

Communications Committee 22 June 2011

'Enabling Excellence' – looking at the importance of HPC communications

Executive summary and recommendations

Introduction

The attached paper aims to articulate some of the communications challenges posed by the February Command Paper, particularly in relation to the possible introduction of assured voluntary registration and the proposed regulation of herbal medicine practitioners. It also begins to identify ways we can address these through effective communication strategies.

Decision

The Committee is invited to discuss the attached document, in particular to discuss the communication issues identified, to determine if there are others not addressed by the paper and to consider particular mitigations or activities to address these.

Background information

Issued in February 2011 the Department of Health's Command Paper 'Enabling Excellence: Autonomy and Accountability for Healthcare Workers, Social Workers and Social Care Workers' sets out how the government's proposals for regulating healthcare workers across the UK and social workers in England should be reformed.

There are several areas of the Command Paper which will impact on the HPC. These are summarised in the paper, however, the possible introduction of assured voluntary registration and the proposed regulation of herbal medicine practitioners in particular will bring new communication challenges to the HPC and these are the focus of this paper.

Resource implications

At this stage, no additional resource implication is anticipated.

Financial implications

As above

Appendices

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The main areas of the Command Paper which will impact on the HPC are summarised in appendix 1, however, the possible introduction of assured voluntary registration and the proposed regulation of herbal medicine practitioners in particular will bring new communication challenges to the HPC.

This paper aims to articulate some of these challenges and begins to address how we will manage the communications process.

Background

The HPC has extensive experience of bringing new groups into statutory regulation. Since 2001, operating department practitioners, practitioner psychologists and hearing aid dispensers have joined the HPC Register.

We have a statutory responsibility to inform and educate the public and our registrants about the work we do (article 3, 13 of the Health Professions Order 2001).

We also have a statutory duty to consult stakeholders on new policies or changes to existing functions. This is a key basis on which our communications activity is undertaken and we work with a range of stakeholders and audiences, including professional bodies, employers and policy makers.

Assured voluntary registration

At its meeting on 31 March 2011, the Council considered a paper from the Executive which outlined the two potential regulatory models (professional and occupational) and the benefits of establishing voluntary registers. The Council agreed to develop further the working regulatory models and the principles for establishing voluntary registers which would govern HPC’s approach in this area.

The Policy and Standards Department are currently undertaking this work and will report to Council in July 2011 addressing issues including the standards to be used, the process, how the HPC will decide in which order professions or occupations should be regulated and the associated costs of these initiatives.

In earlier discussions, at the Council's strategy workshop and meeting in February 2011, several themes emerged including:

- the importance of clarifying benefits and risks for public protection and for the organisation;
- the importance of being clear about what voluntary registration would and would not mean to a member of the public as well as it being clearly differentiated from the HPC's statutory functions;
- the relationship between the CHRE's role in accrediting registers versus the role of the HCPC in establishing voluntary registers;
- the process that should be followed in deciding whether to establish a voluntary register including whether the criteria should be based on risk; and
- the potential financial and resource implications for the organisation.

The Council has also considered the issue of student registration in light of the Health and Social Care Bill 2011 and the transfer of the registration of social workers in England to the HCPC from July 2012. At its meeting on 12 May 2011, the Council agreed to proceed with an impact assessment and consultation on the issue of student registration.

Consequently, there may be particular communication issues for the HPC to consider both in the specific case of social care workers and in the context of voluntary registration more generally. These could include:

- the importance of clarity for the public, service users and other key stakeholders over what 'regulation' means in the case of voluntary registration and the importance of communicating clearly the extent of HPC's remit – this may be particularly key when it comes to fitness to practise cases;
- ensuring understanding amongst all audiences as to the relationships and differences between HPC's statutory responsibilities and the function of a voluntary register;
- possible perceptions amongst existing registrants that their status as regulated professionals is being adversely affected by the introduction of a voluntary register;
- providing clarity on the role and responsibilities of the CHRE (as the accrediting body) and the HPC (as the proposed administrator of the voluntary register for adult social care);
- ensuring clarity about the regulatory responsibilities of the HPC and the employer and/or commissioners of services;
- raising awareness and understanding around where responsibility lies across the UK with social care workers who may operate in England as well as Scotland, Wales and Northern Ireland;
- developing understanding amongst the public around the distinction between social workers and social care workers and HPC's regulatory role; and
- concerns amongst the professions as to the balance of funding between statutory and non-statutory registers (eg perceptions of subsidisation of other professions or students).

Regulation of practitioners supplying unlicensed herbal medicines

The regulation of practitioners of traditional herbal medicines and acupuncture has been considered for a number of years. Since the publication of the Pittilo Report in 2008, which recommended that these practitioners should be regulated by HPC, we have been supportive of the principle of statutory regulation. From a communications perspective, regulation in this context is a complex issue involving a broad and diverse network of stakeholders and interest groups, some of whom have undertaken campaigns in the media and with political audiences in the past. This is in part because of the very different ideological views of whether these practitioners should be regulated, as well as more technical challenges around defining standards.

