

Council

Public minutes of the 148th meeting of the Health and Care Professions Council as follows:-

Date: Thursday 23 February 2023

Time: 11am

Venue: Videoconference

Present: Christine Elliott (Chair)
Oli Davies*
Damien Baker*
Maureen Drake
Rebekah Eglinton
Kathryn Foreman
Sue Gallone
Helen Gough
John McEvoy
Lianne Patterson
David Stirling
Kathryn Thirlaway
Valerie Webster
Steven Vaughan

In attendance:

Gail Adams, Unison
Zoe Allan, Governance Officer
Claire Amor, Executive Director of Governance, Assurance and Planning
Alastair Bridges, Executive Director of Resources and Business Performance
Laura Coffey, Interim Executive Director of Regulation
Guy Collins, Unison
Aveen Croash, Quality Assurance Manager
Rachael Gledhill, Acting Head of Policy and Standards
Adam Haxell, Strategic Relationships Lead
Colette Higham, Professional Standards Authority
Anna Holdsworth, Capsticks LLP
Celestine Laporte, Unison
Mark Platt, Policy Lead
Laura Ryan, Kingsley Napley
Andrew Smith, Interim Deputy Chief Executive
Adam Thomas, Luther Pendragon
Simon Whale, Luther Pendragon
*Council Apprentice

Public Agenda

Item 1. 23/1 Chair's welcome and introduction

- 1.1 The Chair welcomed those present to the 148th meeting of Council.
- 1.2 The Chair extended a special welcome to John McEvoy and Lianne Patterson, Council members, and Oli Davies and Damien Baker Council Apprentices, who were attending their first meeting of the Council.

Item 1.i. 23/2 Apologies for absence

- 1.i.1 There were no apologies for absence.

Item 1.ii. 23/3 Approval of Agenda

- 1.ii.1 The Council approved the agenda.

Item 1iii. 23/4 Declaration of Members' interests

- 1.iii.1 All registrant members of Council declared an interest in item 4 'Registration Fees Consultation' as they were required to pay the HCPC registration fee.

Item 1iv. 23/5 Minutes of the Council meeting of 7 December 2022

- 1.iv.1 The Council approved the minutes of its meeting of 7 December 2022.

Item 1.v. 23/6 Matters arising

- 1.v.1 The Council noted those matters arising from previous meetings.

Standing reports

Item 2. 23/7 Interim Deputy Chief Executive's performance report

- 2.1 The Council received a report from the Interim Deputy Chief Executive. The report highlighted key areas of development in the reporting period, since December 2022.
- 2.2 The Council noted the following points:-
 - the Department for Health and Social Care (DHSC) had published its response to its consultation on regulatory reform and launched its consultation on the GMC's legislation for the regulation of anaesthesia

and physician associates. In doing so DHSC had publicly confirmed that the HCPC and NMC were the next two regulators to be prioritised for reform;

- HCPC continued to receive high volumes of international applications. 12,000 international applications had been received since 1 April 2022 which compared to just under 5,000 in the same period in the preceding year. Structural, process and system changes within the registration department had enabled performance to remain within the service standards. Contact centre performance had also improved with 96% of telephone calls answered and emails being responded to within two working days since October 2022;
- the development of the HCPC Corporate Plan and budget for 2023-24 was well advanced and the People and Resources Committee had agreed to recommend the draft budget to the Council for approval at its March meeting. A balanced budget position would be presented, which had required hard choices to prioritise development activity in order to ensure affordability;
- analysis of the time that new HCPC registrants remained on the register was published in January. This work supported wider workforce planning efforts in the health and care sector. The analysis would also support the HCPC's partnership work with Health Education England (HEE) on preceptorship; and
- HCPC was reviewing its approach to maintaining the temporary register following the government's decision to extend the register for a further two years. Assurance activity would need to take place given the length of time the register had been operating and recommendations for this would be presented to the Council at its March meeting.

2.3 The Council asked how the HCPC was responding to the strike action being taken by some professions. It was noted that the HCPC had issued a position statement and that legal industrial action was not a regulatory matter. The HCPC had been in regular contact with the relevant professional bodies as well as other regulators to monitor the situation.

