
Covid-19 Response

Executive Summary

This paper provides an update on the organisation's response to the Covid-19 pandemic. This includes:

- Establishment of temporary registers
- Information and guidance
- Registrants' health and wellbeing
- Adapting how we regulate
- Communications and stakeholder engagement
- Employee health and wellbeing
- Planning for a new normal
- Developing a temporary registration exit strategy

Provided as annexes to this paper are:

- The initial policy position that set out the basis for establishing temporary emergency registers for former registrants (years 1-3) and students.
- The second policy position which outlined options to extend temporary registration to former registrants who had been removed for non-payment of registration fees (years 1-3) and former registrants who had left the register between 4 and 5 years ago.
- Statement of approach to fitness to practise investigations and hearings during the Covid-19 pandemic.

These policy position statements have been previously circulated to Council.

Previous consideration	A verbal update was provided to Council on 25 March 2020. The policy position statements have previously been circulated to Council.
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Decision	Council is invited to discuss the update report.
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The Council is asked to formally note the temporary registration and FTP policy position statements and information sheets relating to how each of the Standards of conduct, performance and ethics apply during Covid-19.

Next steps	The Executive will continue to develop proposals for exiting temporary registration in preparation for when the emergency powers cease. We will also be examining how our experience of operating and regulating during the Covid-19 pandemic can inform establishing a new working culture and relationship with stakeholders.
Strategic priority	<p>Strategic priority 2 communication and engagement activities are proactive, effective and informed by the views and expectations of our stakeholders.</p> <p>Strategic priority 3 Ensure the organisation is fit for the future and is agile in anticipating and adapting to changes in the external environment.</p>
Risk	The Strategic Risk Register has been reviewed and updated to reflect the impact of Covid-19. This will be presented to the Audit Committee in June.
Financial and resource implications	Covid-19 related costs, including cost specifically associated with establishing the temporary registers are being captured against a dedicated cost code. This will be used as the basis of a grant claim which will be submitted to the Department of Health and Social Care.
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Covid- 19 Response

Establishment of temporary registers

1. We have worked closely with the Department for Health and Social Care (DHSC), devolved administrations, Chief Allied Health Professions Officers, Chief Scientific Officers and the Council of Deans for Health to establish an emergency Covid-19 temporary register, of two parts. One for former registrants who have deregistered in the past three years and one for final year students, on UK approved programmes, who have completed all of their clinical practice placements. The registers went live on 27 March 2020.
2. The tables below set out the number of temporary registrants on each of the registers as of 6 May 2020. In summary there are 25,158 temporary registrants across both registers.

TOTAL Ex-registrants 20200506			
	Total	Reg	Non-reg
AS	272	266	6
BS	3186	3123	63
CH	864	836	28
CS	589	577	12
DT	542	524	18
HAD	155	153	2
ODP	672	635	37
OR	171	165	6
OT	3744	3624	120
PA	1842	1787	55
PH	3200	3081	119
PO	108	107	1
PYL	1457	1420	37
RA	3454	3350	104
SL	1721	1672	49
Total	21977	21320	657

TOTAL Student/Grads 20200506			
	Total	Reg	Non-reg
AS	0	0	0
BS	315	314	1
CH	82	82	0
CS	177	176	1
DT	253	253	0
HAD	2	2	0
ODP	130	129	1
OR	32	32	0
OT	800	798	2
PA	240	192	48
PH	900	893	7
PO	25	25	0
PYL	133	133	0
RA	589	573	16
SL	242	236	6
Total	3920	3838	82

Registered = added to the temporary register

Non-registered = added to the temporary register but subsequently removed

3. The policy position which sets out our approach to temporary registration can be found at Annex A. This was shared with key stakeholders including professional bodies and unions prior to the implementation of the temporary registration arrangements.
4. Following the publication of the COVID-19 temporary registers, and in anticipation of a potential surge in NHS workforce demand, we considered further options for extending temporary registration to further cohorts. Cohort 1 - former registrants who had de-registered in the past 3 years but were originally excluded from the temporary register because they had failed to pay their registration fees and Cohort 2 - former registrants who had de-registered from the following

professions Biomedical Scientists; Clinical Scientists; Dietitians; Occupational Therapists; Operating Department Practitioners; Paramedics; Physiotherapists; Radiographers; and Speech and language therapists in the past four and five years. The policy position can be found at Annex B.

