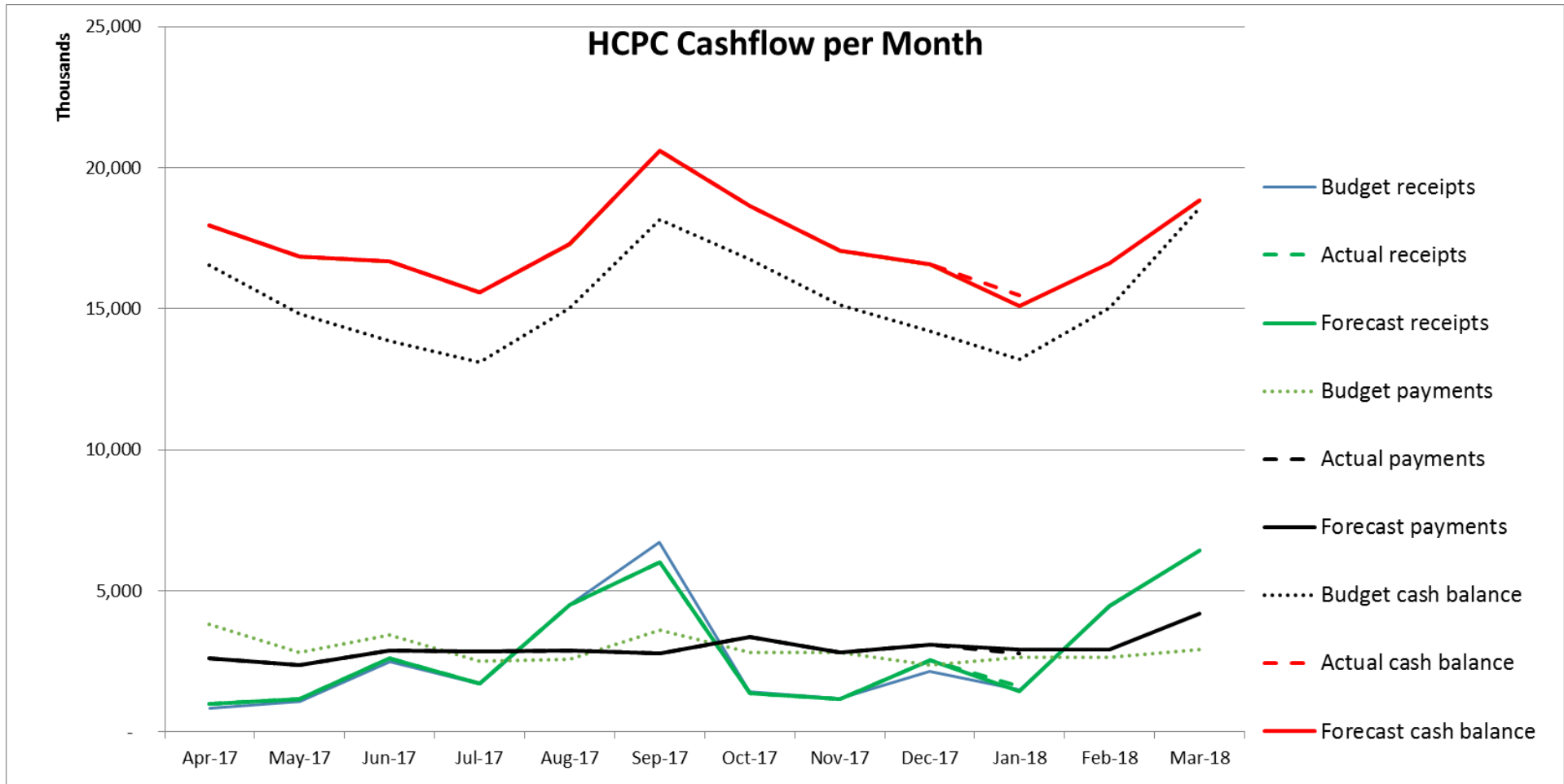
Projects

		Opex			Capex			Opex & Capex			Opex	Capex
		Actual YTD £	M9 Forecast 2017/18 YTD £	Variance £	Actual YTD £	M9 Forecast 2017/18 YTD £	Variance £	Actual YTD £	M9 Forecast 2017/18 YTD £	Variance £	M9 Forecast 2017/18 Full Year £	M9 Forecast 2017/18 Full Year £
HR and Partners Build	MP78	(1,438)	(2,389)	(951)	80,982	82,130	1,148	79,544	79,741	197	27,834	82,130
Reg Transformation and Improvement	MP85	193,254	202,048	8,794	164,507	164,507	(0)	357,760	366,555	8,794	228,626	194,507
Establishing the new Tribunal Service	MP86	(4,788)	(4,788)	(0)	(2,323)	(2,323)	0	(7,111)	(7,111)	(0)	(4,788)	(2,323)
PCI/DSS	MP87	0	0	0	0	0	0	0	0	0	0	0
HCPC website review and build	MP90	65,637	66,098	461	118,106	118,106	0	183,744	184,205	461	89,066	269,361
Net Regulate Changes	MP88	0	0	0	0	0	(0)	0	0	(0)	0	0
186 Kennington Park Road renovation	MP89	915,651	991,254	75,602	962,128	684,768	(277,361)	1,877,779	1,676,021	(201,758)	1,087,406	909,123
Education System Change	MP93	0	0	0	0	0	0	0	0	0	0	0
FTP CMS Review	MP94	0	0	0	0	0	0	0	0	0	0	0
CPD Online Migraton	MP96	0	0	0	0	0	0	0	0	0	22,578	63,920
		1,168,316	1,252,223	83,907	1,323,401	1,047,188	(276,213)	2,491,717	2,299,411	(192,306)	1,450,722	1,516,719

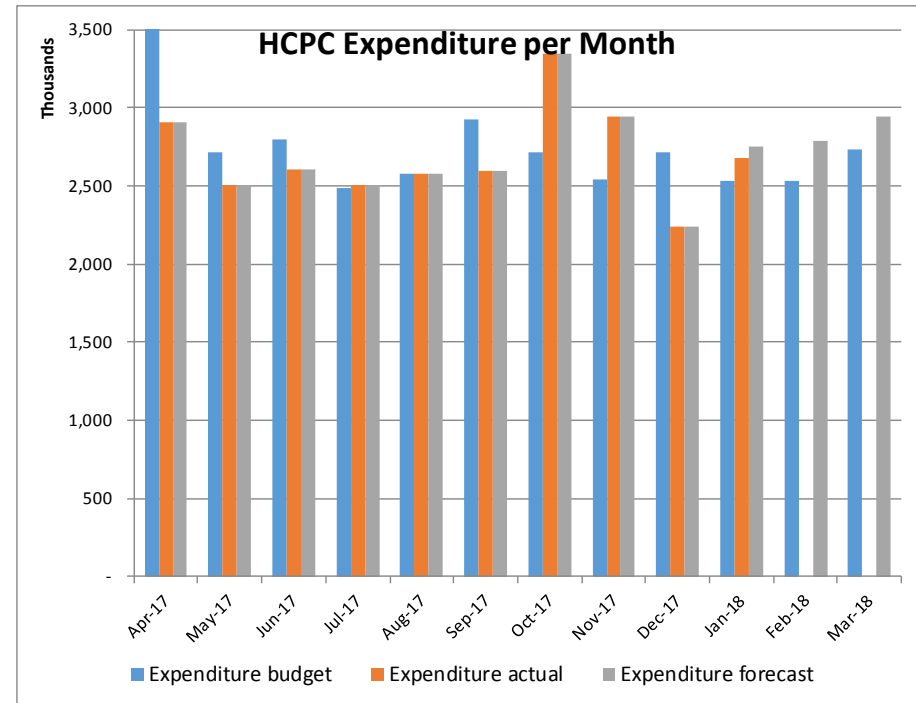
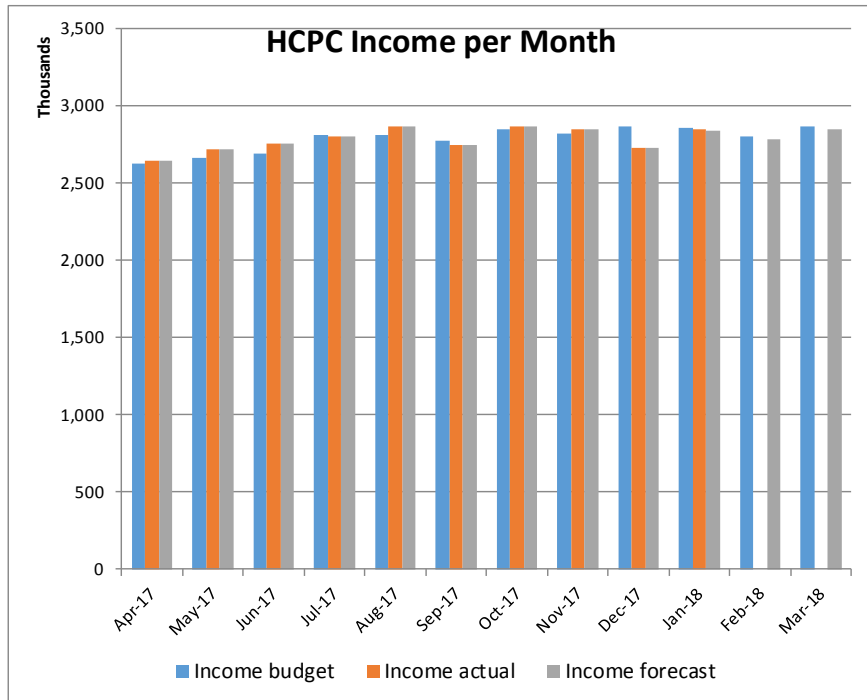
Cash flow statement

From 1 April 2017

	Year to date actual £	Year to date M9 forecast £	Full year M9 forecast £	Full year budget £
Operating surplus/(deficit)	223,229	129,856	(150,848)	(348,624)
Less: Depreciation	668,452	677,275	854,354	905,736
Decrease/(increase) in debtors & prepayments	1,102,075	1,011,515	64,327	(15,106)
Increase/(decrease) in creditors	(615,533)	(944,289)	(944,278)	71,792
(Decrease)/increase in deferred income	(4,166,325)	(4,337,245)	926,053	1,685,316
Net cash in/(out)flow from operating activities	(2,788,102)	(3,462,887)	749,607	2,299,114
Return on investments and servicing of finance				
Investment Income	130,813	129,707	148,902	0
Capital expenditure and financial investments				
Purchase of fixed assets	(1,390,805)	(1,106,436)	(1,585,966)	(3,245,179)
Increase/(decrease) in cash	(4,048,094)	(4,439,616)	(687,457)	(946,065)
Cash at beginning of period	19,528,831	19,528,831	19,528,831	19,528,831
Cash at end of period	15,480,737	15,089,216	18,841,374	18,582,766
Cash movement	(4,048,094)	(4,439,616)	(687,457)	(946,065)



2017-18



Fitness to Practise

FTP Improvement Project

The Improvement activities that have been completed or initiated since the progress update received by Council in February 2018 include:

- Revisions to the Discontinuance and Disposal by Consent Practice Notes which were considered by the Tribunal Advisory Committee at its meeting on 19 February 2018;
- Development of a case progression plan which includes options for improving case progression and performance against length of time measures;
- A draft policy statement setting out HCPC's approach to managing health allegations;
- Case Manager recruitment campaign;
- Development of an internal communications plan and delivery of update briefings to fitness to practise staff;
- Development of new performance indicators to measure the progression of fitness to practise cases;
- Development of an e-learning module for assessing risks in fitness to practise cases.

Performance

The following report is based on data collected at the end of January 2018 and provides an update from the end of October 2017 position, which was presented to Council in December 2017.

Number of new and open cases

- Since 1 November 2017, 601 new fitness to practise concerns have been received. 254 were received in January 2018, which is the highest amount per month received this year. (see Table 1)
- The total new concerns received to date is 1,905, which averages as 191 new cases per month. This is marginally higher than our forecasted average volume of new cases. The volume received in January 2018 was 33% above the 191 average.
- At the end of January 2018, there were 1,922 open cases, which is an increase of approximately 15% on the end October 2017 figure. 80% (1,530) of the open case load is at the pre-ICP stage of the process. This increase is due to the higher than expected number of new referrals in January 2018 coupled with the reduction in the number of standard of acceptance case closures and cases progressing to an Investigating Committee Panel resulting from the focus on quality following the PSA performance review. (see Table 1)
- Additional temporary and short-term resource is being deployed to manage this increase in pre-ICP case load. Following the completion of the standard of acceptance refresher training, and risk-based reinstating of case closure approvals by Case Team Managers, we have seen a recovery in the number of case closures in January. However, we are monitoring this carefully. The case progression plan developed as part of the FTP improvement plan also includes targeted interventions to support the timely progression and closure of cases to reduce the open caseload. The resource and competency requirements needed for the longer term to sustain expectations around the level and quality of investigations will be considered as part of the FTP Improvement Project.

Table 1

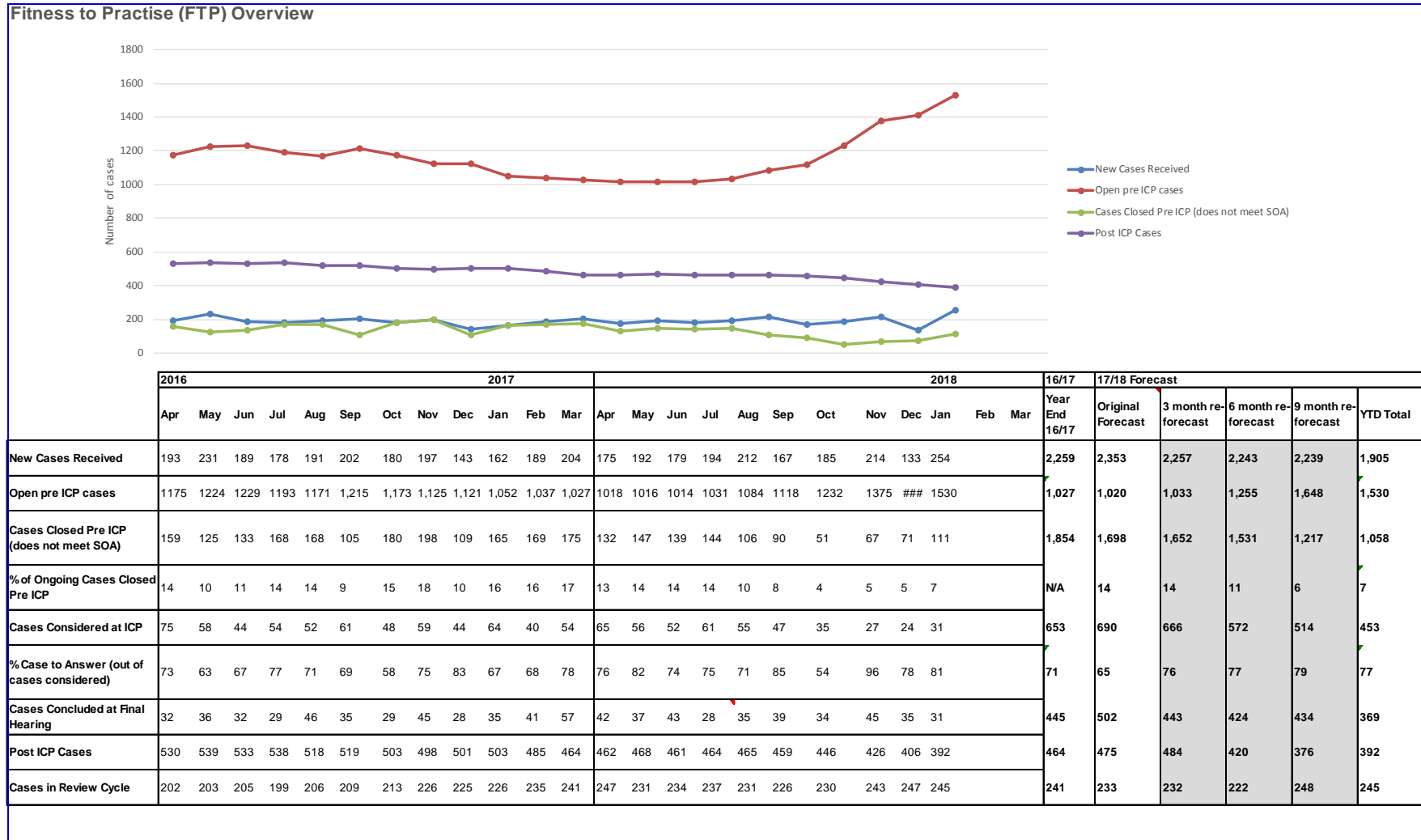
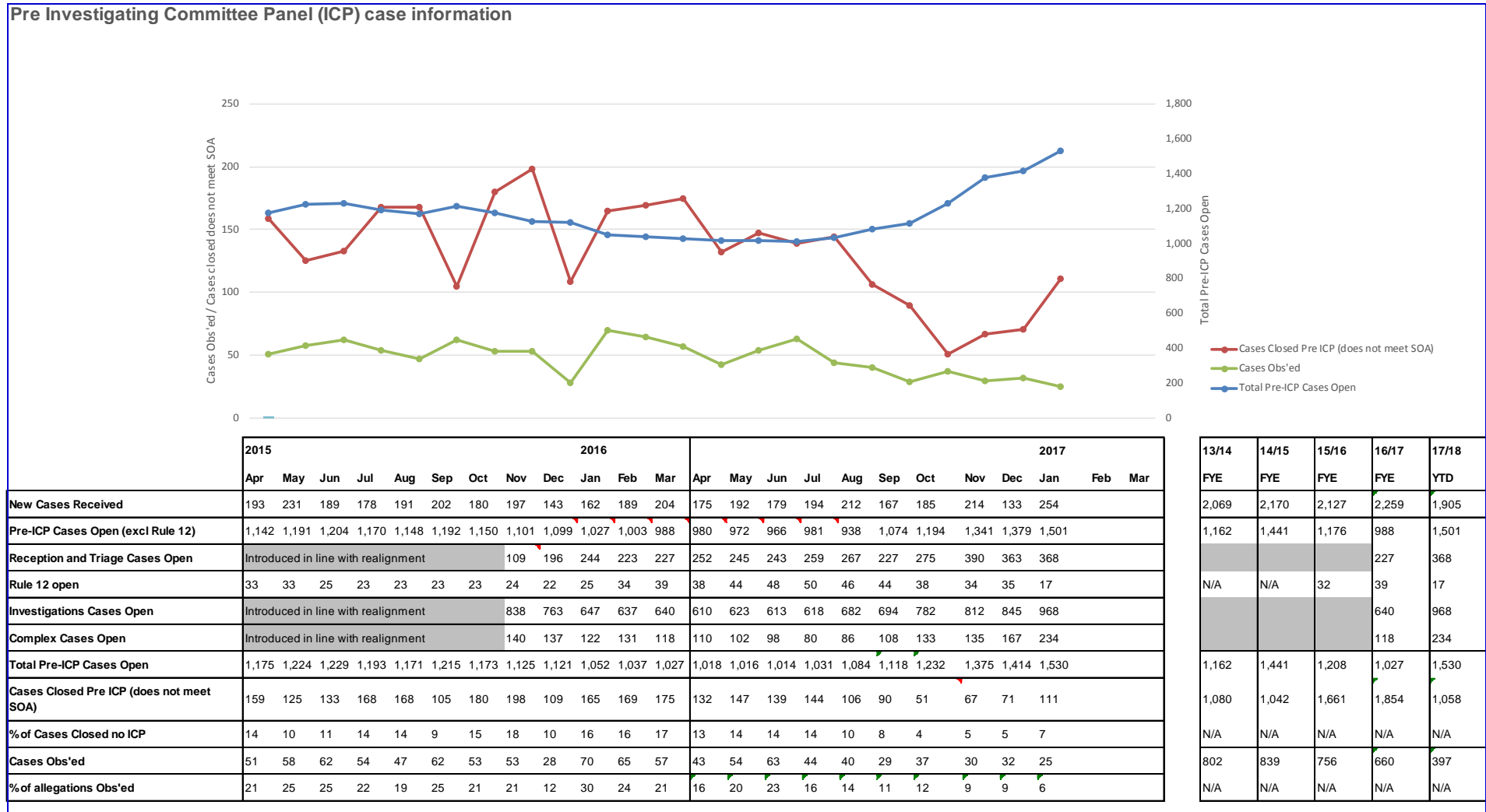


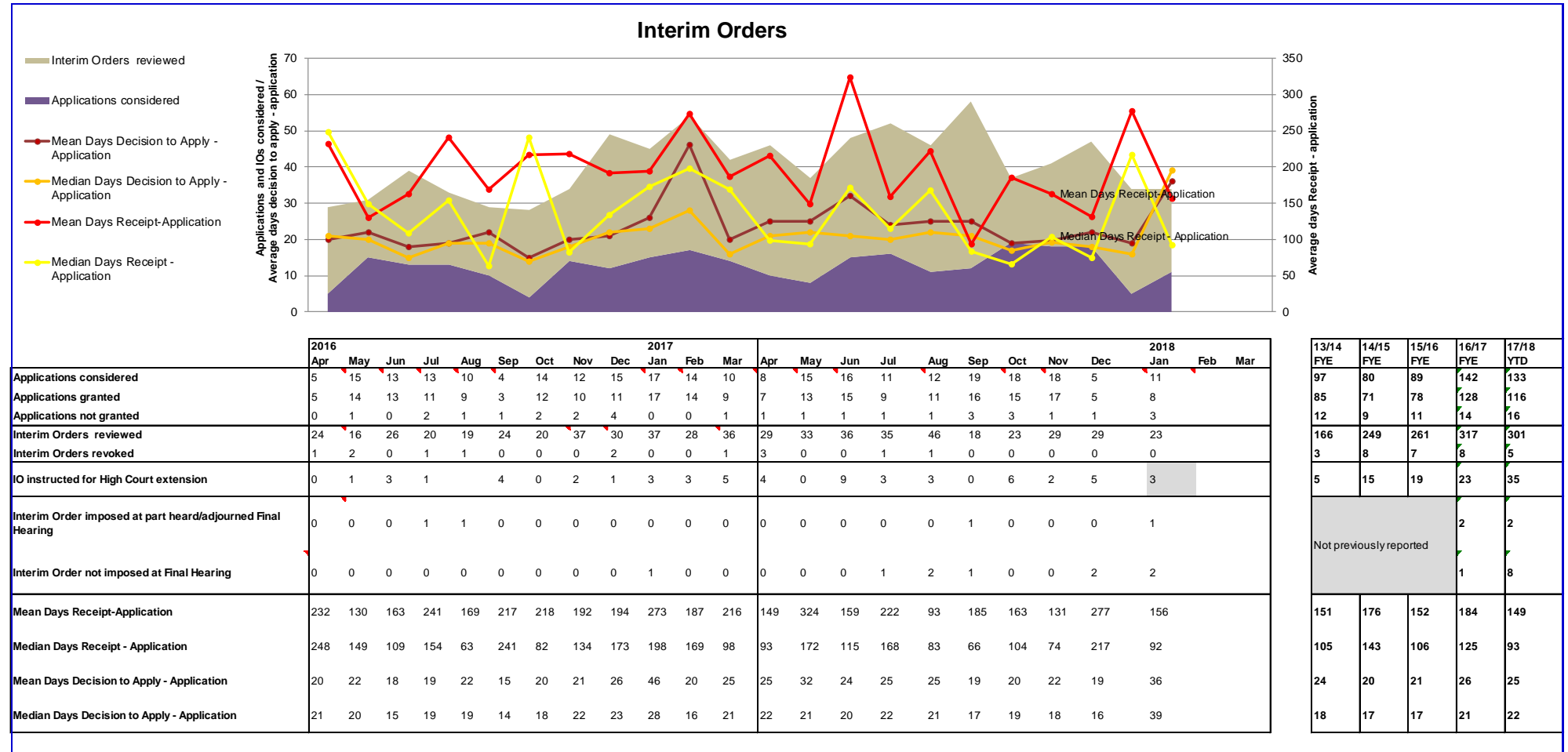
Table 2



Interim Orders

- 34 Interim Order applications were considered between 1 November 2017 and end January 2018. This averages at 11 per month, which is slightly lower than the year to date average of 13 per month. (see Table 3)
- 81 Interim Orders were reviewed during the same period and the average (27) is slightly lower than the year to date average of 30 per month.
- There has been an increase in the length of time from the decision to apply for an Interim Order and the application. This is consistent with the position in January 2017 and a likely consequence of the Christmas and New Year holiday period. This is being closely monitored.