2.4 The Council noted that benefits realisation had been integral to the development of the 2023-24 Corporate Plan and asked if improved forecasting and tracking would also be in place for the delivery of the plan. It was noted that this would have an increased focus in 2023-24 with the establishing of an internal change and benefits group.

2.5 The Council thanked the Interim Deputy Chief Executive for an informative report and his work supporting the organisation in the interim period.

Item 3. 23/8 Fitness to Practise Performance Report

- 3.1 The Council received a paper from the Interim Executive Director of Regulation. The paper reported on the HCPC's Fitness to Practise (FTP) performance.
- 3.2 The Council noted the following points:-
- the HCPC's target of 80% adherence with best practice standards for risk assessments was met in December 2022 (88%) and January 2023 (87%). The stretch target of 90% was being pursued;
 - scoring criteria for quality assurance checks changed in October to score any checks not completed in the required timescale zero regardless of the robustness of the check; this was to give more focus on the timeliness of the checks;
 - the case planning target of 80% was exceeded in December 2022 and January 2023 with 92% compliance achieved;
 - in November 2022 and January 2023 HCPC closed its oldest live cases, while the median age fell within the KPI of 33 weeks. This demonstrated that younger cases continued to be progressed alongside older cases;
 - the median age of the live post investigating committee panel (ICP) caseload at the end of January 2023 was 64 weeks and above the KPI of 39 weeks. The age profile of the post-ICP caseload was expected to increase as the older cases are moved through the process;
 - the number of open threshold cases had reduced throughout 2022, and in January 2023 it was at its lowest level since July 2021; and
 - a registrant support line would be launched before the end of March 2023, FTP team training was underway.
- 3.3 The Interim Executive Director of Regulation summarised the HCPC's FTP improvement work over the previous year. It was noted that the HCPC FTP phase one improvement programme was formed of 16 improvement projects, which had been completed and were being embedded in phase two of the programme. While improvements had been made to quality and timeliness measures, the HCPC's legislation was outdated and the improvements that could be achieved were impacted in part by legislative restrictions. The HCPC was pleased to have been named by the DHSC as the next regulator to be prioritised for reform. This would enable the modernisation of FTP processes and aid more compassionate regulation. The HCPC however would not be complacent in pursuing further performance improvement in the intervening period before reformed legislation was in place.
- 3.4 The Council noted that older cases were being progressed and asked how the HCPC was ensuring that a new backlog did not develop. It was noted that the

HCPC had developed a future forecasting model to more accurately predict case flows to enable resources to be moved within the FTP department to handle peak processing volumes in different teams. Additionally, the addition of legally qualified ICP chairs had enabled more cases to conclude at ICP stage, further mitigating a backlog at final hearing stage.

- 3.5 The Council welcomed the introduction of a registrant support line which would launch in March 2023, following on from the launch of a lay advocacy service to support witnesses and other FTP participants. The Council asked how the HCPC would seek assurance that the services were helping those using them. It was noted that the lay advocacy service had launched in September 2022, and high uptake had not been expected. The cases which had been recommended for this service were being monitored. Both providers had a customer satisfaction survey in place to provide management information to the HCPC to track the usefulness of the service. Similarly, EDI data was collected to enable HCPC to gain assurance on the equality of access to the service.
- 3.6 The Council asked what support was in place for FTP employees dealing with difficult cases. It was noted that a number of initiatives were in place including mental health first aid training and wellbeing advisors positioned within teams. In addition, managers had been trained to increase their confidence in having supportive welfare conversations with employees, and to offer debriefing sessions following particularly difficult calls or cases.
- 3.7 The Council asked for more detail on why senior decision maker closure rates had improved in the second half of 2022. The Interim Executive Director of Regulation noted that this was due to an increase in resource in this team in the second half of the year as well as the impact of work undertaken on process improvements to ensure cases presented to the senior decision makers were better prepared.
- 3.8 The Council noted that the frontloading of investigations was undertaken by the HCPC's legal providers and not in house, but that it was the HCPC's aim to build in house capacity and capability in 2023-24.
- 3.9 The Council asked that graph axes be labelled. **ACTION.**
- 3.10 The Council thanked the Interim Executive Director of Regulation for the clarity of reporting in what was a complex area.

