Agenda Item 13

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**Health and Care Professions Council
06 December 2018**

University of Surrey Research action plan update

For discussion

From Sarah Ritchie, Policy Officer and Alex Urquhart, Stakeholder Communications Officer

Council 6 December 2018

University of Surrey research action plan update

Executive summary and recommendations

Introduction

In March 2018, Council approved the action plan for the findings of the University of Surrey research 'People like us? Understanding complaints about paramedic and social workers'. This paper provides an update on the progress of the action plan.

Decision

The Council is invited to discuss the document. No decision is required.

Background information

In 2016, we commissioned a team at the University of Surrey to undertake research to understand better the prevalence of fitness to practise cases received about paramedics and social workers in England.

The Council discussed the final report at its meeting in September 2017 and requested that the Executive present an action plan to the March 2018 meeting. At this meeting, Council agreed the action plan and requested an update.

Resource implications

Resource implications have been accounted for in planning for 2018-19.

Financial implications

Any financial implications have been accounted for in budgeting for 2018-19.

Appendices

1. University of Surrey research action plan update
2. University of Surrey research action plan Council Paper 21 March 2018

Date of paper

22 November 2018

Appendix one: University of Surrey research Action Plan: progress report

Area	Activity and timescales	Progress update	Status/revised timeframe
When to self-refer	Develop poster / infographic with short supporting information on self-referrals for dissemination across all channels (Q1)	Information and resources for registrants has been produced and will be published on the website when it launches in December 2018. This includes an infographic, case studies and signposting to sources of support. In addition to this, a step-by-step referral tool has been developed for the new website and this includes a section on self-referrals for registrants.	**Ongoing** Completion anticipated in Q3
	Develop media (e.g. film) to support communication of when to self-refer (Q4)	Case studies to support the communication of when to self-refer are being developed with feedback from stakeholders. These will be designed and presented in an interactive format on the new website towards the end of Q4. Segments from the infographic will also be developed for use on social media channels.	**Ongoing** Completion anticipated in Q4
	Targeted engagement with paramedic stakeholders – including face-to-face meetings with employers and other groups (Q2-4 and ongoing)	To date, we have met with the Association of Ambulance Chief Executives, delivered a workshop at the annual Scottish Regulation Conference, held two sessions with registrants at an upcoming meet the hcpc event and had direct feedback on the web information from paramedic stakeholders via a survey. This has informed the development of the information and resources produced. This programme of engagement will continue in early December when we disseminate this information to professional stakeholders via a targeted email.	**Ongoing** Stage one completion anticipated in Q3 Stage two completion anticipated in Q3-4

Area	Activity and timescales	Progress update	Status/revised timeframe
When to refer	Website tool to signpost complainants (under development; Q3)	The website tool has been developed and will go live with the website launch in December.	**Complete** Q3
	Programme of engagement (face-to-face and email) with service user and carer organisations to promote messages on when to refer (Q2-4)	A targeted email to service user organisations highlighting the new resources is scheduled for January 2019.	**Ongoing** Revised to Q4
	Targeted engagement with paramedic stakeholders – including face-to-face meetings with employers and other groups (Q2-4 and ongoing)	See targeted engagement above.	**Ongoing** Q3-4
	Raise awareness of when to refer as part of work to promote the fitness to practise annual report – programme of articles for professional press and blog pieces (Q1-4)	We are planning a programme of blog pieces to support the publication of the fitness to practise annual report, due early December. These will be disseminated to registrants through the professional press and HCPC In Focus.	**Ongoing** Completion anticipated in Q4