Table 3

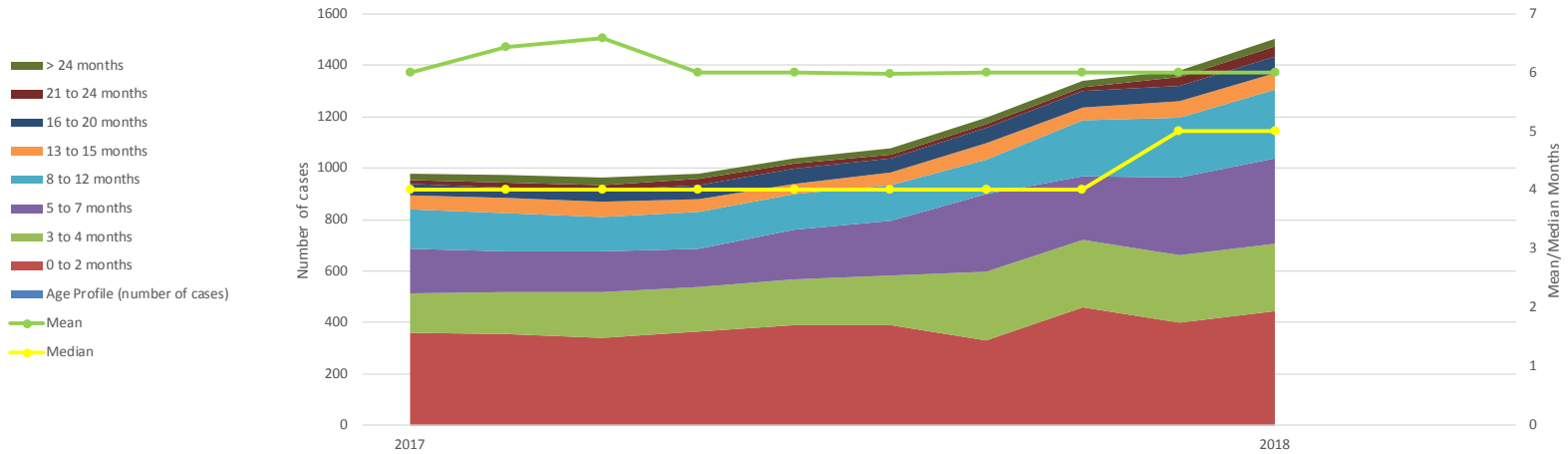


Age of open cases

- 69% of the current open pre-ICP caseload was under seven months old at the end of January 2018. The position at the end of October 2017 was 75% of the open caseload was under seven months old. (see Table 4).
- The number of open cases at the post-ICP stage continues to decrease. At the end of January 2018, 65% of the 392 open cases were over 16 months old. This represents a slight decline on the position at the end of October 2017, when 57% of the open caseload was over 16 months old. (see Table 6)
- As part of the FTP Improvement Plan, we have developed a case progression plan aimed at reducing the age of our open caseload. The impact of this plan, however, will not be realised immediately.

Table 4

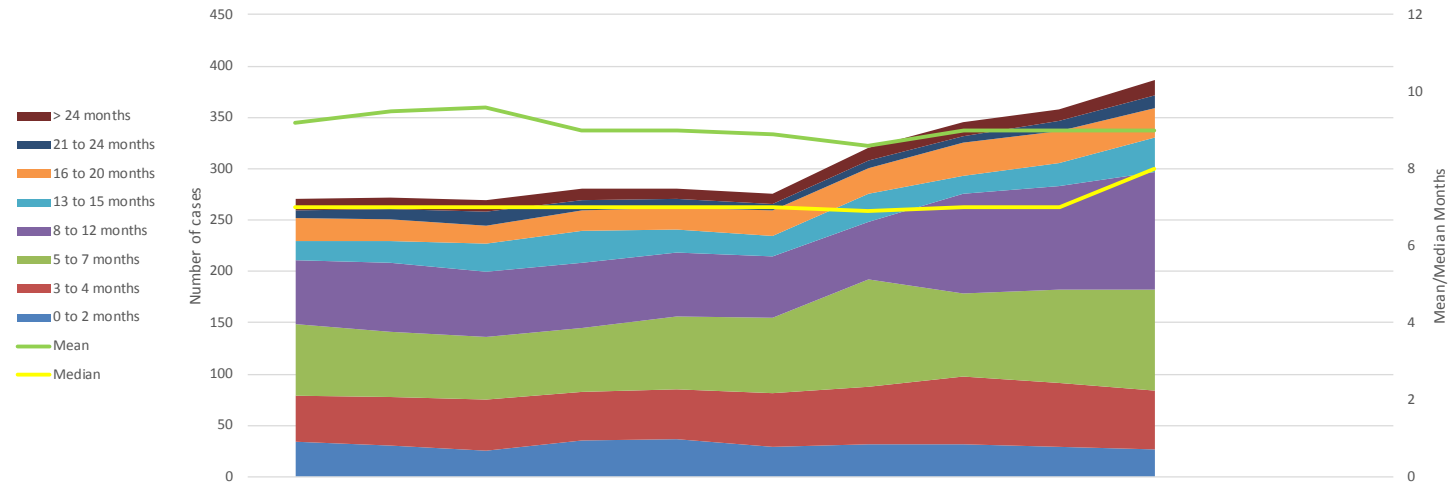
Length of time: Age of Open Pre ICP cases including Enquiries and those which met the SOA since receipt



	2017										2018		
Age Profile (number of cases)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
0 to 2 months	361	355	338	364	388	392	332	459	400	445			
3 to 4 months	153	165	178	176	178	191	267	263	264	263			
5 to 7 months	173	159	160	148	193	210	299	248	302	332			
8 to 12 months	153	147	136	144	138	142	134	218	231	263			
13 to 15 months	55	60	58	49	42	48	67	49	63	67			
16 to 20 months	43	40	42	55	57	57	56	65	61	63			
21 to 24 months	14	17	24	23	21	13	15	15	34	39			
> 24 months	28	29	30	21	20	22	24	24	24	29			
Total	980	972	966	980	1037	1075	1194	1341	1379	1501			
Mean	6	6	7	6	6	6	6	6	6	6			
Median	4	4	4	4	4	4	4	4	5	5			
Age Profile (percentage of cases)													
0 to 2 months	37%	37%	35%	37%	37%	36%	28%	34%	29%	30%			
3 to 4 months	16%	17%	18%	18%	17%	18%	22%	20%	19%	18%			
5 to 7 months	18%	16%	17%	15%	19%	20%	25%	18%	22%	22%			
8 to 12 months	16%	15%	14%	15%	13%	13%	11%	16%	17%	18%			
13 to 15 months	6%	6%	6%	5%	4%	4%	6%	4%	5%	4%			
16 to 20 months	4%	4%	4%	6%	5%	5%	5%	5%	4%	4%			
21 to 24 months	1%	2%	2%	2%	2%	1%	1%	1%	2%	3%			
> 24 months	3%	3%	3%	2%	2%	2%	2%	2%	2%	2%			

Table 5

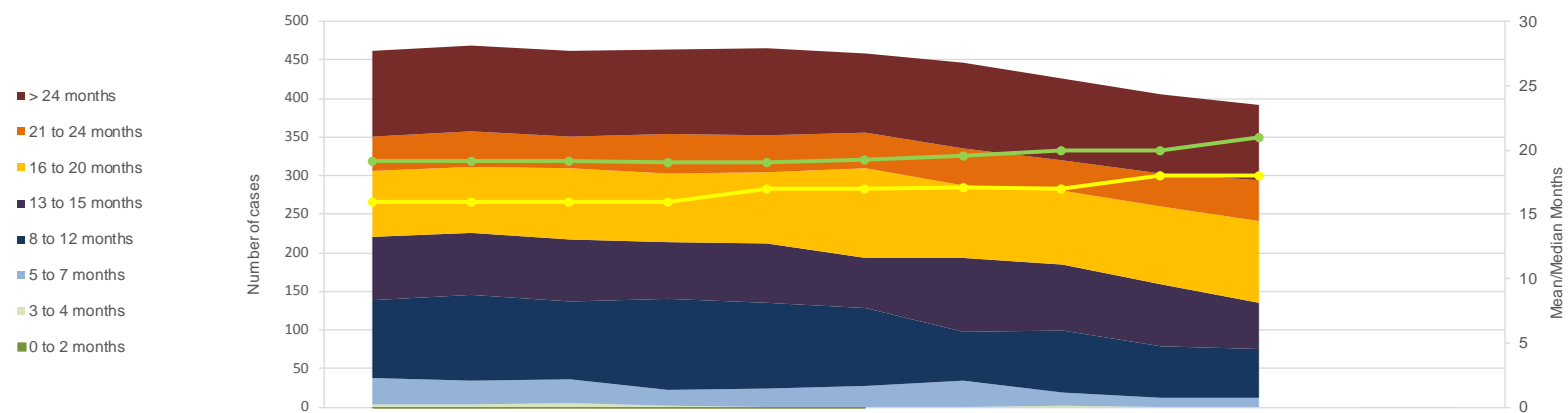
Length of time: Age of Open Pre-ICP cases, where SOA was met, since receipt



	2017										2018		
Age Profile (number of cases)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
0 to 2 months	34	30	25	35	36	29	31	31	29	27			
3 to 4 months	45	48	50	48	49	52	57	66	62	57			
5 to 7 months	69	63	61	62	71	74	104	81	91	98			
8 to 12 months	63	67	64	63	62	60	56	97	101	115			
13 to 15 months	18	22	27	32	23	19	27	18	23	33			
16 to 20 months	23	21	18	20	21	25	26	32	30	29			
21 to 24 months	8	10	13	9	9	6	7	7	10	13			
> 24 months	11	11	11	12	10	11	13	13	12	15			
Total	271	272	269	281	281	276	321	345	358	387			
Mean	9	9	10	9	9	9	9	9	9	9			
Median	7	7	7	7	7	7	7	7	7	8			
Age Profile (percentage of cases)													
0 to 2 months	13%	11%	9%	12%	13%	11%	10%	9%	8%	7%			
3 to 4 months	17%	18%	19%	17%	17%	19%	18%	19%	17%	15%			
5 to 7 months	25%	23%	23%	22%	25%	27%	32%	23%	25%	25%			
8 to 12 months	23%	25%	24%	22%	22%	22%	17%	28%	28%	30%			
13 to 15 months	7%	8%	10%	11%	8%	7%	8%	5%	6%	9%			
16 to 20 months	8%	8%	7%	7%	7%	9%	8%	9%	8%	7%			
21 to 24 months	3%	4%	5%	3%	3%	2%	2%	2%	3%	3%			
> 24 months	4%	4%	4%	4%	4%	4%	4%	4%	3%	4%			

Table 6

Length of time: Age of Open Post Investigating Committee Panel (ICP) cases since receipt



	2017										2018		
Age Profile (number of cases)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
0 to 2 months	0	0	0	0	0	0	0	0	0	0			
3 to 4 months	3	3	5	2	1	1	1	2	0	0			
5 to 7 months	35	32	31	21	23	27	34	17	13	12			
8 to 12 months	101	111	101	118	112	100	62	80	65	64			
13 to 15 months	82	79	80	73	77	66	97	86	81	60			
16 to 20 months	86	86	92	88	92	116	93	96	101	105			
21 to 24 months	43	46	42	52	48	46	48	39	43	54			
> 24 months	112	111	110	110	112	103	111	106	103	97			
Total	462	468	461	464	465	459	446	426	406	392			
Mean	19	19	19	19	19	19	20	20	20	21			
Median	16	16	16	16	17	17	17	17	18	18			

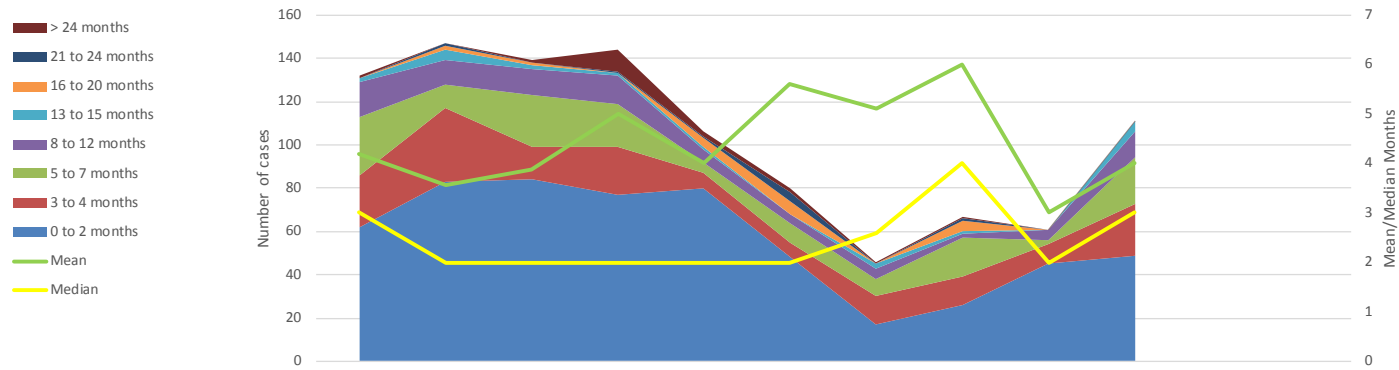
Age Profile (percentage of cases)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
0 to 2 months	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
3 to 4 months	1%	1%	1%	0%	0%	0%	0%	0%	0%	0%		
5 to 7 months	8%	7%	7%	5%	5%	6%	8%	4%	3%	3%		
8 to 12 months	22%	24%	22%	25%	24%	22%	14%	19%	16%	16%		
13 to 15 months	18%	17%	17%	16%	17%	14%	22%	20%	20%	15%		
16 to 20 months	19%	18%	20%	19%	20%	25%	21%	23%	25%	27%		
21 to 24 months	9%	10%	9%	11%	10%	10%	11%	9%	11%	14%		
> 24 months	24%	24%	24%	24%	24%	22%	25%	25%	25%	25%		

Length of time

- January saw an increase in the number of cases that were closed as they did not meet the Standard of Acceptance. The volume of cases that were closed at this stage of the process has reduced significantly as a result of the additional scrutiny measures were implemented in August 2017. In November 2017, training on the application of the SOA was provided to Case Team Managers and Case Managers and new guidance and procedure documentation implemented. The increase in volume of cases closed in January can be attributed to an increase in confidence of our case management staff on the application of the SOA as well as an embedding of the new approach. Significant scrutiny of these decisions remains. (see Table 6)
- 66% of the cases that were closed at the SOA stage of the process were under five months old, which is consistent with the position at the end of October 2017. (see Table 7)
- The below originally forecast number of cases progressing to the Investigating Committee Panel has continued since October 2017. In January 2018, the ICP concluded 27 cases and there was an increase in the amount of time taken to progress these cases from the SOA decision to the ICP than previous months. We attribute this to the increasing pre-ICP caseload and the steps we have taken to improve the thoroughness of the pre-ICP investigations. Additional case management resource has been deployed to improve the timeliness with which we progress our cases through the investigation stage. (see Table 7)
- The number of cases progressing from the ICP to conclusion at a final hearing in January 2018 has reduced slightly. The majority of these cases took between 8-12 months to progress through this stage of the process, which is consistent with previous months. There was a slight increase in the number of cases that took more than 24 months to progress through this stage of the process. (see Table 8)
- There was an increase in the total number of cases closed in January 2018, with the majority (78%) under 13 months old. This demonstrates that we are closing more of our younger cases in January than in previous months. (see Table 11)

Table 7

Length of time: Receipt to Closure at SOA

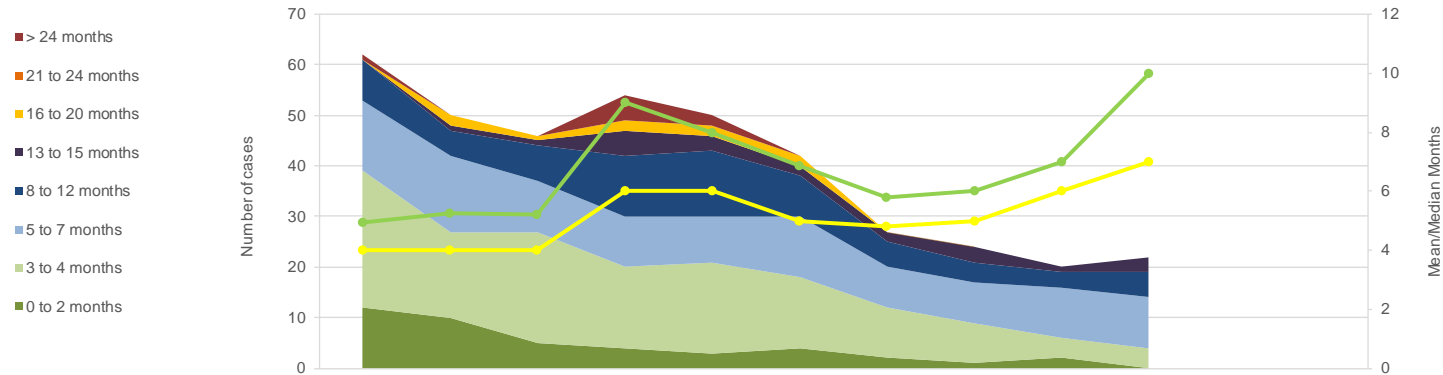


	2017									2018		
Age Profile (number of cases)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
0 to 2 months	62	83	84	77	80	48	17	26	45	49		
3 to 4 months	24	34	15	22	7	7	13	13	9	24		
5 to 7 months	27	11	24	20	5	9	8	18	2	21		
8 to 12 months	16	11	12	13	6	4	5	2	5	12		
13 to 15 months	2	5	2	1	1	0	2	1	0	5		
16 to 20 months	0	2	1	0	4	6	0	5	0	0		
21 to 24 months	0	1	0	1	1	4	0	1	0	0		
> 24 months	1	0	1	10	2	2	1	1	0	0		
Total	132	147	139	144	106	80	46	67	61	111		
Mean	4	4	4	5	4	6	5	6	3	4		
Median	3	2	2	2	2	2	3	4	2	3		
Age Profile (percentage of cases)												
0 to 2 months	47%	56%	60%	53%	75%	60%	37%	39%	74%	44%		
3 to 4 months	18%	23%	11%	15%	7%	9%	28%	19%	15%	22%		
5 to 7 months	20%	7%	17%	14%	5%	11%	17%	27%	3%	19%		
8 to 12 months	12%	7%	9%	9%	6%	5%	11%	3%	8%	11%		
13 to 15 months	2%	3%	1%	1%	1%	0%	4%	1%	0%	5%		
16 to 20 months	0%	1%	1%	0%	4%	8%	0%	7%	0%	0%		
21 to 24 months	0%	1%	0%	1%	1%	5%	0%	1%	0%	0%		
> 24 months	1%	0%	1%	7%	2%	3%	2%	1%	0%	0%		

13/14	14/15	15/16	16/17	17/18
FYE	FYE	FYE	FYE	YTD
294	199	367	570	571
303	305	378	510	168
287	265	418	427	145
160	194	355	227	86
18	37	69	41	19
11	27	54	43	18
2	6	11	15	8
5	9	9	21	18
1080	1,042	1,661	1,854	1,033
5	6	6	5	4
4	5	5	4	3
27%	19%	22%	31%	55%
28%	29%	23%	28%	16%
27%	25%	25%	23%	14%
15%	19%	21%	12%	8%
2%	4%	4%	2%	2%
1%	3%	3%	2%	2%
0%	1%	1%	1%	1%
0%	1%	1%	1%	2%

Table 8

Length of time: Standard of Acceptance (SOA) to Conclusion at Investigating Committee Panel (ICP)



	2017										2018		
Age Profile (number of cases)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
0 to 2 months	12	10	5	4	3	4	2	1	2	0			
3 to 4 months	27	17	22	16	18	14	10	8	4	4			
5 to 7 months	14	15	10	10	9	12	8	8	10	10			
8 to 12 months	8	5	7	12	13	8	5	4	3	5			
13 to 15 months	0	1	1	5	3	2	2	3	1	3			
16 to 20 months	0	2	1	2	2	2	0	0	3	3			
21 to 24 months	0	0	0	1	0	1	0	0	0	0			
> 24 months	1	0	0	5	2	0	0	0	0	2			
Total	62	50	46	55	50	43	27	24	23	27			
Mean	5	5	5	9	8	7	6	6	7	10			
Median	4	4	4	6	6	5	5	5	6	7			

	14/15	15/16	16/17	17/18
FYE	FYE	FYE	FYE	YTD
	178	180	116	43
	344	263	268	140
	159	145	117	106
	85	75	60	70
	21	29	19	21
	11	25	23	15
	7	12	9	2
	3	10	14	10
	808	739	626	407
	5	6	6	5
	3	4	4	4

Age Profile (percentage of cases)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
0 to 2 months	19%	20%	11%	7%	6%	9%	7%	4%	9%	0%		
3 to 4 months	44%	34%	48%	29%	36%	33%	37%	33%	17%	15%		
5 to 7 months	23%	30%	22%	18%	18%	28%	30%	33%	43%	37%		
8 to 12 months	13%	10%	15%	22%	26%	19%	19%	17%	13%	19%		
13 to 15 months	0%	2%	2%	9%	6%	5%	7%	13%	4%	11%		
16 to 20 months	0%	4%	2%	4%	4%	5%	0%	0%	13%	11%		
21 to 24 months	0%	0%	0%	2%	0%	2%	0%	0%	0%	0%		
> 24 months	2%	0%	0%	9%	4%	0%	0%	0%	0%	7%		

FYE	FYE	FYE	YTD
22%	24%	19%	11%
43%	36%	43%	34%
20%	20%	19%	26%
11%	10%	10%	17%
3%	4%	3%	5%
1%	3%	4%	4%
1%	2%	1%	0%
0%	1%	2%	2%

