health professions council

CONFIRMED The Health Professions Council Chief Executive and Registrar: Mr Marc Seale Park House 184 Kennington Park Road London SE11 4BU Telephone: +44 (0)20 7840 9785 Fax: +44 (0)20 7840 9807 E-mail: <u>steve.rayner@hpc-uk.org</u>

MINUTES of the of the Communications Committee strategy workshop held at **13.00 pm on Wednesday 16 October 2008** in the new Council chamber at Park House, 184 Kennington Park Road, London, SE11 4BU

Present:

Professor Annie Turner (Chair) Mr P Acres Mr O Altay Mrs M Clark-Glass

Ms C Farrell Mrs D Haggerty Miss M MacKellar Mr Mark Woolcock Mr Stephen Wordsworth

In attendance:

Ms Jacqueline Ladds, Director of Communications Mr S Rayner Secretary to Committees

1. Introduction

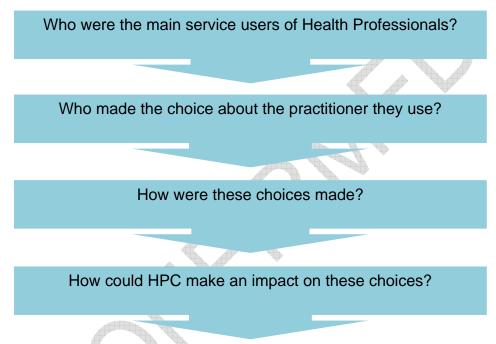
At its meeting in October 2007, the Communications Committee discussed whether it might be helpful to hold an informal discussion meeting. The intention of the meeting would be to build on the enthusiasm of committee members, and help to address the need to be more forward-looking. It would also be a good opportunity for members to 'step back' from the activities of the Communications department and think more broadly about the aims of HPC's Communications activities, key audiences and key messages.

Doc Type MIN

Title Minutes - Communications Committee The Committee received a presentation from the Director of Communications picking up themes from the bi-annual opinion polling exercise. There followed a discussion on the themes and areas for focus of communications activity.

2. Protecting service users from unregistered practitioners

The committee developed the following system to discuss areas of focus for communications:



Service Users

For the purposes of discussion, the Committee defined service users as members of the public.

Choice of practitioner

These service users fell into three categories;

- those for whom the choice of health professional was made for them, either through direct referral by the GP, or by the organisation to which they were referred;
- 2. those who made the choice of practitioner themselves by being given a selection of practitioners by their GP; and
- 3. those who made the choice of practitioner themselves by some other means.

Date	Ver.	E
2008-05-23	а	S

Doc Type

MIN

How the choice was made

Group one's service would depend entirely on the knowledge and commitment of the GP or employer to the use of registered health professionals.

Similarly **group two**'s choice would depend very much on the GP's knowledge of and commitment to the use of registered health professionals.

Group three, service users who made the choice of practitioners without professional help, would make their choices based on a variety of factors, such as recommendations by friends and the advertised services of health practitioners.

It was noted that over 70% of service users were referred to practitioners by GPs.

Key audiences and key messages: How HPC makes an impact on choice

For **group one**, the target should be on educating employers of the benefits of regulation. The majority of registrants practise in this area. As the majority of fitness to practise cases are conduct based the focus should be on SCPE and the usefulness of CPD for raising standards. It was noted that even when subscribing to the system, often employers would not give registrants time to complete CPD.

For **group two**, work should be done to determine whether GPs understood the role of the HPC, and whether they generally considered the importance of registration when making referrals.

For **group three** it was noted that 40% of respondents to opinion polling made the assumption that health regulation would be in some way connected with their local authority. Primary care trusts send packs to households with details of local health services, which could be an avenue for further work. Local Authorities could also be used as a conduit for information.

It was noted that specific professions would be captured by work in the individual areas. For instance Operating Department Practitioners and Clinical Scientists would only be impacted by HPC's action on groups one and two.

It was noted that it was not a good use of resources to try to communicate directly and independently with the public as a whole.

3. Communications committee going forward

The committee noted that the conclusions it had reached largely followed the work already being done by HPC to communicate with stakeholders. The Committee congratulated the Director of Communications on the successful strategy, which

although ambitious, had made significant improvements in the way HPC communicated with its stakeholders over the past year.

The question had been made at previous meetings as to whether a communications expert should be sought as a member. The Committee noted that the Director of Communications and the Department did an excellent job of providing expert advice to the Committee already.

The Committee agreed that the informal discussion event had been a very useful exercise, and that it should be organised as a yearly event.



Date 2008-05-23 Ver.

а

Dept/Cmte SEC Doc Type

MIN

Title Minutes - Communications Committee Int. Aud. Public RD: None