

Agenda Item 11

Enclosure 9

**Health and Care Professions Council
20 March 2019**

**Stakeholder market research - Understanding
and views of the HCPC**

For approval

From Olivia Bird, Acting Policy Manager

Council, 20 March 2019

Stakeholder market research - Understanding and views of the HCPC

Executive summary and recommendations

Introduction

In May 2018, the HCPC commissioned ComRes to conduct stakeholder market research into the understanding and views of HCPC.

The purpose of the research was to benchmark stakeholder views and understanding (including capturing proxy measures of outcome) in a way which can be compared to previous research and/or can be monitored in future research.

- Appendix A summarises the key findings from the research and an overview of the work the organisation will be taking forward in light of this.
- Appendix B contains the latest draft of the research report. This is subject to some further, minor amendments, to the formatting of the report by ComRes and a proof read by HCPC. Following approval by Council, we intend to publish this on the website alongside a summary to be prepared by HCPC.

Decision

Council is invited to discuss and approve the content of the paper at Appendices A and B.

Background information

- Research brief to Council: <https://www.hcpc-uk.org/globalassets/meetings-attachments3/council-meeting/2018/february/enc-07---stakeholder-market-research/>
- We previously commissioned similar research in 2005, 2007, 2011 and 2015. The focus in the past has largely been on communications, with the outputs of the research influencing the ongoing development of the communications strategy and communications work plans.
- 2015 stakeholder market research: <https://www.hcpc-uk.org/globalassets/meetings-attachments3/council-meeting/2015/february/enc-05---stakeholder-perceptions-and-social-media-intelligence-research-report/>

Resource implications

Resource implications for this work are factored into departmental work plans.

Financial implications

Financial implications for this work are factored into departmental work plans.

Appendices

Appendix A: Stakeholder market research - Understanding and views of the HCPC (summary paper)

Appendix B: HCPC Stakeholders: Perceptions Audit (draft research report)

Date of paper

08 March 2019

Stakeholder market research - Understanding and views of the HCPC

1. Introduction

- 1.1 In May 2018, the HCPC commissioned ComRes to conduct stakeholder market research into the understanding and views of HCPC.
- 1.2 The purpose of the research was to benchmark stakeholder views and understanding (including capturing proxy measures of outcome) in a way which can be compared to previous research and/or can be monitored in future research.
- 1.3 We previously commissioned similar research in 2005, 2007, 2011 and 2015. The focus in the past has largely been on communications, with the outputs of the research influencing the ongoing development of the communications strategy and communications work plans.
- 1.4 This paper summarises the key findings from the research.

2. Research methodology

- 2.1 The research targeted the following stakeholder groups:
 - registrants;
 - educators;
 - employers;
 - key stakeholders (defined as organisational stakeholders with a high interest or stake in the HCPC's work); and
 - service users, carers and the public.
- 2.2 ComRes adopted a mixed methods research approach, combining quantitative and qualitative research in the form of online surveys with stakeholder groups (registrants, educators, employers, and members of the public and service users) and interviews key stakeholders (including

professional bodies, trade unions, and employer, education and service user organisations).

2.3 In total, the research yielded the following responses:

- 2,512 registrants;
- 193 educators;
- 135 employers;
- 33 interviews with key stakeholders (13 professional bodies, 5 employer umbrella organisations, 5 education sector / policy organisations, 5 trade unions / union representatives and 5 service user organisations); and
- 2,140 UK adult members of the public.

3. Summary of findings

3.1 The key findings from the research are set out below.

Online surveys

Confidence in the HCPC

3.2 Stakeholder confidence was generally high across all the surveyed groups. Educators had the highest levels of confidence (82%), followed by employers (64%). Registrants had the most mixed confidence, with 57% stating they were confident and just over a third stating that they were 'neither confident nor unconfident' in the HCPC. Respondents stating that they were unconfident in the HCPC was very low (<10%).

3.3 Registrant confidence was generally higher amongst those registered for three years or less, as well as those that said they were knowledgeable about the HCPC and those who had engaged with HCPC in the last 12 months. Drivers for this confidence included how effective registrants believe the HCPC is in delivering its key functions (the most important of which was HCPC's effectiveness at investigating concerns about fitness to practise) and the support and guidance received by registrants at renewal.

Understanding and awareness of HCPC

3.4 Awareness amongst stakeholders was good, with 99% of all groups stating they know at least something about HCPC. Educators were the most

informed, with 94% stating they know at least a fair amount. This was followed by employers (63%)¹, and registrants (57%).

- 3.5 Stakeholders demonstrated a good understanding of the purpose of regulation, with 99% of employers, 98% of educators, 92% of registrants correctly identifying that the purpose of regulation was to protect service users and the public. However a large percentage of respondents also felt that it was ‘to promote the professions it regulates’² and ‘to represent the views of the health and care professionals who are regulated’³ (the functions of professional bodies).
- 3.6 Stakeholder groups were keen to expand the engagement with the HCPC, with: service user organisations seeking a greater understanding of the role of the regulator; trade unions and professional bodies inviting further engagement at a policy level; and stakeholders in the devolved nations indicating more face-to-face interactions would be beneficial.

Raising awareness of our role as a regulator, and understanding of our core regulatory processes is a strategic priority for the HCPC and forms part of our communications and engagement work. The findings of the research will be used to develop the Communications and Engagement Strategy.

We intend to **build on our existing engagement with key groups in the four countries**. We currently engage stakeholders in the development of policy, standards and communications channels through consultations and working groups. In future, we will build increase the level of engagement: establishing more regular contact with trade unions and professional bodies; developing an organisation-wide service user engagement approach; and progressing our engagement in the four countries (this is a strategic priority).

Registration, renewal and CPD

- 3.7 Stakeholder’s perceptions of our effectiveness in maintaining and publishing the Register were very high, with over 90% of all stakeholders considering us effective and over 70% considering us to be very effective at this function.
- 3.8 Engagement with the online register was more mixed. Only 3% of the public surveyed had used the HCPC register. Of those that had, 53% stated it was easy to access and 13% stated it was difficult.
- 3.9 For employers, the majority checked the register about once a year, with 74% checking it about once a year or more and 20% checking less often. 4%

¹ 5 employers were screened out of the questionnaire because they stated they did not know anything about HCPC

² 48% registrants, 32% educators, 34% public and 58% employers

³ 47% registrants, 32% educators, 26% public and 51% employers

stated they had never checked the Register. Of those that had checked the Register, 86% found it easy to access and only 1% found it difficult.

- 3.10 Registrants understanding of the registration renewal process was high (91%), as was registrant satisfaction with the support or guidance when they last renewed online (76%).
- 3.11 Confidence in CPD was more mixed, with 68% stating they are confident in the CPD process ensuring registrants continue to be fit to practise, compared to 49% of employers. However only 11% of employers and 6% of registrants state they are unconfident.

We will **raise awareness of the importance of checking the Register**; working more closely with service user organisations and establishing a professional liaison team.

Standards

- 3.12 93% of educators, 87% employers and 86% of registrants say the HCPC is at least effective in setting standards. Only 8% of registrants felt the HCPC is not effective in this function. Reasons for this included concerns these were too broad, that HCPC does not know enough about their profession, the standards are not checked or monitored in practice, or that these standards should be set by the professional body.
- 3.13 Broadly, stakeholders had a good understanding of the HCPC standards. 92% of educators, 83% of registrants and 73% of employers said that they had at least a fair amount of understanding of the HCPC standards they were surveyed on. Some felt we could bring the standards to life through case studies or scenarios
- 3.14 Almost all registrants say they refer to the standards at least sometimes, but only just over a third stated this was at least frequently. Of these standards, the standards for CPD were the most commonly referred to.

The Policy and Standards team currently offers guidance to registrants and employers on the application of the standards in practice to **ensure they are applied consistently and appropriately**. In order to **raise awareness of the standards**, we have started to include more of this information on the new website. We will also be publishing blog posts on the SCPEs throughout 2019, with the outputs including infographics (to be shared on social media), case studies and FAQs. This aligns with our approach to proactive communications and engagement.

Subject to the outcome of the fees consultation, we intend to establish a professional liaison team. This would work closely with registrants and employers on these types of issues, building on the existing work of the Policy and Standards team in supporting stakeholders in implementing the standards in practise.

Education approvals

- 3.15 Generally, HCPC was considered to be effective in its key function of approving education and training programmes. However awareness of this function was mixed.
- 3.16 Educators were most likely to consider HCPC to be effective at this (92%), compared with employers (67%) and registrants (64%). A quarter of employers stated they did not know how effective HCPC was at this, suggesting they were unfamiliar with this. Similarly, registrant reasons for saying the HCPC is not effective included a perception this is not relevant to their profession or a lack of awareness that HCPC did this.
- 3.17 64% of employers and 53% of registrants say they are confident that newly trained graduates from HCPC approved training programmes are suitably prepared for practice, with only 10% saying that they are unconfident.

Fitness to Practise

- 3.18 The majority of respondents consider us effective at investigating concerns about a registrant's fitness to practise and taking appropriate action (77% employers, 66% of registrants and 64% educators).
- 3.19 Just over a third of educators stated that they did not know enough about fitness to practise to rate its effectiveness.
- 3.20 Only 8% of registrants felt the HCPC was not effective in this area. Reasons for this included that they think complaints are not acted upon or are handled poorly, people are penalised unfairly or the process is too lengthy.
- 3.21 The majority of respondents say they know at least a fair amount about Fitness to Practise (69% employers, 68% registrants and 66% educators). There was also good awareness of the purpose of FTP, with 92% registrants and 98% employers and educators correctly identifying its purpose.
- 3.22 There was high levels of support for HCPC further developing our engagement with registrants, particularly more proactive communications, to reassure registrants, as well as improvements to the website to highlight tools for support (such as case studies) were suggested.

We will continue our work on FtP improvement.

Continuous improvement in our regulatory performance is a strategic priority for us and we have already started work on this through the FTP Improvement Plan. Some stages of the FTP process are dictated in the detail of activity and duration by our legislation, therefore, continue to engage with Government on regulatory reform, to ensure that we have the legislative freedom to deliver improvements.

We have developed numerous resources for registrants subject to fitness to practise investigations. We also ensure case managers are in regular contact with registrants and that employees receive regular training in areas such as mental health first aid and how to manage individuals expressing thoughts of suicide. We have developed information on when to make a self-referral for registrants and employers, and this also has an emphasis on support.

Our Equality, Diversity and Inclusion action plan includes a specific action to provide guidance and support materials for witnesses, complainants and registrants. We will continue to signpost to these available resources.

Raising concerns

- 3.23 Most registrants said they would raise a concern with a professional's employer (80%), following by HCPC (50%).
- 3.24 Where registrants had raised concerns in the past, only a third had raised this with the HCPC. Where registrants had not gone to HCPC, the main reason for this was that this had been dealt with in-house / by their employer or management.
- 3.25 Where employers had had concerns regarding HCPC registrants in the past, 80% stated they had raised these formally through the relevant channels at work, followed by 70% stating they had raised these with the HCPC. Dealing with concerns in-house, or believing that the employer should deal with such concerns, was the leading reason behind employers' decisions not to raise concerns formally with the HCPC (35%).
- 3.26 Members of the public were most likely to say they would raise a concern with a professional body (36%) or employer (29%), followed by HCPC (21%). This is not consistent with previous polling, and will require further consideration.

Self-referrals

- 3.27 Employers and registrants were given scenarios and asked in which cases registrants should self-refer to the HCPC. Respondents were more certain in relation to examples regarding criminal cautions, scope of practice, speeding fines and neighbour boundary disputes. However there was uncertainty regarding examples about the management of health conditions.

We have developed a suite of online materials to support self-referrals, and will develop these further across 2019-20.

Communications

- 3.28 84% of registrants had engaged with HCPC over the last 12 months, and the vast majority of HCPC communications were rated at least somewhat useful (ranging from 84% to 93%).
- 3.29 There was high interest in receiving information from HCPC by email by all stakeholder groups; more than any other means of communication.
- 3.30 Key areas registrants wanted more information on were CPD and publications, followed by the standards of proficiency and the standards of conduct, performance and ethics, and fitness to practise.

Stakeholder interviews

Perceptions of HCPC

- 3.31 Key stakeholders tend to be knowledgeable about the HCPC. More specifically, they are familiar with the HCPC's remit and the purpose of the organisation as a regulatory body that ensures patient safety. Impressions of the HCPC are broadly positive, mainly gained from stakeholders' personal experiences with the HCPC in meetings and conferences. Where there were negative perceptions, these tended to come from members' experiences of fitness to practise.

Effectiveness of HCPC

- 3.32 Key stakeholders regard the HCPC as largely effective. CPD is considered one of the most effective aspects of the HCPC by stakeholders.
- 3.33 Fitness to practise is a consistent theme mentioned in relation to the HCPC's effectiveness, specifically on the perception that it is a very lengthy process, which can negatively impact on the health and wellbeing of registrants. Stakeholders are keen for the HCPC to take a more proactive approach to preventing issues developing into Fitness to Practise cases, such as providing examples of poor practice and helping guide any debate on professional issues, so to avoid Fitness to Practise becoming an issue in the future.

HCPC standards in practice

- 3.34 Key stakeholder interviewees generally expressed confidence in the HCPC's standards, commenting that they ensure a high level of practice and protection for the public. It was felt that no additions would be required to the standards, but some stakeholder interviewees suggested that the HCPC standards could be brought more to life.

- 3.35 Trade union stakeholders highlighted that the implementation of the standards at employer-level can be inconsistent and are unclear which body or organisation is responsible for improving this reporting.

Education and training programmes

- 3.36 Education sector stakeholders tend to be very positive about the HCPC's collaborative approach during the development of education and training programmes. Some stakeholders noted HCPC could go further in their work, being more future-looking to ensure innovation is encouraged within education and training.
- 3.37 Some stakeholders noted that employers are inconsistent in their learning and development support for registrants (including those that are newly qualified). These stakeholders also noted that employers need to play an active role in ensuring registrants become or are fit to practise, for example ensuring a student can become a newly qualified practitioner through placements and registrants undertake professional reviews and CPD. They suggested HCPC engage with employers about this issue, to prevent barriers to progression for registrants.

FTP prevention

- 3.38 Key stakeholders spontaneously explored the ways in which HCPC could take a more preventative approach to Fitness to Practise issues. They describe prevention as important since issues can develop into large formal cases, which takes up time and resource. Some stakeholders suggest the prevention agenda could be a new communications and engagement programme for the HCPC. Others mentioned that employers should be involved in this, so as to understand their role in prevention as well as appropriate reporting procedures.

Subject to the outcomes of the fees consultation, we will deliver a professional liaison team and data and intelligence team to carry forward prevention work.

Engagement

- 3.39 The HCPC is viewed as effective in their communications when collaborating with stakeholders. Specific groups such as trade union and service user stakeholders say they would like more engagement with the regulator. Those interviewed tend to refer to the way in which the HCPC could perhaps improve their support of registrants in relation to Fitness to Practise.

- 3.40 The HCPC's online presence is regarded as useful to some stakeholders, in place of face-to-face engagement, and building our digital presence was seen as an opportunity for the future, particularly in relation to our website. There was also interest across all stakeholder groups for continued engagement by email.
- 3.41 Stakeholders based in devolved nations tend to say the HCPC could be more effective if they were to have personnel, or more targeted engagement in their respective nations, as it would be useful for the HCPC to have a stronger presence or voice across the whole of the UK.
- 3.42 Some stakeholders discussed the need to bridge the gap between education and employment, resulting from poor support at an employer level for newly qualified registrants.

We will **continue to increase our digital approach to stakeholder engagement**. We have recently updated the HCPC website to improve access and ensure it is user friendly. We have begun to introduce paperless processes within our registration and education functions, and we will build on this to develop a digital first approach to our communications.

Subject to the outcomes of the fees consultation, we will also implement a professional liaison team, who would work closely with employers to **ensure appropriate support for newly qualified registrants**.

Challenges and opportunities

- 3.43 Key stakeholders explored opportunities and challenges for HCPC's future work.
- 3.44 Opportunities including making greater use of HCPC registrant data, the possibility of widening remit and being more future looking, ensuring we continue to keep up to date on how practice is changing and using this to further innovation.
- 3.45 Challenges included workforce supply, acknowledging a shortage of professionals would impact the nature and cost of regulation, the widening remit of our registrants and Brexit. The fees consultation was also raised, which was running at the time of interviews.

Using our data, intelligence and research to inform our work is a strategic priority. Subject to the outcome of the fees consultation, we intend to develop a data intelligence team to support us in making the most of the data we hold.



HCPC STAKEHOLDERS: PERCEPTIONS AUDIT

MARCH 2019

ABOUT COMRES

ComRes provides specialist research and insight into reputation management, public policy and communications. It is a founding member of the British Polling Council, and its staff are members of the UK Market Research Society, committing it to the highest standards of research practice.

The consultancy conducts regular public research for organisations including NHS England, the NHS Confederation and Cancer Research UK as well as a wide range of public sector and corporate clients.

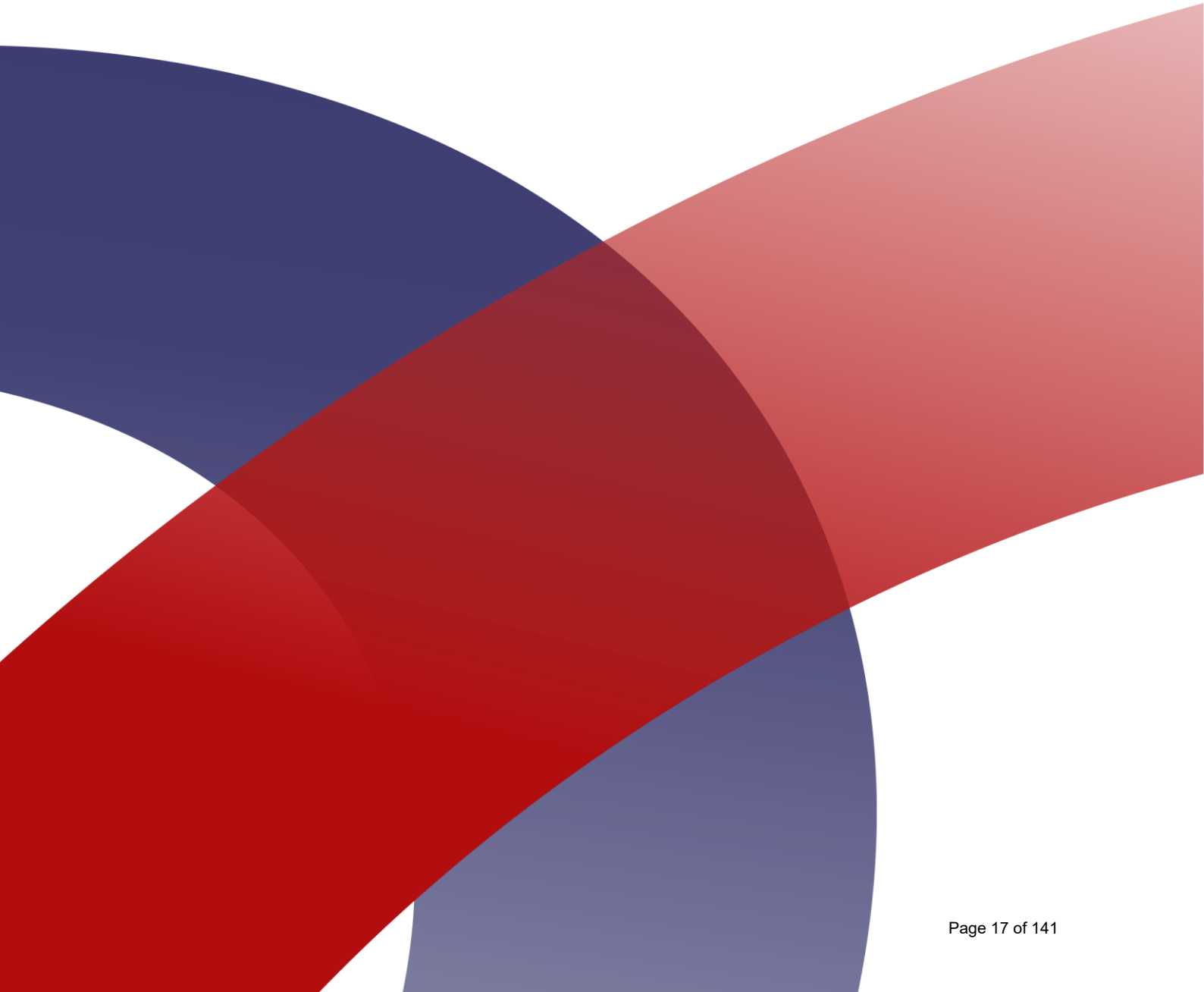
For further information about ComRes, this research or any other research requirements please contact info@comresglobal.com

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INTRODUCTION



BACKGROUND

The Health and Care Professions Council (HCPC) is the statutory regulator for sixteen health and care professions in the UK: arts therapists, biomedical scientists, chiropractors / podiatrists, clinical scientists, dietitians, hearing aid dispensers, occupational therapists, operating department practitioners, orthoptists, paramedics, physiotherapists, practitioner psychologists, prosthetists/ orthotists, radiographers, social workers in England and speech and language therapists. The purpose of the HCPC is to protect the public.

The HCPC commissioned ComRes to undertake mixed methods research across their main stakeholder groups. This stakeholder research collects views and feedback from nine groups defined as follows:

Group	Description	Research
Registrants	Health and care professionals registered with the HCPC	Quantitative survey – registrants
Public & service users	Members of the UK public aged 18+	Quantitative survey – general public and service users
Service user groups	Organisations that represent users of the services of health and care professions	Qualitative interviews
Professional bodies	Professional bodies representing the health and care professions	Qualitative interviews
Educators	Providers of courses for registrants	Quantitative survey – educators
Education sector/policy organisations	Education umbrella organisations	Qualitative interviews
Employers	Organisations that employ registrants	Quantitative survey – employers
Employer umbrella organisations	Bodies which represent employers of registrants	Qualitative interviews
Trade unions	Unions representing registrants as part of trade unions or within professional bodies	Qualitative interviews

RESEARCH OBJECTIVES

The HCPC wanted to better understand perceptions of their registrants and their respective representative bodies, and other key stakeholders who support the education and application of standards. This will inform both communication and engagement plans as well as operational improvements designed to further protect the public.

The main objectives of this research were to increase understanding of, and to evaluate:

- Awareness and perceptions of the HCPC as an organisation and views towards its role and function;

- Stakeholder understanding of regulation and the HCPC’s role in this, in relation to the health and care professions;
- Awareness and understanding of HCPC standards;
- Understanding of and attitudes towards fitness to practise;
- Awareness of and engagement with HCPC communications;
- Broader feedback, including suggested future opportunities and challenges for the HCPC.

METHODOLOGY

This research was designed to establish benchmark findings across stakeholder audiences using consistent quantitative methodologies for the surveys and to provide deeper insight from stakeholder interviews. Surveys were delivered online to enable methodological consistency across the quantitative research elements.

QUANTITATIVE SURVEY – REGISTRANTS

This survey collected data from a sample of UK HCPC registrants in order to establish accurate benchmarks and to be nationally representative of this group overall.

Key areas covered in the survey were:

- HCPC roles and responsibilities
- fitness to practise
- Awareness of standards
- HCPC registration and renewal
- Engagement with the HCPC

The survey was in field from 12th to 26th September 2018 and was sent to 35,560 HCPC registrants, which after two reminders yielded 2,512 survey completes, achieving a 7% response rate.

Weighting by registrant group was applied so that overall figures truly reflected the UK population of registrants by type of health and care profession registered. The table below shows the percentage per registrant group that answered the survey and the actual registrant percentage alongside which it was weighted to.

Profession	Survey responses %	Weighted %
Arts therapists	2.1	1.2
Biomedical scientists	5.5	6.2
Chiropodists / podiatrists	3.0	3.5
Clinical scientists	2.4	1.6
Dietitians	2.7	2.6
Hearing aid dispensers	1.3	0.8
Occupational therapists	7.2	10.7
Operating department practitioners	4.6	3.8
Orthoptists	3.9	0.4
Paramedics	7.3	7.2
Physiotherapists	11.9	14.9
Practitioner psychologists	6.0	6.4
Prosthetists / orthotists	2.4	0.3
Radiographers	9.9	9.3

Social workers in England	26.1	26.7
Speech and language therapists	4.1	4.4

Previous research that was conducted (2011, 2014) used a sampling approach using quotas that were closed once each registrant group had reached a total of 100, and so each had equal representation in the data. In addition, the survey from 2011 did not include social workers in England as they were not regulated by the HCPC at this time.

For the 2018 study it was decided that in order to gain a representative view of UK-wide registrants' overall perceptions of the HCPC, a representative sampling approach would be more appropriate. This survey therefore sets robust benchmarks for UK registrants, in addition to a using a consistent online approach for all stakeholder groups that can be repeated going forward.

In order to supplement the survey data, we conducted a Key Drivers Analysis (KDA). Using linear regression, this methodology looks at which specific factors drive registrant confidence in the HCPC using a series of measures including perceived effectiveness at HCPC key functions and other aspects of its work.

QUANTITATIVE SURVEY – GENERAL PUBLIC & SERVICE USERS

The general public and service user survey provides insight into the public's views and experiences of professionals regulated by the HCPC.

Key areas covered in the survey were:

- Use of, satisfaction with and trust in health and care professional services
- Raising concerns
- Use of the HCPC online register

This survey approach used a ComRes online public omnibus survey and ran 1st – 3rd October, 2018. The omnibus surveyed a sample of 2,140 UK adults online, aged 18+, which included a booster sample in Northern Ireland to enable sub group analysis and comparison in all UK regions. Data were then weighted by gender, age, country and region to be representative of the UK adult population. There was also a question that identified whether the person was a carer or not, enabling any differences to be drawn out for this group.

Three questions were carried over from the HCPC's previous stakeholder survey and the results of these have been compared in order to track changes over time. It should be noted that the research methodology differs across the two years. Previously the research was conducted face-to-face, but this year's survey was conducted online in order to align with the other surveys being undertaken at this time. The previous wave also included children aged 15 – 17 in the sample. Where comparisons are made in the analysis, this caveat is indicated on the graphs and changes since 2014 should be considered indicative only.

QUANTITATIVE SURVEY – EDUCATORS

The educators' survey was sent to existing contacts of those who provide education courses for registrants held by HCPC.

Key areas covered in the survey were:

- HCPC roles and responsibilities

- fitness to practise
- Awareness of standards
- HCPC communications and engagement

The survey was in field from 7th September to 10th October, 2018 and was sent to 1,007 educators of registrants yielding 193 responses and achieving a 13% response rate.

Job titles for these educators include course and programme leaders, lecturers and teachers. As there are no nationally representative statistics for educators of registrants, data were not weighted. However, the survey does provide insight into the views held by educators of registrants.

QUANTITATIVE SURVEY – EMPLOYERS

As with the educators survey, the employers survey was sent to an established database, a method that had been used previously for HCPC research.

Key areas covered in the survey were:

- HCPC roles and responsibilities
- fitness to practise
- Awareness and understanding of standards
- HCPC registration and renewal
- Continuing Professional Development
- HCPC communications and engagement

The survey was in field from 7th September to 10th October, 2018 and was sent to 5,112 employers of registrants yielding 135 responses and achieving a 4% response rate.

Those who responded to the survey were screened out if they were not current employers of registrants or had no knowledge of HCPC. As there are no nationally representative statistics for employers of registrants, data were not weighted. However, the survey does provide insight into the views held by employers of registrants.

QUALITATIVE STAKEHOLDER INTERVIEWS

This study included 33 stakeholder interviews with six stakeholder groups of interest to HCPC. The following groups were interviewed:

- Professional bodies – 13 interviews
- Employer umbrella organisations – 5 interviews
- Education sector/ policy organisation – 5 interviews
- Trade Union, union representatives – 5 interviews
- Service user organisation (or representing patient groups) – 5 interviews

Interviewees were approached via an initial email invite and then followed up with reminder emails and where necessary a telephone call. Ten interviews were scheduled for the professional bodies. Due to the high immediate interest from stakeholders in this group, a further three interviews were undertaken.

Interviews took place via telephone between October and December 2018, each interview lasting around 30 minutes and covered the following key areas:

- Perceptions of HCPC
- Role and purpose of HCPC
- Views on HCPC and regulation
- Familiarity and understanding of HCPC standards

- Continuing Professional Development (CPD)
- fitness to practise
- Engagement with HCPC
- Opportunities and challenges

A structured analysis of interview transcripts was conducted using a framework methodology where interviews were coded by question areas and according to themes, to allow overall analysis and analysis by subgroups.

STAKEHOLDER INTERVIEW GROUPS

Five stakeholder groups were identified as relevant to this research due to their experience and involvement with HCPC. Further detail on the stakeholder groups is included below:

PROFESSIONAL BODIES

The HCPC works closely with the health and care professional bodies which support, develop and drive the professions. Senior members of the HCPC and the professional bodies meet regularly, the communications and policy teams engage with their counterparts and the HCPC education team will often engage with professional bodies to discuss changes to the curriculum. This group have an interest in HCPC standards and processes including the fitness to practise process. Research recruitment focused on the CEOs and chairs of each organisation due to their higher anticipated knowledge.

EMPLOYER UMBRELLA ORGANISATIONS

These groups oversee employer networks in the NHS. The HCPC would like to develop their engagement with these groups overall, and were interested in finding out how these organisations perceive the HCPC and how they might expect, or like to engage. It was also of interest to find out employer umbrella organisations' thoughts around continuing professional development (CPD).

EDUCATION SECTOR/ POLICY ORGANISATION

In distinction from the quantitative stakeholder research, which surveyed registrant education course providers, this group drive policy making within the education sector and were expected to have contrasting views on some topics compared to the survey group. These organisations have a greater link to changes in standards in education and are imbedded in education policy. The HCPC were interested in how it is perceived and how these organisations would like to be engaged with.

TRADE UNION REPRESENTATIVES

This group represent the rights and interests of registrants who are in employment. They were expected to have a great interest in the fitness to practise process. We interviewed a mixture of trade union representatives in professional bodies and representatives of relevant trade unions.

SERVICE USER ORGANISATION (REPRESENTING PATIENT GROUPS)

These organisations represent the interests of the users of the services provided by registrants. The HCPC engage with an aim to ensure that they understand the regulator's public protection role and have the information to signpost and support service users when they need to raise a concern about a registrant. The HCPC would like to develop their engagement with this group and were interested in finding out how these organisations might expect to be involved with the regulator.

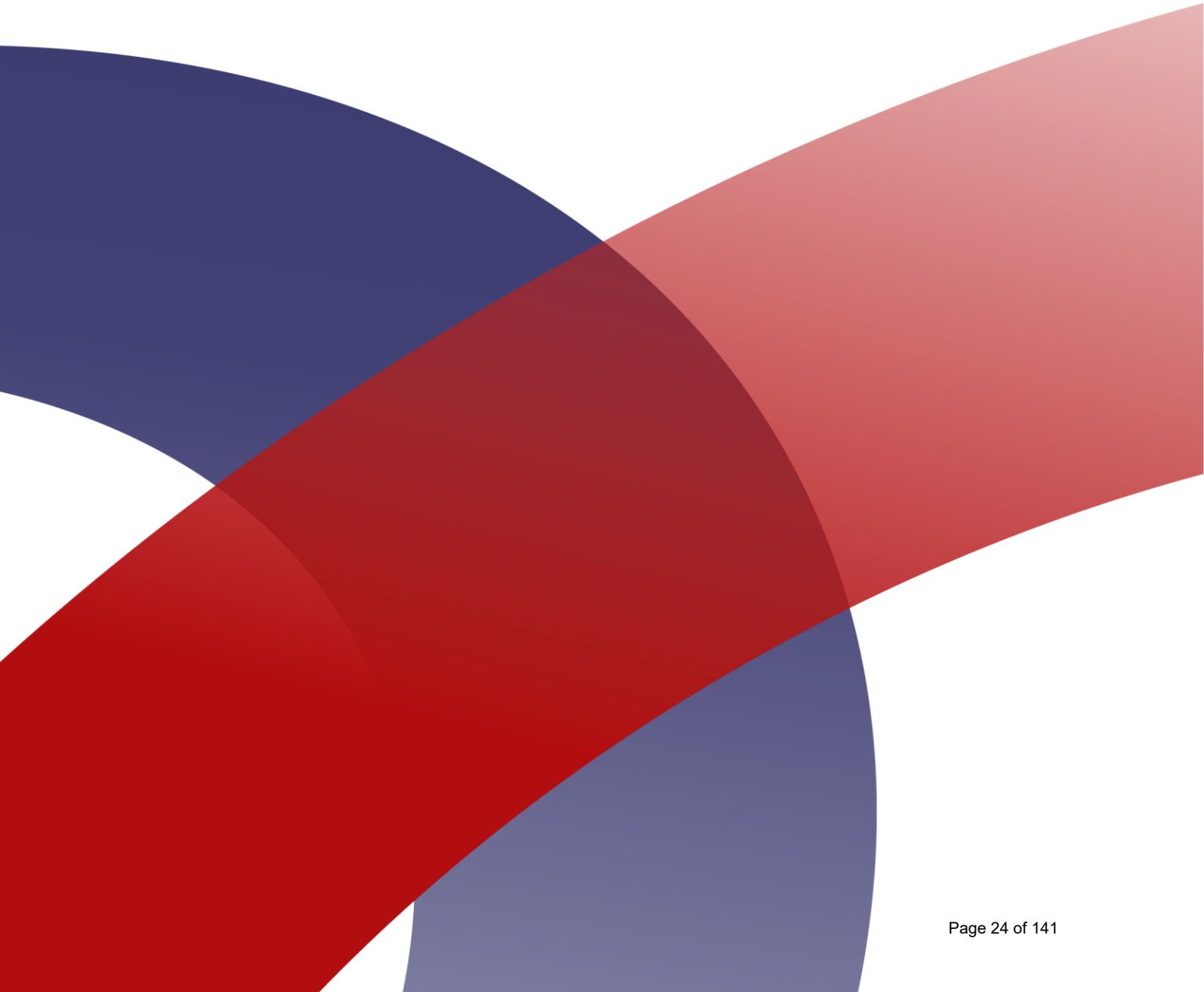
NOTE ON BASE SIZE:

Figures are only reported from the quantitative research if the base size is 70 or over. Data in this report where the base size is less than 100, but 70 or over will have an asterisk (*), indicating low base size.

Statistical significance

In this report some subgroups are analysed (for example gender and registrant type). For the most part, this is because the differences between subgroups in how they responded to the question are statistically significant to a 95% confidence interval. This means the difference is large enough that it is unlikely to occur randomly.

EXECUTIVE SUMMARY



REGISTRANTS

Registrants report high levels of knowledge of the HCPC, the process of investigating a registrant's fitness to practise, and the registration renewal process.



Most say they are confident in the HCPC and view it as effective across all of its regulatory functions. Confidence is particularly strong in the HCPC's role in maintaining and publishing the Register and setting standards. This is then followed by the HCPC's role in investigating concerns about a registrant's fitness to practise, and the approach to education and training programmes.

The majority of registrants have engaged with the HCPC in the past 12 months, commonly via the website and email – with most saying they would like to receive email more than any other type of communication.

PUBLIC AND SERVICE USERS



Most members of the public understand the purpose of regulation and have used at least one of the services provided by the professions HCPC regulates, typically physiotherapists, radiographers and paramedics. Women continue to be significantly more likely than men to say they have used any health and care professional services, as are those aged 55 and over, compared to the younger age groups. Most service users say they were satisfied with their last contact and report high levels of trust in their health and care professional. The most common reasons given for this level of trust are being treated with dignity and respect, and the communications skills of the registrant.

Only a minority report having a serious concern about the skills and conduct of a health and care professional. If they were to raise concerns in the first instance they say it would be with either the professional body, the employer and then the HCPC. Those that have raised concerns in the past, did so with the employer. A small number said they wouldn't know how to go about raising a concern.

EDUCATORS



The majority of educators report having a good knowledge of, and confidence in, the HCPC, correctly identifying its purpose and reporting a great deal of knowledge about most of its standards. The one area educators have less reported knowledge of, is in fitness to practise, possibly because this is more of an in-workplace issue which is less likely to be covered at qualifying stage.

EMPLOYERS



The majority of employers of registrants say they are confident in the HCPC overall and report a good level of knowledge about health and care regulation, as well as about the HCPC. Most understand the purpose of fitness to practise and report knowing at least a fair amount about the process, and when registrants should self-refer. Where employers have had concerns about a HCPC-registered employee's fitness to practise they have either raised these concerns formally through relevant channels at work or with the HCPC. Overall, most employers have a good understanding of the HCPC's standards and when they should be referred to, as well as the registration renewal process and the majority are confident in the preparedness of graduates emerging from HCPC-approved education for practice.

QUALITATIVE INTERVIEWS

IMPRESSIONS



Stakeholders interviewed tended to be knowledgeable about the HCPC and its remit to ensure public safety. Stakeholder impressions are broadly positive, informed by interactions with the HCPC in meetings and conferences. Where negative impressions are present, they largely arise from perceptions of the fitness to practise process, with participants reflecting that it appears to be too lengthy and onerous on those who are involved.

EFFECTIVENESS



Those who are familiar with the HCPC regard it as effective in the way it prioritises public safety in all its functions, particularly the HCPC's approach to continuing professional development (CPD) in focusing on learning and how this benefits a registrant. Stakeholders would like the HCPC to do more to support registrants as they go through the fitness to practise process and to focus on measures to prevent problems with registrants' professional practise from arising.

STANDARDS



Confidence in the standards was high, with stakeholders saying that they feel it ensures a high level of protection for the public. Stakeholders, particularly those representing professional bodies, mention the way in which the HCPC standards are useful as a foundation for development of best practice. Trade union stakeholders tend to say issues arise at practice level when employers inconsistently enforce or support the meeting of standards, which may lead to fitness to practise cases. However, it was recognised that it is beyond the HCPC's remit to monitor the reporting practices of employers.

EDUCATION



Education sector stakeholders are enthusiastic about the HCPC's collaborative approach to the development of the Standards of Education and Training which underpin education and training programmes. Some expressed a desire for the HCPC to be more strategic and future-looking in this area, to ensure they continue to support the development needs of the future workforce. The need for HCPC to engage with employers on inconsistent learning and development support for newly qualified registrants was also highlighted.

ENGAGEMENT



The HCPC is regarded as effective in the way it collaborates with stakeholders. Trade union and service-user organisations would welcome more engagement with the HCPC, such as helping to develop understanding on the role of the regulator. Aligning with the HCPC's strategic priorities, two interviewees in the devolved nations are particularly keen that the HCPC has a more prominent presence in their nations.