Table 9

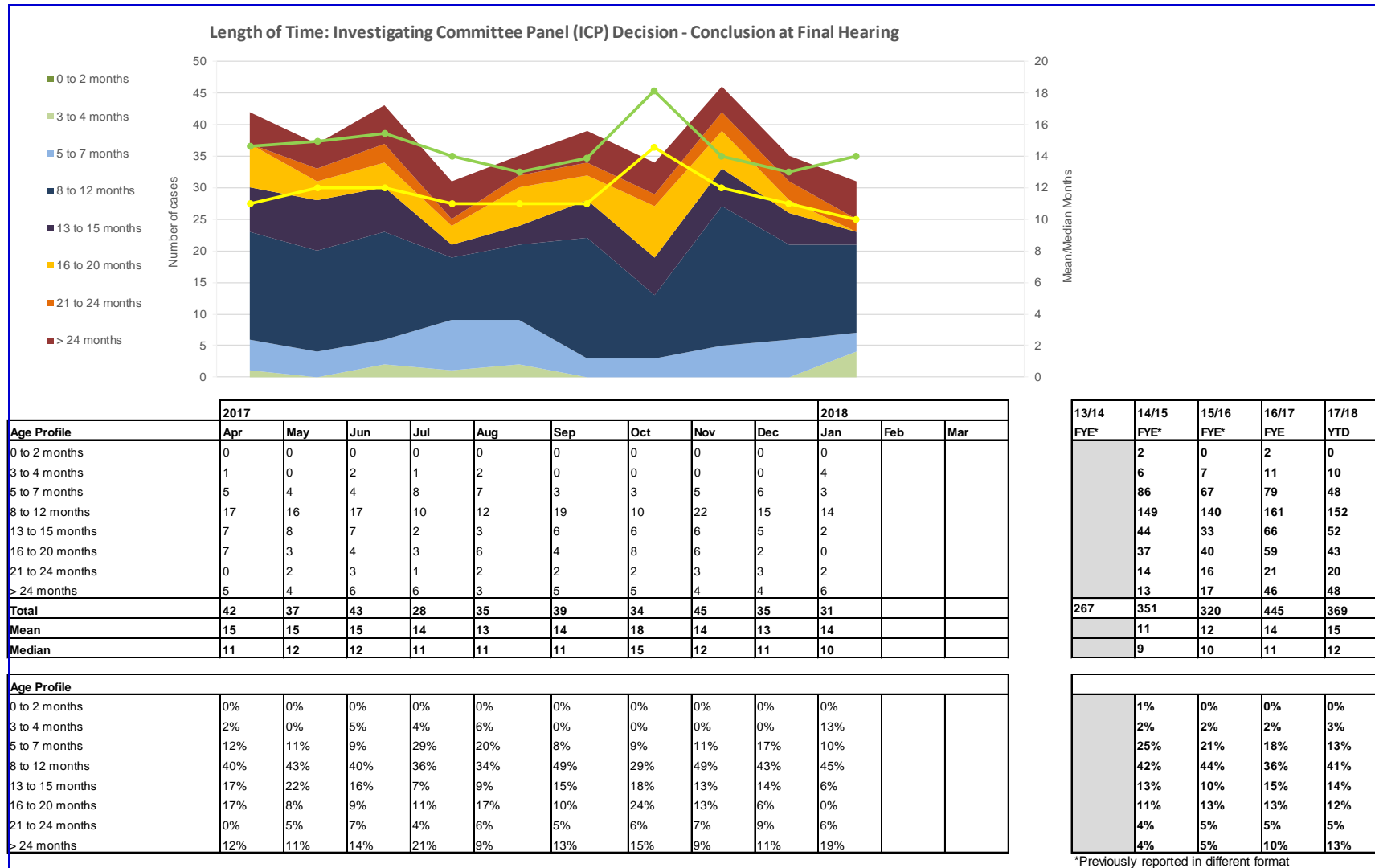
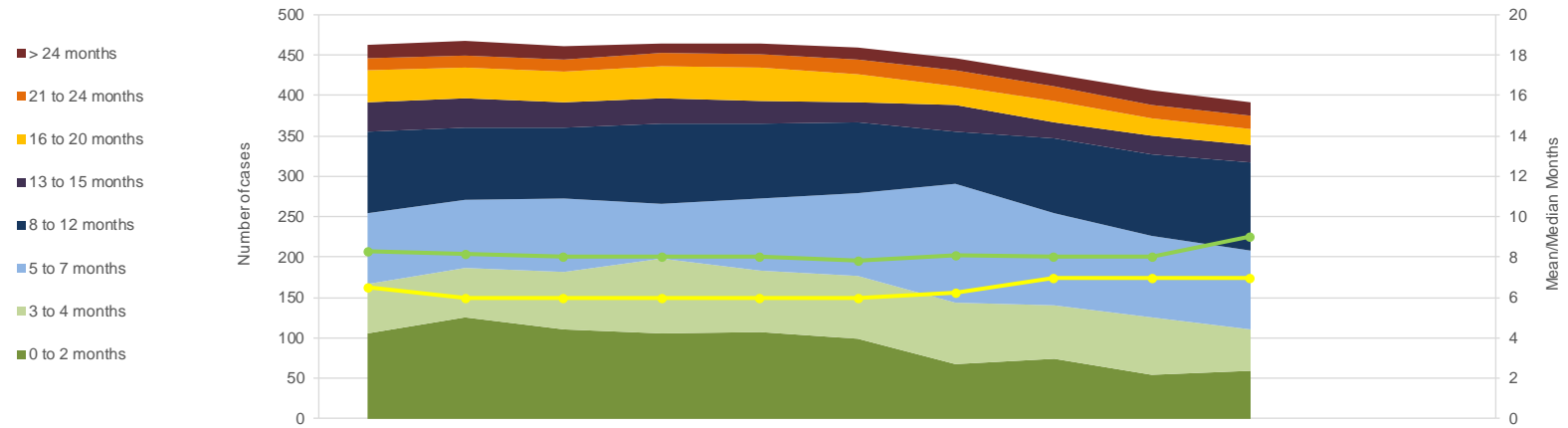


Table 10

Length of time: Age of Open Post Investigating Committee Panel (ICP) cases since referral from Investigating Committee



Age Profile	2017										2018		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
0 to 2 months	105	125	110	105	107	99	68	74	55	59			
3 to 4 months	62	61	72	93	77	77	75	66	71	51			
5 to 7 months	87	85	91	68	88	104	147	115	101	98			
8 to 12 months	101	89	88	100	94	87	65	92	100	109			
13 to 15 months	37	37	30	30	28	25	33	20	23	21			
16 to 20 months	39	37	38	41	40	35	23	26	22	21			
21 to 24 months	15	16	16	16	17	18	20	18	17	16			
> 24 months	16	18	16	11	14	14	15	15	17	17			
Total	462	468	461	464	465	459	446	426	406	392			
Mean	8	8	8	8	8	8	8	8	8	9			
Median	7	6	6	6	6	6	6	7	7	7			

Age Profile (percentage of cases)												
0 to 2 months	23%	27%	24%	23%	23%	22%	15%	17%	14%	15%		
3 to 4 months	13%	13%	16%	20%	17%	17%	17%	15%	17%	13%		
5 to 7 months	19%	18%	20%	15%	19%	23%	33%	27%	25%	25%		
8 to 12 months	22%	19%	19%	22%	20%	19%	15%	22%	25%	28%		
13 to 15 months	8%	8%	7%	6%	6%	5%	7%	5%	6%	5%		
16 to 20 months	8%	8%	8%	9%	9%	8%	5%	6%	5%	5%		
21 to 24 months	3%	3%	3%	3%	4%	4%	4%	4%	4%	4%		
> 24 months	3%	4%	3%	2%	3%	3%	3%	4%	4%	4%		

Table 11

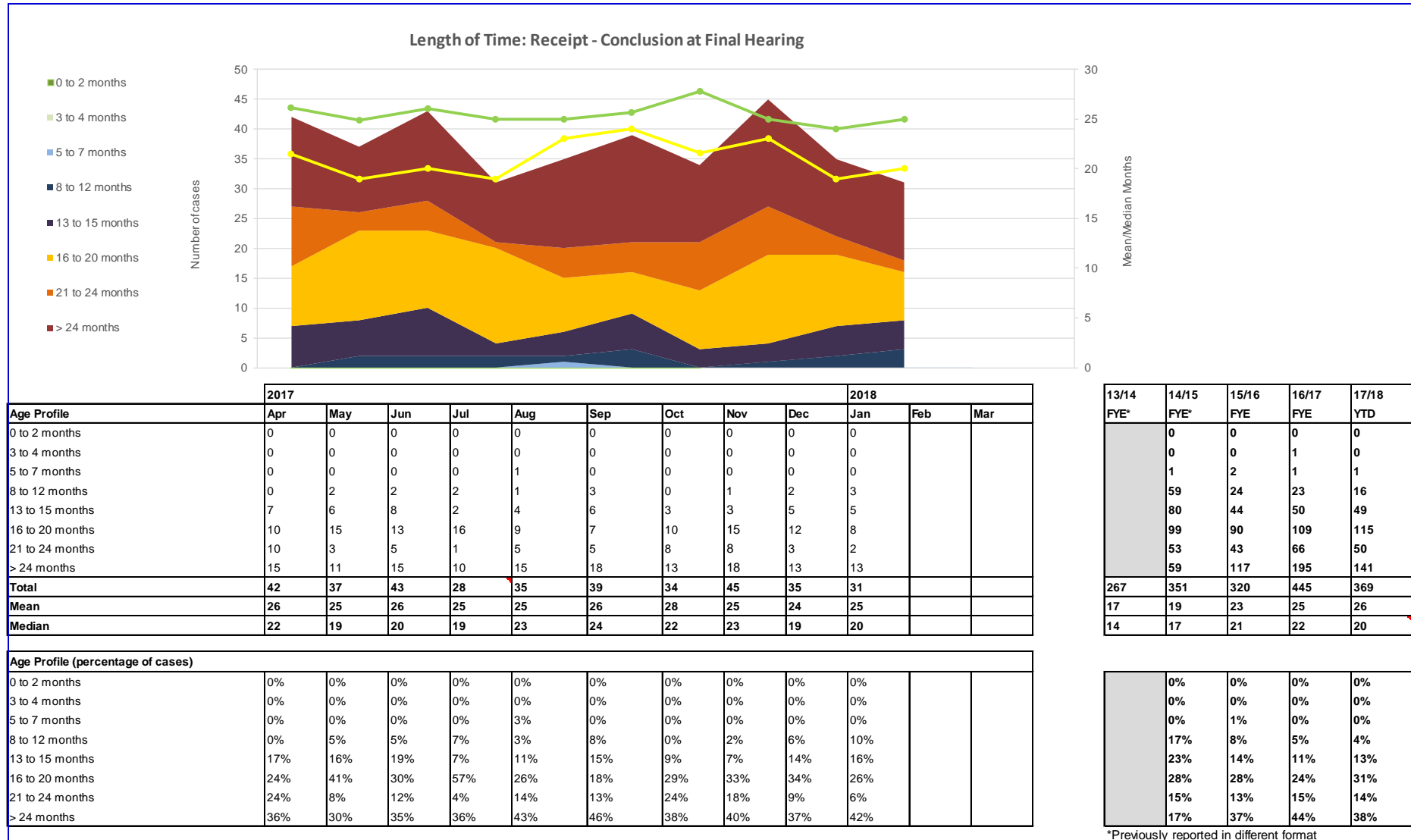
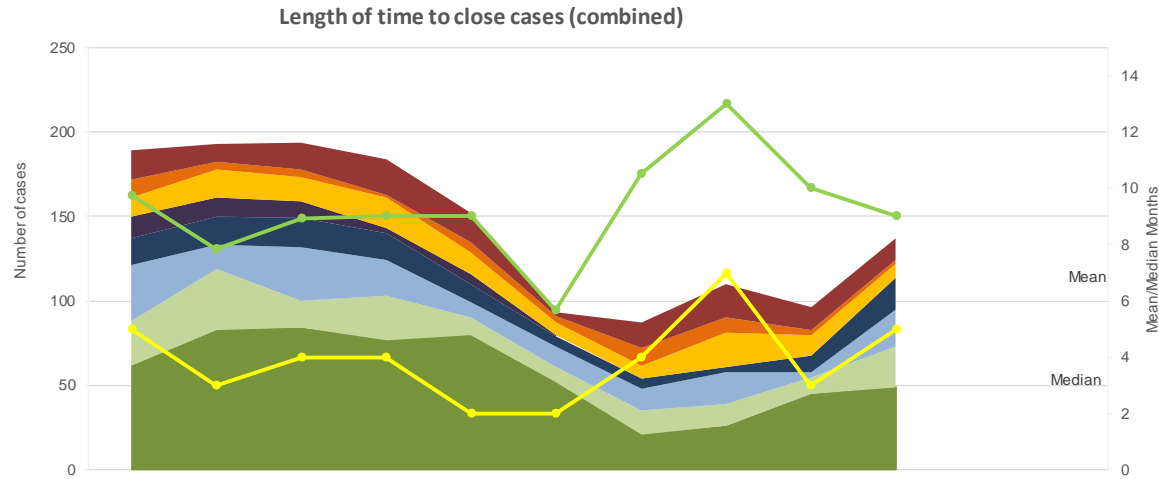


Table 12



	2017										2018		
Age Profile	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
0 to 2 months	62	83	84	77	80	52	21	26	45	49			
3 to 4 months	26	36	16	26	10	9	14	13	10	24			
5 to 7 months	33	14	32	21	9	12	13	19	3	22			
8 to 12 months	16	17	17	16	11	6	6	3	10	19			
13 to 15 months	13	11	10	3	6	1	7	4	5	10			
16 to 20 months	11	17	14	18	13	7	8	20	12	8			
21 to 24 months	11	4	5	2	6	4	10	9	3	2			
> 24 months	17	11	16	21	17	2	15	20	13	13			
Total	189	193	194	184	152	93	94	114	101	147			
Mean	10	8	9	9	9	6	11	13	10	9			
Median	5	3	4	4	2	2	4	7	3	5			

Age Profile	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
0 to 2 months	33%	43%	43%	42%	53%	56%	22%	23%	45%	33%		
3 to 4 months	14%	19%	8%	14%	7%	10%	15%	11%	10%	16%		
5 to 7 months	17%	7%	16%	11%	6%	13%	14%	17%	3%	15%		
8 to 12 months	8%	9%	9%	9%	7%	6%	6%	3%	10%	13%		
13 to 15 months	7%	6%	5%	2%	4%	1%	7%	4%	5%	7%		
16 to 20 months	6%	9%	7%	10%	9%	8%	9%	18%	12%	5%		
21 to 24 months	6%	2%	3%	1%	4%	4%	11%	8%	3%	1%		
> 24 months	9%	6%	8%	11%	11%	2%	16%	18%	13%	9%		

13/14 FYE*	14/15 FYE*	15/16 FYE*	16/17 FYE	17/18 YTD
	202	365	587	579
	367	408	529	184
	395	499	486	178
	369	471	301	121
	144	139	109	70
	151	166	158	128
	72	65	84	56
	70	132	227	145
1678	1770	2245	2481	1461
8	9	9	9	9
5	7	7	5	4

		16%	24%	40%
		18%	21%	13%
		22%	20%	12%
		21%	12%	8%
		6%	4%	5%
		7%	6%	9%
		3%	3%	4%
		6%	9%	10%

*Previously reported in different format

Challenges to Fitness to Practise Decisions

- No new appeals or challenges have been made since October 2017. Four registrant appeals remain ongoing. (see Table 12)

Table 13

Cases at judicial review or High Court/Court of Sheriff stage																																						
	2016												2017												2018		14/15 FYE	15/16 FYE	16/17 FYE	17/18 YTD								
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May					Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Judicial review - received	0	0	0	0	0	0	0	1	0	1	2	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	5	1	4	0
Judicial review - open	1	1	1	0	1	0	0	1	1	1	3	3	2	1	1	0	1	0	0	0	0	0	2	1	1	0	1	0	0	0	0	0	0	0	5	3	2	
High court - PSA received	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	5	3	2	
High court - PSA open	5	5	5	4	4	2	1	1	2	2	2	1	1	0	0	0	0	0	1	1	1	0	1	0	0	0	0	0	1	1	1	0	0	0	5	8	3	10
High court - Registrant received	0	0	0	0	0	0	1	0	0	2	0	0	0	3	1	1	3	1	1	0	0	0	0	3	1	1	3	1	1	0	0	0	0	0	5	8	3	10
High Court - Registrant open	4	4	3	3	3	2	3	2	0	2	2	1	0	4	4	5	7	8	7	4	4	4	0	4	4	5	7	8	7	4	4	4	4	4	5	12	19	25
IO Extension Application at High Court	0	1	3	1	0	0	0	3	4	3	0	4	4	0	2	4	3	0	6	2	5	3	4	0	2	4	3	0	6	2	5	3	3	3	5	12	19	25

Other

- We successfully prosecuted a protection of title case in the magistrates court in November 2017, which related to the misuse of the title 'Chiropracist'.
- We continue to deliver Panel Member refresher training, running two sessions in January 2018. This is a revised programme of training, which has a focus on relevant concerns raised by the PSA in its last performance review. These revised sessions have been very well received and rated very highly for satisfaction and usefulness in the feedback and in social media.
- We have developed a new Memorandum of Understanding with Health Inspectorate Wales (inspectorate and regulator of NHS and independent healthcare providers in Wales). This will facilitate the timely cross-referral of concerns and sharing of information in the interests of patient protection.

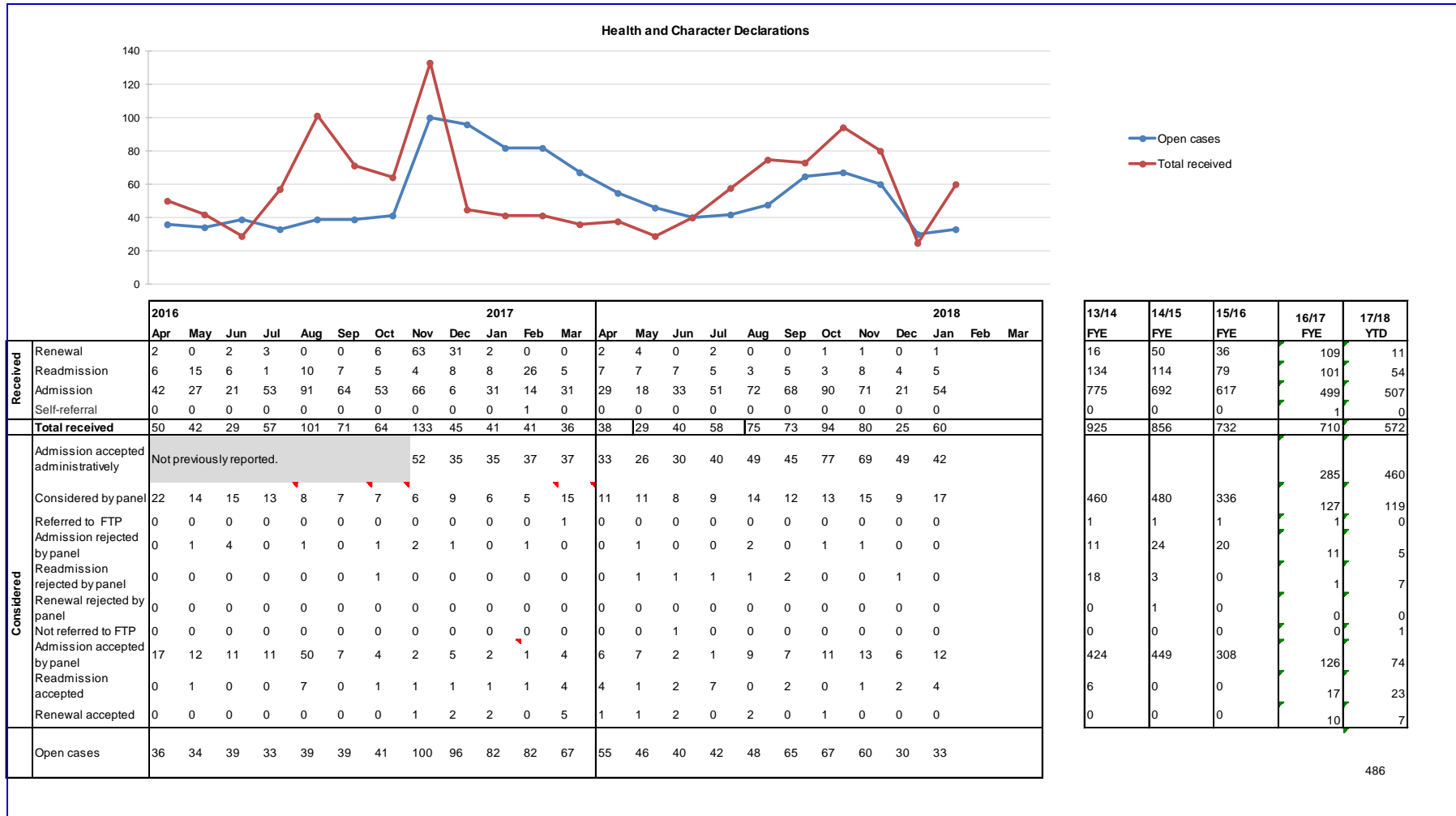
- The Executive Management team received a summary report of feedback received on the operation of the fitness to practise process from key stakeholders covering the period 1 October 2016 to 30 November 2017. Feedback is proactively sought from registrants (who are the subject of FTP proceedings); complainants (individuals or organisations that raise an initial FTP concern); witnesses; panel members and organisations that represent registrants for example unions and professional bodies. The report noted increased positive feedback in the following areas:
 - raising a concern including being able to find information about the process and completing the form easily;
 - acknowledgement and response to correspondence;
 - clarity of correspondence to both registrants and complainants;
 - regular updates;
 - witnesses feeling informed about what will happen at the hearing in the early stages;
 - more witnesses saying that they were contacted before the hearing by the Hearing Officers;
 - more witnesses saying they were happy with being updated about what was happening during the hearing or the special arrangements being provided at the hearing to address their needs.

It was also noted that there had been an increase in positive feedback from stakeholders who came in contact with the Health and Care Professions Tribunal Service (HPCTS). The HCPTS was established in April 2017.

Areas identified for further improvement included:

- enhancing the support mechanisms for registrants and other stakeholders;
- travel arrangements
- continuing to focus on improving the quality of allegations and preparation of hearing bundles
- accuracy of hearing time estimates.

