Health Professions Council
Council 5th July 2007

The Health Professions Council – Revised Strategy

Executive Summary and Recommendations

Introduction

The latest draft of HPC's Strategy for the period 2007 to 2011 is attached.

Decision

The Council is requested to review and approve the document.

Background information

None.

Resource implications

-

Financial implications

-

Appendices

HPC's Planning Documentation
Strategy document

Date of paper

25th June 2007

hpc
health
professions
council

Health Professions Council – 2007 to 2011

Park House, 184 Kennington Park Road, London

5th July 2007

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health professions council

I. Foreword

health professions council

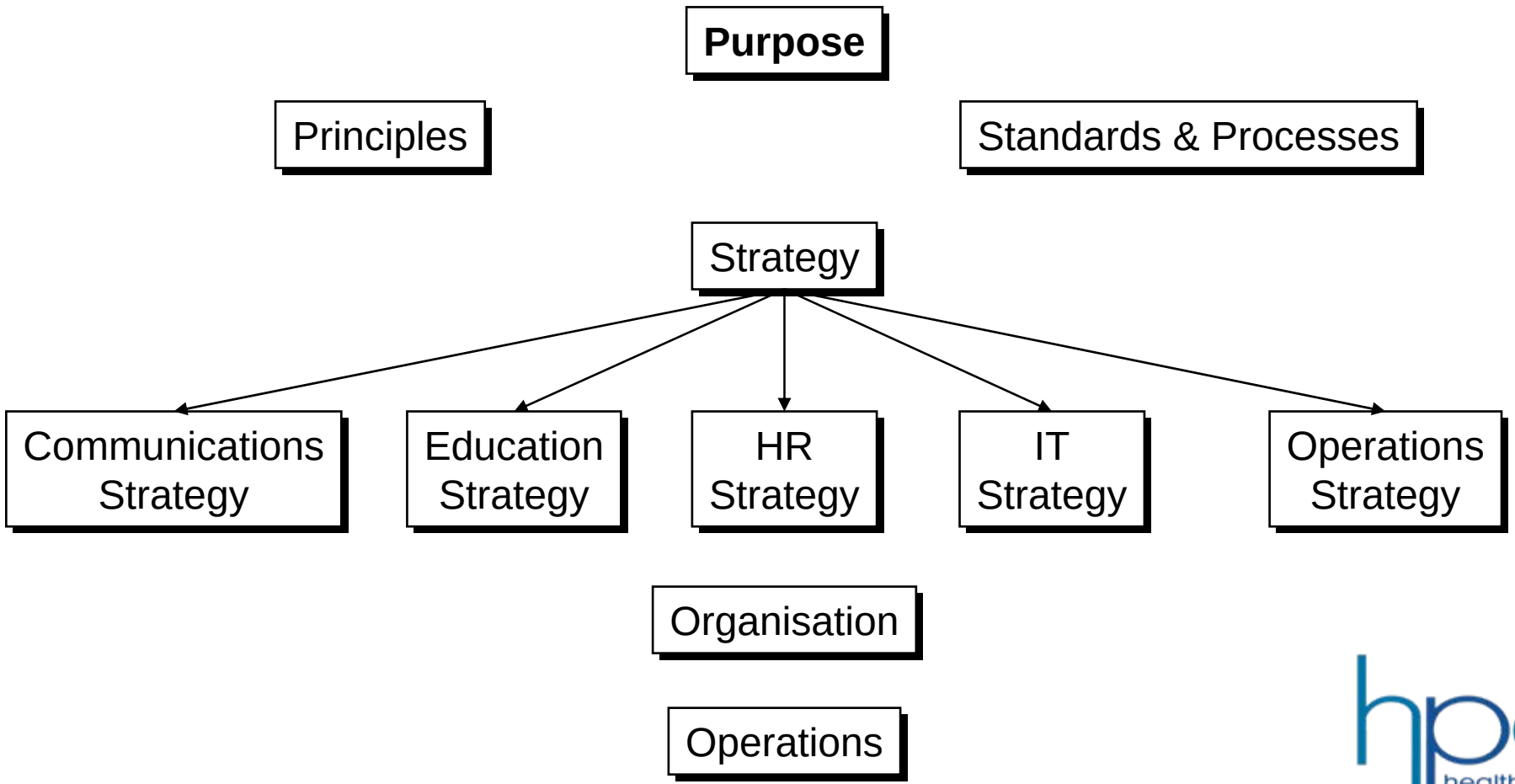
The HPC is an independent UK statutory regulator of healthcare professionals

