

**Health Professions Council
1 March 2006**

POLICY & STANDARDS DEPARTMENT WORK PLAN

Executive Summary and Recommendations

Introduction

In July 2005, a separate Policy & Standards department was created at the HPC, drawing together for the first time work that had previously been done across the organisation. This paper sets out the department's workplan for the coming financial year.

It is suggested that this document should be kept under review, and should come back to the Council every six months for review.

Decision

The Council/Committee is asked to:

- discuss the workplan attached to this paper;
- agree the priorities, projects, and principles outlined; and
- agree to keep the document under review, and request that the Executive amend the workplan accordingly.

Background information

This document is intended to supplement the HPC strategy, and sits alongside other departmental level strategy documents such as the IT strategy, the Communications strategy, and others.

Resource implications

Information about the resource implications of the attached is detailed on page 3 of the document, and these assumptions are part of the draft HPC budget for 2006 – 2007.

Financial implications

The attached paper's assumptions are all accounted for in the current draft version of the HPC budget for 2006 - 2007.

Background papers

None.

Appendices

None.

15th February 2006

(a) Policy & Standards 2006 – 2007 workplan

(b) Enclosure 7/PaperHPC7/06

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2. Introduction

(a) The Policy & Standards department

July 2005 saw the creation of a separate Policy & Standards department at the Health Professions Council, drawing together policy work that had previously been done across the organisation, into one team.

The Policy & Standards department's main responsibilities are:

- assisting the Council in developing strategy and policy;
- assisting the Council in setting and reviewing standards;
- assisting the Council in drafting guidance;
- supporting professional liaison groups;
- running consultations;
- liaising with the Council for Healthcare Regulatory Excellence on their annual performance review; and
- ensuring consistency of approach across all HPC departments.

(b) This document

This document proposes work priorities for the financial year April 2006 – March 2007, underpinned by the draft Council strategy, and details how the department will grow, embed itself in HPC and in the wider policy arena, and assist the Council in preparing for the potential fundamental changes ahead in the regulation of healthcare professionals.

This document will be kept under review and it is proposed that it should be brought back to the Council every six months. In particular, work will be needed within Policy & Standards in reaction to the recommendations of the Foster review of non-medical regulation, and the precise nature of this work will not be clear until the results of the review are made public. The date of the publication of the recommendations of the Foster review, and the government's response to these recommendations is not yet known, but the working assumption is that the results will not be made public until at least April 2006.

The nature of the issues that the Policy & Standards department deal with are such that the workplan will always comprise partly of planned projects, and partly of work that arises as a result of changes to the external environment, such as changes in legislation, changes to the professions, and other developments that are often unpredictable. In allocating resources, this ability to respond to the external environment is an important factor.

(c) Priorities 2006 - 2007

The priorities identified in the HPC strategy are to Improve and to Influence and Promote.

In addition, the operational priorities of the department will be as follows:

(i) Resources

The draft financial budget currently assumes a team of four Policy & Standards employees, and a budget of around £300,000. This workplan is drafted on these assumptions, and also that the HPC is able to manage a maximum of two professional liaison groups at any one time.

Recruiting additional employees, in order to work effectively and proactively will be a priority for the next financial year.

(ii) Education

In particular, the recruitment for this year will focus on the need to recruit an Education Policy Manager with policy expertise, and significant experience of higher education. They will lead on projects related to education, and will work with the rest of the team to ensure an awareness of education is embedded into the department's work. They will also liaise with HPC's other departments, in particular the Approvals and Monitoring team.

(iii) Engagement

Since April 2002 the HPC has rightly concentrated on establishing new processes. As the organisation moves into a distinct stage of its development, there is scope for us to expand our links with external organisations, and to build further upon collaborative and joint working.

Public Patient Involvement (PPI) is a crucial part of this work. Public patient involvement is not a project in its own right, but instead a way of working that better takes account of input from patients and members of the public. PPI is therefore a context within which all the projects detailed below will be considered. The Policy & Standards department will work with Communications to establish a PPI strategy, which will be taken to the Council for approval in July 2006. This will help to determine how and where patient public involvement can be an effective part of policy making, how it should be implemented, and how its effectiveness can be measured.

