

Education and Training Committee, 6 November 2019

Policy and Standards research update

Executive summary

Introduction

The Policy and Standards team is the department responsible for commissioning research, and taking forward the findings from this to drive changes in our standards, guidance and processes.

This paper provides an update on our research work to date, focusing in particular on our 'active' research on supervision, closed fitness to practise cases and registrant's health and wellbeing. It also includes a research brief, which outlines our proposals for research on professionalism, patient safety and prevention in 2020.

As a number of these research pieces are ongoing, we will be able to provide further updates verbally at ETC. We will continue to update this paper in advance of Council, so it reflects the most up to date status of active research projects.

Decision

ETC is invited to discuss and review the content of the papers and approve Appendix B for December Council.

Resource implications

Resource implications for this work are factored into departmental work plans.

Financial implications

Financial implications for this work are factored into departmental work plans.

Appendices

Appendix A: Policy and Standards team research update

Appendix B: Professionalism, patient safety and prevention research brief

Date of paper

25 October 2019

Introduction

As an organisation, we have committed to 'make better use of data, intelligence and research evidence to drive engagement and inform our work in preventing problems arising in professionals' practise' (Strategic priority 4).

The Policy and Standards team is the department responsible for commissioning research, and taking forward the findings from this to drive changes in our standards, guidance and processes.

At present, the team has several research projects underway. This paper summarises this work, providing a detailed update on our research outputs, and indicates next steps for the organisation.

As a number of these research pieces are ongoing, we will be able to provide further updates verbally at SMT. We will continue to update this paper in advance of Council, so it reflects the most up to date status of active research projects.

Active research

The team currently has two active externally commissioned research projects:

1. a literature review on supervision; and
2. a research project focusing on the health and wellbeing of registrants.

We also have one in-house research project underway focusing on FTP cases which are not well founded or close with no further action.

Supervision literature review

We have commissioned a team of four researchers from Newcastle University to conduct a rapid evidence assessment to understand the characteristics of effective clinical and peer supervision in the workplace. This research used inclusion and exclusion criteria to systematically identify, appraise and synthesise evidence from previous studies in this area. The research team screened 13,239 titles to identify 809 papers for full review. Following review, the team analysed 135 papers using a thematic synthesis to identify common themes across the literature.

We received a draft final report on the 15th October 2019. Amongst other themes, the literature highlighted a number of ways in which supervision can be used to reduce or prevent problems in the workplace. These included job satisfaction and staff retention; reduced stress and anxiety; increased quality of care delivery and

better working environments. The report also identified several barriers to effective clinical/peer supervision (such as lack of time and busy workloads; resources; unsupportive management; lack of supervisor training and support; lack of relationship and trust and other barriers) and summarised the available literature on how to implement effective supervision which addresses supervisee's needs.

We are currently discussing a small amount of small changes to the final report, but we anticipate being able to share the final report at December Council.

Supporting registrants' health and wellbeing

We have commissioned the University of Surrey to undertake some research on supporting HCPC registrants and understanding the pressures they face. There are two key elements to this research:

1. Developing a film on how registrants can process and support each other with the challenges of their work through Schwartz Center Rounds, by re-editing the University of Surrey's existing resources on this for HCPC registrants.
2. Qualitative research with HCPC registrants to better understand the experience and challenges for registrants of going through an HCPC FTP hearing and exploring what the HCPC can do to make this less stressful and to better support registrants.

The first part of the research is underway, and will be complete in advance of December Council. Our intention is to share this film with Council at the meeting.

We anticipate completing the second part of the research by March 2020. We have provided the research team with an anonymised sample of registrants who have been involved in the fitness to practise process over the last 12 months. The research team have since been in contact with them and arranged 10 interviews. We are hoping to undertake 15 interviews in total, all completed before Christmas.

Once the interviews are completed, the University of Surrey will develop the findings into a film; using actors to read quotes from the interviews. We hope to be able to share this with Council at its March meeting. Further updates will be provided to SMT, ETC and Council as this research progresses.

Analysis of FTP cases closed with no further action or that were not well founded

As part of the 'People like us?' action plan we are conducting an in-house research piece to compare the characteristics of cases that were not well founded or which resulted in no further action at the final hearing stage between 1st March 2018 and 31st March 2019 with cases discontinued at the Investigating Committee Panel stage in the same period. It is hoped that this research will help us to identify any trends in these cases and improve our understanding of the reasons why a case may be discontinued. This may allow us to identify cases which may be likely to be

discontinued and to understand whether these cases should be discontinued at an earlier stage.

We have taken a sample of cases from each stage, currently totalling 48 cases, and are in the process of analysing and categorising a variety of factors including the facts of the case; the allegations; registrant engagement; legal representation; the reasons given for discontinuance; and the incidences of discontinued cases across each profession. So far we have identified emerging characteristics which include the accuracy of allegations; the quality of evidence gathered; the status of the registrant's employment; and the presence and quality of mitigation offered on behalf of the registrant.

We anticipate to publish our analysis of this research in early 2019. Further updates will be provided to ETC and Council as this research progresses.

Ongoing research outputs

Returning to practice

We published our jointly commissioned research with the Scottish Government on returning to practice earlier this year. This focused on the risks and supports of health professionals returning to practice.

In addition, we received funding from the Scottish Government to host an event following on from the findings of the research. This will take place on 29th October and will include presentations from Health Education England, NHS Education Scotland, registrants and the research team on how returning to practice schemes operate in practice. We will then use the afternoon session to discuss the HCPC's current approach, and get stakeholder feedback on how we might revise this in the future.

