

Agenda Item 12

Enclosure 9

**Health and Care Professions Council
06 December 2018**

**Professionalism and prevention – proposals
in more detail**

For discussion

**From Jacqueline Ladds, Executive Director of
Policy and External Relations**

Council, Thursday 6 December 2018

Professionalism and prevention – proposals in more detail

Executive summary and recommendations

Introduction

This paper provides Council with further insight into understanding professionalism and prevention. It provides background on research we have undertaken so far, outlines current activity and sets out proposals for possible future activity highlighted in the five-year financial plan.

Decision

The Council is requested to discuss the document.

Background information

In July 2018, the Council considered the five-year plan, which is the financial forecast that helps us ensure our finances are sustainable. The Council was presented with four options, and chose the one that aims to provide investment to improve our service standards against the strategic priorities and corporate key performance indicators, and allows us to play a greater role in developing professionalism and preventing fitness to practise concerns from arising. At this time, the Council requested further detail on professionalism and prevention.

Resource implications

The resource implications in this paper are outlined in the five-year financial plan and are subject to the current consultation on proposals to change the fees we charge.

Financial implications

As above.

Appendices

Professionalism and prevention – proposals in more detail

Date of paper

22 November 2018

Professionalism and prevention – proposals in more detail

1 Introduction

- 1.1 There is agreement within the sector that professional regulation needs to be simplified, in particular reducing the burden of the fitness to practise process for all concerned. The HCPC, with other regulators, is working closely with the government to secure the legislative change that is necessary to achieve this. At the same time, there is recognition that regulators need to move away from the current reactive system of regulation to a model that promotes professionalism and actively prevents the causes of harm from arising.
- 1.2 This paper provides some insight into what that might look like, in particular the initiatives that were outlined in the five year plan as part of the invest option.

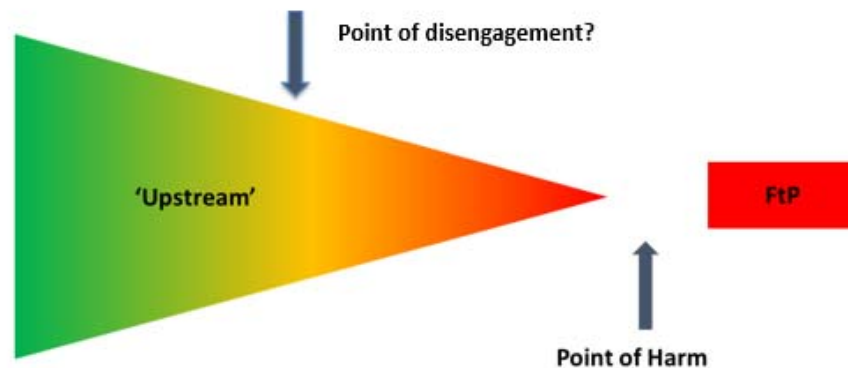
2 Understanding professionalism and prevention

- 2.1 Understanding professionalism and the triggers for disengagement, which may lead to harm and impaired fitness to practise, has been a key focus for the HCPC over the last few years. This section provides some background to the work we have undertaken to support our current thinking.
- 2.2 In 2011, the HCPC commissioned a qualitative study¹ to explore what students and educators perceived as professionalism. The findings defined it as a set of values, beliefs and behaviours, influenced by an individual's knowledge and skills as well as the context of clinical and organisational practice, for example working environments and organisational cultures.
- 2.3 In 2015, the HCPC commissioned a literature review and empirical study² into the triggers for disengagement and preventative action. This identified triggers including workload pressures, operating outside scope of practise, underutilising skills, professional isolation, lack of autonomy, no support for CPD, poor supervision and management, blame culture, dysfunctional relationships at work as well as personal circumstances. It also identified ways to prevent disengagement including being valued, good team dynamics, good supervision, buddying and mentoring schemes, professional networks, reflective practise and keeping up to date as well as a no blame culture.
- 2.4 Prevention of harm is not a new concept. In his 2008 book, *The Characters of Harm: Operational Challenges in Control*, Malcolm Sparrow (Harvard University) explored the concept of being a 'risk-based regulator' adopting a 'harm-reduction framework'. He advocated moving from a reactive adversarial style of regulation to a new model that focused on prevention, partnerships and support. The table below is an adaptation of the continuum of harm Sparrow developed. It illustrates

¹ [Professionalism in healthcare professionals](#)

² [Preventing small problems from becoming big problems in health and care](#)

the point in a professional's career at which harm could potentially occur and become a fitness to practise issue. Sparrow's theory is that energies should focus on 'upstream' activities to prevent professionals reaching the point of harm.



