
Corporate Strategy 2021 to 2026

Executive Summary

Between 28 September 2020 and 2 November 2020, we consulted on HCPC's draft Corporate Strategy 2021-26.

This paper presents our analysis of the stakeholder responses to our consultation. We propose Council focuses on how we reflect this feedback in the final Strategy at this meeting, with final agreement of the Strategy to take place later in December 2020.

Previous consideration	The Draft Corporate Strategy was presented to Council on 24 September and approved for consultation. The draft Corporate Strategy was consulted on between 28 September and 2 November.
Decision	Council is invited to: <ul style="list-style-type: none">• discuss and approve the consultation analysis, including areas requiring further attention• agree that the Chair and Chief Executive, with specialist communications input review the language used in the strategy, in particular in relation to vision, purpose and core activities. A final version will then be circulated to council for agreement by correspondence
Next steps	<p>Further to the review of language it is proposed that a final version of the strategy will be circulated for approval by correspondence before 18 December.</p> <p>The final version of the strategy will then be published, along with the consultation analysis document, in January 2021.</p> <p>The Executive will then produce a draft Corporate Plan for 2021-22</p>
Strategic priority	The new Corporate Strategy will replace the previous strategic priorities.
Financial and resource implications	The engagement and associated publication costs are reflected within the communications budget for 2020/21
Author	John Barwick, Chief Executive and Registrar

Corporate Strategy 2021 to 2026

1. Introduction

- 1.1 This paper presents our analysis of the stakeholder responses to our consultation on the Corporate Strategy 2021-26.
- 1.2 The Executive, in agreement with the Chair, proposes that at this meeting the Council focuses on how we reflect this feedback in the final Strategy. Final agreement of the strategy will then follow later in December 2020.

2. Stakeholder engagement and feedback

- 2.2 Between 28 September 2020 and 2 November 2020, we consulted on HCPC's draft Corporate Strategy 2021-26. The consultation included:
 - an online survey which was actively promoted to stakeholders by email, our website, social media and stakeholder specific newsletters.
 - Chair and Chief Executive meetings with government representatives across the four nations, the Chief Allied Health Professions Officers, Professional Standards Authority and Professional bodies
 - Webinars organised in collaboration with Unite, Unison and GMB and the Council of Deans for Health.
 - Commissioning of research to seek the views of service users and the public.
 - Focus groups with registrants and partners.
- 2.3 There has been excellent engagement with the consultation with 1516 responses received. The consultation process itself has been well received, particularly by registrants and partners through the focus groups. They very much valued the opportunity to participate in the strategy development and were pleased that HCPC was seeking their views. They felt this should become normal practice in future.
- 2.4 The full range of feedback is set out in the consultation document. In summary, the draft corporate strategy was welcomed by respondents who noted the importance of stakeholder collaboration and support for registrants in delivery. We can therefore have confidence in the validity of the strategy.

- 2.5 Respondents have provided valuable feedback on the language used, in particular in relation to the vision and purpose as well as clarifying what we mean by 'prevention' in the core activities section of the strategy.

3. Consultation analysis

- 3.1 A comprehensive analysis of the consultation responses received is included in this paper as appendix 1. This analysis sets out the key themes to emerge from the consultation and our proposed response to ensure the valuable feedback is reflected in the final version of the strategy. Our response is set out in section 4 of the analysis document.

4. Equality, Diversity and Inclusion Impact Assessment (EIA)

- 4.1 An EIA was undertaken at the launch of the strategy consultation. This can be found as part of the paper [here](#) (page 22 onward). Council may find it helpful to review this assessment and reflect on the consultation responses received, particularly those in response to question six which asked respondents for their views on EDI impact.

5. Risk

- 5.1 The main risk posed by our response to the consultation feedback is not acting on the feedback and demonstrating the value we place on engagement. We believe our consultation analysis response and amended approval process (to allow Council time to focus solely on the feedback and approve at a later date) demonstrates our commitment to meaningful consultation.

