Health Professions Council - 29 May 2008

Review of consultations

Executive summary and recommendations

Introduction
The Health Professions Order 2001 requires the HPC to consult with appropriate stakeholders. Article 3 (14) states:

"Before establishing any standards or giving any guidance under this Order the Council shall consult representatives of any group of persons it considers appropriate".

The attached paper reviews and explains the consultation processes that have taken place since HPC took over the regulatory functions of the Council for Professions Supplementary to Medicine (CPSM) in 2002. It explains the rules and guidelines we follow and the processes we have used. It also lists all consultations with detail on the responses received. The paper draws out the lessons we have learnt from consulting and provides action points for future development.

Decision
The Council is asked to agree the recommendations within the attached paper.

Background information
None

Resource implications
Resource implications could become part of workplans in 2009/10

Financial implications
None

Appendices
1) The consultations since 2002
2) The consultation co-ordinator

Date of paper
19 May 2008

Review of consultations

Contents

Background and context

As a statutory regulator, the decisions we make potentially affect a range of stakeholders including the public, health professionals, education providers and students. It is therefore important for us to engage stakeholders and consider their views when making important decisions.

The Health Professions Order 2001 requires the HPC to consult with appropriate stakeholders. Article 3 (14) states:

"Before establishing any standards or giving any guidance under this Order the Council shall consult representatives of any group of persons it considers appropriate".

Consultation is a key area of our strategic intent. It helps us to continually improve the organisation; influence the regulatory agenda and promote best practice. Consulting is also one way that we adhere to some of our guiding principles: to communicate and respond, and work collaboratively. The process of consultation is closely linked to our corporate governance and good decision making.

Openness and transparency is another part of our strategic intent which links into our consultation process. We consider the expertise and experiences of our stakeholders as vital in ensuring we remain open and transparent in our decision-making. Consultations form an integral part of this decision-making. This allows us to set out our preliminary intentions to all interested stakeholders. In return, we can make informed, evidence-based decisions by taking account of the views of a variety of people and organisations. This leads to better policies and reduces the risks of policies failing to meet their objectives or unintended consequences.

This paper reviews and explains the consultation processes that have taken place since we took over the regulatory functions of the Council for Professions Supplementary to Medicine (CPSM) in 2002. It explains the rules and guidelines we follow and the processes we have used. There is a list of all consultations with detail on the responses. Appendix 1 provides further detail on each individual consultation. The paper also draws out the lessons we have learnt from consulting and provides action points for future development.

Cabinet Office guidelines

The code of practice on consultation and the consultation guidance are the responsibility of the Better Regulation Executive (BRE) which was previously part of the Cabinet Office and is now part of the Department of Business, Enterprise and Regulatory Reform (BERR).

In 2004 the Cabinet Office published a code of practice on consultation. The code applies to all UK public consultations by government departments and agencies. The code aims to increase the involvement of people and groups in public consultations, minimise the burden it imposed on them, and give them a standard minimum period of twelve weeks to respond.

The code of practice sets out the basic minimum principles for conducting effective Government consultations. It aims to standardise consultation practice across Government and to set a benchmark for best practice, so that all respondents would know what to expect from a national, public Government consultation.

The code does not have legal force, and cannot prevail over statutory or mandatory requirements (e.g. under European Community law). However, as part of our commitment to meeting good practice we follow this code (http://www.berr.gov.uk/files/file44364.pdf).

The code of practice for consultation:

The six obligations of the code of practice for consultation are listed below with an indication of how HPC meets them.

1. Consult widely throughout the process, allowing a minimum of 12 weeks for written consultation at least once during the development of the policy.
Our standard practice is to consult for a period of three months. In the past we have had consultations that have been shorter, for example when timescales were short when ODPs came on to the register, but we now try to avoid this.

2. Be clear about what your proposals are, who may be affected, what questions are being asked and the timescale for responses.
We provide clear information on the areas we are seeking views and to help people respond we often ask focused questions. Our consultations are open, with no options ruled out. However, we make it clear if there are things that cannot be changed, for example the Health Professions Order, and the reasons for this.

In the consultation document we clearly state the deadline for responses and any other ways of contributing to the process. We also state which department to direct queries and respond to, giving an address, telephone number and email address.