update

Area	Activity and timescales	Progress update	Status/revised timeframe
Encourage more professional body and employer support for registrants at the 'post conditions of practice' or 'suspension stage'	Discuss at Fitness to practise representative forum to identify any actions necessary (Q1 and ongoing)	This will be discussed with professional bodies and trade unions at the next (November) FtP Partnership Forum.	**Ongoing** Q3 and Q4
Develop teaching and learning materials	Discuss with educators to determine actions (Q1)	Meetings with education stakeholders have taken place.	**Complete**
	Develop teaching and learning materials (this might include developing PowerPoint or other materials for use with students) (Q2-4)	Initially, we plan to refresh existing resources for education providers to use. This will include PowerPoint materials which signpost to information on the HCPC website, specifically our standards and processes. We will then develop content and resources for students within the student/learner hub on the new website.	**Ongoing** Q3-4.
Supervision and Support	Commission literature review on the characteristics of effective clinical / peer supervision in the workplace (Q3-4)	This is currently in the planning stages. Commissioning will take place in Q4 with research commencing in early 2019-20 financial year.	**Ongoing** 2018-19 Q4 until 2019-20 Q1.

Area	Activity and timescales	Progress update	Status/revised timeframe
	Use the findings to engage with employers (Q2 and ongoing, 2019-20)	Once the literature review is complete, the key findings will be disseminated to employers. This may include a targeted email and some face-to-face meetings with key groups.	**On target** 2019-20 Q2 – Q4.
Engagement with Stakeholders	Ongoing engagement with stakeholders including registrants on the findings of the research, including at HCPC events and other meetings / events (Q1-4)	The research findings have been included at all meet the HCPC and employer events in 2018-19. The Chair of Council and members of the Executive have also undertaken presentations and seminars to professional groups.	**Complete**
Stakeholder perceptions	Explore perceptions of the HCPC in light of the findings of research through 'Understanding and views of the HCPC' research (Q3)	ComRes has been commissioned to undertake this research. Field work is complete and we anticipate the final report by the end of Q3.	**Ongoing** Q3
Reporting and escalating concerns and openness and honesty when things go wrong	Explore awareness / understanding of requirements to report concerns and be open and honest when things go wrong as part of 'Understanding and views of the HCPC' research (Q3)	Awareness and understanding of the requirements were included in the ComRes research. See above.	**Ongoing** Final report expected Q3.

update

Area	Activity and timescales	Progress update	Status/revised timeframe
	Include these areas in ongoing programme of 'In Focus' newsletter articles on standards/ethics issues (Q2-4)	A blog article from Michael Guthrie was published in October 2017 about the research and the link to the requirements of registrants within the SCPEs. This was followed by articles in paramedic journals which focused on self-referrals and the research. Further articles drawing on the themes from the research will be included in In Focus and the HCPC blog in 2019.	**Ongoing** FY 2018-19 Q3 to Q4 and into FY 2019-20.
Fitness to practise research	Develop a classification system for fitness to practise cases (Q2)	The case categorisation system has been designed. Roll out of the system including training is scheduled for Q4.	**Ongoing** Q4 roll out
	In-house research project looking at characteristics of fitness to practise cases (Q4)	This research is scheduled for Q4 in the Policy & Standards workplan.	**On target** Q4

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Health and Care Professions Council
21 March 2018

Surrey Research Action Plan

For discussion and approval

From Katherine Timms, Acting Director of Policy and Standards

Council, 21 March 2018

Understanding the prevalence of fitness to practise cases about paramedics and social workers – Action Plan

Executive summary and recommendations

Introduction

In 2016 we commissioned a team led by the University of Surrey to undertake research to better understand the fitness to practise cases we receive about paramedics and social workers in England. We receive the largest volumes of cases in these professions.

The final report – 'People like us? Understanding complaints about paramedics and social workers' – was discussed by the Council at its meeting in September 2017. The Council requested that the Executive bring back an action plan to the March 2018 meeting.

A high-level cross-organisation action plan based on the findings and recommendations of the research is attached.

Decision

The Council is invited to discuss and agree the action plan.

Background information

See paper

Resource implications

- Resource implications will be accounted for in planning for 2018-19.

Financial implications

- Any financial implications will be accounted for in budgeting for 2018-19.