Item 4. 23/9 Registration Fees Consultation

- 4.1 The Council received a paper from the Executive Director of Resources and Business Performance. The paper presented an analysis of the HCPC's public consultation on a proposed increase to the registration fee.
- 4.2 The Council noted the following points:-
 - the HCPC ran a public consultation on its registration fee levels between 22 September and 15 December 2022. 9509 responses to the

consultation were received, of which 98% were from registrants, which was equivalent to just under 3% of the HCPC register. 34 organisations responded to the consultation;

- to support the consultation HCPC engaged directly with registrants and the public via ten open webinars and five focus groups. A dedicated fee briefing was set up for professional bodies as well as dedicated meetings. Direct engagement was undertaken with the public and service users through focus groups;
- the majority of survey respondents (88% of 3% of registrants) opposed the proposed increase. Overall, the focus group participants were supportive of the proposed fee increase and expressed the view that given inflation, an increase of this order was to be expected;
- 45% of survey respondents said they understood or were neutral about the rationale for the proposed increase;
- there was general support from survey respondents for the proposed mitigation measures included in the consultation including support for working with employers to protect Continuing Professional Development (CPD) time; and
- the HCPC's underlying financial position remained strongly adverse with an underlying deficit of £1m. For this reason, the Executive recommendation was that the Council agree to seek parliamentary approval for a fee increase of £19.62 from July 2023, with the impact mitigated by increasing the frequency of direct debits, doing more to promote the availability of tax relief on fees and advocating protected CPD time.

4.3 The Council noted the HCPC's unique position among health profession regulators of requiring full public consultation and both UK and Scottish parliamentary approval to make changes to its fees. This made the process to adjust income to meet rising costs significantly more difficult and costly than the HCPC's comparator regulators as well as the professional bodies of the HCPC's 15 professions. It also prevented the HCPC from being able to implement smaller more regular increases. It was further noted that the HCPC had the lowest registration fee level of all the regulators and this would remain the case should the proposed increase of £19.62 and equivalent increases in other fees be implemented.

4.4 The Council agreed that the economic climate and pressures faced by registrants made it a regrettable time to require a fee increase. However, in view of the severe financial sustainability challenges the HCPC faced, good stewardship of the HCPC required the Council to seek to increase the HCPC's fees to address a long-term legacy of under-funding and to ensure that the HCPC's primary purpose of public protection could continue to be effectively delivered.

- 4.5 The Council thanked the Executive for the extensive engagement work undertaken to support the consultation and the openness and transparency with which this was approached. The Council also noted the Executive's efforts to find efficiencies to minimise the fee rise amount required.
- 4.6 The Council welcomed the inclusion of the public and patient voice in the consultation achieved through independently facilitated focus groups. The Council considered that significant weight needed to be given to these voices due to the HCPC's public protection remit.
- 4.7 The Council agreed that, subject to a fee rise being achieved, the HCPC should focus resource on advocating for protected CPD time for registrants as an important part of professionalism and workforce resilience. It was noted that this would be a challenging campaign given the workforce pressures in the NHS.
- 4.8 The Council discussed the difficulty of implementing a system to provide a fee discount to those on low incomes and the expense this would incur. The Council agreed with the Executive recommendation that this could not be taken forward due to the cost but asked that the complexity of introducing such a system be more clearly explained within the consultation response document. **ACTION.**
- 4.9 The Council discussed the consultation responses of the professional bodies. It was noted that the Executive would continue to engage with the professional bodies on the fee proposals following the Council's decision, and the Interim Deputy Chief Executive would speak personally to the Chief Executives of the professional bodies to inform them of the Council's decision. Meetings with the main unions were also planned.
- 4.10 A member of Council noted that the HCPC was a lean organisation and that they were confident that the HCPC represented good value for money in having registration fees lower than the other health profession regulators and professional bodies.
- 4.11 The Council discussed how the HCPC communicated its improvement work to registrants, given the seeming lack of awareness of the HCPC's work on compassionate regulation or service improvements from a number of respondents. The Executive noted that 2023-24 corporate plan included a greater focus on tailored registrant communications to promote the value of their regulation and increase awareness of the HCPC's work to maintain confidence in the professions.
- 4.12 The Council emphasised the importance of visibility of progress on implementing the proposed mitigations should the fee rise be achieved. The Executive agreed noting that these mitigation measures would be tracked in the corporate plan milestone tracker considered by Council on a quarterly basis.
- 4.13 The Council agreed that the HCPC should continue to explore alternative revenue streams such as charging education providers for education quality assurance to spread the burden of regulation. However, the Council noted

that this had been explored previously and the scope of benefit was limited and that other areas of exploration to date had not identified opportunities that could have prevented the need for a fee rise given the HCPC's financial position.