5. Following extensive engagement from key stakeholders including NHSE/I, the Chief Allied Health Professions Officers and Chief Scientific Officers across the four nations, temporary registration has been extended to Cohort 1. This brought an additional 1,322 individuals into temporary registration. Currently, AHP and NHS stakeholders have indicated there is no pressing need for temporary registration to be extended for the time being. This is being kept under regular review.

Information and guidance

6. A COVID-19 [hub](#) which contains detailed guidance and advice for all our key stakeholder groups has been established. This is regularly updated to reflect changes in national guidance from the UK governments and Public Health bodies.
7. In order to support our registrants in applying each of the Standards of conduct, performance and ethics during the COVID-19 pandemic we have developed information sheets outlining the key considerations they should take. We have also signposted to external resources, relevant to each of the four countries.
8. Nine information sheets covering each of the ten standards, but combining standards eight and nine, have been developed and published on the website. They can be found [here](#). In summary the information sheets cover:
 - Managing risk: infection prevention and control
 - Scope of practice
 - Communicating during the COVID-19 pandemic
 - Developing resilience
 - Speaking up during an emergency
 - Supervision and delegation
 - Data protection in exceptional times
 - Balancing service user need during a pandemic
 - Openness and honesty in an overstretched service
 - Record keeping under pressure
 - Adapting your practice in the community
 - Medical entitlements and COVID-19
9. The information sheets and our frequently asked questions section have been updated to address issues of particular concern to registrants, for example PPE.
10. We have also issued a number of joint statements to provide guidance and reassurance to registrants and temporary registrants. They include:

- A statement by the CEOs of the statutory health and social care regulators recognising that the context in which registrants are currently operating in will be taken into account should a fitness to practise concern be raised;
- A statement with the Chief Allied Health Professions Officers of the four countries regarding temporary registration;
- A statement with the Chief Allied Health Professions Officers of the four countries and Council of Deans for Health outlining arrangements for student temporary registration.

Registrants' health and wellbeing

11. Supporting the health and wellbeing of our registrants during this challenging time has been a primary focus. This has included developing a dedicated set of resources on our website which can be found [here](#). These resources have been promoted through our social media channels.
12. We have also shown our support through video content, #clapforcarers and sharing registrants Covid-19 stories. We also followed up on a story of a paramedic who had been evicted by his landlady due to fears of Covid-19 infection, and wrote to the Secretary of State to highlight the issue.

Adapting how we regulate

13. The organisation has quickly adapted to working remotely, and using Microsoft Teams to keep in touch and share information.
14. The IT team were able to respond rapidly to the need to move to home working by expanding the existing service offering of Laptops and Windows Virtual Desktops (for those without Laptops) within a few days. The systems are successfully providing sufficient a capacity for 100% of all staff to be able to work from home.
15. Adjustments and support for critical business areas have been identified and prioritised, with the organisation showing agility in meeting these challenges. These initiatives include:
 - Enabling the capability for Electronic bundles via a portal in order to remove the difficulty in preparing and sharing materials for Hearings with a solution expected to launch in May.
 - Implementing remote FTP hearings using Microsoft Teams. Interim Order application and substantive hearings have successfully be held remotely, with a substantive hearing due to be trialled.
 - Exploring options for the integration of telephony services with the desktop to mobilise the in-office telephone landlines in order to better support remote working and customer service arrangements.

- Modification of registrations processes and systems to enable renewals and readmissions to be submitted by email with electronic payment.

In terms of 'business as usual' operations we have:

- Prioritised high risk FTP cases, by postponing substantive final hearings and holding virtual Investigating Committee Panels as necessary.
- Continued with our approval visits for new education programmes and monitoring through virtual visits. To date 27 virtual visits have been arranged between now and June.
- Worked weekend shifts and redeployed employees to Registrations to ensure we respond to email queries as quickly as possible.
- Continued to process post on a weekly basis.