Table 14



13/14 FYE	14/15 FYE	15/16 FYE	16/17 FYE	17/18 YTD
16	50	36	109	11
134	114	79	101	54
775	692	617	499	507
0	0	0	1	0
925	856	732	710	572
			285	460
460	480	336	127	119
1	1	1	1	0
11	24	20	11	5
18	3	0	1	7
0	1	0	0	0
0	0	0	0	1
424	449	308	126	74
6	0	0	17	23
0	0	0	10	7

Table 15

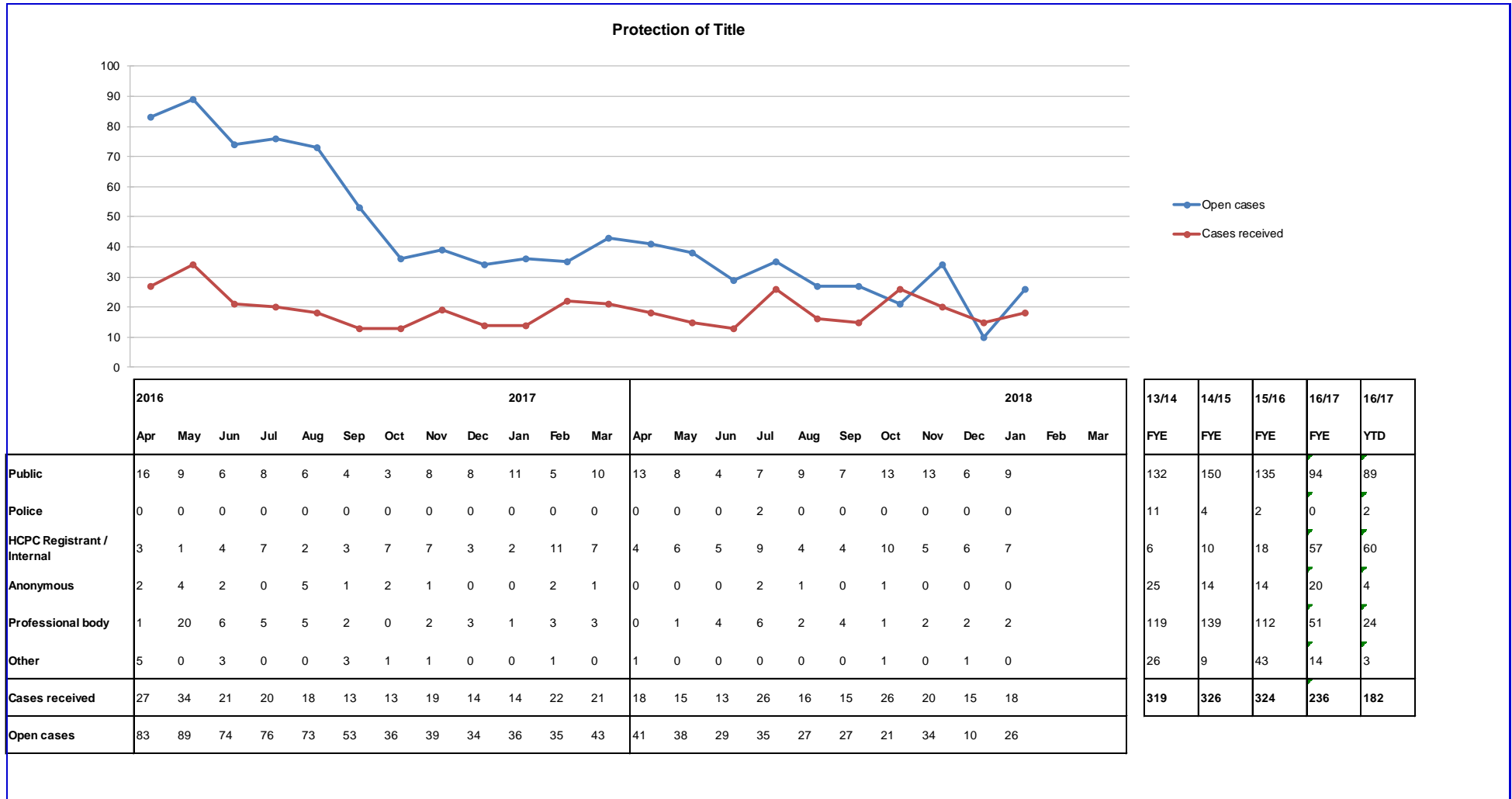
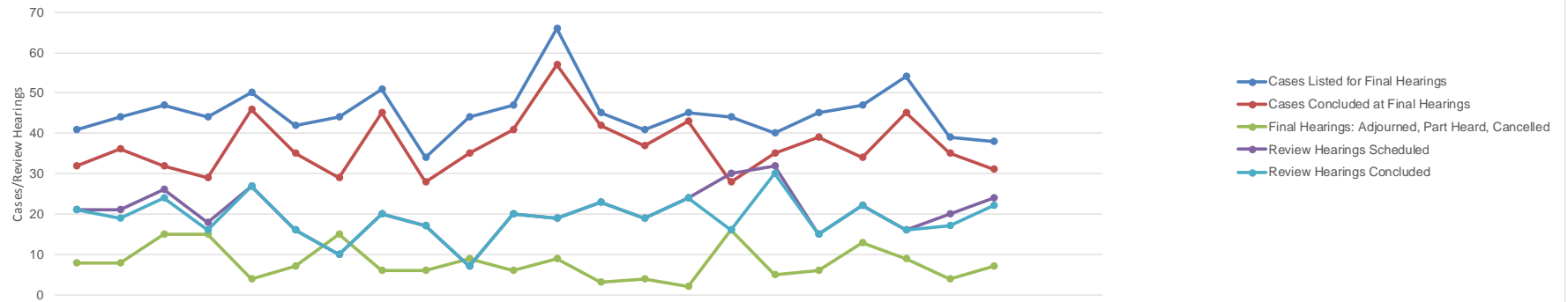


Table 16

Miscellaneous (MIS) cases																														
	2016			2017									2018									14/15	15/16	16/17	17/18					
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FYE	FYE	FYE	YTD		
Cases received	90	68	81	68	77	98	51	58	57	47	60	62	48	58	45	82	102	67	81	92	56	106								
Cases closed	103	46	78	75	105	89	41	55	70	46	52	62	71	63	70	62	110	90	82	107	93	84								
Cases open	47	69	72	65	37	46	56	59	46	47	55	55	42	39	26	51	32	31	38	48	46	72								
																									814	821	817	737		
																									851	764	822	832		

Table 17

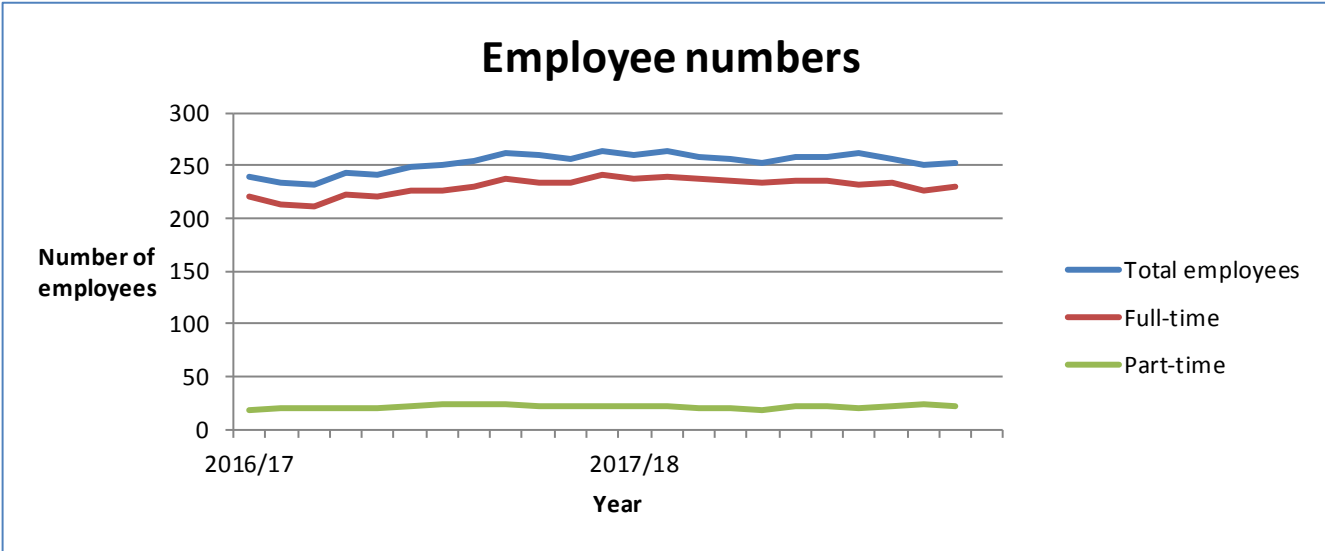
Hearings Management Information Summary



	2016			2017									2018											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cases Listed for Final Hearings	41	44	47	44	50	42	44	51	34	44	47	66	45	41	45	44	40	45	47	54	39	38		
Cases Concluded at Final Hearings	32	36	32	29	46	35	29	45	28	35	41	57	42	37	43	28	35	39	34	45	35	31		
Final Hearings: Adjournd, Part Heard, Cancelled	8	8	15	15	4	7	15	6	6	9	6	9	3	4	2	16	5	6	13	9	4	7		
% of Hearings Adjournd/Part Heard	20	18	32	34	8	17	34	12	18	20	13	14	7	10	4	36	13	13	28	17	10	18		
Review Hearings Scheduled	21	21	26	18	27	16	10	20	17	7	20	19	23	19	24	30	32	15	22	16	20	24		
Review Hearings Concluded	21	19	24	16	27	16	10	20	17	7	20	19	23	19	24	16	30	15	22	16	17	22		
Cases in Review Cycle	202	203	205	199	206	209	213	226	225	226	235	241	247	231	234	237	231	226	230	243	247	245		
Preliminary Hearings	6	7	15	12	5	11	4	5	4	7	5	8	2	9	8	11	6	3	1	4	4	3		

Year End 16/17	17/18				
	Original Forecast	3 month re-forecast	6 month re-forecast	9 month re-forecast	YTD Total
554	502	511	495	513	438
445	419	443	424	434	369
108	83	68	71	77	69
19	17	13	14	15	16
222	284	275	278	275	225
216	284	275	262	256	204
241	233	232	222	248	245
89	85	84	75	61	51

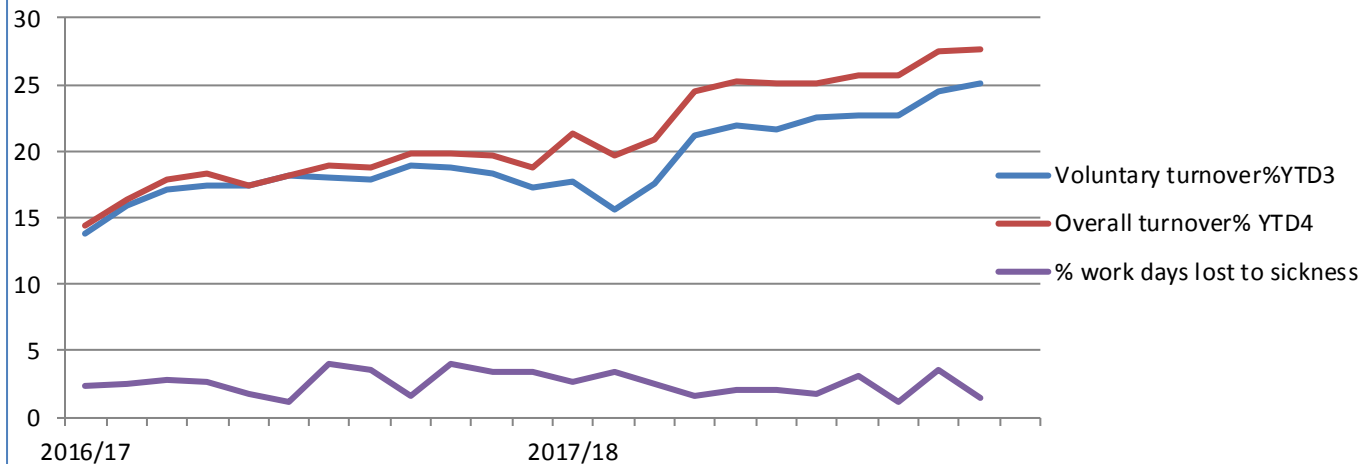
Human Resources



	2016/17												2017/18												15/16	16/17	17/18				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FYE	YTD	YTD				
EMPLOYEES																															
Budgeted employees	262	262	262	262	262	262	262	262	262	262	262	262	262	262	262	262	262	262	262	262	262	262	262	262	262	285	285	285	255	262	285
Total employees	240	233	231	244	242	248	250	254	261	260	256	264	260	263	259	256	252	258	258	261	257	250	252	234	249	253					
Full-time	221	213	211	222	220	226	226	230	237	233	234	241	237	239	238	236	233	236	235	232	234	226	230	217	226	235					
Part-time	19	20	20	20	21	22	24	24	24	23	22	23	23	22	21	20	19	22	23	21	23	24	22	19	22	23					
Flexible working*	46	48	55	55	56	56	58	57	57	56	56	77	75	75	74	77	74	78	79	78	76	76	74	41	56	79					
FTE*	235	229	227	239	237	241	241	245	252	248	249	259	255	256	255	251	247	253	253	249	201	244	246	230	242	253					
Permanent	234	228	224	236	231	235	236	238	242	238	228	241	237	237	228	222	219	214	212	203	205	202	207	229	234	212					
Maternity/paternity leave	6	6	5	5	4	4	4	6	6	6	9	9	9	10	11	14	11	11	10	8	7	7	3	6	11						
Unpaid Sabbaticals	0	0	0	0	1	3	3	3	3	3	3	2	2	2	2	1	1	0	0	0	0	0		2	0						
Fixed-Term Contracts	6	7	7	10	12	14	14	16	19	22	28	23	23	26	31	34	33	44	47	52	52	49	45	5	15	47					
Starters (permanent)	6	3	0	8	4	7	2	5	8	1	0	1	4	2	1	1	1	0	2	0	0	0	2	44	45	11					
Starters (fixed-term)	1	1	3	2	2	4	0	2	3	2	0	3	2	4	1	6	0	4	4	3	4	1	2	5	23	21					

*Flexible working Includes flexible working arrangements separate or in conjunction with part time working
 *FTE Full-time equivalent, includes maternity/paternity but does not include unpaid sabbaticals
 YTD Year to Date
 FYE Final Year End

Employee sickness absence & turnover



	2016/17												2017/18												15/16	16/17	17/18
	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	FYE	FYE	YTD
Voluntary resignations¹	3	7	3	3	3	4	3	3	4	4	4	2	5	1	7	11	4	3	5	3	4	8	5	29	43	56	
Compulsory leavers ²	0	0	2	0	0	0	2	0	0	0	1	0	3	1	0	0	0	0	0	1	0	0	0	4	5	5	
Total leavers (vol. & comp.)	3	7	5	3	3	4	5	3	4	4	5	2	9	2	7	11	4	3	5	4	4	8	5	33	48	62	
Voluntary turnover%YTD³	14	16	17	17	17	18	18	18	19	19	18	17	18	16	18	21	22	22	23	23	23	24	25	13	17	23	
Overall turnover% YTD⁴	14	16	18	18	17	18	19	19	20	20	20	19	21	20	21	25	25	25	25	26	26	27	28	15	19	26	
Agency days	407	461	340	404	407	406	421	462	225	216	253	303	207	332	276	350	342	454	470	582	470	716	641	3684	4304	4840	
% work days lost to sickness	2	3	3	3	2	1	4	4	2	4	3	3	3	3	3	2	2	2	2	3	1	3	1	2	3	2	
Average sick-days YTD	6	6	6	6	6	6	6	6	6	7	7	7	7	7	8	8	8	8	8	8	8	7	7	6	6	8	
Sick-days	121	131	145	135	96	59	208	189	87	216	183	187	156	197	143	94	118	117	96	176	69	192	82	1346	1757	1440	
Occ. Health Referrals	1	1	0	0	1	4	0	1	0	1	2	6	1	4	5	6	7	5	4	2	1	2	2	23	17	45	

¹ Voluntary Resignations:

² Compulsory Leavers:

³ Voluntary Turnover YTD:

⁴ Overall Turnover:

FTE Full-time equivalent

YTD Year to Date

FYE Final Year End

- Employee turnover rates have risen to 28%. This is above the latest available UK national average of 23% for overall turnover. It is likely that turnover rates will continue at this level for the rest of the financial year, and may increase further due to uncertainties about the impact on the workforce of the transfer of social work and the proposed new leadership structure.
- We have a number of measures in place to provide information and support to employees around change and uncertainty. These include face to face briefings with the Chief Executive, FAQs, intranet new items, a toolkit to help managers in supporting employees through change, an employee assistance programme, and we plan to run a series of change management workshops over the coming months.

(source: 'XpertHR Labour turnover rates' published 2 October 2017).

Partner turnover

			2017												2018			16/17	17/18
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FYE	YTD			
Voluntary Resignations*	3	4	2	1	0	7	5	1	0	4	2	6			20	28			
Compulsory Leavers*	4	0	2	1	0	24	0	0	0	0	0	0			29	27			
Total Leavers (Vol & Comp)	7	4	4	2	0	31	5	1	0	4	2	6			49	55			
Total Number of Partners	653	661	660	670	676	666	670	685	702	698	696	690			658	681			
Voluntary Turnover%	0.5%	0.6%	3.3%	3.3%	2.9%	3.8%	4.5%	4.5%	4.0%	4.3%	4.6%	5.2%			3.0%	4.1%			
Overall Turnover%	1.1%	0.6%	7.6%	7.3%	6.5%	8.6%	9.2%	9.2%	8.7%	8.9%	9.2%	9.7%			7.5%	8.1%			

*Compulsory Leavers includes agreement not renewed (failed renewal assessment or changed resource requirements, 8 year

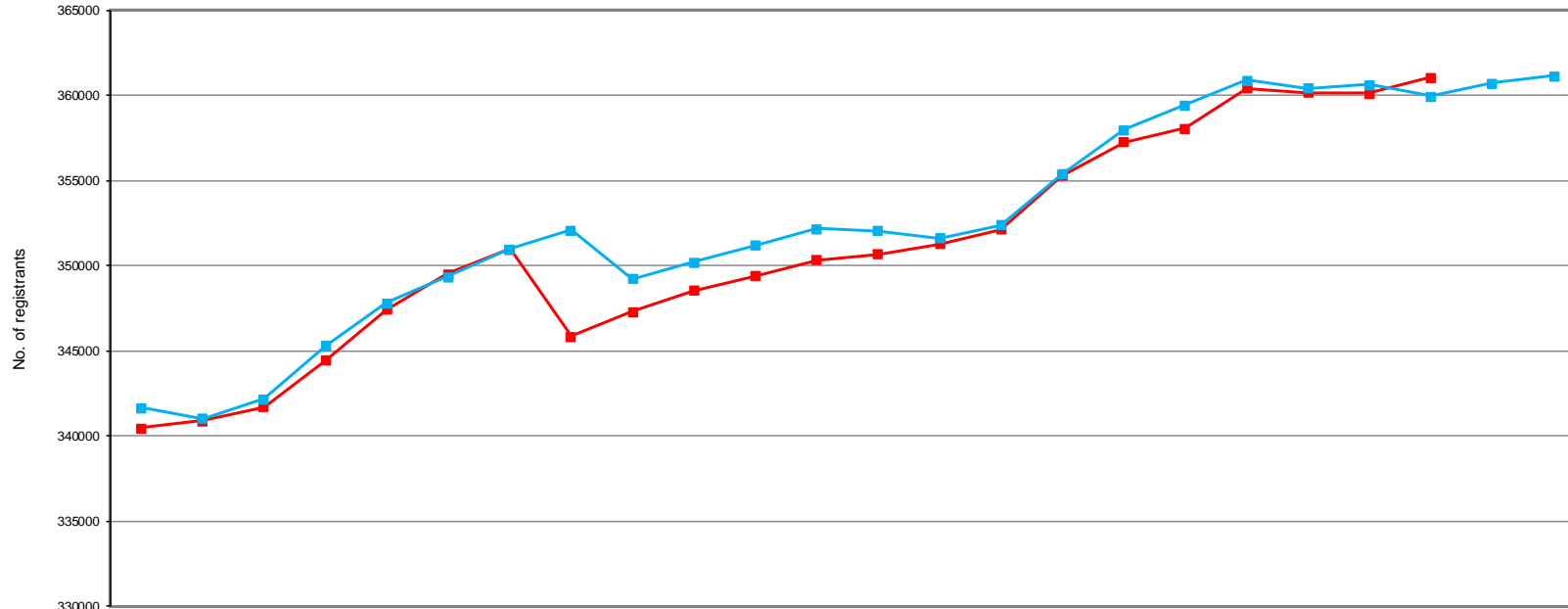
** Voluntary Turnover of Partners: for 2016/17 this is calculated by month, for 2017/18 this is a rolling % calculated over the period. Turnover information does not capture those Partners who move from one role to another or those who leave one role and rejoin. YTD = Year to date

Operations

- This section provides an update about the work of the Registration Department for January 2018. All of the department's service standards were achieved for the period, with the exception of UK emails and international emails.
- A total of 3,776 UK emails were received which is 1,108 (or 41.5%) more than the same period in 2016. All emails were answered with an average of 3 working days.
- A total of 2,134 International emails were received which is 975 (or 84.1%) more compared to the same period last year. All emails were answered with an average of 3 working days.
- The increase in email volumes and the shortage of multi-skilled Registration Advisors has resulted in the two service standards above not being achieved.
- There is no one single reason for the increase of UK email volumes for the period. However, there has been a substantial drop in UK telephone calls in January 2018 that may account for the influx of emails.
- Recruitment campaigns are being held frequently to ensure vacancies are filled as quickly as possible. During the period from November 2017 to January 2018, 9 candidates were successfully recruited to Registration Advisor roles. A 6 month multi-skilling training programme for all new recruits is being delivered. At the time of writing this report 07 March 2018, recruitment is ongoing for a further 2 vacant Registration Advisor positions.