3. Ensure that your consultation is clear, concise and widely accessible.
As an organisation we are committed to using plain English. Even though consultation documents are not crystal marked, we still avoid jargon and only use technical terms where absolutely necessary. We explain complicated concepts as clearly as possible and use a glossary when there are technical terms. We

make sure that all consultation documents are proofed for plain English and to make sure they are in line with the house-style.

We make sure that consultation documents are available in paper format and electronic means. They are always available and easily found on our website from the day that the consultation is launched. Response methods are simple and inexpensive; we accept responses by email, post and fax.

4. Give feedback regarding the responses received and how the consultation process influenced the policy.

We are open-minded when analysing responses and pay particular attention to representative bodies where one response may represent a large number of people. We try to make sure we understand whom different bodies represent. We also pay particular attention to possible new approaches, to the question consulted on, evidence of the impact of the proposals, and the strength of feeling among particular groups.

We publish a summary of the responses after analysis has taken place. The summaries are available on our website or in hard copy upon request. The summary gives an analysis of the responses to questions asked or themes not covered by the questions. We provide an explanation of any changes that have been made in light of the consultation and explain why we have been unable to make changes suggested in responses.

5. Monitor your department's effectiveness at consultation, including through the use of a designated consultation co-ordinator.

Since consultations became part of the work undertaken by Policy and Standards we have reviewed each consultation after it has taken place, specifically looking at lessons we could learn and how we could improve our next consultation. We do not currently have a formal review system in place or a designated consultation co-ordinator. These are considered in the action points at the end of this paper.

6. Ensure your consultation follows better regulation best practice, including carrying out a Regulatory Impact Assessment if appropriate.

When developing policy we seek to ensure that the Principles of Good Regulation[1] are followed. We also consider the opportunities for reducing bureaucracy and regulatory burden, for example simplifying or withdrawing existing regulations. We carried out a Regulatory Impact Assessment for the CPD consultation and a recommendation has been included later in this paper about their use in future consultations.

1The five principles of good regulation are: proportionality; accountability; consistency; transparency; and targeting. You can find more information at http://www.berr.gov.uk/bre/consultation%20guidance/page44482.html

Process

Identifying and communicating with stakeholders

Consultation list

We currently have a consultation list of 367, all of which are organisations except for 5 individuals. The organisations include the professional bodies of the professions we currently regulate, the professional bodies for professions we may regulate in the future, medical royal colleges, appropriate government departments, and other regulators. Since January 2006 the Policy and Standards department took over the day-to-day updating of the consultation list. This was done because Policy and Standards co-ordinate the consultations and maintain an up-to-date consultation list is part of the co-ordination role.

The consultation list is not the only list of contacts within HPC. Other departments keep lists of contacts which can also be used for relevant consultations. The Education – Approvals and Monitoring department keep their own up-to-date list of education and training providers which they make available to Policy and Standards if the consultation relates to aspects of education or training. The partners manager also keeps a list of contacts which is also available when required.

Consultation format

The detail of the consultation should be proportionate with what we are consulting on. It is important that all appropriate stakeholders know about our consultations. We make consultations as accessible and widely available as possible. We do this by sending them to all people on the consultation list and the lists held by other departments (when appropriate), and putting the details on the website. We occasionally publicise consultations at different external events (listening events, employer events, and conferences), through the newsletter, and with press releases. However, we do not consistently do this so we have added these as recommendations at the end of this paper.

Consultations are always sent out in hardcopy (such as a letter or printed document). These are always printed and sent out externally. We stipulate that all responses to our consultations must be provided in writing, either a letter, email, or fax. We do this to make sure that the response is consistent with what the respondent wants to say, and so we have a record of responses. We do not usually accept verbal responses because what is recorded risks being inaccurate because it is heavily dependent on the person taking the notes. This approach is consistent with other similar organisations.

Analysing the consultations

Responses to all consultations are received by the Policy and Standards department. They are then logged, saved and processed. When a consultation

ends, we analyse the responses and present a summary of these along with the key decisions we have made in light of the feedback from the consultation. This summary goes though all of the applicable committees and Council before being made publicly available on the website.

