

Enclosure 8

Health and Care Professions Council 24 May 2018

Stakeholder communications and engagement plan

For discussion

From Jacqueline Ladds, Executive Director



Council, 24 May 2018

Stakeholder Communication and Engagement Plan 2018–19

Introduction

The attached draft document sets out a high-level plan for how we will communicate and engage with our stakeholders in the most effective way possible.

It highlights key deliverables and communications outcomes for the 2018-19 financial year and covers activity across the whole organisation.

Decision

The Council is invited to:

 discuss the attached draft to inform a further version for consideration for approval at the July 2018 Council meeting

Background information

This is the first time that this information has been set out in this way. It is supported by several documents, including the Stakeholder Matrix (see Appendix 2); individual plans which focus on specific audiences or topics; and other departmental workplans.

Resource implications

The activities set out in this plan are reflected in departmental workplans.

Financial implications

Financial implications are included in departmental budgets.

Appendices

Appendix 1: Measuring impact Appendix 2: Stakeholder Matrix

Date of paper

Thursday, 24 May 2018



Stakeholder Communication and Engagement Plan 2018–19

1 Introduction

1.1 A key duty set out in our legislation is that our stakeholders are informed about our regulatory processes and public protection role.

2 About the plan

- 2.1 This document sets out how we will communicate and engage with our stakeholders in the most effective way possible. It highlights key deliverables and communications outcomes for 2018-19 and covers activity across the organisation. We will formally review progress in November 2018.
- 2.2 The plan is supported by the Stakeholder Matrix (see appendix 2), individual plans which focus on specific audiences or topics, the tactical forward planner used by the Communications Department and other departmental workplans.

3 What we want to achieve

- 3.1 Drawing from the strategic priorities set out in the HCPC's Corporate Plan 2018-2020, we want to achieve increased understanding and confidence in our regulatory functions as well as a positive reputation as a forward looking, effective and agile multi-professional regulator. We also want to influence the regulatory policy agenda and ensure our views are clear to all stakeholders.
- 3.2 We will achieve this by building on existing engagement activities and developing new ways of working, some of which are outlined in this plan.

4 Areas of focus

In 2018-19, there are several key areas of focus.

- We will use the findings of stakeholder polling to better understand the preferences, needs and views of our stakeholders and use the insights gained to refine and develop communication and engagement strategies.
- We will further develop the stakeholder matrix to ensure effective prioritisation of stakeholder engagement and will develop personal engagement and communication plans for the Chair of Council, the Chief Executive and senior management.
- We will build on our existing activities to strengthen further our engagement with stakeholders in the four UK countries, in particular the four UK Governments and parliamentarians.
- Using the findings from the University of Surrey research, we will review our approach to engagement with registrants, employers and service users in relation to referral and self-referral.

5 External influences and drivers

- 5.1 We will continue to focus on our stakeholder and parliamentary monitoring.

 This will ensure we are aware of current developments that may impact on us.

 It also means we can scan for issues which are likely to become significant.
- 5.2 At the start of the financial year, we are already aware of a number of key thematic external and internal drivers, some of which are outlined below.
 - The creation of Social Work England and the transfer of regulatory functions to the new regulator, particularly with social workers in England due to renew their HCPC registration later in the year.
 - Sectoral proposals to initiate change, for example Government proposals to reform professional healthcare regulation and introduce regulation of physician associates or other medical associate professions could have implications for us.
 - We will continue the work on 'prevention' by taking forward the action plan based on the findings in the University of Surrey research.
 - Another key area will be implementing the action plan to meet all of the Professional Standards Authority's Standards of Good Regulation.
 - In the wider political arena, Brexit will have both implications for the workforce and for our governing legislation, which will require amendment.

6 Measuring impact

- 6.1 We will measure the effectiveness of our work through key indicators and the reach of our activities through metrics. Outline proposals are set out in appendix 1. These will be developed further in the coming months.
- 6.2 We will also evaluate specific plans or activities to ensure we measure impact and continually improve our performance. This will include, for example, evaluation of face-to-face-events or social media engagement

7 Stakeholder communication and engagement activities for 2018–19

- 7.1 The tables on the following pages set out high level outcomes and key deliverables for key stakeholder groups in 2018-19. These include
 - Educators and students
 - Employers
 - Government, parliaments and assemblies
 - Professions, namely professional bodies and trade unions
 - Professionals, namely registrants
 - Public, namely service users, carers and representative organisations
 - Regulators
- 7.2 Detailed information on these categories is set out in the matrix in appendix 2.