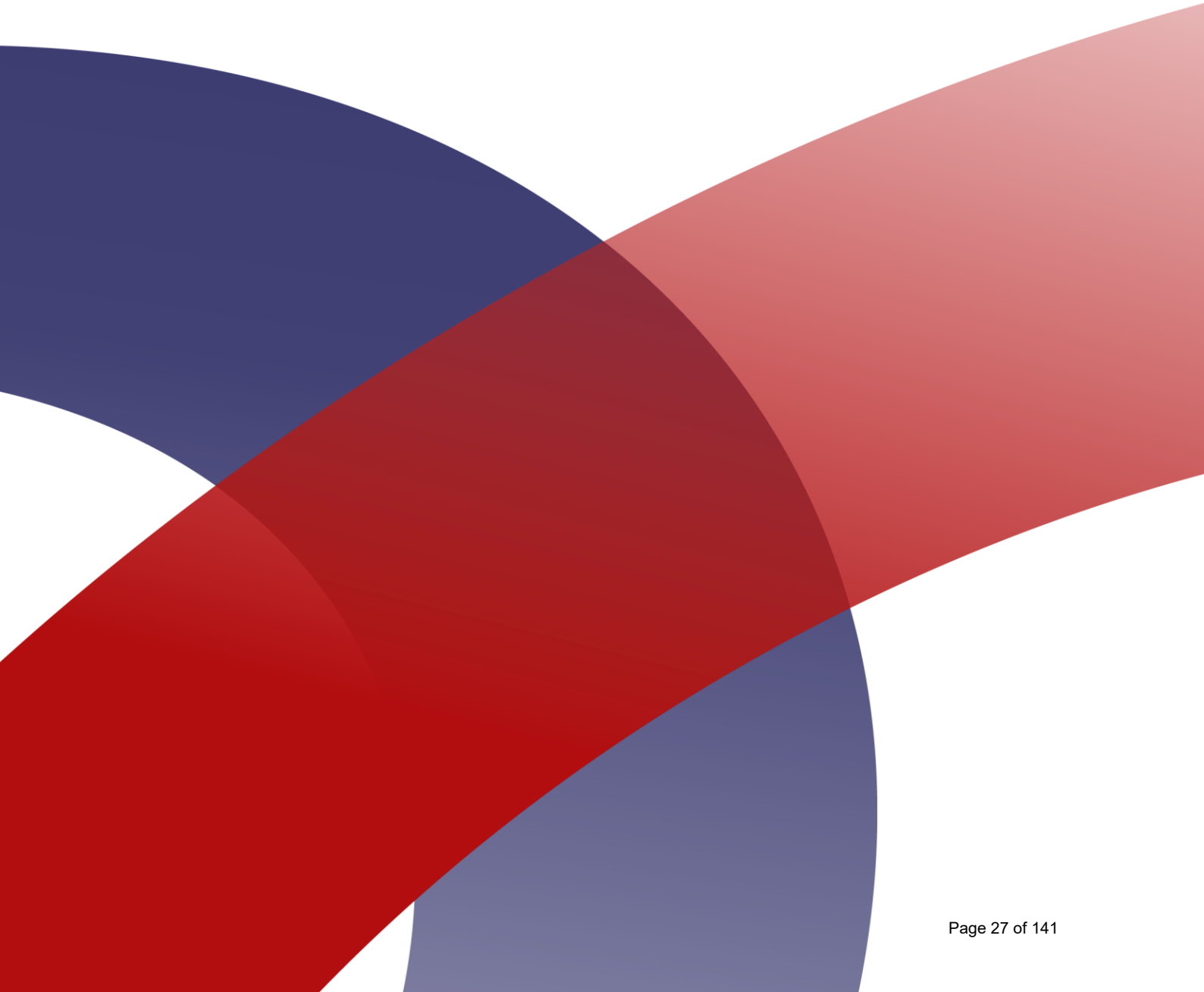
CHALLENGES AND OPPORTUNITIES FOR THE HCPC



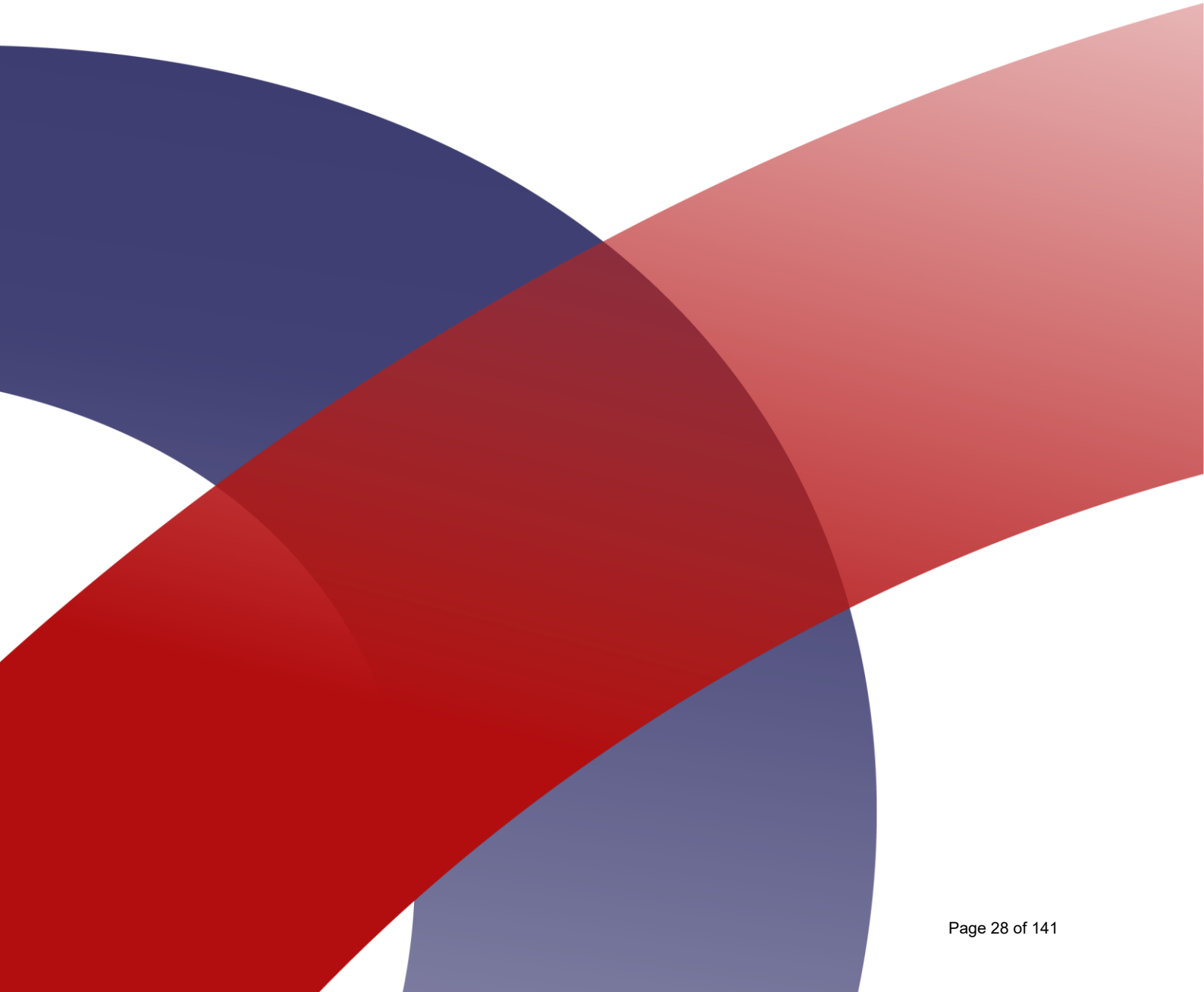
When asked what they regard as challenges for the HCPC in the next few years, stakeholders mention the challenge of workforce shortages in the UK which will affect the HCPC's stakeholders, the perception of fee increases for registrants and the potential impact of Brexit on registrants. Stakeholders also mentioned three key opportunities:

1. Using HCPC data about registrants to better understand current trends in the profession and workforce
2. Widening the regulator's remit to encompass more professions
3. Becoming more forward-looking, innovating in its communications and observing changes in the professions it regulates.

QUANTITATIVE RESEARCH: STAKEHOLDER SURVEYS



REGISTRANTS SURVEY





Registrants report high levels of knowledge of the HCPC, and this tends to correlate with confidence in the HCPC. Those who have been registered with the HCPC for three years or fewer are more likely to be confident in the HCPC than those who have been registered for four years or more.

Most are confident in the HCPC and view it as effective across all of its regulatory functions. Confidence is particularly strong in the HCPC's role in maintaining and publishing the Register and setting standards. This is then followed by the HCPC's role in investigating concerns about a registrant's fitness to practise, and the approach to education and training programmes.

Most say they know the purpose of fitness to practise investigations is to protect the public, and two thirds of registrants say they know at least a fair amount about the process of investigating a registrant's fitness to practise. Age and experience appear to be influential, since newly registered or younger practitioners are more likely to say they do not have much knowledge, or know nothing at all about fitness to practise.

More than four in five registrants have engaged with the HCPC in the past 12 months. Registrants prefer to engage by using the HCPC website, closely followed by the HCPC *In Focus* newsletter, rating these as useful or informative. When asked how they would like to hear from the HCPC, most would like to receive email communications. Half of registrants would like to receive more information on the HCPC's CPD standards and audit process.

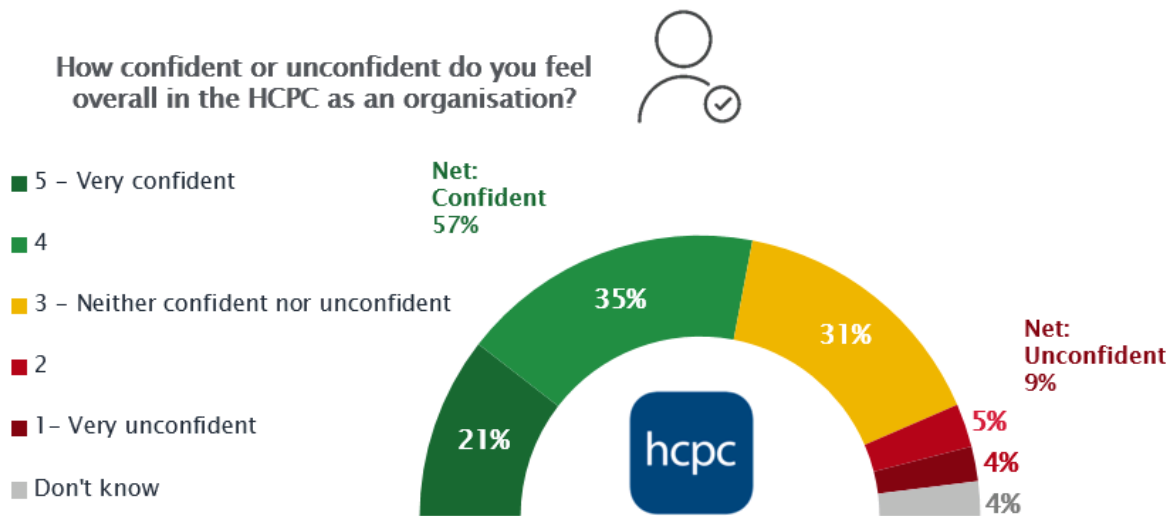
DEMOGRAPHICS

As described earlier, data were weighted to be representative of UK registrants by the type of health and care profession registered. The demographics of the registrants who took part in the survey were as follows:

Location of primary place of work	Ethnicity	Age of respondent	Gender of respondent
England - 83%	White - 77%	16-24 - 2%	Female - 74%
Scotland - 6%	Black - 7%	25-34 - 18%	Male - 23%
Wales - 4%	Asian - 5%	35-44 - 25%	Prefer not to say - 4%
Northern Ireland - 2%	Mixed - 2%	45-54 - 30%	
Other - 5%	Other - 2%	55-64 - 21%	
	Prefer not to say - 7%	65+ - 3%	
		Prefer not to say - 2%	

Where results to differ among registrants in a statistically significant way - for example by age, length of registration, profession or location - we have pointed these out in order to provide insight into the variation across HCPC registrants in their views and experiences.

CONFIDENCE IN THE HCPC



Base: All respondents (n=2512)

Overall, most registrants feel confident in the HCPC, with 21% saying they feel very confident in the organisation, and 35% giving a score of 4 out of 5. One in ten 9% say they feel unconfident (giving a score of 1 or 2 out of 5), 31% say they feel neither confident nor unconfident, and 4% say that they don't know.

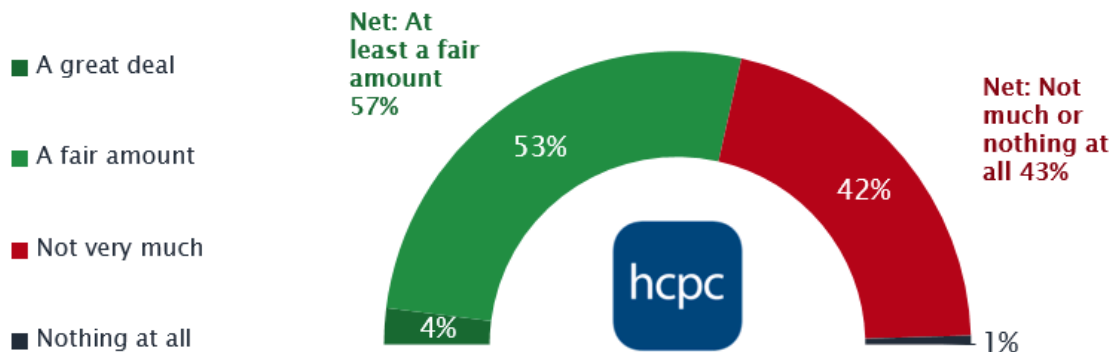
Those who have been registered with the HCPC for three years or less are more likely to be confident in the HCPC (64%), than those who have been registered for four years or more (between 4 and 10 years 55%, more than 10 years 55%).

Registrants who say they are knowledgeable about the HCPC are more likely to be confident in the organisation than those who have lower levels of knowledge. 68% of those who know at least a fair amount about the HCPC say they are confident (4 or 5 out of 5) in the organisation, compared to 42% of those who do not know very much or nothing at all.

Those who have engaged with the HCPC in the last 12 months are also more likely to be confident in the organisation than those who have not, indicating positive contact. 61% of those who say they have engaged with the HCPC in the last 12 months say they are confident in the organisation (giving a score of 4 or 5 out of 5), compared to 35% of those who have not engaged.

AWARENESS OF THE HCPC

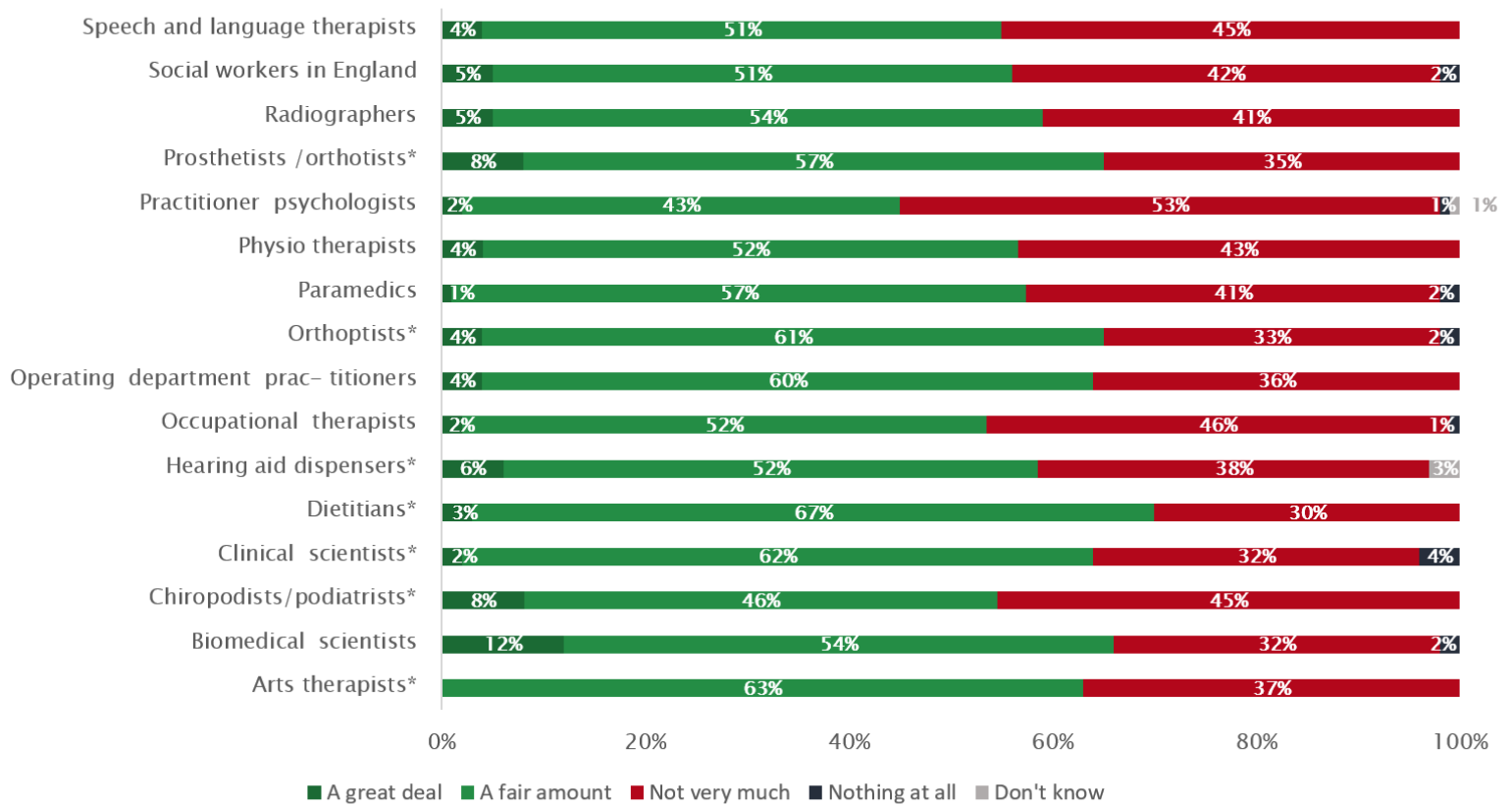
How much, if anything, would you say you know about the Health and Care Professions Council (HCPC)?



Base: All respondents (n=2512)

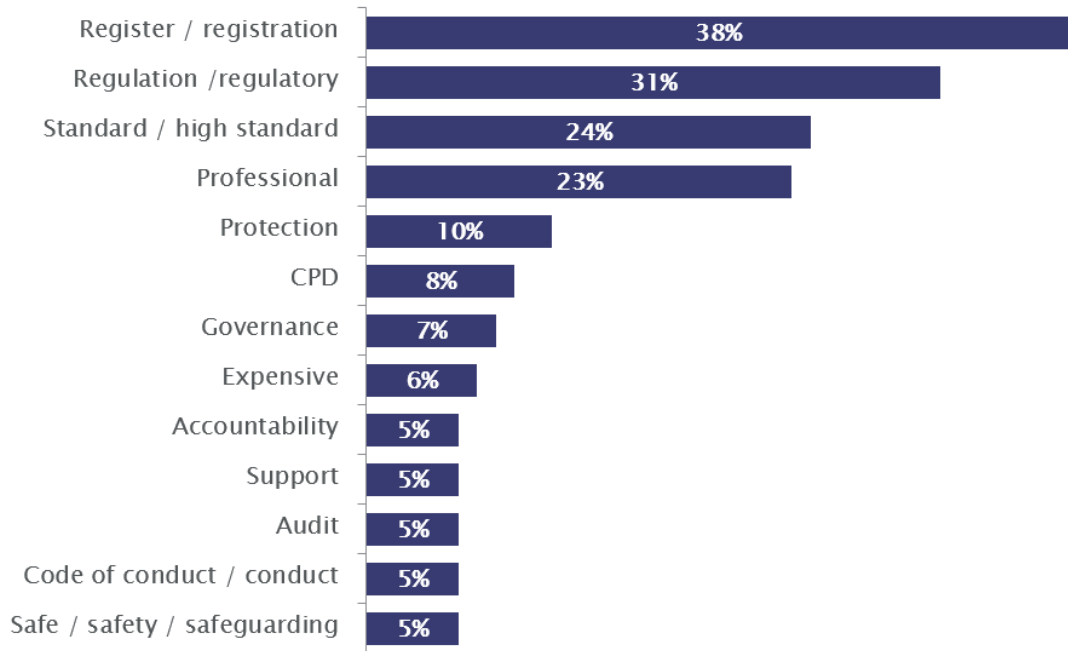
Overall awareness of the HCPC is high amongst registrants, where 99% say they know at least something about the HCPC. 4% say they know a great deal and 43% say they don't know much or know nothing at all. Biomedical scientists are the most knowledgeable professions: 12% say they know a great deal about the HCPC, and 32% say they don't know very much. This compares to practitioner psychologists who report the least knowledge of the HCPC: 53% say they don't know very much about the HCPC and only 2% say they know a great deal.

How much, if anything, would you say you know about the Health and Care Professions Council (HCPC)?



Base: Speech and language therapists (n=104), Social workers in England (n=656), Radiographers (n=248), Prosthetists/orthotists (n=60*), Practitioner psychologists (n=151), Physiotherapists (n=300), Paramedics (n=183), Orthoptists (n=97*), Operating department practitioners (n=118), Occupational therapists (n=179), Hearing aid dispensers (n=32*), Dietitians (n=68*), Clinical scientists (n=59*), Chiropodists/podiatrists (n=77), Biomedical scientists (n=137), Arts therapists (n=52)

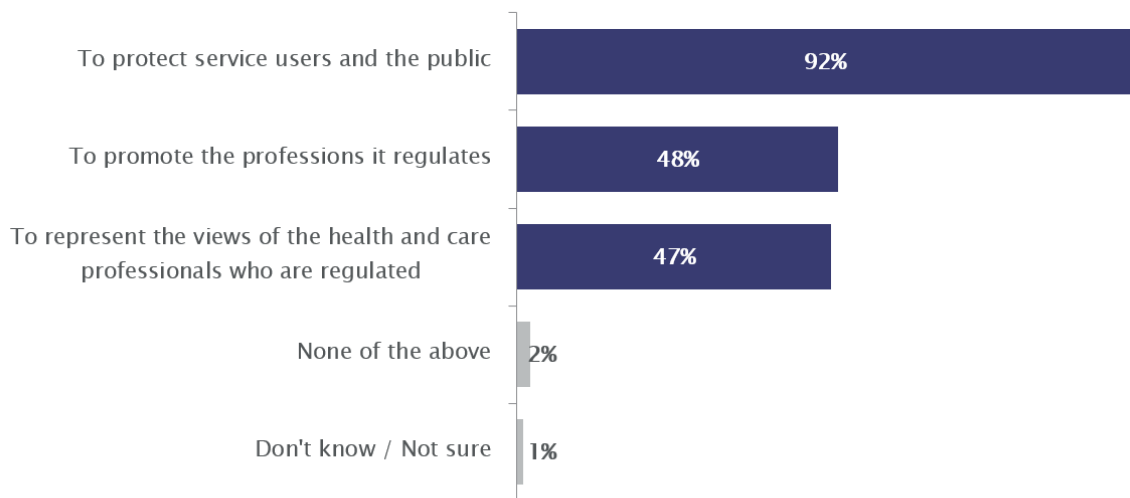
What are the first three words that come to mind when you think of the Health and Care Professions Council?



*Showing >5%
Base: All respondents (n=2442)*

When asked what first three words come to mind when they think of the HCPC, the most common words stated by registrants are functions of the HCPC, regarding the role and work of the HCPC. 38% of registrants are likely to say “register” or “registration”, 31% of registrants say “regulation” or “regulatory”, and 23% say “professional”.

Which of the following, if any, do you consider to be the purpose of regulation of health and care professionals?



Base: All respondents who have any level of knowledge of the HCPC (n=2512)

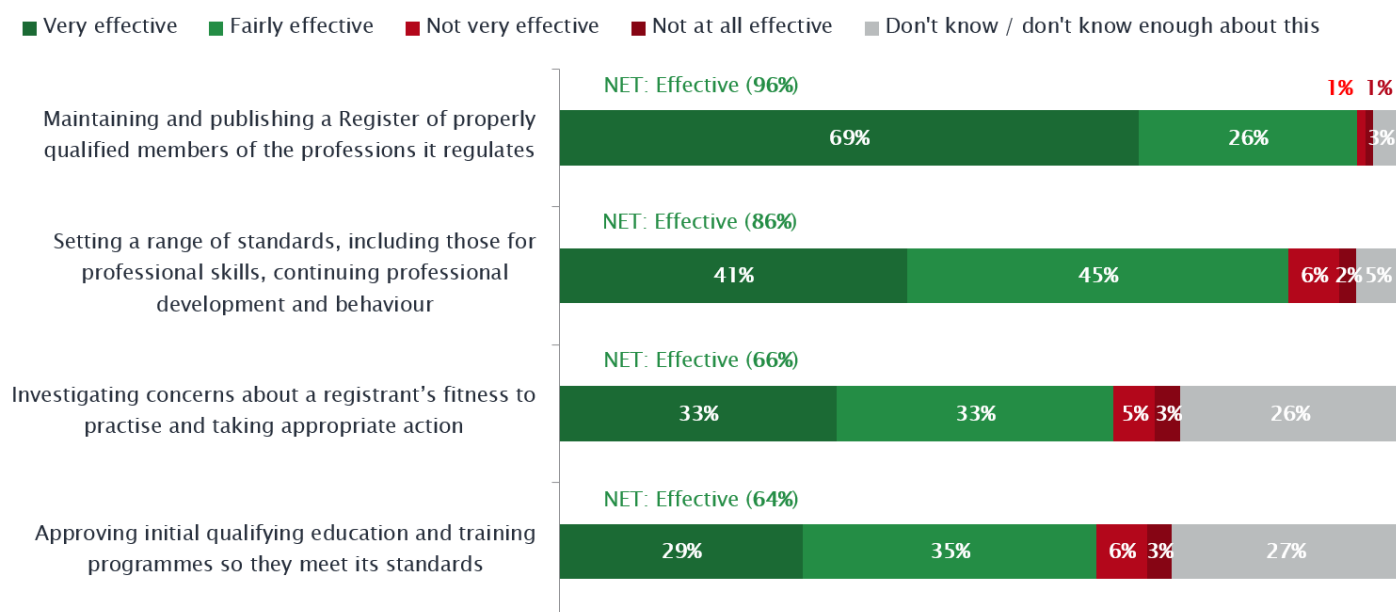
Those who have some level of knowledge of the HCPC were asked what they consider to be the purpose of regulating health and care professionals. Recognising the HCPC’s role in ensuring public safety, 92% of registrants correctly identify that the purpose of regulation is to protect service users and the public. 48% of registrants consider the purpose regulating health and care professionals as to promote the professions it regulates, and 47% to represent the views of the health and care professions who are regulated.

The professions who are most likely to incorrectly identify the purpose of regulation as promoting the professions it regulates are operating department practitioners (59%) and social workers (56%). 64% of operating department practitioners, 63% of psychologists and 58% of occupational therapists incorrectly identify the role of regulation as representing the view of the professionals who are regulated.

Those who are confident in the HCPC are more likely to correctly identify the role of regulation compared with those who are unconfident in the HCPC (95% vs. 80%). Moreover, those who have engaged with the HCPC in the last 12 months are more likely to select this option, compared to those who have not engaged with the HCPC in the last 12 months (93% vs. 88%).

Longer registration corresponds with greater knowledge of the HCPC’s role. Those who have been registered for more than 10 years are significantly more likely to say the role of the HCPC is to protect service users and the public (94%), than those who are registered for fewer than ten years (89%; registered for 3 years or fewer, 91%; between 4 and 10 years).

As a regulator, the HCPC has the following key functions listed below. How effective, if at all, do you feel the HCPC is in relation to each of these activities?



Base: All respondents who have any level of knowledge of the HCPC (n=2482)

The majority of registrants rate the HCPC as very or fairly effective in four of its key function areas. Almost all registrants (96%) say the HCPC is effective in maintaining and publishing the Register of properly qualified members of the professions it regulates.

Those who practice in NHS/public/local authority organisations are significantly more likely to rate the HCPC as effective in this function, compared to those who practice in independent/private or in voluntary organisations (96% vs. 94%, 92% respectively).

86% of registrants say the HCPC is effective in setting a range of standards, including those for professional skills, continuing professional development and behaviour, while 8% say it is not effective. 15% of social workers say the HCPC is not effective, compared to just 2% of occupational therapists. Among the UK nations, registrants in Wales were the most likely to say the HCPC is effective in this function at 94%.

Of the 8% of registrants who say the HCPC is not effective in this function, the most common reasons why are:

- It is too broad, unspecific, vague or box ticking (21%);
- The HCPC does not know enough about some professions (10%);
- The standard of staff is not checked or monitored (9%);
- These standards are set or should be set by the relevant professional body (9%).

66% of registrants say the HCPC is effective in investigating concerns about a registrant's fitness to practise and taking appropriate action, while 8% say it is not effective, and 26% say they don't know or don't know enough about this. Operating department practitioners are most likely to consider the HCPC effective in this area; 83% of this group regard the HCPC as either very or fairly effective in this key function. 53% of practitioner psychologists who took part in the survey are the least likely to consider HCPC effective in this area, and are the most likely group to say they don't know enough about the HCPC's function of investigating concerns about a registrant's fitness to practise and taking appropriate action.

The top three reasons given why 8% of registrants say the HCPC is not effective in this function is that they think complaints are not acted on / followed through / handled poorly (26%), that people are penalised unfairly (21%) and it is perceived to be a lengthy / slow process (18%).

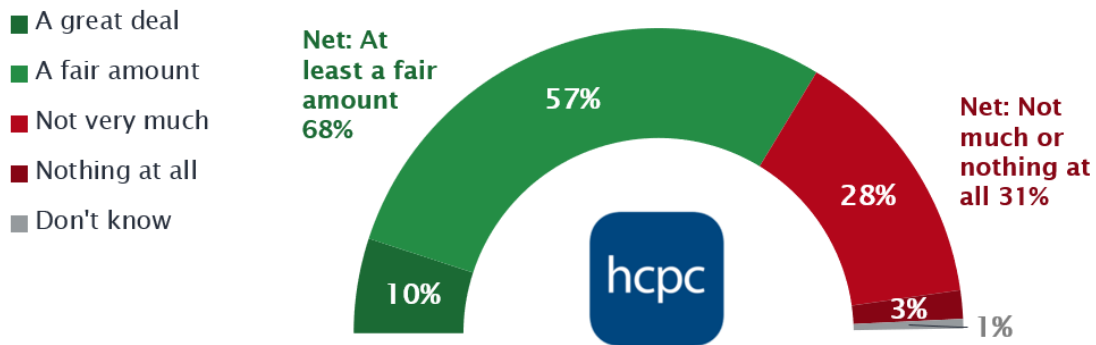
64% of registrants say the HCPC is effective in approving initial qualifying education and training programmes so they meet its standards, while 9% say it is not effective and 27% say they don't know or don't know enough about this. Paramedics are the most positive profession, as 77% think the HCPC is effective in this key function compared to occupational therapists (57%), physiotherapists (67%), practitioner psychologists (43%), social workers (56%), and speech language therapists (62%).

Newly qualified registrants (i.e. those who are qualified for three years or less) are most likely to say the HCPC is effective in this key function than those who are registered for more than four years (72% vs. 4-10 years 65%, 10+ years 61%).

The top three reasons given why 9% of registrants say the HCPC is not effective in this key function is that it is not relevant to their profession (20%), they were not aware the HCPC did this (10%) and it is of poor or variable quality (10%).

FITNESS TO PRACTISE

How much, if anything, would you say you know about the process of investigating a registrant's Fitness to Practise (FtP)?



Base: All respondents (n=2512)

The majority of registrants (68%) say they know at least a fair amount about fitness to practise. 10% say they know a great deal about the process of investigating a registrant's fitness to practise, and 57% say they know a fair amount. 31% say they know not much or know nothing at all about the process.

81% of operating department practitioners and 72% of social workers say they know at least a fair amount about fitness to practise, while 42% of dietitians and 38% of clinical scientists, physiotherapists, practitioner psychologists and speech language therapists say they do not know very much or know nothing at all.

Those who have engaged with the HCPC in the last 12 months are significantly more likely to have at least a fair amount of knowledge of fitness to practise (70%), compared to those who have not engaged with the HCPC in the last 12 months (52%).

Age and experience appear to be influential, since newly registered or younger practitioners are more likely to say they do not have much knowledge or know nothing at all about fitness to practise. 38% of those who have been registered for three years or under say they not much or nothing at all about fitness to practise, compared with 29% of those registered for more than 10 years. Similarly, 42% of 16–34 year olds say the same compared with 24% of those aged 55+.

Considering the following options, which best fits your understanding of the purpose of investigating a registrant's Fitness to Practise (FtP)?



Base: Those how have any level of knowledge of FtP (n=2414) * indicates under 0%

92% of registrants say the purpose of fitness to practise is to determine whether a registrant's fitness to practise is impaired, and to take action if necessary, to protect the public. A minority say that the purpose is to discipline registrants who make mistakes (4%), to rectify clinical or care decisions that have been made by a health or care professional (2%), and that they don't know (1%). A very small number of registrants say the purpose is to compensate service users who have been wronged (5 in total).

Registrants who are confident in the HCPC are more likely to say the purpose of fitness to practise is to determine whether a registrant's fitness to practise is impaired and take action if necessary, to protect the public than those who are unconfident (with 95% who are confident in HCPC saying this compared to 80% of those who are unconfident).

Registrants who are unconfident in the HCPC are more likely to say the purpose of investigating a registrant's fitness to practise is to discipline registrants who make mistakes (unconfident 16% vs. confident 1%). Those who are registered with the HCPC for more than 10 years are likely to select this option than those who registered for three years or less (93% vs. 90% respectively).

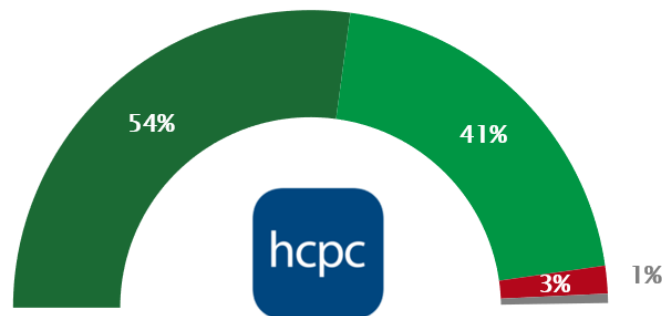
Paramedics are the profession most likely to say the purpose of fitness to practise is to discipline registrants who make mistakes. 10% think this is the purpose, significantly more than art therapists, clinical scientists, dietitians and prosthetists / orthotists.

RAISING CONCERNS

Are you aware of the requirement in the HCPC standards of conduct, performance and ethics to raise any concerns about the safety or well-being of service users, and to be open and honest?



- Yes, definitely
- Yes, I think so
- No, I am not aware
- Don't know

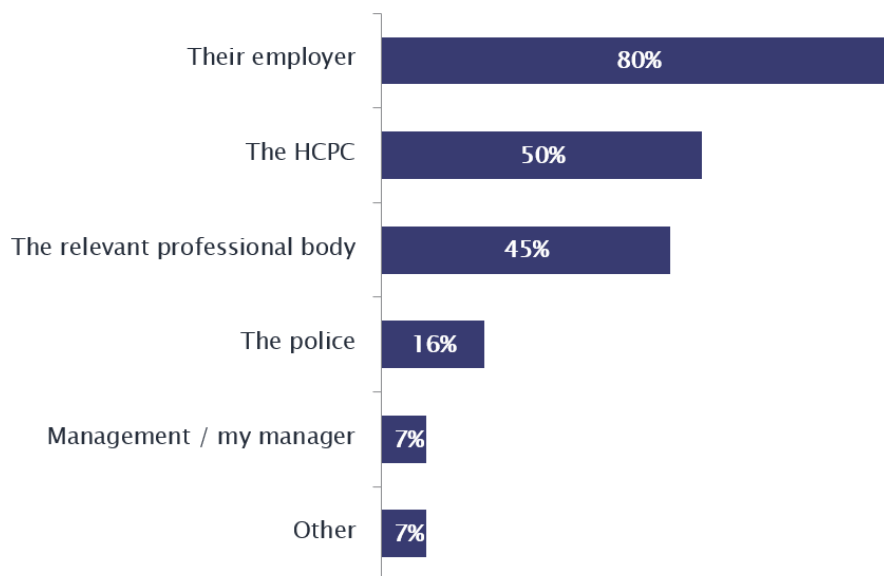


Base: All respondents (n=2512)

96% of HCPC registrants say they are aware of the requirement in the HCPC standards of conduct, performance and ethics to raise any concerns about the safety and well-being of service users, and to be open and honest. This awareness corresponds with knowledge of HCPC: 98% of registrants who are knowledgeable about the HCPC say they are aware of the requirement compared to 92% of those who are not knowledgeable about the HCPC more broadly.

80% of registrants say that they would raise a concern with their employer if they felt that the wellbeing of a service user was being compromised by a health and care registered professional. This seems to correspond with registration length, as those who have been registered with the HCPC for four years or more are significantly more likely to say they would raise a concern with the employer (4-10 years 81%, 10+ years 81%), than those who have been registered for three years or less (74%).

If you were in a situation where you felt that the wellbeing of a service user was being compromised by a health and care registered professional, with whom would you raise a concern?



Base: All respondents (n=2512)

Registrants working in NHS / public / local authority (83%) and voluntary organisations (83%) are more likely to say they would raise a concern with the employer, compared to registrants who work in independent/private organisations (73%).

There are differences by profession in whether respondents would raise a concern with the HCPC. A large proportion of specific professions, namely speech and language therapists (60%), prosthetists/orthotists (62%) and practitioner psychologists (59%), say they would raise a concern with the HCPC if in a situation where they felt that the wellbeing of a service user was being compromised by a health and care registered professional. This is compared with 40% of paramedics, and 44% of operating department practitioners and radiographers.

Registrants in Scotland are less likely to say they would raise a concern with the HCPC than other nations of the UK. 41% of Scottish respondents say they would raise a concern with the HCPC, compared to 51% of registrants in England, 48% in Wales and 52% in Northern Ireland.

45% say they would raise a concern with the relevant professional body if in a situation where they felt that the wellbeing of a service user was being compromised by a health and care registered professional, and 16% say the police. 7% of registrants say they would raise a concern with management or their manager, and 7% say other, such as the safeguarding team, or the person themselves.

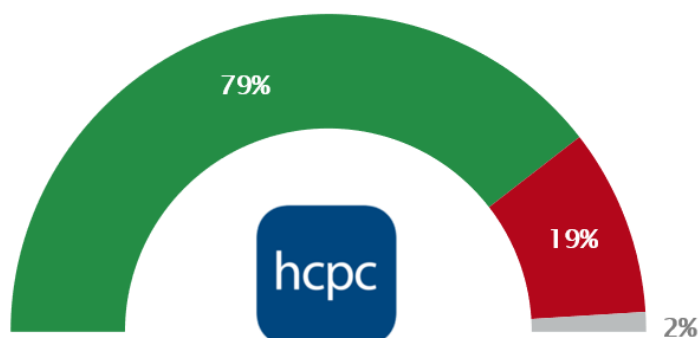
At any point have you ever had concerns about a fellow HCPC registered professional's fitness to practise?



■ No, I haven't

■ Yes, I have

■ Don't know



Base: All respondents (n=2512)

19% say they have had a concern about a fellow HCPC registered professional's fitness to practise. Paramedics (26%) are more likely than physiotherapists (16%), social workers (19%) and speech and language therapists (15%) to say they have had concerns about a fellow HCPC registered professional's fitness to practise.

Those who have raised concerns in the past are most likely to say that they raised their concerns with the employer (71%). 28% say they have raised them with the HCPC.

You mentioned that you had concerns about a fellow HCPC registered professional, and that you did not raise them formally with the HCPC, why is this?

