Ag Rialáil Gairmithe Sláinte agus Cúraim Shóisialaigh

Regulating Health + Social Care Professionals

Protecting the Public

Fitness to Practise Trends Report

Contents

About CORU

CORU is Ireland's health and social care regulator. We protect the public by making sure health and social care professionals provide safe and professional care.

We protect the public by registering professionals, setting standards for how they practise and are educated and taking action where those standards are not met through a fair and transparent Fitness to Practise process.

About Fitness to Practise

Fitness to Practise is the process CORU uses when concerns are raised about a registered professional. It allows us to assess complaints and decide if action is needed to protect the public.

In serious cases, there may be a formal hearing. If concerns are upheld, CORU can place conditions on registration, suspend a professional or remove them from the register.

The purpose of Fitness to Practise is to protect the public and maintain confidence in the professions we regulate. Information on the stages of the process is outlined in Appendix 2, and on our website About Fitness to Practise - Coru.

Our Professions

CORU currently has registers established for 12 professions including:

- Dietitians
- Dispensing Opticians
- Medical Scientists
- Occupational Therapists
- Optometrists
- Physiotherapists/Physical Therapists
- Podiatrists/Chiropodists
- Radiographers
- Radiation Therapists
- Social Workers
- Social Care Workers
- Speech and Language Therapists/ Speech Therapists

The professions still to be regulated are:

- Psychologists
- Counsellors
- Psychotherapists
- Clinical Biochemists
- Orthoptists

Our Mission

To protect the public by promoting high standards of professional conduct, education, training and competence among registrants of the designated professions.

Our Values

CORU seeks to reflect a set of values that underpin and support the way it works and interacts with all its stakeholders. Our values are central to the fulfilment of our mission and vision.

Accountability for our processes, decisions and our professional conduct.

Respect and Fairness in our interactions with the public, professionals, and other stakeholders.

Openness and Transparency in our communications and dealings with the public and the professionals.

High Performance Levels as an organisation in terms of overall effectiveness, value for money, efficiency of operations and governance.

Pride and Commitment in delivering appropriate outcomes relating to safety and standards for the public and professionals concerned.

Enrichment of our sector by demonstrating leadership, positivity and a quality and evidence-based orientation to our work and engagement with stakeholders.

CEO Foreword

CORU exists to protect the public. We do this by promoting high standards of professional conduct, education, training and competence through statutory registration, and by setting clear and robust standards for entry to regulated health and social care professions.

All registrants are required to practise in accordance with those standards and their profession's Code of Conduct and Ethics.

CORU now has almost 40,000 registrants across the 12 professions we regulate. Every day, communities across Ireland benefit from the care, expertise and professionalism these health and social care professionals provide. Their work supports individuals, families and services in every part of the country, often at moments of significant need.

With regulation comes responsibility. While the vast majority of registrants uphold the high standards required of them, CORU also has a vital role taking action when concerns are raised. Fitness to Practise is the mechanism through which we consider complaints about registrants and where necessary, take proportionate action to protect the public and maintain confidence regulated professions.

The professionalism of registrants and the effectiveness of regulation are reflected in the relatively low number of complaints received when considered in the context of the overall size of our registers (less than 1% of total registrants per year). This represents an important and positive indicator of the high standards of practice consistently demonstrated across the professions we regulate.

This independent review examined the 151 Fitness to Practise cases concluded between 2022 and 2024. In line with CORU's commitment to evidence informed regulation, this analysis provides an opportunity for reflection and learning. It helps us to identify the issues that most commonly give rise to complaints and in some cases, formal proceedings. Themes such as professional behaviour, communication, safeguarding and record keeping feature most often. These are core elements of safe and effective practice.

The purpose of publishing this report is to support learning and transparency. Understanding why complaints occur, even where they are relatively infrequent, is in the interest of regulators, registrants, educators, employers and above all patients and service users to understand where risks most commonly arise. Identifying areas of risk and addressing them early supports safer practice and reduces the likelihood of recurrence. Prevention is always better than intervention, particularly when it comes to protecting those who rely on health and social care services.