Since 2004, the process of analysis has been done in-house by the Policy and Standards department. Firstly, we consider the comments received which relate more generally to the proposals. We then go on to consider responses to each individual consultation question (where appropriate). We seek legal advice and liaise with colleagues to formulate our draft decisions. Once the analysis and decisions have been made, we write a draft document summarising the responses and to explain the decisions we have taken following the feedback. This includes where we have adapted our proposals and, when appropriate, explain our reasons for not adopting some suggestions. This is then taken to the committees/Council for discussion and approval.

Currently all of our analysis is done manually. For example, we received 1153 responses to the fees consultation in 2006-07. All responses were entered onto a spreadsheet as soon as they were received. This helped us to do some quantitative analysis. All further comments were then grouped together under common themes that emerged during the process of the consultation. This process can be very labour intensive and may be improved with the potential use of available software, particularly if we were to undertake large scale consultations in the future.

We also look at who has responded to the consultation. When an organisation has responded we will name them in the consultation response document. Quotations that capture an overall aspect of the responses are attributed to the organisation that made them. However, if a response is received from an individual we make sure they are always anonymous. If it is unclear if a response is from an individual or an organisation we always treat it as an individual response. This does not give it any lesser status as a response, but allows us to ensure the details from the response are not attributed inaccurately. A recommendation to improve our consultations analysis with regard to the details that we would like organisations to provide us with can be found later in this paper.

Completed consultations

The following table consists of the 21 completed consultations conducted by us since 2002. Please see the appendix for a detailed breakdown of each consultation.

Consultation	Dates	How we consulted	Responses	
			Organisations	**Individuals or**

				unidentified
The Future	01/07/02 – 30/09/02 (13 weeks)	• Public meetings • All registrant mail out • Identified organisations mail out	Not available	Not available
Standards of Education and Training and the approvals process	09/03/04 – 31/05/04 (12 weeks)	• Public meetings • Appropriate stakeholder mail out • Website	79	57
Structure of the HPC Register	09/03/04 – 01/06/04 (12 weeks)	• Consultation list mail out • Website	35	1
Council elections rules	21/05/04 – 05/07/04 (7 weeks)	• Consultation list mail out • Website	N/A	23
Consequential changes	27/07/04 – 01/09/04 (5 weeks)	• Consultation list mail out • Website	Not available	Not available
Continuing Professional Development	01/09/04 – 31/12/04 (18 weeks)	• Public meetings • Consultation list mail out • All registrant mail out • Website	130	1,329
Standards of Education and Training for Operating Department Practitioners	28/01/05 – 11/03/05 (6 weeks)	• Mailed to ODP stakeholders • Appropriate stakeholder mail out • Website	12	1
Addition to the Standards of Proficiency - Supplementary Prescribing	01/03/05 – 01/04/05 (5 weeks)	• Appropriate stakeholder mail out • Website	17	1

HPC rule changes	11/04/05 – 20/05/05 (6 weeks)	• Consultation list mail out • Website	N/A	10
Returners to practice	01/07/05 – 09/09/05 (10 weeks)	• Consultation list mail out • Website	49	17
Managing Fitness to Practise	01/07/05 – 09/09/05 (10 weeks)	• Consultation list mail out • Website	32	3
Health, disability and registration	07/09/05 – 09/12/05 (14 weeks)	• Consultation list mail out • Website	35	10
SETs guidance	10/02/06 – 28/04/06 (11 weeks)	• Appropriate stakeholder mail out • Website	31	15
Amendment to SET 6.7.5	02/10/06 – 16/02/07 (20 weeks)	• Appropriate stakeholder mail out • Website	28	19
SOPs review	02/10/06 – 16/02/07 (20 weeks)	• Consultation list mail out • Website	39	31
Fees	06/11/06 – 06/02/07 (13 weeks)	• Consultation list mail out • All registrant mail out • Website	48	1,105
Consultation on parts of the Guidance Notes for applicant occupations seeking regulation by HPC	01/12/06 – 01/03/07 (13 weeks)	• Appropriate stakeholder mail out • Website	Not available	Not available
Confidentiality guidance	04/06/07 – 07/09/07	• Consultation list mail out • Website	34	8

9

	(14 weeks)			
SCPE	04/06/07 – 07/09/07 (14 weeks)	• Consultation list mail out • Website	38	10
Applied psychologists SoPs	09/11/07 – 08/02/08 (13 weeks)	• Appropriate stakeholder mail out • Website	Not available	Not available
Applied psychologists threshold entry standards	09/11/07 – 08/02/08 (13 weeks)	• Appropriate stakeholder mail out • Website	19	20

Responses to consultations

The number of responses we receive varies depending on how many people we send the consultation to. We received the most responses when the consultation was sent to all registrants (but the number of people it is mailed out to has significant implications on the cost of the consultation).