1 Educators

- 1.1 This includes education providers, sector organisations including funding bodies and planners and students on UK approved programmes.
- 1.2 A key focus will be to ensure education providers understand the changes to the Standards of Education and Training (SETs) and our requirements. We will also gather more information on placement monitoring, service user and carer involvement and learner involvement through annual monitoring. This will enhance our risk-based approach to quality assuring approved programmes. There will also be engagement with providers delivering programmes below the new threshold level of qualification for paramedics and in relation to degree apprenticeships across most of our professions.
- 1.3 We will explore further: the role of regulation in assuring the education of healthcare professionals, an area highlighted in the recent consultation on reforming professional healthcare regulation; and the University of Surrey research recommendations to develop learning materials for educators to use.

Outcomes Key deliverables D	Deen en elle liter	Mile otomoo
Outcomes Key deliverables R	Responsibility	Mile stones
Education E-channels through 4	Education, Policy Communications	 Q1-Q4 E- newsletters, report & face to face through meetings and events/seminars Q4 New HCPC website Q4 Publication of learning materials

- 1.4 Students on approved programmes need to know about and understand our standards, specifically how the Standards of conduct, performance and ethics apply to them during their course. For those in their final year of study, they also need to know about the application process to join the HCPC Register.
- 1.5 This year we will build on our direct engagement with new initiatives including digital and social media engagement.

Outcomes	Key deliverables	Responsibility	Mile stones
Students are aware of our standards and processes	 Dedicated website section Dissemination of Information and guidance (direct/Education Update) 	Communications, Education	 Q1 –Q4 Digital and social media, webinar Q4 New HCPC
	 Digital and social media programme 		website

2 Employers

- 2.1 This includes direct employers of HCPC registrants, employment agencies, and employment umbrella bodies.
- 2.2 For employers, key messages will include understanding of what we require of their HCPC-registered employees. This includes the importance of registration renewal, specifically keeping details up to date, signing professional declarations and paying before the closing date. It also includes improving understanding of our CPD standards and the audit process.
- 2.3 For the fitness to practise process, it means increasing understanding of when to raise concerns and the types of concerns we deal with.
- 2.4 A particular focus this year will be to use the findings of our research to explore how we can work with employers to prevent concerns arising, ensure appropriate referrals and, for paramedics in particular, self-referral.

Outcomes	Key deliverables	Responsibility	Mile stones
Employers are better informed of our statutory functions and have	Face-to-face through HCPC workshops, attendance at relevant conferences and	Communications, Fitness to Practise, Policy and Standards,	Q1 –Q4 Regular e- bulletins
increased confidence in our processes	meetings with key organisations	Registration	Q1-Q4 Regional workshops
Increased understanding of the referral process	E-channels through regular updates and refreshed news and information on dedicated web section		Q4 New HCPC website
	Specific programme of engagement with Ambulance Trusts and key employers		Q1 – Q4 Meetings, conference, network attendance

3 Governments, parliaments and assemblies

- 3.1 This includes public bodies, civil servants, Government Ministers, Ministers of Parliament and Parliamentary Committees in the UK Government, Scottish Government, Northern Ireland Assembly and the Welsh Assembly.
- 3.2 Key issues this year will include the creation of Social Work England and the transfer of regulatory functions to the new regulator, the Government's response to the consultations on regulating Physicians Associates and reforming professional healthcare regulation. It may also include other sectoral proposals to initiate change by other regulators, for example.
- 3.3 It will be important for stakeholders in this group to understand our position on these issues, particularly the impact and outcome of any proposals, for example the requirement for secondary legislation to improve the efficiency of our fitness to practise processes or the potential need to change our fees.
- 3.4 Specific work will include ongoing monitoring and proactive response or comment and responding to consultations, where appropriate, as well regular meetings and updates with appropriate civil servants and parliamentarians in the four countries.