Appendices

Executive responses to recommendations

Date of paper

9 March 2018

Understanding fitness to practise cases about paramedics and social workers - Action plan

1. Introduction

1.1   In 2016 we commissioned a team led by the University of Surrey to undertake research to understand better the fitness to practise cases we receive about paramedics and social workers in England. We receive the largest volumes of cases in these professions.

1.2   The final report – 'People like us? Understanding complaints about paramedics and social workers' – was discussed by the Council at its meeting in September 2017.[1] The Council requested that the Executive bring back an action plan in light of the research at the March 2018 meeting.

1.3   The research has been positively received since its publication – particularly by the paramedic profession and by stakeholders who have attended 'Meet the HCPC' events and employer events at which the topic of prevention of fitness to practise concerns has been discussed.

1.4   In addition to the specific recommendations made by the research team, there are other themes in the research, which this paper also covers. They include.

- How we use the findings of the research to inform our future internal research activity.

- How we are perceived as an organisation and what we might do to change those perceptions.

- How we can continue to promote the importance of raising and escalating concerns and openness and honesty in light of reports of a blame culture.

1.5   A high-level cross-organisation action plan based on the findings and recommendations of the research is detailed.

1.6   Appendix 1 outlines each of the specific recommendations made by the research team and the Executive's response.

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[1] The full research report and a one page summary is published here:
http://www.hcpc-uk.org/publications/research/index.asp?id=1401

2. Corporate Plan 2018-20

2.1 The Corporate Plan includes the following key deliverables directly related to this research.

- Deliver a programme of work to deliver the outcomes of the University of Surrey research:

  o Work to raise awareness on when to self-refer and when to refer with a particular focus on registrants, employers and complainants

  o Engagement with educators to develop teaching and learning materials for educators using the case studies developed in the research

  o Commission a literature review on the characteristics of effective clinical / peer supervision in the workplace and use this to engage with stakeholders including employers on the role of supportive approaches in preventing problems from occurring

2.2 The following key deliverable in part seeks to explore issues raised in the research.

- Commission research to better understand the views and expectations of our stakeholders and put in place an action plan as a result of the findings

2.3 The completion of the following key deliverables will be informed by learning from the research.

- Develop a classification system for capturing the characteristics of fitness to practise cases

- Working in partnership with a professional body or other stakeholder to look at the characteristics of fitness to practise cases in that profession; or if a partner cannot be identified, looking at a cross-profession issue such as the characteristics of cases about internationally qualified registrants.

3. Information about the proposed action plan

3.1   Three main areas detailed in the action plan that follows are discussed in more detail below.

When to self-refer

3.2   The research found that the rate of self-referral (where a registrant self-reports fitness to practise information) was much higher for paramedics than for other professions. Over a three year period approximately 45-55% of paramedic cases each year were self-referrals compared to approximately 8-10% for the other professions. This appeared to in part be driven by perceptions of the HCPC (e.g. some saw us as 'big brother') and by the policies / advice of others including employers. Self-referral was seen by some to be a defensive strategy to mitigate the risk of fitness to practise action.

3.3   The Guidance on health and character already provides information about self-referrals.[2] In addition, the Standards of conduct, performance and ethics (standard 10) sets out clearly the circumstances in which a registrant is required to self-refer.[3]

3.4   Our planned activities are therefore focused on increasing the accessibility of information about self-referrals and using this to engage paramedic stakeholders (see when to refer below). A central part of this is developing a poster / infographic with short supporting information on when to self-refer, which can be disseminated through a variety of channels.

3.5   Some work in this area is already underway – for example, a joint piece authored by the Director of Policy and Standards and an Executive Officer of the College of Paramedics will shortly be published in Paramedic Insight magazine. This includes a piece on when to self-refer. A meeting has also taken place with a trade union to understand their perspectives and to seek their help in subsequent dissemination of materials.