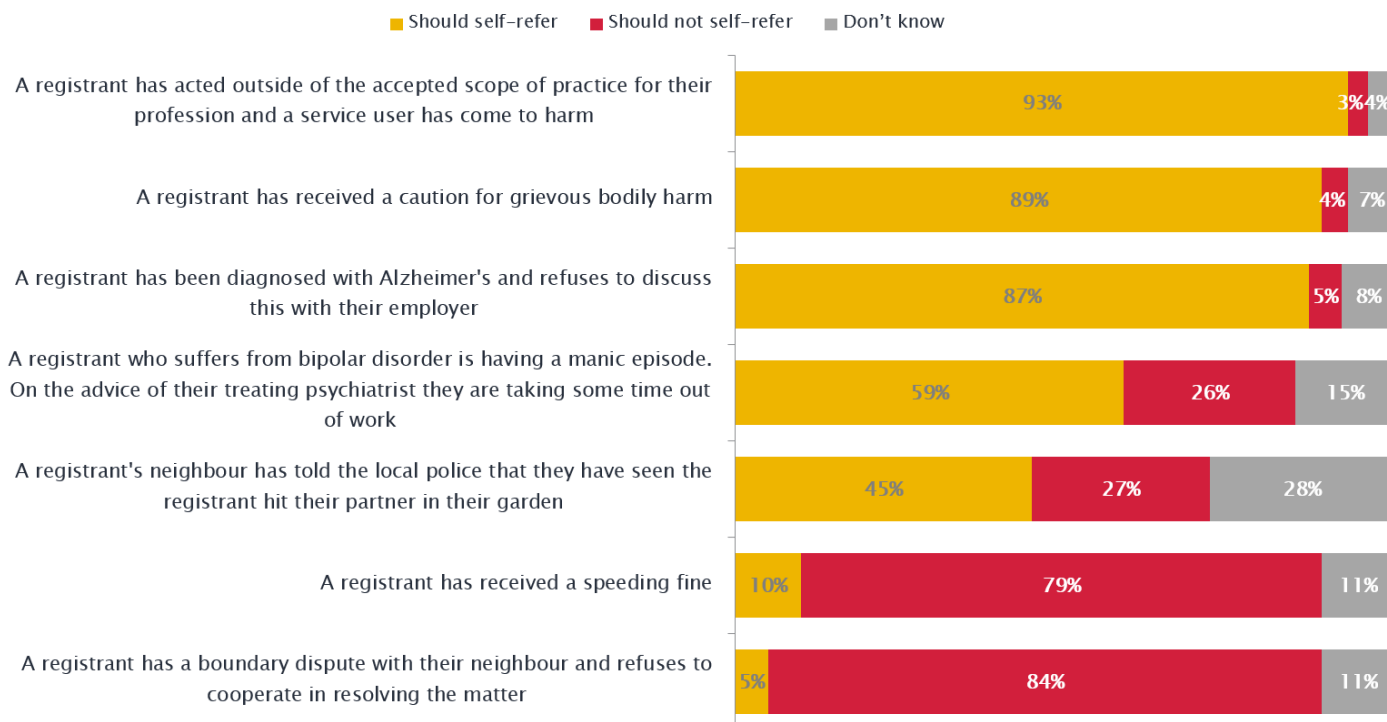


Base: All respondents who did not raise concerns about a fellow professional's FtP with HCPC (n=338)

Of those who say they did not raise their concerns with the HCPC, 40% say that it was dealt with in-house or the employer should deal with it, and one in five (23%) say it was raised with management. Social workers are most likely to have raised their concerns with the HCPC (at 32% compared to below 30% for most other professions).

SELF-REFERRAL

From the list of scenarios below, please let us know when you think the registrant should and should not self-refer?



Base: All respondents (n=2512)

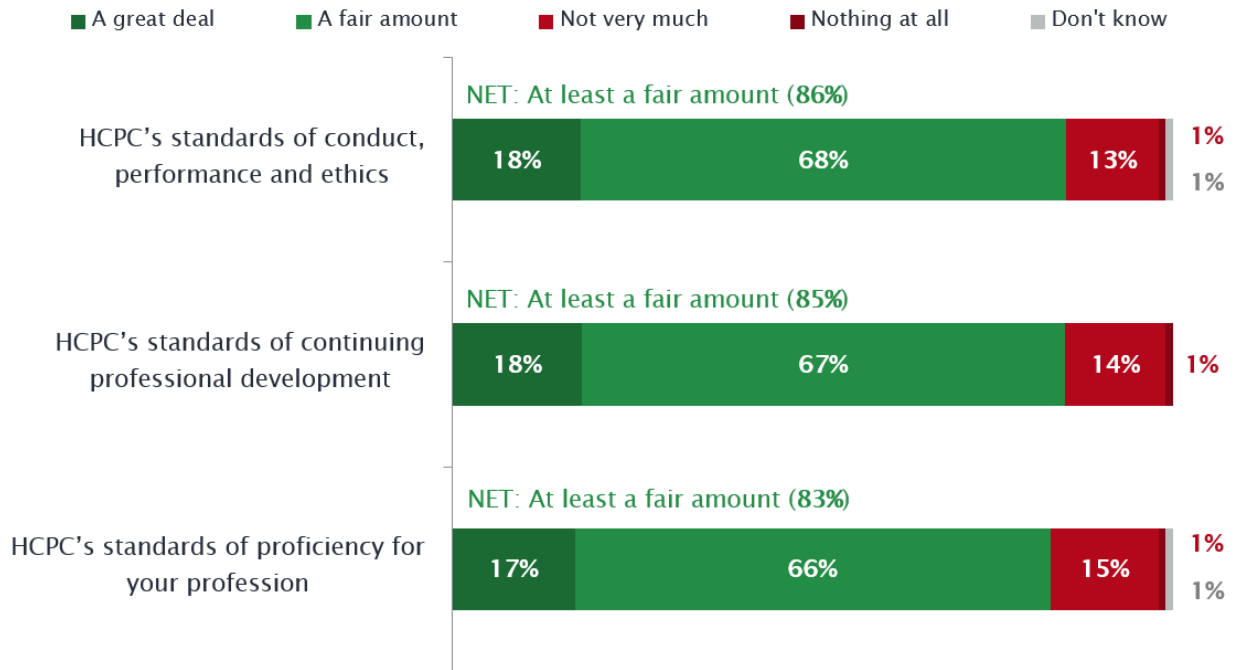
Registrants tend to be quite certain on three scenarios as to when a registrant should self-refer. 93% of registrants say a fellow registrant should self-refer when they have acted outside of the accepted scope of practice for their profession and a service user has come to harm. 89% say a registrant should self-refer when they have received a caution for grievous bodily harm. A similar proportion (87%) report the same for when a registrant has been diagnosed with Alzheimer's and refuses to discuss this with their employer. The majority of registrants say they should not self-refer when a registrant has received a speeding fine (79%) and when a registrant has a boundary dispute with their neighbour and refuses to cooperate in resolving the matter (84%).

59% of registrants say a registrant should self-refer when they suffer from bipolar disorder and have a manic episode, and on advice of their treating psychiatrist they are taking some time out of work. 26% of registrants say they should not self-refer in this scenario, and 15% say they don't know. 45% of registrants say a registrant should self-refer when their neighbour has told the local police that they have seen the registrant hit their partner in their garden. 27% say they should not self-refer and 28% say they don't know.

Most (79%) residents say that a registrant should not self-refer if they receive a speeding fine, with 10% saying they should.

HCPC STANDARDS

How much, if anything, do you feel you know about each of the following HCPC standards?



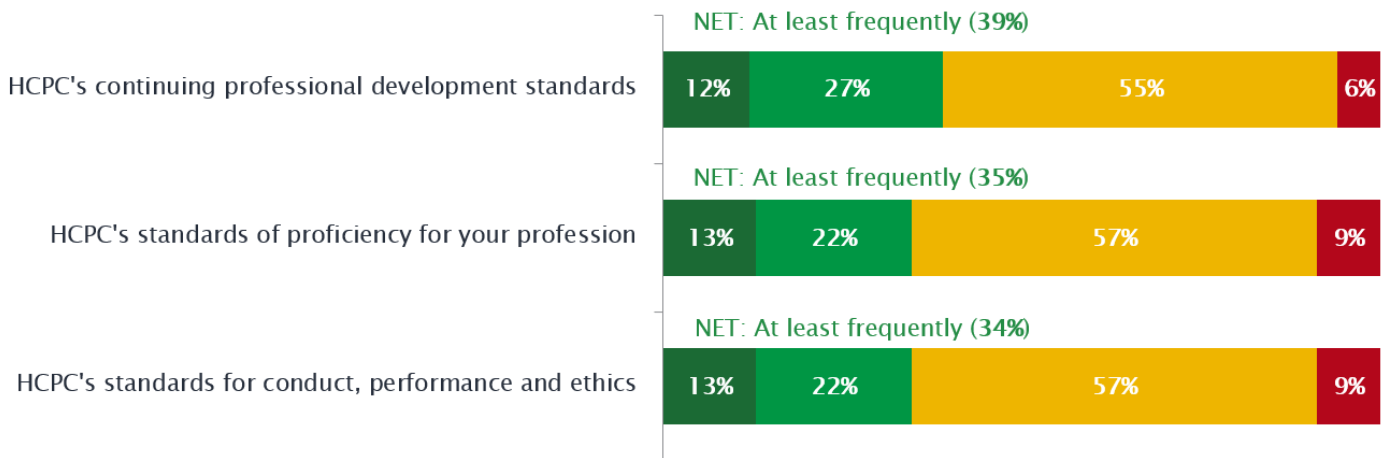
Base: All respondents (n=2512)

Registrants are likely to say they know at least a fair amount about the HCPC's standards for conduct, performance and ethics (86%) and the HCPC's standards of proficiency for their professions (83%). Those who say they know at least a fair amount about any of the HCPC standards are significantly more likely to say they have higher knowledge of the HCPC and of fitness to practise, have more confidence in the HCPC, and have engaged with the HCPC in the last 12 months. For example, those who say they know more about the HCPC overall are 21 percentage points more likely to know at least a fair amount about the HCPC's standards for conduct, performance and ethics, than those who are not knowledgeable (95% vs. 74%).

How often do you refer to the following standards?



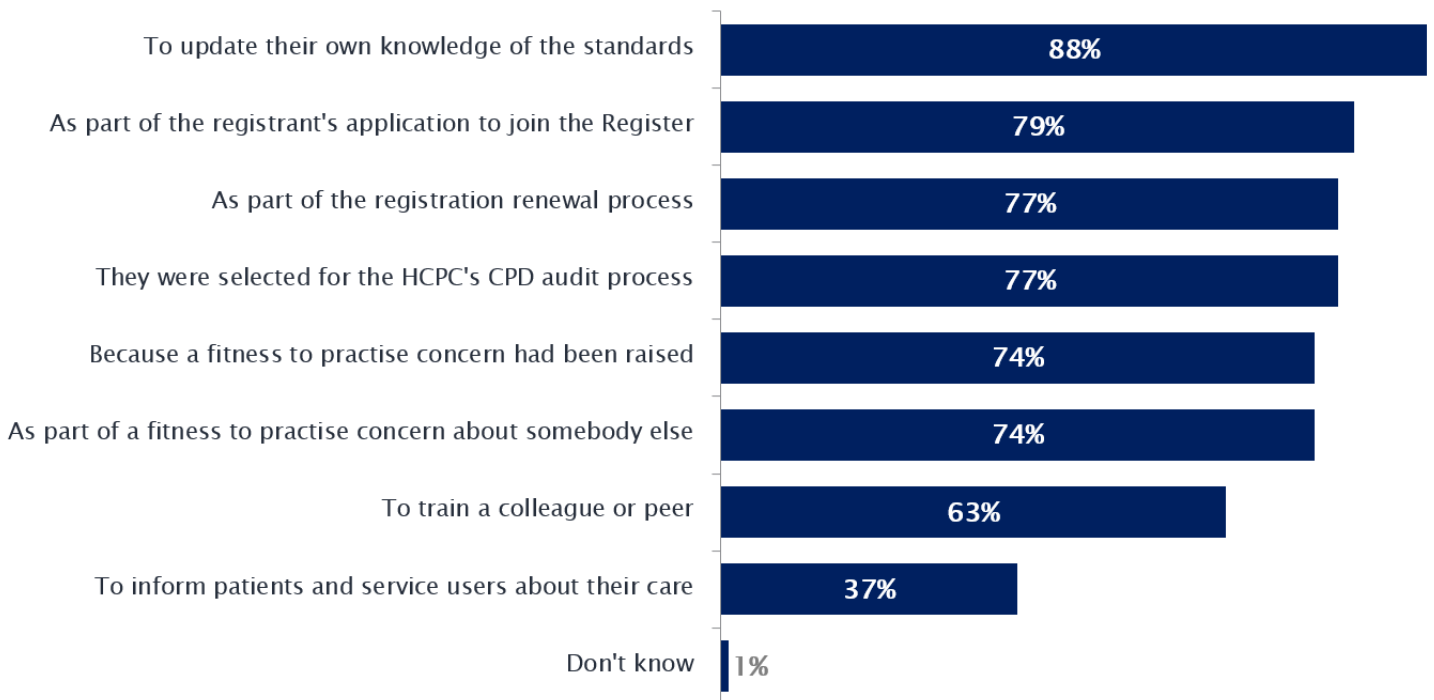
■ All the time ■ Frequently ■ Sometimes ■ Never



Base: All respondents who have any level of knowledge of HCPC standards (n=2479, 2465, 2477)

Almost all respondents say that they refer to the HCPC's continuing professional development standards at least sometimes (94%), the standards of proficiency for their profession (91%), and standards for conduct, performance and ethics (91%).

Why would an HCPC registrant typically refer to the HCPC's standards?



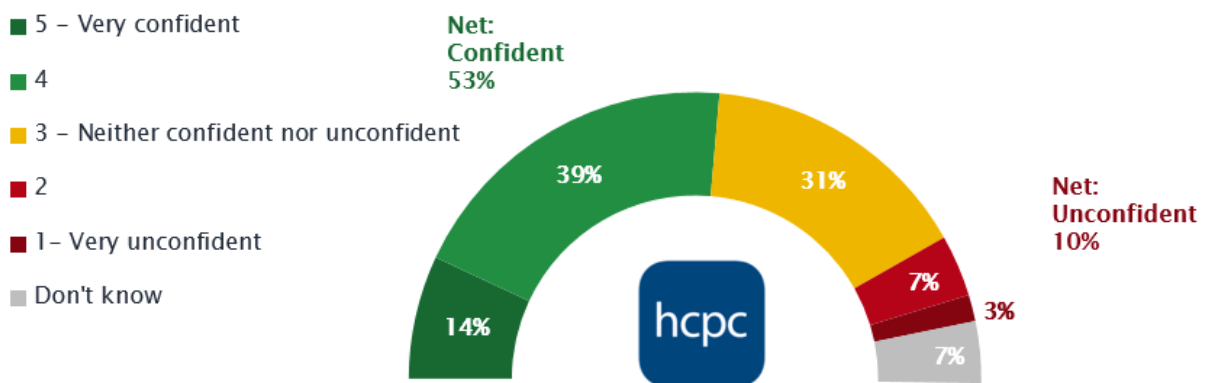
Base: All respondents (n=2509)

When asked why registrants would refer to the HCPC's standards, the majority of respondents select most of the options put to them. The exception is to inform patients and service users about their care which only 37% of registrants selected as a reason for referring to the HCPC's standards.

88% of registrants say an HCPC registrant would typically refer to the HCPC's standards to update their own knowledge of the standards. Paramedics tend to be the least likely to select this option, out of the professionals included (77% vs. 95% of speech and language therapists and 94% of occupational therapists).

EDUCATION AND TRAINING PROGRAMMES

How confident or unconfident are you that newly trained graduates from HCPC-approved training programmes are suitably prepared for practice?

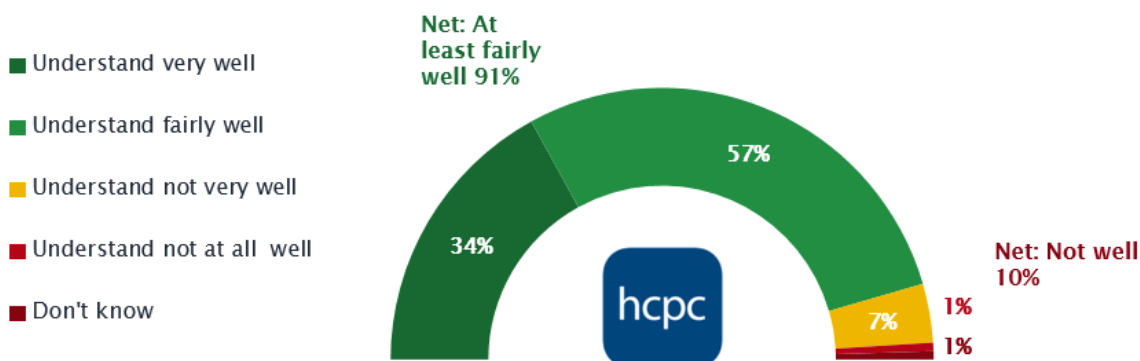


Base: All respondents (n=2512)

53% of registrants say they are confident (giving a score of 4 or 5 out of 5) that newly trained graduates from HCPC-approved training programmes are suitably prepared for practice. 10% of registrants say they are unconfident (giving a score of 1 or 2 out of 5). 31% say they are neither confident nor unconfident. Those who tend to be the most confident about this are orthoptists (68%), radiographers (64%), practitioner psychologists (64%) and physiotherapists (63%). This compares with just 38% of paramedics and 39% of social workers who say the same.

REGISTRATION AND RENEWAL

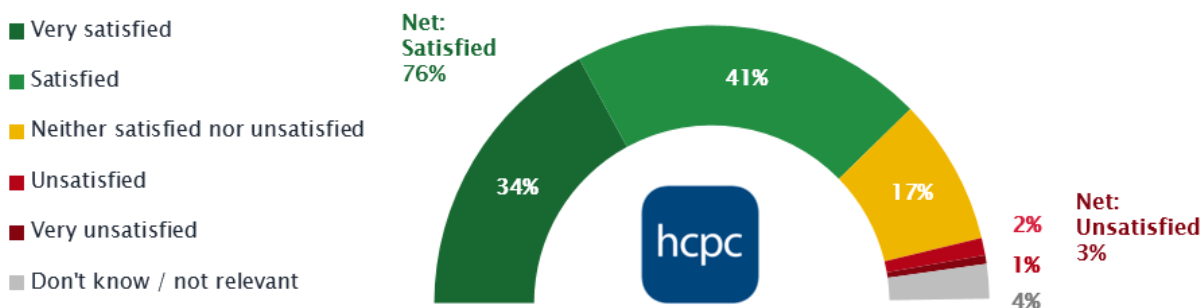
How well would you say you understand the HCPC registration renewal process, if at all?



Base: All respondents (n=2512)

91% of registrants say they have at least a fair understanding of the registration renewal process. 8% say they do not understand it well. Paramedics and practitioner psychologists are most likely to say they do not understand this process well compared to the whole registrant population (16% and 19% respectively compared with 8% overall).

How satisfied or unsatisfied were you with the support and guidance you received when you last renewed your registration online?

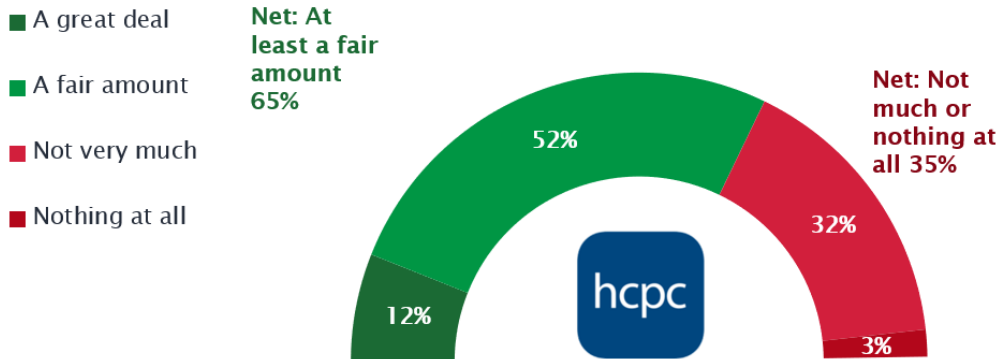


Base: All respondents (n=2512)

76% of registrants say they were either very satisfied or satisfied with the support and guidance received when they last renewed their registration online. A small proportion (3%) say they were very unsatisfied or unsatisfied. 63% of paramedics say they were very satisfied or satisfied. This is compared to 83% of radiographers. 11% paramedics say they don't know or felt that the online registration renewal was not relevant – the highest of any group (vs. 4% overall).

CONTINUING PROFESSIONAL DEVELOPMENT

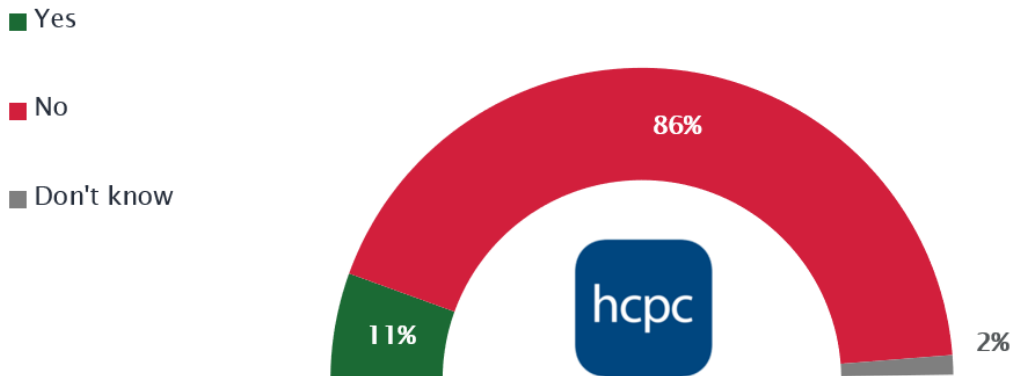
How much do you feel that you know about the CPD audit process for registrants?



Base: All respondents (n=2512)

65% of HCPC registrants say they know at least a fair amount about the HCPC audit process for registrants. Not all registrants have been through the audit process which may explain why 35% say they do not know much or nothing at all. Considering this in terms of professions, 84% of orthoptists say they know at least a fair amount, compared with 52% of practitioner psychologists, 59% of social workers and 60% of speech and language therapists.

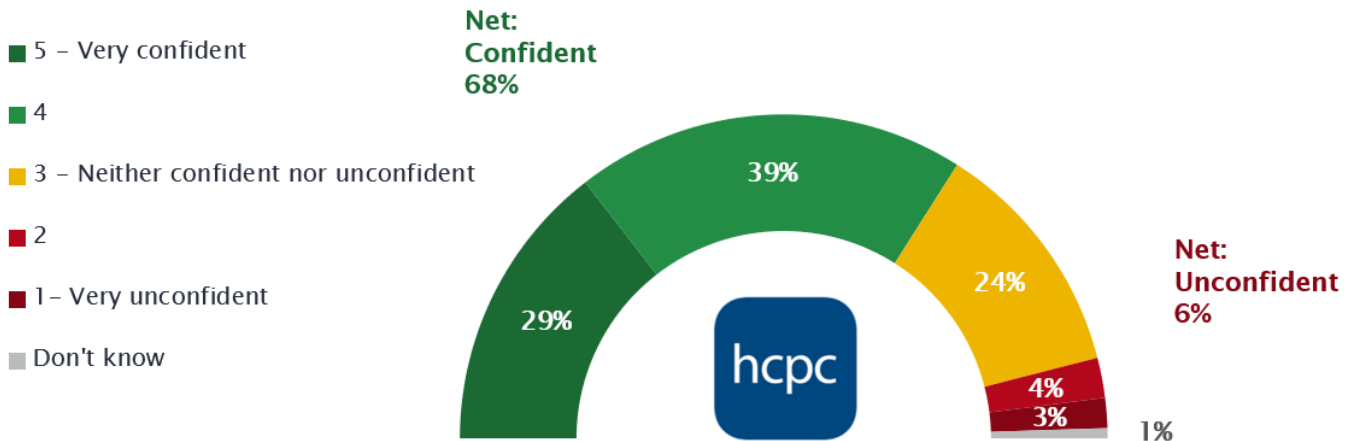
Have you ever been selected for such a CPD audit?



Base: All respondents (n=2512)

11% of registrants surveyed say they have been selected for an HCPC CPD audit, while 86% say they have not.

How confident or unconfident are you that the HCPC's CPD process ensures that registrants continue to be fit to practise?

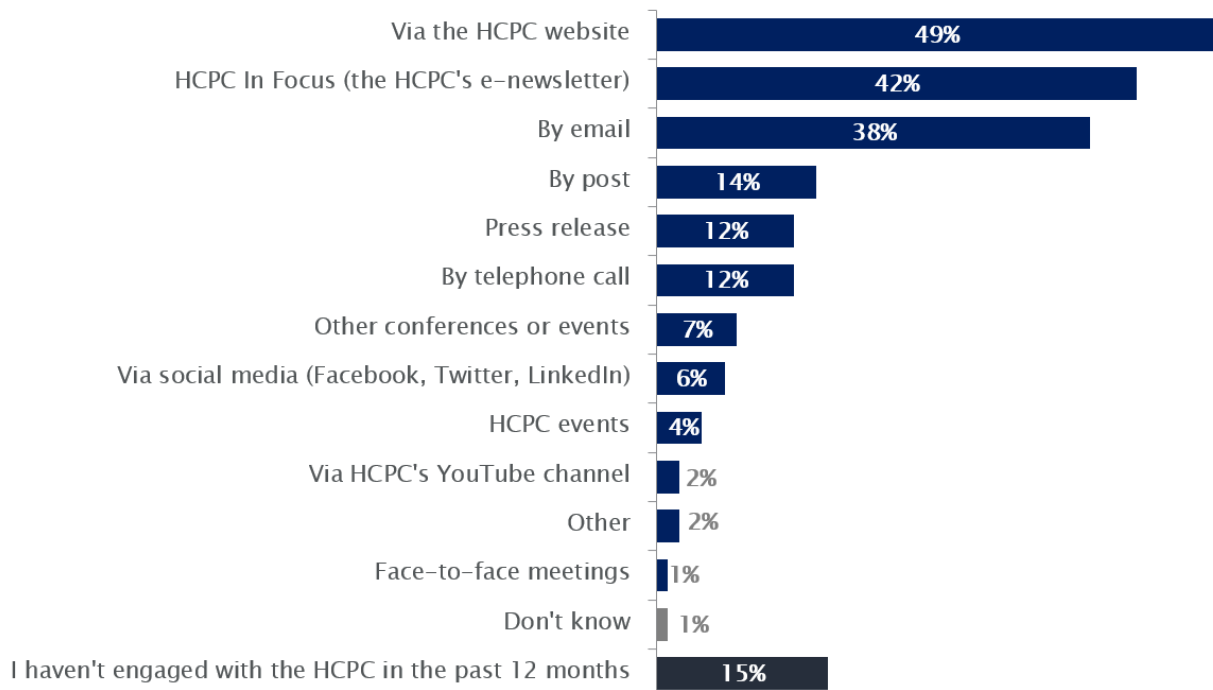


Base: All respondents who have been selected for a CPD audit (n=291)

Of those who have been selected for a CPD audit, 68% say they are confident the process ensures that registrants continue to be fit to practise, and 6% say they are unconfident. 24% say they are neither confident nor unconfident.

HCPC COMMUNICATIONS

In the past 12 months how have you engaged with the HCPC, if at all?



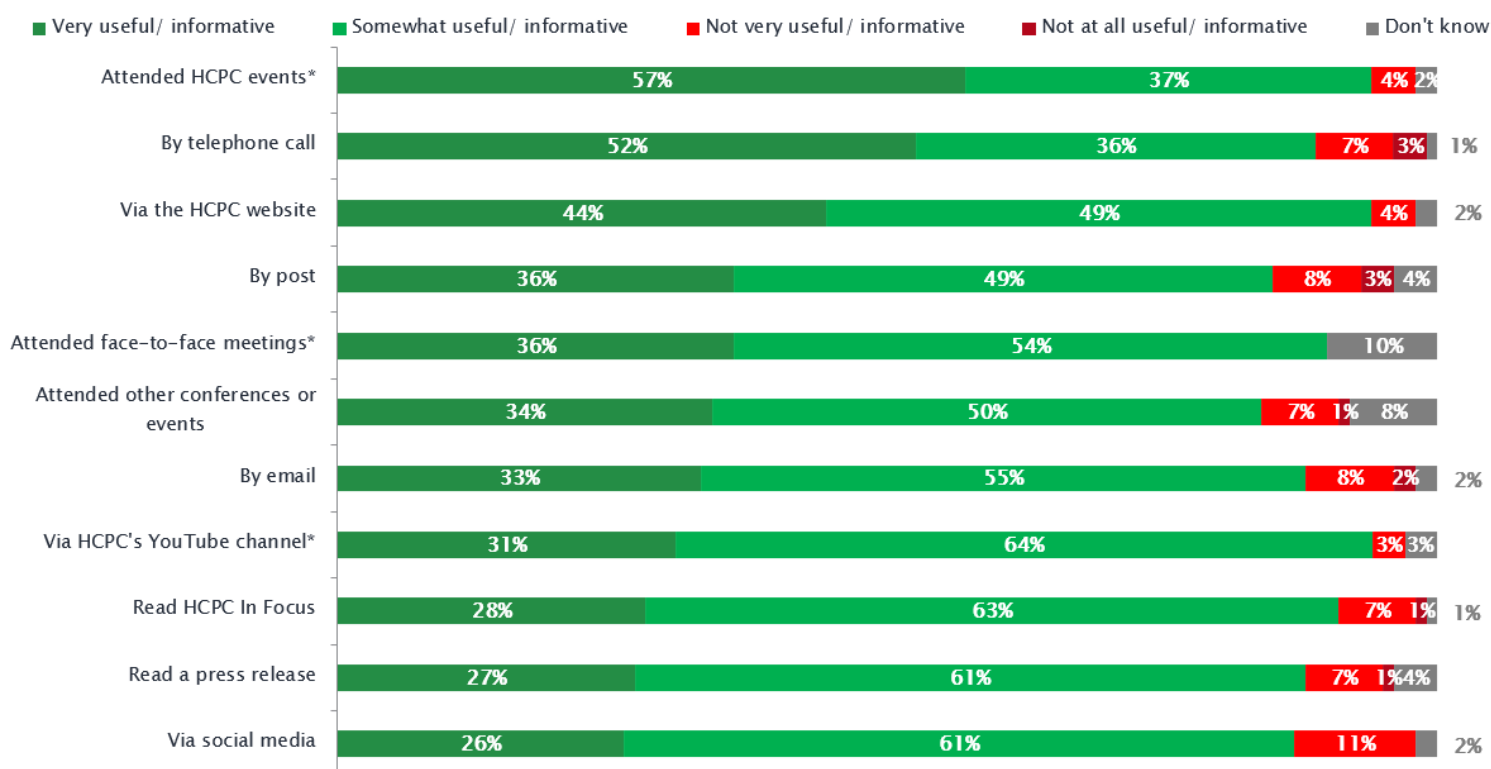
Base: All respondents (n=2512)

84% of registrants say they have engaged with the HCPC over the last 12 months. More recent registrants are most likely to have engaged with the HCPC in the last year; 90% of those registered for three years or less, compared to 79% for those registered between four and 10 years, and 82% of those registered for over 10 years.

In the past 12 months, the most common way to engage with the HCPC for registrants was via the HCPC website (49%), followed by HCPC *In Focus* (42%) and by email (38%). Registrants in independent or private practices are more likely to have read HCPC *In Focus* (with 48% having read it in the past 12 months) than those working in an NHS/public/local authority practice (40%).

51% of Scottish and 50% of Welsh registrants have read *HCPC in Focus* compared to 41% of English registrants and 30% Northern Irish respondents.

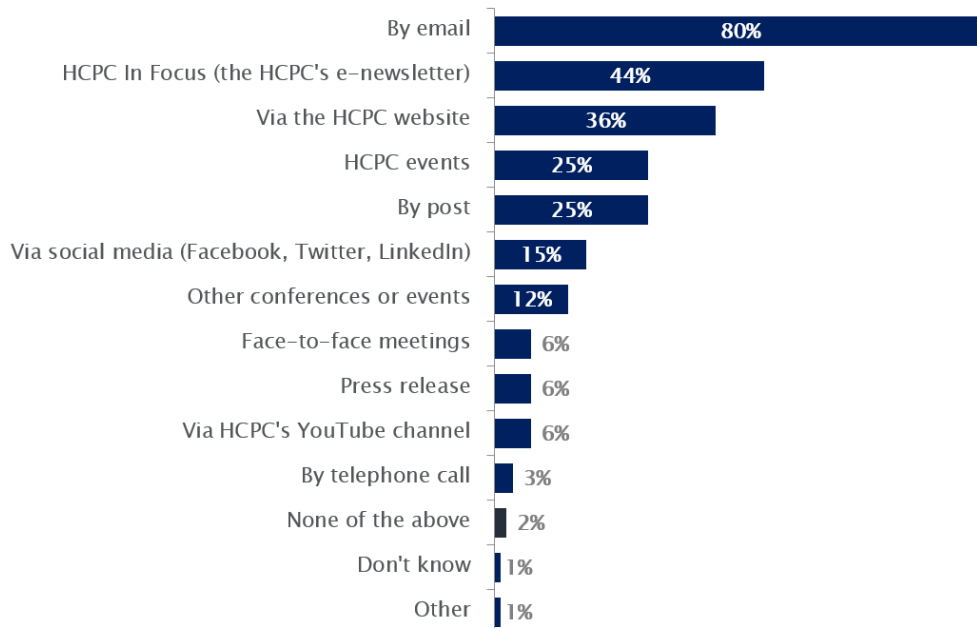
How would you rate the following HCPC communications in terms of how useful/ informative, or not, they are?



Base: All respondents who have engaged with HCPC over the last twelve months through the tested channels (n=27 - 1244) (*small base sizes of below 90 respondents)

Of the registrants who have engaged with the HCPC in the last 12 months through the tested channels, the most useful/informative were the HCPC website (93%), HCPC events (93%), and HCPC *In Focus* (92%).

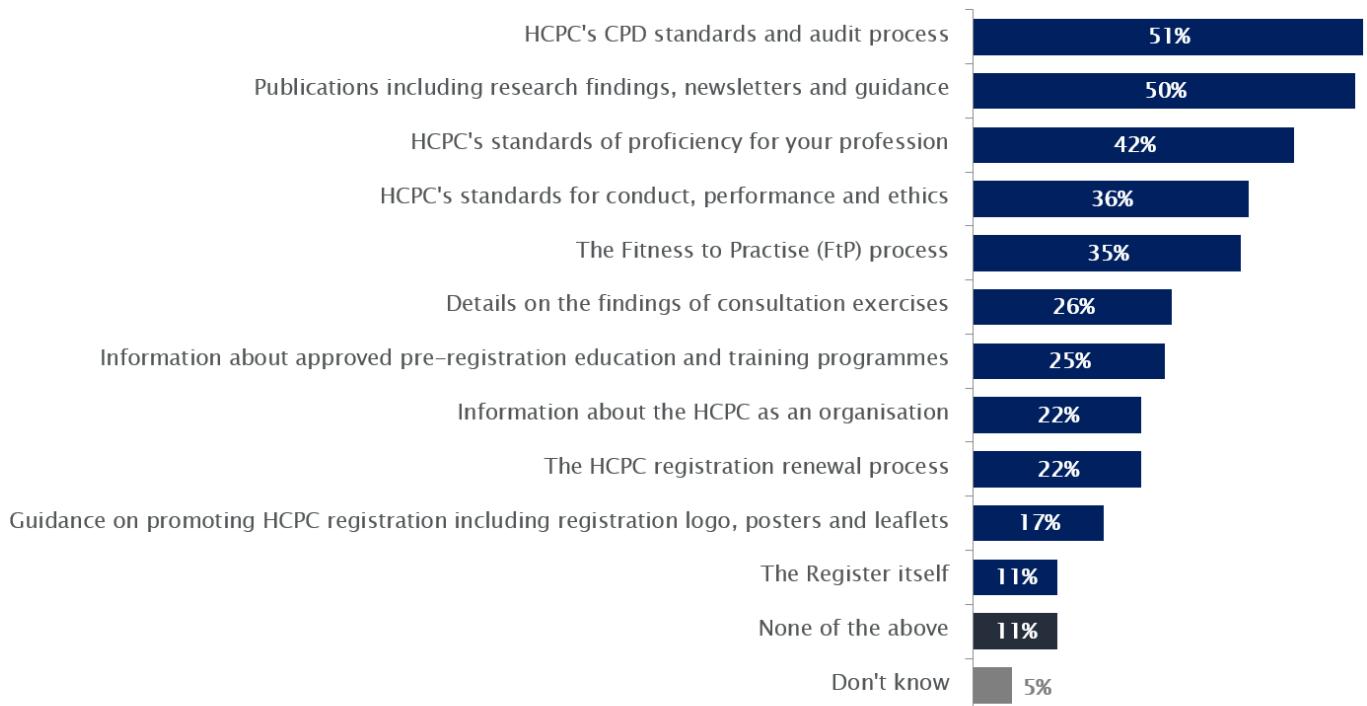
How would you like to receive information about the HCPC?



Q25. Base: All respondents (n=2512)

Most registrants would like to receive information from the HCPC via email (80%), while 44% say *HCPC In Focus*, and 36% say the HCPC website. At least 70% of each profession said they would like to receive information about HCPC by email.

Which of the following, if any, would you like more information from the HCPC on?



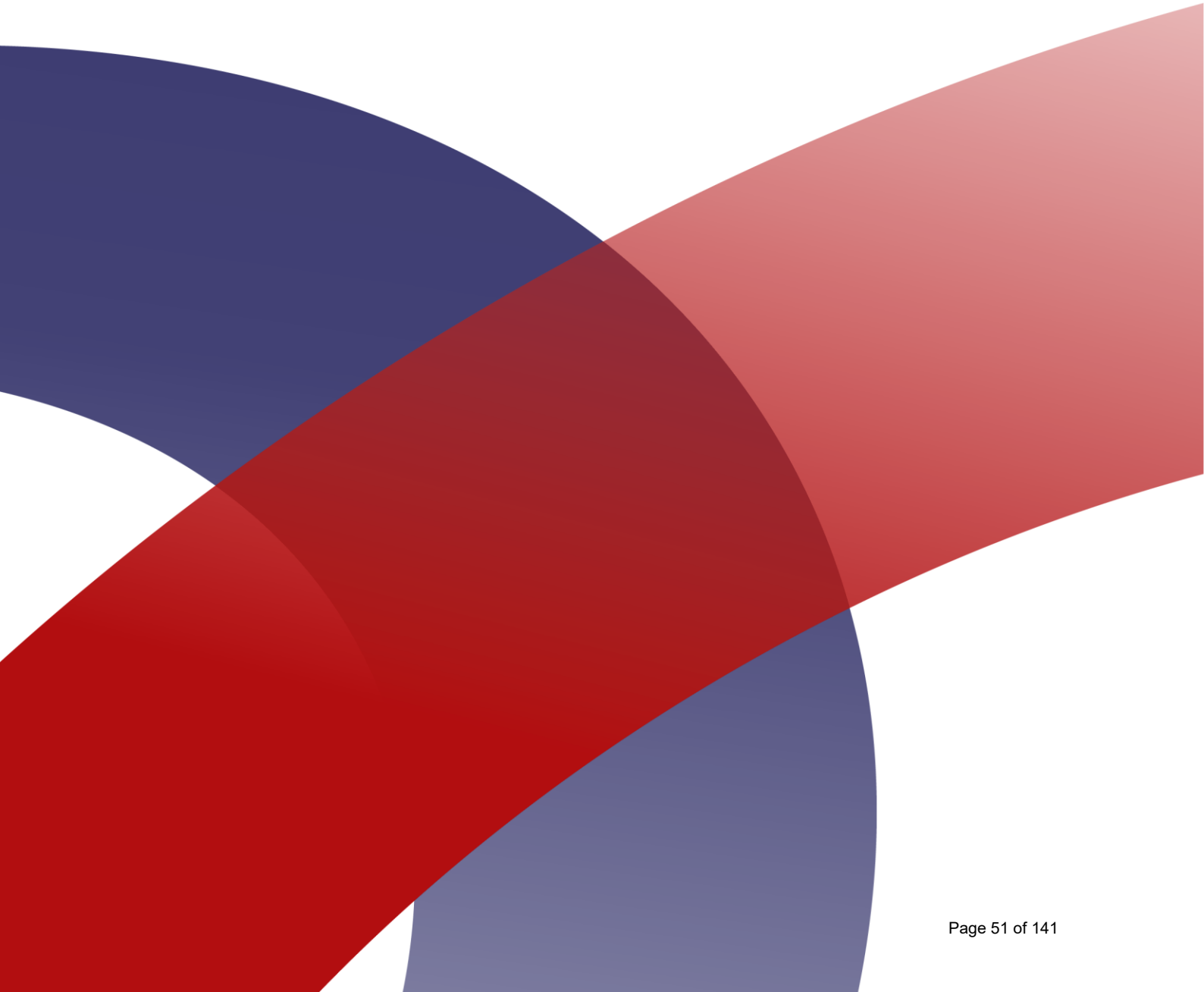
Base: All respondents who want information from the HCPC (n=2468)

51% would like to receive more information on the HCPC's CPD standards and audit process. An equivalent proportion (50%) of registrants would also like to receive more information from the HCPC on publications including research findings, newsletters and guidance, with social workers the most likely to want to receive information on the HCPC via this communication (62%).