Communications and stakeholder engagement

16. Policy proposals and regular updates have been shared with key stakeholders including the DHSC and the devolved administrations, PSA, unions and the professional bodies.
17. A collaborative approach has been adopted with other health and social care regulators, with a particular focus on those who also have temporary registration powers. This has included compiling a grid to share approaches to common issues. This has been shared with the PSA.
18. We have been in correspondence and had meetings with PSA's CEO and Director of Quality and Scrutiny to consider the impact of the Covid-19 crisis on the current performance review and future performance reviews. The PSA has set out a number of principles which will underpin their performance review approach during Covid-19.
19. In addition to establishing the Covid-19 hub, our communications approach has included regular CEO blogs and video messages, promoting content via social media channels. We also issued a statement and video message in response to those HCPC registrants who have sadly lost their lives to Covid-19.

Employee health and wellbeing

20. Ensuring the health and wellbeing of all employees whilst they are working from home has been a key priority of SMT. Wellbeing issues have been considered at the daily Covid-19 response group. The HR section of the Chief Executive's organisational performance report summarises the main initiatives.
21. Employees were asked to provide feedback on their working from home experience through an all employee survey. On the whole responses were positive, however it was evident a small number of employees have a less than

ideal working environment. To support these employees basic equipment needs, such as desks, chairs, hand rests etc., are being considered on a case by case basis.

Planning for a new normal

22. Our experience of responding to Covid-19 provides an opportunity to review and accelerate establishing a new, forward thinking and agile working culture at HCPC. Our response has demonstrated that we can be agile and work at pace, working collaboratively across departments. This positive momentum will be carried forward through re-visiting our policies and approach to flexible working and working from home; looking at those processes that can continue to be held virtually and the office space we need in the long term.
23. At the time of writing, employees continue to work from home. This will continue until a safe working environment can be established and there is clarity regarding the use of public transport. Any return to office working is expected to be very limited, with the majority of employees continuing to work from home for the medium term. We have, however, commenced planning around a phased return. This includes identifying what adjustments need to be made to the office environment to make it Covid-19 compliant such as desk utilisation and density, one-way routes and installation of screens. We are drawing on external H&S expertise to support us. We are also prioritising functions that need to return to office based working including the registration call centre and some final hearings.

Developing a temporary registration exit strategy

24. The emergency powers we have to establish the COVID-19 temporary register(s) will cease as soon as the Secretary of State writes to us to say that the emergency conditions no longer exist.
25. Although we have not received any indication from government that the emergency powers will cease any time soon, the SMT has started to consider at a strategic level what is needed to ensure an orderly close down of temporary registration. Our primary aim is to close the temporary registers in a way which minimises disruption to health and care services, and enables us to continue to perform our statutory functions in a timely and effective way to safeguard public protection. To achieve this aim we have identified the following core objectives:
- Ensure we are ready to close the temporary registers in an organised way which meets our legal and data sharing obligations.
 - Promote and facilitate the transition of as many temporary registrants as possible to the HCPC register.
 - Influence government thinking around the function of temporary registers and timings for their closure

26. A small project group has been established to work up proposals. These will be brought to Council for its consideration.

Annex A

HCPC policy position – COVID-19 response

In response to the COVID-19 pandemic, the HCPC has worked with the UK Government to create a COVID-19 temporary registerⁱ, of two parts. Our intention in doing so is to ensure there are no regulatory barriers to the following two groups practising on a temporary basis:

- Former registrants who have de-registered within the last three years.
- Final year students, on UK approved programmes, who have completed all their clinical practice placements.

We are actively engaged in discussions with the Government, other UK healthcare regulators, NHS representatives across the four countries, the Council of Deans of Health and others, to ensure our approach facilitates the NHS in recruiting the workforce it requires at this time.

The COVID-19 temporary register(s)

We will publish a COVID-19 temporary register of all former registrants who have de-registered in the past three years. We will ensure nobody appears on this list if they have been subject to fitness to practise concerns in the past. A second COVID-19 temporary register will be opened for final year students on UK approved programmes, who have completed all their clinical practice placements. No fees will be charged in relation to the COVID-19 temporary register(s).

