

HEALTH AND CARE PROFESSIONS COUNCIL

# OUTREACH

INTERNAL AUDIT REPORT - FINAL

JANUARY 2025

**LEVEL OF ASSURANCE:**

DESIGN | MODERATE

EFFECTIVENESS | MODERATE

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# EXECUTIVE SUMMARY

LEVEL OF ASSURANCE: (SEE APPENDIX FOR DEFINITIONS)		
DESIGN	MODERATE	Generally, a sound system of internal control designed to achieve system objectives with some exceptions.
EFFECTIVENESS	MODERATE	

SUMMARY OF FINDINGS			# OF AGREED ACTIONS
H	-		-
M	4	<div style="width: 100%; height: 10px; background-color: #e67e22;"></div>	4
L	-		-
TOTAL NUMBER OF FINDINGS: 4			

## OUR TESTING FOUND THE FOLLOWING CONTROLS WORKING WELL:

- ✓ Quality and accuracy of training materials
- ✓ Input from all relevant teams in the co-creation of content
- ✓ Systematic intelligence reporting
- ✓ Good approach to handling ad hoc questions
- ✓ Session feedback assessments

## BACKGROUND & SCOPE

As part of the internal audit plan for 2024-25, as approved by the Audit, Risk and Assurance Committee (ARAC), we conducted an audit of HCPC’s outreach service.

The service started in May 2020, aiming to reach registrants and the wider eco-system, modelled on the GMC’s regional liaison service. The pandemic slowed progress at the start, but the service has been fully functioning for over two years, mainly delivering training and other sessions to a range of stakeholders across the UK. It also draws out intelligence from stakeholders, sharing with HCPC colleagues as required.

Four outreach officers (Professional Liaison Consultants) are allocated, one to each country. The officers provide a wide range of learning and training events to registrants, students, representative bodies and employers, supported by a small central team, working closely with policy and comms teams.

As the outreach service is primarily intended to educate, its success is measured in terms of the feedback from sessions run. Ultimately, the service is intended to improve the quality of care and reduce the risks to patient safety.

The most immediate impact, however, has been in connecting registrants and students to HCPC. For many, it is the first time those groups have met anyone from HCPC and heard HCPC’s insight on the topic areas being discussed.

## PURPOSE

The audit evaluated the design and operation in practice regarding: resourcing the service, ensuring staff are sufficiently equipped to provide the service, the quality of the work done and how HCPC measures its impact.

## CONCLUSION

The outreach service is making a positive impact. The quality of the training materials and their delivery is strong. They have targeted important risk areas such as sexual safety in the paramedic and allied professions, and professionalism more generally. They are collecting intelligence systematically through standardised procedures. The Consultants are well briefed and they co-create the training with policy leads. HCPC quality assures the session materials before they are released.

However, as HCPC recognise, there is more work to be done. There is no overall systematic, strategic approach to coverage and a corresponding resource plan, which would ensure that each profession and geographical area gets the appropriate level of attention. Particularly, there is only one officer for England, and he is currently mainly responding reactively to requests from prior training sessions.

Getting the appropriate cover is hampered by the gaps in knowledge about the stakeholder community, because not many data points are routinely collected by HCPC about registrants and other stakeholders. For example, (most significantly) the registrant’s employer is not recorded and thus a complete picture of the registrant settings is not known. Some professions have not been reached in any number and those self-employed or employed in the private sector are not easily reached.

Also, in our experience consultants will one day have to face hostile audiences. It is important that consultants are trained to handle these situations.

As a result of our audit, we have raised four Medium recommendations and provided Moderate assurance over the design and operational effectiveness of HCPC’s outreach function.



# EXECUTIVE SUMMARY

## SUMMARY OF GOOD PRACTICE

Examples include:

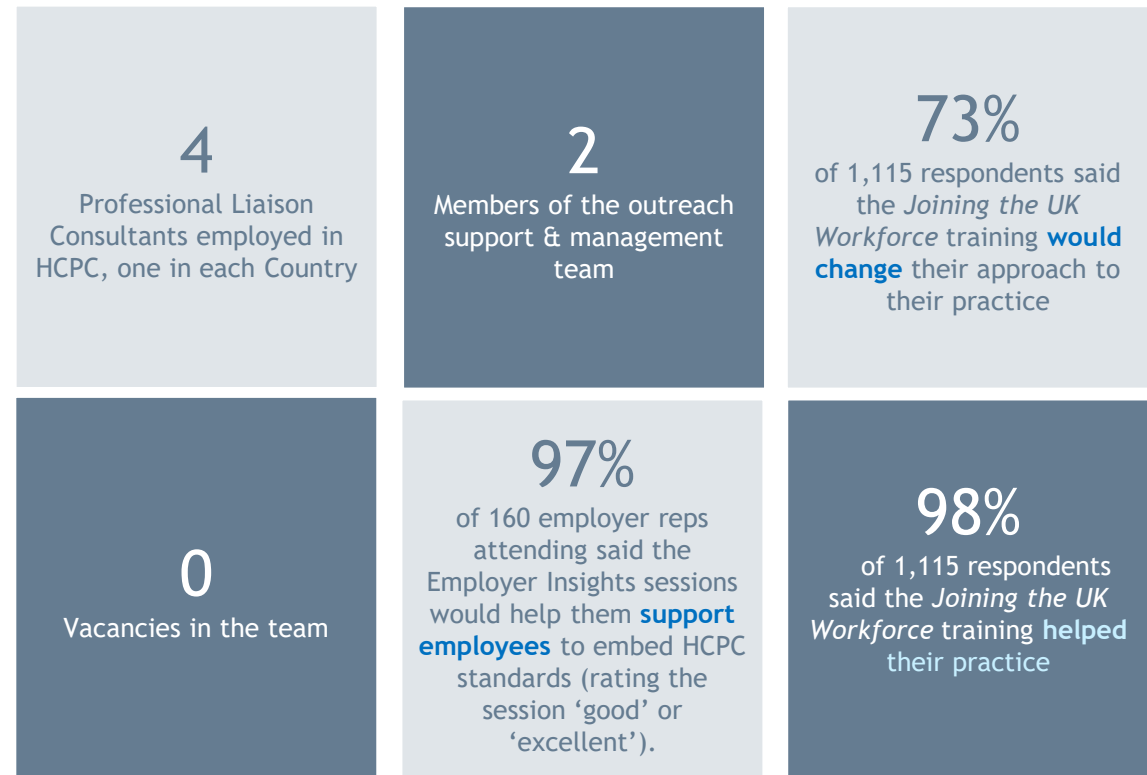
- ▶ Good research and build up of authoritative and quality assured training materials, which are adapted to the audience.
- ▶ Consultants are involved in content creation, so they gain a deep knowledge of the material.
- ▶ Good feedback system for training and seminars operate, with genuinely highly positive feedback.
- ▶ Intelligence gathering is being undertaken in a structured way using MS Forms.
- ▶ Having a nominated person in each country emphasises Council's commitment to serving all of the UK, avoiding an appearance of being England centric.
- ▶ HCPC recognise that the impact on registrant behaviours will be the ultimate measure of success of the outreach service. It is too early to measure this impact now, but HCPC are aware final impact measure will be required in the longer run.

## SUMMARY OF KEY FINDINGS

The service is relatively new, but will need to establish more procedures as it grows including:

- ▶ More strategic targeting of geographical areas, settings and professions is required, to enable delivering a more structured coverage of stakeholders and stakeholder categories.
- ▶ The lack of data such as the employer's name and workplace address on the register, means that it is difficult to form a picture on areas to concentrate on, preventing building a fuller intelligence picture and the desired stakeholder coverage.
- ▶ Resourcing requirements are not clear because the workload is not clear. It is very likely that England is not adequately resourced.
- ▶ Consultants will undoubtedly be exposed to hostile audiences in future. Consultants need to be trained to respond to such situations.

## USEFUL STATISTICS




# DETAILED FINDINGS



# DETAILED FINDINGS


## RISK 1, 2 & 3: HCPC DOES NOT UNDERSTAND THE STAKEHOLDER COMMUNITY, IS NOT RESOURCED APPROPRIATELY & DOES NOT GATHER AND ASSIMILATE INTELLIGENCE ADEQUATELY