Outcomes	Key deliverables	Responsibility	Mile stones
Elected officials and civil servants across the four countries of the UK are clear on our position on key issues, have increased understanding of and confidence in our regulatory functions and public protection role We have a positive reputation as an effective multiprofessional regulator	 Meetings with relevant Ministers as appropriate Regular meetings with appropriate civil servants in the four countries On-going monitoring and proactive response, including statements, consultation responses and comment where appropriate 	Chair and Chief Executive, Communications, Policy and Standards, Regulation	Q1 – Q4 Programme of face-to- face meetings Q4 Pilot engagement forum for key stakeholders in one of the UK countries and evaluate its effectiveness

4 Professions

- 4.1 This group includes the professional bodies and associations of the sixteen professions we regulate, UK and international associations of professional bodies and trade unions.
- 4.2 As in previous years, it will be important to continue to communicate about our Standards, including CPD and audit requirements, as well as registration processes for all professional groups including renewals and UK and international applications. We will also continue to disseminate recent policy guidance including social media use, confidentiality and returners to practice.
- 4.3 A specific focus this year, will be the dissemination of key messages from the University of Surrey research as well as communicating our own messages on fitness to practise.
- 4.4 Depending on the Government's response to the regulatory reform consultation, we will need to ensure our position is clear on the issues raised in the response.
- 4.5 Subject to Council approval, we will also need to engage with professional bodies, associations and trade unions at the earliest practical opportunity on any proposed change to the fee.

Outcomes	Key deliverables	Responsibility	Mile stones
Professional bodies and associations understand our standards and processes, relevant sector developments and HCPC research and intelligence HCPC is aware of profession-specific developments Trade unions and professional body representatives understand the fitness to practise process	Bi-annual face-to-face meetings with Chief Executive and Chair Attendance at profession-specific conferences where relevant Fitness to Practise representative forum Series of articles and blogs on the fitness to practise process Ongoing engagement across organisation	Chair and Chief Executive, Communications, Fitness to Practise, Registration	 Q1 and Q2 FTP Forum meeting Q1- Q4 Programme of meetings Q1 - Q4 Regular e- bulletin updates Q4 New HCPC website

5 Professionals

- 5.1 This includes the professionals on the HCPC Register across the 16 professions we regulate (registrants). It also includes UK graduate applicants and international applicants (EEA and rest of world).
- 5.2 As in previous years, we will continue to communicate about our Standards, including SCPE and CPD audit requirements as well as registration processes including renewals and UK and international applications. We will also continue to disseminate recent policy guidance including social media use, confidentiality and returners to practice as well as information on key topics.
- 5.3 A particular focus this year will be the registration renewal for social workers in England and the communications and engagement arising from the University of Surrey research, specifically prevention and referral messaging. We will also undertake tailored communications for the proposed CPD portal.
- 5.4 Subject to Council approval, we will also need to consult on any potential change to our fee structure

Outcomes	Key deliverables	Responsibility	Mile stones
Registrants understand our standards and regulatory processes Social workers in England - and other HCPC registrants – are kept informed of changes in regulatory responsibility The paramedic profession, in particular, understand our fitness to practise referral processes	Meet the HCPC events in five locations across the UK CPD workshops in five locations across UK Six editions of the enewsletter In Focus Presence at appropriate UK-wide conferences and exhibitions Continued dissemination of guidance and information sheets on key topics Programme of engagement with the paramedic profession with a particular focus on self-referral	Communications, Policy and Standards, Registration, Fitness to Practise	 Q1- Q4 In Focus e-newsletter Q1 – Q4 profession-specific conferences, HCPC events Q4 New HCPC website University of Surrey research action plan Q1 – Q4 Programme of meetings and correspondence

6 Public

- 6.1 This category includes service users and carers, organisations representing patients, carers and service users, advocacy organisations and complainants.
- 6.2 There continues to be a need to improve understanding of regulation and its purpose with this group. Our work will be proportionate and targeted to make the most effective use of available resource.
- 6.3 As with previous years, our focus will be to raise awareness of the Register, emphasising the importance of checking that a professional is registered and, on the rare occasion when things do go wrong, how people can raise a concern. We also need to ensure that people understand the purpose of our fitness to practise to process and the issues we can and cannot deal with.
- A particular focus this year will be the delivery of the new website and targeted work through continued signposting, the dissemination of the service user guide through waiting room distribution and Google adwords. It will also include engagement with organisations to ensure they have accurate information about our public protection role and can support service users.