Meeting the standards

The HCPC [Standards of conduct, performance and ethics](#), and [Standards of proficiency](#), will only apply to individuals on the COVID-19 temporary register(s) if they chose to return to practice (and only as far as they relate to their scope of practice). The [Standards of continuing professional development](#) will not be enforced in relation to audit, but we expect those practising on the COVID-19 temporary register(s) to ensure their skills, knowledge and experience are kept up to date.

Medicine entitlements

With the exception of annotations (such as prescribing rights and podiatric surgery), COVID-19 temporary registrants will be able to access their medicine entitlementsⁱⁱ as normal. We have decided to exclude annotations on the COVID-19 temporary register(s) based on our current risk assessment, but we will monitor developments to ensure this continues to be an appropriate approach.

What if concerns are raised about someone on the COVID-19 temporary register(s)?

If a concern is raised about a registrant on the COVID-19 temporary register(s), which meets our Triage test as explained in our [Threshold Policy](#), we will remove them from the COVID-19 temporary register(s) with immediate effect.

If you have any queries about the above, please contact policy@hcpc-uk.org.

Implementation

We will be adding professionals to the COVID-19 temporary register(s) in a phased approach to ensure we deploy the resources we have in the most appropriate way.

In anticipation of the relevant legislation being passed to enable us to hold a COVID-19 temporary register(s), we will undertake two phases of work.

- **Phase one:** We will write to former registrants from the following groups who have de-registered in the past three years to inform them they will be added to the COVID-19 temporary register: Biomedical Scientists; Occupational Therapists; Operating Department Practitioners; Paramedics; Physiotherapists; and Radiographers.

Once the relevant legislation has passed, we will then include their details on the COVID-19 temporary register, published online.

- **Phase two:** We will write to former registrants from the remaining nine groups who have de-registered in the past three years to inform them they will be added to the COVID-19 temporary register: Arts Therapists; Chiropodists/podiatrists; Clinical Scientists; Dietitians; Hearing Aid Dispensers; Orthoptists; Practitioner Psychologists; Prosthetists/orthotists; and Speech and language therapists.

Once the relevant legislation has passed, we will then include their details on the COVID-19 temporary register, published online.

Once relevant legislation has been passed enabling us to hold a COVID-19 temporary register(s), we will complete a final phase of work to include a further group:

- **Phase three:** We are working with the Council of Deans of Health and UK Higher Education Institutions to include final year students who have completed all their clinical practice placements on an online COVID-19 temporary register (students). The same approach will be taken as with the COVID-19 temporary register.

It is for employers recruiting COVID-19 temporary registrants to decide what, if any, checks they will need to put in place to prove identity. We expect that for the majority of former registrants, this will be fairly informal, relying on professional networks, employer records, education records or HCPC documentation (if still available).

If anyone requires a validation check or further HCPC registration information, they can get in contact with the HCPC Registration team at e-regtemp@hcpc-uk.org.

[Published 17 March 2020]

ⁱ Subject to appropriate legislation being passed, granting powers on us to do so

ⁱⁱ Medicine entitlements includes patient specific directions (PSDs), patient group directions (PGDs) and legal exemptions. For further information please visit our [medicine entitlements webpages](#)

Annex B

HCPC policy proposal – COVID-19 second stage response

Following the publication of the COVID-19 temporary registers, we have considered whether there is anything further we can do to reduce the regulatory barriers to further professionals joining the NHS workforce. Our statutory obligation to protect the public gives rise to two competing demands:

- Ensuring we don't create any unnecessary barriers to the deployment of healthcare professionals to manage the COVID-19 pandemic, as this could pose a risk to the public.
- Safeguarding the public from risks posed by individuals who lack the knowledge, skills or experience to safely treat service users during the COVID-19 pandemic.

In assessing this, we have taken account of our existing return to practice processes. These have been informed by risk modelling and engagement with our key stakeholders. Currently we don't place any requirements on those who have been out of practice less than two years. We require 30 days of updating for those out of practice up to five years, and 60 days of updating for those out of practice for over five years.