- **Health Professions Order 2001**
  - Statutory Instrument (SI) established 1st April 2002
  - Rules and guidance support the SI
  - Initial Rules became operational 9th July 2003

- **Multi professional regulator**
  - Currently 13 Professions
  - Arts Therapists, Biomedical Scientists, Chiropodists & Podiatrists, Clinical Scientists, Dietitians, Occupational Therapists, Operating Department Practitioners, Orthoptists, Paramedics, Physiotherapists, Prosthetists & Orthotists, Radiographers, Speech & Language Therapists

- **Self financing**

- **Reports to the Privy Council**
  - Body corporate


Purpose
Principles
Standards & Processes
Strategy
Communications Strategy
Education Strategy
HR Strategy
IT Strategy
Operations Strategy
Organisation
Operations

The document outlines the Health Professions Council's (HPC) purpose, principles, standards & processes, strategy, issues to be resolved & organisation

- **Replaces HPC's Strategic Intent documents previously published in 2002, 2004 & 2006**
- **Covers the period July 2007 to 2011**
  - Department of Health plans to review regulation in 2011
- **The document will be revised when there are significant changes to the external or internal environment**

II. Purpose

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The objective of the HPC is set down in Article 3 (4) of the Health Professions Order 2001

- ***"To safeguard the health and well-being of persons using or needing the services of registrants***
- **Registrants are the healthcare professionals regulated by the HPC**

III. Principles

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HPC key Stakeholders

- Carers
- Clients:Patients:Users
- Consumer Associations
- Employers
- Government
- Higher Education Institutions
- Media
- Members of the Public
- Professional Bodies
- Prospective registrants
- Registrants
- Regulators
- Special Interest Pressure Groups
- Trade Unions

The HPC uses six guiding principles

1. **Protect the public**
   - Review & amend legislation, standards, guidance & procedures to ensure their relevance & appropriateness
   - Have clear & well publicised complaints & appeals procedures for the public & registrants if dissatisfied with the decisions of the Council & Committees

2. **Communicate & respond**
   - Ensure wide stakeholder dialogue
   - Seek regular feedback from stakeholders & utilise the information & opinions received

3. **Work collaboratively**
   - Collaborate with stakeholders to ensure wherever possible that their needs are met
   - Enable best practices in any one profession to be accessed by all

The HPC operates using six guiding principles, (contd)

4. Be Transparent

- Establish fast & accessible procedures
- Undertake thorough consultations

5. Provide value for money & audit

- Invest in systems & procedures to provide a value for money service for registrants & the public
- Be open & proactive in accounting to all stakeholders for the HPC's work

6. Deliver a high quality service

- Provide a unified service where issues are common & focus on individual activities which are significantly different between professions
- Support personal training & development of HPC employees as well as registrants

