

Council, 29 March 2012

Strategic intent 2012-2015

Executive summary and recommendations

### **Introduction**

At the Council's meeting in February 2012, the Council discussed a draft of the strategic intent for 2012-2015. The Council agreed that the document be updated in light of the comments made at the meeting and presented for approval at the following meeting.

The changes incorporated into the attached document include the following.

- The addition of the vision statement agreed by the Council.
- A minor amendment to section three of the document (section two in the previous document) to ensure an appropriate reference to the HPC's enlarged remit.
- The addition of a foreword to set out the HPC's progress and achievements to date.
- Minor amendments to the strategic objectives including the following.
  - The addition of a reference to internal communications and educators as an audience in objective 3.
  - A minor amendment to conflate two points in objective 4 – disseminating research findings and the use of seminars.
  - The addition of a reference to impact assessment in objective 5 and an additional bullet point about taking account of, responding to, and influencing UK and international regulatory developments.

### **Decision**

The Council is invited to discuss and agree the text of the document for publication on the HPC website.

### **Background information**

None

### **Resource implications**

None

**Financial implications**

None

**Appendices**

None

**Date of paper**

19 March 2012

**Strategic intent – 2012 to 2015**

## 1. Foreword

- 1.1 This document is the Health Professions Council's (HPC's) strategic intent for the period 2012 to 2015. It was first published in 2002 and has been regularly updated.
- 1.2 Over the last ten years, the HPC has grown in size and remit. Our main objective – to protect the public – remains at the heart of everything we do. Much has been achieved during this period. The following facts and figures illustrate some of the key developments.
- The HPC Register formally opened in July 2003, assuming responsibilities from our predecessor, the Council for Professions Supplementary to Medicine (CPSM). From the outset the Council made a clear commitment to engage with all its stakeholders and has maintained this ever since.
  - In 2003 new generic standards of proficiency were published for 12 professions. This included a range of generic standards, describing for the first time what was common across a diverse range of professions.
  - In 2006, mandatory standards on CPD were introduced. This followed an extensive consultation exercise including 46 public meetings with registrants. Since then, over 6,000 audits of CPD profiles have been undertaken from across 13 professions.
  - The number of cases handled by the Fitness to Practise Department has increased year on year from 77 in 2002-2003 to 759 in 2010-2011. In 2003-2004, 22 cases were considered at a hearing. By 2010-2011, this figure had risen to 315.
  - A robust system for approving and monitoring education and training programmes has been established, with 637 programmes approved by end of 2009-2010.
  - Three further professions joined the HPC register - operating department practitioners, practitioner psychologists and hearing aid dispensers.
  - In 2012, there were 218,988 individuals on the Register, a rise of 59% since 2002. All registrants are now able to renew their registration online, a development which reflects the organisation's drive towards greater efficiency in all its processes.
- 1.3 The strategic objectives outlined in this document build on our achievements and include developing internal processes; communicating and engaging with stakeholders about our work; and influencing and responding to external developments.

## 2. Introduction

About this document

- 2.1 This document replaces the strategic intent published in 2009 for the period 2009/2010 to 2014/2015.
- 2.2 This document will be kept under review and may be revised if there are significant changes to the internal and external environment.

About us

- 2.3 We are a regulator and were set up to protect the public. To do this, we keep a register of professionals who meet our standards for their professional skills and behaviour. Individuals on our Register are called 'registrants'.
- 2.4 We currently regulate 15 professions.
  - Arts therapists
  - Biomedical scientists
  - Chiropodists / podiatrists
  - Clinical scientists
  - Dietitians
  - Hearing aid dispensers
  - Occupational therapists
  - Operating department practitioners
  - Orthoptists
  - Paramedics
  - Physiotherapists
  - Practitioner psychologists
  - Prosthetists / orthotists
  - Radiographers
  - Speech and language therapists
- 2.5 To protect the public we:
  - set standards for entry to the Register and for continued registration;
  - approve education and training programmes that successfully deliver those standards;
  - maintain a register of individuals who successfully complete those programmes; and
  - take action if the standards may not have been met (for example, via our fitness to practise process).

