

Agenda Item 7

Enclosure 3

**Health and Care Professions Council
14 February 2019**

Chair's report

For discussion

From Stephen Cohen, Deputy Chair of HCPC

Council, 14 February 2018

Chair's report to Council

This paper provides Council with a summary of the activities that the Deputy Chair has undertaken since the last Council meeting. Meetings attended since the last report was considered by Council are all listed within the appendix.

External engagement

Over the last two months I have continued my programme of meeting external stakeholders (as set out in the appendix). Most of these were in pursuit of supporting engagement regarding our Fees Consultation, principally with professional bodies. The messages remain as previously advised. The proposed investment plans attracted a good deal of support and understanding, as indeed have the overwhelming number of individual consultation responses received so far.

There is concern about the size of the fee rise, but we have been at pains to point out that, allowing for inflation it is not unreasonable; that unfortunately we are unable to make an automatic small RPI (-) increase every year but must consult and seek approval each time; and that we must invest more in FTP. We explained that we wish it were otherwise, but the incoming numbers have been rising sharply and unpredictably; everyone wants, and everyone will benefit from, faster handling of FTP; and unless and until we get legislative change the process will often remain lengthy and costly.

The lessons remain that if we had had the power to make regular small annual increases much of the heat around this issue would diffuse.

Our contacts regarding the SWE transfer remain essential. At a crucial meeting in January we heard that SWE were now planning to go live in late 2019. They added that they hoped to be ready by earlier but wanted some contingency. SWE further advised that they hoped to get a firm (ministerial) decision early 2019 so the date could be announced. We reiterated the need from our perspective to be able to work towards a firm, public date as soon as possible

We have suggested that there are still many issues to resolve, not least the need for a clear Transition Order to give us the power to handover registrants' data for systems testing, etc. This should ideally happen by May and delays in getting the Order through Parliament may result in eventual delays in the handover. The DofE officials present indicated they understood the issue. The current political climate necessarily makes predictions of timings very difficult. Legal advice suggests that HCPC would need strong indemnities from SWE/DofE in order to hand over

registrant data if there were no Transition Order. This problem could yet be a further source of delay.

Given that SWE now intend to continue to use the HCPC standards for a short time and the continuing increase in FTP cases coming in (of which over 50% are still SW), it would make sense for the HCPC to continue to process these cases up until the last moment, so that SWE is not unduly overloaded. If this is the case, HCPC would not be in a “wind-down” phase (say, from April/May onwards) but maintain its resources (including outsourced legal providers, etc). We further proposed that these resources be maintained at HCPC through the end of February 2020 as a contingency measure. The PSA made the point that HCPC would be held be fully accountable as the regulator up until the day when it no longer is the regulator.

We therefore agreed with DofE and DHSC officials we would be sending them an estimate of the incremental costs likely to be incurred by HCPC in order to deliver this and asking for the appropriate financial support, assuming the figures could be agreed.

The recent GDC conference on Moving Upstream was interesting but proved to be more of a general stakeholder engagement event rather than specifically about Prevention. Several side conversations were interesting. HCPC executives’ engagement with GDC executives on matters to do with Education and Prevention had been welcomed and continued. The main reason, apparently, for relocating a good proportion of their staff from London to Birmingham had been about an expectation of a c.15% saving in wage costs rather than any saving in office rental costs. The move had proved challenging, and not without risk, but was broadly on track.

The HCPC organised a Stakeholder Engagement event in Edinburgh to seek feedback on our proposed Strategic Priorities and prevention Agenda. Gavin Scott and Sonya Lam also attended from Council. It was reasonably well attended given a competing event the same day and we received generally warm noises about our proposals. Jacqueline Ladds will be summarising aggregate feedback in due course, but my conclusion was that it was worthwhile and that others should be organised in due course. However, for maximum effectiveness we may need to make these more virtual as we build the network of engaged and relevant stakeholders.

Executive Engagement

I have recently met with the new Heads of HR & Communications and welcome them to the HCPC as well as giving Council’s perspective on the key challenges ahead. I have also continued to meet with SMT members on a regular basis.

Regulatory landscape

The Council will be participating in a Workshop session on Regulatory Reform. This will enable a briefing on DHSC thinking to date and a chance for Council to input.

One of the issues that this Section 60 reform process may surface is the desirability of board/governance reform. There has been talk of smaller boards, unitary boards and boards where there is no distinction between registrant and lay members. That said, if the eventual changes are along the principles initially proposed then it may well be that each Regulator's Council will be able to decide on a structure for its Council that it feels is appropriate.

One Regulator Chair told me last year that, in their opinion, the reason why so many of the healthcare regulators ran into problems was poor governance. In my humble opinion, it is almost invariably the case that if an organisation has run into significant problems, then, de facto, there has also been a governance problem. All of us on Council must be constantly aware of the need to understand the issues, to challenge and to provide effective oversight.

Deputy Chair – Stephen Cohen

1. College of Paramedics, Gerry Egan, Chief Executive and John Martin Chair, HCPC 10 December
2. British Psychological Society, Sarb Bajway, Chief Executive, HCPC 11 December
3. Public Health England, Duncan Selbie, London 12 December
4. General Chiropractic Council, Tricia McGregor, Interim Chief Executive and Mary Chapman, Chair, HCPC 12 December
5. Professional Standards Authority, George Jenkins, Chair, London 12 December
6. General Medical Council, Sir Terence Stephenson, London 13 December
7. The Association of Educational Psychologists, Loughborough 14 December
8. House of Lords, Lord Patel, London 17 December
9. Social Work England, Colum Conway, Chief Executive, Lord Patel, Chair. Department of Health, Gavin Lerner, Director of Workforce, Claire Armstrong, Deputy Director, Professional Regulation Branch, Duncan Hall, Section Head: Priority Projects. Department for Education, Samantha Olsen, Deputy Director, Jonathan Bacon, Assistant Director Social Work England Implementation Project. Professional Standards Authority, Alan Clamp Chief Executive, George Jenkins, Chair, London 15 January
10. Institute of Biomedical Science, London 25 January

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| 11. General Dental Council, Conference, Birmingham | 30 January |
| 12. HCPC Stakeholder Event, Edinburgh | 5 February |
| 13. Professional Standards Authority, George Jenkins, Chair, London | 6 February |
| 14. Kate Hoey, MP, HCPC | 14 February |