It is hard to judge whether the number of responses is a measure of success. Are the numbers of respondents who agree or disagree with the proposals in a consultation disproportionate on one side or the other? If people agree with our proposals, do they respond to say so, or are they likely not to respond?

It is important that we separate the responses received from organisations and individuals. This allows us to highlight groups that may represent a large number of individuals. This is especially important in consultations where individuals have organised to send the same response individually. It is important that we take account of these views but make sure they are not used disproportionately in our response.

Only two of the consultations received over 1,000 responses, both (CPD and fees) involved sending the consultation document to all registrants. Other consultations have targeted audiences with an interest in the consultation, for example the ODP SETs consultation was only sent to selected ODP stakeholders, therefore, the small number of responses is to be expected as it would be in any profession-specific consultation.

6 of the consultations related to legislation/rules, 11 to standards, and 5 to guidance. We received an average of 17 responses when we consulted on legislation or rules (not including fees), 55 responses for standards (not including CPD), and 42 for guidance.

Overall we received an average of 45 responses (not including the CPD and fees) per consultation. When we sent the consultation to the consultation list (and posted it on the website) we received approximately 42 responses. We received approximately 50 responses when the consultation was targeted at appropriate stakeholder groups (and posted on the website).

The consistency in ensuring a consultation takes place over a period of at least 3 months arrived with consultations being taken into the work of the Policy and Standards Department. We also found that the number of responses increased to an average of 49 (not including fees) from the previous average of 39 (not including CPD).

On average, each consultation was responded to by 30 organisations and 15 individuals (or where the type of respondent could not be determined). Individuals were more likely to respond to consultations that may have directly affected them, such as fees, CPD, SOPs and some aspects of the SETs.

The majority of the consultation list is made up of organisations. The average number of organisations who respond to the consultations equates to approximately 8% of the organisations on the consultation list.

Lessons learned and action points

The consultations we have conducted have been effective with a good response rate. However, there could be improvements throughout the consultation process. Below, we set out recommendations and solutions to help improve the process.

Co-ordinating consultations

As in the Cabinet Office guidance, we should have a consultation co-ordinator to oversee and advise on all consultations. The guidance recommends that the consultation co-ordinator should not be running the consultation and preferably be outside the team running the consultation. However, due to the size of HPC and the number of consultations we run, we propose that the consultation co-ordinator will be a member of Policy and Standards. This will be reviewed in the future.

The consultation co-ordinator should ensure that the consultation code is followed. They should act as an adviser to those conducting the consultation. We should also provide contact details for respondents who have comments or complaints about the consultation process. This is likely to be the consultation co-ordinator. Please see appendix 2 for the role details of the consultation co-ordinator. It is proposed that Sam Mars should be the consultation co-ordinator.

Consultation list

The consultation list we currently hold is added to when an individual or an organisation request to be put on. People are removed when we are advised or when a document is returned in the post. Occasionally we need to be able to use the list held and updated by other departments, such as Education and Partners. We are currently exploring an IT solution for the lists to be on a central database, with access to make alterations held by the appropriate departments. However, this is not currently part of any workplan for this financial year.

Each time a new organisation is added to our internal contact list we should also add them to our consultation list unless they request not to be on there. We should also carry out a proactive investigation of all the organisations we can identify as having a possible interest on coming on to the list, these organisations should then be contacted to ask if they want to be added to the list. However, this is not currently part of any workplan for this financial year.