6. Appendices

- Appendix 1 – Consultation analysis

Consultation on the draft Corporate Strategy

Analysis of responses to the consultation on the Health and Care Professions Council's (HCPC's) draft Corporate Strategy

Introduction	2
Analysing your responses	4
Responses to consultation questions.....	7
Our comments and decisions	17
List of respondents (organisations)	20

1. Introduction

About the consultation

- 1.1. We consulted between 28 September 2020 to 2 November 2020 on our draft Corporate Strategy.
- 1.2. We informed a range of stakeholders about the consultation including professional bodies, employers and registrants. This included information about the consultation by email, on our website, through social media, in our registrant-facing newsletter, and our Partner update newsletter.
- 1.3. Our Chair and Chief Executive met with a range of stakeholders to talk through the detail of our proposals, including:
 - Government representatives across the four countries;
 - Chief Allied Health Professions Officers across the four countries;
 - The Professional Standards Authority;
 - Professional bodies; and
 - Trade unions
- 1.4. We commissioned Community Research¹ to research the views of both service users and the public around their expectations of HCPC as a healthcare regulator, their views of the HCPC's future aspirations and opinions of the HCPC draft strategy. We also commissioned independent communications consultancy Luther Pendragon Ltd² to conduct seven focus groups with registrants and partners.
- 1.5. We would like to thank all those who took the time to respond. You can download the consultation document and a copy of this responses document from our website.

About us

- 1.6. The Health and Care Professions Council (HCPC) is a statutory regulator of health and psychological professions governed by the Health Professions Order 2001.
- 1.7. Through the regulation of 15 different health and care professions, we protect the public from harm.
 - Arts therapists
 - Biomedical scientists
 - Chiropodists / podiatrists
 - Clinical scientists
 - Dietitians
 - Hearing aid dispensers

¹ <https://www.communityresearch.co.uk/>

² <https://www.luther.co.uk/>

- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Practitioner psychologists
- Prosthetists / orthotists
- Radiographers
- Speech and language therapists

1.8. We maintain a Register of over 280,000 professionals who meet our Standards and work across the health and care sector in the UK. We assure the quality of their education and we will investigate concerns about their fitness to practise.

About this document

1.9. This document summarises the responses we received to the consultation.

1.10. The document starts by explaining how we handled and analysed the responses we received, providing some overall statistics from the responses. Our responses and decisions as a result of the comments we received are set out in section four.

1.11. In this document, 'you' and 'your' is a reference to respondents to the consultation, 'we', 'us' and 'our' are references to the HCPC.

2. Analysing your responses

- 2.1. Now that the consultation has ended, we have analysed all the responses we received.

Method of recording and analysis

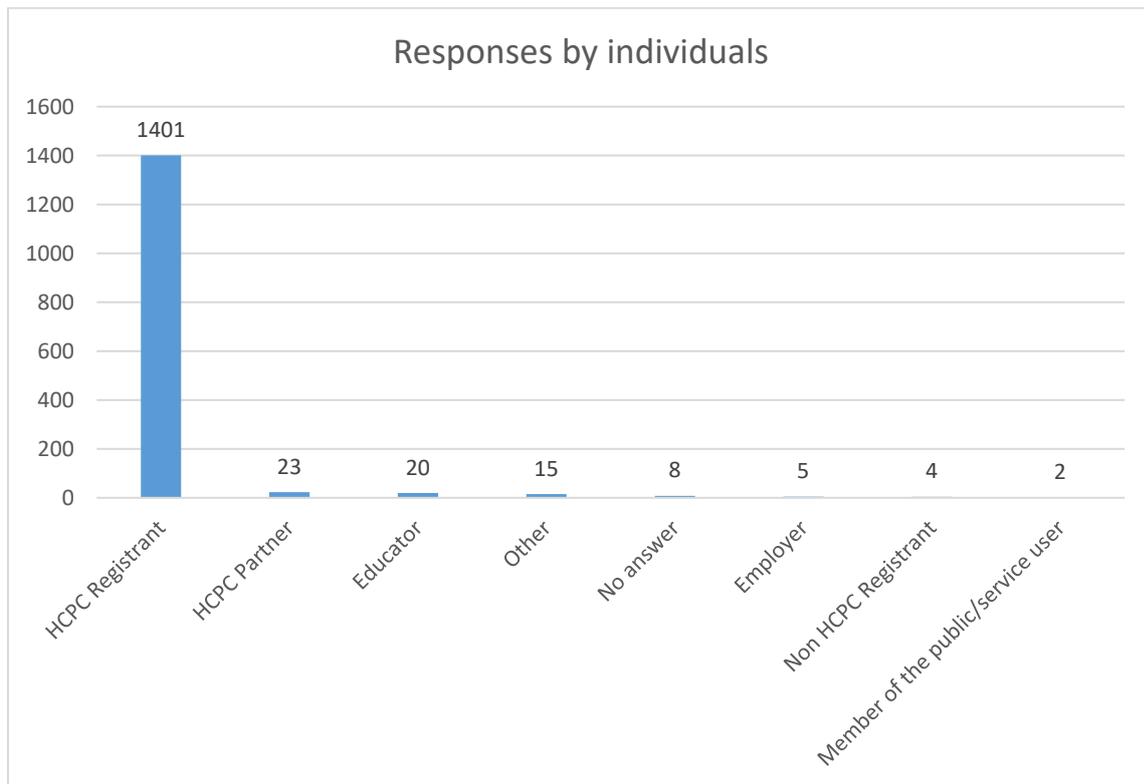
- 2.2. The majority of respondents used our online survey tool to respond to the consultation. They self-selected whether their response was an individual or an organisation response, and, where answered, selected their response to each question (e.g. yes; no; unsure)³. They were also able to give us their comments on each question.
- 2.3. Where we received responses by email or by letter, we recorded each response in a similar format.
- 2.4. When deciding what information to include in this document, we assessed the frequency of the comments made and identified themes. This document summarises the common themes across all responses, and indicates the frequent comments made by respondents.