Those who are not knowledgeable about the HCPC or fitness to practise are more likely to say they would want to hear from the HCPC on the standards than those are knowledgeable.

68% of those who say they know not very much or nothing at all about fitness to practise say they would like more information on HCPC's standards generally compared with 63% who say they know more about fitness to practise. Newer registrants would like to have more information about the standards compared to those who are registered for more than four years (73% of those who have been registered for three years or less vs. 65% of those who have been registered between four and 10 years, and 61% of those who have been registered over 10 years).

KEY DRIVERS ANALYSIS (KDA)



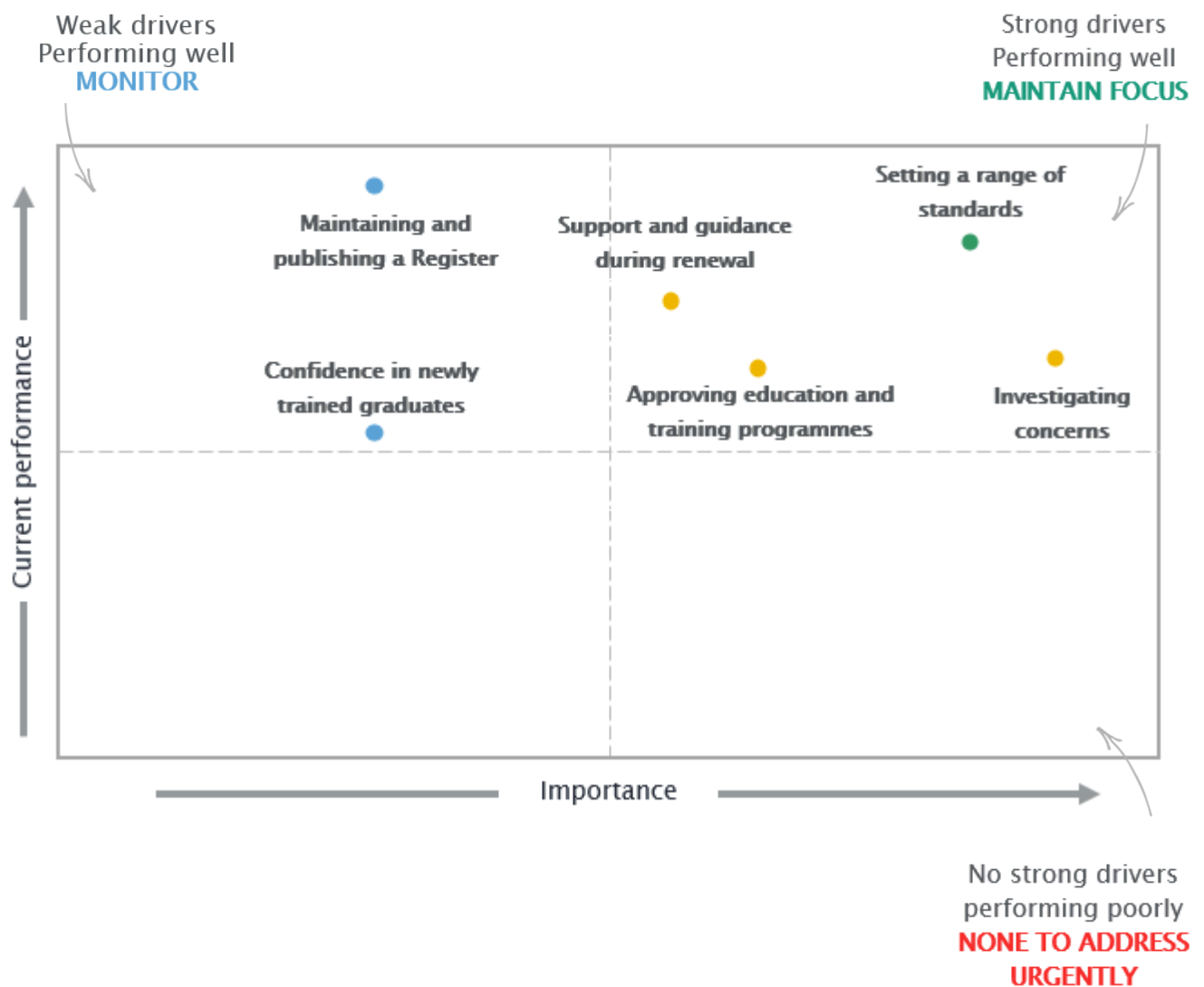


The KDA demonstrates that the perceived effectiveness of the HCPC at **three out of four** of its key functions, in addition to satisfaction with **support and guidance received at renewal**, are strong drivers of registrants' confidence in the HCPC. Monitoring and addressing perceived effectiveness of the HCPC in investigating concerns about a registrant's fitness to practise and taking appropriate action going forward could benefit the HCPC's relationship with and confidence amongst registrants, as this metric is currently performing at a medium level.

A KDA is used to understand the factors that are influencing ("driving") perceptions on a key performance indicator (KPI). It provides insight on the comparative performance and importance of a factor, and how that drives perceptions of it. In turn, this advanced form of statistical analysis makes it easier to understand what is influencing the KPI.

ComRes conducted KDA for the HCPC, testing drivers of **registrant confidence in the HCPC**. The potential drivers of performance are aspects of the HCPC's work and are ascertained from scaled questions in the registrant survey.

This analysis provides us with a statistical model of the drivers of confidence in the HCPC, as well as a matrix that explains the positioning and correlation between each driver and performance indicator. More details on this methodology and the statistical outputs from this KDA can be found in the appendix.



ANALYSIS OF KEY DRIVERS AND PERFORMANCE

The primary driver of registrant confidence in the HCPC is how effective registrants believe the HCPC is in investigating concerns about a registrant's fitness to practise and taking appropriate action. This is shown to be the most important of all factors in the model.

Monitoring and addressing this going forward could benefit the HCPC's relationship with and confidence amongst registrants, as this metric is currently performing at a medium level (66% say the HCPC is effective in this function), compared to other key drivers.

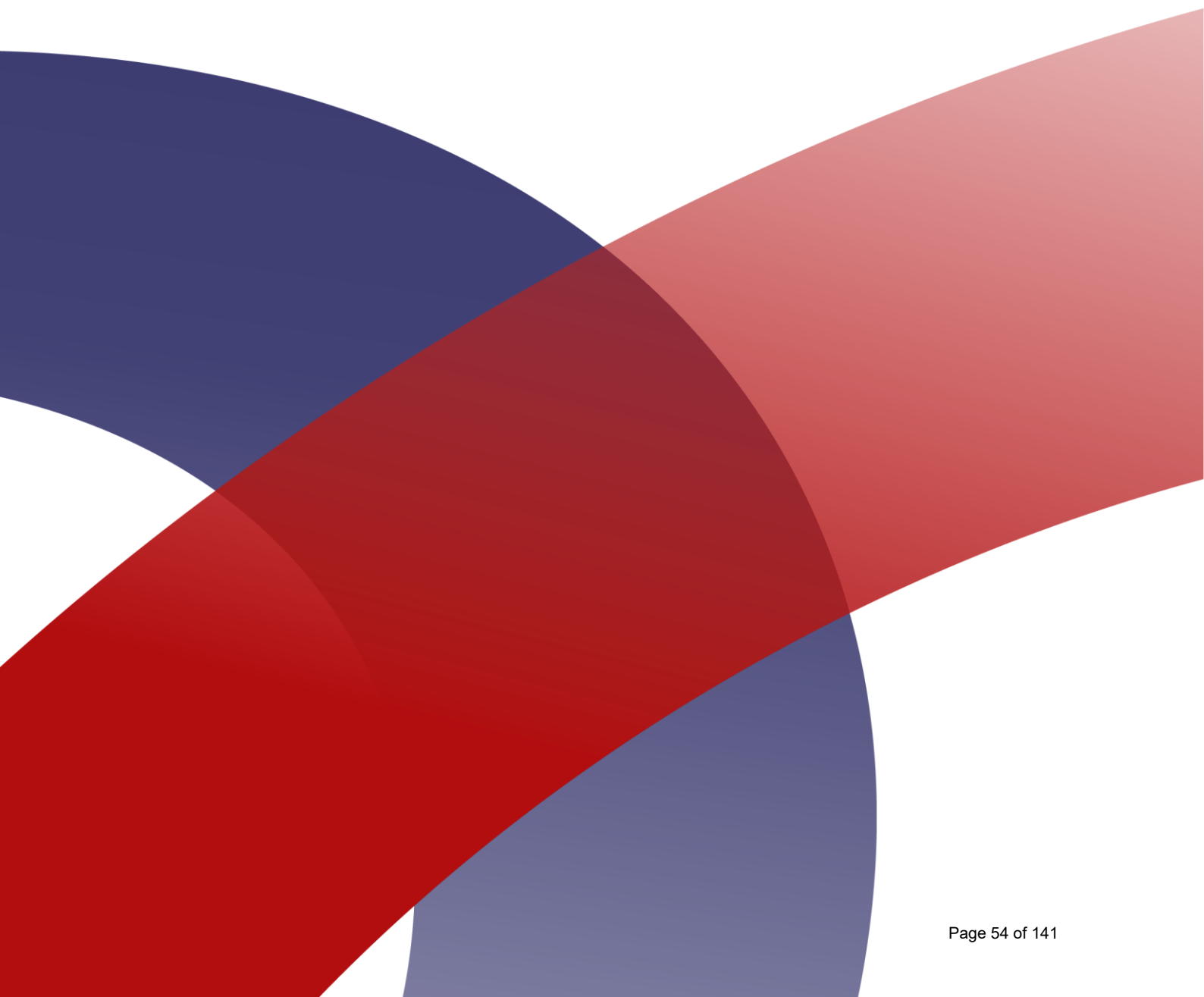
Following closely behind investigating concerns, the perceived effectiveness of the HCPC at setting a range of standards (including those for professional skills, continuing professional development and behaviour) is also a strong driver in registrant confidence in the HCPC. As this is currently regarded as performing well (86% say it is effective in this function), this should be regarded as lower priority for the HCPC to actively address compared to effectiveness in investigating concerns, which is currently performing at medium level and is the strongest driver of confidence in the HCPC by registrants.

KEY DRIVER	Importance	HCPC's current performance
Effectiveness of HCPC – Investigating concerns about a registrant's fitness to practise and taking appropriate action	23%	66% say effective
Effectiveness of HCPC – Setting a range of standards , including those for professional skills, continuing professional development and behaviour	21%	86% say effective
Effectiveness of HCPC – Approving initial qualifying education and training programmes so they meet its standards	16%	64% say effective
Satisfaction – with the support and guidance received by the registrants during renewal	14%	76% say satisfied

The third strongest driver of confidence in the HCPC for registrants is perceived effectiveness of the HCPC in approving initial qualifying education and training programmes so they meet its standards. While this metric is the third most influential metric, it is also performing at a medium level (64% say it is effective). This is therefore an area where HCPC could focus on raising understanding and awareness of its role.

The fourth most influential driver of registrant confidence in the HCPC is satisfaction with the support and guidance received during renewal. Given that this is the most likely point in time when registrants would directly interact with the HCPC, and is currently performing at medium level, this is an area where performance could be stronger compared to other key drivers listed.

PUBLIC AND SERVICE USERS SURVEY





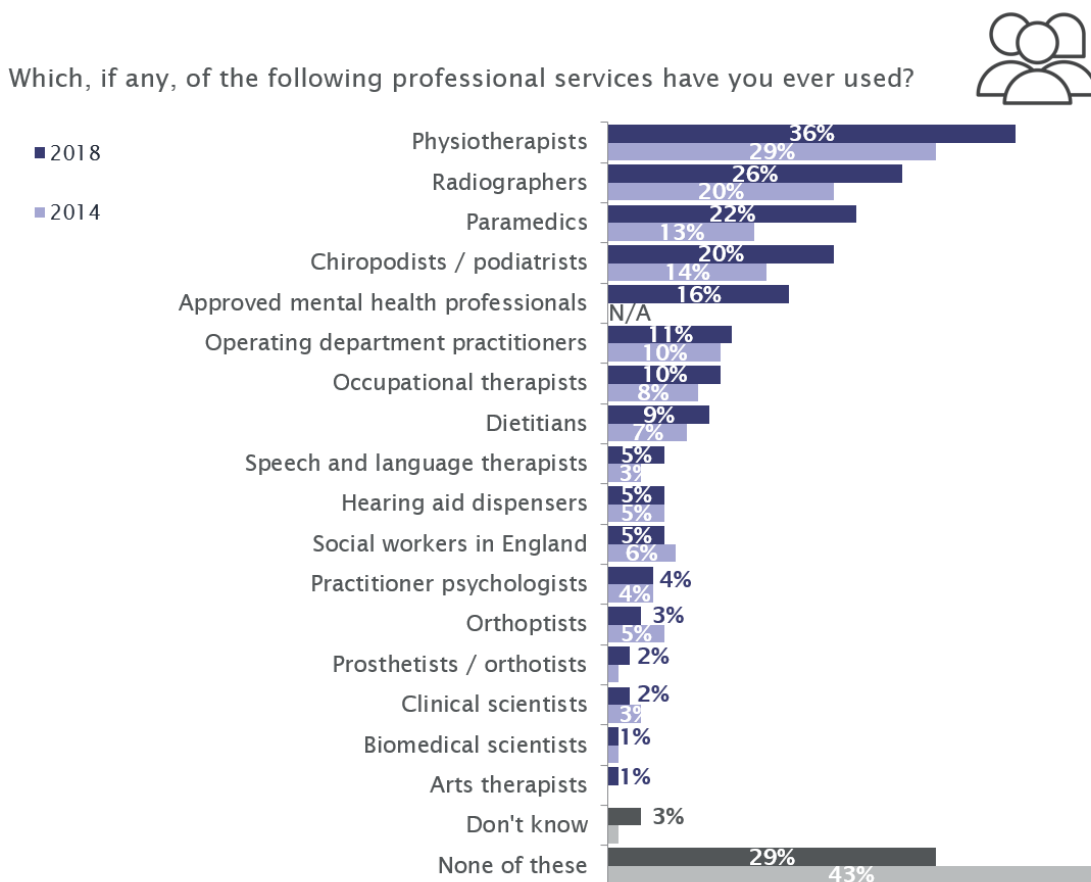
Most members of the public understand the purpose of regulation and have used at least one of the services provided by the professions the HCPC regulates, typically physiotherapists, radiographers and paramedics. Women continue to be significantly more likely than men to say they have used any health and care professional services, as are those aged 55 and over compared to younger groups. Most service users say they were satisfied with their last contact and report high levels of trust in their health and care professional. The most common reasons given were that they felt they were treated with dignity and respect and the registrant’s communications skills.

Only a minority report having a serious concern about the skills and conduct of a health and care professional. If they were to raise concerns in the first instance it would be with either to the professional body or the employer, followed by the HCPC. Those that have raised concerns in the past did so with the employer. A small number say they would not know how to raise a concern.

DEMOGRAPHICS

The survey is nationally representative of UK adults aged 18+. Data were weighted to be representative of the UK adult population by age, gender, region and socio-economic grade.

EXPERIENCE OF HEALTH AND CARE SERVICES



Base: All respondents 2018 (n=2,140); All respondents 2014 (n=1,031)
Please note that question wording and /or sampling methods have changed significantly since 2014 and as such tracking data is indicative only.

68% of the UK public say that they have used at least one of the professional services that the HCPC regulates. Physiotherapist (36%), radiographer (26%) and paramedic (22%) services are most likely to have been used previously. Other professions such as occupational therapists (10%) and dietitians (9%)

have been used by a minority in the past. These results are broadly consistent with the last piece of research conducted in 2014, although slightly larger proportions of the population say that they have used the most common professional services including physiotherapists (29% in 2014 vs. 36% in 2018), radiographers (20% vs. 26%) and paramedics (13% vs. 22%).

Women continue to be significantly more likely than men to say that they have used any health and care professional services (71% of women vs. 65% of men), and those aged 55 and over are also more likely to have to say that they have used these services compared to other age groups (74% of 55+ vs. 67% of 35–54 vs. 60% of 18–34). Carers are also more likely to say that they have used any of the services measured, with 78% saying they have done so, compared to 66% of non-carers.

Thinking about the last occasion that you had contact with a health and care professional, how satisfied or dissatisfied were you with your experience?



Base: All respondents who have used professional services 2018 (n=1,460); All respondents who have used at least one health or care professional 2014 (n=581). Please note that question wording and /or sampling methods have changed significantly since 2014 and as such tracking data is indicative only.

Most service users say that they were satisfied with the last contact that they had with a health and care professional, with 86% reporting that they were very or fairly satisfied. This is particularly true for those aged 55 and over, who are significantly more likely than younger age groups to say that they were satisfied with the last contact they had with a health and care professional (89% of 55+ vs. 83% of 35–54 vs. 85% of 18–34). The proportion of service users who say that they are very satisfied has dropped since 2014 (62% in 2014 vs. 49% in 2018), but overall satisfaction levels remain high (91% vs. 86%).

Still thinking about the last occasion that you had contact with one of these professionals, which of the following factors, if any, made you trust the health and care professional?



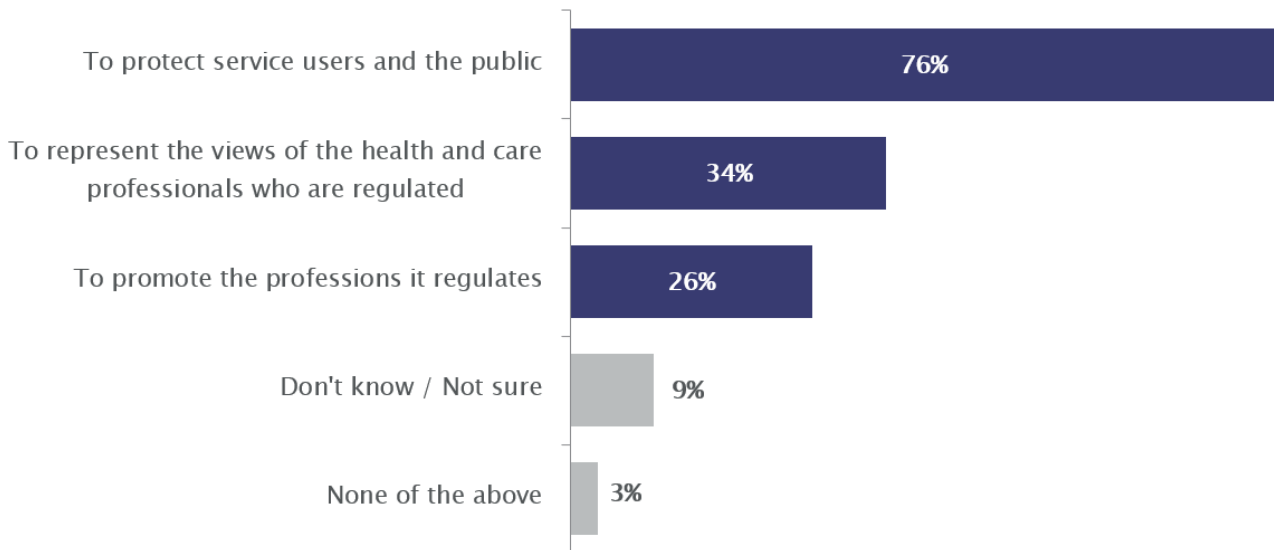
Q2. Base: All respondents who have used professional services (n=1,460)

Reported trust in health and care professionals used is high: only 6% say that they did not trust the health and care professional that they last had contact with. The most common reasons given for this trust are service users feeling like they were treated with dignity and respect on their last contact (61%), that the professional(s) communicated well (53%) or the professional's knowledge and technical ability (48%).

These results are broadly consistent with the last wave of research in 2014, although involvement in making decisions about their care (26% 2014 vs. 35% 2018), technical ability (38% vs. 48%) communications skills (39% vs. 53%) and treatment with dignity and respect (49% vs. 61%) are more likely to garner trust in 2018 than they were in 2014.

One in five (21%) say that registration with a regulatory body made them trust the health and care professional they last had contact with. Adults in Northern Ireland in particular are much more likely than those in England, Scotland or Wales to say that registration with a regulatory body garnered trust with the last health and care professional they had contact with (35%* NI vs. 21% ENG, 20% SCT, 19%* WA). The proportion who say that registration with a regulatory body made them trust the health and care professional, has increased slightly since 2014 (21% vs 15%).

Which of the following, if any, do you consider to be the purpose of regulation of health and care professionals?



Base: All respondents (n=2,140)

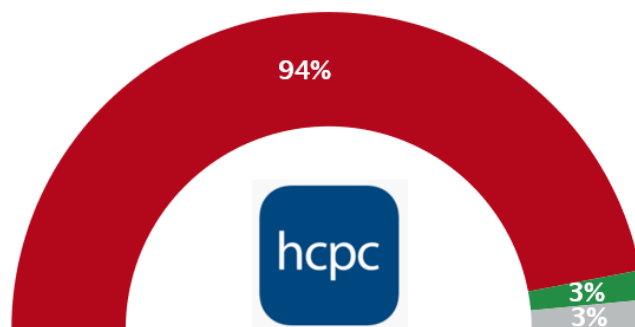
The majority (76%) correctly believe that the purpose of regulating health and care professionals is to protect service users and the public.

THE ONLINE REGISTER

Have you ever used the Health and Care Professions Council (HCPC) online Register?



- No
- Yes
- Don't know



Base: All respondents (n=2,140)

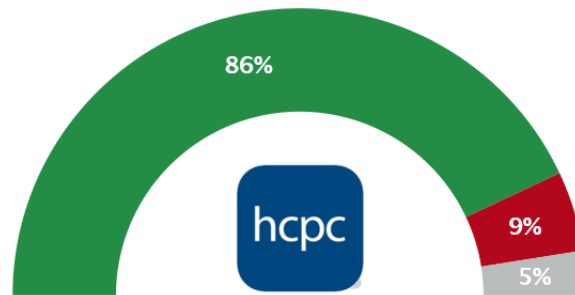
94% of UK adults have never used the HCPC online register. Younger UK adults are more likely than other age groups to have done so, although this still only represents 6% of those aged 18–34 (vs. 3% overall). The same proportion (6%) of carers also report using the Register, compared to 2% of non-carers.

RAISING CONCERNS

At any point have you ever had had a serious concern about the skills or conduct of any of the following health or care professionals?



- No, I haven't
- Yes, I have
- Don't know

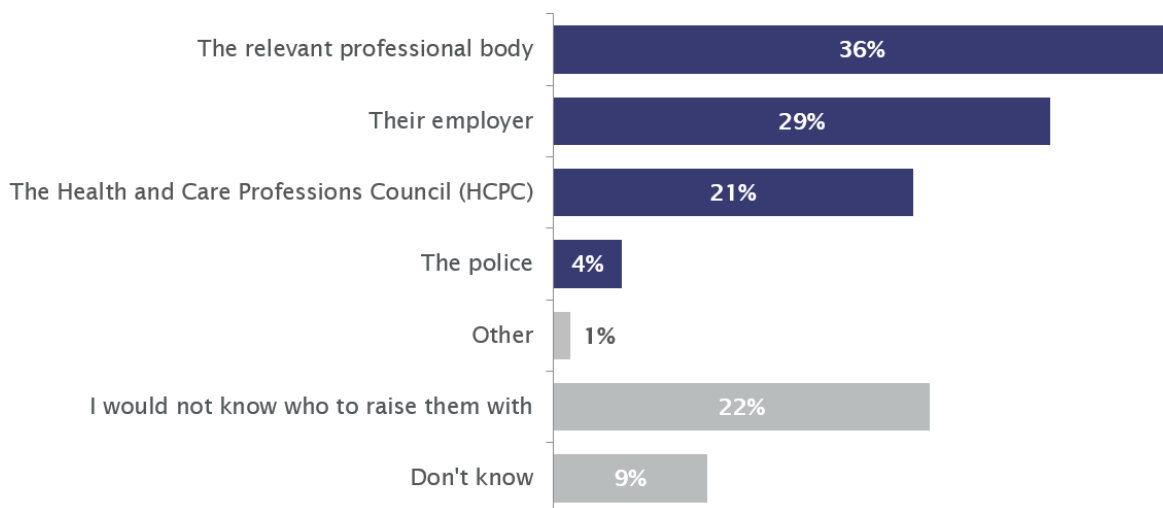


Base: All respondents (n=2,140)

9% of members of the UK public report having a serious concern about the skills or conduct of health and care professionals. Carers (14% of carers vs. 8% of non-carers), and those aged 54 or younger (12% of 18-34 vs. 10% of 35-54 vs. 6% of 55+) are more likely to say this.

A similar pattern can be seen amongst those who have raised concerns in the past, as this group are most likely to say that they raised their concerns with the employer (19%), although the vast majority (64%) of this group say that they did not raise their concern formally. A small minority say that they raised concerns to the police (5%), followed by the HCPC (3%).

If you were to have a concern about a health or care professional, who would you raise your concern with in the first instance?



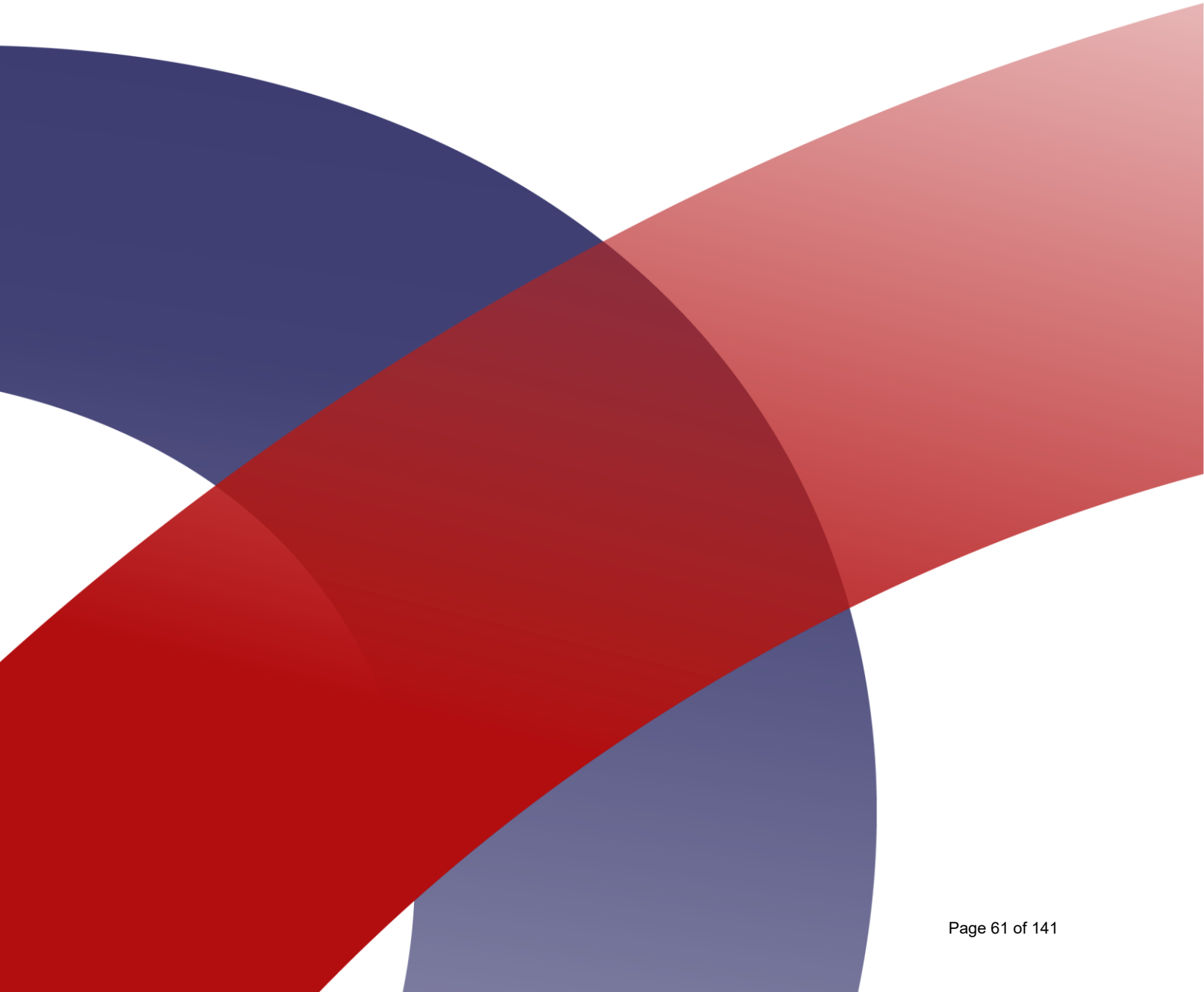
Base: All respondents who haven't had a serious concern about a healthcare professional (n=1,953)

Those who have not raised a serious concern about the skills and conduct of a health or care professional before are most likely to say that they would raise a concern with the relevant professional body (36%), the employer of the health and care professional (29%) or the HCPC (21%). This proportion is

higher amongst carers (25% of carers vs. 20% of non-carers) and those aged 55 and over (19% 18–34, 18% 25–54 vs. 24% 55+). 22% say that they would not know who they would raise a concern with.

When asked an open question as to why concerns were not raised, the most common response (comparable responses combined) was that people did not know how to go about raising a concern, were unaware of channels of complaint, or that they did not know who to speak to (8%).

EDUCATORS SURVEY





The majority of educators say that they have good knowledge of, and confidence in, the HCPC, correctly identifying its purpose and reporting a great deal of knowledge about most of its standards.

The one area educators have reported less knowledge is in fitness to practise, possibly because this is more of an in-workplace issue which is less likely to be covered at qualifying stage.

Email is both the most common and the most popular form of engagement with the HCPC for educators, followed by the HCPC website and *HCPC In Focus*.

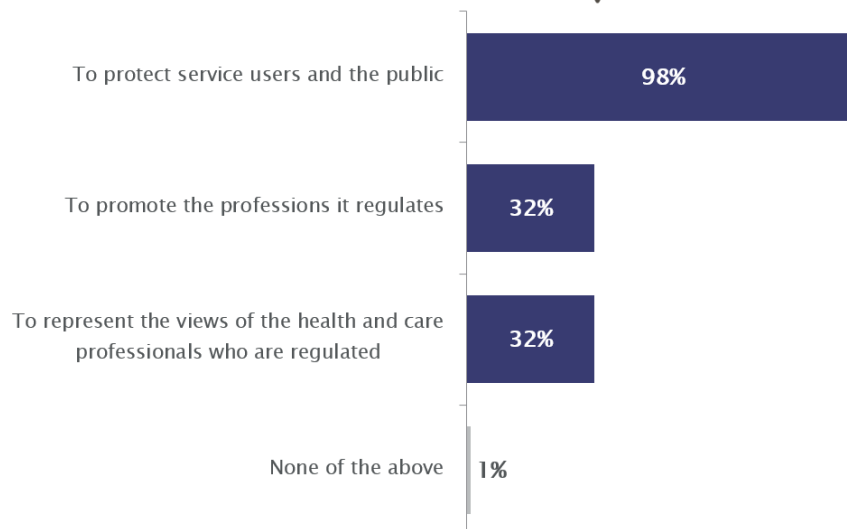
DEMOGRAPHICS

ComRes interviewed 193 providers of HCPC-approved education or training courses. As there are no nationally representative statistics for educators of registrants, data were not weighted. However, the survey does provide insight into the views held by educators of registrants. The demographic make-up of respondents in this group is as follows:

Location of education institution	Number of students enrolled at institution	Age of respondent	Gender of respondent
England - 86%	150 or less - 33%	16-24 - 0%	Female - 62%
Scotland - 8%	Over 150 - 62%	25-34 - 3%	Male - 33%
Wales - 4%		35-44 - 19%	Prefer not to say - 6%
Northern Ireland - 1%		45-54 - 35%	
		55-64 - 31%	
		65+ - 7%	
		Prefer not to say - 5%	

VIEWS OF THE HCPC

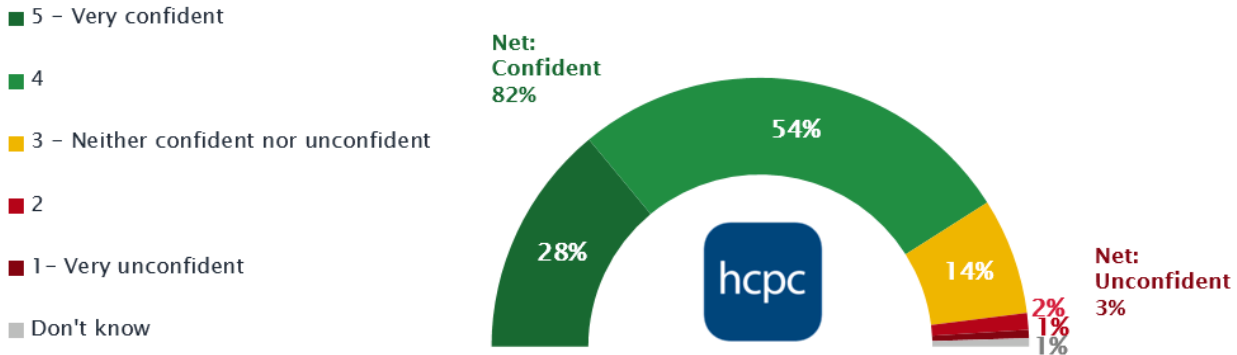
Which of the following, if any, do you consider to be the purpose of regulation of health and care professionals?



Q3: Base: All respondents (n=193)

Most educators say they know at least a fair amount about the HCPC (94%), with 24% saying they know a great deal. Almost all educators (98%) correctly identify that the purpose of regulating health and care professionals is to protect service users and the public. 32% say that its purpose is to promote the professions it regulates and the same proportion say to represent the views of the health and care professionals who are regulated.

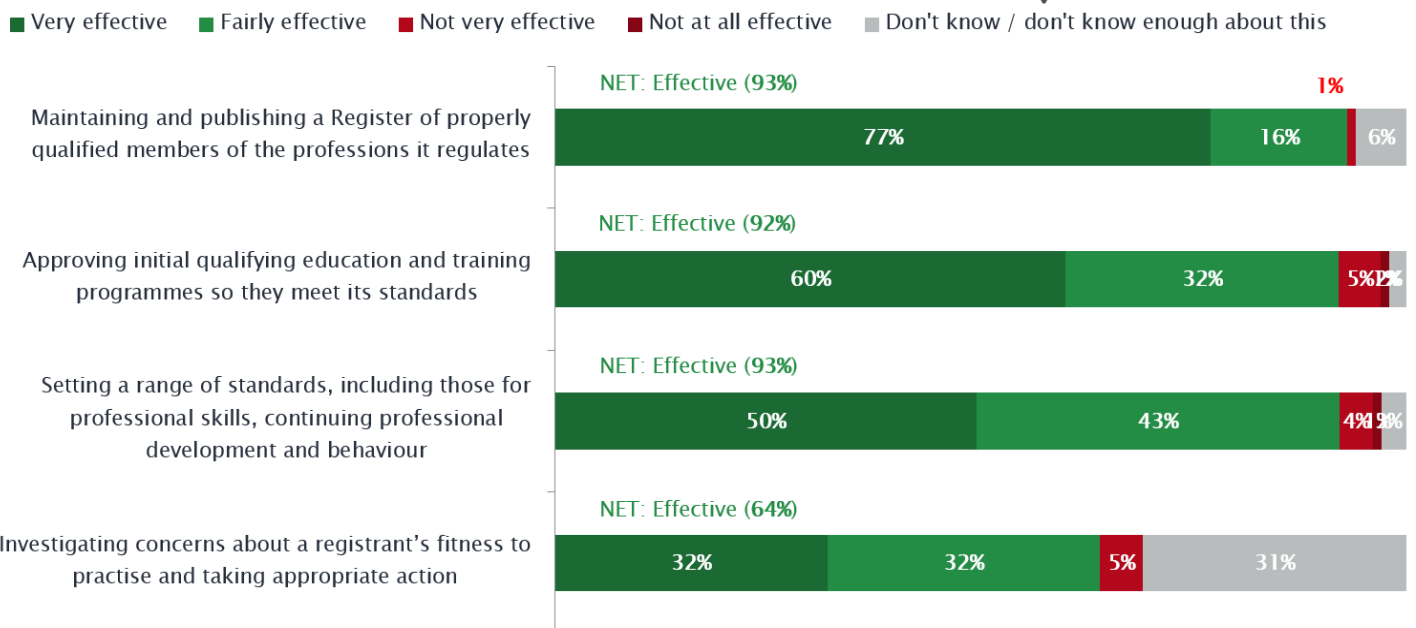
How confident or unconfident do you feel overall in the HCPC as an organisation?



Base: All respondents (n=193)

82% say that they feel confident overall in the HCPC as an organisation (scoring 4 or 5 out of 5). 28% say they feel very confident. 14% say they feel neither confident nor unconfident and a small proportion (3%) say that they feel unconfident (scoring 1 or 2 out of 5).

As a regulator, the HCPC has the following key functions listed below. How effective, if at all, do you feel the HCPC is in relation to each of these activities?



Base: All respondents (n=193)

93% say the HCPC is effective at maintaining and publishing a Register of properly qualified members of the professions it regulates, with 77% saying it is very effective.

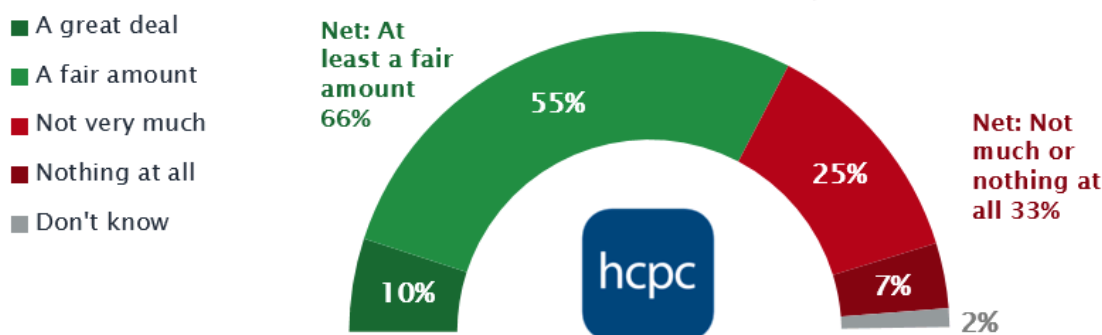
Similarly, 93% say the HCPC is effective in setting a range of standards, including those for professional skills, continuing professional development and behaviour, with 50% reporting it as very effective in this function.