Currently we do not retain or gather email addresses for people on the consultation list. We will seek advice from the Secretariat regarding data protection and if possible we may consider retaining email addresses so we can send a consultation electronically. This will help us to potentially reduce some of the costs involved in consulting whilst also allowing the people we are consulting with to decide whether they want to receive the consultation document in hard copy. When the consultation document is 10 pages or over we feel that it would be more appropriate to send a brief news item or an executive summary so the recipient can make an informed decision whether they want to receive the document in full.

The consultations we have undertaken have sometimes involved a reliance on the information being disseminated through the contact structures of other organisations. It is also difficult to reach individuals who are independent practitioners, especially if they are not a member of any professional body, association or union. An area for future work should be to look at methods we can use to engage with these and other groups.

Format

An action point of HPC's equality and diversity scheme is that Policy and Standards will review the consultation process to ensure that the ways in which we consult are appropriate, accessible and reach a broad audience. We will consider groups who cannot access traditional written consultations or the online versions of these. Consultations should be available in different formats and be made accessible to as many people as possible. All our documents are available in braille or any other format upon request and we will make sure this is clearly stated in bold type on all consultation documents. However, it may be necessary to produce the document in other ways, for example in different languages. The consultation co-ordinator should work with the communications team and the

12

person running the consultation to make sure that the most appropriate formats are used for each consultation.

The person consulting should liaise with the consultation co-ordinator and any other relevant departments to help identify who should be consulted with and whether there are other ways to consult which may be appropriate. By targeting consultations we should be able to improve our access to different groups, and make sure the consultation is in the appropriate format for these groups.

To make consultations more accessible and available to a wider range of stakeholders we will ensure that an article is placed in the HPC newsletter before each consultation. Consultations should also be publicised at different external events (listening events, employer events, and conferences), and with press releases, when appropriate.

The content of this should include a brief description of the consultation, a website link to the consultation, the details on how to respond, and the consultation timeframe. We will also improve the consultations section of our website including adding the Cabinet Office guidelines, an overview of the consultation process, and the details for the consultation co-ordinator so it is clear that people can comment on how we consult, as well as our specific proposals.

Content

We should provide an executive summary to any consultation document over five pages long, preferably the executive summary should be no longer than two pages. Even if the document is technical, we need to ensure that the executive summary is accessible to all. Having read the executive summary the people we are consulting with should be in a position to decide whether the consultation is relevant to them, and whether they need to read further.

All consultation documents should refer to the code of practice for consultations and a link to the code should be provided. We should explicitly state that the consultation should abide by these criteria. We should also invite respondents to comment on the extent to which the criteria have been adhered to and to suggest ways of further improving the consultation process. People should be directed to send these responses to the consultation co-ordinator.

We have always been open to receiving information on the practical implementation issues in relation to what we are consulting on. We should also ask respondents for alternative approaches to implementation. We feel that it would be helpful to make this explicit in all consultation documents, where possible.

We currently advise people when the consultation ends but do not advise them of the approximate date when, or the web address where, the summary of

responses will be published. This should now be added to all consultation documents from now on, where possible.

Analysis

There are IT programmes available to assist with conducting consultations. We met with a supplier to discuss possible IT solutions and ways to conduct consultations on-line. After their presentation we felt that the solution they offered was over and above what we required. Their proposals for setting questions limited the feedback that could be received rather than allowing for more general responses appropriate to all stakeholders. However, we have not discounted using software in the future, but it must be appropriate to the consultations we run.

To ensure that responses are analysed correctly we need to make sure we understand who the organisations represent. We also need to understand how the response was formulated, for example, was it sent to the membership, a committee, or completed by an individual on behalf of an organisation. In the consultation document we will state that we want organisations to explain how they formulated the response.

Consultations should be evaluated for effectiveness, looking at the number and types of responses, whether some methods of consultation were more successful than others, and how the consultation responses clarified the policy options and affected the final decision. This should be carried out after each consultation by the person who conducted the consultation and the consultation co-ordinator. The consultation co-ordinator should also review the consultations undertaken in the previous 12 months and provide a summary in the annual review. A more thorough review of all consultations should be done every 5 years and taken to Council.