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5. HPC strategy: Improve

(a) Introduction

The environment within which the HPC operates is not static, but is instead changing as a result of many factors which include changes to legislation, to professions, and to best practice.

It is therefore appropriate that, after setting standards and guidance for the first time, the Council and committees should keep these standards under regular review to ensure that they remain relevant and useful.

(b) Aim

The Council aims to review its standards, guidance and policies, to consult with stakeholders, to gain feedback, and to make improvements to ensure that these continue to reflect the Council's purpose and principles.

The following part of the document details the projects that will be resourced over the coming financial year towards meeting this aim.

(c) Projects for 2006 - 2007

(i) 1. Returners to practice

The HPC will implement the new process from July 2006, including:

- Training registration officers
- Assisting Communications with publicising the new requirements, which could include a brochure, information for the website, information for professional bodies, and press work with professional journals.

(To be confirmed pending the Council's decision regarding the Responses and Key Decisions document, 1/3/06)

(ii) 2. Review of the Standards of Proficiency

The Council established a Professional Liaison Group to review the Standards of Proficiency for the original 12 professions in 2005. This group is currently engaged in reviewing the standards, and is considering feedback on the standards from:

- registrants in a variety of professions and practice settings, via independent research;
- registration assessors;
- panel chairmen;
- professional bodies;
- visitors;
- education providers; and
- the results of competence hearings.

The PLG includes lay and registrant Council members, representatives from professional bodies, and a representative from the Lambeth Patient Public Involvement Forum.

It is assumed that the PLG will finish its work in June 2006, and that the recommendations of the group will be presented to the Council in July 2006. A consultation may therefore be conducted from September 2006, and any necessary changes to the Standards of Proficiency for the original 12 professions could be published no earlier than the new year, 2007. All of the above is subject to the agreement by the PLG of a revised workplan at its next meeting, and depends on the feedback received from the various pieces of research that the group is considering.

(iii) 3. Standards of Proficiency for new professions

If the Department of Health decides that Applied Psychologists should be regulated by the Health Professions Council then profession-specific standards will need to be set for this profession, and consulted upon before the Register is opened.

An identical process will need to be conducted for other potential professions such as the Healthcare Scientists.

The timescale for the above is dependent on the timing of the results of consultations, and the legislative timetable, both of which are determined by the Department of Health.

(iv) 4. Review of the standards of conduct, performance and ethics

The standards of conduct, performance and ethics were established by the Council in July 2003, at the same time as the Standards of Proficiency for the original 12 professions. The Conduct and Competence committee has responsibility for reviewing the standards, and the process of reviewing these standards formally will begin in 2006, to assess how helpful the standards have been, and ascertain whether they need to be amended or re-written.

At a minimum, this review should take account of input from:

- Council members;
- the fitness to practise process;
- professional bodies; and
- patients and members of the public.

A plan for the structure and timing of the review will be taken to the Conduct and Competence Committee in April 2006.

(v) 5. Post-registration qualifications

The Council decided at its meeting in October 2005 to establish a PLG to look at the issue of post-registration qualifications. The Council agreed that the PLG would first be asked to undertake a scoping exercise, researching the context to this project, and reporting back at the end of this initial phase. This project will be run by the Education Policy Manager.

This project should be viewed within the context of a regulatory environment that is increasingly concerned with the continuing fitness to practise of registrants. This broadening of focus, away from an initial 'point of registration' assurance of fitness to practise through approved programmes, towards a more career-long view of fitness to practise, is reflected in numerous current distinct but linked issues, in particular:

- CPD;
- the debate around revalidation;

- supplementary prescribing;
- extended rôles; and
- advanced practitioners.

This project may be affected by the results of the Foster and Donaldson reviews, as it was one of the issues considered by the review group.

Timetable

Providing that the individual running this project is in post, a paper to set up this PLG will be taken to the Council in July 2006, with recruitment of members being done over the summer, and the first meeting of the group therefore planned for September 2006. If the group meets three times, it could therefore report back to the Council at the end of the initial, research phase, in March 2007.

(vi) 6. Health, disability and registration

The Council has consulted on draft guidance documents, and the results of this consultation will be presented to the Council in May 2006.