Public protection remains at the heart of CORU's work. By sharing insights from our

Fitness to Practise data, we aim to strengthen professional standards, support continuous improvement across professions, and enhance public confidence in regulation, consistent with our role as Ireland's multi profession health and social care regulator.

I would like to acknowledge and thank all registrants who continue to uphold the high standards and who engage constructively with regulation in the interests of the people they serve.

Claire O'Cleary

Claire O'Cleary
Chief Executive Officer and Registrar

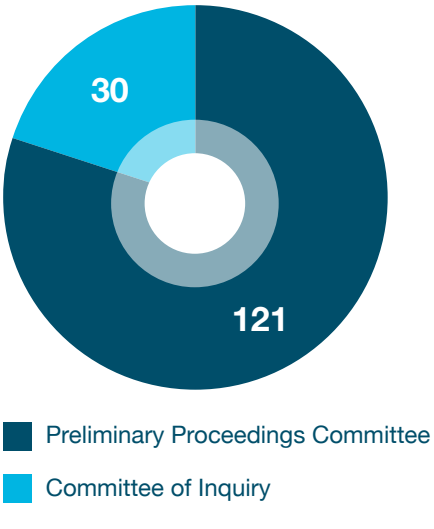
Key Findings

Total Complaints concluded by year

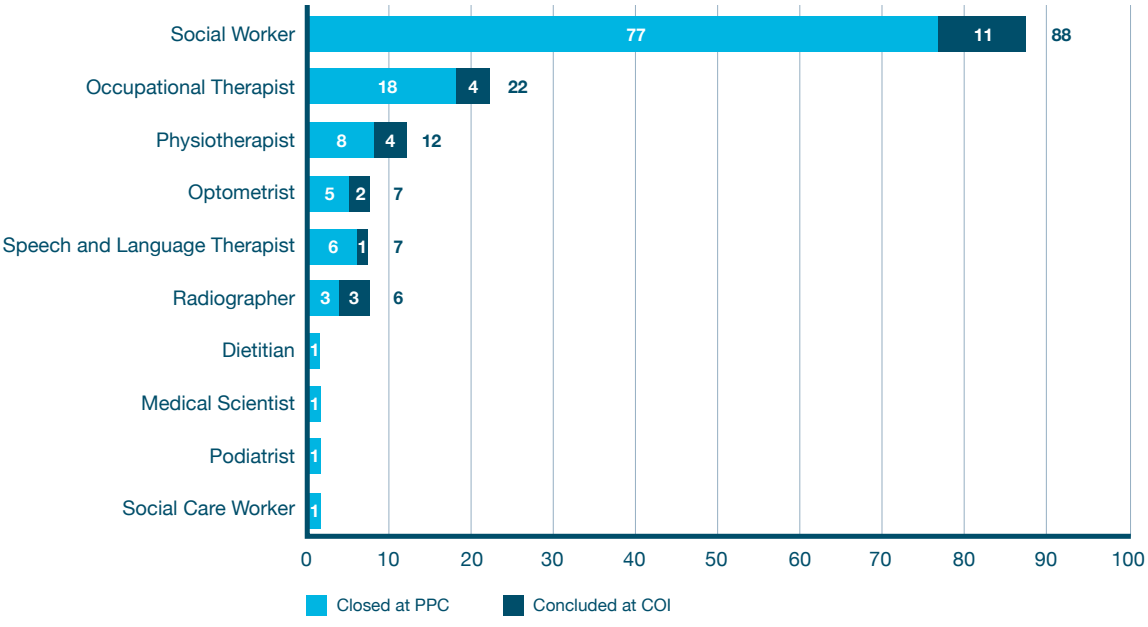
Year	2022	2023	2024
Complaints Concluded	39	52	60
Expressed as a % of Total number of Registrants	0.16%	0.19%	0.20%

- A total of 151 Fitness to Practise cases were concluded between 2022 and 2024.
- Social Workers accounted for 88 cases during the period.
- Occupational Therapists accounted for 22 cases and Physiotherapists for 17 cases.
- All other professions had fewer than 10 concluded cases during the period.
- Social Workers accounted for a higher number of cases, reflecting their size as one of the largest professions and international evidence that the complex, high-risk nature of social work leads to higher complaint levels, not poorer standards of practice.
- The preliminary proceedings committee reviews complaints about registrants and determines whether the complaint goes onto an Inquiry, 121 cases concluded at this stage. A Committee of Inquiry conducts formal hearings to consider complaints and determine whether allegations are proven, 30 cases concluded at this stage.