The Cabinet Office guidelines suggest that the following information should be provided in annual reports. We propose to include the following in the Policy and Standards section of the annual report:
- The total number of consultations started during the year.
- The number of consultations lasting 12 weeks or more.
- The number of time limited consultations and the reasons for their being time limited.
- Best practice: for example how good quality consultation documents and methodology have positively influenced policy formation.

Good practice

Undertaking this review has enabled us to identify some existing good practice, which is outlined below.

The information we have received from consultations has influenced future work, helped us to allocate resources, and make further plans from an informed base. For example, we used some of the responses to the SETs guidance consultation later in the PLG reviewing the SETs. Other examples of changes brought about from consultations are in our communications work, this includes changes to publications, events around the UK, new sections on the website, and our presence at events (e.g. NHS Employers).

The fees consultation was sent to all registrants. We received approximately 1000 back, undelivered. These were passed on to the Registration Department who attempted to contact all of the individuals to update their records. We were successful in contacting over 90% of these people, and in the process ensuring that their details were up-to-date therefore minimising possible difficulties that may arise later e.g. renewal notices not being received. We should record examples of practice such as this to highlight the value to other parts of HPC of the consultation process.

The CPD consultation generated a significant amount of feedback, which has been used since in communicating our requirements. It influenced the decisions made by Council about how CPD would be applied to all registrants. It helped to show the type of information that would be required in the documents as well as the types of documents that we would need. The idea of sample profiles came directly from the consultation and led to CPD profiles being badged jointly with the professional bodies. As a result of feedback asking for more communication we now have a CPD Manager in place.

Appendix 1

The following provides details of each individual consultation we have undertaken. Where the information is available, it shows:

- the length of the consultation period;
- the areas under consideration;
- who we consulted with;
- the events involved; and
- the number of responses we received.

'The Future'

Consultation period: 1 July 2002 – 30 September 2002.

Before we opened the register we consulted on our proposals for how we would work within our new legislation. We engaged with, and asked for, the views of number of stakeholder groups. These groups included registrants, patients, professional bodies, education providers and employers. We sent information to all registrants and to 388 organisations.

We also held 38 public meetings in all of the UK four home countries. Each meeting was an opportunity for our stakeholders to tell us their views about our proposals and we recorded any comments so we could include these when we reviewed the outcome of the consultation.

The consultation process which established HPC, its functions and powers had to engage existing registrants, previously unregistered practitioners, professional bodies and other stakeholders. Representatives of these groups were also involved in the government review of CPSM and the subsequent public consultation.

We do not have the details on the number and type of responses received for this consultation. The collation of feedback and response document was produced by the consultancy company Newchurch.

Standards of Education and Training and the approvals process

9 March 2004 – 31 May 2004.

We communicated with people and organisations that would be affected by our proposals. This was done in two ways. Firstly, we published a consultation document setting out our proposals. Secondly, we held 6 public meetings in the four home countries of the United Kingdom which were attended by 374 participants in total. We sent out 197 copies of the consultation document.

We received a total of 136 responses to the consultation. This consisted of 130 written responses to the consultation document and six meeting notes. 79 of

responses were on behalf of organisations and 48 were from individuals. Respondents included education providers, clinical trainers, health service organisations and professional bodies, plus several representatives from government departments and social services, and some registrants with an interest in the topic.

Structure of the HPC Register

9 March 2004 – 1 June 2004.

The consultation document set out three options for the future structure of the register. We sent out 61 copies of our consultation document to a wide range of stakeholders.

We received 35 written responses from organisations and a single response from an individual.

Council elections rules

21 May 2004 – 5 July 2004.

We sought the views on the proposed rules for the election scheme which came into effect with the election of the Council. We sent out 60 copies of the consultation document.

We received 23 written responses.

Consequential changes

27 July 2004 – 1 September 2004.

The consultation was to make minor and consequential changes to the Health Professions Council (Registration and Fees) Rules 2003 to give effect to the Health Professions (Operating Department Practitioners and Miscellaneous Amendments) Order 2004 which brought operating department practitioners into statutory regulation by the Council. It also made a number of miscellaneous amendments to the Health Professions Order 2001 which enabled us to update the names of the existing chiropodists and medical laboratory technicians parts of the register.

We do not have any details available on who we consulted with or how many responses we received.