This is an important area of the HPC's work: issuing information for applicants to courses, for admissions tutors and other education provider staff, for doctors and for applicants to the Register. If the Council decides to go ahead and publish the guidance, there is the need for further work in this area, in particular feeding the policies and information into panel members' training.

The Policy & Standards team will liaise with Communications regarding the potential launch of this guidance, perhaps via an event where the documents could be introduced and discussed.

Timetable

If the Council approves the publication of the guidance in May, a launch event could be held in June 2006.

(vii) 7. Continuing Professional Development (CPD)

The information for registrants and draft profiles are due to be published in April 2006. It looks likely that some professional bodies will not be able to compile their profiles for this date, and so work will be ongoing, in certain professions, to complete the profiles and publish them thereafter.

When these are published, the next phase of work for Policy & Standards will be liaising with the CPD Manager regarding the implementation of the operational project, with input as required in drafting any supporting information.

Timetable

Publication of the information for registrants: April 2006, with sample profiles being published on or after that date as they are available.

(viii) 8. Guidance on the SCPE

Increasingly, registrants are approaching HPC to ask for further information to supplement the standards of conduct, performance and ethics. The Conduct and Competence committee

will therefore be asked whether it wishes to consider issuing supplementary guidance on discrete topics, and for input on what this guidance might cover.

The learning points from fitness to practise cases, queries received, and the areas covered in additional guidance from other regulators, all suggest that the following could be areas for consideration:

- informed consent;
- confidentiality;
- administration of drugs;
- boundary issues (this is the subject of a current CHRE project); and
- record keeping.

The Executive has assumed that one guidance booklet can be drafted, approved, consulted on and published by March 2007, and the Council is asked for its opinions on the topic that could most usefully be tackled first.

Timetable

A paper concerning this topic will be taken to the Conduct and Competence committee in April 2006. If agreed, the first guidance document could be consulted on thereafter and published by the end of 2006.

(ix) 9. Scrutiny fees

The Council will need to consider the level that is set for the scrutiny fee charged to international and grandparenting applicants to the Register, and determine whether the current level adequately covers the costs of the registration assessors recruitment, training, the administrative processing of the applications, and the running of the International and Grandparenting department.

Timetable

A draft paper will be presented to the Council on May 11th. Depending on the decision that the Council reaches, a consultation may be needed, ending in August.

(x) 10. Grandparenting review

The grandparenting process for the original 12 regulated professions ran from July 9th 2003 until July 8th 2005. During this period, thousands of applications for registration were received, information for applicants published, and queries received about the process. A review of the grandparenting process is being undertaken by the Executive, with the intention of publishing a report before the end of 2006.

(xi) 11. Operational growth

Running in parallel to the HPC's strategic intention to Improve, Influence and Promote, the scale of the organisation is rapidly growing. The regulation of aspirant groups, the implementation of the CPD audit process, and the increasing number of fitness to practise cases are all examples of the factors that require the organisation to grow. It is therefore vital that the various strategic initiatives are dovetailed to HPC's expansion.

(xii) 12. Other

In addition to the above, other issues around the aim of improvement include:

- the registration of students; and
- professional indemnity insurance.

There are currently no resources specifically allocated to these projects.

(d) 2007 – 2009

The Council will establish and publish a programme for ongoing standards review, which sets out a timeframe for the regular review and updating of standards and guidance.

6.

7. HPC strategy: Influence and promote

(a) Introduction

The Council began operating under its new legislation in July 2003, having been operating in shadow form previously. In addition to the individual expertise and experience of Council members, the organisation has built up experience through running its processes for almost three years. The Council wishes to continue to use this experience of regulation in order to positively influence the policy agenda around the regulation of healthcare workers, in line with its objective of protecting the public, and its guiding principles.

(b) Aim

The Council aims to build on its growing reputation as a respected voice within the policy arena on the regulation of healthcare workers.

This part of the document details the specific work that will be done over the coming financial year towards meeting this aim, and shows how this work will be built upon thereafter.

(c) Projects for 2006 - 2007

(i) 1. The Foster and Donaldson reviews

The HPC will formulate a detailed response to the publication of the parallel reviews of medical and non-medical regulation. As above, the precise date of publication is not yet known, but the working assumption is not before April 2006.