Adapted from Characters of Harm: Operational Challenges in Control, Malcolm Sparrow, 2008

3 The rationale for investing further in professionalism and prevention

The cost of regulation

- 3.1 The current system of regulation is costly. In 2018-19, our core regulatory functions account for 58% of our expenditure when payroll costs, legal costs and Partner fees are included. This figure is significantly higher if we apportion other costs, like HR, Finance and IT. Currently, our Fitness to Practise Department alone accounts for 45% of the expenditure, which is £15.2 million. Further detail on our operating expenditure can be found in our annual report³ and in the current fees consultation document⁴.

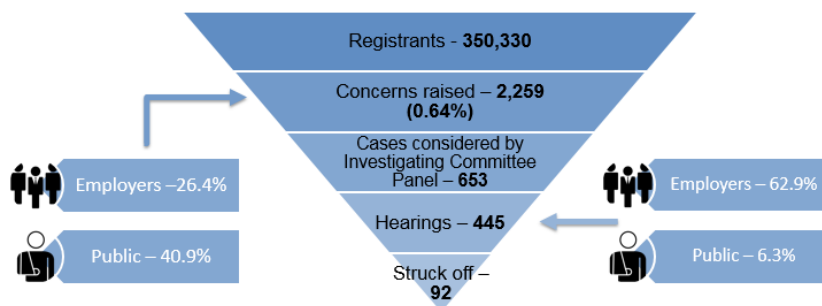
Looking at the statistics

- 3.2 We also know that over the last six years, the number of new concerns we have received has increased by 39%. However, the number of cases closed in the early stages has also increased. The table below illustrates the profile of cases based on figures in the 2017 Fitness to Practise annual report⁵. This increasing volume alongside the increasing complexity of incoming cases has impacted the length of time it takes for us to progress and conclude cases.

³ [Annual report and accounts 2017-18](#)

⁴ [Consultation on HCPC registration fees](#)

⁵ [Fitness to practise annual report 2017-18](#)



Listening to our stakeholders

- 3.3 Conversations with registrants and employers at our meet the hcpc and employer events reinforce the findings of our research. They have provided useful insights into how we can work with key stakeholders on this issue.
- 3.4 Registrants in particular identified a need for supportive and understanding management, with a no blame culture and supervision cited as very important. Similarly, information sharing and networking opportunities with the opportunity to learn from others crucial, particularly reflective practice, continuing professional development and their contribution to continued fitness to practise.
- 3.5 Crucially, registrants in these sessions told us there needs to be more focus on HCPC standards and regulation in everyday practise as well as better understanding of the possible triggers for someone acting inappropriately. Importantly, both registrants and employers have cited the need to foster a culture where registrants feel empowered at a local level so they can address concerns earlier in an ‘in house capacity’ and that issues shouldn’t be allowed to drift. Registrants particularly felt that a lack of management support could lead to fitness to practise issues.
- 3.6 Registrants also wanted HCPC to raise awareness that they could approach the regulator for help and support, and address the perception that the HCPC is ‘scary’; a view echoed in the People Like Us? research⁶. They were also keen for HCPC to play a role in influencing employers.

4 Delivering professionalism and prevention

- 4.1 The diagram below illustrates what the Executive believe are the five areas that support professionalism and prevention.
- 4.2 As the diagram shows, these areas mirror existing regulatory activity. In particular, ensuring students and applicants have the right skills and knowledge to join the Register, and once on the Register continue to meet our standards for safe practice and conduct through our registration and CPD processes. It is also

⁶ [People like us? Understanding complaints about paramedics and social workers \(2017\)](#)

about ensuring that those individuals who have fallen below our standards, or who should not be on the Register, are managed effectively through the Fitness to Practise process.