Statistical analysis

- 2.5. We received 1516 responses to the consultation document through our survey. 1478 responses (97%) were made by individuals, of which 1401 (95%) were HCPC registered professionals. 38 responses (3%) were made on behalf of organisations.
- 2.6. The breakdown of respondents and responses we received to each question are shown in the graphs and tables that follow.

³ In a small number of cases, where appropriate, responses were reclassified from organisation to individual responses for accuracy

Graph 1: Breakdown of individual responses



Graph 2: Breakdown of organisation responses

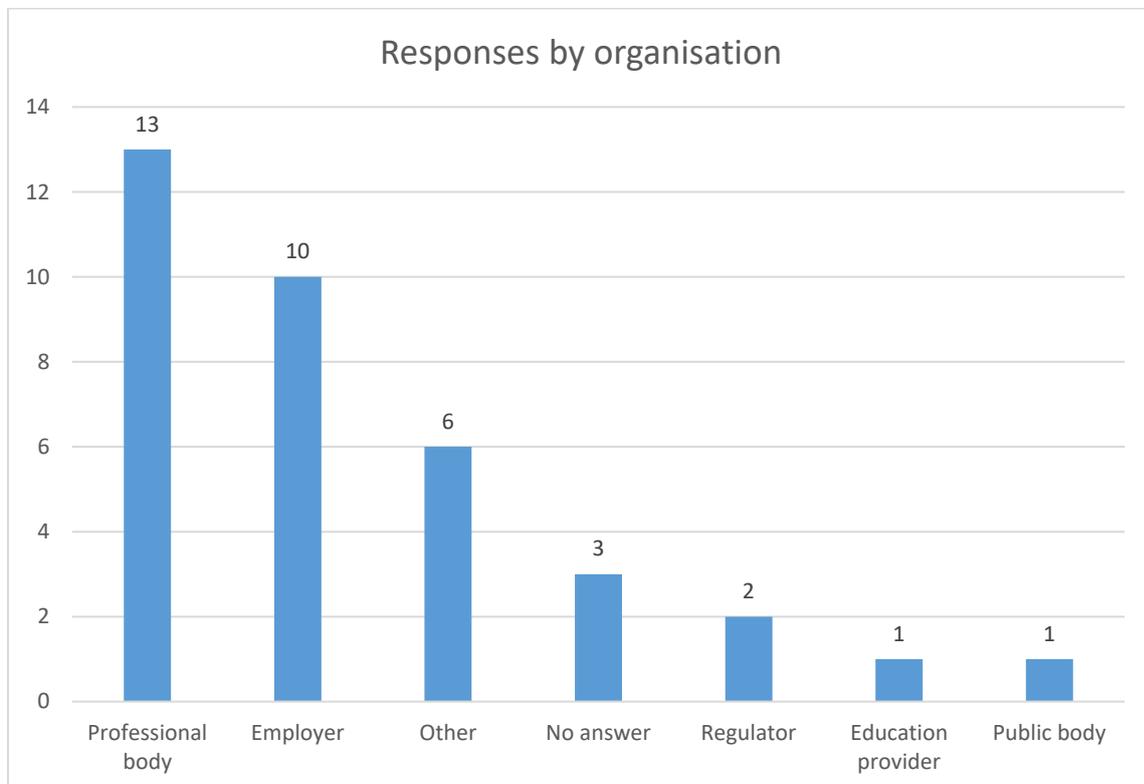


Table 1: Breakdown of responses to each question

Questions	Yes	No	Unsure	Didn't answer
Q1. Do you agree with our proposed vision? Please provide comments.	1003 (66%)	130 (9%)	222 (15%)	161 (11%)
Q2. Do you agree with our proposed purpose? Please provide comments.	1189 (78%)	76 (5%)	57 (4%)	194 (13%)
Q3. In our draft Strategy we have identified three core activities – regulation, learning and prevention. Do you think these are the right activities? Please provide comments.	987 (65%)	92 (6%)	116 (8%)	321 (21%)
Q4. We have proposed a set of four key values? Do you think these are the right values for the HCPC? Please provide comments.	1014 (67%)	68 (4%)	73 (5%)	361 (24%)
Q5. We have suggested six strategies to underpin our core work – do you consider these are clear, understandable and appropriate? Please provide comments.	935 (62%)	73 (5%)	66 (4%)	442 (29%)
Q6. Do you consider there are any aspects of our proposals that could result in equality and diversity implications for groups or individuals based on one or more of the following protected characteristics, as defined by the Equality Act 2010 and equivalent Northern Irish legislation ¹ ? If yes, please explain what could be done to change this. <ul style="list-style-type: none"> • Age • Gender reassignment • Disability • Pregnancy and maternity • Race • Religion or belief • Sex • Sexual orientation 	201 (13%)	571 (38%)	261 (17%)	482 (32%)
Question 7 invited further comments rather than a 'yes or no' answer, so is not included in the above tables. Responses to this question are included in Section four of this document				

Percentages in the table above have been rounded to the nearest whole number and therefore may not add up to 100%.

3. Responses to consultation questions

- 3.1. This section contains comments made in response to the questions within the consultation document.

Q1. Do you agree with our proposed vision? Please provide comments.

Summary

- 3.2. 66% of respondents agreed with the proposed vision. 9% of respondents disagreed and 15% were unsure.
- 3.3. There was little variation between the responses we received from organisations as compared with individuals;
- 3.4. Whether they agreed or disagreed with the vision, a large volume of respondents raised concern about use of the term 'foremost' in the vision, with many indicating this gave the wrong impression about the motivations of the HCPC. The Professional Standards Authority agreed and suggested 'high performing regulator' might be more appropriate.

Comments

- 3.5. Some common themes arose from the comments made by those who supported the proposed vision. Respondents felt the vision would help to ensure a sound basis for future developments, but that it could be improved by ensuring individuals were at the heart of it, and including a focus on high quality care.