We are also mindful that many professionals will be working in emergency environments, potentially with limited supervision and support. This creates additional risks for those returning to practice after a significant period. With this mind, and taking account of resources available in the Registration department, we propose two further phases of work to support this next stage in our regulatory response to the COVID-19 pandemic, focusing on the following groups: Biomedical Scientists; Clinical Scientists; Dietitians; Occupational Therapists; Operating Department Practitioners; Paramedics; Physiotherapists; Radiographers; and Speech and language therapists. The professions that we will focus on in the next phases and the timing of implementation will be informed by input from key stakeholders including NHSE/I, the Chief Allied Health Professions Officers and Chief Scientific Officers across the four nations.

Phase one

When we wrote to former registrants who had de-registered in the past three years, we excluded those who had been removed because they had failed to pay their registration fees. We propose contacting this group to include them on the temporary register.

We envisage this would reach 1515 former registrants, and we would include this cohort for phase two.

Phase two

We propose writing to former registrants from the above professions who have de-registered in the past four to five years to inform them they will be added to the COVID-19 temporary register. The same opt-out process would be available to them, and the same restrictions would apply around medicine entitlements.

We envisage this would reach the following volume of former registrants:

Profession	Volumes		
	Phase 1	Phase 2	Total
Biomedical scientists	170	1351	1,521
Clinical scientists	32	211	243
Dietitians	49	270	319
Occupational therapists	188	1315	1,503
Operating department practitioners	130	342	472
Paramedics	186	654	840
Physiotherapists	275	1373	1,648
Radiographers	217	875	1,092
Speech and language therapists	75	597	672
TOTAL	1,322	6988	8,310

Annex C

Health and Care Professions Council (HCPC) statement of approach to fitness to practise investigations and hearings during the COVID-19 pandemic

The HCPC is the regulator of 15 professions that provide health and care services. Our role is to protect, promote and maintain the health and safety of the public, and maintain and uphold proper professional standards for the professions we regulateⁱⁱ. During this exceptional and uncertain time we are committed to continuing to fulfil our statutory duty to protect the public, whilst acknowledging that our registrants will be working in ever more demanding circumstances. We also acknowledge that those who raise concerns with us are also impacted by the changes to our way of life brought about by the pandemic.

This statement sets out how we will undertake fitness to practise investigations and hearings in this period, as well as the changes we have introduced to our usual fitness to practise processes.

Receiving new concerns and ongoing investigations

We will continue to receive and promptly triage any fitness to practise concerns, prioritising those matters that may require an interim order to protect the public.

The management of new and ongoing fitness to practise investigations will continue as normal, following the proportionate, fair and transparent approach set out in our Threshold Policy for Fitness to Practise Investigations. A copy of the Threshold Policy can be found on our [website](#). As set out in the [joint statement](#) of Chief Executives of statutory regulators of health and care professions, we will take account of the challenging circumstances registrants are working in at this time when assessing fitness to practise concerns.

Our aim is to progress investigations as efficiently as possible. We recognise that the NHS and other organisations are operating under pressure and we will therefore extend our usual timeframes for the receipt of information from third parties. We may also decide on relevant cases not to seek evidence or information from the NHS or other healthcare organisations at this time. This decision will be informed by the particular circumstances of each case, including its risk profile.

There may also be additional delays to the progression of investigations as we manage with a reduced staff and outside of our normal office environment.

Concerns about professionals on the COVID-19 temporary and student Registers

If we receive a concern about a registrant on either the COVID-19 temporary or student registers we will assess that concern against the Triage test set out in our Threshold Policy. The Triage test is a low bar and assessment will be made against this to afford the maximum public protection. If the concern meets our Triage test we will remove the registrant from the relevant temporary register with immediate effect. If the Triage test is not met the registrant will be able to remain on the relevant temporary register.

More detailed guidance on the removal of registrants from the temporary or student registers will be published separately.

Any concern we receive about a registrant on the COVID-19 temporary or student registers may be taken into account should that registrant apply for permanent registration with the HCPC in future.