- 4.3 It is also through our existing stakeholder work. Our current engagement with education providers ensures they understand and can meet our Standards of education and training; through our events, we meet with employers to provide information and guidance on our regulatory processes; and we are already communicating with registrants on our standards and regulatory processes. We have existing mechanisms in the FtP Department to support and guide service users in making referrals and as complainants throughout the process. We also actively seek service user input to changes in our processes, for example in Professional Liaison Groups or policy consultations.



- 4.4 It is important that we continue to deliver our statutory remit, but the Council, as part of its strategic focus⁷, is seeking to rebalance our efforts away from the existing reactive model of regulation to one where we invest in activities that help to prevent problems with registrants' professional practise from arising.
- 4.5 The intention is to put a stronger emphasis on doing more of certain activities or taking a different approach. Currently, this is improving the fitness to practise process, reviewing our approach to approving education programmes and seeking to use research evidence to help prevent problems from arising in registrants' practise.

⁷ [HCPC Corporate Plan 2018-20](#)

- 4.6 In the longer term, this will be a more effective and efficient way of protecting the public and increasing confidence in the professions. In particular, it will reduce the potential for physical and mental harm to service users, keep registrants in practice so reduce possible disruption to service delivery, and reduce the impact on registrants' career and wellbeing.
- 4.7 To fully achieve this aim, legislative reform is needed to simplify the fitness to practise process and free up resources so they can be invested in other activities. In the short term, there is work that we can do to increase our focus on influencing professional practise and preventing the causes of harm. For example, engaging more with professionals to embed standards in every day practise. However, these activities are dependent on achieving the proposed increase in the registration fees, subject to the current consultation.

5 Proposed future activity

Liaising with professionals across the UK

- 5.1 **Educators:** the role educators play in ensuring students understand accepted behaviours and their impact on professional practise is key. Our role would be to provide materials for educators to use to teach the importance of professionalism and understanding of regulation.
- 5.2 **Employers, including service managers, team leaders and HR:** we need to increase our engagement so employers really understand our standards and processes as well as our expectations of registrants' professional practise and are able to embed these in the workplace. It is also about working in partnership with them so they understand the impact of working cultures on a professional's practise and the triggers that may lead to impaired fitness to practise.
- 5.3 **Registrants:** we want to increase our efforts so registrants' really understand how our standards can support professional practise as well as recognising the triggers for disengagement and how to avoid them.
- 5.4 **Students:** we need to focus on their understanding of professionalism and what it means to be a registered professional as well as the importance of continued learning and how this can support their continuing fitness to practise.
- 5.5 **Developing a professional liaison team:** we can achieve this additional engagement by developing a professional liaison team whose sole responsibility would be to engage face to face with all these stakeholders in the four countries. Their role would be to:
- provide advice;
 - deliver seminars, workshops and learning sets in the workplace; and
 - respond to requests for talks, presentations and webinars.

- 5.6 Using case studies and materials, the focus would be on understanding our standards and guidance and embedding them in professional practise, and using research evidence and data to identify triggers and causes of harm. They would also collect best practise evidence and share it. Importantly, this team would bring learning and feedback into the organisation to inform the continual improvement and development of processes and functions.
- 5.7 We will take a phased approach, initially recruiting a professional liaison role to scope and develop a detailed plan for this function. We can do this in Q4 2018-2019 by allocating resource within the Communications Department. Depending on the outcome of this pilot work, the second phase could potentially build from Q3 2019-20 and include the recruitment and induction of a team of professional liaison advisers, each with a specific geographical responsibility. Phasing activity in this way will enable us to evaluate what works and develop the function systematically.

Influencing the policy agenda

- 5.8 Our current corporate plan (2018-20) recognises the need to take account of differences in policy and practice across the four countries. The table shows, to some extent, the different practices and systems in each of the countries.