How Fitness to Practise Cases Concluded



Cases by professions



What Complaints Were About

Of the 151 concluded cases, several recurring themes were identified. A small number of themes accounted for a significant proportion of complaints overall.

Key Learnings

Communication failures are the single most consistent driver of complaints

Poor, unclear or insensitive communication was one of the most prevalent themes across all cases (39%) and the most common theme at Committee of Inquiry (COI) stage (37%), where concerns have been formally tested and proven.

Examples include:

- Failing to explain decisions clearly, especially when outcomes are unwelcome.
- Not responding to service users in a timely way (e.g. delays, unanswered calls/emails).
- Communication that is perceived as dismissive, aggressive or lacking empathy.

Professional behaviour and honesty underpin public trust and safety

Concerns about personal and professional behaviour, including dishonesty, were the most prevalent theme overall (49%) and remained prominent at COI stage (30%). These cases often involved behaviour not captured by technical competence alone.

Examples included:

- Lack of candour in records or formal settings.
- Inappropriate conduct towards service users or colleagues.
- Behaviour under stress that compromised professionalism.

Boundaries breaches cause the greatest harm and strongest sanctions

While professional boundaries featured in only 7% of all cases, they accounted for 23% of COI cases, and the most severe sanctions (suspension or cancellation) were primarily linked to boundary violations.

Examples included:

- Sexualised or inappropriate behaviour.
- Exploiting power imbalances with vulnerable service users.
- Repeated boundary-crossing despite employer interventions.

Record keeping is a critical patient safety and regulatory issue

Record keeping appeared in just 12% of all cases, but in 30% of COI cases, indicating that poor records are more likely to lead to regulatory intervention when substantiated.

Examples included:

- Missing, delayed or incomplete records.
- Insecure storage of sensitive information.
- Records that did not reflect professional decision-making.

Many complaints arise from unmet expectations rather than unsafe practice

The report shows that 80% of cases were closed at Preliminary Proceedings Committee stage with no further action, often because the complaint reflected dissatisfaction with outcomes rather than registrant misconduct.

Examples include:

- Social work cases involving court-related decisions.
- Disputes about service availability, resources or waiting times.
- Complaints seeking outcomes the regulator cannot provide (e.g. apologies or reassignment).

Identifying these patterns supports learning and evidence informed improvement. The themes highlight areas where continued attention by registrants, educators and employers can help enhance practice, uphold professional standards and help prevent issues from arising.

Themes Identified Across All Cases (2022–2024)

Theme	% of all cases
Personal and professional conduct including dishonesty	49%
Communication	39%
Care, treatment and professional services	29%
Safeguarding	26%
Record keeping	12%
Confidentiality	10%
Professional boundaries	7%
Professional knowledge / skills	6%
Content of formal report	6%
Discrimination	4%
Failure to declare information about conduct or competence	3%
Consent	3%
Fees and payment	2%
Health impairment	2%
Scope of practice	2%
Managerial supervision / oversight	1%
Conviction/caution	1%
Conflict of interest	1%
Continuing professional development	1%
Open disclosure / reporting concerns	1%
Working effectively with other professionals	1%

Of the 30 cases that progressed to a Committee of Inquiry, the profile of issues narrowed. Communication, personal and professional behaviour including dishonesty and record keeping were among the most prevalent concerns at this stage. Professional boundaries and professional knowledge or skills also featured more prominently in cases that reached inquiry.