A registrant on the temporary or student registers may use the protected title of the profession they are practicing in, for the duration of the time they remain on the temporary register(s) or until the temporary register(s) are closed.

Service of notices and sending correspondence

The Health Professions Order 2001 (the Order) and Panel rules requires the HCPC to serve notice of fitness to practice proceedings on registrants by postⁱⁱ.

In line with current UK government advice to work from home, we are no longer accessing our offices in Kennington, London. As such, it is no longer practicable for us to follow our previous processes for the service of notices by post in all circumstances. In order to be able to continue core fitness to practise activity as described in this statement service of notices will be done electronically. From Monday 23 March 2020, all notices, correspondence and documentation will be sent to registrants by email, to the email address they have registered with us. The only exception to this is Notices of Allegation, which will be sent by post and email.

It is therefore essential that registrants ensure that their registered email address is up to date. This can be done by logging into their MyHCPC account.

Where we do not have an email address for a registrant we will contact the registrant to obtain one. In exceptional circumstances where a registrant does not have, or we cannot obtain, an email address we will serve notices, correspondence and documents by post using a third party provider.

Where a registrant has a nominated representative we will also serve documents by email to that representative.

We recognise that registrants may encounter challenges to obtaining representation and/or to providing their submissions to any of our practice committees within the usual statutory timeframes. Where a registrant requires additional time to provide their submissions they should contact the fitness to practise department on the email address below as soon as possible. We will consider each request for an extension of time on a case by case basis, taking into account the current circumstances affecting each registrant.

We will correspond with other parties by email only. Where parties to a case cannot correspond by email and reasonable adjustments to communicating with the HCPC have been made these will continue.

Investigating Committee Panels

Investigating Committee Panels will continue as usual, though these will be held remotely rather than at our offices in London.

Fitness to practise hearings

Following UK government advice to work from home and restrict all but essential travel and social contact, we have temporarily closed the Health and Care Professions Tribunal Service hearings centres in the UK. Consequently, all substantive final hearings will be postponed until 6 July 2020 at the earliest. Any decision to recommence final hearings after that date will be made in line with the latest guidance issued by the UK government and Public Health England. We are making preparations to conduct substantive final hearings remotely, using virtual meeting methods, in case we are not able to open our hearings centres in the near future.

In order to fulfil our core public protection function, we will continue to undertake all interim order activity, i.e. new interim order applications and the review of existing interim orders.

Article 30(1) of the Order requires all substantive conditions of practice orders and suspension orders to be reviewed before they expire. We will therefore also continue to undertake the review of substantive orders in order to ensure that orders do not expire without the scrutiny of a fitness to practise panel.

Interim order activity and Article 30 reviews will take place either on the papers or remotely using teleconference or virtual meeting methods.

If either party to an interim order, interim order review or Article 30 review objects to the method proposed to hear the matter an application to adjourn should be made in accordance with our Practice Note on Adjournments and Postponements.

Practice Notes can be found on the Health and Care Professions Tribunal service [website](#).

We recognise that being involved in a fitness to practise hearing can be stressful for our registrants, and that delays to hearings taking place at this time may cause additional anxiety. Information about the help and support available to registrants can be found on the Health and Care Professions Tribunal Service [website](#).

Contacting the Fitness to Practise department and the Health and Care Professions Tribunal Service

Due to the temporary closure of our offices we are unable to answer telephone enquiries. Our ability to receive and process incoming mail is also limited and we will not be able to acknowledge receipt of documents sent by post or respond to postal queries within our usual service standard. We request that new referrals, correspondence or other documents are sent by email wherever possible. Please let us know if you require any reasonable adjustments to support you in contacting the HCPC and we will work with you to accommodate these.

The fitness to practise department can be contacted at ftp@hcpc-uk.org.

The Health and Care Professions Tribunal Service can be contacted at tsteam@hcpts-uk.org.

Support and guidance for our registrants during the COVID-19 pandemic is available in the [COVID-19 hub](#) on our website.

The HCPC will keep this approach under regular review.

Next review due by: 5 June 2020