	England	Northern Ireland	Scotland	Wales
Service providers	<ul style="list-style-type: none"> 135 acute non-specialists NHS Trusts 17 specialist trusts 54 mental health trusts 35 community providers 10 Ambulance Trusts. 	<ul style="list-style-type: none"> 5 Health Trusts 1 Ambulance Trust 	<ul style="list-style-type: none"> 14 regional NHS Boards 1 Ambulance Service 	<ul style="list-style-type: none"> 7 local health boards 3 NHS Trusts 1 Ambulance Service
Registrants	210,000 registrants	8,500 registrants	22,000 registrants	13,500 registrants
Education	Just over 1000 approved programmes, across 148 providers:			
	683	29	108	55
	30-40,000 students studying at any one time and 10,000 UK graduate applicants annually			
Health Service	<ul style="list-style-type: none"> Department of Health NHS England 	<ul style="list-style-type: none"> Department of Health, Social Services and Public Safety Health and Social Care (Northern Ireland) 	<ul style="list-style-type: none"> Health and Social Care Directorates (Scotland) NHS Scotland 	<ul style="list-style-type: none"> Department of Health & Social Services (Wales) NHS Wales
Government	Westminster	Northern Ireland Assembly	Scottish Parliament	Welsh Assembly

- 5.9 With the development of a UK-wide professional liaison function, the existing external affairs and policy teams will be able to focus their engagement with key stakeholders in a more targeted and systematic way. Initially, this would include
- extending the stakeholder engagement forum (being piloted in Scotland) to England, Northern Ireland and Wales;
 - building capacity to identify and respond to policy changes, external consultations and public inquiries in all four countries, and
 - focus the delivery of the stakeholder mapping and prioritisation work that has already started in each of the four countries

Involving services users

- 5.10 We need to involve service users more effectively to ensure our regulatory standards and processes are patient centred and relevant. We also need to work closely with service user organisations so they understand our public protection role and regulatory processes and are equipped to support individuals in making appropriate referrals to us.
- 5.11 As already evidenced in this paper, service use engagement is taking place in Departments across the organisation and this will continue. However, to ensure a more strategic approach to engagement, the Policy & Standards Department would need to develop a service user engagement and involvement action plan. This would take account of all existing activity and identify additional activity, initially focusing on:
- commissioning a bespoke online consumer panel of service users who would provide feedback on any proposed changes we might make to our standards, guidance and processes; and
 - ensuring proactive engagement with a core list of service user and patient representative organisations.

Collecting and analysing data, and research evidence

- 5.12 We have already started to use data to inform our work. This is evidenced in the People Like Us? research⁸ that used insights in our ftp data to make a series of recommendations. These have been worked up into an action plan⁹.
- 5.13 However, to focus our efforts even further we need to improve how we capture data on our regulatory processes and develop how we publish that data. We also need to develop our ability to interrogate the data we capture in our regulatory processes to identify trends that can inform prevention strategies. It can also be shared with other stakeholders to inform their work.

⁸ [People like us? Understanding complaints about paramedics and social workers \(2017\)](#)

⁹ [University of Surrey action plan](#)

- 5.14 Finally, we need to continue to commission research in areas relevant to our regulatory functions, and then use this research to develop prevention strategies or to deliver improvements to our regulatory processes.
- 5.15 To understand this better, the Head of Policy & Standards has developed a discussion paper, considered separately at this meeting, which provides more insight into what we would want to achieve. This includes, for example using data, intelligence and research evidence to:
- Continually improve the performance of our core regulatory functions
 - Understand trends across and within the four countries
 - Understand and respond to equality, diversity and inclusion matters
- 5.16 This is a strategic priority and would be realised in a phased approach. For example, in 2019-20, recruiting a 'data analyst' type role to begin auditing and analysing the data we have, and a 'manager' equivalent role to scope requirements and build business cases for any required tools, for example a 'data hub'.

6 Conclusion and next steps

- 6.1 This paper is designed to provide further information, and aid discussion, on our expectations in implementing a shift in our approach to regulation. How we achieve these aspirations is set out in the 'invest' option in the five-year financial plan, which the Council considered in July 2018 and is dependent on the outcome of the fees consultation.
- 6.2 We will continue to develop these proposals as part of the 2019-20 workplanning and budgeting processes.