### **3. External drivers**

- 3.1 The Command Paper 'Enabling Excellence – Autonomy and Accountability for Healthcare Workers, Social Workers and Social Care Workers' (2011) and the legislative changes emerging from the Health and Social Care Bill 2011 will be crucial external drivers in this period.<sup>1</sup>
- 3.2 One key external policy development is the introduction of voluntary registration. This includes the HPC's forthcoming discretionary powers to establish voluntary registers; the role of the Professional Standards Authority for Health and Social Care (formerly the Council for Healthcare Regulatory Excellence or 'CHRE') in accrediting voluntary registers; and government policy that the Department of Health and the HPC should, by the end of 2013, explore the feasibility of establishing a voluntary register for social care workers.
- 3.3 In 2012, the HPC will become responsible for the regulation of social workers in England. At this time the HPC will change its name to the 'Health and Care Professions Council' in order to its enlarged remit. It is also government policy that the HPC should become responsible for holding a register of 'persons authorised to dispense unlicensed herbal medicines' and open a register for non-medical public health specialists.
- 3.4 Other developments which will, are likely to, or may affect the HPC significantly in this period, include the following.
- A reduction in the size of the regulatory bodies' Councils.
  - The CHRE review of the cost-effectiveness and efficiency of the health professional regulators.
  - The Law Commission's review of the regulatory bodies' legislation which may result in changes to legislation.
- 3.5 The strategic objectives outlined in this document have been developed with reference to these external influences. However, this document will be kept under review and revised when there are significant changes to the internal or external environment.

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<sup>1</sup> Enabling excellence: Autonomy and accountability for healthcare workers, social workers and social care workers (2011).

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_124359](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124359)

## **4. Internal drivers**

- 4.1 The HPC has a well-established culture of continuous quality improvement across all its departments. This culture acts as a catalyst for ongoing review of processes and implementing improvements. This aspect of the culture of the HPC also guards against any sense of complacency and reflects the overall values of the organisation.

## **5. Vision and values**

Our vision

- 5.1 To be recognised internationally as a model of good practice in public protection through the regulation of health and care professionals.

Values

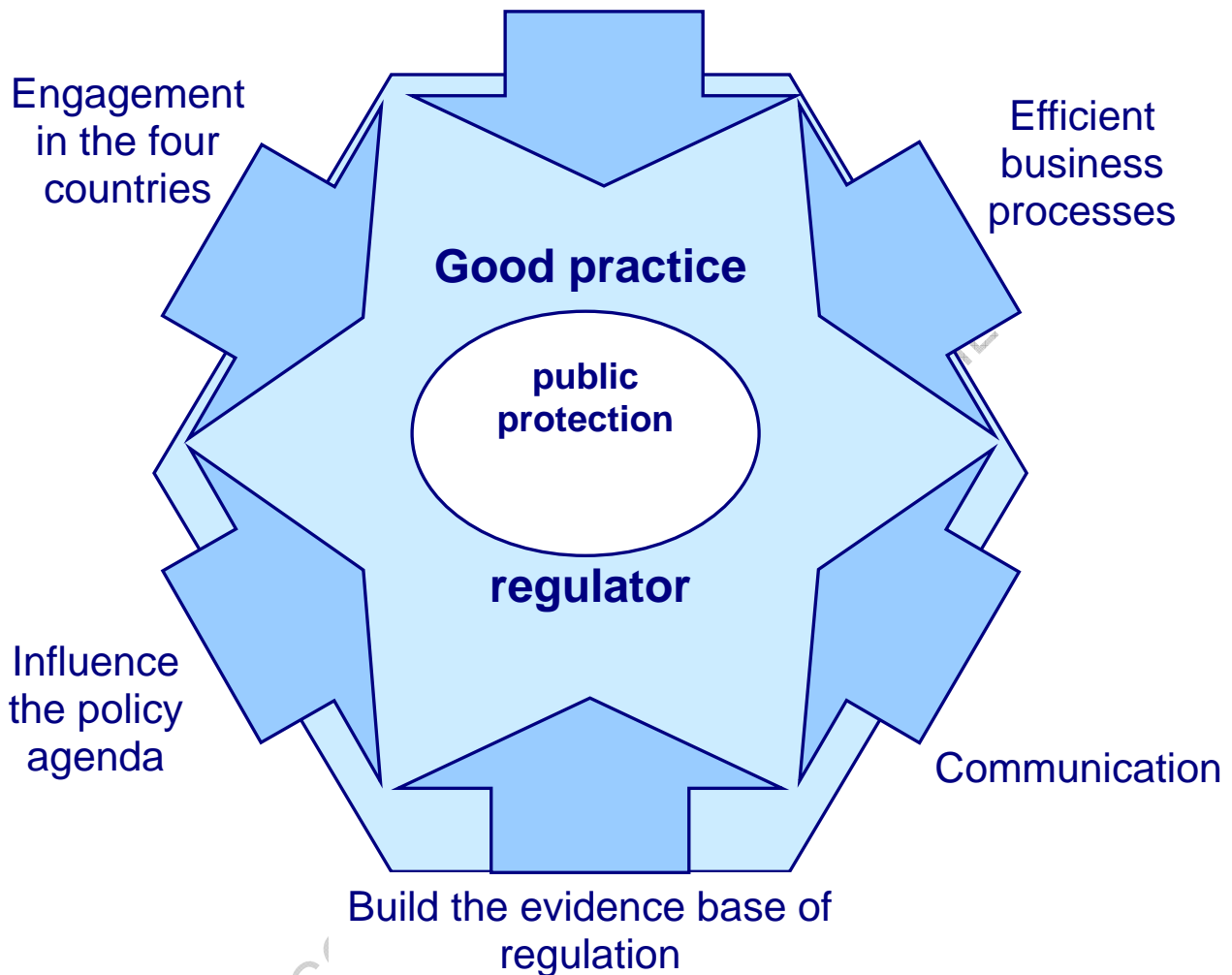
- 5.2 Our values are a set of guiding principles which reflect both the social context in which the organisation operates and its aim to deliver effective and efficient regulation.