- 3.6. Many respondents who agreed with this proposal, both organisations and individuals, commented on the use of the term 'foremost' in their response. They felt it suggested an inward-looking organisation with a competitive, unfriendly agenda. Many opined that a regulator should be collegiate with a focus on patient safety and stakeholder engagement, and that the vision should reflect this position. The Professional Standards Authority shared this view, stating that '...the strategy does not give sufficient detail on what the HCPC intends to do to improve performance across its core regulatory functions or link clearly enough to their overarching objective of public protection.'
- 3.7. One respondent gave their view that a strategic vision could be 'aspirational yet does not [need to] involve trying to excel against others'.
- 3.8. A small number of respondents who agreed with the vision felt it could be too ambitious for the HCPC, and some questioned what measures of success would/could be used.
- 3.9. The concerns raised by those who supported the proposed vision in relation to the use of term 'foremost' were echoed by those who disagreed with the

proposed vision, again by both organisations and individual respondents. In addition to the areas covered above, they also felt:

- it had the potential to undermine rather than unify the relationships with other healthcare regulators;
- there could be a negative impact on those professions not regulated by the HCPC, and that this impact could be discriminatory given professions do not have a choice about who their regulator is; and
- there were other, more important areas that should be included, such as effectiveness, efficiency, quality, trustworthiness, responsiveness, support, compassion and excellence.

3.10. Respondents who didn't agree with the proposed vision also raised concern that it lacked real meaning, and was too ambitious given the organisation's current position. This view was echoed by the Professional Standards Authority, who raised concern about the '...laudable ambition and strategies outlined in the document the HCPC's current position as a regulator' and felt that '...the aspiration outlined does not appear to be rooted in and/or build from the HCPC's current level of performance'.

3.11. Respondents who were unsure about the vision raised similar points to those outlined above, including:

- concerns about the use of the term 'foremost' sounding competitive and unclear;
- requests for further clarity of language as the current drafting was unclear and lacked meaning;
- desire to see other areas covered by the vision, such as support, engagement, equity, transparency, value, and efficiency; and
- interest in seeing what measures of success could/would be used.

Workshop feedback

3.12. In workshops held with service users and carers, the word 'foremost' was well understood and, to an extent, helped drive the perception of an ambitious vision. However, several participants did question the use of 'multi-profession', suggesting that the term would not widely translate to services users and members of the public (who are likely to have very low levels of awareness and understanding of regulation) as easily as it does to stakeholders.

