

Health Professions Council 14th December 2006
Home country engagement

Executive Summary and Recommendations

Introduction

As part of the Policy & Standards workplan for the year 2006 – 2007, the Policy & Standards department have been examining the question of whether the HPC should establish a presence in Scotland, as part of its work in engaging with stakeholders.

Decision

The Council is asked to consider the attached discussion paper, and to agree the recommendations.

Background information

None

Resource implications

None

Financial implications

None

Background papers

None

Appendices

None

Date of paper

5th December 2006

Home country engagement: a discussion paper for Council

'A Scottish presence'?

Over the past two years, questions have periodically been raised as to whether HPC should consider establishing a presence in Scotland. The precise nature of this has not been determined: it has been suggested that the possibility of employing a member of the Executive to be based in Scotland, perhaps working part-time initially, should be investigated. This question therefore formed part of the Policy & Standards workplan for 2006 – 2007, to tie in with the Council's strategy of influencing stakeholders, and of promoting the benefits of regulation.

A scoping visit – August 2006

Rachel Tripp, Director of Policy & Standards, and Tamsin Leigh, then Stakeholder Manager in the Communications department, spent several days in Scotland earlier this year, visiting relevant stakeholder groups. The aims of those meetings were to learn more from organisations who operated a Scottish Office, and to speak directly with a range of stakeholder organisations about their contact with HPC, and their expectations for the future.

During this trip, meetings were held with:

- Jane Todd and Justin Hynd, General Medical Council Scotland;
- Marie Logan, The Chartered Society of Physiotherapy's Scottish Office;
- The Royal College of Speech and Language Therapy's Scottish Office;
- The Society of Chiropodists and Podiatrist's Scottish Office;
- Helen McFarlane, NHS Education for Scotland;
- Kathleen Henderson, Chair of the AHP Professional Forum, Scotland (a forum of the Allied Health Professions Federation);
- Professor Marie Donaghy, ex-Chair of AHP Education Forum Scotland;
- Jacqui Lunday and Audrey Cowie, Scottish Executive; and
- Jan Warner, NHS Quality Improvement Scotland.

We identified a number of key questions when considering this area. For those organisations with a Scottish Office, we were keen to explore how they were set up, their relationship with other geographical locations (including the 'head office', where appropriate), how their aims were determined, what processes were operated for internal communications, and how their work fed into the overall organisation's strategy, and how it was measured. During meetings with stakeholder organisations (for example, NHS Education for Scotland) we concentrated on sharing information about current work and priorities, and exploring ideas for future liaison or joint working.

Overall, we gained a positive reception, with stakeholders welcoming our visit, and our commitment to closer relationships with Scottish organisations. It was possible to meet with a reasonable number of organisations in a reasonably short length of time primarily because of the geographical proximity of many of our stakeholders in Edinburgh. We also discussed our meetings list with many of those we met with, and

were confident that we managed to meet with a good number of people and organisations who were acknowledged to be important, and most of those we met appeared to be content that we had correctly identified the people to meet with.

These meetings have all been followed up, and work is ongoing on the various projects and items of mutual interest that were identified. It is anticipated that regular contact with the individuals met, and periodic update meetings, will greatly assist in furthering these relationships, and effective information sharing.

For example, since August, we have had good links with NHS Education for Scotland, in particular with their programme to recruit 'Practice Education Facilitators' for each health Board in Scotland. This ties in particularly with the Council's CPD standards, and the Council's work to communicate the CPD requirements to registrants. A member of the Executive attended the Practice Education Facilitators training day, to present on the CPD standards, and to run a workshop on meeting the standards, and profile drafting, and HPC has also been invited to speak at a conference that NHS Education for Scotland are running next year on disabled health professionals.

In addition, since August 2006, other meetings have been held between the Executive and Council members, with stakeholders in Scotland, and other stakeholders in Wales, and Northern Ireland, as follows:

- 4th September, Susan Brimelow, Scottish Commission for the Regulation of Care
- 9th October, Jacqui Lunday and Uriel Jamieson, Scottish Executive
- 1st November, Nuala McArdle and Andrew Hamilton, Department of Health, Social Services and Public Safety (Northern Ireland)
- 2nd November, Ann Lloyd, Ian Stead and Tony Jewell, NHS Wales

A way forward: public affairs and stakeholder management

It became obvious even before the visit in August 2006 (and was helpfully identified by some Council members) that the question 'should HPC have a Scottish presence' was perhaps too narrow a field, and that the question of Scotland and effective engagement was one that needed to be considered within the broader context of overall public affairs and stakeholder management. Much of the work described by the GMC Scotland, for example briefings with Ministers, and attendance at party conferences in Scotland, would be classed as public affairs work that would need to be considered by HPC within a UK-wide context and approach.

Since the visit, the post of Stakeholder Manager has become vacant, and the Director of Communications is currently recruiting for a Public Affairs Manager, a role that has been designed to encompass public affairs work, and also stakeholder liaison. It is anticipated that the creation of this role, the development of the Communications strategy for 2007 – 2008, and the potential for the President, the Chief Executive, Council members from the home countries, the Policy & Standards department, and the Communications department, provide an opportunity for this area to be taken forward.

It is the Executive's opinion that given the size of HPC currently, and the scale of its activities, that currently, to establish an addition office of any kind in another location would not be an appropriate move.

In the light of devolution, it is obviously a matter of considerable importance to the Council that it continues to operate on a UK-wide basis, and does not simply 'take account' of differences in health policy between the four home countries, but ensures that it is engaging with the process, and reflecting appropriately the differing situations of registrants across the UK. It is therefore proposed that, as detailed in the HPC response to the Department of Health's review of non-medical regulation, the Council should concentrate on ensuring that regulation provides a flexible framework that can be applicable in any home country, or indeed in any sector where health professionals can practise safely and effectively. It is suggested that this should be supplemented by, as above, more regular update meetings, and contact with stakeholders in the home countries, to tie into the area of stakeholder engagement and public affairs which are planned to form part of next year's Communications strategy.

In recognition of the fact that the landscape will change, and that HPC will develop as an organisation, it is also suggested that the Council may wish to review its position on home country engagement in two years' time, to reflect on how successful this approach has been, and to assess whether it wishes to reconsider the various options.