Continuing Professional Development

1 September 2004 – 31 December 2004.

The consultation set out our proposals for the standards of continuing professional development (CPD). We sent out 350 copies of the consultation

17

document to organisations including professional bodies and associations, health regulators, health and education policy makers and commissioners, and royal colleges. Approximately 157 000 copies were also sent out to all registrants because this consultation was directly applicable to them all. We also published the document on our website.

We held 46 public meetings at 22 locations in the four home countries of the United Kingdom which were attended by 6500 participants.

We received 1459 responses to the consultation. 870 arose from the consultation meetings. We received written responses to the consultation document between September and December 2004. Of those responses, 130 were made on behalf of organisations and 1329 were from individuals.

Standards of Education and Training for Operating Department Practitioners

28 January 2005 – 11 March 2005.

The consultation regarded the inclusion of the Diploma of Higher Education in Operating Department Practice in the standards of education and training, SET 1: Level of qualification for entry to the HPC register.

We consulted with a range of appropriate stakeholders including professional bodies. We received 13 responses. Of the 13 responses 5 came from NHS trusts/hospitals/strategic health authorities, 2 from professional bodies, 4 from education or training providers, 1 from Health Professions Wales and 1 from an individual.

Addition to the Standards of Proficiency - Supplementary Prescribing

1 March 2005 – 1 April 2005.

The consultation was on the need to annotate the register to indicate that a health professional has this additional competence as a consequence of the Prescription Only Medicines (Human Use) Order 1997. The consultation was sent to the full consultation list.

We received 18 responses in writing, 17 from organisations and 1 from an individual.

HPC rule changes

11 April 2005 – 20 May 2005.

The consultation proposed changes to the Practice Committees Constitution Rules concerning the terms of office for committee members, the number of

mandatory meetings per year, and allowing committees to pass resolutions by electronic means. It also proposed changes to the registration and fees rules by removing the need for Parliament to approve any changes to HPC's registration forms, and also introducing rules concerning CPD and returning to practise. The other proposed changes were to the three practice committee procedure rules to enable more than one allegation to be considered at any one time; allow special measures regarding vulnerable witnesses; enable disruptive individuals to be excluded from hearings; and introduce "presenting officers".

Copies of the consultation document were sent out to our full consultation list. We received 10 written responses. We do not have any details on whether these were organisations or individuals.

Returners to practice
1 July 2005 – 9 September 2005.

We consulted on our proposals for the requirements that we would make for people to return to practice. This included information on the activities that a professional would need to undertake to meet the requirements.

The consultation document went to the full consultation list. We received 66 responses, 49 from organisations, and 17 responses from individuals.

Managing fitness to practise
1 July 2005 – 9 September 2005.

We consulted on guidance to explain how registrants' fitness to practise can change over time and how this can be effectively managed by registrants and employers.

The consultation document was sent to the consultation list and made available on our website. We received responses from 32 organisations and 3 individuals.

Health, disability and registration
7 September 2005 – 9 December 2005.

We consulted on two draft documents, 'A disabled person's guide to becoming a health professional' and 'Information about the health reference'.

'A disabled person's guide to becoming a health professional' provides information for disabled people who want to become health professionals and for staff working in admissions on approved courses. It gives information for applicants about the stages that they need to go through to become a health professional, including registration with us. It also gives information for admissions staff on their responsibilities under the Disability Discrimination Act

1995 and to HPC, when they receive an application from a disabled person.

'Information about the health reference' gives information about our health reference, not only for applicants, but also for doctors who are asked to complete the reference for a patient.

We do not have a record of how many it was sent to and how many responses we received.

Standards of education and training guidance

10 February 2006 – 28 April 2006.

We produced this document to provide information and guidance for education and training providers about the Standards of Education Training, and how they could show us that they meet these standards.

The document was sent to a variety of different stakeholders including professional bodies, education providers and practice placement providers. We received 46 responses, 31 from organisations and 15 from individuals (or where it was not possible to tell if the response was from an individual or on behalf of their organisation).

Amendment to standard of education and training 6.7.5

2 October 2006 – 16 February 2007.

We consulted on an amendment to this specific standard after feedback suggested that it was causing difficulties to approved programmes, and was not be suitably flexible to meet the needs of the education sector.