This narrowing reflects the higher threshold required for matters to proceed to a formal hearing and the seriousness of the issues considered at Committee of Inquiry stage.

Themes Identified in COI Cases (2022–2024)

Issue	% of COI cases*
Communication	37%
Personal and professional behaviour including dishonesty	30%
Record keeping	30%
Professional boundaries	23%
Professional knowledge / skills	23%

* Cases may involve more than one type of allegation.

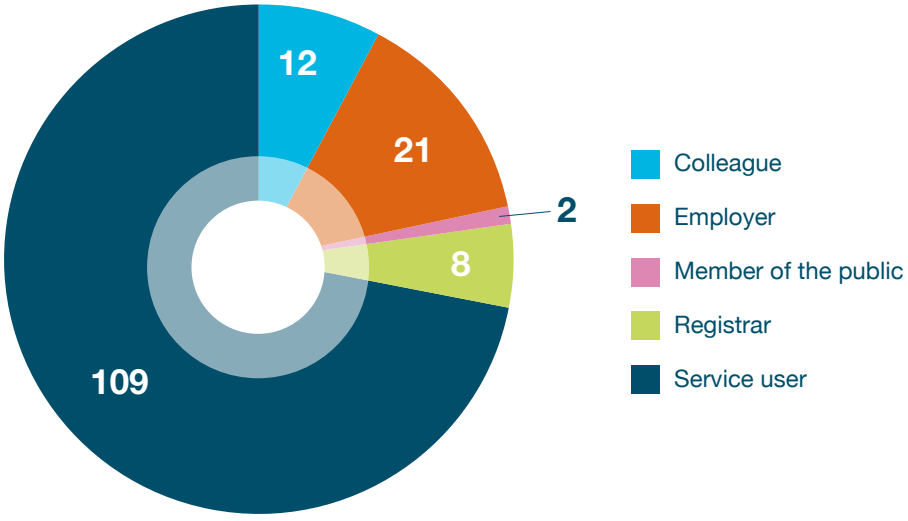
Who Raises Concerns with CORU

Fitness to Practise complaints come from a range of sources. These include service users, employers, colleagues, members of the public and, in some cases, the Registrar (CEO of CORU).

Understanding who raises concerns helps provide insight into how issues come to light and the different routes through which complaints enter the Fitness to Practise process.

The chart below shows the source of all complaints concluded between 2022 and 2024.