- 5.3 Our values are:

- Transparency
- Collaboration
- Responsiveness
- Value for money
- High quality service

## 6. Strategic objectives

6.1 The diagram below illustrates how the strategic objectives are linked to the organisation's central commitment to public protection.



6.2 The HPC's strategic objectives for 2012 to 2015 follow.

6.3 The bullet points beneath each objective indicate ways in which each objective might be achieved and the scope of each objective. They are not intended to be exhaustive and are for indicative purposes only. However, they do give some indication as to how these objectives will be embedded in workplans and progress reviewed by the Council and its Committees.



## **Objective 1: Good governance**

### **To maintain, review and develop good corporate governance**

- To ensure continued financial probity and sustainability.
- To ensure continued risk management.
- To maintain regular monitoring of performance against objectives.
- To continue to invest in training of employees and Council members to develop skills.
- To continue to operate the annual performance review of Council members and Chair.
- To proactively respond to and prepare for planned reforms to the governance arrangements of the regulators.

## **Objective 2: Efficient business processes**

### **To maintain, review and develop efficient business processes throughout the organisation**

- To continue to promote a culture of continuous quality improvement.
- To maintain, review and develop standards and processes as required across all functions.
- To ensure continued compliance with external quality assurance frameworks.
- To maintain, review and develop organisation-wide policies including equality and diversity and corporate social responsibility policies.
- To build partnerships with suppliers to ensure value for money procurement.
- To increase the benefit and reduce the cost of regulation.

## **Objective 3: Communication**

### **To increase understanding and awareness of regulation amongst all stakeholders**

- To raise understanding of the HPC's role across all key stakeholder groups.
- To extend engagement with the public through improved access to information about the HPC.
- To ensure effective internal communications.

- To engage with registrants to increase understanding of the benefits of regulation, the work of the HPC and what is required of them.
- To engage with employers, educators, government and other regulators.
- To continue to participate in and contribute to UK and international regulatory forums.

#### **Objective 4: To build the evidence base of regulation**

##### **To ensure that the organisation's work is evidence based**

- To undertake research into HPC's current regulatory processes (for example, fitness to practise, education, registration, CPD).
- To ensure that HPC and other research findings contribute to the HPC's decision making.
- To ensure that research findings are disseminated, for example, through seminars to discuss findings with stakeholders.
- To ensure that the findings of HPC research contribute to the development of wider regulatory policy.

#### **Objective 5: Influence the policy agenda**

##### **To be proactive in influencing the wider regulatory policy agenda**

- To continue to make recommendations to the Secretary of State for Health and to Scottish ministers about the statutory regulation of professions / occupations where appropriate.
- To continue to explore and draw conclusions about the establishment of voluntary registers, for example, through the use of impact assessment.
- To take account of, respond to, and influence UK and international regulatory developments.

## **Objective 6: Engagement in the four countries**

### **To ensure that our approach to regulation takes account of differences between the four countries**

- To continue to build relationships and increase mutual understanding through meetings with stakeholders in England, Scotland, Wales and Northern Ireland.
- To continue to monitor the need for changes to the HPC's physical presence in Scotland, Wales and Northern Ireland with reference to changes in policy and context.

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## **7. Measuring success**

- 7.1 The strategic priorities outlined in this document will be embedded and 'operationalised' in the workplans produced by each department or directorate.
- 7.2 These workplans set out each department's work and priorities, including anticipated completion dates, in light of the strategic direction set by the Council. These workplans are approved, and subsequently monitored by the Council or a Committee, as appropriate.
- 7.3 The Executive also provides regular statistical and narrative reporting on business activities to the Council and its Committees.

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