FINDING 1			TYPE
<p>To be an effective regulator and provide an effective outreach service, the regulator needs to understand its stakeholder population - where they are, who they are employed by, their profession, and what their views and needs are.</p> <p>Through discussion with the outreach central team and the Professional Liaison Consultants, we established that HCPC currently engages mostly with stakeholders who can and are willing to engage with them, but not those harder to reach stakeholders, professions, sectors and geographical areas, in a holistic and strategic way. Some professions remain largely untouched, and in England, the one Consultant is spending most of his time responding to leads and enquiries arising from previous events and word of mouth.</p> <p>Moreover, the data available to HCPC to assess the comprehensiveness of their coverage and to reach out to more isolated groups is limited, because HCPC does not hold many data points relating to their registrant population. In particular, it does not hold data on the registrant's employer and workplace location.</p> <p>The net effect is that the outreach service is tactical rather than strategic in its coverage and its management of risk. Another effect is that it limits the effectiveness of its intelligence gathering capacities. That being said, HCPC has taken a strategic decision to focus on current 'hot topic's such as sexual safety and professional boundaries in the emergency professions such as paramedics. Targeting this area is based on empirical risk evidence from FtP data. HCPC has also taken the opportunity to use the sessions more generally to allow stakeholders to get to know HCPC. Prior to the outreach team forming, many stakeholders had never met or seen an HCPC representative before.</p>			<p>DESIGN &amp; EFFECTIVENESS</p> 
IMPLICATION			SIGNIFICANCE
The outreach function fails to make the impact it set out to, focussing on the 'lower hanging fruit' and easy to reach communities, which may not be representative of the stakeholder population or where the risks or greatest needs are located.			MEDIUM
RECOMMENDATIONS	ACTION OWNER	MANAGEMENT RESPONSE	COMPLETION DATE
1. Develop a list of 'must have' datasets that should be incorporated in future system upgrades, such as the employer's name and workplace location.	<i>Kellie Green, Head of Professionalism and Upstream Regulation</i>	<i>We accept the findings and will work with relevant colleagues to identify the data capture required and wider system and process changes that might be needed to be able to capture and analyse the data.</i>	30/09/2025
2. Take a more strategic approach to coverage of professions, geographical areas and groups, informed by FtP and other data, refining the picture as more data sets become available.	<i>Kellie Green, Head of Professionalism and Upstream Regulation</i>	<i>We accept the findings and will develop a more targeted and risk-based approach to our prevention work, whilst identifying future data and insight needs</i>	30/06/2025
3. Develop a strategic resource plan on the basis of the resource needs, with due consideration to coverage (Rec 2) cost realism, likely risks and organisational risk appetite.	<i>Kellie Green, Head of Professionalism and Upstream Regulation</i>	<i>We accept the findings and will develop a strategic resource plan.</i>	30/09/2025



# DETAILED FINDINGS

## RISK 4: QUALITY OF THE OUTREACH PROVISION

FINDING 2			TYPE
<p>Our experience of the similar function in the General Medical Council is that any outreach service is likely to be exposed to hostile interactions with registrants or other stakeholders. During the aftermath of the Dr Bawa-Garba case, the GMC’s regional liaison officers were subject to particularly harsh verbal abuse from stakeholders, requiring intervention and attendance by members of the GMC’s senior leadership team at the height of the controversy and with some outreach officers needing to take sick leave.</p> <p>We found that HCPC’s outreach consultants have been treated very well by their audiences so far. Many participants have been very complimentary about the quality and professionalism of the outreach team. However, HCPC has not prepared the Consultants with the training and tactics to handling difficult audiences, should they arise. Support for the Consultants is good now, but it will need to be bolstered during a crisis situation.</p>			DESIGN 
<b>IMPLICATION</b> Unprepared presenters in a hostile setting could lead to staff absences and declining morale.			<b>SIGNIFICANCE</b> MEDIUM
RECOMMENDATIONS	ACTION OWNER	MANAGEMENT RESPONSE	COMPLETION DATE
4. Provide ‘hostile audience’ training for outreach staff and have an emergency response plan.	<i>Kellie Green, Head of Professionalism and Upstream Regulation</i>	<i>We accept the findings. Training will be provided and an emergency plan will be developed.</i>	30/ 11/ 2025

# APPENDICES





## APPENDIX I: ADDITIONAL OBSERVATIONS

In addition to the points raised in the report, we make the following, low level observations:

- ▶ Intelligence is captured on an MS Form by Consultants and this is collated on a spreadsheet. We reviewed the spreadsheet and observed that it is not clearly part of the process to feed back to the Consultant filing the intelligence what happens with it. Some intel is low level and noted and 'parked', in case further examples appear in future and thus a picture builds up about a registrant or registrant group. Other intel is forwarded to other teams within HCPC.
- ▶ One consultant was not sure whether they were correctly insured to use their car for official business purposes. We requested that this be looked into by the outreach management team.