3.6   Although paramedic stakeholders are a particular focus given the research findings, we do not know whether levels of self-referral are high enough in the other professions. The self-referral requirements and processes are generic, so we also plan to use our existing channels to communicate with stakeholders across all the professions we regulate.

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[2] HCPC (2017). Guidance on health and character
http://www.hcpc-uk.org/publications/brochures/index.asp?id=220
[3] HCPC (2016). Standards of conduct, performance and ethics
http://www.hcpc-uk.org/publications/standards/index.asp?id=38

When to refer

3.7   One key observation in the research was the number of cases where arguably the HCPC was not the most suitable source of complaint / redress, or where a complainant had exhausted all other avenues before making their complaint to us. All the regulators face an ongoing challenge in communicating clearly to the public what they can and cannot deal with. It is a difficult balancing act to ensure that we manage stakeholder expectations whilst not inadvertently creating barriers to raising concerns.

3.8   Information about raising a fitness to practise concern is already available online, and will be refreshed as part of the website project. The research provides an opportunity to think further about how we can best communicate our role in this area. Work is already underway to include a signposting tool (as recommended by the research team) to better inform and direct potential complainants.

3.9   Building on the materials we plan to develop to focus on self-referrals (see above), in the coming financial year we plan to undertake targeted engagement work via face-to-face meetings with all the UK ambulance services and/or with existing fora, such as those that bring together ambulance service HR directors. We will refresh our materials with a focus on both referrals and self-referrals; the importance of local level resolution; and encouragement to ensure that employer policies do not inadvertently encourage unnecessary referral or self-referral. We will also use these materials in our ongoing engagement with employers across all of the professions we regulate.

Teaching and learning materials for educators

3.10   The research report includes a range of case studies developed by the research team during their review of fitness to practise cases. As they cover all stages of the fitness to practise process, they are potentially an invaluable resource for educators.

3.11   We want to ensure that any work we develop in this area is as meaningful as possible and are seeking the informal input of educators before determining the specific actions we might wish to take. This might include tailoring the case studies and developing questions which could be used with students to bring the issues involved to life.

4. Financial and resource implications

4.1   The high-level plan that follows has been put together in light of available resources and other known priorities in the coming year. If agreed, the Executive will work up a more detailed internal project plan to ensure that milestones are reached and work is delivered. Flexibility may be required should organisational priorities change.

4.2   Any financial or resource implications for specific pieces of work will be managed within existing budgets / resources for 2018-19. The resources involved in supporting targeted engagement with paramedic stakeholders across the organisation may be significant and will need to be balanced against operational priorities.

5. Action plan

Area	Activities and timescales	Corporate Plan 2018-20
When to self-refer	Develop poster / infographic with short supporting information on self-referrals for dissemination across all channels (Q1) Develop media (e.g. film) to support communication of when to self-refer (Q4) Targeted engagement with paramedic stakeholders – including face-to-face meetings with employers and other groups (Q2-4 and ongoing)	Make better use of data, intelligence and research evidence to drive improvement and engagement (Priority 4) Raising awareness on when to self-refer is a key deliverable
When to refer	Website tool to signpost complainants (under development; Q3) Programme of engagement (face-to-face and email) with service user and carer organisations to promote messages on when to refer (Q2-4) Targeted engagement with paramedic stakeholders – including face-to-face meetings with employers and other groups (Q2-4 and ongoing) Raise awareness of when to refer as part of work to promote the fitness to practise annual report – programme of articles for professional press and blog pieces (Q1-4)	Make better use of data, intelligence and research evidence to drive improvement and engagement (Priority 4) Raising awareness on when to refer is a key deliverable