Outcomes Key deliverables	Responsibility	Mile stones
Service users and carers understand Dissemination of service user guide	Communications, Policy, Fitness to Practise	 Q1 – Q4 Distribution of service user guide Q4 New HCPC website Q1 - Q4 Attendance at conferences Q1 – Q4 University of Surrey research action plan

7 Regulators and external scrutiny agencies

- 7.1 This group includes UK and international regulators of health and social care professionals, UK health and social care systems regulators, international bodies and associations of regulators as well as UK oversight bodies.
- 7.2 We will continue to work with other regulators to ensure information relevant to our public protection role is shared, that other regulators understand our position on key issues and we are able to share good practise. We will also continue stakeholder engagement on the development and maintenance of the list of comparable qualifications
- 7.3 A specific focus will be building positive relationships with the PSA and any relevant communications and engagement that may arise from the action plan to meet the Good Standards of Regulation.

Outcomes	Key deliverables	Responsibility	Mile stones
Outcomes	Ney deliverables	riveshousininity	MILE STOLLES
Professional and system regulators in health and social care across UK and abroad and are aware of our work	 Participation in regulatory conferences Face to face through one-to-one meetings and attendance at 	Chair, Chief Executive, Fitness to Practise, Communications, Policy and Standards,	 Q1 – Q4 Ongoing programme of meetings TBC PSA
Information is shared	regulatory network meetings	Registrations	Annual Performance Review
appropriately between agencies	Attendance at Chief Executive network and steering group	Ť	Q4 New HCPC
The Professional Standards Authority are well informed about our improvement programme and involved in developments as appropriate Overseas regulators and appropriate bodies understand the comparability process	meetings and informal Chair meetings Management of Memoranda of Understanding Establish and maintain relationships with regulators and other bodies responsible for approving professional qualifications overseas		website

Appendix 1: Measuring impact

1 Indicators

- 1.1 Drawing on the stakeholder opinion polling from 2015, we have set out a number of possible high-level indicators we could initially use to measure the impact and effectiveness of our communications and engagement.
 - 94% of registrants understand our public protection role
 - 86% of registrants understand the registration renewal process
 - 65% understand the fitness to practise process
 - 3 in 4 registrants know a great deal or fair amount about the standards (75% SCPE, 77% SOPs, 75% CPD)
 - 91% satisfaction and trust in professionals on our Register
- 1.2 We will continue to build on these indicators based on the 2018 stakeholder polling we will be conducting. These may include
 - employer understanding of our public protection role
 - employer understanding of our regulatory processes
 - education provider understanding of the Standards of education and training and approvals process
 - Confidence in our regulatory functions across all stakeholder audiences

2 Key metrics

- 2.1 In addition to the high-level indicators, we are developing a set of metrics to illustrate the reach of our communications channels and tactics. These quantitative measures support the impact indicators above and could include:
 - number of mentions in media (not FtP)
 - · engagement and reach in social media
 - number of publication downloads and requests
 - open rate for HCPC In Focus, Education Update and Partner newsletter
 - number of face to face stakeholder meetings and talks
 - open rate for stakeholder e-bulletins
 - overall numbers attending events including Meet the HCPC events,
 Employer Events, CPD workshops, stakeholder engagement events
 - number of views/visits to the online Register
 - number of visits/views to website and YouTube

Appendix 2 – Stakeholder Matrix

Stakeholder type	Stakeholder group	Indicative list of organisations	Interests	Responsibility
Education	Education providers	All UK education providers running approved programmes	Changes in standards, guidance and prescribing rights and information for students, consultations	Education, Registration, Policy, Communications
	Education sector organisations including funding bodies and planners	Health Education England, NHS Education, NHS Education Scotland, Health Education and Improvement Wales (from October 2018), Health Education England, HSCNI CES, University Health Boards in Wales, Council of Deans (in Scotland, Wales and Northern Ireland), Office for Students, The Office of Qualifications & Examinations Regulator (Ofqual), The Quality Assurance Agency for Higher Education (QAA) and QAA Scotland	Workforce issues, standards, consultations	Education, Policy
	Students on UK HCPC-approved courses	Education providers	Standards and application process	Education, Policy, Communications
Employers	Direct employers of HCPC registrants	HSCNI, NHS England, NHS Scotland NHS Wales, Local Authorities, private companies and sole practitioners	Standards, FTP process, consultations	Communications, FTP
	Employment agencies	All UK agencies which place HCPC registrants, international employment agencies	Standards, FTP process, consultations	Communications
	Employment umbrella bodies	The Recruitment and Employment Confederation, Local Government Association, NHS Confederation, NHS Wales Confederation, NHS Providers	Standards, FTP process, consultations	Communications
Governments, parliaments and assemblies	Public bodies	UK wide and England – Skills for Care, Skills for Health, Public Health England, NHS Improvement, NHS England Scotland – Healthcare Improvement Scotland, NHS Scotland Wales – Wales NHS Confederation, Healthcare Inspectorate Wales Northern Ireland – HSC Public Health Agency	HCPC registrants, changes to standards and policy	Communications, Policy