## APPENDIX II: DEFINITIONS

LEVEL OF ASSURANCE	DESIGN OF INTERNAL CONTROL FRAMEWORK		OPERATIONAL EFFECTIVENESS OF CONTROLS	
	FINDINGS FROM REVIEW	DESIGN OPINION	FINDINGS FROM REVIEW	EFFECTIVENESS OPINION
<b>SUBSTANTIAL</b>	Appropriate procedures and controls in place to mitigate the key risks.	There is a sound system of internal control designed to achieve system objectives.	No, or only minor, exceptions found in testing of the procedures and controls.	The controls that are in place are being consistently applied.
<b>MODERATE</b>	In the main there are appropriate procedures and controls in place to mitigate the key risks reviewed albeit with some that are not fully effective.	Generally a sound system of internal control designed to achieve system objectives with some exceptions.	A small number of exceptions found in testing of the procedures and controls.	Evidence of non compliance with some controls, that may put some of the system objectives at risk.
<b>LIMITED</b>	A number of significant gaps identified in the procedures and controls in key areas. Where practical, efforts should be made to address in-year.	System of internal controls is weakened with system objectives at risk of not being achieved.	A number of reoccurring exceptions found in testing of the procedures and controls. Where practical, efforts should be made to address in-year.	Non-compliance with key procedures and controls places the system objectives at risk.
<b>NO</b>	For all risk areas there are significant gaps in the procedures and controls. Failure to address in-year affects the quality of the organisation’s overall internal control framework.	Poor system of internal control.	Due to absence of effective controls and procedures, no reliance can be placed on their operation. Failure to address in-year affects the quality of the organisation’s overall internal control framework.	Non compliance and/or compliance with inadequate controls.

RECOMMENDATION SIGNIFICANCE	
<b>HIGH</b>	A weakness where there is substantial risk of loss, fraud, impropriety, poor value for money, or failure to achieve organisational objectives. Such risk could lead to an adverse impact on the business. Remedial action must be taken urgently.
<b>MEDIUM</b>	A weakness in control which, although not fundamental, relates to shortcomings which expose individual business systems to a less immediate level of threatening risk or poor value for money. Such a risk could impact on operational objectives and should be of concern to senior management and requires prompt specific action.
<b>LOW</b>	Areas that individually have no significant impact, but where management would benefit from improved controls and/or have the opportunity to achieve greater effectiveness and/or efficiency.
<b>ADVISORY</b>	A weakness that does not have a risk impact or consequence but has been raised to highlight areas of inefficiencies or potential best practice improvements.



## APPENDIX III: TERMS OF REFERENCE

### EXTRACT FROM TERMS OF REFERENCE

**PURPOSE** The purpose of this review is to provide assurance over the design and operational effectiveness of the following areas:

- How HCPC evaluates the impact of the service.
- How the team is resourced and its work allocated.
- How effectively it assimilates and applies the intelligence it receives through the service.
- How it ensures the quality of its service, accuracy of what it communicates, and knowledge of its team is maximised. This includes how prepared it is to respond to a significant regulatory issue

**KEY RISKS** The key risks associated with the service that are currently perceived by management are whether the outreach service is:

- Making the desired impact with stakeholders during the sessions undertaken with them and measuring the impact satisfactorily.
- Adequately resourced.
- Using the intelligence the service receives and HCPC applying it.
- Responding to and disseminating policy and standards accurately and consistently through sufficient technical understanding.
- Prepared to handle questions and the challenge of a major regulatory incident.
- In terms of corporate strategy, the outreach function touches on most of the strategy objectives, including innovation; promoting high quality professional practice; develop insight and exert influence; and be visible, engaged and informed.

In terms of Strategic Risks, outreach links to Risk 4 “We do not understand our stakeholders’ needs and so are unable to be as effective as we could be”, and Risk 2 “HCPC’s regulatory expectations are not appropriate or not understood by registrants and other stakeholders”.

### SCOPE & EXCLUSIONS/LIMITATIONS OF SCOPE

The review will cover the strategic targeting of time of the consultants, the data they use to inform what they target, quality of training and impact. It will not include an assessment of the quality of the training itself, in terms of how it aligns to HCPC professional standards. The focus will be on the quality assurance processes that ensure the training delivered accurately and appropriately. We will not be following up whether intelligence garnered through the service is applied other than by that applicable to the service

**APPROACH** The approach involved interviews with key staff and review of research, training and presentation materials. Case studies using Sexual Safety and Professionalism training, review intel records & session feedback analysis.