The Command Paper sets out the intention to introduce regulation of herbal medicines practitioners only following the requirements of the Herbal Medicines Directive.

It does so as an exception to the principle articulated in paragraph 4.12 (page 18) of the Command Paper, that extension of statutory regulation to currently unregulated professional or occupational groups would only be considered 'where there is a compelling case on the basis of public safety risk and where assured voluntary registers are not considered sufficient to manage the risk.'

The Command Paper states, in paragraph 7.4 (page 24) that the four Departments of Health will jointly consult on proposals to 'implement a register of persons authorised to dispense unlicensed herbal medicines, with a view to enabling the continued supply of herbal medicinal products to the UK population, in 2011.' It also states that the herbal medicine register will be 'focused solely on minimising risks to the public'. It is likely that the register will be a register of persons undertaking a certain function (rather than just a profession). This would indicate that the model of regulation may vary from that which the HPC currently operates, however, the precise details of the model that will be taken forward have not yet been confirmed. It is understood that the four Departments of Health consultation will be published in autumn 2011.

A range of communication and reputational issues will need to be considered:

- possible concern from 'established' professions to the regulation of therapies which are perceived by some to be less evidence based, ineffective or even by definition, dangerous
- the suggestion of equivalence with already regulated professions, in particular clinical and biomedical scientists
- providing clarity over what 'regulation' means in this case and the challenge of communicating exactly what is being regulated and its extent/limits
- perceptions that statutory regulation implies some endorsement of traditional herbal medicine practices
- possible concerns from the acupuncture community that they have been 'left behind' – the acupuncturists were some of the most organised and persuasive advocates for regulation

Some very practical considerations will also apply including English language requirements, the lack of a unified 'voice' for herbal medicine practitioners, few or no established patient representative groups or even knowledge of how many practitioners are operating.

Finally, two further communication issues will also need to be considered both in the specific case of social care workers and in the context of voluntary registration more generally. These are:

- ensuring employees have timely and relevant information; and
- the extent to which the HPC should differentiate the different aspects of regulatory products of the organisation, for example professional statutory, professional and occupation voluntary, herbal medicine and licensing.

Conclusions

Some of these new communication issues will be addressed through comprehensive, evidence-based, communication strategies which will need to have clear messages, aims and objectives and pay particular attention to media, public affairs and stakeholder activities. Any strategy will also need to address ensuring timely and relevant communications at different stages of the process.

More specifically, we will need to continue to monitor media and parliamentary activities on a daily basis, enabling us to respond to issues quickly and develop relevant lines on key issues. It will be essential also to undertake targeted media and public relations campaigns to reach herbal medicine practitioners and work closely with employers in the case of adult social care workers.

Timeline

July 2011	Report to Council on assured voluntary registration
Autumn 2011 (to be confirmed)	Joint Departments of Health consultation on the possible regulation of herbal medicines practitioners

Appendix 1

The main areas of the Command Paper which will impact on the HPC are:

- Regulators to focus on increasing cost-efficiency with an expectation that there should not be an increase in fees. The report states that: 'At a time of pay restraint in both the public and private sectors, the burden of fees on individual registrants needs to be minimised';
- the government will be 'sympathetic' towards any proposals for regulatory bodies to merge and will consider mergers in three years' time if 'significant cost reductions' have not been made. The report states that, 'The simplest means of reducing the costs of regulation would be to merge regulators into higher volume organisations' and that, 'should any regulators wish to propose mergers with other regulatory bodies to reduce costs as part of this work, the government will view these proposals sympathetically.';
- the Law Commission to review the regulatory bodies' legislation with a view to simplifying; give the regulators more independence and flexibility; and with a view to creating a single framework. The report states that, 'it would be our intention to seek Parliament's agreement to create an enabling legislative framework for the regulatory bodies, through a single Act of Parliament, to reduce the number of complex pieces of legislation':
- review of governance arrangements by the government, the CHRE and the regulators, to include exploring more parliamentary scrutiny for the regulators. The report states that, 'we will explore the scope for an increased role for the CHRE, which will become self-funded and therefore independent of Government by April 2012, in enabling greater scrutiny by Westminster and the devolved administrations through its annual performance review process:
- regulators to continue to build the evidence base for regulation but new powers or legislation only considered if the regulator can demonstrate added value for the public. The report states that, 'for groups of staff that are currently unregulated, the first response will not be to impose national compulsory regulation';
- professional indemnity insurance to become a compulsory requirement for registration at the next legislative opportunity, following finalisation of a forthcoming European directive; and
- CHRE to be renamed Professional Standards Authority for Health and Social Care (PSAHSC) with new powers to accredit voluntary registers.

- the HPC to become responsible for regulating practitioners of herbal medicine including Traditional Chinese Medicine (TCM) practitioners to allow continued dispensing of herbal medicines under European legislation.
- assured voluntary registration for professional and occupational groups which are currently not subject to statutory professional regulation would be the preferred option unless a convincing case can be made for statutory regulation, including those groups previously recommended by the HPC.
- assured voluntary registration should apply to the adult social care workforce and HPC to work with Government to scope the establishment of a voluntary register of social care workers by 2013'.