92% of educators say the HCPC is effective at approving initial qualifying education and training programmes so they meet its standards, with 60% saying it is very effective.

The majority (64%) of educators say the HCPC is effective in investigating concerns about a registrant's fitness to practise and taking appropriate action, while 32% say it is very effective. 31% feel they do not know enough about the process of investigating a registrant's fitness to practise.

FITNESS TO PRACTISE

How much, if anything, would you say you know about the process of investigating a registrant's Fitness to Practise (FtP)?



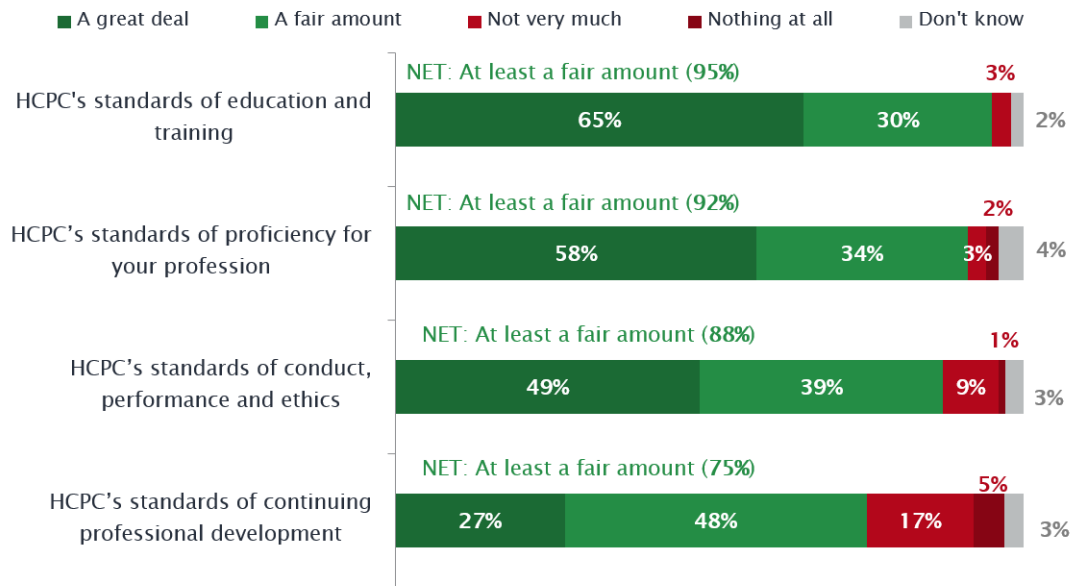
Base: All respondents (n=193)

10% say that they know a great deal about the process of investigating a registrant's fitness to practise, 55% say that they know a fair amount, and 25% say that they don't know very much. 7% of educators say they know nothing at all about this process.

Almost all (98%) educators who have any knowledge of the process of investigating a registrant's fitness to practise correctly identify that the purpose is to determine whether or not a registrant's fitness to practise is impaired, and to take action if necessary, to protect the public.

HCPC STANDARDS

How much, if anything, do you feel you know about each of the following HCPC standards?

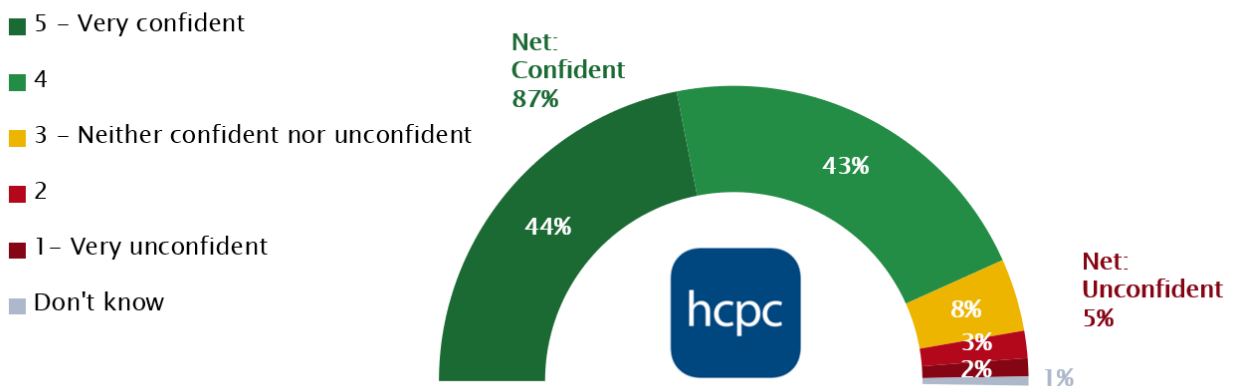


Base: All respondents (n=193)

Most educators report knowing at least a fair amount about all the HCPC's standards. Many report knowing a great deal about the HCPC's standards of education and training (65%). A majority also report knowing a great deal about the standards for proficiency for their profession (58%) and 49% say they know a great deal about standards of conduct, performance and ethics.

27% of educators say that they know a great deal about the standards of continuing professional development and 48% say they know a fair amount. While 22% of educators say they know not much or nothing at all.

How confident or unconfident are you in the way that the HCPC ensures that education and training programmes meet HCPC standards?

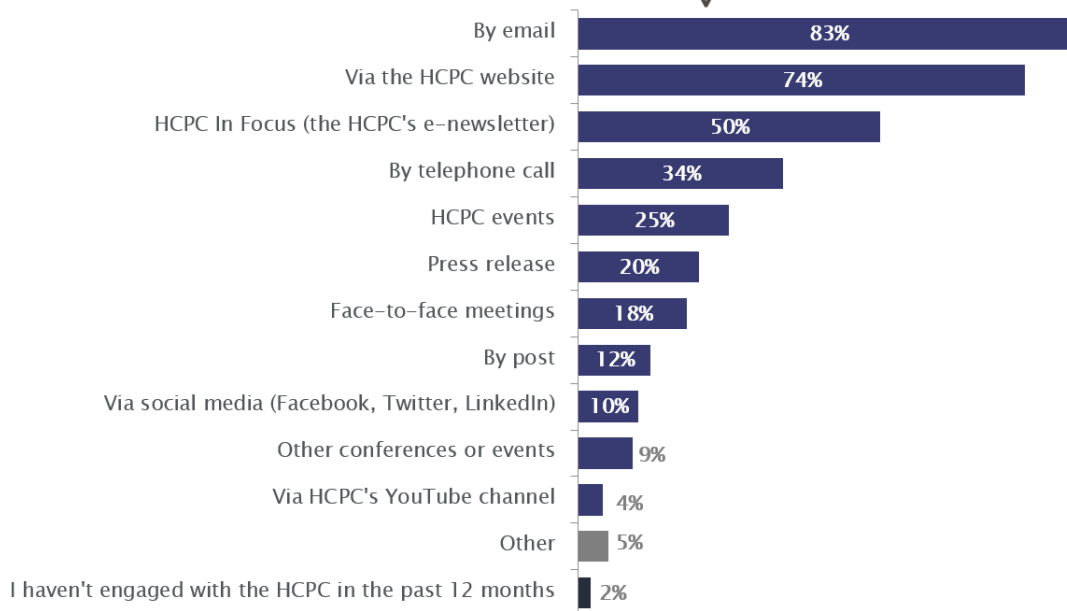


Base: All respondents (n=193)

87% of educators feel confident in the way the HCPC ensures that education and training programmes meet HCPC standards, split between feeling very confident (44%) or somewhat confident (43%).

ENGAGEMENT WITH THE HCPC

In the past 12 months how have you engaged with the HCPC, if at all?

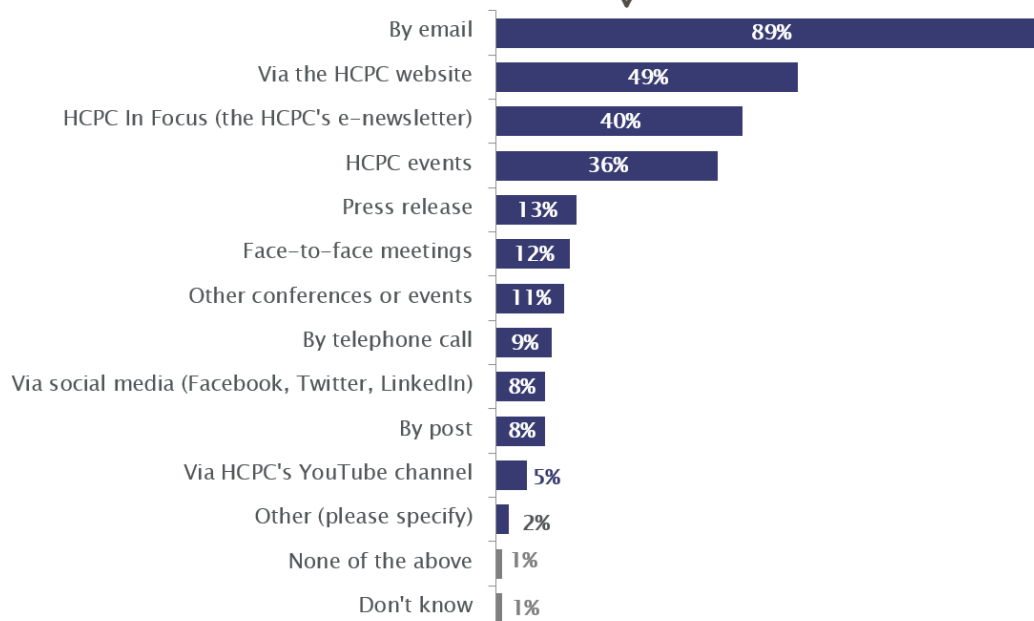


Base: All respondents (n=193)

Most educators (83%) say that they have engaged with the HCPC in the past year via email, 74% via the HCPC website, 50% via *HCPC In Focus* and a 34% via telephone. Very few educators (2%) have not engaged with the HCPC in some form over the last year.

Almost all educators (96%) say they find receiving information via email useful, with 51% saying that they find it very useful, and 45% saying that they find it somewhat useful.

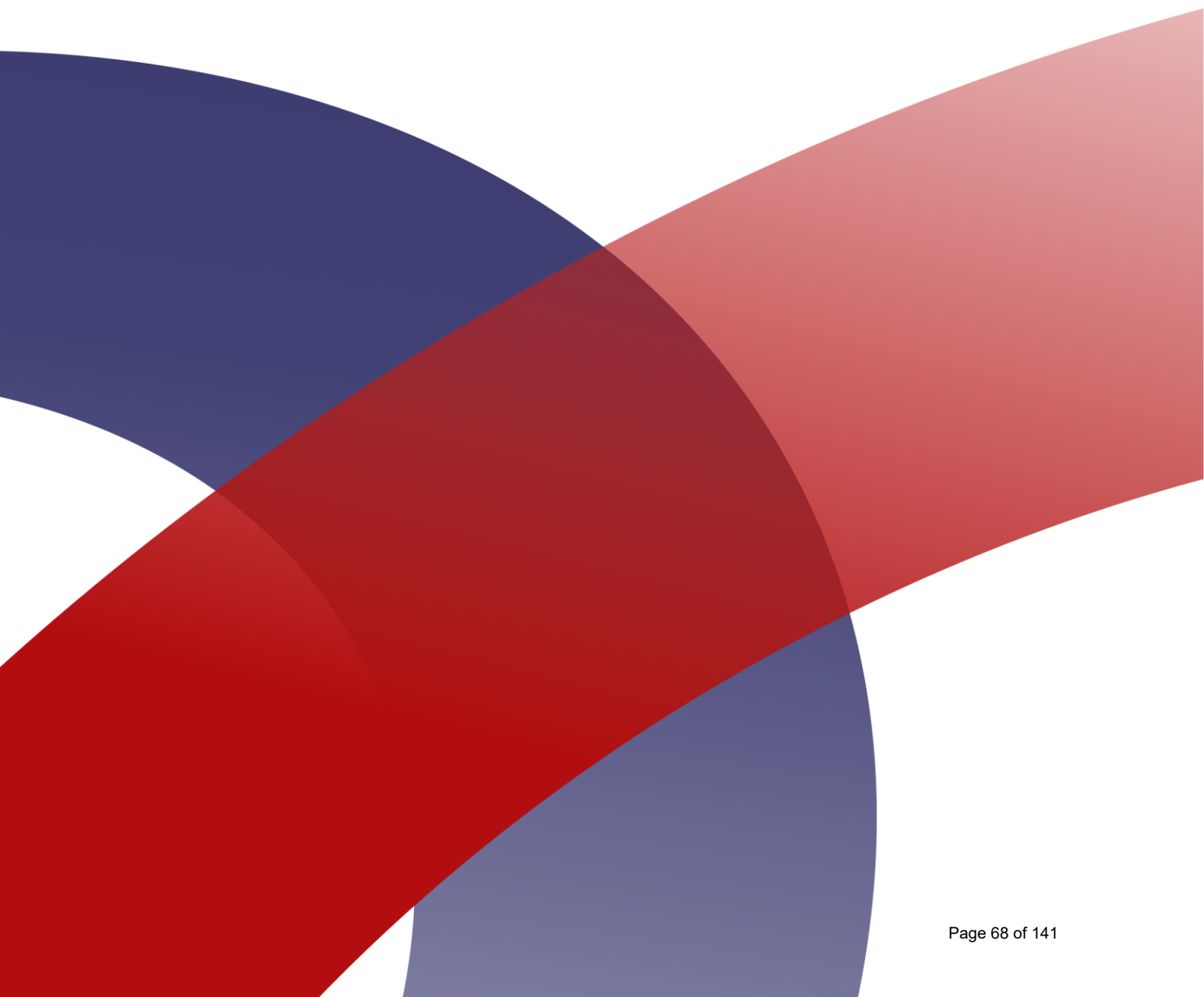
How would you like to receive information about the HCPC?



Base: All respondents (n=193)

Most educators (89%) say that they would like to receive information about the HCPC via email, more than any other form of communication tested. This is followed by the HCPC website (49%), *HCPC In Focus* (40%) and HCPC events (36%).

EMPLOYERS SURVEY



The majority of employers say they are confident in the HCPC overall and report a good level of knowledge about health and care regulation, as well as about the HCPC.

Most understand the purpose of fitness to practise and report knowing at least a fair amount about the process, and when registrants should self-refer. Where employers have had concerns about a HCPC-registered employee's fitness to practise they have either raised these concerns formally through relevant channels at work or with the HCPC.



Overall, most employers have a good understanding of the HCPC's standards and when they should be referred to, as well as the registration renewal process. The majority are confident in the preparedness of graduates emerging from HCPC-approved education for practice.

Employers generally prefer communications via email, the HCPC website and *HCPC In Focus*, whilst few say they would like to receive information over the telephone.

DEMOGRAPHICS

ComRes interviewed 135 employers of HCPC registrants between 7th September to 10th October. Because of the small sample size and lack of benchmarking data, the results can be viewed as indicative rather than representative of the views of employers of HCPC-registered professionals.

Five employers interviewed were screened out because they did not know anything about the HCPC.

The demographic make-up of respondents is as follows:

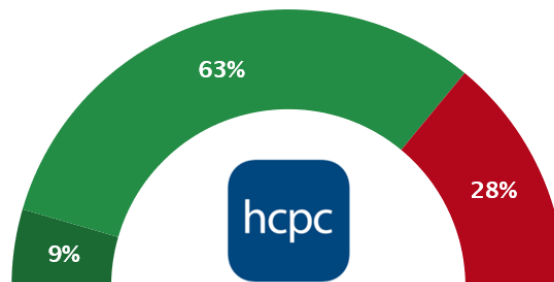
No of employees in organisation	Location of organisation	No of HCPC-registered professionals at organisation	Age of respondent	Gender of respondent
1-9 - 0%	England - 84%	1 practitioner - 0%	16-24 - 0%	Female - 73%
10-49 - 3%	Scotland - 6%	2-9 practitioners - 1%	25-34 - 0%	Male - 24%
50-249 - 4%	Wales - 5%	10-24 practitioners - 2%	35-44 - 8%	Prefer not to say - 4%
250 or more - 92%	Northern Ireland - 5%	25-49 practitioners - 4%	45-54 - 44%	
		50 or more practitioners - 88%	55-64 - 45%	
		Don't know - 5%	65+ - 1%	
			Prefer not to say - 2%	

AWARENESS OF THE HCPC

How much, if anything, would you say you know about the Health and Care Professions Council (HCPC)?



- A great deal
- A fair amount
- Not very much

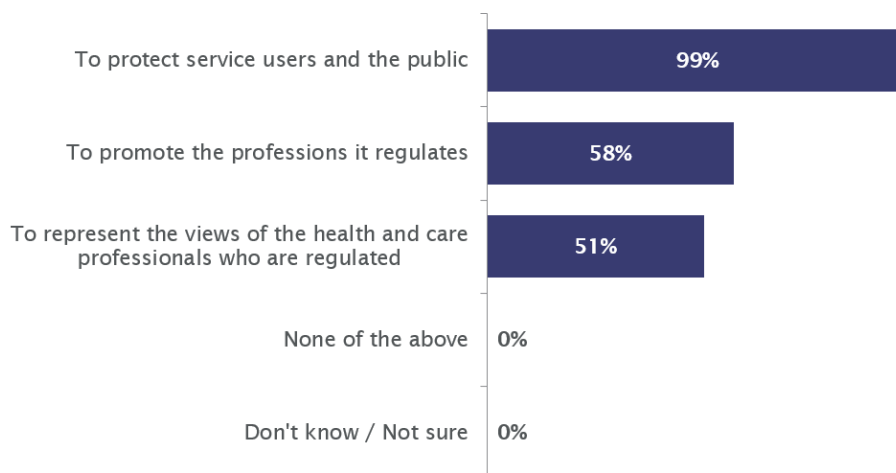


*Base: All respondents (n=135) *Please note that 5 respondents who selected 'nothing at all' were screened out of this survey*

All employers of registrants were screened to ensure that they have at least some knowledge of the HCPC to enable participation in the survey and five respondents were screened out at this stage. The majority say that they have a fair amount of knowledge (63%), and 9% say that they have a great deal.

49% spontaneously associate the HCPC with regulation, whilst a similar proportion associate the organisation with registration (46%).

Which of the following, if any, do you consider to be the purpose of regulation of health and care professionals?

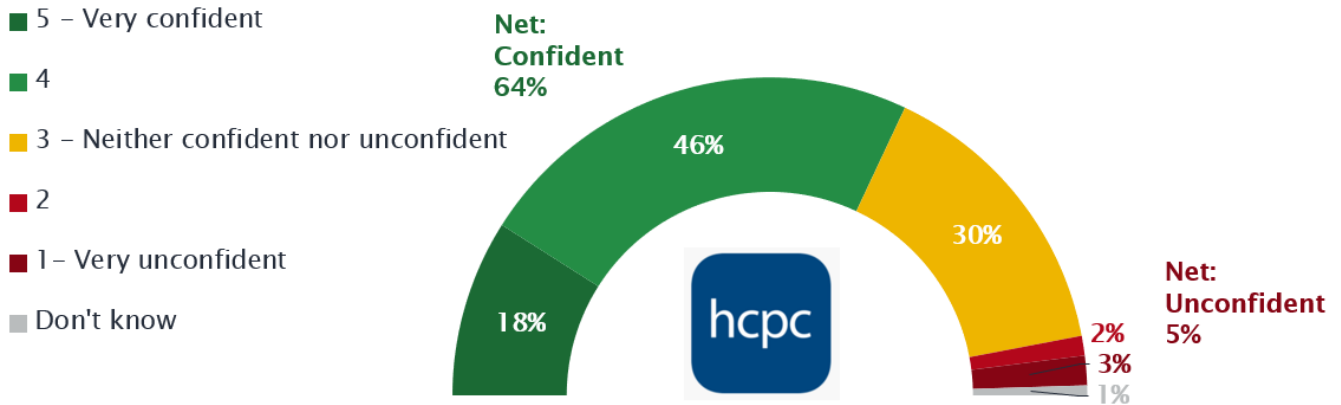


Base: All respondents (n=135)

99% of those surveyed correctly identified the purpose of regulation of health and care professionals to be the protection of service users and the public. 58% identify the purpose as promoting the regulated professions and 21% representing the views of the health and care regulated professions. No employers say that they 'don't know' the purpose of regulating health and care professionals.

REGULATION AND THE HCPC

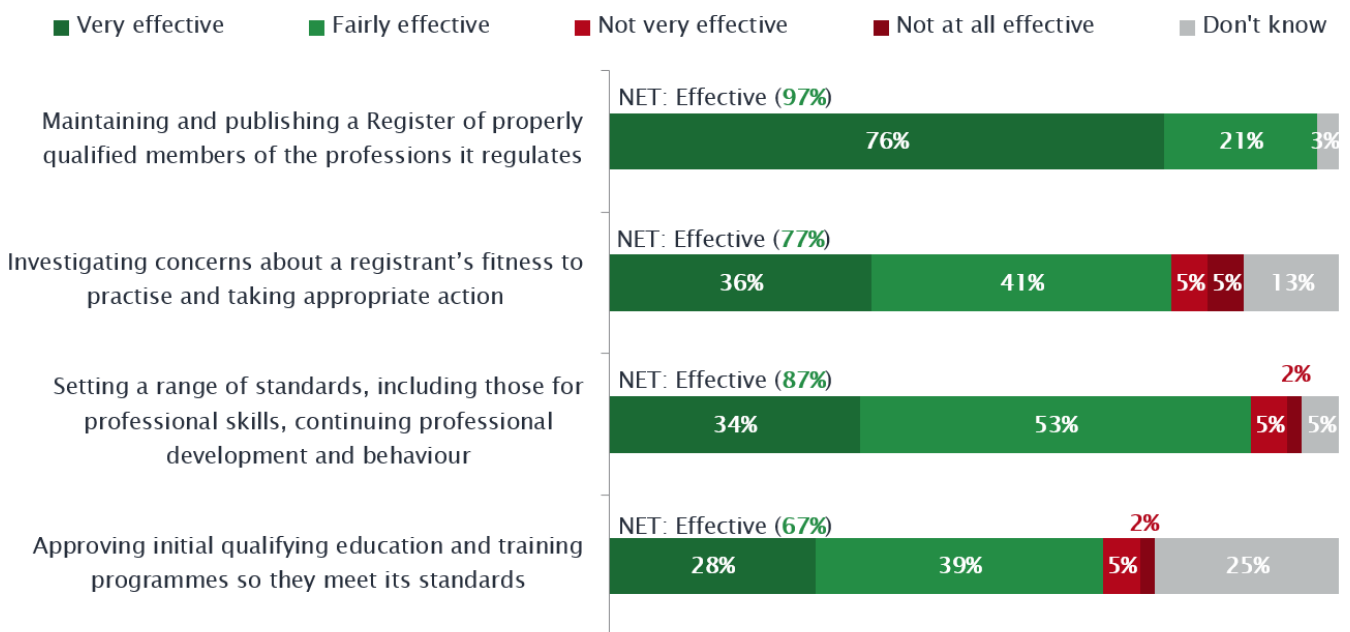
How confident or unconfident do you feel overall in the HCPC as an organisation?



Q4. Base: All respondents (n=135)

The majority of employers (64%) say they are confident in the HCPC (selecting scores of 4 or 5 out of 5). 18% say that they are very confident overall in the HCPC as an organisation. Of the remainder, 30% say that they are neither confident nor unconfident in the HCPC overall, and 5% say that they are unconfident (scoring 1 or 2 out of 5).

As a regulator, the HCPC has the following key functions listed below. How effective, if at all, do you feel the HCPC is in relation to each of these activities?



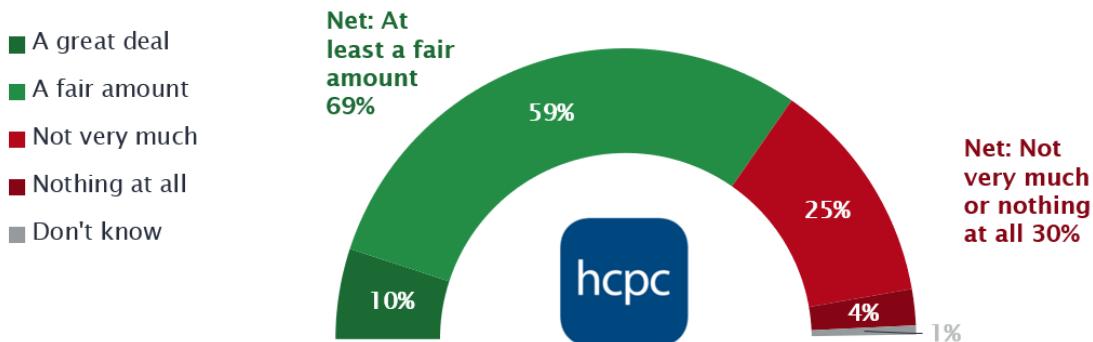
Q4. Base: All respondents (n=135)

Employers also generally view the HCPC as effective in each of its functions, and only a small minority report that they are ineffective. With regards to maintaining and publishing a Register of properly qualified members of the professions it regulates, 97% report that the HCPC are effective (76% very effective). 87% say that the HCPC are effective in setting a range of standards, including 34% who say the HCPC are very effective at this.

With regards to the function of investigating a registrant’s fitness to practise and taking appropriate action, 77% say the HCPC are effective, and 36% are likely to say that the HCPC are very effective at this. On approving initial qualifying education and training programmes so that they meet the standards, 67% say that the HCPC is effective, 28% say it is very effective at this, and 25% say that they ‘do not know enough about this’.

FITNESS TO PRACTISE

How much, if anything, would you say you know about the process of investigating a registrant’s Fitness to Practise (FtP)?



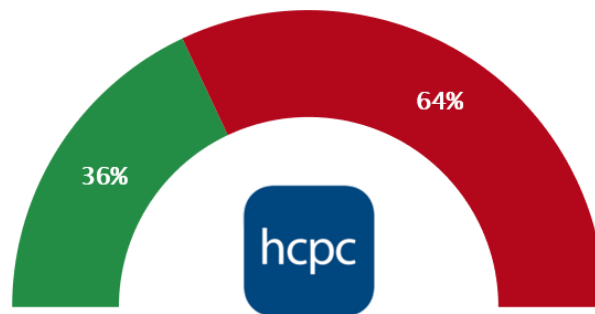
Base: All respondents (n=135)

Employers’ basic knowledge of fitness to practise is widespread, with 69% saying that that they know at least a fair amount about the process of investigating a registrant’s fitness to practise. 98% identify that the purpose of investigating fitness to practise is to determine whether the registrant’s fitness to practise is impaired, to take action if necessary, and to protect the public. 10% say that they know a great deal about the process and 30% say that they know not very much, or nothing at all.

At any point have you ever had concerns about a HCPC registered employee's fitness to practise?



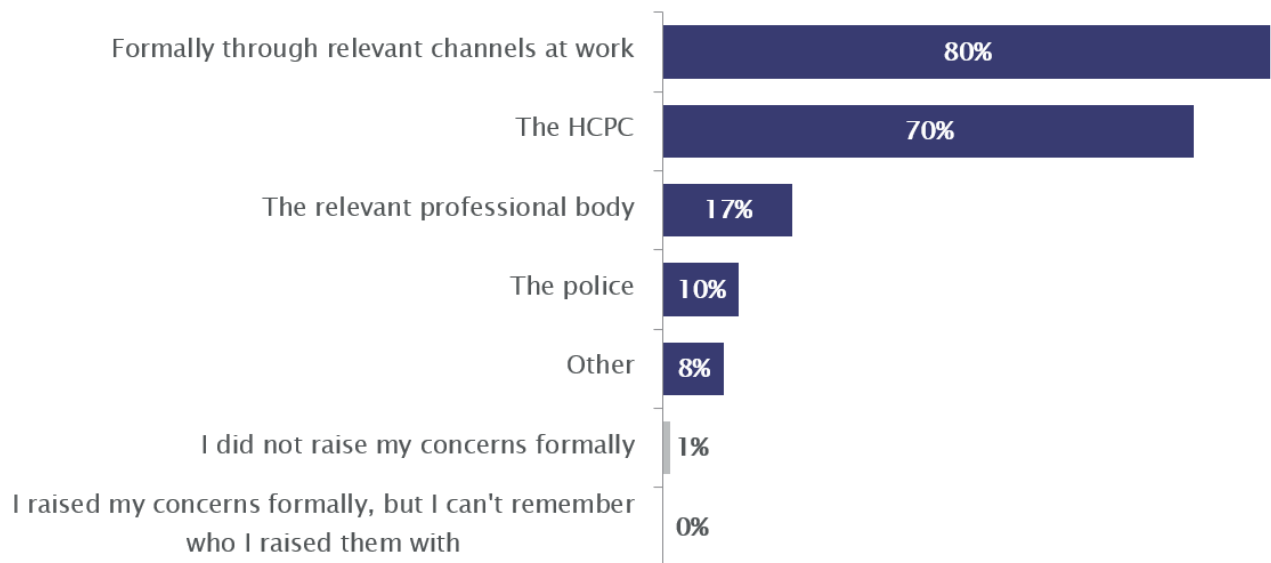
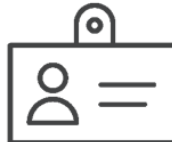
- No, I haven't
- Yes, I have
- Don't know



Base: All respondents (n=135)

64% of employers say that they have had concerns about a HCPC-registered employee's fitness to practise. Of those who have had concerns, 70% of employers say they raised these with the HCPC and 80% have used formal channels at work.

Who did you raise these concerns with?



Base: All respondents who ever had concerns about a HCPC registered employee's fitness to practise (n=86*)

Dealing with concerns in-house, or believing that the employer should deal with such concerns, was the leading reason behind employers' decisions not to raise concerns formally with the HCPC (35%). 58% say that they would only raise their concern with the HCPC after internal processes had been completed, compared to much lower proportions who say they would do so at the time of concern (21%) or after they had spoken to the registrant directly (18%).

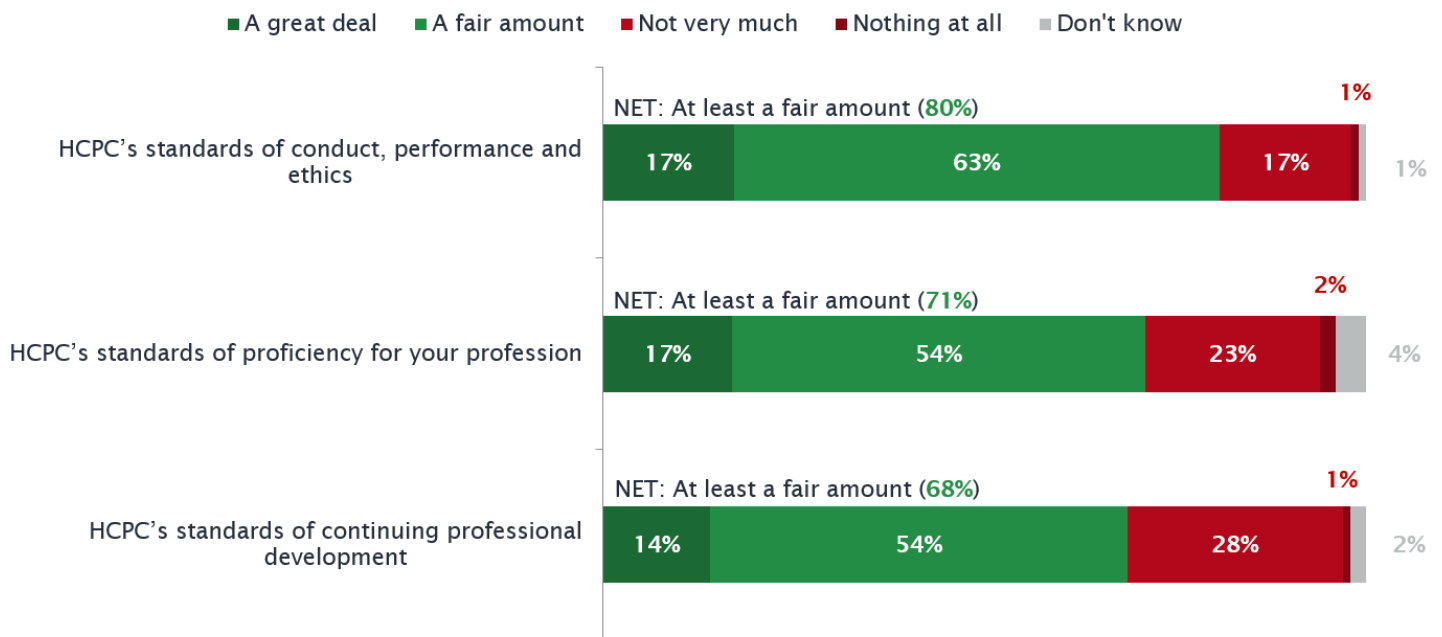
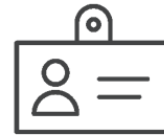
Employers largely express certainty with regards to when a registrant should and should not self-refer in the scenarios tested, with small proportions saying that that they 'don't know'. For example when

testing the scenario 'A registrant has acted outside of the accepted scope of practise for their profession and a service user has come to harm' or 'A registrant has received a caution for grievous bodily harm', almost all employers say they should self-refer (96% and 93% respectively).

Testing the scenario 'A registrant who suffers from bipolar disorder is having a manic episode. On the advice of their treating psychiatrist they are taking some time out of work', 50% of employers say that they should self-refer and 38% say they should not. With the scenario where A registrant's neighbour has told the local police that they have seen the recipient hit their partner, 40% say they should self-refer, 35% say they should not.

HCPC STANDARDS

How much, if anything, do you feel you know about each of the following HCPC standards?

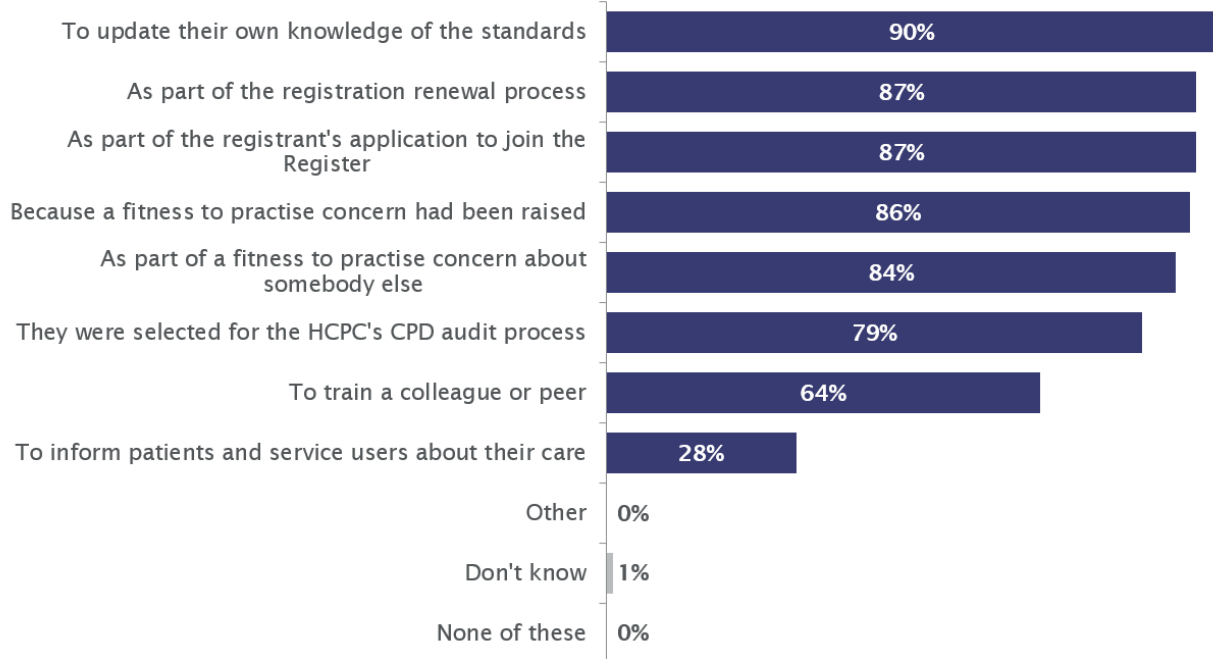


Base: All respondents (n=135)

80% of employers say they know at least a fair amount about the HCPC's standards of conduct, performance and ethics, while 71% say they same for the standards of proficiency for their profession, and 68% say they know at least a fair amount about the standards of continuing professional development.

The proportion of employers who say that they know a 'great deal' about these standards is: 17% for standards of conduct, performance and ethics, 17% for standards of professions proficiency, and 14% for standards for CPD. The proportion who rate their knowledge as not very much and nothing at all is 18% for conduct, performance and ethics, 25% for proficiency and 29% for professional development.

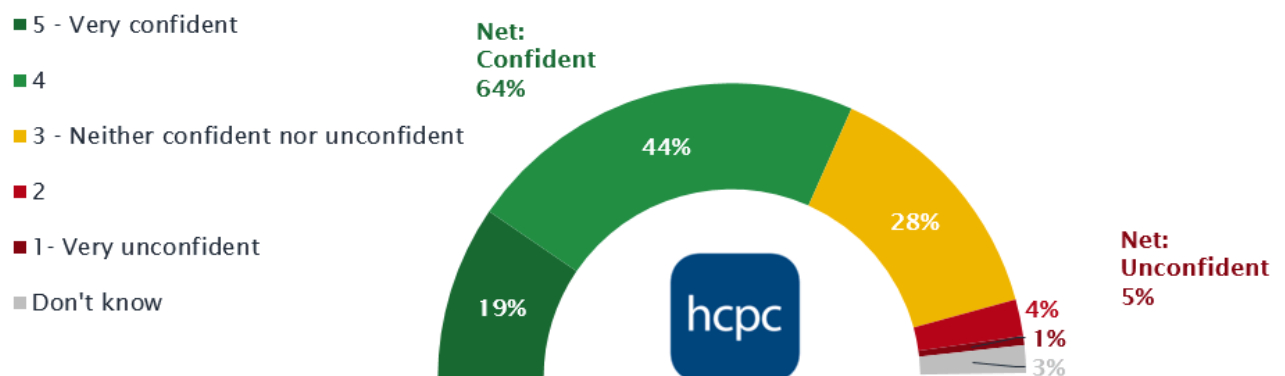
Why would an HCPC registrant typically refer to the HCPC's standards?



Base: All respondents (n=135)

Large proportions of employers select a range of scenarios in which registrants would typically refer to the standards, including updating their own knowledge of the standards (90%), as a part of the registration renewal process (87%), and on applications to join the Register (87%). Employers are less likely to say this for informing patients and service users about their care (28%). 1% say that they do not know when an HCPC registrant would typically refer to the HCPC's standards.

How confident or unconfident are you that newly trained graduates from HCPC-approved training programmes are suitably prepared for practice?