3.13. Partners and registrants raised concerns around the use of the term 'foremost' in the vision; with both groups considering this to be a competitive term and not something the HCPC should aspire to. They felt the vision was too insular and self-focused, and instead it should be more dynamic and forward looking with a focus on integrity, humanity and public protection.

Wider considerations

- 3.14. A number of comments raised in relation to this question did not relate to the proposal, but to other matters. We will consider these separately.

Q2. Do you agree with our proposed purpose? Please provide comments.

Summary

- 3.15. 78% of respondents agreed with the proposed purpose. 5% of respondents disagreed and 4% were unsure.
- 3.16. There was little variation between the responses we received from organisations as compared with individuals.

Comments

- 3.17. Respondents who agreed with the proposed purpose indicated that they identified with it more than they did the vision. They felt it clearly outlined the role of a healthcare regulator and was positive and achievable.
- 3.18. Some respondents who agreed with the proposed purpose felt that it could be improved by changes in language, including:
- replacing the term 'uphold' with 'promote', as they considered upholding the standards was a registrant obligation;
 - removing the term 'highest' as the HCPC's standards are threshold level; and
 - reviewing the use of the term 'inspire', as they felt its purpose was ambiguous and it wasn't clear what stakeholder group it was intended for.
- 3.19. A number of respondents raised the importance of stakeholder engagement and collaboration in their response to this proposal; both in terms of the importance of raising the organisation's profile, and also the importance of stakeholder collaboration in delivering the purpose.
- 3.20. An interest was expressed by respondents in support of the proposed purpose around the measures of success that could/would be used.
- 3.21. There were mixed views across registrant responses in favour of the proposed purpose in relation to fitness to practise; with some considering there should be more focus on this in the purpose, and some opining there should be less.

- 3.22. Of the respondents who disagreed with the proposed purpose, a large number outlined the need for the purpose to also focus on supporting registrants, with one respondent suggesting the purpose could include that the HCPC will ‘...empower our professions to be the best they can be.’
- 3.23. The respondents who disagreed with the proposed purpose, or were unsure about it, shared the views of those in support of the proposed purpose around language. In particular that the term ‘highest standards’ didn’t not correctly capture the purpose of the HCPC standards, and that ‘inspire’ was an ambiguous term, unhelpful in the purpose statement. They also raised the value of increase stakeholder engagement and collaboration.

Workshop feedback

- 3.24. In workshops held with service users and carers, participants supported the purpose, in particular use of the terms ‘protect the public’ and ‘highest standards’.
- 3.25. The proposed purpose was generally positively received by both registrants and partners. That said, they considered more work needed to be done on external communication and engagement to raise the HCPC’s profile if the Corporate Strategy is to be fully realised.
- 3.26. Registrants noted the positive steps taken by the HCPC during the COVID-19 pandemic, in particular the Registration Portal, commencement of virtual hearings, and the move to paperless administration. They hoped this would be a catalyst for change and they wanted to see this set out in the Corporate Strategy.
- 3.27. Partners questioned the use of the term ‘highest standards’, which they felt wasn’t appropriate given HCPC’s standards are set at threshold level.

Wider considerations

- 3.28. A number of comments raised in relation to this question did not relate to the proposal, but to other matters. We will consider these separately.

Q3. In our draft Strategy we have identified three core activities – regulation, learning and prevention. Do you think these are the right activities? Please provide comments.

Summary

- 3.29. 65% of respondents agreed with the proposed core activities. 6% of respondents disagreed and 8% were unsure.
- 3.30. There was some variation between the responses we received from organisations as compared with individuals. Whilst 65% of individuals who

responded agreed with the core activities identified in our proposals, only 49% of organisations who responded agreed.

Comments

- 3.31. A large number of respondents who agreed with the proposed core activities made comments about additions they felt should be incorporated. These included areas such as:
- support for registrants, including training and development resources and promotion of their work;
 - reference to regulatory activities, including setting standards, approving education provision and protection of title;
 - efficiencies across the HCPC's activities; and
 - research.
- 3.32. Respondents in support of the proposed core activities also commented on the need for further clarity in this regard. Largely this related to clarity about what the term 'prevention' meant, and what the proposed activities would achieve. Some respondents felt the diagram set out a hierarchy and questioned if this was intentional.
- 3.33. Some respondents who disagreed with the proposed core activities, or were unsure, did so because they felt there were other areas that should be included:
- support, empowerment and professional development of registrants;
 - education and promotion to raise awareness; and
 - protection for registrants from vexatious allegations.
- 3.34. A large volume of respondents who disagreed with the proposed core activities, or were unsure about them, found the term 'prevention' hard to understand and welcomed further clarity. Some felt the same in relation to the term 'learning' as they considered the description to be too vague.
- 3.35. Some respondents requested further clarity about the weight given to each of the three core activities. The Professional Standards Authority welcomed 'the HCPC's intention to use learning to support improvements in regulatory approach and to inform preventative action' but queried 'whether the focus ... is appropriate.'
- 3.36. As with responses to earlier proposals, respondents highlighted the importance of stakeholder engagement and collaboration in taking them forward, and queried what measures of success could/would be used.