Source of Fitness to Practice Complaints 2022-2024

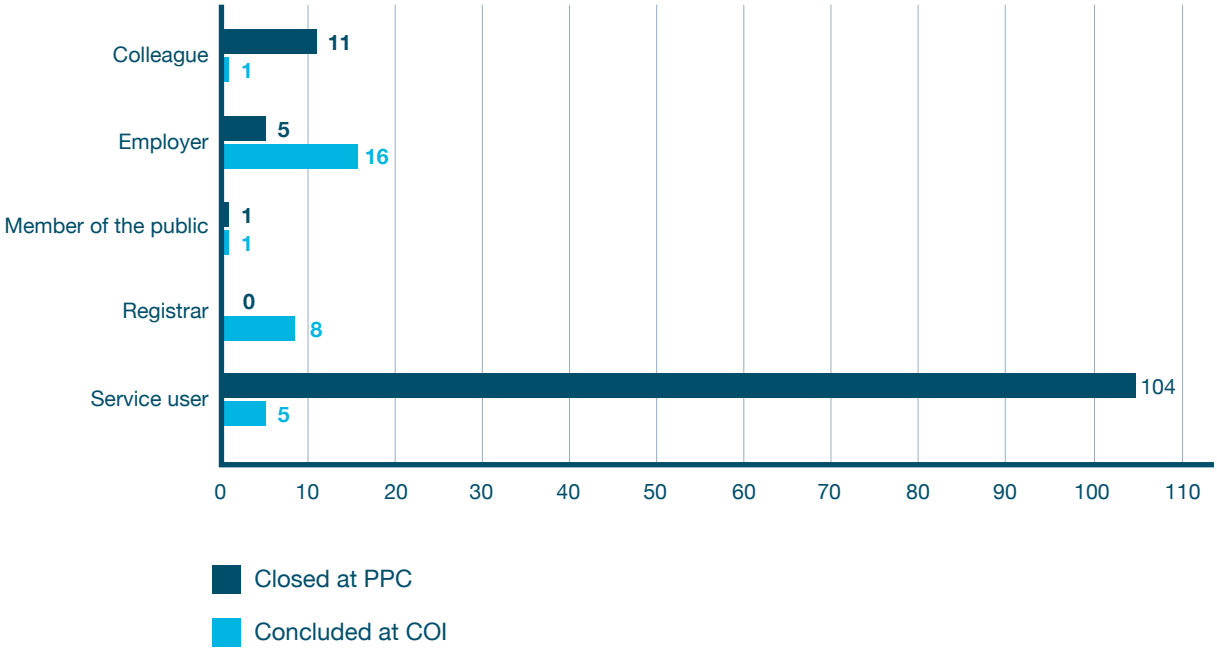


The analysis shows that complaints progress differently depending on who raises them. While service users make a large proportion of complaints overall, employer referrals are more likely to proceed to a formal hearing before a Committee of Inquiry.

This reflects the different contexts in which concerns arise. Employer referrals often follow workplace processes and formal documentation, whereas service user complaints may relate to communication or dissatisfaction that does not always meet the threshold for inquiry.

This does not make one source more valid than another. It highlights the importance of proportionate assessment at each stage of the Fitness to Practise process.

Fitness to practise process



How Complaints Proceed

Of the 151 concluded cases, 121 were closed at Preliminary Proceedings Committee stage and 30 progressed to a Committee of Inquiry.

Most cases closed at PPC stage did not meet the statutory threshold for further action. The main reasons for closure included insufficient evidence to support the concerns raised, matters outside CORU's remit and situations where there was no impairment of fitness to practise. Importantly, the closure of a complaint does not negate its value. Every complaint represents an opportunity for learning and reflection, informing professional standards, highlighting areas for clarification or guidance, and contributing to continuous improvement in regulatory processes and practice, even where no further regulatory action is warranted.

Of the 30 cases that proceeded to inquiry, the most common allegations related to professional misconduct, which is a serious breach of professional standards or behaviour; poor professional performance, where the standard of practice fell below what would be expected of a Registrant; and relevant medical disability, where a health condition may affect a registrant's ability to practise safely.

Together, the charts below show how CORU applies a clear and consistent threshold in deciding which complaints proceed.

Reason Cases Were Closed at Preliminary Stage

Reason for closure	Number	%
No further action warranted	111	92%
Not within jurisdiction	2	2%
Vexatious	2	2%
Voluntary removal (requested before complaint was made)	1	1%
Withdrawn by complainant	5	4%

Reason Cases Proceeded to Committee of Inquiry

Type of allegation	Number	%
Poor professional performance	23	77%
Professional misconduct	27	90%
Relevant medical disability	4	13%

** Cases may involve more than one type of allegation.*

Of the 30 cases that proceeded to a Committee of Inquiry between 2022 and 2024, the most common outcome was undertakings, applied in 13 cases. Undertakings are agreed commitments by the registrant to address identified concerns.

Formal sanctions were also imposed where appropriate. Censure, a formal expression of disapproval, was applied in 7 cases. Conditions, which place restrictions or requirements on how a registrant can practise, were imposed in 4 cases.

Suspension, which temporarily removes a registrant from the register and cancellation, which removes them permanently, were each imposed in 4 cases.

In 2 cases the allegations were unsubstantiated, meaning they were not proven and in 1 case the registrant voluntarily removed themselves from the register. Some cases involved more than one outcome.