Number of Registrants by Profession April 2016 - March 2018

Registration Department

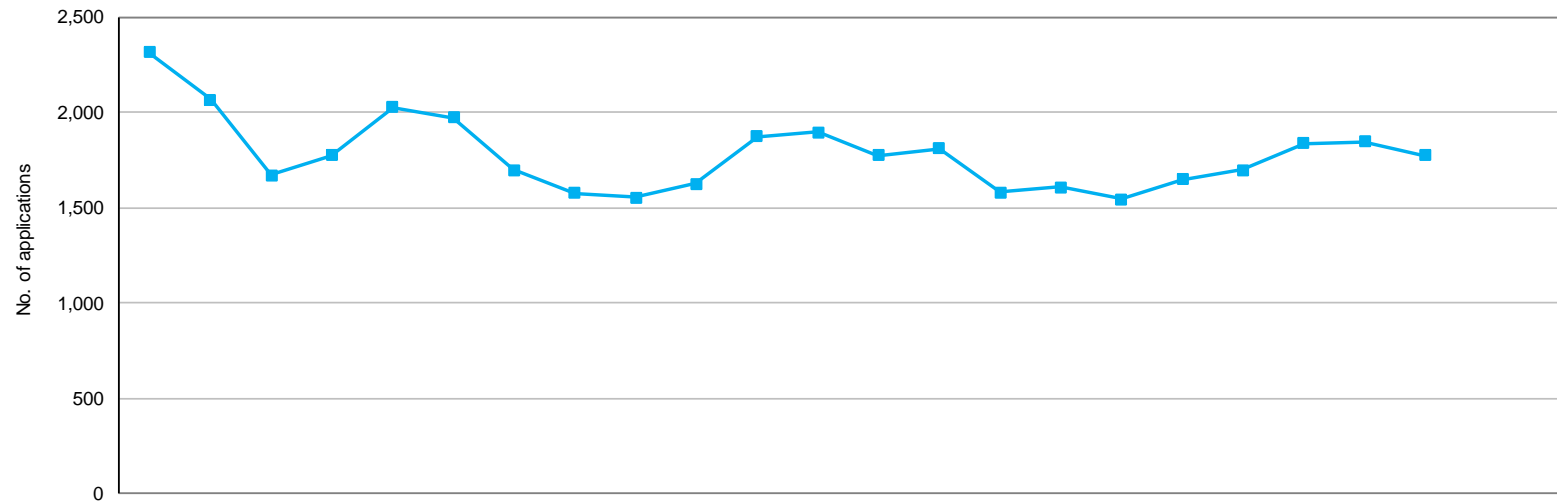


	2016			2017												2018												15/16	16/17	17/18
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FYE	FYE	YTD			
Arts therapists	3,887	3,886	3,705	3,741	3,816	3,875	3,922	3,952	3,970	3,997	4,019	4,026	4,040	4,043	4,057	4,099	4,170	4,209	4,262	4,273	4,288	4,311				3,897	4,026	4,31		
Bio. scientists	22,191	22,228	22,305	22,386	22,534	22,626	22,655	22,631	22,708	22,794	22,849	22,902	22,906	22,879	22,974	23,100	23,172	23,119	23,153	23,142	22,121	22,262				22,154	22,902	22,262		
Chirops/ pods	13,123	13,098	13,106	13,111	12,842	12,900	12,930	12,936	12,945	12,921	12,930	12,93	12,920	12,914	12,949	13,075	13,128	13,163	13,185	13,186	13,164	13,120				13,120	12,93	13,120		
Cl. Scientists	5,402	5,418	5,432	5,442	5,449	5,452	5,463	5,484	5,559	5,616	5,636	5,663	5,688	5,713	5,740	5,741	5,738	5,514	5,559	5,675	5,732	5,772				5,376	5,663	5,772		
Dietitians	9,004	9,000	8,926	8,828	8,942	8,994	9,013	9,035	9,042	9,069	9,084	9,107	9,120	9,131	9,173	9,355	9,464	9,505	9,541	9,556	9,547	9,564				8,986	9,107	9,564		
Hearing aid disps	2,457	2,458	2,457	2,451	2,412	2,459	2,493	2,518	2,537	2,561	2,580	2,593	2,607	2,627	2,648	2,682	2,726	2,761	2,803	2,836	2,857	2,871				2,442	2,593	2,871		
OTs	36,338	36,388	36,460	36,844	37,303	37,415	37,606	37,749	37,814	37,898	37,986	38,080	38,047	38,131	38,240	38,579	38,889	38,919	38,969	37,799	37,922	38,027				36,272	38,080	38,027		
ODPs	12,836	12,812	12,833	12,856	12,986	13,184	13,232	12,925	12,978	13,018	13,037	13,052	13,082	13,086	13,122	13,175	13,289	13,484	13,602	13,595	13,630	13,645				12,811	13,052	13,645		
Orthoptists	1,383	1,383	1,386	1,406	1,433	1,440	1,447	1,448	1,450	1,452	1,451	1,45	1,448	1,447	1,439	1,450	1,407	1,424	1,432	1,441	1,441	1,441				1,385	1,45	1,44		
Paramedics	22,492	22,553	22,626	22,778	22,941	23,300	23,441	23,519	23,600	23,763	23,877	23,992	24,084	24,230	24,285	24,459	24,031	24,455	24,722	24,976	25,113	25,217				22,380	23,992	25,217		
Physiotherapists	49,793	50,181	50,493	51,199	51,835	52,112	52,299	52,426	52,515	52,631	52,767	52,915	52,906	53,057	53,359	54,030	54,532	54,744	54,852	54,980	55,050	55,140				51,662	52,915	55,140		
Pract psychs	21,527	21,551	21,613	21,670	21,750	21,939	22,239	22,400	22,471	22,554	22,593	22,604	22,544	22,521	21,993	22,085	22,172	22,311	22,695	22,853	22,960	23,017				21,470	22,604	23,017		
Prosth/orthotists	1,006	1,007	1,013	1,037	1,051	1,054	1,056	1,060	1,062	1,061	1,064	1,063	1,062	1,062	1,072	1,091	1,094	1,037	1,045	1,049	1,050	1,052				1,005	1,063	1,052		
Radiographers	30,317	30,418	30,623	31,292	31,599	31,800	31,843	31,900	31,936	31,966	31,945	32,072	32,112	32,183	32,469	33,092	33,278	33,451	33,570	33,638	33,618	33,586				30,244	32,072	33,586		
Social workers	93,491	93,259	93,444	93,962	94,934	95,328	95,575	90,069	90,901	91,369	91,673	91,944	92,181	92,275	92,613	93,183	93,950	94,510	95,380	95,388	95,824	96,175				93,341	91,944	96,175		
SLTs	15,231	15,262	15,296	15,424	15,594	15,662	15,766	15,810	15,831	15,886	15,910	15,935	15,941	15,967	16,009	16,120	16,200	15,475	15,671	15,785	15,818	15,870				15,199	15,935	15,870		
Total	340,478	340,902	341,718	344,427	347,421	349,540	350,980	345,862	347,319	348,556	349,401	350,330	350,688	351,266	352,142	355,372	357,966	359,434	360,907	360,402	360,618	359,969	360,725	361,154				341,745	350,330	361,070
Forecast	341,668	341,028	342,180	345,306	347,830	349,364	350,988	352,097	349,234	350,232	351,180	352,166	352,060	351,638	352,411	355,372	357,966	359,434	360,907	360,402	360,618	359,969	360,725	361,154				340,814	352,166	361,154

NOTE: Information captured on the last day of each calendar month.
Forecast is based on the average percentage difference in number of registrants from 11/12 - 16/17

International applications workflow process at end of each month April 2016 - March 2018

Registration Department

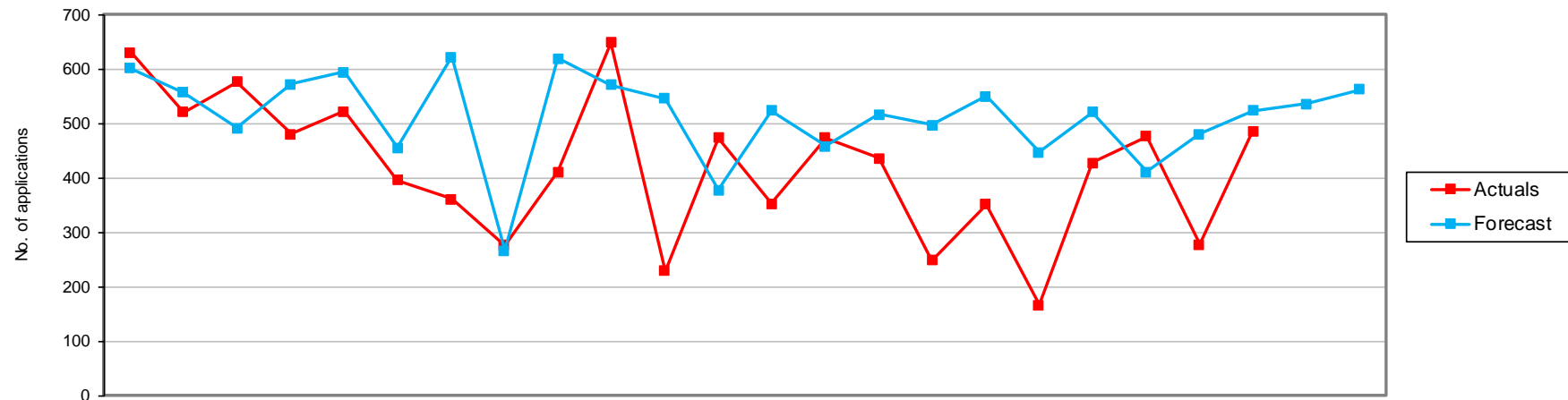


Current status	2016			2017									2018									15/16 FYE	16/17 FYE	17/18 YTD	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec				Jan
Minimum info	551	555	253	237	161	169	194	198	185	312	237	289	339	302	235	208	212	201	238	232	219	259	386	289	259
At scrutiny	1,419	1,164	1,119	1,258	1,550	1,385	1,109	1,043	1,075	1,000	1,271	1,252	1,062	1,098	993	1,044	937	1,094	1,083	1,244	1,274	1,142	1,126	1,252	1,142
Pending reg fee	343	347	301	280	315	417	393	336	292	313	366	354	374	409	352	358	397	353	378	362	353	375	252	354	375
Total	2,313	2,066	1,673	1,775	2,026	1,971	1,696	1,577	1,552	1,625	1,874	1,895	1,775	1,809	1,580	1,610	1,546	1,648	1,699	1,838	1,846	1,776	1,764	1,895	1,776

NOTE: Information covers international applications status progress only.
Represents the current workload within the international section as at the end of the month.

New International Applications Received April 2016 - March 2018

Registration Department



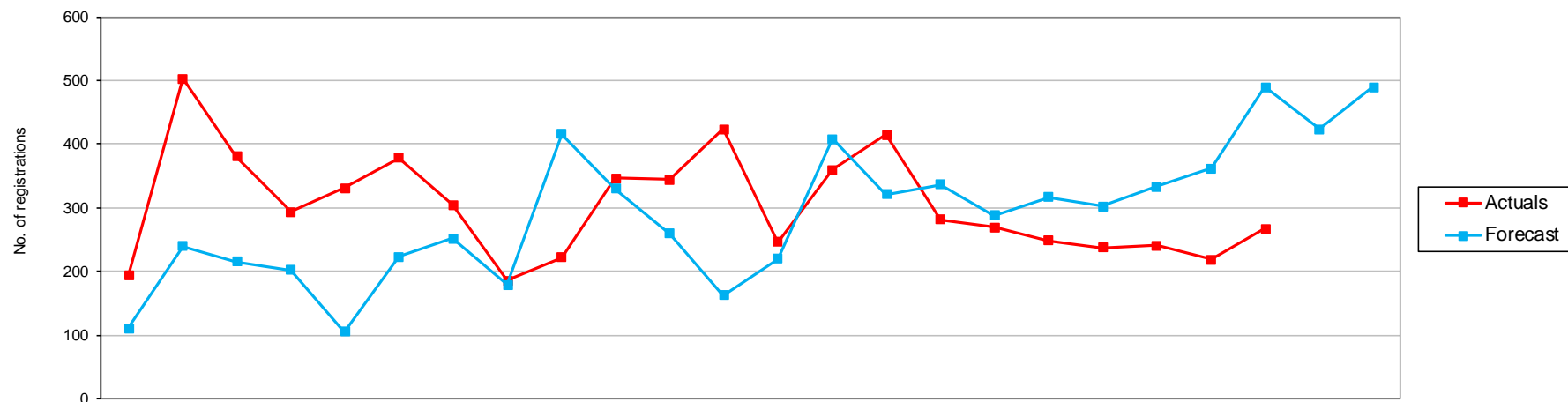
	2016												2017												2018												15/16	16/17	17/18
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FYE	FYE	YTD
Arts therapists	0	1	3	7	5	2	5	0	2	9	0	0	1	1	4	1	2	2	3	1	0	3	21	34	18														
Bio. scientists	34	37	33	32	33	26	19	11	26	30	11	38	18	22	26	13	18	17	29	35	11	28	417	330	217														
Chirops/pods	9	5	3	2	4	5	7	3	4	4	0	3	4	8	5	3	4	2	4	2	0	2	74	49	34														
CI Scientists	9	13	11	11	7	3	11	5	4	7	5	10	7	4	9	9	4	4	9	10	3	13	99	96	72														
Dietitians	44	26	25	21	19	18	12	8	14	17	5	27	20	32	24	8	21	3	19	17	10	25	288	236	179														
Hearing aid disps	3	2	2	1	8	1	3	0	5	5	2	3	3	2	4	1	1	2	43	2	3	4	41	35	65														
OTs	36	32	31	26	45	27	35	23	38	61	13	33	19	26	36	10	24	12	4	35	14	34	491	400	214														
ODPs	2	2	4	0	0	0	2	3	0	2	2	2	1	3	2	2	0	1	0	3	1	0	11	19	13														
Orthoptists	4	0	0	0	2	0	1	1	0	0	0	0	0	0	3	0	0	0	1	0	0	0	4	8	4														
Paramedics	31	44	51	29	36	34	28	35	61	71	30	57	16	28	32	3	20	8	19	31	46	91	559	507	294														
Physiotherapists	207	150	177	117	140	113	99	69	92	187	64	128	108	132	106	78	117	52	112	96	76	108	1,581	1,543	985														
Pract psychs	58	31	40	39	40	33	24	21	23	29	15	26	19	37	30	28	18	9	28	37	15	34	398	379	255														
Prosth/orthotists	2	0	0	1	1	0	2	1	2	1	1	3	2	4	2	1	1	2	0	1	2	1	16	14	16														
Radiographers	92	69	93	75	88	72	61	45	69	118	41	80	73	87	83	39	72	27	81	126	58	89	955	903	735														
Social workers	79	87	88	100	76	53	37	38	57	80	33	48	49	70	58	43	44	20	61	62	30	42	747	776	479														
SLTs	20	22	16	19	18	9	15	13	14	28	7	16	12	17	12	10	5	5	15	18	9	12	289	197	115														
Total	630	521	577	480	522	396	361	276	411	649	229	474	352	473	436	249	351	166	427	477	278	486	5,991	5,526	3,695														
Forecast	602	557	491	572	594	455	623	267	620	571	546	378	523	458	516	497	550	447	521	411	481	523	536	562	5,625	6,276	6,025												

NOTE: All received applications, including those that may subsequently be returned, rejected or withdrawn.

Forecast is based on the average number of INT applications received each month from 11/12 - 16/17, normalised against the latest monthly actuals available

International Registrations April 2016 - March 2018

Registration Department

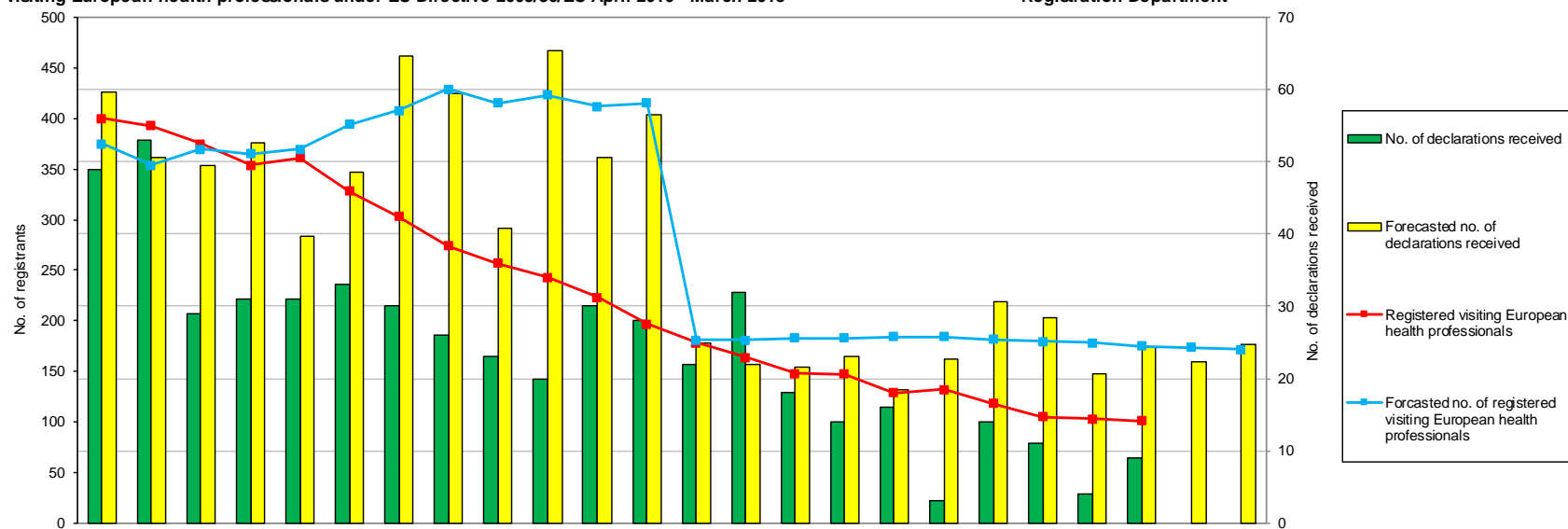


	2016			2017												2018						15/16	16/17	17/18			
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FYE	FYE	YTD
Arts therapists	0	0	4	1	0	0	2	0	0	0	0	3	2	3	1	3	1	0	0	1	0	0	4	7	12	13	
Bio. scientists	22	33	22	11	23	22	17	11	28	21	18	19	15	22	25	19	10	15	7	3	38	26	213	247	180		
Chirops/ pods	5	4	1	0	9	2	2	0	2	6	6	4	2	3	4	2	7	2	2	3	5	1	37	41	31		
CI scientists	0	5	3	5	2	4	3	2	3	7	3	3	3	6	7	2	2	0	8	3	2	8	34	40	41		
Dietitians	6	10	6	41	16	19	6	11	4	21	12	17	12	13	8	29	23	11	17	8	7	12	107	169	140		
Hearing aid disps	2	0	0	1	6	3	1	2	2	1	0	4	2	5	3	2	1	1	1	0	0	2	21	22	17		
OTs	25	32	32	27	33	27	20	33	6	32	31	45	23	32	17	20	16	8	3	50	22	28	255	343	219		
ODPs	1	1	0	0	0	0	0	1	0	2	0	1	0	2	1	0	2	1	0	0	2	1	12	6	9		
Orthoptists	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	1	1	0	2	2	3		
Paramedics	22	28	21	24	14	31	17	12	20	57	48	32	29	30	23	19	9	42	13	18	5	10	424	326	198		
Physiotherapists	10	208	133	102	103	125	106	55	37	75	85	110	42	128	136	78	92	78	70	60	35	86	695	1,149	805		
Pract psychs	17	9	26	11	18	15	19	9	10	18	15	15	3	6	49	9	13	13	14	23	10	9	130	182	149		
Prosth/orthotists	1	0	1	0	3	0	3	0	2	0	2	3	1	1	4	4	2	0	2	0	0	1	8	15	15		
Radiographers	45	105	67	33	59	62	57	30	21	54	53	105	54	59	77	52	57	39	56	43	36	42	425	691	515		
Social workers	28	52	50	29	35	51	36	8	83	38	53	51	46	32	45	36	31	33	28	19	52	28	334	514	350		
SLTs	9	16	14	8	10	17	16	12	4	13	15	12	11	20	13	9	4	4	16	9	4	9	167	146	99		
Total	193	503	380	294	331	378	305	186	222	346	344	423	246	360	415	282	269	248	237	241	219	267	2,871	3,905	2,784		
Forecast	111	240	216	202	106	224	252	179	416	330	259	163	220	408	321	336	288	317	302	333	362	490	423	489	3,150	2,698	4,289

NOTE: Forecast is based on the average number of INT applications registered each month from 11/12 - 16/17, normalised against the latest monthly actuals available
Social worker section of the Register opened 1 Aug 2012 (covers England only)

Register of visiting European health professionals under EU Directive 2005/36/EC April 2016 - March 2018

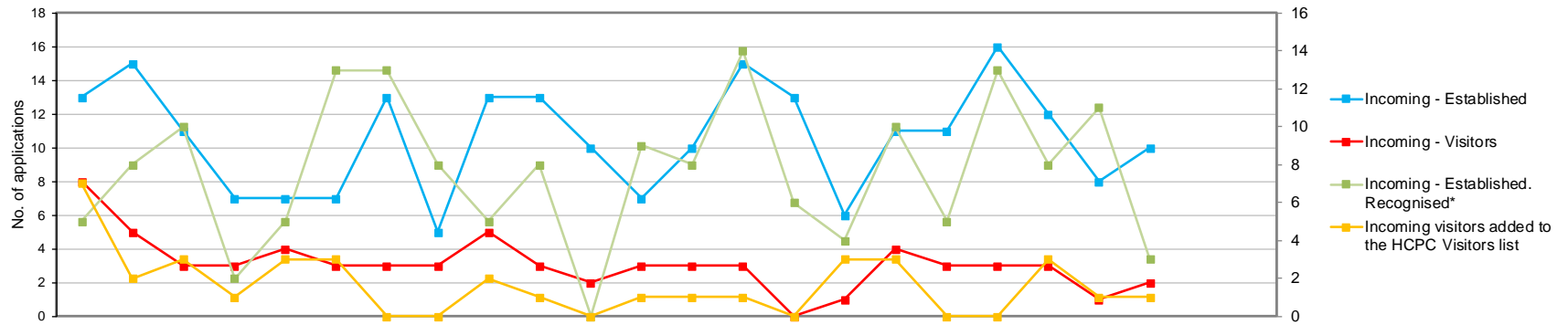
Registration Department



	2016			2017												2018			15/16	16/17	17/18						
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FYE	FYE	YTD
No. of declarations received	49	53	29	31	31	33	30	26	23	20	30	28	22	32	18	14	16	3	14	11	4	9		702	383	143	
Registered visiting European health professionals	400	393	375	354	361	328	303	274	257	243	223	197	178	164	148	147	129	132	118	105	103	101		371	197	101	
Forecasted no. of declarations received	60	51	49	53	40	49	65	59	41	65	51	57	25	22	22	23	18	23	31	28	21	24	22	25	625	638	284
Forecasted no. of registered visiting European health professionals	375	354	370	365	370	394	408	429	416	423	412	416	181	181	183	183	184	184	182	180	178	175	174	171	390	416	171

NOTE: Forecast is based on the average percentage increase or decrease on a monthly basis, using the actual figures between the period 11/12 - 14/15, normalised against the monthly actuals available.

European Professional Card (EPC) incoming applications April 2016 - March 2018

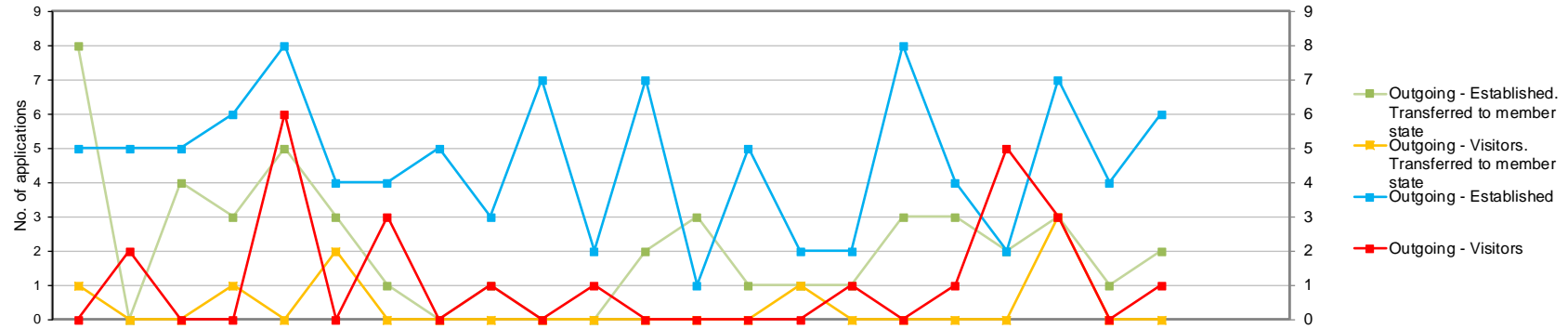


	2016												2017												2018												15/16	16/17	17/18
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FYE	FYE	YTD
Incoming - Established	13	15	11	7	7	7	13	5	13	13	10	7	10	15	13	6	11	11	16	12	8	10	10	15	13	6	11	11	16	12	8	10	6	121	112				
Incoming - Visitors	8	5	3	3	4	3	3	3	5	3	2	3	3	3	0	1	4	3	3	3	1	2	3	3	0	1	4	3	3	3	1	2	5	45	23				
Incoming - Established, Recognised*	5	8	10	2	5	13	13	8	5	8	0	9	8	14	6	4	10	5	13	8	11	3	8	14	6	4	10	5	13	8	11	3	2	86	82				
Incoming visitors added to the HCPC Visitors list	7	2	3	1	3	3	0	0	2	1	0	1	1	1	0	3	3	0	0	3	1	1	1	1	0	3	3	0	0	3	1	1	3	23	13				

NOTE: The European Professional Card (EPC) for physiotherapists has been in place and operational since 18 January 2016.