- 4.14 The Council noted a typographical error on page 20 of the consultation analysis document regarding the percentage of respondents identifying as a different gender than at birth. The Council agreed the document should be amended to correct this error.
- 4.15 All members of Council agreed that the HCPC should seek to increase its registration fees as set out in the consultation from July 2023. The Council also agreed that the HCPC should progress with the proposed mitigation measures subject to achieving the fee rise.
- 4.16 The Chair thanked the observers attending and noted the HCPC's commitment to working together on issues such as workforce.

Item 5. 23/10 Preceptorship Principles Consultation

- 5.1 The Council received a paper from the Policy Lead. The paper presented analysis of the HCPC's public consultation on a set of preceptorship principles.
- 5.2 The Council noted the following points:-
- the HCPC had been commissioned by HEE to develop draft preceptorship principles. The principles were intended to support registrants at key transition points in their careers such as first joining the workforce or on gaining a promotion;
 - following wide stakeholder engagement, the proposed principles were publicly consulted on between 21 October 2022 and 15 December 2022;
 - HCPC received 816 responses to the consultation. Overall, most respondents were supportive of the draft principles;
 - the results of the consultation and consequent proposed amendments to the principles were discussed with the Education and Training Committee (ETC) at its February 2023 workshop. HEE also attended the workshop to provide feedback on their plans for an implementation framework for England; and
 - alongside the publication of the principles, ETC agreed to recommend that the Council agree to create HCPC guidance to support their uptake after publication and to continue engagement with the four-country advisory group, to ensure the connection with work on-going or planned in the devolved nations.

- 5.3 The Chair of ETC noted that the Committee had held a detailed discussion of the consultation results and were supportive of principles presented to Council for approval. ETC had agreed that the principles be amended to be clear that preceptors did not need to be from the same profession as the preceptor. She added that the input from HEE had been very helpful as well as engagement with the other devolved nations.
- 5.4 The Council agreed that the principles should be promoted with higher education institutions for use with students. The Executive agreed that this would be taken forward, led by the Education team.
- 5.5 The Council noted the use of the term allied health professions when presenting the principles and highlighted that not all HCPC regulated professions were included in that term, clinical scientists being an example. The Council asked if the Chief Scientific Officers of the four nations had been engaged in the development of the principles. The Policy Lead agreed to review the engagement and revert back to the Council. **ACTION**. He noted that the consultation was open to any participant and had been promoted through the professional bodies. He added that the principles were drafted to be broad enough to be relevant to the practice of all HCPC professions.
- 5.6 The Council approved the preceptorship principles for publication. The Council agreed that the HCPC should produce supporting guidance on the use of the principles and that engagement with the four-country advisory group would continue to ensure connection with preceptorship developments in the devolved nations.

Item 6. 23/11 Any other business

- 6.1 The Chair invited the Head of HR to provide her reflections on the meeting. The Head of HR noted the encouragement given by the Council to HCPC employees attending to present their work. She further noted that there had been a good balance between challenge and support.

Item 7. 23/12 Resolution

The Council adopted the following resolution:

'The Council hereby resolves that the remainder of the meeting shall be held in private, because the matters being discussed relate to the following;

- (a) information relating to a registrant, former registrant or application for registration;
- (b) information relating to an employee or office holder, former employee or applicant for any post or office;
- (c) the terms of, or expenditure under, a tender or contract for the purchase or supply of goods or services or the acquisition or disposal of property;
- (d) negotiations or consultation concerning labour relations between the Council and its employees;

- (e) any issue relating to legal proceedings which are being contemplated or instituted by or against the Council;
- (f) action being taken to prevent or detect crime to prosecute offenders;
- (g) the source of information given to the Council in confidence; or
- (h) any other matter which, in the opinion of the Chair, is confidential or the public disclosure of which would prejudice the effective discharge of the Council's functions.

Item	Reason for Exclusion
8	B / H
9	H
10	H
11	B / H
12	B

Chair:

Date:

Unconfirmed