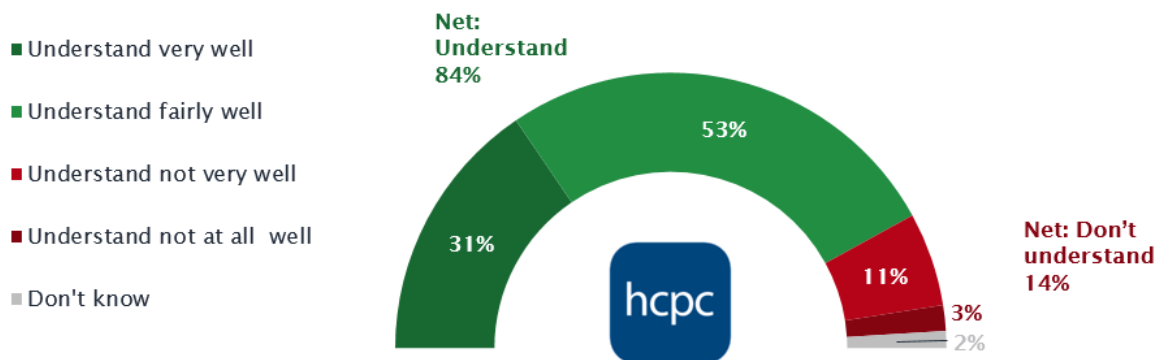


Base: All respondents (n=135)

A majority of employers say they are confident that newly trained graduates from HCPC-approved training programmes are suitably prepared for practise (64%), with 5% saying that they are unconfident. 28% say that they are neither confident nor unconfident in the preparedness of HCPC graduates.

REGISTRATION AND RENEWAL

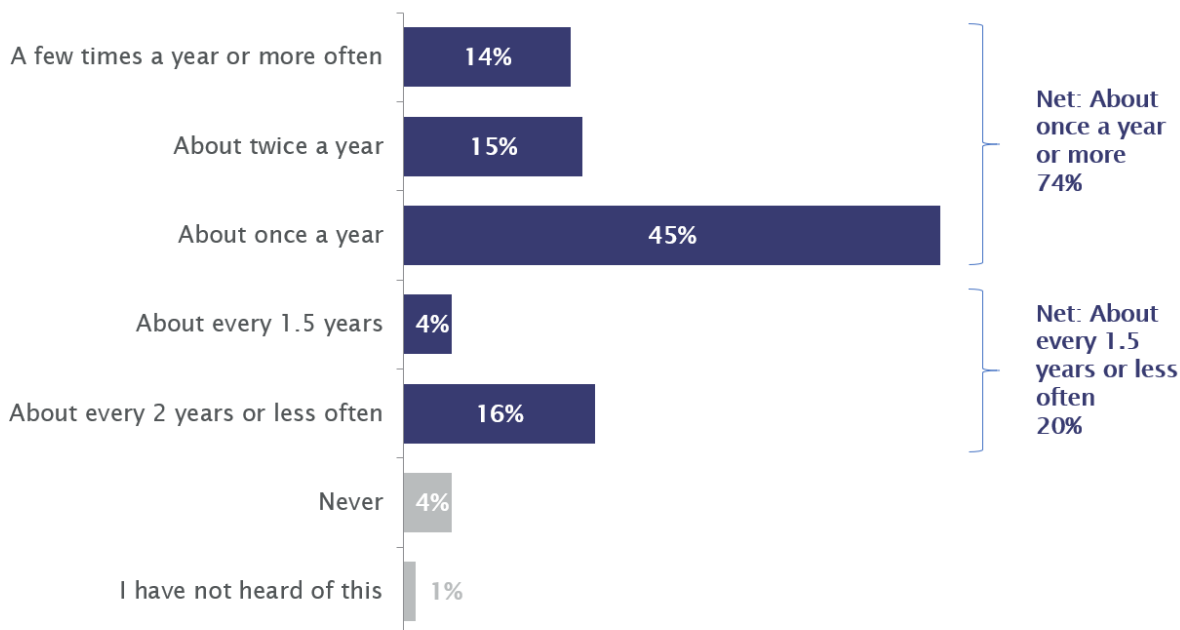
How well would you say you understand the HCPC registration renewal process, if at all?



Base: All respondents (n=135)

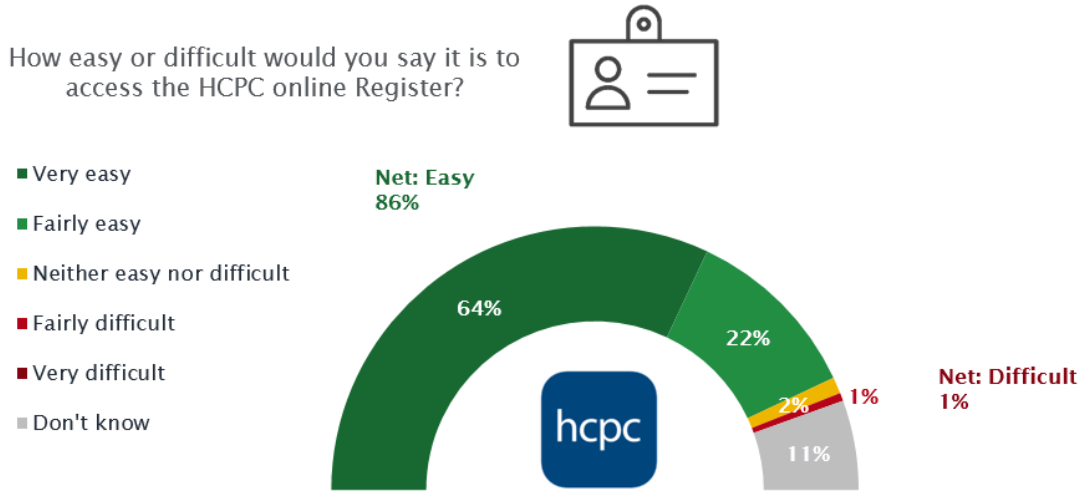
Employers say they are confident in their understanding of the HCPC registration renewal process, with 84% who say that they understand it at least fairly well, compared to 14% who say that they do not understand it well. 31% say they understand the renewal process very well.

Approximately how often do you check your employees' registration status, if at all?



Base: All respondents (n=135)

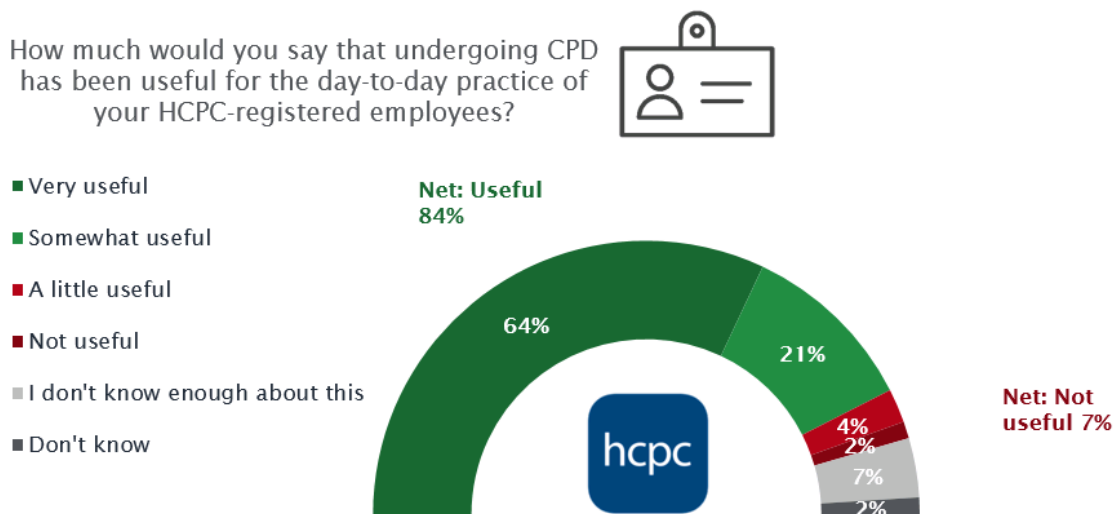
45% of employers say they check their employees' registration status about once a year, with 74% reporting that they do this at least once a year. 20% check registration statuses less frequently than this, and 4% say that they have never checked their employees' registration status.



Base: All respondents (n=135)

Employers say they largely find the HCPC online Register easy to access (86%), with 64% saying that they found accessing it very easy and a further 22% saying that it was fairly easy. 1% say that they found accessing the Register fairly difficult, and none report this being very difficult.

CONTINUING PROFESSIONAL DEVELOPMENT



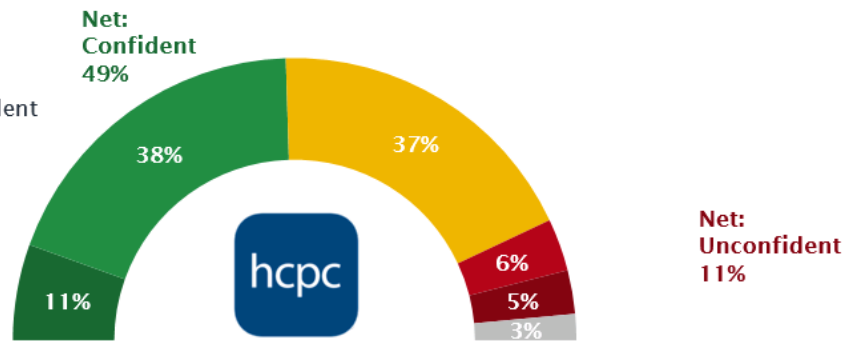
Base: All respondents (n=135)

Employers generally say that undergoing CPD has been useful for the day-to-day practice of their HCPC-registered employees, with 64% saying this is very useful, and a further 21% saying this has been somewhat useful. A small proportion (7%) say that CPD has only been a little useful, or not useful at all.

How confident or unconfident are you that the HCPC's CPD processes ensure registrants continue to be fit to practise?



- 5 - Very confident
- 4
- 3 - Neither confident nor unconfident
- 2
- 1 - Very unconfident
- Don't know

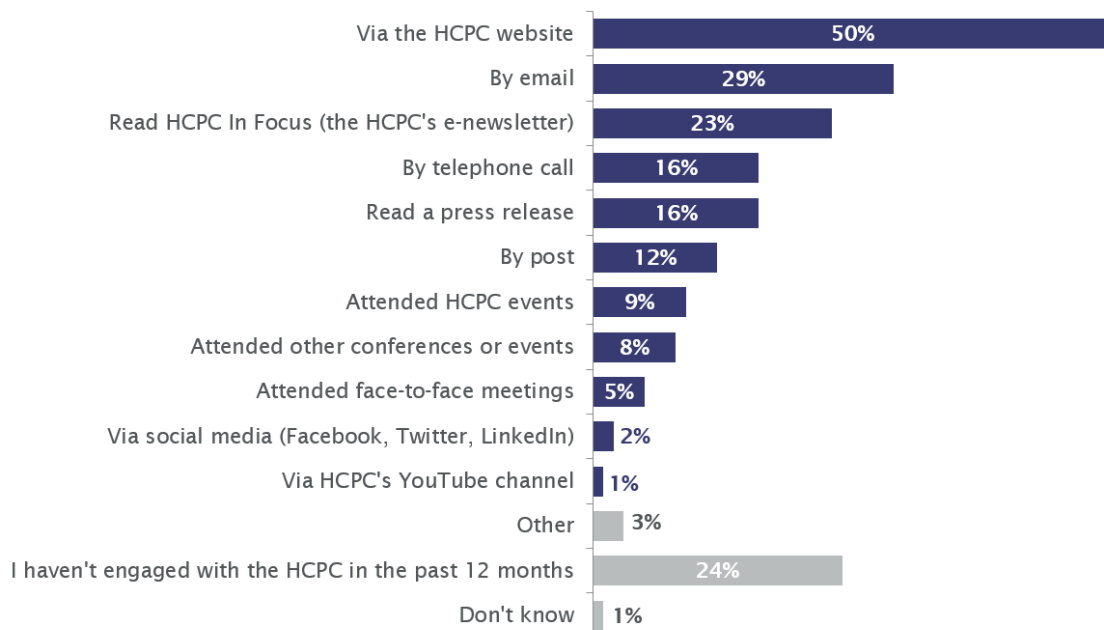


Base: All respondents (n=135)

The proportion of employers who say they are confident (scoring 4 or 5 out of 5) that CPD processes ensure that registrants continue to be fit to practise is relatively low compared to the proportion who consider them useful, with 11% reporting that they are very confident in the HCPC's processes to ensure that registrants continue to be fit to practise. Employers are more likely to be confident in these processes than unconfident (49% vs. 11% respectively), and 37% say that they are neither confident nor unconfident in this regard.

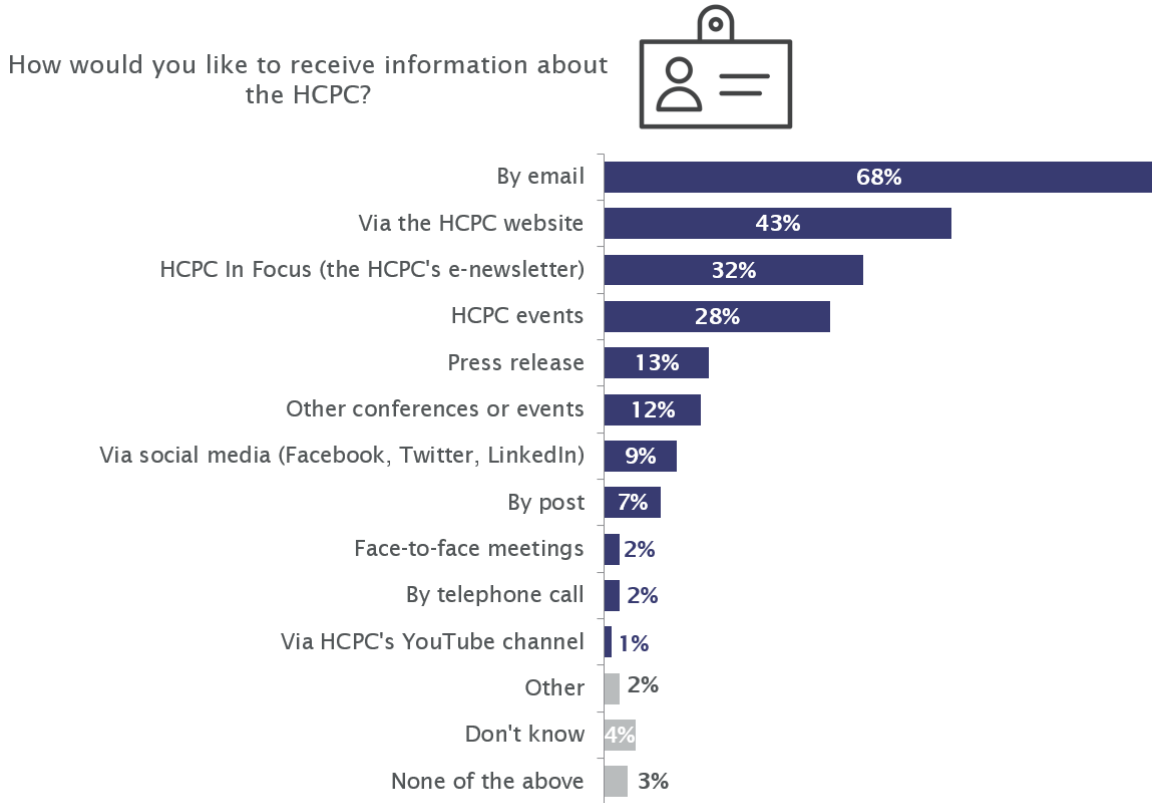
COMMUNICATIONS

Over the past 12 months how have you engaged with the HCPC, if at all?



Base: All respondents (n=135)

Employers' engagement with the HCPC over the last year has most commonly been via the HCPC website (50%) although email (29%) and *HCPC In Focus* (23%) are also amongst the most used engagement

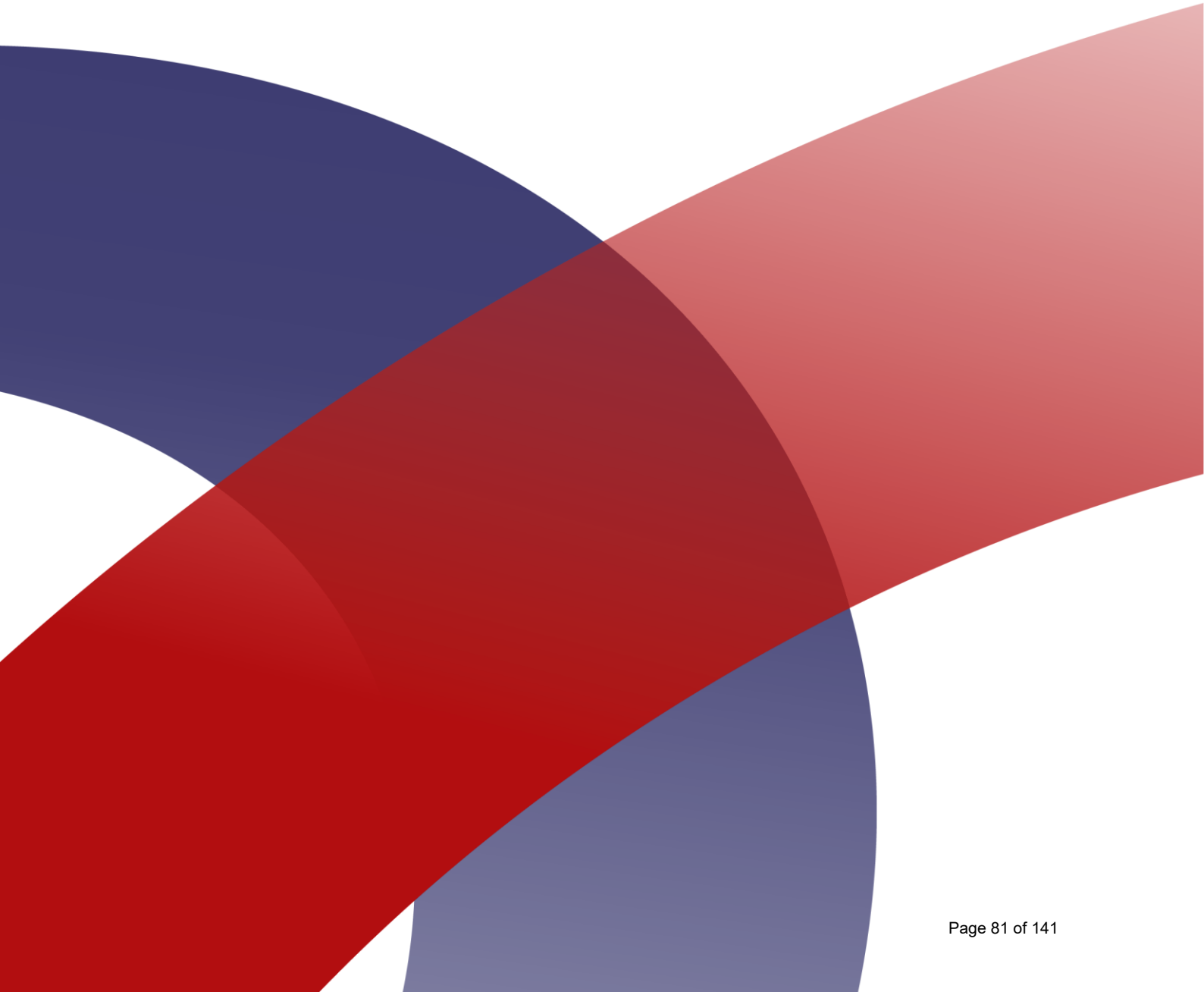


Base: All respondents (n=135)

channels. 24% of employers have not engaged with the HCPC over the last 12 months.

The most preferred methods of engaging the HCPC are largely consistent with the most commonly used methods over the last year, with employers reporting that they would like to receive information via email (68%), the website (43%) and *HCPC In Focus* (32%).

QUALITATIVE RESEARCH: STAKEHOLDER INTERVIEWS



SUMMARY: BY STAKEHOLDER GROUPS

PROFESSIONAL BODIES



Professional body stakeholders have a broadly positive impression of the HCPC, largely informed by their interactions in meetings and conferences. Like education sector and trade union stakeholders, they commend the HCPC standards for their accessibility and broadness to ensure they can be applied across the professions. They suggest the standards could be brought more to life by the HCPC, such as through case studies.

Perceptions of fitness to practise are closely linked to stakeholders' views of the effectiveness of the HCPC. The small volume of negative impressions largely arises from perceptions of fitness to practise, particularly the process seeming too legalistic, lengthy and onerous on those who are involved. These stakeholders support the regulator's focus on a prevention agenda.

EDUCATION SECTOR / POLICY ORGANISATIONS



Education sector stakeholders familiar with the HCPC highly commend the regulator on its collaborative approach to the development of the Standards of education and training which underpin education and training programmes and the HCPC standards on education and training. Like professional bodies, they praise the approach to CPD auditing requirements for its focus on knowledge gained by registrants. However, they also hope the HCPC could be more proactive in its collaborative work, such as on the future of the profession and in considering innovation in health and care. They also mention the challenge of the shortage of skills and workforce supply.

TRADE UNIONS, OR REPRESENTATIVES



Trade union stakeholders work with the HCPC on policy development and fitness to practise. There is a **concern that employers do not always foster or support a learning environment** for health and care professionals they employ, and can be inconsistent in their reporting procedures. Stakeholders are aware that these are not directly the HCPC's remit, but query how the HCPC can ensure employers are informed and supported in this complex area.

EMPLOYER UMBRELLA ORGANISATIONS



Employer umbrella interviewees tend to be unsure about the HCPC's role or remit. They are also keen to **hear more from the HCPC on its planning and approach for the future** of the profession, and the challenges this would bring to their key stakeholders, as well as to regulation.






SERVICE USER ORGANISATIONS



Service user organisations that have worked with the HCPC in the past commend the efforts of the regulator to understand the patient perspective. All these stakeholders would like to collaborate with the HCPC to ensure patient safety and hope to be able to engage with the HCPC in the future. Reasons for doing so include to raise the profile of the HCPC among service users, and to increase information sharing between the regulator and service user organisations.

INTRODUCTION AND ANALYSIS

This chapter of the report is based on 33 stakeholder interviews with five stakeholder groups that were of interest to the HCPC. The aim of these interviews was to establish a deeper understanding of the views of these stakeholders and their perceptions of the HCPC. It allows the exploration of complex areas that would not be captured quantitatively, uncovering ideas and unanticipated insight from interviewees. Findings from this element of the research provide an in-depth qualitative understanding of stakeholders perceptions.

Professional bodies	Employer umbrella organisations	Education sector / policy organisations	Trade Unions, or representatives	Service user organisations
				
13 interviews	5 interviews	5 interviews	5 interviews	5 interviews
CEOs and chairs of professional bodies that support, develop and drive the professions regulated by the HCPC	Representatives of employer networks in the NHS	Representatives of education umbrella organisations	Unions representing registrants as part of trade unions or within professional bodies	Representatives of organisations focused on the interests of the users of the services provided by registrants

A structured analysis of interview transcripts was conducted using a framework methodology where interviews were coded by question areas and according to themes to enable for in-depth analysis. Five interviews per group is considered a suitable level to find patterns in interviewees’ experiences but not exceed the saturation of information (i.e. where data collection no longer reveals new information). Due to the particularly high immediate interest from professional body stakeholders, a further three interviews were undertaken in addition to the 10 planned.

Analysis is focused on drawing out key themes and the broad scope of opinion from all the interviews as well as within each stakeholder group. Where a theme has arisen from the interviews, phrases such as “interviewees tend to say” and “interviewees often refer to” illustrate these as key and common ideas. The term “sometimes” in the report describes ideas that are raised by at least two interviewees but not the majority. There are also instances of specific ideas or perspectives from individual respondents that may be useful for the HCPC. In these cases these are clearly indicated as the views from one interviewee.

PERCEPTIONS OF THE HCPC



Stakeholders tend to be knowledgeable about the HCPC. More specifically, they are familiar with the HCPC’s remit and the purpose of the organisation as a regulatory body that ensures patient safety. Impressions of the HCPC are broadly positive, mainly gained from stakeholders’ personal experiences with the HCPC in meetings and conferences.

STAKEHOLDERS MOST OFTEN ASSOCIATE THE HCPC WITH “REGULATION”, “PROFESSIONAL” AND “PUBLIC SAFETY”

The top five words/phrases used to describe the organisation are:

1	2	3	4	5
Regulation / regulator	Professional	Public safety	Registration	Standards

Stakeholders tend to associate the HCPC with its remit as a regulator. Those describing the HCPC as “professional” are more likely to be stakeholders from professional bodies, education sector organisations and trade unions, and to be those who are familiar with the HCPC’s work as a regulator of health and care professionals to ensure public safety.

When explaining their reasons for describing the HCPC as “professional”, stakeholders mention the HCPC’s professional interactions with staff, its focus on patient safety, and the evidence-based work that the organisation produces:

“My contact with them has always been at a very professional level...I think the work they do around standards, around fitness to practise and the way that it's handled and the way that they publish the outcomes is incredibly professional.”



Professional body stakeholder

Stakeholders from employment umbrella organisations and service user organisations tend to describe the regulator as “quiet” or “distant”. They elaborate that though they have heard of the HCPC, they do not work closely with the HCPC and would hope to create closer relationships with the regulator on behalf of their organisations.

COLLABORATIVE APPROACH CREATES POSITIVE IMPRESSIONS

Impressions of the HCPC are largely positive, with stakeholders referring to the ways in which the HCPC hold regular joint working activities with their own organisation:

“I think they’re very good at arranging meetings to talk about key issues that are impacting on the regulatory environment. Some of the recent discussions about changes to regulation that Government are consulting on was very helpful to have in a meeting. Also, they do ask for constructive feedback on how they work, so that’s positive too.”



Professional body stakeholder

Several **education sector** stakeholders are familiar with the HCPC and likely to specifically describe good working relationships. They talk about the mutual development of the HCPC Standards of Education,

regular meetings, or working closely with HCPC council members. Those who are less familiar with the HCPC suggest they would like a more proactive and strategic approach when collaborating with other organisations:

“It feels like all regulators tend to go to their stakeholders where they need something... whereas I think the ongoing relationship, and not so much the reactive but more proactive bigger picture discussion, are areas for regulators to focus on.”



Education sector stakeholder

Trade union stakeholders tend to describe their interactions with the HCPC in relation to fitness to practise and policy development, valuing collaboration with the HCPC on these aspects. They are also aware that their impressions and criticisms of the HCPC are informed by their members’ points of view when they experience cases that have gone through fitness to practise. One stakeholder described how they were directly supportive in the communications work of the HCPC:

“We’d done a fair amount of work to try to dispel the myth of the HCPC being a place that’s simply there just to tell people off. For example, we talked at our conferences and with our members about why they should be honest and approach an HCPC panel as a way of learning.”



Trade union stakeholder

Professional body stakeholders hold the most divided views about aspects of the HCPC, and these can be very positive or somewhat negative. This feedback is likely drawn from the fact that professional bodies work closely with the HCPC and hope that sharing their opinions would help further improve relationship-building between the HCPC and their respective organisations.

Their impressions of the HCPC are largely split between their positive interactions with the organisation and the negative perceptions reported to them by their members, largely on fitness to practise where a complaint has been made against them.

“We have callers who are very upset and some of our staff have had to have training from the Samaritans to deal with members who have had a fitness to practise conversation with the HCPC...So, the nature of the calls coming into us, which follow on from a fitness to practise call, perhaps with the HCPC, or the process is, we feel, making our members quite vulnerable.”



Professional body stakeholder

Stakeholders who are positive towards the HCPC tend to mention the ways in which the organisation’s staff present themselves in a professional manner (from junior staff to the Chief Executive), its commendable work in its broad remit to regulate across multiple professions (which allows inter-professional learning and understanding) and convening regular positive stakeholder meetings.

“The HCPC has been very successful in its role as a multi-professional regulator...I think that [it] has benefited from needing to look at things from a genuinely multi-professional perspective.”



Professional body stakeholder

EFFECTIVENESS OF THE HCPC



Stakeholders familiar with the HCPC regard the organisation as largely effective, spontaneously citing the way in which the HCPC prioritises public safety through the development of the HCPC standards and acting to rectify or provide advice to alter any unsafe practice. The HCPC’s approach to continuing professional development (CPD) is also considered one of the most effective aspects of the HCPC by stakeholders.



fitness to practise is a consistent theme mentioned in relation to the HCPC’s effectiveness, specifically on the perception that it is a very lengthy process, which can negatively impact on the health and wellbeing of registrants. Stakeholders are keen for the HCPC to take a more proactive approach to preventing issues developing into fitness to practise cases, such as providing examples of poor practice and helping guide any debate on professional issues.



Most stakeholders also spontaneously mention the effectiveness of the HCPC’s collaborative approach when working with their respective organisations, which is further explored in the section on engagement with HCPC.

ENSURING PUBLIC SAFETY

Stakeholders generally say that the HCPC is effective in the way in which it prioritises public safety across all its functions including the HCPC standards and CPD, regardless of any criticisms they have of the organisation more broadly.

“I think [the HCPC] provides that surety to the public that they are very much looking after quality standards.”



Professional body stakeholder

A common theme among professional body, trade union and education sector stakeholders is praise for the HCPC’s approach to CPD, which is considered part of its effectiveness as a regulator to ensure public safety. Stakeholders explain that the CPD auditing requirements by the HCPC are not prescriptive, and that the process focuses on profiling what is learned or gained by the registrant, rather than tracking hours spent on CPD. The HCPC is seen as more forward-thinking in focusing on the impact of registrants’ learning on their practice, and the impact of learning on patient care, than some other regulators. Moreover, the process is mentioned as proactive, in reviewing a randomly-selected registrant’s CPD portfolio every two years as part of registration renewals.

“I think [the HCPC’s approach to CPD] probably gets to a more meaningful approach to impact of learning and development on a registrant’s contribution to patient care, more so than perhaps revalidation processes that other regulators implement that actually are probably a bit more focused on learning activity *per se*, rather than the impact of learning.”



Professional body stakeholder

One umbrella employer organisation stakeholder suggests that CPD audits should focus on selecting registrants with professional factors that make them more likely to go through fitness to practise. They consider this approach more appropriate to ensure the HCPC’s limited resource is best concentrated in areas that need the most support.

CONCERN ABOUT THE IMPACT OF LENGTHY FITNESS TO PRACTISE PROCESS

Almost all stakeholders raise the issue that their members think the fitness to practise process takes too long. For example, education sector stakeholders tend to describe the HCPC as effective, however, interviewees tend to caveat their views on the effectiveness of the HCPC when referring to fitness to practise.

“ Well fitness to practise is an issue and that is seen as something that takes too long...I’ve heard both sides of the argument as to why some of these are technical and difficult, and there are reasons for it, but it does strike me as if the HCPC has been overburdened, certainly some of the work that they’ve been carrying out in some areas around social work has taken up a lot of their time and efforts and energy.”



Education sector stakeholder

Almost all professional body stakeholders mention that their members are frustrated by the way fitness to practise seems demanding on the registrant and panel members, as well the service users involved in the case, describing it as overly bureaucratic and slow. The most common theme when discussing the long duration of fitness to practise cases was the negative physical and mental impact on the registrant.

Stakeholders mention that a fitness to practise case can take many years, which is not considered fair to the registrant involved in the procedure. One concern is that cases rely on the registrant’s memory of the event, which is sometimes reported as fading during the process. Moreover, registrants report that they have left the workplace where the complaint is generated, thereby losing access to paperwork that would help with accuracy about the allegation.

“The registrant goes there all geared up for: ‘it’s going to finish within this amount of time’, whatever it is, whether guilty, not guilty, whatever it is, it will be done and yet it’s not, and then it goes on another few months and that again just destroys people.”



Professional body stakeholder

These stakeholders tend to provide recommendations on how this could be mitigated, such as extending the amount of time a registrant has to respond, ensuring the complainant is timelier in their submission so to reduce delays, or reconvening the same panels sooner as “this can take months”.

UNSURE ON SELF-REFERRAL, BUT RESPONSIBILITY ON EMPLOYERS

When asked when a HCPC registrant should self-refer (which can result in fitness to practise investigations) there are mixed perceptions. Some mention that this should be when registrants have any health-related issues that could impair their practice, or when there is a “near-miss” in causing harm to a patient or service-user. Others point to the clear guidance set out by the HCPC as useful but think it should be an employer-led process.

Trade union stakeholders often mention the high level of uncertainty on self-referral amongst their members for when they should self-refer, which they see the HCPC as trying to dispel through proactive communications and guidance on this.

“I think they...have the perception that they self-refer, it’ll go in their favour if it gets taken forward as a fitness for practise case. I don’t know, dishonesty as a charge tends to get put in quite a lot...I think they are concerned, and their representatives are



Education sector stakeholder

concerned that if they haven't told HCPC it might be viewed that they were trying to cover it up."

As already mentioned above, some stakeholders view self-referral and fitness to practise as cases that should first be dealt with by employers, and if not, it reflects the "failure" of management and the role of the employer. Employers are regarded as key in the process of both self-referral and fitness to practise, where employers should prioritise training for registrants, and ensure employees are appropriately reviewed. This shows where employers could be provided with greater clarity on their role and approach to self-referral and efforts to prevent fitness to practise cases.

HCPC STANDARDS IN PRACTICE



Stakeholders who are familiar with the HCPC are likely to say they are confident that the HCPC standards are suitable to ensure registrants remain safe and effective to practice. These stakeholders positively describe the way in which the standards act as a baseline, acting as a foundation on which to build profession-specific standards for their members. However, trade union stakeholders note that the implementation of the standards at employer-level can be inconsistent and are unclear which body or organisation is responsible for improving this reporting.

CONFIDENCE IS HIGH IN THE HCPC STANDARDS

Stakeholders representing professional bodies, education sector and trade union organisations say they are familiar with the HCPC standards. Representatives from service user and umbrella employment organisations largely say they know little or nothing about the standards.

Professional body, education sector and trade union interviewees describe the HCPC standards positively for their accessibility and broadness meaning that they can be applied across the professions.

Interviewees representing professional bodies express confidence in HCPC standards as a foundation on which to build specific profession-focused standards. These stakeholders describe the way in which their organisations develop guidance in implementing these, such as through their websites, with resources like case studies on the real-world application of HCPC standards for their specific profession.

“As a professional body, we do our own standards... [the HCPC’s standards] are the minimum standards, and the professional bodies is the gold standard. [The HCPC’s standards] have to be to an extent because they are trying to be fairly generic in their approach, so we do appreciate that they can only do something fairly broad brush...It feels like it’s a sort of baseline standard.”



Professional body stakeholder

When asked if they believe the standards are sufficient in ensuring public safety, these stakeholders emphasise that they believe they do ensure a high level of practice and protection for the public and do not believe any specific additions or changes are needed.

“They’re very accessible in terms of you can get them online and they used to have them all in booklet form as well because they came to our health conference.”



Trade union stakeholder

KEEPING STANDARDS ON EDUCATION AND TRAINING UP-TO-DATE

Overall, stakeholders are keen to communicate that it is important for the regulator to collaborate with their respective sectors and professions in order to keep the HCPC standards on education and training up-to-date as practise and technology develops at a fast rate. Examples given were recent changes in radiography and paramedics practice.

“[The standards] need to keep pace with how healthcare’s developing.”



Employment umbrella organisation stakeholder

BRINGING STANDARDS TO LIFE

Some professional body stakeholders suggest that, in order to help practitioners with the implementation of the standards, the HCPC could publish case studies or scenarios to bring the standards to life:

“There’s no one size is going to fit all, there’s an infinite number of things that can happen in practice. It would be great to have some case studies.”



Professional body stakeholder

One service user organisation stakeholder describes the positive steps the HCPC is taking in making the standards more accessible for the public to use when meeting a health and care professional. The interviewee perceives this as a step in the right direction to make the standards relevant to those who use the service and references the creation of a video by the HCPC to support the guidance.

CHALLENGES AT PRACTICE-LEVEL

Trade union stakeholders were careful to explain that while the HCPC standards are useful in covering any situation or concern for a registrant, it is “activation” of them that protects the public. Reflecting the fact that these stakeholders work closely with registrants (particularly during fitness to practise cases), they explain that their experience is that employers can be inconsistent in their reporting of concerns about an employee’s performance in the workplace, which can lead to difficulties between employers and employees, self-referral or fitness to practise. Inconsistencies in employer practice, for example, range between “bad practice” going unreported by employers, while at other times registrants are reported by employers to the HCPC for minor cases that have no or little impact on patient safety.

This group of stakeholders do show awareness of the complexity of this situation, emphasising that it is beyond the HCPC’s remit to monitor the reporting practices of employers. One stakeholder says: “There are a lot of inconsistencies at employer level, rather than at regulatory level.” Similarly, another stakeholder says:

“It’s really not up to [the HCPC] they can’t do everything...Certain employers are falling through the net in terms of some of their practises.”



Trade union stakeholder

This varied feedback from interviewees shows that the HCPC operates in a complex landscape when it comes to regulating standards of practise. Trade union stakeholders tend to be concerned about issues that can affect the regulator, registrants and employers alike, yet are unclear on which body, organisation, or stakeholder is responsible with respect to improving reporting practices.

EDUCATION AND TRAINING PROGRAMMES



Education sector stakeholders tend to be very positive about the HCPC's collaborative approach during the development of education and training programmes. These stakeholders also note that employers need to play an active role in ensuring registrants become or are fit to practise, for example ensuring a student can become a newly qualified practitioner through placements and that registrants undertake professional reviews and CPD.

ENTHUSIASM FOR COLLABORATIVE DEVELOPMENT OF PROGRAMMES

Education sector and professional body stakeholders express enthusiasm when discussing and evaluating the HCPC's approach to education and training programmes, specifically with regard to the HCPC's approach to collaboration with stakeholders in ensuring programmes meet the HCPC's standards of education and training.

"As practice changes and skill requirements change it's really important that [courses] are amended, which is why for us, from my perspective, that continuing levels of communication with HCPC...is important. They've shown a real interest in doing more of that, having an open door and an open dialogue, which is a good thing."



Education sector stakeholder

"There needs to be a very regular process of review of the standards for education, so that we can make sure we keep up. I think we do a pretty good job, together with the HCPC, of doing that, and because we have reasonably good relations, I think we're in a position where we can raise emerging issues, and make sure they're included in the next round of review."



Professional body stakeholder

The HCPC is also described by some as supportive of innovative approaches for student-learning, such as a CPD learning log.

However, some stakeholders hope the HCPC could go further in their work. According to education sector stakeholders, they would like the HCPC to be more proactive beyond the approval and monitoring of education and training programmes, to be more strategic and future-looking. These stakeholders say they hope that the HCPC is conscious that as health and care practice changes as a result of technological innovation, skill requirements will also change. This shows that a continuing level of communication between the education sector and the HCPC is vital to developing the future of the health and care workforce.

"It's the extra mile, if you like, which is about not just monitoring and doing a process and operational focus. Also, being engaged in those strategic discussions about what's happening in the sector...Doing that extra bit to demonstrate that the public protection is also about ensuring that we have the right resources in all the professions...It's about the HCPC...proactively engaging and understanding, 'What is the workforce landscape in which [we] operate as a regulator?'"



Education sector stakeholder

BRIDGING THE GAP BETWEEN EDUCATION AND EMPLOYMENT

When asked whether they are confident that newly-trained graduates from HCPC-approved programmes are suitably prepared for practice, professional body stakeholders tend to say they are confident in HCPC-approved education and training programmes to ensure this is the case.

Stakeholder groups representing education sector, umbrella employer and trade union organisations explored the way in which the HCPC, “like other regulators”, seem to be committed to approving programmes, but could perhaps engage with the on-going issue that employers can be inconsistent in their learning and development support for all registrants (including those who are newly qualified), or when employers are inflexible about keeping to traditional ways of learning and practice, thereby creating barriers towards progression for newly qualified practitioners.

“I think it’s an overall problem with regulators...The support [registrants] get locally...varies a lot in terms of training and development...Some employers are very bad about providing proper structured training and development.”

 Trade union stakeholder

“I think there’s quite a tradition for our current staff, ‘This is how I trained, this is how I did it. I’ve worked my way up into being a more senior manager.’ Then [managers] find themselves regenerating the same conditions without really recognising that the nature of health and social care has moved on and that, maybe, having a physio student who’s had a placement in a less traditional area can bring huge other value to the table than the one who’s had a very traditional placement setting.”