We sent out a consultation letter to the same group we consulted with over the SETs guidance. We received responses from 28 organisations and 19 individuals (or where it was not possible to tell if the response was from an individual or on behalf of their organisation).

Standards of proficiency review

2 October 2006 – 16 February 2007.

We reviewed the standards of proficiency for all of the professions (except for ODPs) and consulted on the revised standards. We sent a copy of the consultation document to over 300 organisations on our consultation list. The document was made available on our website and copies were sent out on request. We received 70 responses, 31 from individuals and 39 from organisations.

Fees

6 November 2006 – 6 February 2007.

We consulted on a revision to our fees. We sent the consultation document to every registrant and to the full consultation list.

We received 1,153 responses to the consultation document. 48 were made on behalf of organisations and 1,105 were made by individual registrants or prospective registrants.

As a result of this consultation going to all registrants, we were able to contact registrants when the document was returned to us undelivered. As a result the Registration Department were able to update the contact details for approximately 1000 registrants who had not updated their details.

Consultation on parts of the guidance notes for applicant occupations seeking regulation by HPC

1 December 2006 -1 March 2007.

We consulted on a change to criteria 1 and 6 of the guidance for applicant occupations seeking regulation by us. The consultation document was sent to the full consultation list, however, we do not have details available on the number of responses we received.

Confidentiality guidance

4 June 2007 – 7 September 2007.

We consulted on guidance advising registrants how to handle issues around confidentiality. We consulted alongside a consultation on the new standards of conduct, performance and ethics

We also sent it to the full consultation list. The consultation document was also available from our website and we sent out copies of the document on request. We received 42 responses to the consultation document. 34 were made on behalf of organisations and 8 were made by individuals.

Standards of conduct, performance and ethics

4 June 2007 – 7 September 2007.

We first published the standards of conduct, performance and ethics in July 2003. We reviewed the standards in 2006 to make sure that they continued to be fit for purpose and that they conformed to the expectations of the public, registrants and other stakeholders.

We received 48 responses to the consultation document. 38 were made on behalf of organisations and 10 were made by individuals.

Applied psychologists standards of proficiency

9 November 2007 – 8 February 2008.

In February 2007, the government published a white paper on the future of regulation, 'Trust, Assurance and Safety - The Regulation of Health Professionals in the 21st Century'. The white paper indicated that applied psychologists would be regulated by HPC. We consulted to seek the views of our stakeholders on standards of proficiency in preparation for the likely opening of the applied psychologist's part of the Register.

We consulted with the full consultation list and specific stakeholders. The consultation responses are currently being analysed. At present there are no figures for the number and type of respondents.

Applied psychologists threshold entry standards

9 November 2007 – 8 February 2008.

In February 2007, the government published a white paper on the future of regulation, 'Trust, Assurance and Safety - The Regulation of Health Professionals in the 21st Century'. The white paper indicated that applied psychologists would be regulated by HPC. Every time we open a new part of the Register, we need to determine the threshold level of qualification for entry to the new profession and consult accordingly.

We consulted with the full consultation list and specific stakeholders. The consultation responses are currently being analysed. At present there are no figures for the number and type of respondents.

Appendix 2

The consultation co-ordinator

The consultation co-ordinator should be a designated member of staff who oversees and advises on all the consultations we carry out. The following details have been adapted from the Cabinet Office guidelines on the role of the consultation co-ordinator.

The role of the consultation co-ordinator is to:
- keep up-to-date with best practice and to gain information and advice on new developments which may affect the consultation process;
- ensure that the consultations carried out comply with the criteria of the code of practise. This means monitoring ongoing consultations and evaluating the effectiveness of closed consultations in order to improve future practice;
- ensure the persons undertaking the consultation understands the role of the consultation co-ordinator;
- ensure they are notified of any new consultations being launched;
- effectively disseminate advice on best practice and developments affecting consultation to all relevant departments;
- promote, where possible, 'joined-up consultation' in order to reduce overlap. This means liaising to find out whether we have, are, or are about to, consult on a similar topic;
- investigate and respond fully and promptly to any enquiries or complaints generated by a consultation; and
- maintain and collate data on consultations that have been published in the Policy and Standards Annual Report.