IV. Standards & Processes

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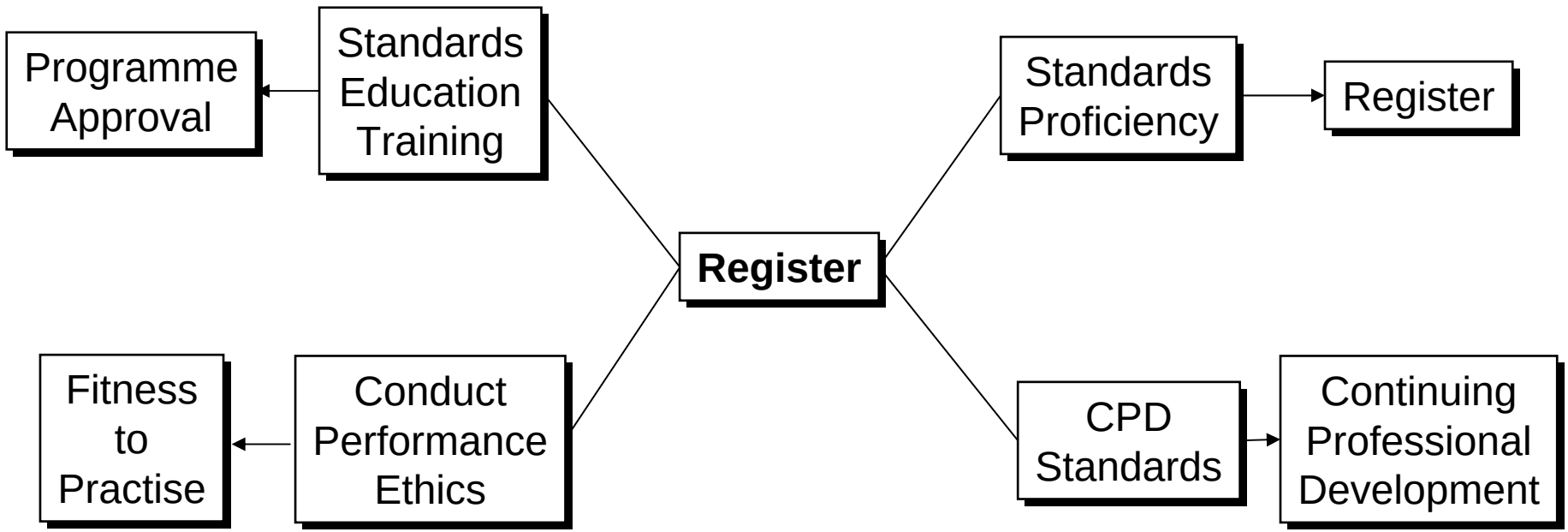
Integrated process of setting & maintaining standards



The HPC achieves its objective by managing an integrated process of setting standards & operating processes to maintain the standards

- **Standards**
  - Four sets of standards
    - Education & Training
    - Proficiency
    - Conduct, Performance & Ethics
    - Continuing Professional Development (CPD)
  - The HPC must consult before establishing standards, rules & guidance
  - HPC currently has no powers to undertake revalidation

- **Integrated processes**
  - Approval & monitoring of programmes
  - Registration
    - UK, International & Grandparenting
    - New professions
  - Fitness to Practise Tribunals
    - Protection of title
  - CPD assessment

V. Strategy

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HPC's Strategy is to continually improve the organisation, influence the regulatory agenda & promote best practises

- **Improve**
  - HPC's ability to manage increasing demand for its services by redesigning the organisation
  - HPC's Governance via restructuring the Council
  - Fitness to Practise tribunals by instituting new processes
  - Protection of professional titles
  - Public Patient Involvement (PPI) within HPC's processes
  - Speed & quality of the registration & other processes

- **Influence Agendas**
  - Education & training
  - Government, including four UK Departments of Health & EU
  - Post registration qualifications
  - Regulation of Assistants
  - Revalidation

- **Promote**
  - CPD
  - Benefits of UK wide regulation but incorporating sensitivities to devolution
  - Proactive regulation of Aspirant Groups
  - Value & merit of professional led statutory regulation

VI. Strategic & Operational Issues to Resolve

The HPC will actively contribute to the implementation of the recommendations of the White paper *Trust, Assurance and Safety - the Regulation of health professionals in the 21st Century*

- **Seven working Groups established to cover a range of issues**
  - Governance
    - Smaller, strategic & non-elected councils
  - Revalidation
    - Based on risk, standards, process & cost
  - Refined adjudication process
  - Extending professional regulation & assistants
  - Improving health for health professionals

- **Amendments to the Health Act 1999 &/or Section 60 Orders will be required**
  - Spring 2008 earliest date for implementation of new Act
  - Four year rolling plan of new Section 60s

Notwithstanding the implementation of the recommendations of the White paper, the HPC will resolve a number of outstanding strategic issues related to the statutory regulation of new professions & Aspirant Groups by 2011

- **The commencement of the statutory regulation of some Psychologists from Spring 2008**
- **Responsibility for the statutory regulation of Hearing Aid Dispensers following the abolition of the Hearing Aid Council by the Department of Trade and Industry in March 2009**
- **Statutory regulation of a range of healthcare scientists and others including: Physiologists, Perfusionists & Technologists, Medical Illustrators & Dance Movement Therapists post 2009**
- **The statutory regulation of Counsellors & Psychotherapists**
- **The possible statutory regulation of Complementary & Alternative Medicine, (CAM) by 2011**
- **Proactive regulation of Aspirant Groups**
  - To date the HPC has waited for aspirant groups to apply for statutory regulation
  - Establish criteria when the HPC will recommend regulation before application received

