

Council, 3 December 2015

Strategic intent 2016-2020

Executive summary and recommendations

Introduction

The strategic intent for 2012-2015 expires at the end of this year. A revised version for the period 1 January 2016 to 31 December 2020 (with tracked changes) is attached.

The strategic intent was the basis for presentations and discussion at the Council's recent away day. This discussion appeared to indicate that the document only required minor revision – including changes to the introduction to bring it up-to-date and possibly some minor changes to the wording of the strategic objectives.

The Council and Executive keep the strategic intent under regular review and it is reconsidered by the Council in the event of any significant changes, for example, should there be substantial change in Government policy on regulation.

Decision

The Council is invited to discuss and approve the strategic intent for 2016-2020 (subject to any amendments agreed by the Council at the meeting).

Background information

The existing strategic intent is here:
<http://www.hcpc-uk.org/aboutus/aimsandvision/>

Resource implications

Updating the strategic intent in light of the Council's discussion as necessary; posting the final copy on the HCPC website.

Financial implications

None

Appendices

Commentary on proposed revisions.

Date of paper

20 November 2015

Strategic intent – ~~2012 to 2015~~2016-2020

[Effective from 1 January 2016.](#)

[First published in April 2012](#)

[Reprinted with amends due to organisational name change and the regulation of social workers in England in August 2012](#)

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1. Foreword

1.1 This document is the Health and Care Professions Council's (HCPC's) strategic intent for the period ~~2012 to 2015~~ January 2016 to 31 December 2020. It was first published in 2002 and has been regularly updated.

~~1.2 Over the last ten years, the HCPC (formally the Health Professions Council (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.~~

- ~~• In 2002, the Shadow Council was formed. The HPC Register opened formally in July 2003, assuming responsibilities from our predecessor, the Council for Professions Supplementary to Medicine (CPSM).~~
- ~~• In this period, three further professions joined the HPC register — operating department practitioners, practitioner psychologists and hearing aid dispensers. In 2002, there were 137,854 registrants. In 2011 this had risen to 218,988 registrants, an increase of 59% since 2002.~~
- ~~• The number of cases handled by the Fitness to Practise Department has increased year-on-year from 134 in 2003-2004 to 759 in 2010-2011. In 2003-2004, 22 cases were considered at a hearing. By 2010-2011, this figure had risen to 315. In 2010-2011, just 0.35% of registrants were subject to an allegation.~~
- ~~• 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.~~
- ~~• A robust system for approving and monitoring education and training programmes has been established, with 637 programmes approved by end of 2009-2010.~~
- ~~• 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.~~

1.23 The strategic objectives outlined in this document build on our previous achievements as an organisation 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 [April 2012 for the period 2012-2015.](#) ~~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 16 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
 - Social workers in England
 - 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) continues to be the most up-to-date statement of UK Government policy on professional regulation. -and the legislative changes emerging from the Health and Social Care Act 2012 will be crucial external drivers in this period.¹
- 3.2 We will need to anticipate and be responsive to any changes in Government policy. In particular, we still await decisions by the UK Government and Parliament about a possible Professional Accountability Bill which would reform the nine regulatory bodies' legislation.
One key external policy development is the introduction of voluntary registration. This includes the HCPC's 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 HCPC should, by the end of 2013, explore the feasibility of establishing a voluntary register for adult social care workers in England.
- 3.3 This year (2012), the renamed Health and Care Professions Council (HCPC) will become responsible for the regulation of social workers in England. It is also government policy that the HCPC 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 HCPC 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.
- 3.35 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.

¹ 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_1243
[59](#)

4. Internal drivers

- 4.1 The HCPC 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 HCPC 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 [nationally and](#) internationally as a model of good practice in public protection through the regulation of health and care professionals.