Workshop feedback

- 3.37. In workshops held with service users and carers, there was support for the core activities proposed.
- 3.38. Registrants and partners felt that further clarity on the diagrammatic representation of the core activities would be helpful to show how they interlink and that patient safety is at the core of all three.
- 3.39. Further clarity was also welcomed by registrants in relation to the HCPC's role in learning and what was meant by prevention. They also noted the lack of reference to supporting registrants and suggested this should be addressed.
- 3.40. Whilst partners recognised the importance of the HCPC's prevention work, they felt the explanatory content in the draft Corporate Strategy was not sufficiently clear.

Wider considerations

- 3.41. A number of comments raised in relation to this question did not relate to the proposal, but to other matters. We will consider these separately.

Q4. We have proposed a set of four key values? Do you think these are the right values for the HCPC? Please provide comments.

Summary

- 3.42. 67% of respondents agreed with the proposed key values. 4% of respondents disagreed and 5% were unsure.
- 3.43. There was little variation between the responses we received from organisations as compared with individuals.

Comments

- 3.44. Respondents largely welcomed the four key values proposed; indicated they were clear and concise, took a considerate approach towards stakeholders' and were of particular relevance given the experiences of 2020.
- 3.45. The following comments were frequently made by respondents who agreed with the proposed key values, those who disagreed and those who were unsure:
- the descriptor for the inclusive value could be more aspirational; not just valuing diversity but championing it;
 - the descriptor for the compassionate value should include support for registrants;

- 'professional' should be included in one of the descriptors; and
 - inclusivity needed to be taken forward for all those with protected characteristics, not just certain groups.
- 3.46. Whilst the Professional Standards Authority welcomed 'the focus of the strategy on equality, diversity and inclusion' it welcomed more detail on how the HCPC will 'consider the impact of its processes and approach on different groups of service users'.
- 3.47. There were mixed views from respondents in relation to the 'enterprising' value; with some welcoming this approach and others concerned it wasn't appropriate for a regulator. Health Education England cited '...the work that HCPC and HEE undertook together during the pandemic to encourage return to practice to support the NHS, as a key example of this value'.
- 3.48. As with responses to earlier proposals, respondents highlighted the importance of stakeholder engagement and collaboration in taking them forward, and queried what measures of success could/would be used.

Workshop feedback

- 3.49. In workshops held with service users and carers, there was general support for the four key values proposed, although participants were divided about the suitability of the use of the word 'enterprising'. For just over half of participants enterprising was linked to innovation and creativity and was in keeping with how they have interpreted the strategies; for around a third of participants 'enterprising' suggested business and profit and was at odds with their understanding of the role and funding of the HCPC.
- 3.50. Registrants and partners welcome the use of 'Fair', 'Compassionate' and 'Inclusive' in the values, but there were mixed views in relation to the use of 'Enterprising'. Registrants in particular felt it was 'corporate jargon' and suggested alternatives, including 'responsive' and 'innovative'.

Wider considerations

- 3.51. A number of comments raised in relation to this question did not relate to the proposal, but to other matters. We will consider these separately.

Q5. We have suggested six strategies to underpin our core work – do you consider these are clear, understandable and appropriate? Please provide comments.

Summary

- 3.52. 62% of respondents agreed with the six strategies proposed to underpin our core work. 5% of respondents disagreed and 5% were unsure.

3.53. There was some variation between the responses we received from organisations as compared with individuals. Whilst 62% of individuals who responded agreed with the core activities identified in our proposals, only 49% of organisations who responded agreed.

Comments

3.54. Health Education and Improvement Wales stated that the 'strategies are comprehensive' and a professional body indicated they were a '...positive step forward, as they are open, transparent, and collaborative.'

3.55. The following comments were frequently made, both by respondents who agreed with the proposed strategies, and those who disagreed:

- caution should be given to innovation to ensure no unintended consequences;
- stronger reference could be made to engagement with, and support for, registrants;
- content covering equality, diversity and inclusion should be articulated with and even more proactive stance; and
- the term 'responsive' should be more prominent.