The two reviews could potentially have the following effects:

- the removal of some or all of the investigating and/or fitness to practise process from regulators;
- a reduction in the number of UK regulators of health professionals
- the introduction of revalidation;
- the harmonisation of the legislation that governs the regulators;
- the regulation of complementary and alternative medicine;
- the appointment of registrant members to Councils (as opposed to the current system of elections);
- the expansion of the responsibilities of the Council for Healthcare Regulatory Excellence; and
- the statutory regulation of healthcare workers.

Depending on the recommendations made by the Foster review in particular, there may be a resourcing impact on the timetable of other projects, as working on the implementation of these and assessing the likely consequences will be a high priority.

(ii) 2. Government, including four UK departments of health

The HPC will:

- begin research into implications of HPC presence in Scotland. (A report will be brought back to the Council in October 2006 for discussion, including issues around cost, resources, aims, benefits, etc);

- build on its good relationship with Department of Health, continue regular meetings and liaison, particularly around regulation of new professions; and
- continue to build on relationships with government in other home countries, using Council members' contacts where appropriate.

(iii) 3. EU Agenda

The HPC will:

- continue membership of the Alliance of UK Health Regulators in Europe (AURE) , as an effective way of making shared UK regulatory lobbying issues heard in Europe;
- liaise with relevant government departments regarding the translation of the Services Directive and Professional Qualifications Directive into UK law;
- implement the recommendations from the European conference on Healthcare Professionals Crossing Borders, October 2005; and
- continue ongoing updating and development of www.healthregulation.org as a worldwide resource for all regulators to enable effective sharing of information, particularly around fitness to practise.

(iv) 4. Education

The HPC aims to influence the education of healthcare professionals, making contacts with appropriate organisations and individuals, and sharing its experience of programme approval and its views for the future education of registrants.

This will be carried out by a variety of means, particularly including the following:

- review of the Quality Assurance Partnership, and continued participation in the development of the next stage of the project;
- participation in the review of Paramedic education (this work stems from 'Taking Healthcare to the Patient', published in 2005) and
- participation in the 'Modernising Healthcare Science Careers' project.

(v) 5. Public patient involvement

As detailed in the introduction to this document, Public Patient Involvement will be a vital thread of the work undertaken by Policy & Standards for the financial year 2006 – 2007. The HPC will continue participation in the joint regulators Patient Public Involvement Forum, as a means of sharing best practice across the regulators, and participating in joint projects.

Determining a strategy for the Council, to be considered at the July 2006 meeting, will mean that the HPC can then consider how to ensure PPI is a consistent part of projects, and embedded in policy-making.

The Council can then review its PPI strategy, and review how far it has met the strategy, as a means of measuring its success in this area.

(vi) 5. Consultation responses

The HPC will respond more regularly to other organisations' consultations.

The Council has responded in the past to other organisations' consultation, particularly those that had or will have a direct bearing on how HPC works. There has already been some increase in this activity as the Policy & Standards department has grown since July 2005, and more is planned for this financial year.

Responding to consultations offers the Council the opportunity to influence others' work, and to increase its profile among policy-makers. All consultation responses will be published on the HPC website.

(d) 2007 - 2009

2006 - 2007 will be primarily a year of ground-work: making contacts - particularly within the wider policy arena, building knowledge, continuing to gain input and ideas from stakeholders and feeding these into the appropriate parts of the organisation.

In addition, this coming financial year will be one during which the Council can begin to establish a 'policy position' on various key issues, some of which have already been suggested by Council members, for example:

- Devolution and UK-wide regulation;
- The future development of pre-registration education;
- Revalidation;
- Post-registration qualifications;
- Regulation of aspirant groups, potentially including complementary and alternative medicine, counsellors and psychotherapists, and further healthcare scientists; or
- The regulation of assistants.

Building on this consolidation, 2007 – 2008 will be a year of building an increasingly pro-active influence on the regulatory agenda, communicating the Council's position and views, via the contacts identified above. 2008 – 2009 will be the year during which the Council could undertake a review, in order to measure itself against its objective of influencing the regulatory agenda.

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