Encourage more professional body and employer support for registrants at the post conditions of practice or suspension stage	Discuss at Fitness to practise representative forum to identify any actions necessary (Q1 and ongoing)	Ensure our communication and engagement activities are proactive, effective and informed by the views and expectations of our stakeholders (Priority 2)
Develop teaching and learning materials	Discuss with educators to determine actions (Q1) Develop teaching and learning materials (this might include developing PowerPoint or other materials for use with students) (Q2-4)	Make better use of data, intelligence and research evidence to drive improvement and engagement (Priority 4) Engagement with educators to develop teaching and learning materials for educators using the case studies developed in the research is a key deliverable.
Supervision and support	Commission literature review on the characteristics of effective clinical / peer supervision in the workplace (Q3-4) Use the findings to engage with employers (Q2 and ongoing, 2019-20)	Make better use of data, intelligence and research evidence to drive improvement and engagement (Priority 4) This is a key deliverable

Engagement with stakeholders	Ongoing engagement with stakeholders including registrants on the findings of the research, including at HCPC events and other meetings / events (Q1-4)	Ensure our communication and engagement activities are proactive, effective and informed by the views and expectations of our stakeholders (Priority 2)
Stakeholder perceptions	Explore perceptions of the HCPC in light of the findings of research through 'Understanding and views of the HCPC' research (Q3) (Commissioning is underway and the brief refers to the research)	Ensure our communication and engagement activities are proactive, effective and informed by the views and expectations of our stakeholders (Priority 2) This research is a key deliverable
Reporting and escalating concerns and openness and honesty when things go wrong	Explore awareness / understanding of requirements to report concerns and be open and honest when things go wrong as part of 'Understanding and views of the HCPC' research (Q3) (Commissioning is underway and the brief refers to these areas.) Include these areas in ongoing programme of 'In Focus' newsletter articles on standards / ethics issues (Q2-4)	Ensure our communication and engagement activities are proactive, effective and informed by the views and expectations of our stakeholders (Priority 2) This research is a key deliverable
Fitness to practise research	Develop a classification system for fitness to practise cases (Q2) In-house research project looking at characteristics of fitness to practise cases (Q4)	Make better use of data, intelligence and research evidence to drive improvement and engagement (Priority 4) These activities are key deliverables

Recommendation	Executive response
1. Engage further with the public to raise awareness of appropriate avenues of complaint and support Consider enhancements to the website and other signposting for the public on the criteria for making complaints to the regulator with reference to nudge theory	**Accept** The research team's recommendations here are in part based on other larger regulators who have signposting tools on their websites, which help complainants to navigate through the complaints landscape before giving them further information to make a fitness to practise concern. The idea is to improve understanding of what regulators can deal with and signpost to other sources of redress and support (for example, ombudsman services). Development of similar content is already underway as part of the website project. We will also undertake work focused on refreshing our communications on when to refer for both employers and the public.
2. Prioritise reducing inappropriate self-referrals from paramedics Consider revising HCPC guidance and undertaking further specific engagement work on self-referrals targeted at ambulance services and paramedics	**Accept** The rate of self-referrals appears greatly elevated for paramedics compared to other professions. We will develop communications materials about self-referrals and focus on dissemination and engagement with paramedic stakeholders. We do not know whether self-referral rates are too low in other professions. We will use existing channels to communicate these requirements to other stakeholders.

3. **Intervene at the local level in dispute resolution**	**Accept in part**
Consider piloting the use of regional HCPC officers to intervene earlier, providing education and awareness raising for employers on dispute resolution and creating opportunities for face-to-face meetings with registrants and complainants for less serious referrals. Invite dispute resolution experts to train HCPC officers and evaluate the impact of the pilot on rates and types of referrals from the region.	The recommendation here mirrors the work of the GMC who have established an Employer Liaison Service (ELS) to have an increased presence at local level and who are piloting face-to-face meetings between doctors and complainants. Our response to the DH consultation on regulatory reform outlined that our previous pilots of mediation were not successful, particularly because such mediation is best conducted at a local level shortly after an incident or complaint. We will ensure that local resolution is a clear message in the work we do with employers about referrals and self-referrals. The Corporate Plan 2018-2020 says that we will explore how best to bridge the potential gap between national regulation and local delivery of health and social care by reviewing our approach to engagement with employers, service users and the public. However, this is not identified as a key deliverable for the coming year. Further substantial work in this area might be considered once we have achieved our priority of improving our performance in fitness to practise.
4. **Enhance the fitness to practise process**	**Complete**
a. Consider whether there is scope to expedite referrals in child residence and contact cases (where the court decision rather than social work decisions have resulted in disputes about placements and access visiting relating to children).	This recommendation is complete because this is addressed in the standard of acceptance for allegations (SOA; 2016). This states clearly that disagreement with such decisions will rarely mean that a concern will meet the SOA unless there is evidence, for example, that the registrant had acted outside of scope or in bad faith. This means that following proper