3.56. Respondents who disagreed with the proposals, or were unsure about them, largely did so because they felt the wording contained too much jargon and needed further clarity.

3.57. The Professional Standards Authority suggested further detail was required '...to fully explain how the HCPC intend to address the issues identified with their current performance.'

3.58. As with responses to earlier proposals, respondents highlighted the importance of stakeholder engagement and collaboration in taking them forward, and queried what measures of success could/would be used.

Workshop feedback

3.59. In workshops held with service users and carers, participants believed that all the strategies were clear, appropriate and understandable. Two strategies resonated slightly more strongly with participants ('promote high quality and professional practice' and 'continuously improve and innovate') due to their perceived focus on meeting the needs of registrants and service users and ensuring patient safety.

3.60. Whilst registrants felt HCPC's strategies were laudable, they questioned whether it had 'the skills and background to complete this work'. Partners felt

the strategies were not specific or actionable enough and required more specific outcomes.

- 3.61. Partners commented on the lack of any reference to communication in the strategies, which they felt was paramount for the organisation.

Wider considerations

- 3.62. A number of comments raised in relation to this question did not relate to the proposal, but to other matters. We will consider these separately.

Q6. Do you consider there are any aspects of our proposals that could result in equality and diversity implications for groups or individuals based on one or more of the following protected characteristics, as defined by the Equality Act 2010 and equivalent Northern Irish legislation¹? If yes, please explain what could be done to change this.

- **Age**
- **Gender reassignment**
- **Disability**
- **Pregnancy and maternity**
- **Race**
- **Religion or belief**
- **Sex**
- **Sexual orientation**

Summary

- 3.63. 38% of respondents considered the proposals would not have equality and diversity implications on protected groups or individuals. 13% of respondents thought they could, and 17% were unsure.
- 3.64. There was little variation between the responses we received from organisations as compared with individuals.

Comments

- 3.65. Respondents who felt the proposals could result in equality and diversity implications for groups or individuals cited the following reasons:
- Age – one respondent state that there are a considerable group of older people who do not access technology so these proposals could limit and exclude their access to HCPC standards.
 - Disability – no detail given.
 - Gender reassignment – one respondent felt the term ‘Gender identity’ would be more appropriate and inclusive.
 - Sex – concerns were raised that ‘there are too many women at the HCPC’.

- Socio-economic status – one respondent stated that tackling health inequalities should be more prominent in the HCPC Corporate Strategy. Another respondent raised concern that ‘Those in lower income groups are discriminated against’. No further detail was provided.
- 3.66. One respondent asked what action was being taken to monitor and improve the HCPC’s understanding in relation to its impact on those with protected characteristics, whilst another stated that the HCPC needed to take a stronger, more proactive stance around equality, diversity and inclusion issues.
- 3.67. Two respondents stated that the development of the Corporate Strategy should be accompanied by an equality impact assessment.
- 3.68. Some comments were made in relation to improvements that could be made throughout to support the HCPC’s intention to be an inclusive healthcare regulator.
- 3.69. Those respondents who didn’t feel the proposals would result in equality and diversity implications for groups or individuals welcomed the proposals to develop insight and exert influence

Wider considerations

- 3.70. A number of comments raised in relation to this question did not relate to the proposal, but to other matters. We will consider these separately.

Q7. Do you have any other comments about the draft Corporate Strategy?

Summary

- 3.71. Comments arising from this question largely echoed the responses throughout, and included reference to the need for:
- robust stakeholder engagement and collaboration in the implementation of these proposals;
 - further support from the HCPC for registrants;
 - clear measures of success; and
 - a focus on efficiencies.
- 3.72. Whilst in general terms the Corporate Strategy was welcomed, both organisations and individuals queried whether it was too ambitious for the HCPC and suggested a refocus on improvement against the PSA standards would be a more appropriate focus in some areas.

4. Our comments and decisions

- 4.1. The following section sets out our response to the range of comments we received to the consultation. We have not responded to every individual comment but grouped the comments we identified into themes.
- 4.2. A summary of our decisions following the consultation are set out at the end of this section.

Key themes

- 4.3. Overall, our draft corporate strategy was welcomed by respondents who noted the importance of stakeholder collaboration and support for registrants in delivery. They welcomed further detail about the measures of success that could/would be used.
- 4.4. We have set out below a summary of responses for each of the proposals set out in the consultation document below:

- **Vision**

Respondents welcomed an aspirational vision that focuses on high quality care and puts individuals at the heart of everything the organisation does. They raised concern about the use of the term 'foremost' and the inward-looking, competitive impression it gave of the HCPC.