* Applications that have been recognised may not be registered immediately as the registration fee is required. Figure does not include applications where the decision is a period of adaptation.

European Professional Card (EPC) outgoing applications April 2016 - March 2018



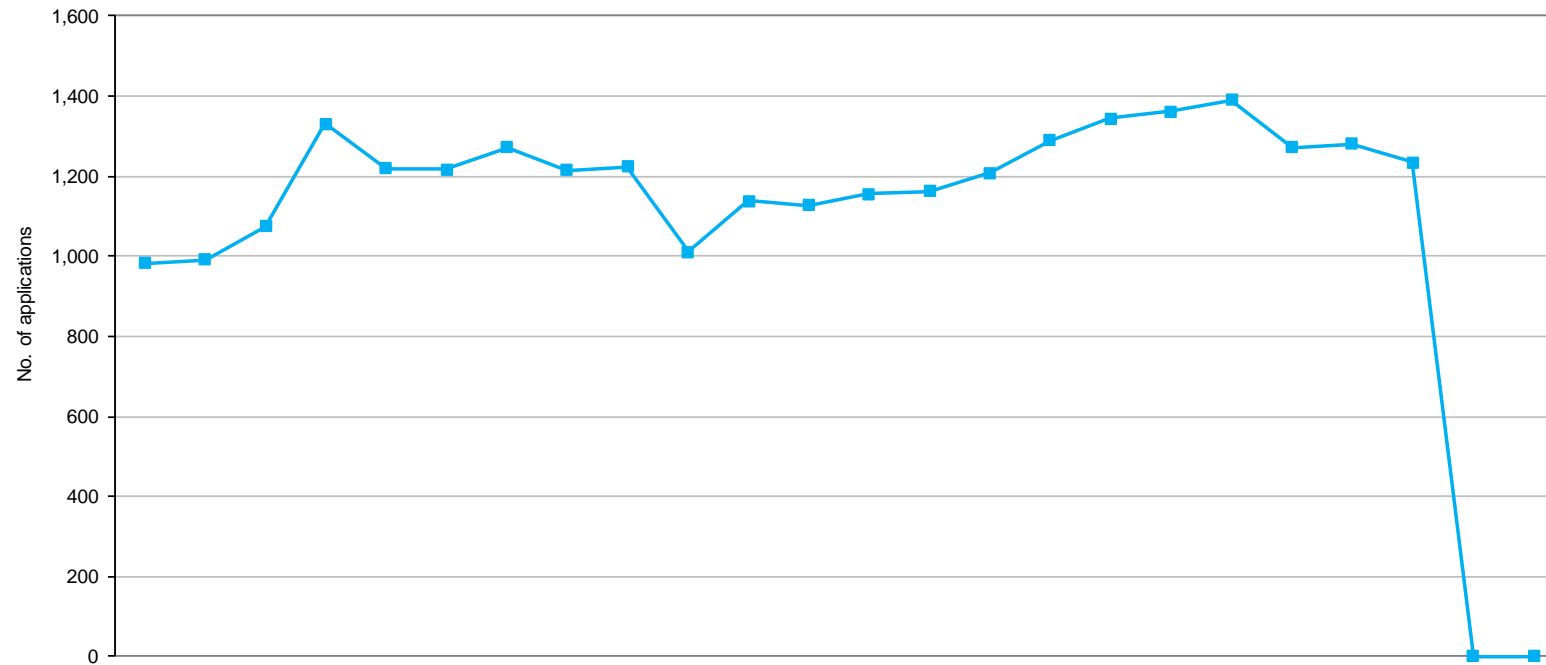
	2016			2017												2018								
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Outgoing - Established	5	5	5	6	8	4	4	5	3	7	2	7	1	5	2	2	8	4	2	7	4	6		
Outgoing - Visitors	0	2	0	0	6	0	3	0	1	0	1	0	0	0	0	1	0	1	5	3	0	1		
Outgoing - Established. Transferred to member state	8	0	4	3	5	3	1	0	1	0	0	2	3	1	1	1	3	3	2	3	1	2		
Outgoing - Visitors. Transferred to member state	1	0	0	1	0	2	0	0	0	0	0	0	0	0	1	0	0	0	0	3	0	0		

	15/16 FYE	16/17 FYE	17/18 YTD
Outgoing - Established	14	61	41
Outgoing - Visitors	2	13	11
Outgoing - Established. Transferred to member state	1	27	20
Outgoing - Visitors. Transferred to member state	0	4	4

NOTE: The European Professional Card (EPC) for physiotherapists has been in place and operational since 18 January 2016. Registration of an outgoing application is completed by the host member state. The HCPC ensures the application is complete before transferring ownership on.

UK applications workflow process at end of each month April 2016 - March 2018

Registration Department

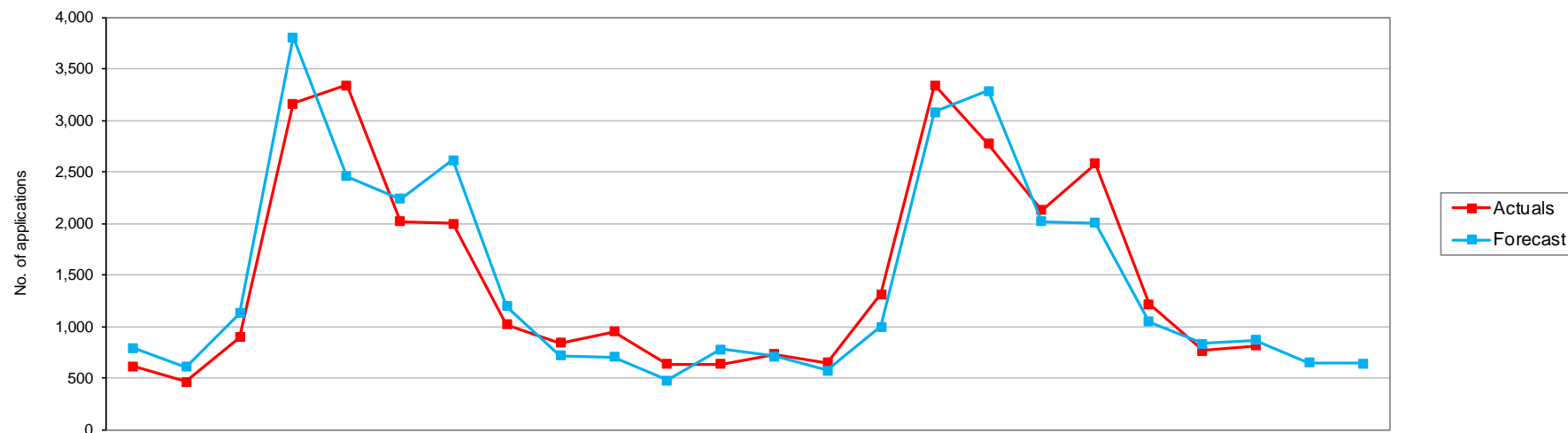


Current status	2016			2017									2018									15/16 FYE	16/17 FYE	17/18 YTD						
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec				Jan	Feb	Mar			
Minimum info	975	985	1,068	1,317	1,211	1,207	1,256	1,198	1,207	1,000	1,128	1,111	1,142	1,148	1,191	1,267	1,327	1,341	1,371	1,257	1,269	1,219				1,041	1,111	1,219		
At scrutiny	1	1	1	2	1	1	5	1	2	1	1	4	1	1	4	7	4	7	3	2	2	2				1	4	2		
Pending reg fee	6	6	6	12	8	9	12	17	14	10	10	12	14	13	13	15	14	14	16	14	10	13				8	12	13		
Total	982	992	1,075	1,331	1,220	1,217	1,273	1,216	1,223	1,011	1,139	1,127	1,157	1,162	1,208	1,289	1,345	1,362	1,390	1,273	1,281	1,234	0	0				1,050	1,127	1,234

NOTE: Information covers UK applications status progress only.
Represents the current workload within the UK section as at the end of the month.

New UK Applications Received April 2016 - March 2018

Registration Department

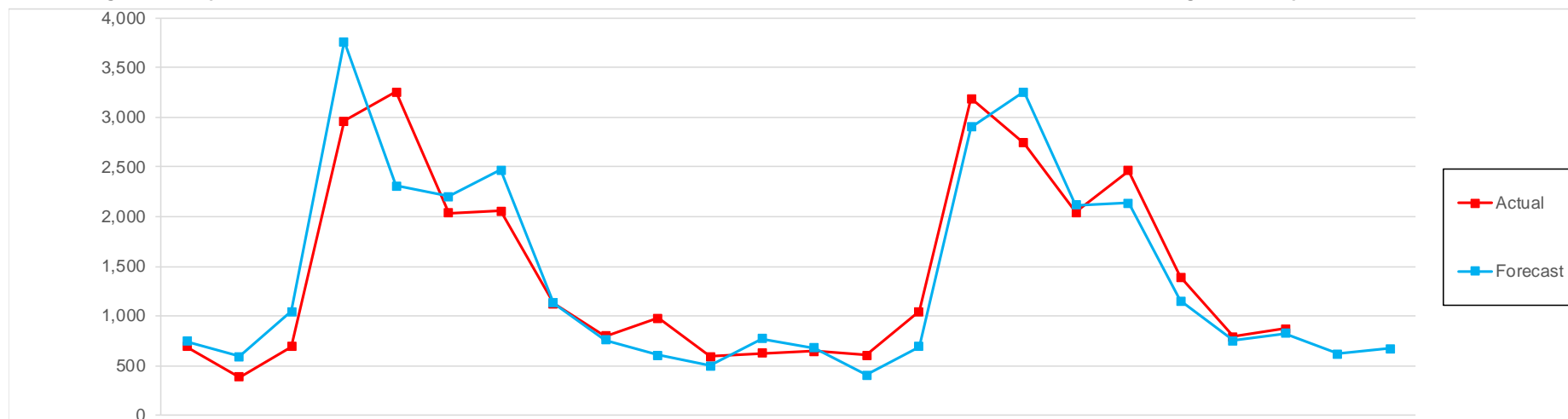


	2016			2017									2018									15/16	16/17	17/18			
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FYE	FYE	YTD
Arts therapists	12	18	8	31	73	51	50	33	21	23	13	10	18	11	10	43	73	41	57	29	13	16	304	343	311		
Bio. scientists	49	51	62	107	144	68	100	66	48	97	58	51	46	53	71	138	101	72	106	80	80	83	840	901	830		
Chirops/pods	3	0	78	143	73	44	17	6	6	8	3	2	2	2	91	125	52	30	24	8	3	2	360	383	339		
CI Scientists	28	14	12	14	17	6	13	24	95	40	27	25	23	22	20	23	17	23	54	83	47	37	303	315	349		
Dietitians	35	13	38	143	73	24	18	12	6	8	6	11	10	6	60	145	88	28	19	10	1	7	428	387	374		
Hearing aid disps	16	7	6	33	65	27	45	18	21	27	13	8	16	10	17	39	57	41	41	29	16	20	278	286	286		
OTs	43	30	49	393	439	168	198	91	53	71	69	49	42	42	90	412	341	182	227	101	45	58	1,663	1,653	1,540		
ODPs	39	13	26	45	177	153	97	27	13	25	10	16	51	13	33	67	151	210	95	17	26	16	679	641	679		
Orthoptists	0	0	6	21	28	8	6	2	2	2	1	0	0	0	1	17	28	9	6	5	1	0	63	76	67		
Paramedics	85	59	94	125	242	274	161	63	94	160	104	94	116	108	106	268	274	294	270	158	121	116	1,435	1,555	1,831		
Physiotherapists	30	22	111	646	480	153	135	65	59	69	79	55	48	20	188	671	412	151	154	72	39	41	1,881	1,904	1,796		
Pract psychs	36	36	43	48	78	156	347	132	76	72	39	37	57	40	43	48	68	153	396	123	70	65	1,074	1,100	1,063		
Prosth/orthotists	1	0	7	23	12	4	1	2	0	1	2	1	0	2	9	19	7	3	2	2	0	2	51	54	46		
Radiographers	14	35	223	649	250	104	45	27	21	14	21	22	16	36	301	537	201	141	71	23	8	12	1,397	1,425	1,346		
Social workers	203	143	116	597	1,020	703	646	413	309	281	164	201	270	270	247	619	765	648	956	430	275	285	5,374	4,796	4,765		
SLTs	19	21	15	145	170	73	115	35	13	52	25	51	13	12	28	167	133	98	103	46	22	50	780	734	672		
Total	613	462	894	3,163	3,341	2,016	1,994	1,016	837	950	634	633	728	647	1,315	3,338	2,768	2,124	2,581	1,216	767	810	16,910	16,553	16,294		
Forecast	790	608	1,124	3,803	2,453	2,235	2,612	1,196	716	705	478	775	713	571	999	3,076	3,287	2,016	2,006	1,043	834	868	651	644	18,058	17,495	16,708

NOTE: Forecast is based on the average number of UK applications received each month from 11/12 - 16/17, normalised against the latest monthly actuals available.
Social worker section of the Register opened 1 Aug 2012 (covers England only).

New UK Registrations April 2016 - March 2018

Registration Department

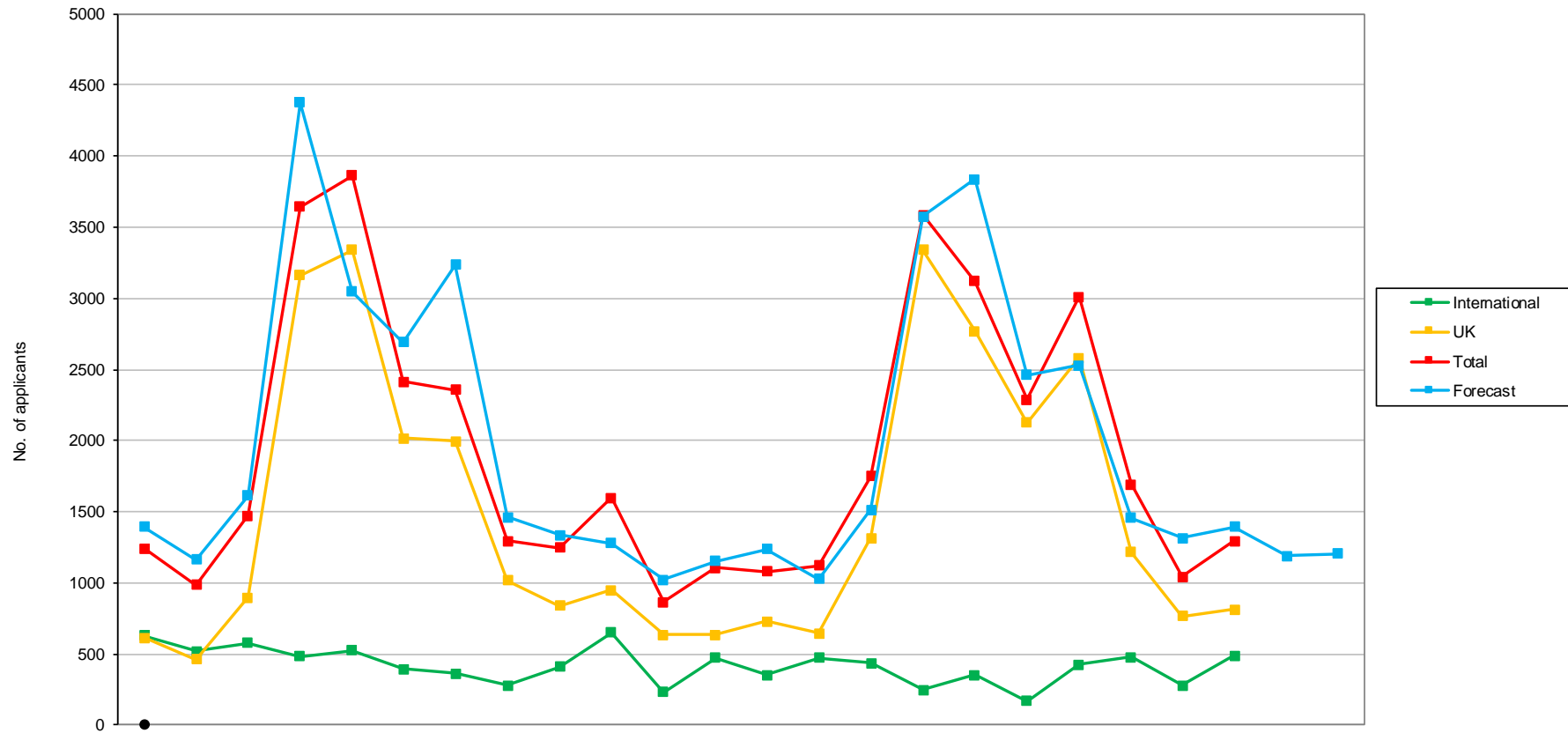


	2016												2017												2018												15/16	16/17	17/18
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FYE	FYE	YTD
Arts therapists	14	16	7	23	68	55	50	30	18	23	18	10	14	8	8	41	68	37	53	28	13	23	14	8	8	41	68	37	53	28	13	23	287	332	293				
Bio. scientists	49	40	54	95	148	70	83	63	50	76	58	48	42	36	70	115	92	69	82	70	76	88	42	36	70	115	92	69	82	70	76	88	775	834	740				
Chirops/pods	6	0	54	146	82	36	28	6	7	7	2	2	2	2	68	134	55	34	25	9	2	2	2	2	68	134	55	34	25	9	2	2	356	376	333				
CI Scientists	26	13	10	11	14	8	11	24	75	51	24	27	26	20	18	20	13	18	27	101	46	37	26	20	18	20	13	18	27	101	46	37	285	294	326				
Dietitians	34	7	40	132	82	24	27	12	5	8	2	11	3	8	48	153	86	30	22	10	1	8	3	8	48	153	86	30	22	10	1	8	419	384	369				
Hearing aid disps	15	5	7	25	58	34	37	24	17	25	21	9	13	11	15	41	46	39	40	31	18	21	13	11	15	41	46	39	40	31	18	21	271	277	275				
OTs	51	25	42	360	442	173	201	105	55	69	57	58	39	41	81	351	375	174	225	116	45	61	39	41	81	351	375	174	225	116	45	61	1,642	1,638	1,508				
ODPs	35	14	23	30	132	168	120	35	14	31	7	18	40	25	25	58	114	203	124	43	23	18	40	25	25	58	114	203	124	43	23	18	673	627	673				
Orthoptists	0	1	5	21	28	8	7	2	2	2	0	0	0	0	1	16	26	9	5	7	1	0	0	0	1	16	26	9	5	7	1	0	62	76	65				
Paramedics	108	44	62	146	192	303	178	80	70	174	104	85	87	126	64	198	275	326	235	233	129	114	87	126	64	198	275	326	235	233	129	114	1,398	1,546	1,787				
Physiotherapists	38	17	86	588	510	145	153	72	57	72	60	59	54	14	141	640	430	170	159	70	43	49	54	14	141	640	430	170	159	70	43	49	1,840	1,857	1,770				
Pract psychs	43	35	33	45	66	124	344	173	60	83	35	35	51	32	43	45	63	123	364	137	86	55	51	32	43	45	63	123	364	137	86	55	1,027	1,076	999				
Prosth/orthotists	0	0	5	24	14	5	0	2	1	0	2	1	0	0	7	21	8	1	3	2	1	2	0	0	7	21	8	1	3	2	1	2	50	54	45				
Radiographers	18	9	152	664	286	120	44	40	22	17	17	22	14	7	198	621	219	142	77	31	9	16	14	7	198	621	219	142	77	31	9	16	1,366	1,411	1,334				
Social workers	229	136	93	524	957	700	655	418	326	289	159	186	247	260	230	586	735	576	916	452	273	324	247	260	230	586	735	576	916	452	273	324	5,239	4,672	4,599				
SLTs	27	19	17	131	178	61	120	38	20	50	25	50	13	12	24	148	140	90	103	53	22	51	13	12	24	148	140	90	103	53	22	51	778	736	656				
Total	693	381	690	2,965	3,257	2,034	2,058	1,124	799	977	591	621	645	602	1,041	3,188	2,745	2,041	2,460	1,393	788	869	645	602	1,041	3,188	2,745	2,041	2,460	1,393	788	869	16,468	16,190	15,772				
Forecast	741	588	1,043	3,760	2,311	2,205	2,470	1,131	759	601	496	770	678	407	691	2,903	3,253	2,114	2,135	1,153	749	824	618	668	678	407	691	2,903	3,253	2,114	2,135	1,153	749	824	618	668	16,875	16,193	

NOTE: Forecast is based on the average number of UK registrations each month from 11/12 - 16/17, normalised against the latest monthly actuals available.
Social worker section of the Register opened 1 Aug 2012 (covers England only).