Notwithstanding the implementation of the recommendation of the White paper, the HPC intends to actively influence the external regulatory agenda

- **Education**
  - Increase influence
- **Europe**
  - Common platforms
  - Tuning educational structures

Notwithstanding the implementation of the recommendation of the White paper, in the next two to three years the HPC intends to resolve the following strategic issues

- **Post registration qualifications**
- **Professional Indemnity Insurance**
  - Review existing policy
- **Protected titles**
  - Consider increasing number of protected titles for existing statutory regulated professions
- **Registration of Students**
  - Agree position
- **Rules, Standards & Guidance**
  - Revise & update as required

Notwithstanding the implementation of the recommendation of the White paper, the HPC will continue to enhance a range of key operational issues through to 2011

- **Audit systems & procedures**
- **Implement Bichard legislation**
- **Operationalise CPD procedures including profile assessment**
- **Operationalise the Equality & Diversity strategy including data collection & analysis**
- **Analyse the benefits of replacing distributed Grandparenting system with regular partner group meetings**
- **Ensure HPC adopts best counter Identity Theft practises**
- **Embed Public Patient Involvement (PPI) in all appropriate HPC processes**
- **Ensure that HPC continues to provide a Value for Money Service (VFM)**

Appendix I Organisation

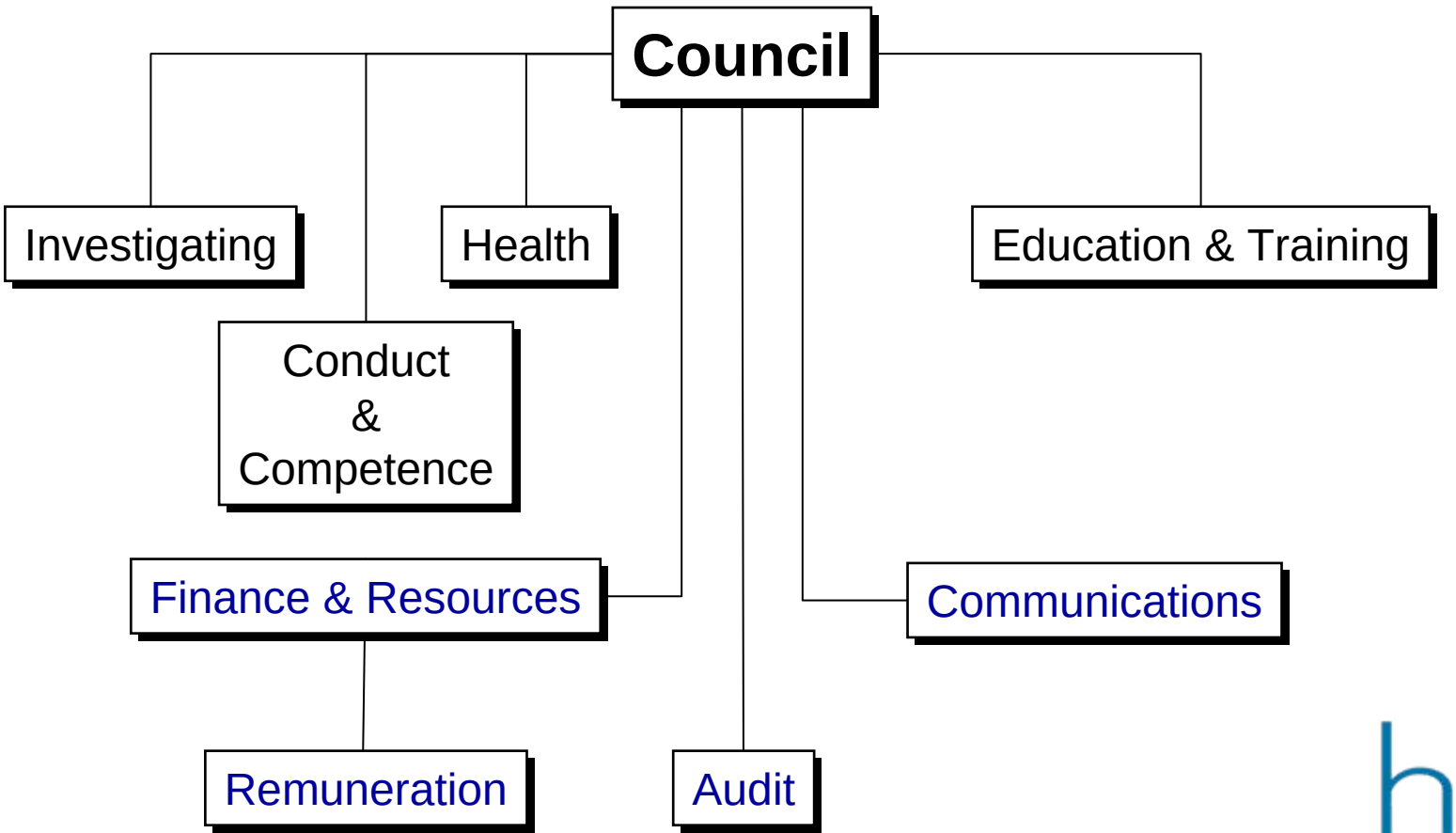
The HPC will deliver its strategy via the Council, the Committees & the Executive