	Civil servants	UK wide and England – Head of Professional Standards, Chief Social Worker for Adults, Chief Social Worker for Children and Families, Chief Scientific Officer, Lead AHPs Scotland – Regulation Unit, Scottish Government Wales – Director General Health and Social Services / NHS Wales Chief Executive Northern Ireland - HSCNI	Policy issues – new professions, legislative changes, fee rise	Chief Executive and Chair, Policy, Communications
	Government Ministers	UK wide and England - Secretary of State for Health and Social Care, Minister of State for Health, Minister of State for Care, Parliamentary Under Secretary of State for Health (Lords), Parliamentary Under Secretary of State of Children and Families Scotland - Cabinet Secretary for Health and Sport Wales - Cabinet Secretary for Health and Social Services Northern Ireland - Minister of Health	Parliamentary debates, parliamentary questions	Chief Executive and Chair, Policy, Communications
	Ministers of Parliament	UK wide and England – Parliament (MPs) Scotland – Scottish Parliament (MSP) Wales – National Assembly for Wales (AMs) Northern Ireland – Northern Ireland Assembly (MLAs)	Concerns from constituents	Chief Executive and Chair, Fitness to Practise, Communications
	Parliamentary Committees	UK wide and England - APPG on Health, APPG on Patient Safety, Health Select Committee, Education Select Committee Scotland – Health and Sport Committee Wales – Health and Social Care Committee Northern Ireland – Health, Social Services and Public Safety Committee	Inquiries – written submission or public appearances	Chief Executive Chair, Communications, Policy
	Public inquiries, inquests, royal commissions, reviews and investigations	Constituent members of the relevant committees or those giving evidence	Various – including standards and statistics	Chief Executive and Chair, Communications, Policy
Media	Professional and mainstream media	Journalists	Standards, consultations, FTP	Communications
Professions	Professional bodies and associations	British Association of Art Therapists, British Association of Dramatherapists, British Association for Music Therapy, Institute of Biomedical Science, Society of Chiropodists and Podiatrists, The British Chiropody and Podiatry Association, The Institute of Chiropodists and Podiatrists, The Alliance of	Changes in standards, guidance and information for registrants, changes in prescribing rights	Chief Executive and Chair, Communications, Policy, Fitness to

UK associations of	Private Sector Chiropody and Podiatry Practitioners, Association of Clinical Scientists, British Dietetic Association, British Society of Hearing Aid Audiologists, College of Occupational Therapists, College of Operating Department Practitioners, Association for Perioperative Practise, British and Irish Orthoptic Society, College of Paramedics, Chartered Society of Physiotherapy, British Psychological Society, Association of Educational Psychologists, British Association of Prosthetists and Orthotists, The Society and College of Radiographers, The British Association of Social Workers, Royal College of Speech and Language Therapists Academy for Healthcare Science, Federation of Allied Health	consultations, research, changes in health and social care regulation. Protection of title, fitness to practise, registration and renewal, international applications, employment and workforce, regulation of further groups Changes in	Practise, Registration Chief Executive
professional bodies	Professionals	standards, guidance and information for registrants, consultations, research, changes in health and social care regulation. Protection of title, fitness to practise, registration and renewal, international applications, employment and workforce, regulation of further groups	and Chair, Communications, Policy, Fitness to Practise, Registration
International associations of professional bodies	e.g. International Federation of Social Workers, World Confederation for Physical Therapy	Changes in standards, guidance and information for registrants, consultations, research, changes in health and social care regulation, protection of title, fitness to practise, registration	Chief Executive and Chair, Communications

			and renewal, international applications, employment and workforce, regulation of further groups, legislative developments	
	Trade unions / associations	Association of British Healthcare Industries, British Healthcare Trades Association, Unison, Unite (and some professional bodies have union function)	Changes in standards, guidance and information for registrants, changes in prescribing rights, consultations, research, changes in health and social care regulation, protection of title, fitness to practise, registration and renewal, international applications, employment and workforce, regulation of further groups, legislative developments	Communications, Policy, Fitness to Practise, Registration
Professionals	Registrants	Arts therapists, biomedical scientists, chiropodists / podiatrists, clinical scientists, dietitians, hearing aid dispensers, occupational therapists, operating department practitioners, orthoptists, paramedics, physiotherapists, practitioner psychologists. prosthetists / orthotists, radiographers, social workers in England and speech and language therapists	Changes in standards, guidance and information for registrants eg returning to Practise, continuing professional development requirements and audit, consultations,	Registration, Fitness to Practise, Communications, Policy