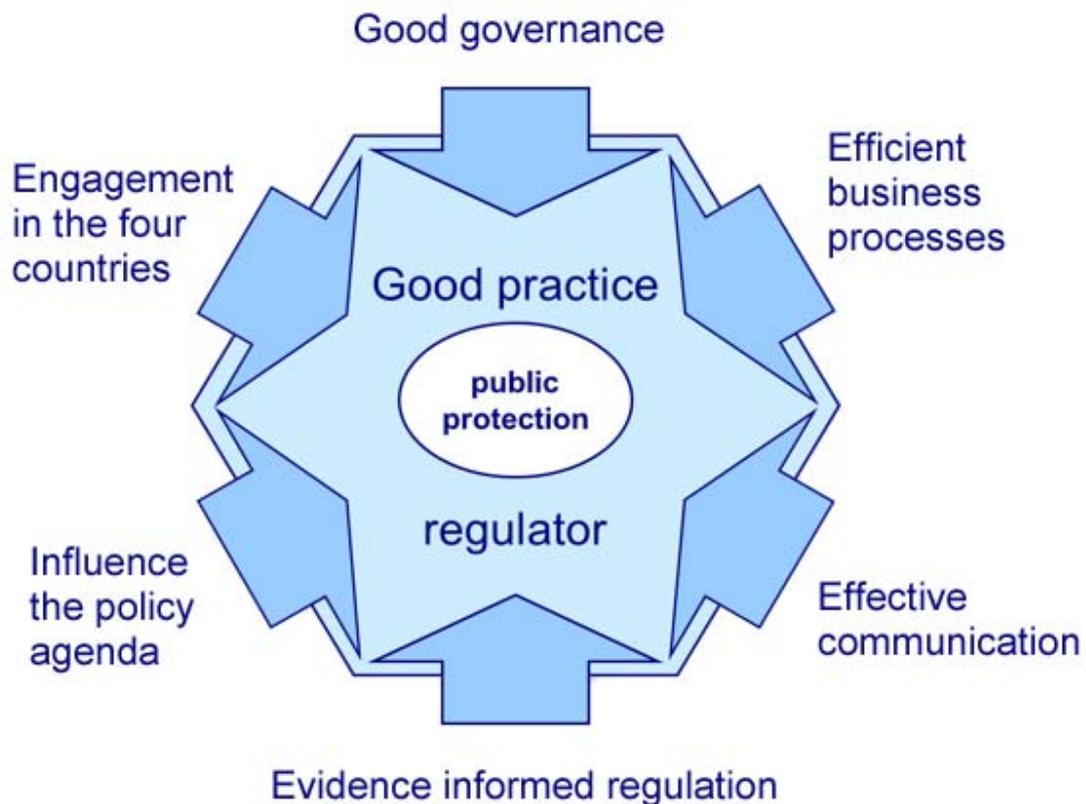
Values

- 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

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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 HCPC's strategic objectives for ~~2012 to 2015~~2016-2020 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 work plans and progress reviewed by the Council and its Committees.

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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, [partners](#) and Council members to develop skills.
- To continue to operate the annual performance review of Council members and the 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 [relevant](#) 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~~ [manage effectively](#) the cost of regulation.

Objective 3: Effective cCommunication

To increase understanding and awareness of regulation amongst all stakeholders

- To raise understanding of the HCPC's role across all key stakeholder groups.
- To extend engagement with the public through improved access to information about the HCPC.
- To ensure effective internal communications.
- To engage with registrants to increase understanding of the benefits of regulation, the work of the HCPC and what is required of them.
- To engage with employers, educators, government and other regulators.

Objective 4: Build the evidence base of regulationEvidence informed regulation

To ensure that the organisation's work is evidence basedinformed

- ~~To undertake research into HCPC's current regulatory processes (for example, fitness to practise, education, registration, CPD).~~
 - To undertake research into the HCPC's regulatory role and functions.
 - To ensure that HCPC and other research findings contribute to the HCPC'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 HCPC 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 promote the HCPC's views about the statutory regulation of further 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.
 - To continue to participate in and contribute to UK and international regulatory fora.

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 HCPC'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 in this document will be delivered through the activities outlined in the work plans '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~~ work plans are approved by the Chief Executive and Registrar and discussed by the Council. Progress against work plans is monitored as part of routine reporting to the Council by each directorate, 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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Appendix: Commentary on proposed revisions

Foreword (page two). The last version of the strategic intent was published 10 years after the establishment of the Shadow Council and included some brief information reviewing the organisation's achievements over that period. Similar information has not appeared in previous versions. It is proposed to remove this content.

External drivers (page four). When the strategic intent was last published, 'Enabling excellence' had just been published. Since then, most of this paper's policy initiatives have been implemented or a decision has been made not to progress them. Revisions are suggested here to bring this section up-to-date. Should there be a significant change to the organisation's external drivers the Council would be invited to review and revise the strategic intent in any event.

Our vision (page five). A minor amendment is suggested: 'To be recognised nationally and internationally...'

Good governance (page seven). The fourth bullet point has a minor amendment to reflect the role of partners in addition to Council members and employees.

The last bullet point referred to reforms of the composition of regulatory body² Councils as described in 'Enabling excellence'. These reforms were implemented with the reduction of the Council from 20 members to 12 at the beginning of 2014. This bullet has therefore been removed.

Efficient business processes (page seven). A small amendment is proposed to the last bullet point to replace reference to reducing the cost of regulation with 'manage effectively'. A minor amendment has also been made to the third bullet point.

Communication (page eight). It is proposed that the descriptor for this objective should become 'Effective communication'.

Build the evidence base of regulation (page four). In light of discussion at the away day, it is proposed to change the descriptor to 'Evidence informed regulation' and the overarching objective to 'To ensure that the organisation's work is evidence informed'. Minor amendments for clarity are also proposed to the first bullet point.

Influence the policy agenda (page eight). After the publication of 'Enabling excellence', the Council decided to close the aspirant groups / new professions process to further applications. However, the Council still has a discretionary power in the Health and Social Work Professions Order 2001 which allows it to make recommendations about the regulation of further professions and occupations. The Law Commissions' review of the regulatory bodies' legislation proposed removing this power. Minor amendments are proposed here to reflect this context.

The second bullet point has been deleted as the work it refers to was completed. After the publication of the Enabling excellence the Council developed principles for deciding whether it would consider opening a voluntary register. After further consideration, the Council concluded that it had significant concerns about statutory regulators holding voluntary registers and therefore would not consider opening any.

The final bullet point previously appeared under objective three (communications) but seems better placed here.

Measuring success (page 10). This section has been revised in light of the discussion at the Council away day. In future work plans will be approved only by the Chief Executive and Registrar and then presented for discussion and noting by the Council.

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