Outcomes of Committees of Inquiry	Explanation	Number	% of COI cases
Undertakings	Agreed commitments by the registrant to address concerns	13	43%
Censure	Formal expression of disapproval	7	23%
Conditions	Restrictions or requirements placed on registration	4	13%
Suspension	Temporary removal from the register	4	13%
Cancellation	Removal from the register	4	13%
Admonishment	Formal warning about conduct	3	10%
Unsubstantiated	Allegations were not proven	2	7%
Voluntary removal	Registrant removed themselves from the register	1	3%

Case Studies

FTP stage:	Committee of Inquiry
Profession:	Physiotherapist
Outcome:	Undertakings and admonishment
Themes:	Record keeping, Confidentiality, Communication

A physiotherapy practice owner complained to CORU that a physiotherapist who had worked in their clinic had kept poor or no records of patient consultations and had behaved unprofessionally in email communication.

The physiotherapist saw patients at the complainant's clinic for approximately a week and a half period. During this time, the complainant had concerns about the standard of their record keeping. Having raised these with the physiotherapist, their relationship had broken down and the physiotherapist had left the clinic.

At the time the physiotherapist left the clinic, some patient records had not been completed. The physiotherapist's response to the complaint indicated that at the time they left the clinic they had retained some notes about patients.

The case was referred for consideration before a Committee of Inquiry. The Committee agreed to resolve the case by way of undertakings and admonishment prior to a notice of inquiry being issued. The physiotherapist undertook to ensure that notes of client sessions are taken, to keep records securely to ensure confidentiality and to engage with colleagues in a courteous and respectful way.

In reaching its decision, the Committee noted that the concerns about the physiotherapist's record keeping had occurred over a very short period of time and in relation to a very small number of patient records.

FTP stage:	Committee of Inquiry
Profession:	Social worker
Outcome:	Undertakings
Themes:	Confidentiality, Content of formal report

A social worker was practising in the independent sector and prepared a home assessment report on behalf of their service user.

The service user's ex-spouse complained to CORU that the social worker had breached confidentiality by including personal, sensitive and confidential information about them in their report without justification or permission.

A Committee of Inquiry requested the social worker enter into undertakings to conclude the case. They included undertaking not to repeat the conduct and undertaking to complete course(s) in report writing, ethics and data protection.

In reaching its decision to agree undertakings, the Committee took into account the social worker's early admissions of the allegations, demonstration of insight and positive references and testimonials.

FTP stage:	Committee of Inquiry
Profession:	Social worker
Outcome:	Cancellation of registration
Themes:	Professional boundaries, Communication

A Committee of Inquiry considered allegations that a social worker had breached professional boundaries by entering into an inappropriate relationship with a service user.

Patient A was a hospital in-patient and a service user of the social worker. Shortly following their discharge, the social worker visited Patient A at home, communicated with the service user by text message and telephone, went on dates, kissed the service user and gave the service user money. Their relationship lasted for approximately six months.

The social worker admitted each of the allegations and that they amounted to professional misconduct and poor professional performance. The Committee concluded that the social worker's conduct was serious in nature and that they had taken advantage of the significant power imbalance between them and a patient described as highly vulnerable. The Committee noted that the relationship had taken place in relative secrecy and their interaction had not been recorded in the patient's notes.

The Committee considered that the social worker's early admissions had demonstrated some limited insight. However, they concluded that their conduct was persistent and involved deliberate and reckless acts of an abusive nature. The departures from ethical standards were serious and extensive. The Committee concluded that the only appropriate and necessary sanction was cancellation of registration.

Following an appeal by the social worker to the High Court, the sanction was modified to one of suspension, which would be lifted following successful completion of prescribed courses in safeguarding and social work. Conditions were also imposed related to the assessment and management of a health condition and supervision of practice.

Appendix 1

Methodology

This report is based on an independent review of Fitness to Practise cases concluded between 2022 and 2024. The review was commissioned by CORU and completed by and independent consultant.