Application Types Received April 2016 - March 2018

Registration Department

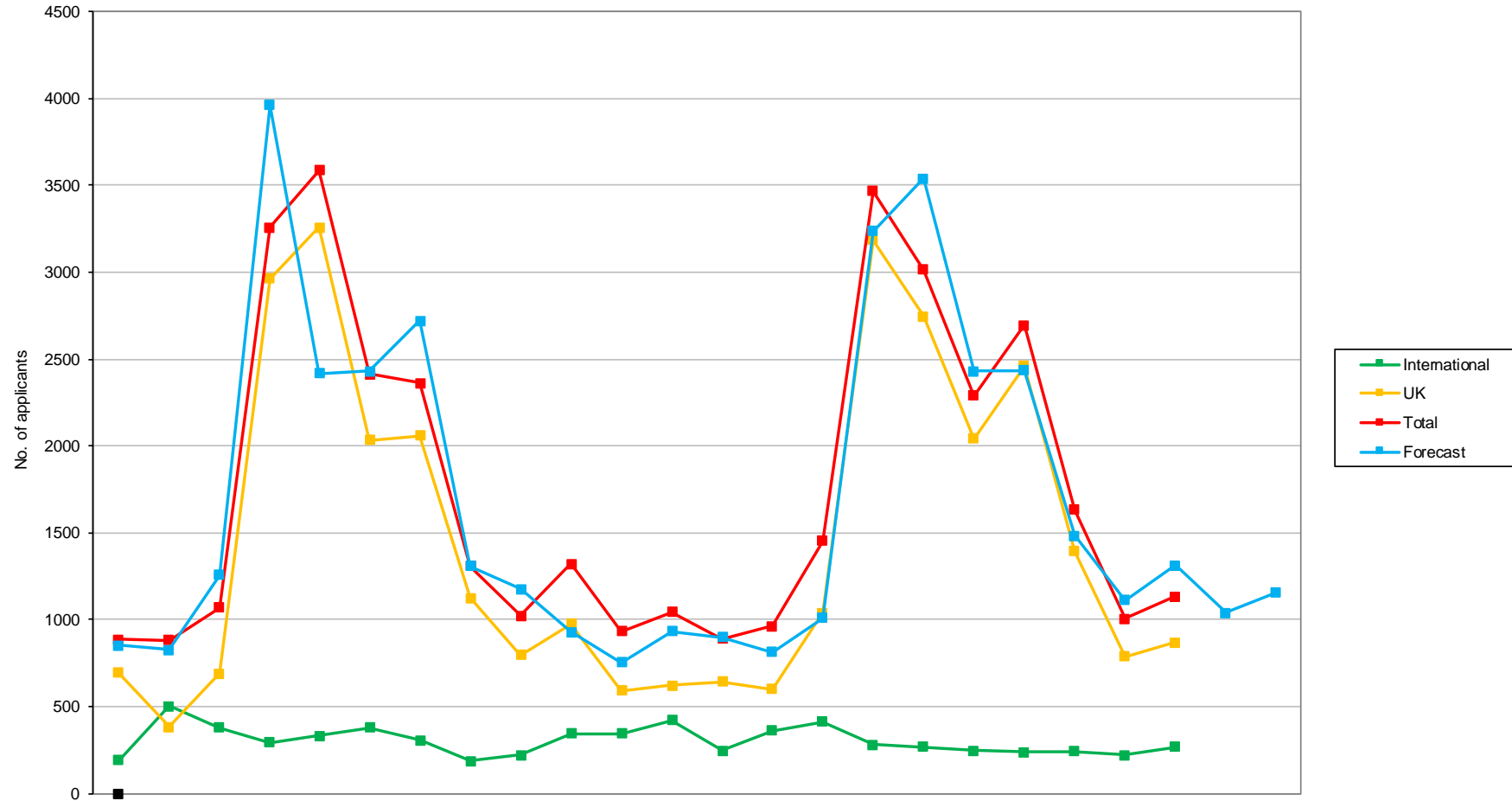


Apps Received	2016			2017									2018			15/16	16/17	17/18									
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FYE	FYE	YTD
International	630	521	577	480	522	396	361	276	411	649	229	474	352	473	436	249	351	166	427	477	278	486		5,991	5,526	3,695	
UK	613	462	894	3,163	3,341	2,016	1,994	1,016	837	950	634	633	728	647	1,315	3,338	2,768	2,124	2,581	1,216	767	810		16,910	16,553	16,294	
Total	1,243	983	1,471	3,643	3,863	2,412	2,355	1,292	1,248	1,599	863	1,107	1,080	1,120	1,751	3,587	3,119	2,290	3,008	1,693	1,045	1,296		22,901	22,079	19,989	
Forecast	1,392	1,165	1,615	4,375	3,047	2,690	3,235	1,463	1,336	1,276	1,024	1,153	1,236	1,029	1,515	3,573	3,837	2,463	2,527	1,454	1,315	1,391	1,187	1,206	23,683	23,771	22,733

NOTE: The data relates to application forms received, not total fees received.
 Forecast is the combined forecast of international applications received and UK applications received.

New Registrants April 2016 - March 2018

Registration Department

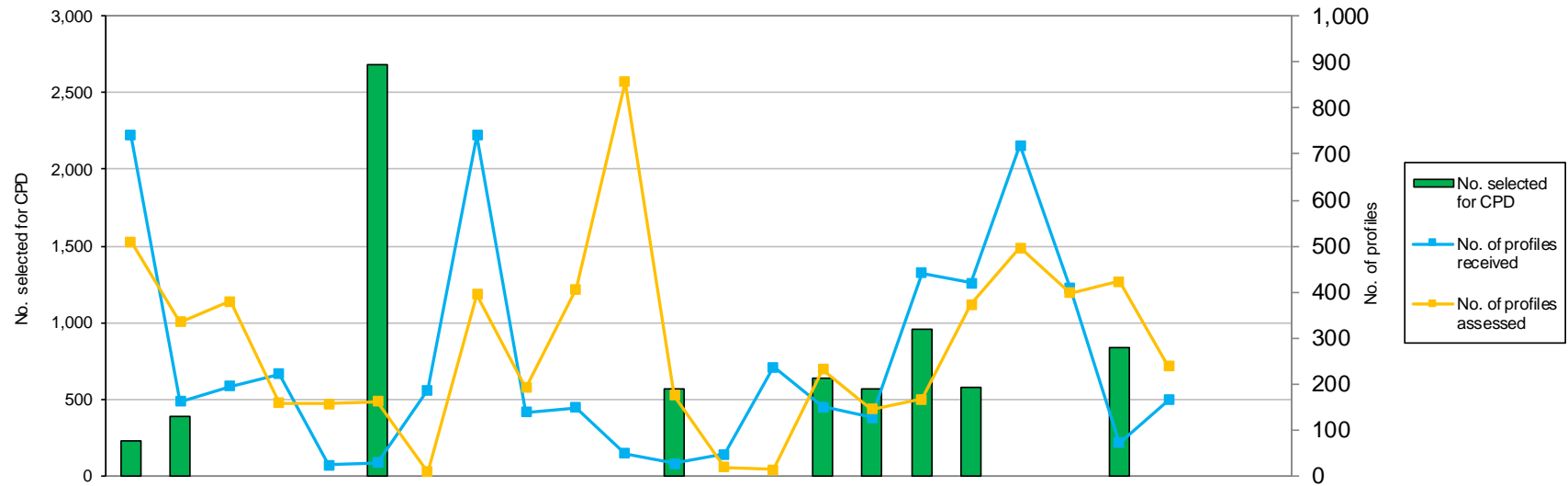


	2016			2017									2018									15/16	16/17	17/18						
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FYE	FYE	YTD			
International	193	503	380	294	331	378	305	186	222	346	344	423	246	360	415	282	269	248	237	241	219	267				2,871	3,905	2,784		
UK	693	381	690	2,965	3,257	2,034	2,058	1,124	799	977	591	621	645	602	1,041	3,188	2,745	2,041	2,460	1,393	788	869				16,468	16,190	15,772		
Total	886	884	1,070	3,259	3,588	2,412	2,363	1,310	1,021	1,323	935	1,044	891	962	1,456	3,470	3,014	2,289	2,697	1,634	1,007	1,136				19,340	20,095	18,556		
Forecast	852	828	1,259	3,962	2,417	2,429	2,722	1,310	1,175	931	755	933	898	815	1,012	3,239	3,541	2,431	2,437	1,486	1,111	1,314	1,041	1,157				20,364	19,573	20,482

NOTE: Forecast is the combined forecast of international applications received and UK applications registered.

Continuing Professional Development process April 2016 - March 2018

Registration Department

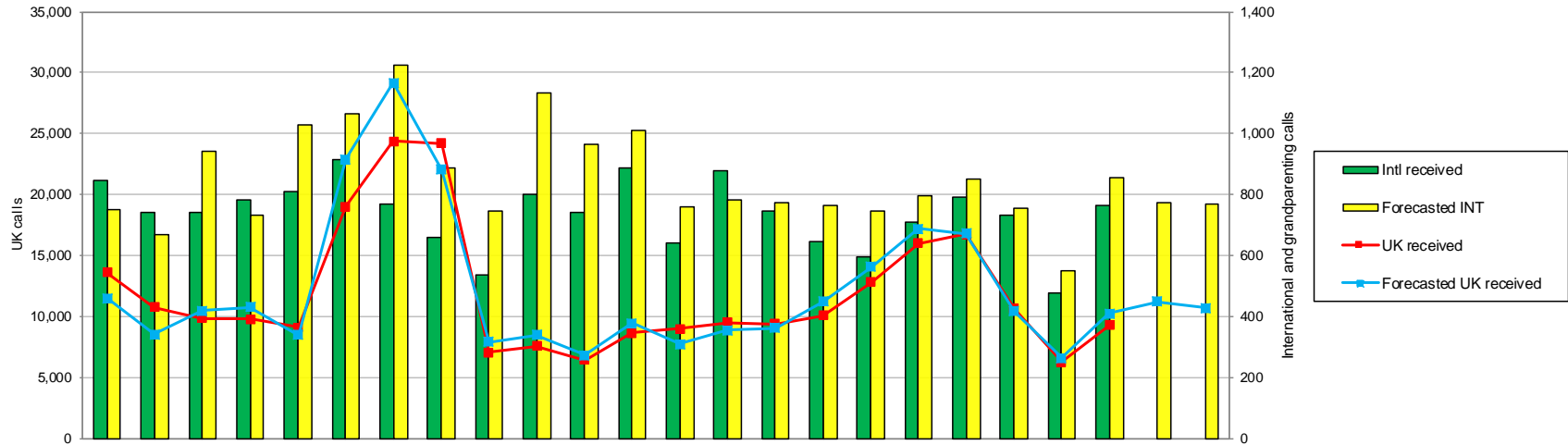


	2016			2017										2018										
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No. selected for CPD	223	387	0	0	0	2,687	0	0	0	0	0	564	0	0	640	568	958	574	0	0	836	0		
No. of profiles received	740	161	194	221	23	28	186	740	138	148	49	26	46	236	149	126	441	419	719	407	71	165		
No. of profiles assessed	509	335	379	158	157	161	9	394	191	406	858	175	19	14	232	145	167	373	496	398	422	238		

	15/16 FYE	16/17 FYE	17/18 YTD
No. selected for CPD	4,737	3,861	3,576
No. of profiles received	3,262	2,654	2,779
No. of profiles assessed	3,237	3,732	2,504

Registration Telephone Information April 2016 - March 2018

Registration Department

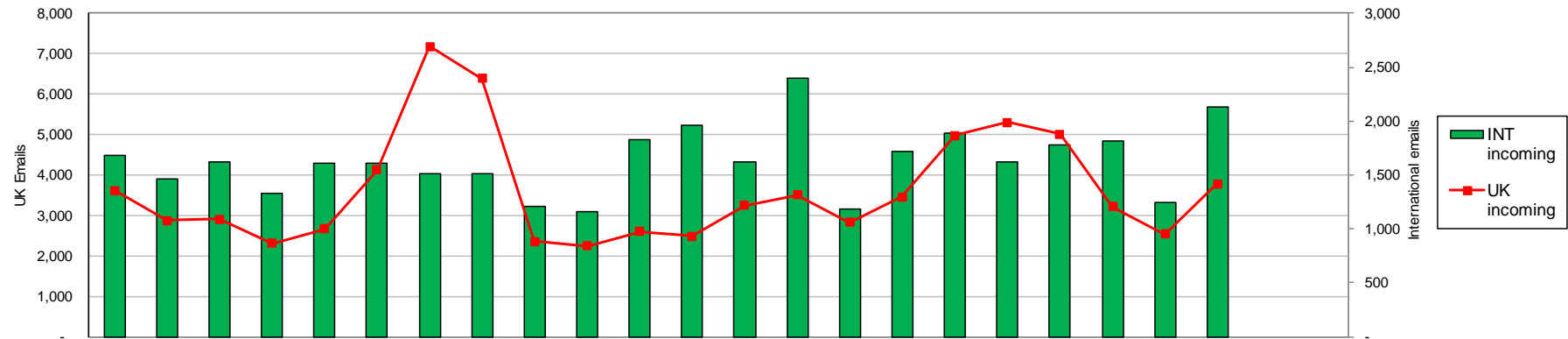


	2016			2017												2018						15/16	16/17	17/18			
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FYE	FYE	YTD
Intl																											
Intl received	845	742	743	784	809	914	767	659	535	801	742	886	641	877	745	644	593	709	791	733	477	765		8,411	9,227	6,975	
Answered	840	702	737	770	800	906	760	653	526	789	725	867	626	798	735	630	572	681	762	721	476	762		8,180	9,075	6,763	
Calls answered (%)	99	95	99	98	96	99	99	99	98	98	98	98	98	91	99	98	97	96	96	98	100	100		99	1,176	97	
Abandoned	5	40	6	14	9	8	7	6	9	12	17	19	15	79	10	14	21	28	29	12	1	3		51	152	212	
Avg answer time (sec)	50	44	46	49	40	41	44	44	49	45	79	45	56	59	45	53	76	87	49	61	25	30		29	576	54	
Avg talk time (min)	4.11	3.56	4.41	4.36	4.21	4.42	4.58	4.57	4.46	4.38	4.35	4.13	3.56	4.20	4.17	4.18	4.40	4.31	4.31	4.31	4.53	4.19		3.81	52	4.22	
UK																											
UK received	13,622	10,730	9,860	9,786	9,114	19,003	24,383	24,185	7,061	7,536	6,439	8,640	8,978	9,475	9,398	10,054	12,801	15,985	16,742	10,622	6,230	9,256		130,437	150,359	109,541	
Answered	12,380	9,752	9,378	9,202	8,753	16,691	19,660	19,709	6,854	7,028	6,079	8,246	8,429	8,507	9,071	9,639	10,869	12,874	12,661	9,783	6,084	8,885		127,363	133,732	96,802	
Calls answered (%)	91	91	95	94	97	92	81	82	97	94	95	96	94	90	97	96	85	81	77	93	98	96		97	1,104	91	
Abandoned	1,242	978	482	598	361	2,312	4,723	4,476	207	508	360	394	549	968	327	415	1,932	3,111	4,081	839	146	371		3,521	16,647	12,739	
Avg answer time (sec)	169	182	131	132	101	372	395	356	79	221	134	97	126	126	113	135	279	402	495	154	55	77		69	2,369	196	
Avg talk time (min)	3.20	3.31	3.32	3.24	3.13	3.16	3.50	3.58	3.49	4.03	3.59	3.43	3.33	3.44	3.27	3.24	3.46	3.48	3.54	3.56	3.35	3.42		3.11	41	3.41	
Forecasted INT	751	669	941	734	1,030	1,063	1,224	886	746	1,133	963	1,009	758	782	771	762	744	796	853	755	549	855	772	768	7,980	11,149	9,165
Forecasted UK received	11,494	8,542	10,439	10,761	8,483	22,869	29,142	22,015	7,911	8,481	6,833	9,417	7,735	8,848	9,056	11,216	14,042	17,159	16,781	10,422	6,591	10,250	11,217	10,692	116,777	156,387	134,003

NOTE: Forecast is based on registration cycles, using the average figures between 12/13 and 16/17, normalised against the latest monthly actuals available.

UK and international emails received at end of each month April 2016 - March 2018

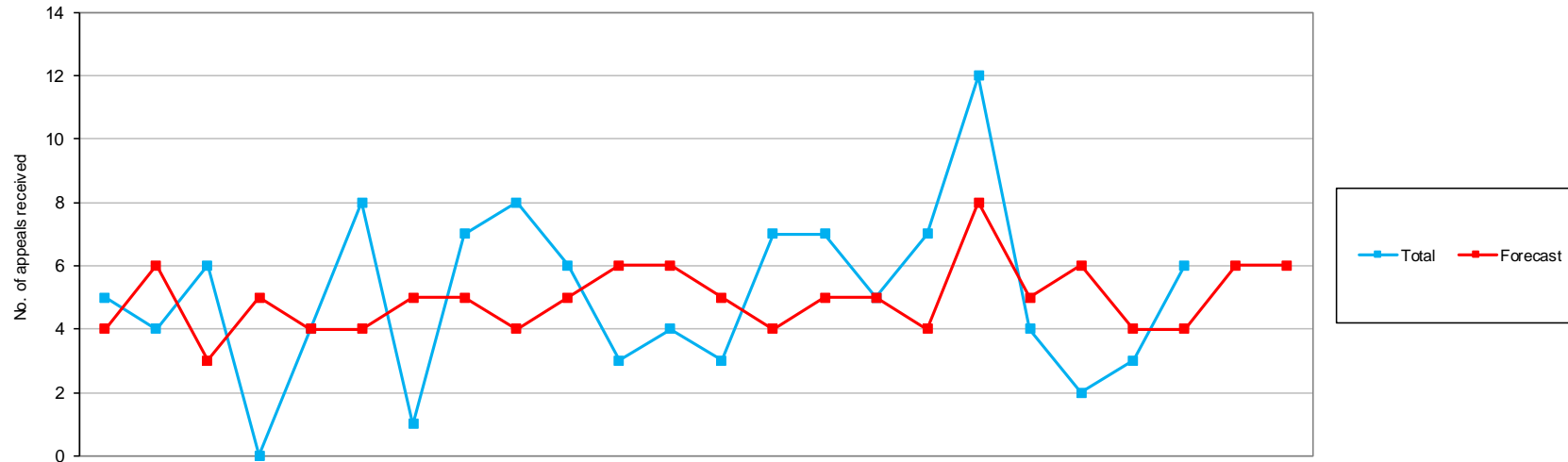
Registration Department



	2016			2017									2018												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
UK incoming	3,624	2,875	2,903	2,310	2,672	4,120	7,185	6,391	2,351	2,247	2,601	2,489	3,249	3,506	2,830	3,452	4,980	5,303	5,016	3,213	2,541	3,776			
INT incoming	1,676	1,463	1,618	1,331	1,609	1,612	1,515	1,517	1,204	1,159	1,822	1,964	1,622	2,394	1,179	1,719	1,887	1,616	1,773	1,814	1,243	2,134			
Average working days																									
Avg working days UK	1	1	1	1	1	1	2	2	1	2	2	2	1	1	1	1	3	4	3	2	1	3			
Avg working days INT	2	2	2	2	2	2	4	2	1	2	2	3	2	1	1	2	2	4	2	2	2	3			
Total incoming	5,300	4,338	4,521	3,641	4,281	5,732	8,700	7,908	3,555	3,406	4,423	4,453	4,871	5,900	4,009	5,171	6,867	6,919	6,789	5,027	3,784	5,910			

15/16 FYE	16/17 FYE	17/18 YTD
40,157	41,768	37,866
9,886	18,490	17,381
1		
	1	2
	2	2
50,043	60,258	55,247

Registration Appeals Received April 2016 - March 2018



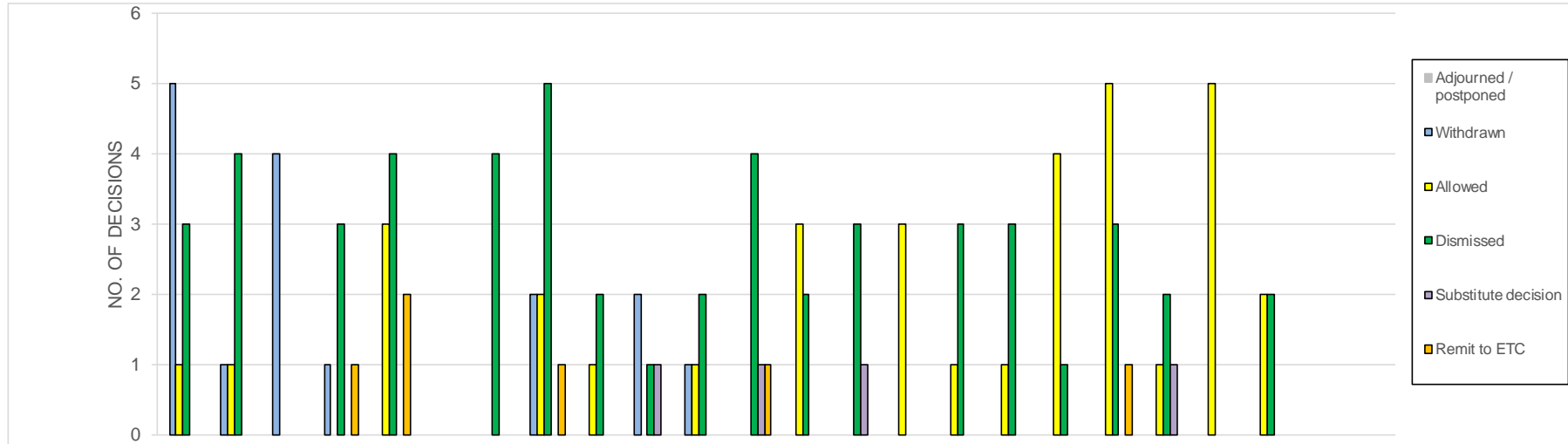
	2016			2017									2018									16/17 FYE	17/18 YTD		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			Jan	Feb
EMR (1)	4	2	1	0	4	2	0	3	5	4	1	2	2	1	1	3	2	3	1	1	1	1	4	28	19
Non-EMR (2)	1	2	1	0	0	5	0	2	0	1	1	2	1	5	4	1	3	1	0	0	1	1	15	17	
Visitors (3)	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	1
UK (4)	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Returners to practice (5)	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
CPD (6)	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	1	2	4	1	0	1	0	0	0	12
Health and Character declarations (7)	0	0	3	0	0	1	0	1	2	1	1	0	0	0	0	0	4	2	1	0	0	0	9	7	
Total	5	4	6	0	4	8	1	7	8	6	3	4	3	7	7	5	7	12	4	2	3	6	56	56	
Forecast	4	6	3	5	4	4	5	5	4	5	6	6	5	4	5	5	4	8	5	6	4	4	6	6	6

NOTE: Forecast is based on the average number of appeals received from 11/12 to 16/17.

- 1 International applications with European Mutual Recognition (EMR) rights.
- 2 International applications without EMR rights.
- 3 Declarations to be on the Register of visiting health professionals.
- 4 UK applications for registration.
- 5 Applications for readmission to the Register.
- 6 Continuing Professional Development profiles.
- 7 Any application where a positive declaration has been made by the applicant for health and character.