 Education sector stakeholder

FITNESS TO PRACTISE PREVENTION



Stakeholders familiar with the HCPC spontaneously explored the ways in which the regulator could take a more preventative approach to fitness to practise issues. They describe prevention as important since issues can develop into large formal cases, which can take time and resource, including costs such as travel and accommodation, negatively impacting all who are involved. Some stakeholders suggest the prevention agenda would be a new communications and engagement programme for the HCPC.

IMPACT OF FITNESS TO PRACTISE

The fitness to practise process is a recurring theme raised spontaneously by stakeholders. Attitudes towards this aspect of the HCPC’s work tend to affect their view of the effectiveness of the regulator overall. Respondents describe at length the concerns they have on the way in which fitness to practise impacts registrants who are also their key stakeholders.

Professional body and trade unions stakeholders do support the fitness to practise process to protect public safety but describe the mental impact of fitness to practise on health and care professionals who are involved in cases. For example:

“I think [fitness to practise] is effective in protecting the public. When I look through the website and see those cases where people have been struck off, I would have to say I agree with what you can see on the website. What I don’t agree with is sometimes the length of time that takes to come up. I think the length of time that it takes can, on occasions, **affect people’s mental wellbeing**, if they’re waiting to come up to fitness to practise. I think that effect on their mental wellbeing can exacerbate the outcome and, when they go, I think it’s incredibly stressful to be waiting a year to go to a hearing.”

 Trade union stakeholder

GREATER FOCUS ON PREVENTION

“I do think we need to be thinking more prevention rather than taking these sorts of punitive steps really and support immediately for somebody.”



Professional body stakeholder

Some professional body stakeholders mention they are beginning to discuss a prevention agenda with the HCPC, showing where the HCPC is starting to make an impact on this agenda.

“I think they’re working quite hard to seek views round the prevention agenda and promote it as their next big piece of work.”



Professional body stakeholder

Interviewees suggest the HCPC needs to promote greater dialogue with registrants on prevention of fitness to practise. This includes recognising if a registrant is out of character, and proactively working

with the registrant to prevent a fitness to practise case rather than placing immediate punitive sanctions when they are reported to the HCPC by their employer or the public.

“I’m not sure they really pay an awful lot of attention to registrant relations. For the HCPC to make contact with registrants with examples of poor practice, or to help guide the debate on professional issues, so as to avoid fitness to practise becoming an issue in the future is much more of an uphill task.”



Professional body stakeholder

A few education sector stakeholders say that focusing on those training to become health and care professionals enables issues to be dealt with before they become a fitness to practise issue:

“[Education] is at the front end of regulation where you can prevent things from happening, as opposed to the fitness to practise, which is when the regulator intervenes after something has happened already.”



Education sector stakeholder

As discussed in previous sections, some stakeholders say employers should also be involved in the HCPC’s fitness to practise prevention agenda, so as to understand their role in supporting the learning and development of registrants to prevent fitness to practise cases, as well as implementing appropriate reporting procedures.

“What [the HCPC] need to do is have more joined up thinking, in terms of other influential bodies and approach them, particularly with regards to employers and in terms of what happens locally.”



Trade union stakeholder

For example, one trade union stakeholder says that the HCPC should engage with employers on ensuring that issues can be resolved, or registrants can be supported by continuing professional development or local disciplinary action, so that issues do not necessarily need to be referred to the HCPC:

“They need to work much more with employers, and when they’re investigating cases, maybe look at the quality of the disciplinary and make sure disciplinary has taken place.”



Trade union stakeholder

Some interviewees suggest the fitness to practise prevention agenda should also be a communications programme, promoting the way in which the HCPC prevents harm to the public before these become serious cases, as well as being more connected within the context of the profession and registrants, so as to understand instances that may develop into fitness to practise cases:

“It’s very difficult to promote the instances when [the HCPC] have done something to prevent harm coming to the public...So, maybe if they did more, or if they were able to do more about publicising when they had an upstream intervention to make sure somebody didn’t harm a member of the public.”



Professional body stakeholder

ENGAGEMENT WITH THE HCPC



The HCPC is viewed as effective in its communications when collaborating with stakeholders. Specific groups such as trade union and service user stakeholders say they would like more engagement with the regulator. Those interviewed tend to refer to the way in which the HCPC could perhaps improve its support of registrants in relation to fitness to practise.



Stakeholders based in devolved nations also tend to say the HCPC could be more effective if it were to have personnel, or more targeted engagement in their respective nations, as it would be useful for the HCPC to have a stronger presence or voice across the whole of the UK.

LEVELS OF ENGAGEMENT DIFFER BETWEEN STAKEHOLDER GROUPS

Stakeholders who are more familiar with the HCPC largely commend the regulator on its approach in ensuring there are collaborative working opportunities between the HCPC and its stakeholders, particularly through working groups and roundtables with professional bodies. They tend to also specifically recall the HCPC’s communications channels via the e-newsletter HCPC *In Focus* and the workshops that are held across the UK, regarding these as useful to keep up-to-date with the regulator. However, it is evident that levels of engagement differ between stakeholder groups.

Professional body interviewees tend to report they engage with the HCPC at least once a month. Some say that this is once or twice a year, however this group would like the HCPC to engage with them more often. This includes on specific issues such the standards of the professional body, and apprenticeships.

Some interviewees mention they have lost touch with previous key points of contact at the HCPC as they have since moved on from the HCPC. They would like to be reminded of their key point of contact at the HCPC and suggest that the HCPC stakeholder manager could be reintroduced to professional body stakeholders:

“It would be quite good to know, in terms of the stakeholder management approach, who the point of contact is if there is something that comes out of the blue that I need to bring up.”



Professional body stakeholder

Trade union stakeholders largely say they have regular engagement with the HCPC, citing weekly or monthly contact via fitness to practise cases or the quarterly user group. Some mention they are happy with the level of engagement, while others suggest more regular engagement on policy level developments, and with local bodies such as NHS joint councils.

“[The HCPC are] very effective in terms of making sure we’re aware that there are consultations. They are also very amenable to communications...I think there could maybe be more effort made to engage with our local representatives in terms of public protection.”



Trade union stakeholder

Of the **education sector** stakeholders interviewed, all say they are happy with the HCPC's engagement with them. Two stakeholders say they regularly meet with the HCPC more than once a month at an operational level, and strategically twice or three times a year. They say their organisation's engagement with the HCPC is developing to allow for more collaboration:

"What we've attempted to put back into place is to have quarterly meetings which the chief executive and/or HCPC staff whose work has direct connections to [us]. That used to happen on a routine basis...Around quarterly would be what we'd be aiming for."



Education sector stakeholder

Umbrella employer organisation stakeholders are less likely to say they regularly engage with the HCPC compared to the stakeholder groups above. Most do say that they would like to, hoping to collaborate with the HCPC on specific issues such as public health or forthcoming changes that might impact on employers of health and care professionals.

"I think it would be good just to have a clear idea of where, not just HCPC, but everyone sits in this rather messy landscape...There are quite a lot of different regulators, there are all the unions, and there are other professional bodies, and it does get quite difficult to know who it would be useful to talk to in what situation."



Employer umbrella organisation stakeholder

Service user organisation stakeholders are the least likely to engage directly with the regulator. However, they elaborate they would like to proactively engage with the HCPC to provide greater understanding of the role of the regulator for the public, and equally for the HCPC to be knowledgeable about their work to understand health and care in practice

"It would be good to have service user input at a more strategic level in terms of their plans and how service user aspirations and perspectives could be built in...It would be great for them, once or twice a year, to bring together service users as a learning process and a sharing information process. I think they have some kind of participation board. They tend to be larger charities, not so much the user-led sector."



Service user organisation stakeholder

"I think people would need to know more about the organisation, what it stands for, what its purpose is, and what role it could play that the public would see it as a benefit to them...There's very much a question of perception and branding."



Service user organisation stakeholder

Those in this group who have engaged with HCPC praise the organisation for its communications style and the personal approach, with one stakeholder describing their positive experience when interacting with the HCPC's CEO at an event:

"The thing that would stand out to me is I was having coffee before [an] event started, and the Chief Executive approached me. He knew who I was even though I had never met him, and he thanked me for the work we'd done."



Service user organisation stakeholder

One interviewee mentions they have collaborated with the HCPC in the past on ongoing projects, such as reviewing publications for service users:

“Because they ask, they’re obviously motivated to listen and try and act on that.”



Service user organisation stakeholder

SUPPORTING REGISTRANTS THROUGH FITNESS TO PRACTISE

One emerging theme from the interviews with stakeholders is further developing HCPC engagement with registrants in relation to fitness to practise, as this affects stakeholders’ views of the HCPC. Some stakeholders suggest that any negative impact from fitness to practise cases on a registrant could be mitigated through more proactive communications by the HCPC, to reassure the registrant through more informal touch-points such as via phone-calls.

“There needs to be somebody who says in the in-between: ‘we are still on this case, don’t worry, we are trying to push this forward’. The absence of any kind of information is quite terrifying for members. They dream up all sorts of things in between them, it’s really an awful time for them.”



Professional body stakeholder

Another stakeholder suggests improving the HCPC website to provide a support for registrants during a case so that members can reassure themselves when they read decisions in similar cases, or in case studies:

“I think the website could just be a little bit more user-friendly, but I’m sure everyone says that. I think if people dig around, it is a useful resource for members, who perhaps are facing a hearing, that it’s all set out there, as are previous decisions.”



Trade union stakeholder

VALUE IN DIGITAL ENGAGEMENT

The HCPC’s online presence is regarded as useful to some stakeholders, in place of face-to-face engagement. One stakeholder, who perceives the HCPC positively in their contributions to the health and care education sector, says that they engage with the HCPC once a year, but find the organisation to have good communications for their specific needs via the HCPC website and through what they hear from their colleagues. Another stakeholder noted: “They’re very active on Twitter as well.”

One stakeholder based in a devolved nation refers to the HCPC national roadshows as useful and also suggests that the HCPC could develop online opportunities such as webinars as this is less resource-intensive and allows attendees to fit these around their working day. This interviewee talks about online communications as a preferred method for registrants than direct contact. However, others interviewed regard face-to-face communications as important to them and to registrants.

FACE-TO-FACE COMMUNICATIONS STILL REGARDED WORTHWHILE

Stakeholders based in devolved nations would like the HCPC to have personnel or more face-to-face engagement opportunities in their respective nations, as they say it would be useful for the HCPC to have a stronger presence or voice across the whole of the UK. Some of these also mention their appreciation of HCPC drop-in sessions in their respective country.

“People in Northern Ireland generally feel excluded from a lot of things. If there's something on, people make an effort to go. It's good for their own CPD and development and learning, most things are actually well attended.”



Professional body stakeholder, Northern Ireland

Another stakeholder recognises that the HCPC is doing well with their approach to engagement in Scotland, and would like even more of a Scottish focus:

“They need to be in Scotland on a regular basis...They quite often have HCPC, across the country, drop-in sessions, open invites for registrants to come and hear whatever latest news there is around HCPC. We usually try and make sure that somebody from the team attends those. They've had them in different parts of Scotland, as well, over the years so that's been welcome...They have been out to the Highlands, and Ayrshire, and various other places over the years.”



Education sector stakeholder, Scotland

OPPORTUNITIES IN THE FUTURE

When asked what **opportunities** they think the HCPC will encounter in the next few years, three themes emerge from stakeholders' responses.



DATA

A key theme arising from the interviews was the potential use of HCPC registrant data, both for stakeholders and for the HCPC itself. Data on registrants is regarded as a useful opportunity for the HCPC to use as evidence in policy consultations responses on workforce trends and changes. Moreover, stakeholders could access this data for their own responses to policy changes.

“We’re keen to work with [HCPC data] in terms of learning, practice learning and how communities and technology can better enable educationalists to develop outcomes for students and future registrants.”



Education sector stakeholder



WIDENING REMIT

Changes in the law around regulation may potentially lead to the HCPC regulating more professions, which is seen as a positive step for some stakeholders. This would widen the remit of the HCPC, enabling it to apply its expertise in furthering patient safety, such as on safeguarding.

“I think their registration process and their ethos and their ethics around registration are really good. I think they could extend out the fact that they already work with multi-professionals and do it well.”



Professional body stakeholder

However, other stakeholders hold opposing views, suggesting that the HCPC should not widen its remit. The various reasons discussed by interviewees ranged from the HCPC being a regulator that would become too large and inflexible, or that members would feel that the HCPC is no longer “their” regulator.

“Being multi-professional is both a benefit and a challenge, working in a scenario with constraints, financial, both in terms of itself and in terms of its registrants, in terms of service, whilst simultaneously operating in a highly politically-nuanced and sensitive environment really. All of its strengths are simultaneously its weaknesses.”



Education sector stakeholder



FUTURE LOOKING

Stakeholders hope the HCPC can be more future-looking, both in continuing to be an antenna on policy developments from government and keeping up-to-date with how practice is changing. They would like the HCPC to involve stakeholders as early as possible in potential opportunities they could influence.

“I think that is an opportunity where they could actually be thinking, in a forward-looking way, instead of [other] places looking backwards and trying to stop the march of innovation.”



Employment umbrella organisation stakeholder

When elaborating on this, some stakeholders mention the HCPC’s online presence and resources for digital communication, which would need to be in line with future developments in telecommunications. This would be relevant and helpful to registrants as well as service users who are working in an increasingly technologically focused environment.

Stakeholders are unsure on how the HCPC would prepare and innovate with respect to technological developments in health and care. For example, one stakeholder explores how the HCPC have an opportunity to plan and resource for the rise of artificial intelligence in health and care, thereby being forward-looking with respect to innovation and the challenges for regulation.

CHALLENGES IN THE FUTURE

When considering the challenges that the HCPC will encounter in the next few years, three themes emerge from stakeholders' responses.



WORKFORCE SUPPLY

Stakeholders regard workforce supply for the health and care sector, specifically for the NHS, a challenge for the HCPC and the sector overall. An ageing workforce approaching retirement, as well as fewer people choosing health and social care as a profession, is leading to a shortage of health and care specialists in the UK.

“We may find that over half our profession retire in fifteen years' time and there wouldn't be anybody left.”



Professional body stakeholder

These stakeholders are aware that this is not directly in the remit of the HCPC. However, they believe that the HCPC could recognise that this is directly relevant to it. Some mention the way in which the shortage of professionals would impact the nature and cost of regulation, as well as on registrants themselves.

Interviewees are keen that the HCPC are proactive more widely with respect to education and skills.

“[It's about] doing that extra bit to demonstrate that the public protection is also about ensuring that we have the right resources in all the professions.”



Education sector stakeholder

“Regulation should not just be about fixing a problem at the end. It should be about influencing the problem. For example, the Northern Ireland Social Care Council recognised that the workforce was weak and what they have begun to do is to highlight the problems and opportunities. In so doing, they're able to sort of make the profession more attractive, and to work out some of the problems before they arise. They've taken a very proactive approach. I think that's helpful for a regulator.”



Employer umbrella organisation stakeholder



REMIT OF REGISTRANTS

There is a concern for some stakeholders that the remit of registrants is widening to encompass professional responsibilities that are not regulated by the HCPC. Traditional health and care roles are changing significantly, according to these interviewees, which will result in the HCPC needing to reflect on the growing challenge that the HCPC may have to regulate only part of a registrant's role (which will result in complex issues of how to apply the HCPC standards in practice) or to expand its regulatory remit (which could overlap with other regulators such as the GMC).

“As HCPC registrants become qualified to take on more roles that traditionally were undertaken by a doctor – that might be a challenge facing the HCPC.”



Education sector stakeholder



FEE INCREASE

Stakeholders mention the potential challenge for the HCPC in increasing its fees. Some of these stakeholders criticise the HCPC's decision to increase its fees, saying professionals need to pay fees to the HCPC to be registrants, to professional bodies for membership and to unions. Therefore there needs to be an open conversation about affordability of the HCPC for health and care professionals. At the time of writing this report, the HCPC are analysing the responses to a public consultation about a potential fee rise.

The HCPC, according to some stakeholders, should focus on transparency in the reasoning for the fee increase and how it would positively impact on registrants, in order to maintain positive relationships with their stakeholders.

"[It's about] getting that balance right between the cost and what's affordable to staff that are regulated."



Education sector stakeholder

"I think one of our worries is that they're going to be increasing their fees, because they're losing the social work workforce, and that poses a risk to all of the professional bodies."



Professional body stakeholder

"HCPC's costs will keep rising and our members' earnings won't in the same fashion, so it's really important that the HCPC is running efficiently rather than seeking to make more money from people."



Trade union stakeholder



BREXIT

Stakeholders are concerned about the impact of Brexit on the development of regulation, as well as to workforce supply. They are also concerned that the government is currently distracted from issues in health and care in the UK, including whether there will be mutual recognition of qualifications between the UK and EU.

"I think the big challenge at the minute is just being able to work with civil servants and get things done [because of Brexit] ...Keeping a watchful eye on other things [such as health and care in the UK] that matter within government departments, especially at time of uncertainty over governments...is more important than ever."



Education sector stakeholder

"Things like the new mutual recognition of qualifications is a big issue for employers and presumably for regulators."



Employer umbrella organisation stakeholder

DISCUSSION



Awareness and perceptions of the HCPC as an organisation and views towards its role and function

AWARENESS

Most stakeholders in this research are aware of the HCPC, although as anticipated, awareness is lower amongst the general public and services users. Registrants say they have high levels of awareness of the functions of the HCPC, and most educators say they know at least a fair amount about the HCPC. Moreover, stakeholders who were interviewed for the qualitative element of this research tended to be knowledgeable about the HCPC and its remit to ensure public safety.

PERCEPTIONS

Whilst most stakeholders are positive about the HCPC, any negative impressions of the HCPC appeared to be linked to the HCPC's role in fitness to practise. The HCPC's role in dealing with concerns about fitness to practise is the primary driver of confidence, suggesting that this is where the HCPC should focus to sustain confidence in the HCPC.

Stakeholder understanding of regulation and the HCPC's role in relation to the health and care professions

PURPOSE

Most respondents who took part in this research identify the purpose of regulating health and care professionals as to protect service users and the public. Higher levels of awareness of the HCPC's role tended to correlate with high levels of confidence in the HCPC.

EFFECTIVENESS

Most stakeholders who were interviewed for the qualitative element of this research (and said they are familiar with the HCPC) tend to regard the regulator as effective in the way it prioritises public safety in all its functions, particularly the HCPC's approach to continuing professional development (CPD) in focusing on learning and the resulting benefit to registrants.

HCPC APPROACH TO EDUCATION AND CPD

Most stakeholders interviewed, commend the HCPC on its collaborative approach in its work regarding its education functions. Similarly, 92% of educators report the HCPC is effective at approving initial qualifying education and training programmes so they meet its standards, and 60% say it is very effective.

64% of registrants say the HCPC is effective in approving initial qualifying education and training programmes so they meet its standards, while 9% say it is not effective and over a quarter (27%) say they don't know or don't know enough about this.

Stakeholders who were interviewed also wanted to discuss the need to ensure there is a continuation between education and employment, since some believe employers can be inconsistent in fostering a learning environment for registrants, including those who are newly-practising.

HCPC REGISTER

Stakeholders seem to be content with the HCPC's approach to the Register of members of the professions it regulates. Most registrants (96%) and educators (93%) report that the HCPC is effective in maintaining and publishing the Register of properly qualified members of the profession it regulates. 84% of employers are confident in their understanding of the HCPC's registration renewal process. 94% of UK adults say they have never used the HCPC online register, which could be due to a lack of awareness of HCPC's role as a regulatory body, according to those surveyed.

Understanding of and attitudes towards fitness to practise

FITNESS TO PRACTISE

Knowledge of the fitness to practise process varies by stakeholder group:

- The majority of registrants (68%) say they know at least a fair amount about fitness to practise. However, 28% of registrants say they do not know much or nothing at all about fitness to practise. In addition, the views of registrants are mixed or uncertain on the HCPC's effectiveness in investigating concerns about a registrant's fitness to practise.
- Registrants' confidence in the HCPC correlates with views on the purpose of investigating a registrant's fitness to practise. Those who are unconfident in the HCPC are more likely to say the purpose is to discipline registrants who make mistakes, than to determine whether a registrant's fitness to practise is impaired and take action if necessary, to protect the public.
- For educators and employers, there is a mixed level of understanding of the role of the HCPC in relation fitness to practise.

In 2017, the University of Surrey published a study exploring the reasons behind the disproportionate number of complaints about paramedics and social workers relative to other HCPC registered professions resulting in a larger number of fitness to practise cases. One of the findings was that paramedics sometimes are fearful of the HCPC, viewing it as a 'big brother'. Another finding was, among social workers, there is confusion about the role of the regulator. Some of the research findings corroborate this: paramedics are the profession most likely to say the purpose of fitness to practise is to discipline registrants who make mistakes. Similarly, they are one of the least likely professions to raise a concern about a colleague with the HCPC. Seven in ten social workers say they know at least a fair amount about fitness to practise, which may well be due to the higher proportion of this profession taking part in fitness to practise cases.

PREVENTION AGENDA

Stakeholders who took part in the interviews regard it important to reduce the burden of fitness to practise cases for all involved. Employers are expected to play a greater role implementing a supportive environment for development of practice and in providing appropriate information and reports to inform fitness to practise cases. The HCPC is asked to consider more contact and support for registrants through what can be a lengthy process.

Stakeholders who were interviewed, described some of the fitness to practise cases as lengthy and negatively impacting on registrants' mental health. They also described the cases as resource-intensive for the HCPC, such as on organising and reorganising panel meetings or hearings and the cost-implication for this. ComRes is aware some stages of the HCPC fitness to practise process are dictated in the detail of activity and duration by HCPC's legislation. The HCPC has committed to

reducing the length of time investigations take and is currently running a fitness to practise Improvement Project to streamline this process. This should improve perceptions going forwards.

RAISING CONCERNS

Over the last six years the number of new concerns the HCPC has received has increased by 39%, where the number of cases closed in the early stages has also increased. The HCPC's 2017 fitness to practise report states that 2,259 concerns were raised (40.9% public, 26.4% employers), of which 445 became hearings. The HCPC have identified that employers' understanding their role in raising concerns and supplying information is integral to reduce the burden of fitness to practise. This conclusion is corroborated by this research.¹

Four in five registrants say they would raise a concern with the employer if they felt that the wellbeing of a service user was being compromised by a health and care professional.

Significant proportions of the public (who have used at least one of the services the HCPC regulates) say that if they did have a concern, they would not raise it with the HCPC:

- Just under one in five say they would contact the employer of the healthcare professional
- One in five are unsure of who to raise it with
- A third would raise their concerns with the relevant professional body.

Two thirds of employers have had concerns about a HCPC-registered employee's fitness to practise, and of these employers, four in five would raise these concerns through internal relevant channels.

The HCPC is considered a key point of contact to a large proportion of stakeholders when they have, or would have, concerns about a health and care professional's fitness to practise. This is despite the views of the stakeholders who were interviewed for this research, as well as the HCPC's commissioned literature review, which show that factors that can lead to concerns with a health and care professional tend to be located within the workplace (such as workload pressures, professional isolation, or no support for CPD).

SELF-REFERRAL

There is also some confusion on the process of self-referral across the stakeholders who took part in this research. When provided with scenarios on when a registrant should self-refer, most stakeholders in the quantitative element of this research correctly recognised three scenarios where there may be concerns about a registrant's fitness to practise, and therefore the registrant may wish to consider self-referral.

In response to some scenarios, there were some notable mixed responses from both registrants and employers: such as on whether a registrant should self-refer when they suffer from bipolar disorder and have a manic episode, and when, on advice of their treating psychiatrist they are taking some time out of work, or when a registrant's neighbour has told the local police that they have seen the registrant hit their partner in their garden.

¹ HCPC (December 2018) Professionalism and prevention – proposals in more detail <https://www.hcpc-uk.org/contentassets/4c33675b25774d2494c0f0772b464a7c/enc-09---professionalism-and-prevention-proposals-in-more-detail.pdf>

When asked when a HCPC registrant should self-refer (which can result in fitness to practise investigations) there are mixed perceptions about this from the stakeholders who were interviewed. Some mention that this should be when registrants have any health-related issues that could impair their practice, or when there is a “near-miss” in causing harm to a patient or service-user. Others point to the clear guidance set out by the HCPC as useful but think it should be an employer-led process.

At the time of writing this report the HCPC are in the process of updating information on their website to provide greater clarity to help stakeholders identify in which specific situations self-referrals should be made.

Awareness and understanding of HCPC standards

Broadly, stakeholders had a good understanding of the HCPC standards. 92% of educators, 83% of registrants and 73% of employers said that they had at least a fair amount of understanding of the HCPC standards they were surveyed on. Educators say they have high levels of knowledge of HCPC standards, compared to other stakeholders, may be because they are the most engaged with the standards, as part of their delivery of the HCPC-approved courses.

Registrants’ knowledge is broadly consistent across the three HCPC standards that were tested. Employers more likely than registrants to say they know very little or nothing at all about the HCPC’s standards of continuing professional development (30% vs. 15%). 22% of educators also report they know very little or nothing at all about the HCPC’s standards of continuing professional development.

Stakeholder interviewees generally expressed confidence in the HCPC’s standards, commenting that they ensure a high level of practice and protection for the public. It was felt that no additions would be required to the standards, but some stakeholder interviewees suggested that the HCPC standards could be brought more to life. This could be achieved through case studies highlighting when standards that have not been met and have led to fitness to practise cases to help engage and educate learners about the detail and their importance. This could also increase understanding of standards, and in turn support the HCPC’s fitness to practise prevention agenda.

Awareness of and engagement with HCPC communications

Amongst stakeholders who were interviewed, the HCPC is regarded as effective in the way it collaborates with most stakeholders via bilateral meetings and workshops. They also tended to spontaneously mention the HCPC’s e-newsletter *In-Focus* as a useful communication from the regulator. Some describe the HCPC’s website as a useful source of information, particularly on the standards. However, a few recommended that the website could be more user friendly. Indeed, ComRes is aware that the HCPC has recently introduced a new website to provide an improved user journey.

Trade union and service user organisation interviewees said they would like more engagement with the HCPC, particularly on as improving registrant and public understanding on the role of the regulator. Aligning with the HCPC’s strategic priorities, those interviewed in devolved nations are

particularly keen that the HCPC has a more prominent presence in their respective nations than currently.

Most registrants and educators say they have engaged with the HCPC in past 12 months, largely via the website and email. However, one quarter (24%) of employers say they have not engaged with the HCPC in the past 12 months. Set in context, this is not surprising as employers support employees with registration renewal every two years, as well as when an employee undergoes a CPD audit.

In the quantitative survey, stakeholders report they would like to receive future communications from the HCPC via email more than any other type of communication. Targeting email communications about CPD, the HCPC standards, and support provided during fitness to practise cases may well increase confidence in the regulator.

APPENDIX

KEY DRIVERS ANALYSIS: CONFIDENCE IN THE HCPC

The Key Drivers Analysis (KDA) allows the HCPC to understand the relationships between perceptions of the HCPC that can influence registrants’ confidence in the HCPC overall.

R-Squared

When interpreting the Key Drivers Analysis (KDA) for the HCPC, the first statistic reviewed was the R-Squared. The R-squared tells us how much of the dependent variable (“How confident or unconfident do you feel overall in the HCPC as an organisation?”) is explained by the model.

R-sq = 49.47%

The above (49.5%) shows that the KDA model used for the HCPC is a statistically robust model to understand the drivers of registrants’ confidence in the HCPC. An R-squared of 50% is considered very good, with 20% being seen as acceptable in most cases.

Importance scores

Below is the list of the key factors driving confidence in the HCPC, compared to current performance according to the registrant survey:

KEY DRIVER	Importance*	HCPC's performance
Effectiveness of HCPC – Investigating concerns about a registrant's fitness to practise and taking appropriate action	23%	66% say effective
Effectiveness of HCPC – Setting a range of standards , including those for professional skills, continuing professional development and behaviour	21%	86% say effective
Effectiveness of HCPC – Approving initial qualifying education and training programmes so they meet its standards	16%	64% say effective
Satisfaction – with the support and guidance received by the registrants during renewal	14%	76% say satisfied
Effectiveness of HCPC – Maintaining and publishing a Register of properly qualified members of the professions it regulates	7%	96% say effective
Confidence that newly trained graduates from HCPC- approved training programmes are suitably prepared for practise	7%	53% say confident
Overall knowledge about the HCPC	2%	57% know at least a fair amount
Purpose of regulation of health and care professionals: To promote the professions it regulates	2%	48% say this
Purpose of regulation of health and care professionals: To protect service users and the public	2%	92% say this

*Scaled factors shown here if 2% or over.

The importance score is a relative measure, and it would be rare in a robust model to have one variable dominate. In the analysis for the HCPC, 88.5% of the model is explained by the 6 most important variables.

To compare different importance scores these are analysed relatively. For example, comparing *investigating concerns* with a 23% importance and *approving training and education programmes* with a 16% importance score then we can say that the latter is around 2/3 as important as the former (or *investigating concerns* is around 1/3 more important than *approving training and education programmes*).

REGISTRANTS QUESTIONNAIRE

D1. [ASK ALL] **Under which profession(s) are you registered with the HCPC?** *Please select all that apply*
[MULTICODE]

- a. Art therapist
- b. Biomedical scientists
- c. Chiropodists / podiatrists
- d. Clinical scientists
- e. Dietitians
- f. Hearing aid dispensers
- g. Occupational therapists
- h. Operating department practitioners
- i. Orthoptists
- j. Paramedics
- k. Physiotherapists
- l. Practitioner psychologists
- m. Prosthetists / orthotists
- n. Radiographers
- o. Social workers in England
- p. Speech and language therapists
- q. Approved mental health professionals
- r. Podiatric surgeons
- s. None of these [EXCLUSIVE, SCREEN OUT]

[SECTION 1: ROLE AND RESPONSIBILITIES OF THE HCPC]

We would now like to ask you some questions about the role of the Health and Care Professions Council (HCPC).

Q1. [ASK ALL] **How much, if anything, would you say you know about the Health and Care Professions Council (HCPC)?** *Please select one answer* [SINGLE CODE]

- a. A great deal
- b. A fair amount
- c. Not very much
- d. Nothing at all
- e. Don't know

Q2. [ASK ALL] **What are the first three words that come to mind when you think of the Health and Care Professions Council?** *Please write up to three words in the boxes below*

- a. Open text box
- b. Open text box
- c. Open text box
- d. Don't know

Q3. [ASK ALL] **Which of the following, if any, do you consider to be the purpose of regulation of health and care professionals?** *Please select all that apply* [MULTICODE, RANDOMISE a – c]

- a. To protect service users and the public

- b. To represent the views of the health and care professionals who are regulated
- c. To promote the professions it regulates
- d. None of the above [FIX, EXCLUSIVE]
- e. Don't know / Not sure [FIX, EXCLUSIVE]

Q4. [ASK IF Q1 = a) to c)] As a regulator, the HCPC has the following key functions listed below. How effective, if at all, do you feel the HCPC is in relation to each of these activities?

Please select one per row

[RANDOMISE ROWS, SINGLE CODE FOR EACH STATEMENT]

- a. Maintaining and publishing a Register of properly qualified members of the professions it regulates
 - b. Setting a range of standards, including those for professional skills, continuing professional development and behaviour
 - c. Investigating concerns about a registrant's fitness to practise and taking appropriate action
 - d. Approving initial qualifying education and training programmes so they meet its standards
-
- i. Very effective
 - ii. Fairly effective
 - iii. Not very effective
 - iv. Not at all effective
 - v. Don't know/ don't know enough about this

Q5a. [ASK IF Q4 IF a) = (iii OR iv)] You said the HCPC are not effective at 'maintaining and publishing a Register of properly qualified members of the professions it regulates'. Please can you tell us why? [NON MANDATORY, OPEN TEXT BOX]

Q5b. [ASK IF Q4 IF b) = (iii OR iv)] You said the HCPC are not effective at 'setting a range of standards, including those for professional skills, continuing professional development and behaviour'. Please can you tell us why? [NON MANDATORY, OPEN TEXT BOX]

Q5c. [ASK IF Q4 IF c) = (iii OR iv)] You said the HCPC are not effective at 'investigating concerns about a registrant's fitness to practise and taking appropriate action'. Please can you tell us why? [NON MANDATORY, OPEN TEXT BOX]

Q5d. [ASK IF Q4 IF d) = (iii OR iv)] You said the HCPC are not effective at 'approving initial qualifying education and training programmes so they meet its standards'. Please can you tell us why? [NON MANDATORY, OPEN TEXT BOX]

Q6. [ASK ALL] How confident or unconfident do you feel overall in the HCPC as an organisation?

Please answer on a scale of 1 to 5 where 5 = very confident and 1 = very unconfident [SINGLE CODE]

OBJECTIVE: Overall confidence in HCPC (including reasons for being less confident)

- 5 = Very confident
- 4
- 3 = Neither confident, nor unconfident
- 2

1 = Very unconfident
I don't know/ don't know enough about the HCPC

[SECTION 2: FITNESS TO PRACTISE]

Thank you for your answers so far. We would now like to ask you some questions about fitness to practise (FtP)

Q7. [ASK ALL] How much, if anything, would you say you know about the fitness to practise (FtP)?

Please select one answer [SINGLE CODE]

- a. A great deal
- b. A fair amount
- c. Not very much
- d. Nothing at all
- e. Don't know

Q8. [ASK IF Q7 = a) to c)] Considering the following options, which best fits your understanding of the purpose of investigating a registrant's fitness to practise (FtP)? *Please select the most appropriate answer* [SINGLE CODE, RANDOMISE a) to d)]

- a. To determine whether a registrant's fitness to practise is impaired, and take action if necessary, to protect the public
- b. To discipline registrants who make mistakes
- c. To rectify clinical or care decisions that have been made by a health or care professional
- d. To compensate service users who have been wronged
- e. Don't know

Q9. [ASK ALL] Are you aware of the requirement in the HCPC standards of conduct, performance and ethics to raise any concerns about the safety or well-being of service users, and to be open and honest? *Please select one answer* [SINGLE CODE]

- a. Yes, definitely
- b. Yes, I think so
- c. No, I am not aware
- d. Don't know

Q10. [ASK ALL] If you were in a situation where you felt that the wellbeing of a service user was being compromised by a health and care registered professional, with whom would you raise a concern?

Please select all that apply [MULTICODE, RANDOMISE a) - d)]

- a. The HCPC
- b. Their employer
- c. The relevant professional body
- d. The police
- e. Other (please state) [FIX, OPEN TEXT BOX]
- f. I would not know who to raise them with [FIX, EXCLUSIVE]
- g. Don't know [FIX, EXCLUSIVE]

Q11. [ASK ALL] At any point have you ever had concerns about a fellow HCPC registered professional's fitness to practise? *Please select one answer* [SINGLE CODE]

- a. Yes, I have

- b. No, I haven't
- c. Don't know/ can't remember

Q12. [Ask IF Q11 = a)] **Who did you raise these concerns with?** *Please select all that apply* [MULTI CODE, RANDOMISE a) - c)]

- a. The HCPC
- b. The police
- c. Their employer
- d. Other (please state) [FIX, EXCLUSIVE]
- e. I did not raise my concerns formally [FIX, EXCLUSIVE]
- f. I raised my concerns formally, but I can't remember who I raised them with [FIX, EXCLUSIVE]

Q13. [ASK IF Q12= b), c), d), f) Did not raise concerns with the HCPC] **You mentioned that you had concerns about a fellow HCPC registered professional, and that you did not raise them formally with the HCPC. Please tell us in the box below, why this is?** [OPEN TEXT BOX]

Q14. [ASK ALL] **The HCPC expects registrants to tell them about anything that negatively impacts their fitness to practise. This could include concerns about their own character, conduct or competence. These are called 'self-referrals'. From the list of scenarios below, please let us know when you think the registrant should and should not self-refer?** *Please select one answer per row* [SINGLE CODE PER STATEMENT, RANDOMISE ROWS]

- a. A registrant has been diagnosed with Alzheimer's and refuses to discuss this with their employer
- b. A registrant who suffers from bipolar disorder is having a manic episode. On the advice of their treating psychiatrist they are taking some time out of work
- c. A registrant has received a speeding fine
- d. A registrant has received a caution for grievous bodily harm
- e. A registrant has a boundary dispute with their neighbour and refuses to cooperate in resolving the matter
- f. A registrant's neighbour has told the local police that they have seen the registrant hit their partner in their garden
- g. A registrant has acted outside of the accepted scope of practice for their profession and a service user has come to harm
 - i. Should self-refer
 - ii. Should not self-refer
 - iii. Don't know

[SECTION 3: HCPC STANDARDS]

Next we would like to ask you some questions about your thoughts on the HCPC standards.

Q15. [ASK ALL] **How much, if anything, do you feel you know about each of the following HCPC standards?** *Please select one answer per row* [SINGLE CODE PER STATEMENT, RANDOMISE ROWS]

- a. HCPC's standards of conduct, performance and ethics
- b. HCPC's standards of proficiency for your profession
- c. HCPC's continuing professional development standards
 - i. A great deal

- ii. A fair amount
- iii. Not very much
- iv. Nothing at all
- v. Don't know

Q16. [ASK ALL] Why would an HCPC registrant typically refer to the HCPC's standards?

Please select all that apply [MULTICODE, RANDOMISE a) - h)]

- a. As part of a fitness to practise concern about somebody else
- b. Because a fitness to practise concern had been raised
- c. To inform patients and service users about their care
- d. To update their own knowledge of the standards
- e. To train a colleague or peer
- f. As part of the registration renewal process
- g. As part of the registrant's application to join the Register
- h. They were selected for the HCPC's CPD audit process
- i. Other (please specify) [OPEN TEXT BOX, FIX]
- j. None of these [FIX, EXCLUSIVE]
- k. Don't know [FIX, EXCLUSIVE]

Q17. [ASK IF Q15 = i) to iii) FOR EACH STATEMENT] In order to remain registered with the HCPC, registrants must continue to meet the standards that the HCPC set. These standards set out the HCPC's expectations for the health and care professionals they regulate, and are used to determine a registrants' 'fitness to practise'. How often do you refer to the following standards? Please select one answer per row [SINGLE CODE PER STATEMENT, RANDOMISE ROWS]

- a. HCPC's standards for conduct, performance and ethics
- b. HCPC's standards of proficiency for your profession
- c. HCPC's continuing professional development standards

- i. All the time
- ii. Frequently
- iii. Sometimes
- iv. Never

Q18. [ASK ALL] The HCPC requires registrants to have undertaken training in an approved programme in their relevant professional field. How confident or unconfident are you that newly trained graduates from HCPC-approved training programmes are suitably prepared for practice? Please answer on a scale of 1 to 5 where 5 = very confident and 1 = very unconfident [SINGLE CODE]

- 5 = Very confident
- 4
- 3 = Neither confident, nor unconfident
- 2
- 1 = Very unconfident
- Don't know

[SECTION 4: REGISTRATION AND RENEWAL]

We would now like to ask you some questions about registration and renewal.

Q19. [ASK ALL] How well would you say you understand the registration renewal process, if at all?
Please select one answer [SINGLE CODE]

- a. Understand very well
- b. Understand fairly well
- c. Understand not very well
- d. Understand not at all well
- e. Don't know

Q20. [ASK ALL] The HCPC's online system allows you to renew your registration and pay your registration fee. Support and guidance on renewal are also provided. How satisfied or unsatisfied were you with the support and guidance you received when you last renewed your registration online? *Please select one answer [SINGLE CODE]*

- a. Very satisfied
- b. Satisfied
- c. Neither satisfied nor unsatisfied
- d. Unsatisfied
- e. Very unsatisfied
- f. Don't know/not relevant

[SECTION 5: CONTINUING PROFESSIONAL DEVELOPMENT (CPD)]

We would now like to ask you some questions about continuing professional development.