- **Council**
- **Statutory Committees**
- **Non-Statutory committees**
- **Executive**
- **Partners**
- **Professional Liaison Groups (PLGs)**

The Council is responsible for ensuring that the functions as set down in the Health Professions Order (HPO) are delivered

- **Develops & is responsible for HPC's strategy & policy**
- **Sets certain standards & keeps them under review**
  - Standards of Conduct, Performance & Ethics
  - Standards of Proficiency
  - Standards of CPD
  - Requirements of registrants good health & character
- **Sets service standards**
- **Monitors progress against targets**
- **Maintains the financial well being of the HPC**
- **Ensures good corporate governance**
- **Works in partnership with the Executive via a Scheme of Delegation**

The Council has Statutory & Non-Statutory Committees



There are three Fitness to Practise Committees

- **Investigating Committee**
- **Conduct & Competence Committee**
- **Health Committee**

- **Advice to Council**
  - The Conduct & Competence Committee advises the Council on its performance in relation to Standards of Conduct Performance & Ethics
  - Requirements of good health & character

- **Report**
  - On behalf of the Council drafts a report on the fitness to practise process, HPO Article 44

The functions of the Education & Training Committee

- **Education & Training Committee**
  - Sets and monitors the Standards of Education & Training
  - Advises the Council on the Standards of Proficiency
- **Responsible for developing & monitoring the Council's education strategy**
- **Reports**
  - Will provide feedback to educators via an annual report on the Approvals & monitoring process
  - Will publish a report on the CPD process
- **Home country different systems**

The HPC has established three Non-Statutory Committees which report directly to the Council

- **Finance & Resources Committee**
  - Responsible for developing & monitoring the Council's
    - Annual budget
    - Financial investment strategy
    - Five year financial plan
    - Human Resources strategy
    - Operations strategy
    - IT strategy
    - Risk mitigation strategy

- **Remuneration Committee**

- **Audit Committee**
  - Responsible for overseeing the role of the external & internal auditors

The Health Professions Order requires the HPC to inform & educate registrants & inform the public about its work

- **Communications Committee**
  - Non-statutory committee
  - Responsible for developing & monitoring the Council's communications strategy
  - Ensures equitable access to all publications
  - Oversees HPC's Patient/Public Involvement (PPI) strategy

- **HPC uses a range of communications techniques to raise awareness amongst its stakeholders**
  - "Listening Events"
  - Publication of brochures & leaflets
  - HPC web site
    - www.hpc-uk.org
    - Micro site www.hpCheck.org
  - Electronic news letter
  - Market research

The Executive is responsible for a range of tasks

- **Responsible for day-to-day operations of the HPC**
- **Implements the Strategic Intent & annual plan**
- **Maintains service quality**
  - Documents processes
  - ISO 9001/2000
  - Customer service strategy
  - Plain English
- **Organisational growth**
  - Match the capacity of the organisation to demand
  - Invest in systems to build capacity
  - Increase resources both financial, systems & employees, to maintain & increase service