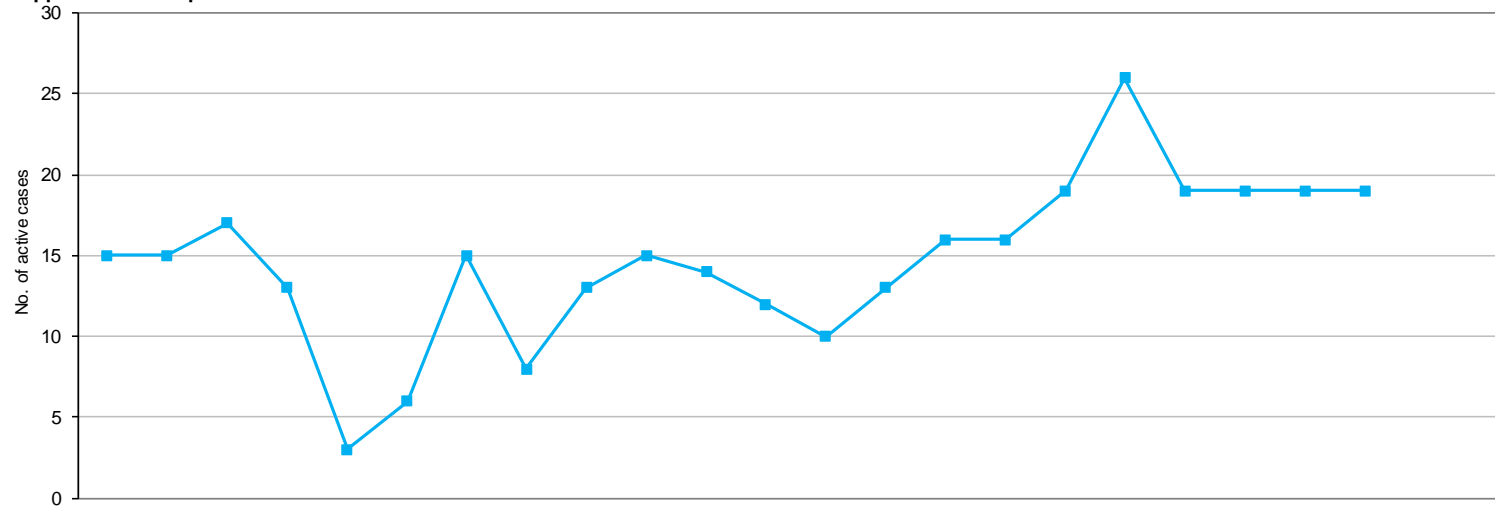
Registration Appeal Decisions April 2016 - March 2018

Registration Department



	2016			2017									2018									16/17	17/18				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FYE	YTD	
Adjourned / postponed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	2
Withdrawn	5	1	4	1	0	0	0	2	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Allowed	1	1	0	0	3	0	0	2	1	0	1	0	3	0	3	1	1	4	5	1	5	2				25	
Dismissed	3	4	0	3	4	0	4	5	2	1	2	4	2	3	0	3	3	1	3	2	0	2				19	
Substitute decision	0	0	0	0	0	0	0	0	0	1	0	1	0	1	0	0	0	0	0	1	0	0				2	
Remit to ETC	0	0	0	1	2	0	0	1	0	0	0	1	0	0	0	0	0	0	1	0	0	0				1	
Hearings held	4	5	0	4	9	0	4	8	3	2	3	6	5	4	4	4	4	6	9	4	5	4				49	

Registration Appeals Status April 2016 - March 2018



	2016			2017									2018									16/17 FYE	17/18 YTD	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			Jan
Hearings scheduled	9	4	5	6	0	0	10	2	3	4	7	4	4	4	4	6	9	4	5	4	4	54	48	
Awaiting scheduling	5	10	11	5	1	2	5	6	10	10	7	7	5	9	11	9	12	12	15	12	14	13	79	112
Awaiting further information	1	1	1	2	2	4	0	0	0	1	0	1	1	0	1	3	1	5	0	2	1	2	13	16
Current active cases	15	15	17	13	3	6	15	8	13	15	14	12	10	13	16	16	19	26	19	19	19	19	146	176

NOTE: Information covers registration appeals status progress only.
Represents the current workload within the appeals section as at the end of the month.

Policy and Standards

Equality, diversity and inclusion policy

- It is a good practice for public bodies to publish policies which set out how they will meet their legislative obligations for equality and diversity.
- A policy and action plan has been developed and is planned to be considered by the Council in May 2018 for discussion / approval.

Jointly funded research with the Scottish Government

- We are co-funding with the Scottish Government a literature review on health and care professionals returning to practice. The review will look at the risks involved how they are best managed at a regulatory level; and identify good practice in supporting health and care professionals to return to safe and effective practice. The Scottish Government have also funded a stakeholder event to discuss the findings of the research once concluded.
- The outcomes might inform future work in reviewing our returning to practice requirements. They might inform future initiatives by the Scottish Government and other parts of the health and social care system in Scotland aimed at supporting returners to practice. The research will be carried out by the Nursing, Midwifery and Allied Health Professions (NMAHP) Research Unit (Glasgow Caledonian and Stirling universities).
- The research is funded from the 2017-18 Policy and Standards research budget.

Memorandum of Understanding between:
Healthcare Inspectorate Wales
and
the Health and Care Professions Council

January 2018

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Version control

Version number	Date agreed
1.0	January 2018

Revision History and Approval

Date	Document revision description
January 2018	Draft v1.0 finalised by Huw Jones (HIW) and Eva Hales (HCPC)
January 2018	Agreed and signed by Kate Chamberlain (HIW)
January 2018	Agreed and signed by Marc Seale (HCPC)

Introduction

1. The purpose of this Memorandum of Understanding (MoU) is to set out a framework for a working relationship between Healthcare Inspectorate Wales (HIW) and the Health and Care Professions Council (HCPC).
2. The working relationship between HIW and the HCPC is part of the maintenance of an assurance system for healthcare that promotes patient safety and high quality healthcare services provided across the United Kingdom.
3. Both HIW and the HCPC are committed to exploring ways to develop more effective and efficient partnership working to promote quality and safety within their respective regulatory remits.
4. HIW is the independent inspectorate and regulator of healthcare in Wales.
5. The HCPC is the independent regulator in the United Kingdom for the 16 professions listed below:

Art therapists	Orthoptists
Biomedical scientists	Paramedics
Chiropodists / podiatrists	Physiotherapists
Clinical scientists	Prosthetists / Orthotists
Dietitians	Radiographers
Hearing aid dispensers	Practitioner psychologists
Occupational therapists	Social Workers (in England)
Operating department practitioners	Speech & language therapists

The individual responsibilities and functions of HIW and the HCPC are set out at Annex A to this MoU.

6. This MoU does not override the statutory responsibilities and functions of HIW and the HCPC and is not enforceable in law. However, HIW and the HCPC are committed to working in ways that are consistent with the content of this MoU.

Principles of cooperation

7. HIW and the HCPC intend that their working relationship will be characterised by the following principles:
 - a. The need to make decisions that promote high quality healthcare and which protect and promote patient health, safety and welfare.
 - b. Respect for each organisation's independent status.
 - c. The need to maintain public confidence in the two organisations.
 - d. Openness and transparency between the two organisations in those areas of cooperation considered necessary and appropriate and outlined in paragraph 9 of this MoU.

- e. The need to use resources effectively and efficiently.
8. HIW and the HCPC are committed to observing the principles for an effective regulatory system for healthcare as identified by the Professional Standards Authority: <http://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-regulation-2015>).

Areas of cooperation

9. The working relationship between HIW and the HCPC involves cooperation between the two organisations to assist with individual regulatory activities and processes in the following areas:
- cross-referral of emerging and/or urgent concerns;
 - sharing of registrant fitness to practise information upon direct request by either organisation;
 - sharing of feedback about particular health or adult social care providers upon direct request by either organisation;
 - sharing of intelligence to inform regular organisation-wide strategic events including biannual healthcare summits in Wales;
 - giving prior notice about any planned media announcements or publications that the other may need to know of; and
 - joint working projects relevant to each organisation's statutory powers.

Cross-referral of concerns

10. Where HIW or the HCPC encounters a concern which it believes falls within the remit of the other, they will at the earliest opportunity convey the concern and relevant information to the respective MoU Lead Officer named in [Appendix 1](#) by following the process outlined in the Joint Operating Protocol in [Annex B](#). In the interests of patient safety or protection, the referring organisation will not wait until its own investigation has concluded.
11. In particular, HIW will share with or refer to the HCPC:
- a. Any concerns and relevant information known about any of its registrants which may call into question their fitness to practise, or about any individuals when it is suspected that they are using a protected title (or implying that they are a member of one of the professions regulated by HCPC) however they are not registered with the HCPC.
 - b. Any concerns and relevant information known about a healthcare organisation which may call into question its suitability as a learning environment for students from any of the professions regulated by the HCPC.

- c. Any information about an individual purporting to be from any of the professions regulated by the HCPC where HIW has reason to believe that that person is not on the HCPC Register.
 - d. Any concerns and relevant information, such as serious failings in professional leadership, supervision, case load management, training, safeguarding or other related factors that could affect the general delivery of care or services at a healthcare organisation in which any HCPC registrant practices.
12. In particular, the HCPC will refer to HIW:
- a. Any concerns and relevant information known about a healthcare organisation in which an HCPC registrant practises or registrants are trained that falls under the remit of HIW;
 - b. Any concerns and relevant information known about a healthcare organisation falls under the remit of HIW regarding the suitability of its supervision practices and /or learning environments for students from any of the professions regulated by the HCPC;
 - c. Information about any investigations it conducts which raise concerns about poor team working, leadership, systemic record keeping issues, appraisal systems and general organisational failures in a healthcare organisation that falls under the remit of HIW;
 - d. Any concerns and relevant information known about a registrant of the HCPC working as a HIW Registered Manager in a healthcare organisation registered with HIW that may call into question their suitability to perform their functions in that setting.

Exchange of information

13. Cooperation between HIW and the HCPC will often require the exchange of information. All arrangements for collaboration and exchange of information set out in this MoU and any supplementary agreements will take account of and comply with the Data Protection Act 1998, the Health and Social Work Professions Order 2001, and any HIW and HCPC codes of practice, frameworks or other policies relating to confidential personal information.
14. HIW and the HCPC will only use the information they receive from each other for the purpose of discharging their statutory functions.
15. This MoU is supplemented by a separate Joint Operating Protocol at Annex B which sets out the detailed arrangements for sharing information between the parties. Both HIW and the HCPC are subject to the Freedom of Information Act 2000. If one organisation receives a request for information that originated from the other, the receiving organisation will discuss the request with the other before responding. However, the ultimate decision on the release of information will remain with the information owner (the organisation that has been requested to release it).

Wales Concordat Cymru

16. HIW and the HCPC are members of the Wales Concordat Cymru forum of bodies inspecting, regulating, and auditing health and social care in Wales. HIW and the HCPC have agreed to work together with the other bodies to improve services for patients, service users, and their carers whilst eliminating unnecessary burdens of external review on front line staff.

Resolution of disagreement

17. Any disagreement between HIW and the HCPC will normally be resolved at working level. If this is not possible, it may be referred through those responsible for the management of this MoU, up to and including the Chief Executive of HIW and the Chief Executive and Registrar of the HCPC who will then jointly be responsible for ensuring a mutually satisfactory resolution.

Duration and review of this MoU

18. This MoU commences on the date of signatures below. It is not time-limited and will continue to have effect unless the principles described within need to be altered or cease to be relevant. The Annexes may be reviewed more regularly. The MoU may be reviewed urgently at any time at the request of either party, but changes will require agreement by both organisations.
19. Both organisations have identified a Lead Officer in [Appendix 1](#) who will be responsible for the management of this MoU. The Lead Officers will liaise as required to ensure this MoU is kept up to date and to identify any emerging issues in the working relationship between the two organisations.

Signatures



Dr Kate Chamberlain
Chief Executive
Healthcare Inspectorate Wales

Date:



Marc Seale
Chief Executive and Registrar
Health and Care Professions
Council

Date:

Annex A: Responsibilities and functions

1. Healthcare Inspectorate Wales (HIW) and the Health and Care Professions Council (HCPC) acknowledge the responsibilities and functions of each other and will take account of these when working together.

Healthcare Inspectorate Wales

2. Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales.
3. HIW carries out its functions on behalf of Welsh Ministers and, although part of the Welsh Government, protocols have been established to safeguard its operational autonomy. HIW's main functions and responsibilities are drawn from the following legislation:
 - Health and Social Care (Community Health and Standards) Act 2003;
 - Care Standards Act 2000 and associated regulations;
 - Mental Health Act 1983 and the Mental Health Act 2007;
 - Statutory Supervision of Midwives as set out in Articles 42 and 43 of the Nursing and Midwifery Order 2001;
 - Ionising Radiation (Medical Exposure) Regulations 2000 and Amendment Regulations 2006; and
 - the Independent Health Care (Wales) Regulations 2011.
4. HIW's work is structured to support the delivery of activities across three key areas:
 - Regulation of independent healthcare;
 - Inspecting the NHS; and
 - Mental health.
5. The collective combination of these activities supports HIW's three priorities to:
 - Provide an independent view on the quality of care;
 - Encourage improvement through reporting and sharing of good practice; and
 - Use what we find to influence policy, standards, and practice.
6. HIW's core role is to review and inspect NHS and independent healthcare organisations in Wales to provide independent assurance for patients, the public, and others that services are safe and of good quality. Services are reviewed against a range of published standards, policies, guidance and regulations. As part of this work, HIW will seek to identify and support improvements in services and the actions required to achieve this. If necessary, HIW will undertake special reviews and investigations where there appears to be systematic failures in delivering healthcare services to ensure that rapid improvement and learning takes place.

The Health and Care Professions Council

7. The Health and Care Professions Council (HCPC) is the regulator of 16 professions:

Arts therapists	Orthoptists
Biomedical scientists	Paramedics
Chiropodists / podiatrists	Physiotherapists
Clinical scientists	Prosthetists / Orthotists
Dietitians	Radiographers
Hearing aid dispensers	Practitioner psychologists
Occupational therapists	Social Workers (in England)
Operating department practitioners	Speech & language therapists

8. The responsibilities and functions of the HCPC are set out in the Health and Social Work Professions Order 2001 (the Order). The Order protects one or more designated titles for each of the relevant professions and anyone using one of those titles must be registered with the HCPC. Misuse of a title is a criminal offence.
9. Under the Order the principal functions of the HCPC are to establish standards of education, training, conduct and performance for members of the relevant professions and to ensure the maintenance of those standards. It does this by:
- setting standards, including Standards of Proficiency, Standards of Conduct, Performance and Ethics and Standards of Education and training;
 - approving education programmes and qualifications which meets its standards;
 - maintaining a register of appropriately qualified professionals; and
 - investigating and adjudicating complaints about their fitness to practise.
10. The main objective of the HCPC in exercising its functions shall be to safeguard the health and well-being of persons using or needing services of registrants.
11. The HCPC also has a duty to co-operate, with, inter alia, bodies concerned with the regulation, or the co-ordination of the regulation, of other health and social care professionals, the regulation of health services, and the provision, supervision or management of health or education service.

Annex B: Joint Operating Protocol

This protocol sets out the details of how HIW and the HCPC work together to operationalise the Memorandum of Understanding (MoU) in the following areas:

1. Key communication routes between HIW and the HCPC;
2. When and how information is shared; and
3. Media and publications.

This protocol is designed to work alongside, and not separately from, existing processes in each organisation and, where relevant, reflects these for the benefit of staff and management.

The persons in each organisation responsible for the MoU will oversee the application of the protocol. The protocol is not time limited and will continue to have effect unless any section needs to be altered or ceases to be relevant.

1. Key communication routes between HIW and HCPC

HIW and the HCPC have different structures. To make sure that there is always a clear point of contact and to record information sharing between the two organisations effectively, each organisation should use the following email address:

- The HCPC approaching HIW (Corporate Intelligence and Development Team): HIW.CID@gov.wales
- HIW approaching the HCPC (Assurance and Development Team): ad@hcpc-uk.org.

The email addresses should be used both to request information and to refer concerns. The email addresses are also an important component of how the exchange of information will be monitored and how the outcomes and effectiveness of the relationship will be evaluated. If a direct relationship already exists between HIW and the HCPC in relation to a matter, staff can email contacts directly, but should also copy in the relevant email address.

Key contacts within each organisation are attached at [Appendix 1](#).

2. When and how information is shared

HIW and the HCPC will share information with each other through planned activities and when there is a need to respond to emerging, urgent concerns, as outlined below.

2.1. Emerging or urgent concerns

Emerging or urgent concerns that may present a danger to the safety of people using healthcare services and where those concerns are considered to be relevant to the other organisations' regulatory functions need to be shared promptly.

Information for HIW and HCPC staff on when and how to make a referral to the other organisation is detailed here.

Information for HIW staff on making referrals to the HCPC

The HCPC regulates the following health and social care professionals:

Arts therapists	Orthoptists
Biomedical scientists	Paramedics
Chiropodists / podiatrists	Physiotherapists
Clinical scientists	Prosthetists / Orthotists
Dietitians	Radiographers
Hearing aid dispensers	Practitioner psychologists
Occupational therapists	Social Workers (in England)
Operating department practitioners	Speech & language therapists

All of these professions have at least one professional title that is protected by law, including those shown above. This means that anyone using the titles must be registered with the HCPC. An individual's registration status can be checked by searching the Register on the HCPC's website: [HCPC - Health and Care Professions Council - The Register](#).

What concerns are appropriate?

Unregistered individuals – referring a concern to the HCPC is appropriate when you suspect that an individual is using a protected title (or implying that they are a member of one of the professions) however they are not registered with the HCPC. Further guidance on protection of title can be found on the HCPC's website: [HCPC - Health and Care Professions Council - Protection of title](#).

Registered individuals (registrants) - referring a concern to the HCPC is appropriate when the conduct, performance or health of a registrant raises potential issues about their fitness to practise. A registrant is 'fit to practise' when they have the skills, knowledge and character to practise their profession safely and effectively. Further guidance about raising a concern about a registrant can be found on the HCPC's website: [HCPC - Health and Care Professions Council - Complaints](#).

Suitability of learning environments – referring a concern to the HCPC is appropriate when the quality of a healthcare organisation calls into question its suitability as a learning environment for students for any of the professions regulated by the HCPC. An environment is suitable for use by an approved programme when it meets the requirements of our standards of education and training. Further guidance about raising a concern about a learning environment can be found on the HCPC's website: [HCPC - Raising a concern about an approved programme](#).

Consider the reasons for referring your concerns and discuss them with your manager or Head of Branch first. It is important to establish whether:

- local action has been taken;

- the employing organisation or agency has already investigated the concern or is in the process of doing so; and
- the employing organisation or agency has already made a referral to the HCPC.

Local action or an existing referral should not preclude HIW referral to the HCPC. HCPC processes often take place alongside any local action. Where a referral has already taken place, additional information can usefully support any investigation.

You can also ask for advice from the MoU Lead Officer (see [Appendix 1](#)).

Once you have decided to refer a concern to the HCPC you should complete an HCPC [‘reporting a fitness to practise concern’](#) form and forward it to the MoU Lead Officer (see [Appendix 1](#)).

The HCPC should provide feedback by informing the MoU Lead Officer whether any activity will be undertaken. If the HCPC undertakes activity, The HCPC will provide the MoU Lead Officer with update/s on the activity and the final outcome.

Information for HCPC staff on making referrals to HIW

HIW’s organisational purpose is to check that people in Wales are receiving good care; this is achieved through the regulation and inspection of NHS services and independent healthcare organisations in Wales against a range of standards, policies, guidance and regulations to highlight areas requiring improvement.

System concerns about patient safety, quality of care or education and training practices may emerge during a fitness to practise investigation or education inspections on registrants or healthcare organisations in Wales.

If you are not sure whether to refer a system concern to the Operations Team for consideration for referral to HIW, you should speak to your manager.

Step	Activity
1	A HCPC function (for example, case management or a Panel) identifies an issue that may require referral to HIW. The issue is forwarded to the Operations Team via the Assurance and Development inbox: ad@hcpc-uk.org .
2	An Assurance and Development Officer reviews the information as soon as possible and makes a recommendation to an Assurance and Development Manager as to whether a referral is required.
3	If the Assurance and Development Manager decides a referral should be made, an Assurance and Development Officer should make a referral via email to the MoU Lead Officer (see Appendix 1).
4	HIW should provide feedback by informing the MoU Lead Officer whether any activity will be undertaken. If HIW undertakes activity, HIW will provide the MoU Lead Officer with update/s on the activity

and the final outcome.

All documents in relation to the HCPC's decision making on referrals to HIW are added to the case on the relevant system. Any feedback or updates received from HIW to HCPC on a particular referral should also be added to the case on the system.

The HCPC keeps a separate audit trail of the referrals it makes to HIW and the outcome of those referrals. It can therefore report on the referrals it makes. The reports will be discussed as appropriate at appropriate forums at the HCPC.

2.2 Sharing of fitness to practise information

The HCPC is committed to sharing the information it publishes about the fitness to practise of individual registrants with HIW. Information about a registrant's health is always kept confidential.

The HCPC publishes information on its external website about upcoming hearings including details of concerns (<https://www.hcpts-uk.org/hearings/upcoming>) and issues a media schedule of fitness to practise hearings (<https://www.hcpts-uk.org/hearings/mediareleases>).

In addition, the HCPC publishes information about the sanctions it has imposed when its registrants are not fit to practise (<https://www.hcpts-uk.org/hearings/recentdecisions>).

The HCPC agrees to share more detailed information where this is requested by HIW. Requests for information should be sent to the MoU Lead Officer at the HCPC.

HIW routinely publishes reports of its findings arising from inspection visits. HIW agrees to share more detailed information supporting those findings where this is requested by the HCPC. Requests for information should be sent to the MoU Lead Officer at HIW.

2.3 HIW Healthcare Summits

Twice a year, HIW run healthcare summits to enable audit, inspection, regulation and improvement bodies to share intelligence on the quality and safety of healthcare services provided by NHS Wales.

Before each summit, HIW will contact HCPC to see if they hold any relevant intelligence on NHS organisations in Wales. If so, the HCPC will provide the information prior to the meeting where possible.

2.4 Evidence to parliamentary committees: central government

HIW and HCPC will, when appropriate (and subject to the standard rules on parliamentary hearings and engagements), share with each other details of

evidence provided to any parliamentary committees in relation to the operation of the regulatory regime or the exercise of their functions.

2.5 Joint working

HIW and the HCPC may, by agreement, undertake joint regulatory or strategic work, relevant to each body's statutory powers. If and when HIW and the HCPC decide to undertake joint work, a joint working statement will be developed setting out the specific detail and arrangements for that work. Throughout such work HIW and the HCPC will retain and exercise their own statutory powers. This work could include:

- joint reviews of information about a healthcare organisation;
- site visits to a healthcare organisation;
- the co-production of documents and reports and the coordination of any follow up action planning to address any recommendations;
- the joint production of research and analysis reports;
- joint public responses to external policy developments; and
- joint guidance or position statements.

3 Media and publications

HIW and the HCPC will seek to give each other adequate warning of and sufficient information about any planned announcements to the public that the other may need to know of.

Each organisation will involve the other as early as possible in the development of planned announcements, including the sharing of draft proposals and publications, which may affect both regulators.

HIW and the HCPC respect confidentiality of any documents shared in advance of publication and will not act in any way that would cause the content of those documents to be made public ahead of the planned publication date.

Appendix 1: Contact details

Organisational details:

Healthcare Inspectorate Wales Rhydycar Business Park Merthyr Tydfil CF48 1UZ Telephone: 0300 062 8163	Health and Care Professions Council Park House 184 Kennington Park Road London SE11 4BU Telephone: 0845 300 6184
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There will be specific points of contact between HIW and the HCPC as follows:

MoU Lead Officers

HIW	HCPC
Huw Jones Corporate Intelligence Analyst Email: huw.jones@wales.gsi.gov.uk Tel: 0300 0255 996	Eva Hales Assurance and Development Manager Email: eva.hales@hcpc-uk.org Tel: 0207 840 9742

Media:

HIW	HCPC
Natalie Jones Communications and Engagement Manager Email: HIWcomms@wales.gsi.gov.uk Tel: 0300 062 8382	Grant Imlach Media and PR Manager Email: grant.imlach@hcpc-uk.org Tel: 0207 840 9784

Reconciliation of Disagreements (internal escalating policies should be followed before referral to Chief Executives):

HIW	HCPC
Dr Kate Chamberlain Chief Executive Email: kate.chamberlain@wales.gsi.gov.uk	Marc Seale Chief Executive Email: marc.seale@hpc-uk.org