			research, changes in health and social care regulation, protection of title, fitness to practise, registration and renewal, international applications, and legislative developments (including prescribing rights).	
	UK graduate applicants	Students who have completed UK-approved programme	Standards and application process	Registration, Communications
	International applicants – EEA and rest of world	Competent bodies in home countries of applicant	Standards and application process, legislative changes	Registration, Policy, Communications
Public	Service users and carers	Those using or needing the services of HCPC registrants and those who have caring responsibilities or who self-identify as carers	How to check the Register, standards, Standard of Acceptance how to raise a concern, the fitness to practise process	Fitness to Practise, Communications, Policy
	Organisations representing patients, carers, service users and advocacy organisations	The following list includes examples of the organisations we are currently engaging with. 1. Action Against Medical Accidents - www.avma.org.uk 2. Alzheimer's Scotland - www.alzscot.org/ 3. Age UK - www.ageuk.org.uk/ 4. Carers UK - www.carersuk.org 5. Board of Community Health Councils (Wales) - www.wales.nhs.uk/sitesplus/899/home 6. CAUSE - www.cause.org.uk/ 7. Connect - www.ukconnect.org	Our standards, how to raise a concern, how to check registration, Standard of Acceptance how to raise a concern, the fitness to practise process, consultations, research, legislative changes	Communications, Fitness to Practise, Policy

		 Citizens Advice - www.citizensadvice.org.uk Citizens Advice Scotland - www.cas.org.uk Disability Wales - www.disabilitywales.org/ Healthwatch England - www.healthwatch.co.uk National Voices - www.nationalvoices.org.uk National Youth Advocacy Services - www.nyas.net Inclusion Scotland - http://inclusionscotland.org/ Patient Advice and Liaison Service (England) - www.nhs.uk/chq/pages/1082.aspx?CategoryID=68 Patient Advice and Support (NHS Scotland) - www.patientadvicescotland.org.uk/ Patient Client Council Northern Ireland - www.patientclientcouncil.hscni.net Patients' Association (England and Wales) - www.patients-association.org.uk Scottish Independent Advocacy Alliance - www.siaa.org.uk Shaping our Lives - www.shapingourlives.org.uk 		
	Complainants	Those raising a concern about an HCPC registrant	Our standards, how to raise a concern, how to check registration, Standard of Acceptance, the fitness to practise process	Fitness to Practise, Communications
Regulators	UK regulators of health and social care professionals and associated fora	The General Chiropractic Council (GCC), The General Dental Council (GDC), The General Medical Council (GMC), The General Optical Council (GOC), The General Osteopathic Council (GOsC), The Nursing and Midwifery Council (NMC), General Pharmaceutical Council (GPhC), Pharmaceutical Society of Northern Ireland (PSNI), Northern Ireland Social Care Council (NISCC), Social Care Wales, Scottish Social Services Council (SSSC), Social Work England Health Professions Crossing Borders, Alliance of UK Health Regulators on Europe	Consultations, standards and guidance for registrants, legislative developments	Chief Executive and Chair, Communications, Fitness to Practise, Policy

	International regulators of health and social care professionals	Various (see www.healthregulation.org)	Consultations, standards and guidance for registrants, legislative changes	Registrations, Chief Executive and Chair, Communications, Fitness to Practise, Policy
	UK health and social care systems regulators	CQC, Monitor, Healthcare Inspectorate Wales, Healthcare Improvement Scotland, Regulation and Quality Improvement Authority, Ofsted	Consultations, standards and guidance for registrants, legislative changes	Chief Executive and Chair, Communications, Fitness to Practise, Policy
	International bodies and associations of regulators	Council on Licensure, Enforcement and Regulation (CLEAR)	Consultations, standards and guidance for registrants, legislative changes	Chief Executive and Chair, Operations, Communications, Fitness to Practise, Policy
External scrutiny agencies and organisations	UK oversight bodies	Professional Standards Authority for Health and Social Care	Audit of organisation, Fitness to Practise process, governance	Chief Executive and Chair, Communications, Fitness to Practise, Policy