Some respondents felt the vision was too ambitious, and instead that it should have more of a focus on improvements to the HCPC's fitness to practise function.

Service users felt that the term 'multi-profession' would not be easily understood by stakeholders who have limited interaction with healthcare regulation.

- **Purpose**

Respondents identified more strongly with the proposed purpose than the proposed vision; they felt it was positive and achievable. Some felt that the language could be improved; replacing 'uphold' with promote and revisiting the terms 'highest' and 'inspire'.

Again, respondents felt that there should be great recognition of the work required to improve the HCPC's fitness to practise function. Many felt that the purpose should have a clearer focus on collaboration and support.

- **Core activities**

The proposed core activities were largely welcomed by respondents to the consultation. That said, many welcomed further clarity about the term 'prevention'. A number of respondents suggested further additions should be made to the core activities to include: support for registrants; reference to regulatory activities; efficiency measures; and, research.

- **Key values**
Respondents generally appreciated the four key values proposed, which they felt were clear, concise and considered. However, they thought that the 'Inclusive' value could be more aspirational, and that being 'Compassionate' required a commitment to supporting registrants. There were mixed views about the 'Enterprising' value.
- **Strategies**
The six strategies proposed were largely welcomed by respondents to the consultation, although respondents felt that caution should be given to innovation to ensure no unintended consequences and the content covering equality, diversity and inclusion should be articulated with a more proactive stance.
- **Equality, diversity and inclusion**
Relatively few respondents felt the proposals could have implications for protected groups and individuals. However, of those who did, they cited age, disability, gender reassignment, sex, and socio-economic status as characteristics that could be impacted. Two respondents stated that an equality impact assessment should be completed for the proposed changes; this is something the organisation is undertaking alongside the development of the strategy.

Summary of our decisions

- 4.5. We welcome the feedback from respondents and have set out below our response and decisions.

Language

- 4.6. We welcome the feedback we've received on the language used in the draft Corporate Strategy. We will take this feedback and revise our approach; particular in relation to the language used in the vision and purpose.
- 4.7. We will ensure the Corporate Strategy is clear about our ambitions to be a high-performing, collaborative regulator that is focused on being the very best that we can be. We will give greater prominence to our role in protecting the public and give greater clarity to our intentions around innovation.

Ambition

- 4.8. We are committed to getting the basics right and improving our core regulatory performance. However, to meet the ever-changing and ever-increasing demands in healthcare, we also need to look to the future and ensure we are doing all that we can to protect the public and provide support and guidance to our professions.
- 4.9. For us to achieve this we need to develop our approach to data and intelligence, increase our engagement with our stakeholders, and take action

to prevent harm. We want to harness the flexible and agile approach we took to respond to the COVID-19 pandemic and embed this in our day-to-day practice.

Detail

- 4.10. Many of the responses we received to the consultation raised questions about how we will deliver the strategy, and how we will measure outcomes and success.
- 4.11. Our strategy sets out our vision and goals, it details where we want to be and indicates what our priorities are. Further detail about how and when we will deliver this strategy will be provided in our Corporate plan and will be supported by the various strategies that support it; for example, our:
- Equality, Diversity and Inclusion Strategy.
 - Registrant Health and Wellbeing Strategy.
 - Digital Transformation Strategy.
- 4.12. Additional granularity will also be provided by our annual workplans.

Equality, diversity and inclusion

- 4.13. We will take the responses to our question around equality and diversity implications and consider these as we further develop our equality impact assessment for this work. We will seek further information to inform this where detail was missing from responses.

5. List of respondents

- 5.1. Below is a list of all the organisations that responded to the consultation. Please note, a number of respondents indicating they were providing an organisational response but didn't leave their organisation name.

British Dietetic Association
Berkshire Healthcare NHS Foundation Trust
British Association of Music Therapy
Conatus Health
Cornwall Educational Psychology Ltd
Council of Deans of Health
East England NHS Ambulance Trust
General Medical Council
Health Education and Improvement Wales
Health Education England
Hywel Dda University health Board
Institute of Biomedical Science
Julia Richards Educational Psychology Limited
Lancashire teaching hospitals
NHS Education for Scotland
NHS Shetland
Professional Standards Authority
Royal College of Occupational Therapists
Royal College of Speech and Language Therapists
South East Coast Ambulance Service
The College of Paramedics
The College of Podiatry
UNISON
Unite the Union
University of Northampton
University of the West of England