	consideration, the cases to which the research team refers can be promptly closed. The period covered in the case review would have included cases considered under the previous version of this policy. The signposting tool referred to above is also one way in which the public can be better supported and signposted to appropriate avenues of complaint and support.
b. Consider whether there is scope to revise the final hearing process to improve processing of conviction cases (with reference to lessons from the single justice process).	**Accept – legislative change required** This recommendation was based on the research team's observations that where a registrant was convicted of or cautioned for a criminal offence this was then considered via the fitness to practise process. This can include where appropriate a full final hearing to determine whether that matter impairs fitness to practise and requires sanction. This appears to lead to duplication of effort. The Law Commissions' previous review of the regulators' legislation suggested that there might be a defined range of offences for which a registrant would be automatically struck off without the need for a hearing. The Department for Education consultation on Social Work England proposes powers which would allow for automatic removal for defined offences including rape and murder. The Executive would support such powers in any reform of the regulators' legislation. However, there will always be cases for other offences where it is necessary for the regulators to consider the specific circumstances in concluding whether it is relevant to impaired fitness to practise.

c. Explore mechanisms that could proactively encourage more professional body and employer support for registrants at the post conditions of practice or suspension stage to enhance opportunities for rehabilitation where appropriate.	**Accept** We will explore this area with the Fitness to practise representative forum. This is a regular stakeholder meeting held with unions and professional bodies who have a representative function in fitness to practise proceedings.
5. Develop learning and teaching materials Work with education providers to develop teaching and learning materials based on the research for use with students on pre-registration programmes as well as for on-going learning and continuing professional development (CPD) with registrants.	**Accept** The idea would be to develop materials which might help educators to use the case studies developed in the research. Conversations are ongoing with educators to identify the best way of doing this.
6. Proactively engage with employers to enhance support and supervision for registrants Consider producing guidance and undertaking specific engagement with employers and registrants on the critical role of supervision and support in maintaining standards and preventing complaints.	**Accept** This recommendation refers to clinical or peer supervision – a supportive process which is about helping to maintain fitness to practise. Such arrangements have been identified as important in preventing the escalation of problems in previous HCPC research. The Corporate Plan 2018-20 key deliverables say that we will commission a literature review on the characteristics of effective clinical / peer supervision in the workplace and use this to engage with stakeholders including employers on the role of supportive approaches in preventing problems from occurring.

7. Partner and collaborate with systems regulators	Accept in part
Consider how the HCPC might work with systems regulators and others on raising awareness and interventions to address the impact of negative cultures on professional behaviours and competence through a UK-wide consensus event.	A lot of recent regulatory research has pointed to the importance of positive organisational cultures in the maintenance of fitness to practise. We have a good relationship with systems regulators across the UK, facilitated by attendance at meetings and where appropriate memoranda of understanding. The recommendation here is very specific and we would want to consider the best way of beginning to address this. Given the other actions in response to the recommendations, and existing organisational challenges, the Executive considers this to be a low priority for activity at this time.
8. Proactively engage with registrants	Accept – ongoing
Use case examples from the study at registrant events, meetings with professional bodies and trade unions to improve further awareness of the fitness to practise process and the grounds for referring concerns to the regulator.	This work is ongoing. This has included presentations and discussions at stakeholder meetings and copy for professional body press.