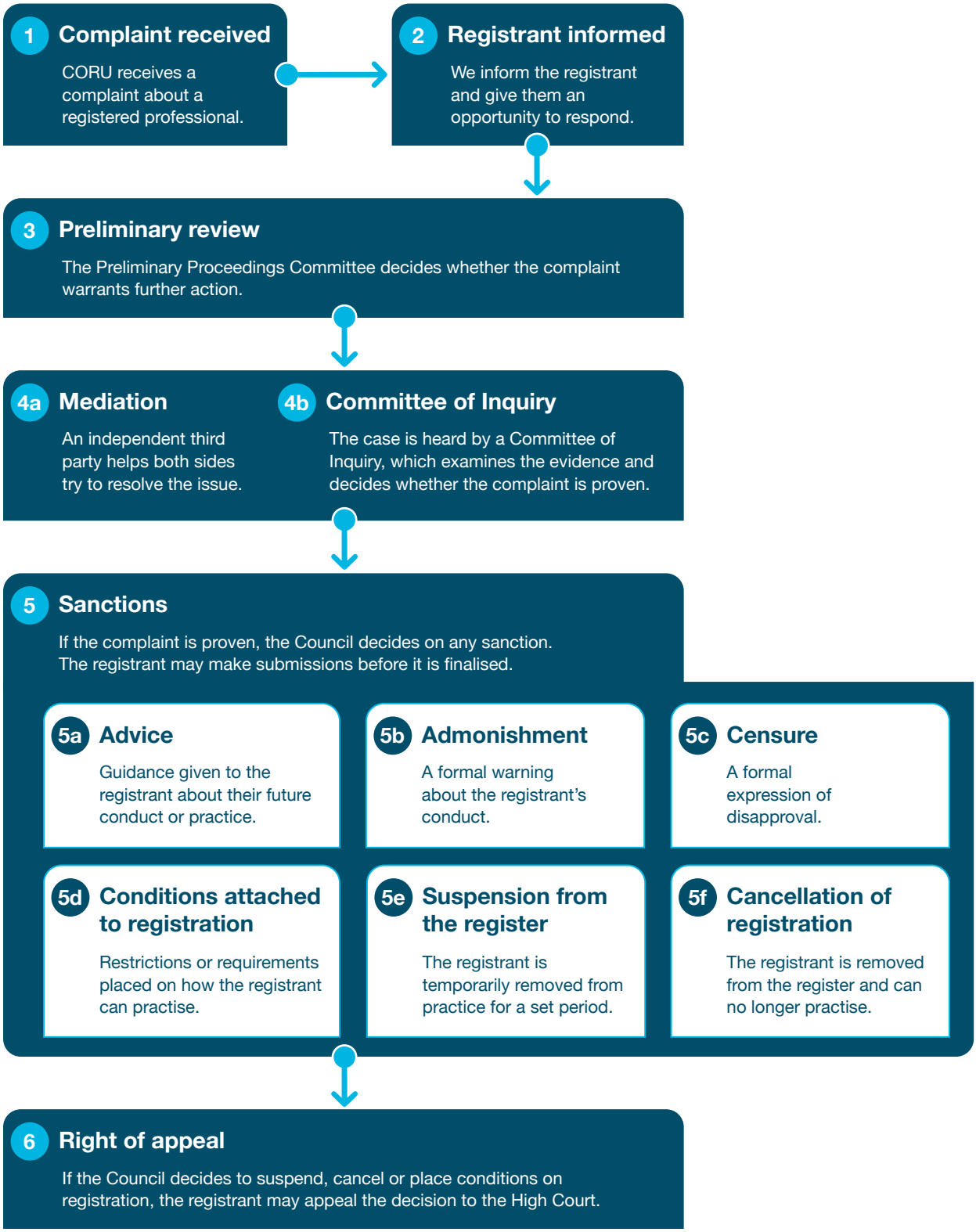
The analysis examined 151 cases in total, including 121 cases closed at Preliminary Proceedings Committee stage and 30 cases concluded at Committee of Inquiry stage.

Cases were included based on the date they were concluded to avoid double counting.

Both quantitative data and qualitative themes were analysed to identify trends, common sources of complaints and recurring issues. The aim was to provide clear insight into patterns in Fitness to Practise cases and inform future learning and public protection.

Appendix 2

The Fitness to Practise Process



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