At the point of writing, the Returning to practice event has not yet taken place. This will however have taken place by the time of ETC meeting. We will provide verbal updates on this event and our planned next steps then, as well as update this paper accordingly for December Council.

Fitness to Practice case classification

During 2017-18, the Policy and Standards team developed a new case classification framework on allegations coming into FTP.

We published the first set of data resulting from this framework (3 months from February to April 2019) to September Council, and will continue to work with FTP to regularly gather this data.

There are a number of identified inconsistencies and errors in the framework and data which we are working to address with FTP. Once this is complete, we will be reflecting on a more complete sample of data from across a longer period of time (for

example 6 months – 1 year). We will then be using the findings of this research to inform future research, guidance, standards and process reviews.

We will continue to update SMT, ETC and Council on this work.

PSA research

In our work plan we also stated that we would ‘be managing the submissions towards the PSA’s 2019 programme of research’.

To date, we have taken four papers to Council summarising and responding to the PSA’s research. These are on:

- Duty of candour;
- Public confidence in fitness to practise;
- Consistency of fitness to practise decisions; and
- Sexual harassment.

Relevant actions from this research will be monitored through our public inquiries tracker, which we are taking a paper to Council on in December.

Professionalism, patient safety and prevention research

We propose commissioning a large-scale piece of research in 2020 to explore professionalism, patient safety and prevention to:

1. Build on previous professionalism research¹;
2. Support the NHS patient safety strategy and patient safety syllabus; and
3. Inform our future prevention work.

We attach a research brief, which outlines our proposals for this research to ETC. We are asking ETC to approve this, for Council later this year.

¹ <https://www.hcpc-uk.org/resources/reports/2015/preventing-small-problems-from-becoming-big-problems-in-health-and-care/> AND <https://www.hcpc-uk.org/globalassets/resources/reports/professionalism-in-healthcare-professionals.pdf>

Purpose and research aims

- 1.1. The intention of commissioning this research is to provide an evidence base for:
- a toolkit/resources to support understanding of professionalism;
 - developing the HCPC prevention work; and
 - informing any additional work that may be required in this regard to support patient safety.

Background to the research

- 1.2. The HCPC has commissioned a number of research projects over the last decade to explore professionalism, work pressures and disengagement. Our 'Professionalism in Healthcare Professionals'¹ report identified key themes in relation to professionalism and concluded that:

'...professionalism may be better regarded as a meta-skill of situational awareness and contextual judgement, allowing individuals to draw on a range of communication, technical and practical skills, and apply the appropriate skills for a given professional scenario.'

- 1.3. The skills which are consistently identified as examples of professionalism are:

- a. empathy and compassion;
- b. being polite, trustworthy and honest;
- c. good communication;
- d. putting patients first;
- e. treating people equally and without prejudice.
- f. competence and understanding limits; and
- g. reflection.

- 1.4. The Professionalism in Healthcare Professionals report highlighted the role of organisations in encouraging and facilitating professionalism through appropriate support.

- 1.5. The 'Preventing small problems from becoming big problems'² research followed on from this and explored the critical role that professionalism plays in delivering safe and effective care. The research considered the triggers for disengagement, and what interventions might prevent health and care professionals becoming disengaged. The research found that disengagement can have an impact on competence, and this can ultimately impact practice and patient safety. Several factors were identified as having an impact, including:

- a. Character, nature and professional values;
- b. Support available;

¹ <https://www.hcpc-uk.org/globalassets/resources/reports/professionalism-in-healthcare-professionals.pdf>

² <https://www.hcpc-uk.org/resources/reports/2015/preventing-small-problems-from-becoming-big-problems-in-health-and-care/>

- c. Supervision; and
 - d. Workload pressures.
- 1.6. The research concluded that 'Identifying triggers for disengagement early on was possible in the right circumstances', for example where:
- a. a culture of no blame was encouraged;
 - b. professional networks were strong; and
 - c. managers were offering support for staff.
- 1.7. We also know from the Medical professionalism matters report³ that professional isolation and poor communication can negatively impact professionalism, and that improved leadership and teamwork can help mitigate these challenges.

Scope of proposed research

- 1.8. We propose commissioning research to explore professionalism further, and consider what preventative steps can be taken to safeguard patient safety in the challenging context in which our registrants currently work.
- 1.9. Newcastle University have recently complete a rapid evidence review for the HCPC on the characteristics of effective clinical and peer supervision in the workplace, due to be published shortly, and we will be considering how we might use that to inform resources for registrants and employers. We therefore propose that this research focus on two of the other factors identified by the Preventing small problems from becoming big problems report; character, nature and professional values, and support.

Key areas to be addressed in the research

- 1.10. The purpose of the research is to provide an evidence base for the HCPC to produce a professionalism and resilience toolkit. This is with a view to:
- a. facilitating registrants' understanding of professionalism;
 - b. supporting employers and registrants to prevent small problems from escalating; and
 - c. improving patient safety.
- 1.11. We propose that the research should cover views of registrants:
- a. across the four countries;
 - b. across different professions;
 - c. at different bands/levels; and
 - d. with and without line management responsibilities.
- 1.12. In addition, the views of other stakeholders, such as employers and professional bodies.

³ https://www.gmc-uk.org/-/media/documents/mpm-report_pdf-68646225.pdf