The Executive works with Partners & uses Professional Liaison Groups

- **Partners**
- **Professional Liaison groups, (PLGs)**

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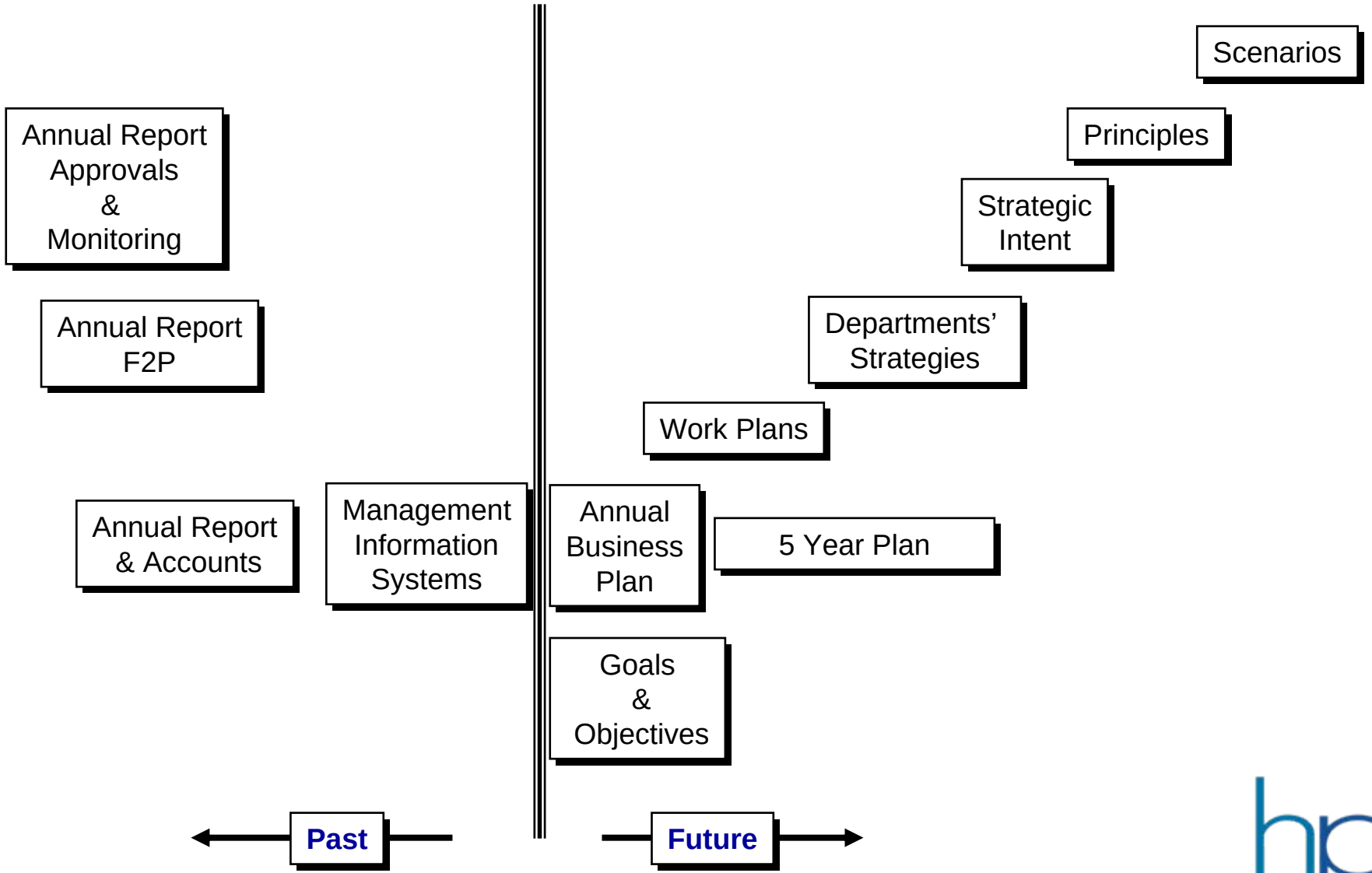
HPC's Planning Documentation



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