## APPENDIX IV: SCOPE AREAS, RISKS & APPROACH

The table below outlines the areas covered as part of this review, the key inherent risks associated with the areas under review and our high-level approach to test the design and operational effectiveness (where applicable) of the controls in place to mitigate the risks outlined:

SCOPE AREA	KEY RISKS	APPROACH
<i>How HCPC evaluates the impact of the service.</i>	HCPC do not understand the stakeholders they should be interacting with through the service HCPC do not have the desired impact or are unaware of the impact the service is giving, including across all four countries and for other parts of HCPC.	<ul style="list-style-type: none"> <li>• HCPC have a clear idea of the stakeholders there are, the ones they want to reach using the service and whether that stakeholder outreach aspiration has been achieved.</li> <li>• Review the way training is developed, to see if there are clear learning and other objectives; the audiences in general are known and their needs understood; sessions are dedicated to the right audiences.</li> <li>• HCPC have clear success criteria for individual sessions and the wider impact of the service. These success criteria are measurable, measured and action taken where required.</li> <li>• Review how the Outreach service checks in with the wider organisation to assure itself that it is delivering what is required.</li> </ul>
<i>Resourcing of the service</i>	There is insufficient resource to deliver the programme of work and meet the objectives of the service.	<ul style="list-style-type: none"> <li>• Examine the resource allocation for the existing service to ascertain whether the current resource pool is identifying priorities and targeting its work.</li> <li>• Whether there is a minimum or core programme of work and whether the resources available are sufficient to deliver that</li> </ul>
<i>Assimilation and application of the intelligence it receives through the service.</i>	Key intelligence is not assimilated and utilised	<ul style="list-style-type: none"> <li>• Examine and test the mechanism used to capture intelligence, ensuring that the intelligence is prioritised and action taken commensurate to risk, including dealing with immediate patient safety concerns, through to longer term matters affecting policy and HCPC ways of working.</li> </ul>
<i>Assuring the quality of the outputs from the service</i>	Insufficient quality, accuracy, etc of the material provided	<ul style="list-style-type: none"> <li>• Impact assessment (above) also relates to quality, so will be considered as part of scope area #1</li> <li>• Evaluate training that the team receive and ensuring that they are sufficiently briefed on the topics they set out to discuss.</li> <li>• Examine mechanisms to ensure consistency of messages and training/seminar content.</li> <li>• Ascertain how the team are sufficiently briefed on emerging topics, including high-profile regulatory matters and other matters affecting HCPC and stakeholders, so that the outreach can give consistent and meaningful information and responses to questions.</li> </ul>
A sample of materials and sessions will be evaluated		



## APPENDIX V: STAFF INTERVIEWED

BDO LLP APPRECIATES THE TIME PROVIDED BY ALL THE INDIVIDUALS INVOLVED IN THIS REVIEW AND WOULD LIKE TO THANK THEM FOR THEIR ASSISTANCE

Kellie Green	Head of Professionalism and Upstream Regulation	EXECUTIVE SPONSOR
Patrick Armsby	Professionalism and Upstream Regulation Manager	
Florence Milliken	NI Prof. Liaison Consultant	
Ian Spink	England Prof. Liaison Consultant	
Adam Haxell	Strategic Relationships	
Rosemary Flowers-Wanjie	Policy	



## APPENDIX VI: LIMITATIONS AND RESPONSIBILITIES

### MANAGEMENT RESPONSIBILITIES

The Board is responsible for determining the scope of internal audit work, and for deciding the action to be taken on the outcome of our findings from our work.

The Board is responsible for ensuring the internal audit function has:

- The support of the Company's management team.
- Direct access and freedom to report to senior management, including the Chair of the Audit Committee.
- The Board is responsible for the establishment and proper operation of a system of internal control, including proper accounting records and other management information suitable for running the Company.

Internal controls covers the whole system of controls, financial and otherwise, established by the Board in order to carry on the business of the Company in an orderly and efficient manner, ensure adherence to management policies, safeguard the assets and secure as far as possible the completeness and accuracy of the records. The individual components of an internal control system are known as 'controls' or 'internal controls'.

The Board is responsible for risk management in the organisation, and for deciding the action to be taken on the outcome of any findings from our work. The identification of risks and the strategies put in place to deal with identified risks remain the sole responsibility of the Board.

### LIMITATIONS

The scope of the review is limited to the areas documented under Appendix II - Terms of reference. All other areas are considered outside of the scope of this review.

Our work is inherently limited by the honest representation of those interviewed as part of colleagues interviewed as part of the review. Our work and conclusion is subject to sampling risk, which means that our work may not be representative of the full population.

Internal control systems, no matter how well designed and operated, are affected by inherent limitations. These include the possibility of poor judgment in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Our assessment of controls is for the period specified only. Historic evaluation of effectiveness may not be relevant to future periods due to the risk that: the design of controls may become inadequate because of changes in operating environment, law, regulation or other; or the degree of compliance with policies and procedures may deteriorate.

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