Q21. [ASK ALL] Continuing professional development (CPD) is the way in which registrant's continue to learn and develop throughout their career so they keep their skills and knowledge up to date and enables them to practise safely and effectively. When renewing, some registrants are asked by the HCPC to send information and evidence that they have met the CPD standards. How much do you feel that you know about the CPD audit process for registrants? *Please select one answer [SINGLE CODE]*

- a. A great deal
- b. A fair amount
- c. Not very much
- d. Nothing at all
- e. Don't know

Q22. [ASK ALL] Have you ever been selected for such a CPD audit? [SINGLE CODE]
Please select one answer

- a. Yes
- b. No
- c. Don't know

Q22a. [ASK IF Q22 = a) Yes] Based on your experience of being selected for CPD audit, how confident or unconfident are you that the CPD audit process ensures that registrants continue to be fit to practise?
Please answer on a scale of 1 to 5 where 5 = very confident and 1 = very unconfident [SINGLE CODE]

5 = Very confident

4

3 = Neither confident, nor unconfident

2

1 = Very unconfident

Don't know

[SECTION 6: HCPC COMMUNICATIONS]

Next we would like to ask you some questions about your thoughts on HCPC communications.

Q23. [ASK ALL] Over the past 12 months how have you engaged with the HCPC, if at all? *Please select all that apply* [MULTICODE, RANDOMISE a) - k)]

- a. Attended face-to-face meetings
- b. Attended HCPC events
- c. Attended other conferences or events
- d. By telephone
- e. By email
- f. Read HCPC In Focus (the HCPC's e-newsletter)
- g. By post
- h. Read a press release
- i. Via the HCPC website
- j. Via social media (Facebook, Twitter, LinkedIn)
- k. Via HCPC's YouTube channel
- l. Other (please specify) [FIX, OPEN TEXT BOX]
- m. I have not engaged with the HCPC in the past 12 months [FIX, EXCLUSIVE]
- n. Don't know [FIX, EXCLUSIVE]

Q24. [ASK IF Q23 = a) to k) FOR EACH STATEMENT]. How would you rate the following HCPC communications in terms of how useful/ informative, or not, they are? *Please select one per row* [SINGLE CODE, RANDOMISE ROWS] [PIPE IN CHANNELS FROM Q23 = a) to k)]

- a. Attended face-to-face meetings
 - b. Attended HCPC events
 - c. Attended other conferences or events
 - d. By telephone call
 - e. By email
 - f. Read HCPC In Focus (the HCPC's e-newsletter)
 - g. By post
 - h. Read a press release
 - i. Via the HCPC website
 - j. Via social media (Facebook, Twitter, LinkedIn)
 - k. Via HCPC's YouTube channel
-
- i. Very useful/ informative
 - ii. Somewhat useful/ informative
 - iii. Not very useful/ informative
 - iv. Not at all useful/ informative
 - v. Don't know

Q25. [ASK ALL] How would you like to receive information about the HCPC? *Please select all that apply* [MULTICODE, RANDOMISE a) to j)]

- a. Face-to-face meetings
- b. HCPC events
- c. Other conferences or events
- d. By telephone call
- e. By email
- f. HCPC In Focus (the HCPC's e-newsletter)
- g. By post
- h. Press release
- i. Via the HCPC website
- j. Via social media (Facebook, Twitter, LinkedIn)
- k. Via HCPC's YouTube channel
- l. Other (please specify) [FIX, OPEN TEXT BOX]
- m. Don't know [FIX, EXCLUSIVE]
- n. None of the above [FIX, EXCLUSIVE]

Q26. [ASK IF Q25 = a) to m)] **Which of the following, if any, would you like more information from the HCPC on?** *Please select all that apply* [MULTICODE. RANDOMISE a - n]

- a. The fitness to practise (FtP) process
- b. HCPC's standards for conduct, performance and ethics
- c. HCPC's standards of proficiency for your profession
- d. HCPC's CPD standards and audit process
- e. The HCPC registration renewal process
- f. The Register itself
- g. Information about the HCPC as an organisation (e.g. structure, board, responsibilities, contact information)
- h. Information about approved pre-registration education and training programmes
- i. Details on the findings of consultation exercises
- j. Guidance on promoting HCPC registration including registration logo, posters and leaflets
- k. Publications including research findings, newsletters and guidance
- l. None of the above [FIX, EXCLUSIVE]
- m. Don't know [FIX, EXCLUSIVE]

Finally, we have a few questions about you and your role.

Q27. [ASK ALL] **How long have you been registered to practise under your professional title?**

Please select one answer [SINGLE CODE]

- a. Up to 6 months
- b. Between 6 months and a year
- c. Between 1 and 3 years
- d. Between 4 and 5 years
- e. Between 6 and 7 years
- f. Between 8 and 10 years
- g. Over 10 years
- h. Don't know

Q28. [ASK ALL] **In which of the following do you practise?** *Please select one answer* [MULTICODE]

- a. Independent / private practice
- b. NHS / public / local authority sector practice
- c. Voluntary sector practice

- d. Other (please specify) [OPEN TEXT BOX]
- e. Don't know [FIX EXCLUSIVE]

Q29. [ASK ALL] **How large is your practice group / department?** *Please select one answer* [SINGLE CODE]

- a. You are a sole practitioner
- b. 2 – 9 practitioners
- c. 10 – 24 practitioners
- d. 25 – 49 practitioners
- e. 50 or more practitioners
- f. Don't know

Q30. [ASK ALL] **How old are you?** *Please select your answer using one of the following bands* [SINGLE CODE]

- a. 16–24
- b. 25–34
- c. 35–44
- d. 45–54
- e. 55–64
- f. 65+
- g. Prefer not to say

Q31. [ASK ALL] **What is your gender?** *Please select one answer* [SINGLE CODE]

- a. Female
- b. Male
- c. Prefer not to say

Q32. [ASK ALL] **To which of the following ethnic groups do you consider you belong?** *Please select one answer* [SINGLE CODE]

- a. White
- b. Mixed
- c. Asian
- d. Black
- e. Chinese
- f. Other ethnic group
- g. Prefer not to answer

Q33. [ASK ALL] **Where is your primary place of work?** [SINGLE CODE]

- a. Scotland
- b. Wales
- c. Northern Ireland

England

- d. North East
- e. North West
- f. Yorkshire & Humberside
- g. West Midlands
- h. East Midlands
- i. Eastern
- j. London
- k. South East
- l. South West

Other

- m. Channel Islands
- n. EEA
- o. Gibraltar
- p. Isle of Man

PUBLIC AND SERVICE USERS QUESTIONNAIRE

D1. [ASK ALL] Which, if any, of the following professionals' services have you ever used? We'd like you to think of all the ways in which you may have used these services e.g. via referral from your GP, at hospitals, GP surgeries, walk-in centres, clinics, pharmacies and in your home or on the phone. Please take into account both treatment and advice from these particular professionals. Please select all that you have ever used [MULTICODE]

- a. Art therapists
- b. Biomedical scientists
- c. Chiropodists / podiatrists
- d. Clinical scientists
- e. Dietitians
- f. Hearing aid dispensers
- g. Approved Mental health Professionals
- h. Occupational therapists
- i. Operating department practitioners
- j. Orthoptists
- k. Paramedics
- l. Physiotherapists
- m. Practitioner psychologists
- n. Prosthetists / orthotists
- o. Radiographers
- p. Social workers in England
- q. Speech and language therapists
- r. None of these
- s. Don't know [FIX, EXCLUSIVE]

Q1. [ASK IF D1 = a) to r)] Thinking about the last occasion that you had contact with a health and care professional, how satisfied or dissatisfied were you with your experience? Please select one answer [RANDOMISE ROWS, SINGLE CODE FOR EACH ROW]

- i. Very satisfied
- ii. Fairly satisfied
- iii. Neither satisfied or dissatisfied
- iv. Fairly dissatisfied
- v. Very dissatisfied
- vi. Don't know

Q2. [ASK IF D1 = a) to r)] Still thinking about the last occasion that you had contact with one of these professionals, which of the following factors, if any, made you trust the health and care professional? Please select all that apply [MULTICODE, RANDOMISE a) - k)]

- a. They had letters after their name
- b. Their communication skills/ they explained things well
- c. They were up-to-date with new developments in their field
- d. Their knowledge/ technical ability
- e. They involved me in decision making about my care
- f. They treated me with dignity and respect
- g. I had a good outcome/ success

- h. They were registered with a regulatory body
- i. They had formal identification e.g. ID Card
- j. They had formal accreditation e.g. certificate on his/her practice wall
- k. They were affiliated with a professional body
- l. Other (please specify) [FIX, OPEN TEXT BOX]
- m. I would not say I trusted the health and care professional that I last had contact with [FIX, EXCLUSIVE]
- n. Don't know [FIX, EXCLUSIVE]

Q3. [ASK ALL] Which of the following, if any, do you consider to be the purpose of regulation of health and care professionals? Please select all that apply [MULTICODE, RANDOMISE a) - c)]

- f. To protect service users and the public
- g. To represent the views of the health and care professionals who are regulated
- h. To promote the professions it regulates
- i. None of the above [FIX, EXCLUSIVE]
- j. Don't know [FIX, EXCLUSIVE]

Q4. [ASK ALL] At any point have you ever had had a serious concern about the skills or conduct of any of the following health or care professionals? [SINGLE CODE]

- Approved mental health professionals
- Art therapists
- Biomedical scientists
- Chiropodists / podiatrists
- Clinical scientists
- Dietitians
- Hearing aid dispensers
- Approved Mental Health Professionals
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Practitioner psychologists
- Prosthetists / orthotists
- Radiographers
- Social workers in England
- Speech and language therapists
 - a. Yes, I have
 - b. No, I haven't
 - c. Don't know

Q5. [ASK IF Q4 = b) or c)] If you were to have a concern about a health or care professional, who would you raise your concern with in the first instance? Please select all that apply [MULTICODE, RANDOMISE ROWS a)–d)]

- a. The Health and Care Professions Council (HCPC)
- b. Their employer

- c. The relevant professional body
- d. The police
- e. Other (please state) [FIX, OPEN TEXT BOX]
- f. I would not know who to raise them with [FIX, EXCLUSIVE]
- g. Don't know [FIX, EXCLUSIVE]

Q6. [Ask IF Q4 = a)] **You have said that you have had serious concern about the skills or conduct of a health or care professional. Who did you raise these concerns with, if at all?** *Please select all that apply* [MULTI CODE, RANDOMISE a)–c)]

- a. The HCPC
- b. The police
- c. Their employer
- d. I did not raise my concerns formally [FIX, EXCLUSIVE]
- e. I raised my concerns formally, but I can't remember who I raised them with [FIX, EXCLUSIVE]

Q7. [ASK IF Q6= NOT A] **You mentioned that you had concerns about an HCPC registered professional, and that you did not raise them formally with the HCPC. Please tell us in the box below, why this is?** [OPEN TEXT BOX]

Q8. [ASK ALL] **Have you ever used the Health and Care Professions Council (HCPC) online Register?**

Please select one answer

[SINGLE CODE]

- a. Yes
- b. No [Skip to Q10]
- c. Don't know [Skip to Q10]

Q9. [ASK IF Q8 = a] **How easy or difficult would you say it is to access the Health and Care Professions Council (HCPC) online Register?** *Please select one answer* [SINGLE CODE]

- a. Very easy
- b. Fairly easy
- c. Neither easy nor difficult
- d. Fairly difficult
- e. Very difficult
- f. Don't know

Q10. [ASK ALL] **Do you currently look after/care for a friend or family member who cannot fully look after themselves without your support?** *Please select one answer* [SINGLE CODE]

- a. Yes
- b. No
- c. Prefer not say

EDUCATORS QUESTIONNAIRE

D1. [ASK ALL] To your knowledge, for which of the following professions does your institution provide HCPC–approved education or training programmes? Please select all that apply [MULTICODE]

PROFESSION

- a. Art therapist
- b. Biomedical scientists
- c. Chiropodists / podiatrists
- d. Clinical scientists
- e. Dietitians
- f. Hearing aid dispensers
- g. Mental health professionals
- h. Occupational therapists
- i. Operating department practitioners
- j. Orthoptists
- k. Paramedics
- l. Physiotherapists
- m. Podiatric surgeons
- n. Practitioner psychologists
- o. Prosthetists / orthotists
- p. Radiographers
- q. Social workers in England
- r. Speech and language therapists
- s. None of the above [EXCLUSIVE, SCREEN OUT]
- t. Don't know [EXCLUSIVE, SCREEN OUT]

[SECTION 1: ROLE AND RESPONSIBILITIES OF THE HCPC]

We would now like to ask you some questions about the role of the Health and Care Professions Council (HCPC).

Q1. [ASK ALL] How much, if anything, would you say you know about the Health and Care Professions Council (HCPC)? Please select one answer [SINGLE CODE]

- a. A great deal
- b. A fair amount
- c. Not very much
- d. Nothing at all
- e. Don't know

Q2. [ASK ALL] What are the first three words that come to mind when you think of the HCPC?
Please write up to three words in the boxes below

- a. [Open text box]
- b. [Open text box]
- c. [Open text box]
- d. Don't know

Q3. [ASK ALL] Which of the following, if any, do you consider to be the purpose of regulation of health and care professionals? Please select all that apply [MULTICODE, RANDOMISE ROWS a – c]

- a. To protect service users and the public
- b. To represent the views of the health and care professionals who are regulated
- c. To promote the professions it regulates
- d. None of the above [FIX, EXCLUSIVE]
- e. Don't know / Not sure [FIX, EXCLUSIVE]

Q4. [ASK ALL] As a regulator, the HCPC has the following key functions listed below. How effective, if at all, do you feel the HCPC is in relation to each of these activities? Please select one per row [RANDOMISE ROWS, SINGLE CODE FOR EACH STATEMENT]

- a. Maintaining and publishing a Register of properly qualified members of the professions it regulates
- b. Setting a range of standards, including those for professional skills, continuing professional development and behaviour
- c. Investigating concerns about a registrant's fitness to practise and taking appropriate action
- d. Approving initial qualifying education and training programmes so they meet its standards
 - i. Very effective
 - ii. Fairly effective
 - iii. Not very effective
 - iv. Not at all effective
 - v. Don't know/ don't know enough about this

Q5a. [ASK IF Q4 IF a) = (iii OR iv)] You have said that the HCPC are not effective at 'maintaining and publishing a Register of properly qualified members of the professions it regulates'. Please can you tell us why this is? [NON MANDATORY, OPEN TEXT BOX]

Q5b. [ASK IF Q4 IF b) = (iii OR iv)] You have said that the HCPC are not effective at 'setting a range of standards, including those for professional skills, continuing professional development and behaviour'. Please can you tell us why this is? [NON MANDATORY, OPEN TEXT BOX]

Q5c. [ASK IF Q4 IF c) = (iii OR iv)] You have said that the HCPC are not effective at 'investigating concerns about a registrant's fitness to practise and taking appropriate action'. Please can you tell us why this is? [NON MANDATORY, OPEN TEXT BOX]

Q5d. [ASK IF Q4 IF d) = (iii OR iv)] You said that the HCPC are not effective at 'approving initial qualifying education and training programmes so they meet its standards'. Please can you tell us why this is? [NON MANDATORY, OPEN TEXT BOX]

Q6.[ASK ALL] How confident or unconfident do you feel overall in the HCPC as an organisation, on a scale of 1 to 5 where 5 = very confident and 1 = very unconfident? [SINGLE CODE]

- 5 = Very confident
- 4
- 3 = Neither confident, nor unconfident
- 2
- 1 = Very unconfident
- I don't know/ don't know enough about the HCPC

[SECTION 2: FITNESS TO PRACTISE]

Thank you for your answers so far. We would now like to ask you some questions about fitness to practise (FtP)

Q7. [ASK ALL] How much, if anything, would you say you know about the process of investigating a registrant's fitness to practise (FtP)? *Please select one answer* [SINGLE CODE]

- a. A great deal
- b. A fair amount
- c. Not very much
- d. Nothing at all
- e. Don't know

Q8. [ASK IF Q7 = a) to c)] Considering the following options, which best fits your understanding of the purpose of investigating a registrant's fitness to practise (FtP)? *Please select the most appropriate answer* [SINGLE CODE, RANDOMISE a) to d)]

- a. To determine whether a registrant's fitness to practise is impaired, and take action if necessary, to protect the public
- b. To discipline registrants who make mistakes
- c. To rectify clinical or care decisions that have been made by a health or care professional
- d. To compensate service users who have been wronged
- e. Don't know [FIX, EXCLUSIVE]

[SECTION 3: HCPC STANDARDS]

Next we would like to ask you some questions about your thoughts on the HCPC standards.

Q9.[ASK ALL] How much, if anything, do you feel you know about each of the following HCPC standards? *Please select one answer per row* [SINGLE CODE PER STATEMENT, RANDOMISE]

- a. HCPC's standards for conduct, performance and ethics
- b. HCPC's standards of proficiency for your profession
- c. HCPC's continuing professional development standards
- d. HCPC's standards of education and training
- vi. A great deal
- vii. A fair amount
- viii. Not very much
- ix. Nothing at all
- x. Don't know

Q10. [ASK ALL] How confident or unconfident are you in the way that the HCPC ensures that education and training programmes meet HCPC standards? *Please answer on a scale of 1 to 5 where 5 = very confident and 1 = very unconfident* [SINGLE CODE]

- 5 = Very confident
- 4
- 3 = Neither confident, nor unconfident
- 2
- 1 = Very unconfident
- Don't know

[SECTION 6: HCPC COMMUNICATIONS]

Next we would like to ask you some questions about your thoughts on HCPC communications.

Q11. [ASK ALL] Over the past 12 months how have you engaged with the HCPC, if at all? Please select all that apply [MULTICODE, RANDOMISE a) – k)]

- a. Attended face-to-face meetings
- b. Attended HCPC events
- c. Attended other conferences or events [FIX after b)]
- d. By telephone
- e. By email
- f. Read HCPC In Focus (the HCPC's e-newsletter)
- g. By post
- h. Read a press release
- i. Via the HCPC website
- j. Via social media (Facebook, Twitter, LinkedIn)
- k. Via HCPC's YouTube channel
- l. Other (please specify) [FIX, OPEN TEXT BOX]
- m. I have not engaged with the HCPC in the past 12 months [FIX, EXCLUSIVE]
- n. Don't know [FIX, EXCLUSIVE]

Q12. [ASK IF Q11 = a) to k) FOR EACH STATEMENT] How would you rate the following HCPC communications in terms of how useful/ informative, or not, they are? Please select one per row [SINGLE CODE] [PIPE IN CHANNELS FROM Q11 IF = a) to k)]

- i. Very useful/ informative
- ii. Somewhat useful/ informative
- iii. Not very useful/ informative
- iv. Not at all useful/ informative
- v. Never/ almost never

Q13. [ASK ALL] How would you like to receive information about the HCPC? Please select all that apply [MULTICODE, RANDOMISE a) to j)]

- a. Face-to-face meetings
- b. HCPC events
- c. Other conferences or events [Fix after b)]
- d. By telephone
- e. By email
- f. HCPC In Focus (the HCPC's e-newsletter)
- g. By post
- h. Press release
- i. Via the HCPC website
- j. Via social media (Facebook, Twitter, LinkedIn)
- k. Via HCPC's YouTube channel
- l. Other (please specify) [FIX, OPEN TEXT BOX]
- m. Don't know [FIX, EXCLUSIVE]
- n. None of the above [FIX, EXCLUSIVE]

Finally, we have a few questions about you and your role.

Q14. [ASK ALL] Where is your education institution primarily located? *Please select one answer*
[SINGLE CODE]

- a. Scotland
- b. Wales
- c. Northern Ireland

England

- d. North East
- e. North West
- f. Yorkshire & Humberside
- g. West Midlands
- h. East Midlands
- i. Eastern
- j. London
- k. South East
- l. South West

Other

- m. Channel Islands
- n. EEA
- o. Gibraltar
- p. Isle of Man

Q15. [ASK ALL] To your knowledge, how many students are currently enrolled on HCPC-approved programme(s) at your education institution? *Please select one answer* [SINGLE CODE]

- a. Under 10
- b. 11 – 20
- c. 21 – 30
- d. 31 – 50
- e. 51 – 100
- f. 101–150
- g. Over 150
- h. Don't know

Q16. [ASK ALL] How old are you? *Please select your answer using the following bands* [SINGLE CODE]

- a. 16–24
- b. 25–34
- c. 35–44
- d. 45–54
- e. 55–64
- f. 65+
- g. Prefer not to say

Q17. [ASK ALL] What is your gender? *Please select one answer* [SINGLE CODE]

- a. Female
- b. Male
- c. Prefer not to say

EMPLOYERS QUESTIONNAIRE

D1. [ASK ALL] Which HCPC registered professional(s) do you currently employ? *Please select all that apply*
[MULTICODE]

- a. Art therapists
- b. Biomedical scientists
- c. Chiropodists / podiatrists
- d. Clinical scientists
- e. Dietitians
- f. Hearing aid dispensers
- g. Mental health professionals
- h. Occupational therapists
- i. Operating department practitioners
- j. Orthoptists
- k. Paramedics
- l. Physiotherapists
- m. Podiatric surgeons
- n. Practitioner psychologists
- o. Prosthetists / orthotists
- p. Radiographers
- q. Social workers in England
- r. Speech and language therapists
- s. Mental health professionals
- t. Podiatric surgeons
- u. None of these [EXCLUSIVE, SCREEN OUT]

[SECTION 1: ROLE AND RESPONSIBILITIES OF THE HCPC]

We would now like to ask you some questions about the role of the Health and Care Professions Council (HCPC).

Q1. [ASK ALL] How much, if anything, would you say you know about the Health and Care Professions Council (HCPC)? *Please select one answer* [SINGLE CODE]

- a. A great deal
- b. A fair amount
- c. Not very much
- d. Nothing at all [SCREEN OUT]
- e. Don't know [SCREEN OUT]

Q2. [ASK ALL] What are the first three words that come to mind when you think of the HCPC? *Please write up to three words in the boxes below*

- a. [Open text box]
- b. [Open text box]
- c. [Open text box]
- d. Don't know [FIX EXCLUSIVE]

Q3. [ASK ALL] Which of the following, if any, do you consider to be the purpose of regulation of health and care professionals? Please select all that apply [MULTICODE, RANDOMISE ROWS a) – c]

- a. To protect service users and the public
- b. To represent the views of the health and care professionals who are regulated
- c. To promote the professions it regulates
- d. None of the above [FIX, EXCLUSIVE]
- e. Don't know / Not sure [FIX, EXCLUSIVE]

Q4. [ASK ALL] As a regulator, the HCPC has the following key functions listed below. How effective, if at all, do you feel the HCPC is in relation to each of these activities? Please select one per row [RANDOMISE ROWS, SINGLE CODE FOR EACH STATEMENT]

- a. Maintaining and publishing a Register of properly qualified members of the professions it regulates
 - b. Setting a range of standards, including those for professional skills, continuing professional development and behaviour
 - c. Investigating concerns about a registrant's fitness to practise and taking appropriate action
 - d. Approving initial qualifying education and training programmes so they meet its standards
- i. Very effective
 - ii. Fairly effective
 - iii. Not very effective
 - iv. Not at all effective
 - v. Don't know/ don't know enough about this

Q5a. [ASK IF Q4a = iii OR iv] You have said that the HCPC are not effective at 'maintaining and publishing a Register of properly qualified members of the professions it regulates'. Please can you tell us why? [NON MANDATORY, OPEN TEXT BOX]

Q5b. [ASK IF Q4b = iii OR iv] You have said that the HCPC are not effective at 'setting a range of standards, including those for professional skills, continuing professional development and behaviour'. Please can you tell us why? [NON MANDATORY, OPEN TEXT BOX ENT]

Q5c. [ASK IF Q4c = iii OR iv] You have said that the HCPC are not effective at 'investigating concerns about a registrant's fitness to practise and taking appropriate action'. Please can you tell us why? [NON MANDATORY, OPEN TEXT BOX]

Q5d. [ASK IF Q4d = iii OR iv] You have said that the HCPC are not effective at 'approving initial qualifying education and training programmes so they meet its standards'. Please can you tell us why? [NON MANDATORY, OPEN TEXT BOX]

Q6. [ASK ALL] How confident or unconfident do you feel overall in the HCPC as an organisation, on a scale of 1 to 5 where 5 = very confident and 1 = very unconfident. [SINGLE CODE]

- 5 = Very confident
- 4
- 3 = Neither confident, nor unconfident
- 2
- 1 = Very unconfident
- I don't know/ don't know enough about the HCPC

[SECTION 2: FITNESS TO PRACTISE]

Thank you for your answers so far. We would now like to ask you some questions about fitness to practise (FtP).

Q7. [ASK ALL] How much, if anything, would you say you know about the process of investigating a registrant's fitness to practise (FtP)? *Please select one answer* [SINGLE CODE]

- a. A great deal
- b. A fair amount
- c. Not very much
- d. Nothing at all
- e. Don't know

Q8. [ASK IF Q7 = a) to c)] Considering the following options, which best fits your understanding of the purpose of investigating a registrant's fitness to practise (FtP)? *Please select the most appropriate answer* [SINGLE CODE, RANDOMISE a – d]

- a. To determine whether a registrant's fitness to practise is impaired, and take action if necessary, to protect the public
- b. To discipline registrants who make mistakes
- c. To rectify clinical or care decisions that have been made by a health or care professional
- d. To compensate service users who have been wronged
- e. Don't know [FIX]

Q9. If you had a concern a HCPC registered professionals, at what stage would you raise a concern with the HCPC? [SINGLE CODE]

- a. At the time of concern
- b. After I had spoken to them directly
- c. After any internal processes have been completed
- d. I would probably not raise a concern with HCPC
- e. Other (please specify) [FIX, OPEN TEXT RESPONSE]

Q10. [ASK ALL] At any point have you ever had concerns about a HCPC registered employee's fitness to practise? *Please select one answer* [SINGLE CODE]

- a. Yes, I have
- b. No, I haven't
- c. Don't know

Q11. [Ask IF Q10 = a)] Who did you raise these concerns with? *Please select all that apply* [MULTICODE, RANDOMISE a) – d)]

- a. The HCPC
- b. Formally through relevant channels at work
- c. The police
- d. The relevant professional body
- e. Other (please specify) [OPEN TEXT BOX] [FIX]
- f. I did not raise my concerns formally [FIX, EXCLUSIVE]
- g. I raised my concerns formally, but I can't remember who I raised them with [FIX, EXCLUSIVE]

Q12. [ASK IF Q11 = b), c), d), e) Did not raise concerns with HCPC] You mentioned that you had concerns about a HCPC registered professional, and that you did not raise them formally with the HCPC. Please tell us in the box below, why this is? [OPEN TEXT BOX]

- Q13. [ASK ALL] The HCPC expects registrants to tell them about anything that negatively impacts their fitness to practise. This could include concerns about their own character, conduct or competence. These are called 'self-referrals'. From the list of scenarios below, please let us know when you think the registrant should and should not self-refer? [RANDOMISE ROWS, SINGLE CODE PER STATEMENT]**
- a. A registrant has been diagnosed with Alzheimer's and refuses to discuss this with their employer.
 - b. A registrant who suffers from bipolar disorder is having a manic episode. On the advice of their treating psychiatrist they are taking some time out of work.
 - c. A registrant has received a speeding fine.
 - d. A registrant has received a caution for grievous bodily harm.
 - e. A registrant has a boundary dispute with their neighbour and refuses to cooperate in resolving the matter.
 - f. A registrant's neighbour has told the local police that they have seen the registrant hit their partner in their garden.
 - g. A registrant has acted outside of the accepted scope of practice for their profession and a service user has come to harm.
- i. Should self-refer
 - ii. Should not self-refer
 - iii. Don't know

[SECTION 3: HCPC STANDARDS]

Next we would like to ask you some questions about your thoughts on the HCPC standards.

- Q14. [ASK ALL] How much, if anything, do you feel you know about each of the following HCPC standards? [SINGLE CODE PER STATEMENT, RANDOMISE ROWS]**
- a. HCPC's standards of conduct, performance and ethics
 - b. HCPC's standards of proficiency for your profession
 - c. HCPC's continuing professional development standards
- xi. A great deal
 - xii. A fair amount
 - xiii. Not very much
 - xiv. Nothing at all
 - xv. Don't know
- Q15. [ASK ALL] Why would an HCPC registrant typically refer to the HCPC's standards? [MULTICODE, RANDOMISE a) - h)]**
- a. As part of a fitness to practise concern about somebody else
 - b. Because a fitness to practise concern had been raised
 - c. To inform patients and service users about their care
 - d. To update their own knowledge of the standards
 - e. To train a colleague or peer
 - f. As part of the registration renewal process
 - g. As part of the registrant's application to join the Register
 - h. They were selected for the HCPC's CPD audit process
 - i. Other (please specify) [OPEN TEXT BOX, FIX]
 - j. None of these [FIX, EXCLUSIVE]
 - k. Don't know / Can't remember [FIX, EXCLUSIVE]

Q16. [ASK ALL] The HCPC requires registrants to have undertaken training in an approved programme in their relevant professional field. How confident or unconfident are you that newly trained graduates from HCPC-approved training programmes are suitably prepared for practice? Please answer on a scale of 1 to 5 where 5 = very confident and 1 = very unconfident [SINGLE CODE]

5 = Very confident

4

3 = Neither confident, nor unconfident

2

1 = Very unconfident

Don't know

[SECTION 4: REGISTRATION AND RENEWAL]

We would now like to ask you some questions about registration and renewal.

Q17. [ASK ALL] How well would you say you understand the HCPC registration renewal process, if at all? Please select one answer [SINGLE CODE]

- a. Understand very well
- b. Understand fairly well
- c. Understand not very well
- d. Understand not at all well
- e. Don't know

Q18. [ASK ALL] Approximately how often do you check your employees' registration status, if at all? Please select one answer [SINGLE CODE]

- a. A few times a year or more often
- b. About twice a year
- c. About once a year
- d. About every 1.5 years
- e. About every 2 years or less often
- f. Never
- g. I have not heard of this

Q19. [ASK ALL] How easy or difficult would you say it is to access the HCPC online Register? Please select one answer [SINGLE CODE]

- a. Very easy
- b. Fairly easy
- c. Neither easy nor difficult
- d. Fairly difficult
- e. Very difficult
- f. Don't know

[SECTION 5: CONTINUING PROFESSIONAL DEVELOPMENT (CPD)]

We would now like to ask you some questions about Continuing Professional Development (CPD).

Q20. [ASK ALL] Continuing professional development (CPD) is the way in which registrants continue to learn and develop throughout their career so they keep skills and knowledge up to date and enables them to practise safely and effectively. How much would you say that undergoing CPD has been useful for the day-to-day practice of your HCPC-registered employees? Please select one answer [SINGLE CODE]

- a. Very useful
- b. Somewhat useful
- c. A little useful
- d. Not useful
- e. I don't know enough about this
- f. Don't know

Q21. [ASK ALL] How confident or unconfident are you that the HCPC's CPD processes ensure registrants continue to be fit to practise? Please answer on a scale of 1 to 5 where 5 = very confident and 1 = very unconfident [SINGLE CODE]

- 5 = Very confident
- 4
- 3 = Neither confident, nor unconfident
- 2
- 1 = Very unconfident
- Don't know

SECTION 6: HCPC COMMUNICATIONS

Next we would like to ask you some questions about your thoughts on HCPC communications.

Q22. [ASK ALL] Over the past 12 months how have you engaged with the HCPC, if at all? Please select all that apply [MULTICODE, RANDOMISE a) - k)]

- a. Attended face-to-face meetings
- b. Attended HCPC events
- c. Attended other conferences or events
- d. By telephone call
- e. By email
- f. Read HCPC In Focus (the HCPC's e-newsletter)
- g. By post
- h. Read a press release
- i. Via the HCPC website
- j. Via social media (Facebook, Twitter, LinkedIn)
- k. Via HCPC's YouTube channel
- l. Other (please specify) [FIX, OPEN TEXT BOX]
- m. I have not engaged with the HCPC in the past 12 months [FIX, EXCLUSIVE]
- n. Don't know [FIX, EXCLUSIVE]

Q23. [ASK IF Q22 = a) to k) FOR EACH STATEMENT] How would you rate the following HCPC communications in terms of how useful/ informative, or not, they are? Please select one per row [PIPE IN CHANNELS FROM Q22 IF = a) to k)]

- i. Very useful/ informative
- ii. Somewhat useful/ informative
- iii. Not very useful/ informative

- iv. Not at all useful/ informative
- v. Don't know / can't remember

Q24. [ASK ALL] How would you like to receive information about the HCPC? *Please select all that apply*
[MULTICODE, RANDOMISE a) to j)]

- a. Face-to-face meetings
- b. HCPC events
- c. Other conferences or events
- d. By telephone call
- e. By email
- f. HCPC In Focus (the HCPC's e-newsletter)
- g. By post
- h. Press release
- i. Via the HCPC website
- j. Via social media (Facebook, Twitter, LinkedIn)
- k. Via HCPC's YouTube channel
- l. Other (please specify) [FIX, OPEN TEXT BOX]
- m. Don't know [FIX, EXCLUSIVE]
- n. None of the above [FIX, EXCLUSIVE]

Finally, we have a few questions about you and your role.

Q25. [ASK ALL] In which of the following do your HCPC registered professionals currently practise?
Please select one answer [MULTI CODE]

- a. Independent / private practice
- b. NHS / public / local authority sector practice
- c. Voluntary sector practice
- d. Other (please specify) [OPEN TEXT BOX]
- e. Don't know [EXCLUSIVE]

Q26. [ASK ALL] To your knowledge, what is the total number of employees in your organisation?
Please select one answer [SINGLE CODE]

- a. 1-9
- b. 10-49
- c. 50-249
- d. 250 or more
- e. Don't know

Q27. [ASK ALL] How many HCPC-registered professionals work at your organisation?
Please select one answer [SINGLE CODE]

- a. 1 practitioner
- b. 2 - 9 practitioners
- c. 10 - 24 practitioners
- d. 25 - 49 practitioners
- e. 50 or more practitioners

- f. Don't know

Q28. [ASK ALL] **Where is your organisation's primary location?** *Please select one answer* [SINGLE CODE]

- a. Scotland
- b. Wales
- c. Northern Ireland

England

- d. North East
- e. North West
- f. Yorkshire & Humberside
- g. West Midlands
- h. East Midlands
- i. Eastern
- j. London
- k. South East
- l. South West

Other

- m. Channel Islands
- n. EEA
- o. Gibraltar
- p. Isle of Man

Q29. [ASK ALL] **How old are you?** *Please select your answer using the following bands* [SINGLE CODE]

- a. 16–24
- b. 25–34
- c. 35–44
- d. 45–54
- e. 55–64
- f. 65+
- g. Prefer not to say

Q30. [ASK ALL] **What is your gender?** *Please select one answer* [SINGLE CODE]

- a. Female
- b. Male
- c. Prefer not to say

STAKEHOLDER INTERVIEWS: DISCUSSION GUIDE

INTRODUCTORY TEXT (2 MINS)

Interviewer to:

- Thank the interviewee for taking part;
- Explain who ComRes are;
- Explain that we are conducting this research on behalf of HCPC and what the objectives of the research are;
- Reiterate 30-minute commitment
- Assure them that any information they give will remain anonymous according to the MRS Code of Conduct
- Emphasise that they are under no obligation to complete the interview and that they can stop at any time;
- Seek permission to record the interview for reporting purposes only.

SECTION 1 – PERCEPTIONS OF HCPC (8 MINS)

1. Could you tell me about your role in relation to the health and care sector?

- Job title
- Responsibilities
- Length of time working

2. What are the first three words that come to mind when you think of the HCPC?

- Why do you associate these words with HCPC? [List words one by one]

3. What do you know about the HCPC, if anything?

[enable people to comment broadly]

4. What would you say is the purpose of the HCPC?

- What are its roles and responsibilities?

5. What informs your impressions of HCPC?

Probe: personal contact, media coverage, word of mouth, corporate communications etc.

- Would you say that these impressions are broadly positive, or negative?
- Please explain why this is?

6. What are your overall views on professional regulation within health and social care?

- What specific role do you consider HCPC performs within this?
- What should successful professional regulation look like?

7. Do you think the HCPC is effective or ineffective in fulfilling its role in protecting the public?

- Why do you think HCPC is effective/ not effective?
- What do you think the HCPC could do to be more effective?

8. What does the HCPC do well and why?

- What does it do less well, or what could HCPC improve on?

SECTION 2: HCPC IN PRACTICE (10 MINS)

9. Are you confident that the HCPC standards are adequate to ensure registrants remain safe and effective to practise?

[Prompt if the person is unsure what HCPC standards are]:

When we talk about the HCPC Standards, we are referring to three different sets of standards:

- The **Standards of Proficiency** set out what someone on the register must know, understand and be able to do to be a registered professional;
- The **Standards of Conduct Performance and Ethics** set out how we expect registrants to behave; and
- The **Standards for Continuing Professional Development (CPD)** set out the expectations for a registrant to learn and develop throughout their careers so they keep their skills and knowledge up to date.
 - Are you familiar with these standards?
 - Is there anything further you consider the HCPC should include?
 - Do you think the guidance by the HCPC sufficient in providing support the application of their standards?

[ASK ALL – but will have a particular focus for HCPC Education stakeholders – probe further for this group]

10. In order to apply for registration via the UK route, an applicant must have successfully completed an approved education and training programme. In your experience, how confident do you feel generally that newly trained HCPC graduates are suitably prepared for practice?

- Please tell us why you think this, overall? *[Draw out different types of registrant where necessary]*
- Are there any professional groups that you feel are better/ worse prepared than others? If so, please tell us why this is?

11. What do you think are the benefits of CPD (Continuing Professional Development) generally?

- What you know about the HCPC's approach to CPD?
- What role do you think HCPC CPD has in service user safety?

12. Have you heard of the HCPC fitness to practise process? Please explain what you understand by this, if anything?

13. How effective do you think HCPC fitness to practise is?

- Please tell us why you feel this way?

14. Do you have any broader thoughts on how to improve fitness to practise?

[Note to interviewer: Trade unions, professional bodies and Employer umbrella groups should have higher understanding of self-referral, service user and educators would have lower].

15. When should HCPC professionals self-refer? Can you describe this process and give some examples?

16. What are your thoughts on the role of the HCPC in the fitness to practise prevention agenda? By this we mean preventing small problems from becoming a fitness to practise issue, at an early stage.

- Please explain your thoughts behind this?

SECTION 3: ENGAGEMENT WITH THE HCPC (6 MINS)

17. How often do you engage with the HCPC?

- One to two times per year (*Low*), or
- Every few months (*Medium*), or
- Several times a month (*High*)?

18. How would you describe your relationship with HCPC in your professional capacity?

- What if anything, do you think HCPC does particularly well in terms of how it works with you and your organisation?
- And what could it improve?

19. Can you think of any particular examples of engagement you've had with the HCPC recently?

- Please describe this, if so?
- How effective was that engagement in achieving its aim?
- What was the impact of the engagement?

20. How, if at all, could HCPC improve its engagement with you, to help protect the public

- What more can HCPC do to collaborate with you around this?
- What format should that engagement take?

21. What information that is, or could be available to you from the HCPC is most useful for you in your professional role?

- Why is this?
- What other information would you like to receive that would be useful?
- Through which channels would you like to receive that information?

22. Looking to the future, what recommendations, if any, would you give to the HCPC moving forwards, in terms of its communication and engagement with you?

- *Probe: Start doing? Keep doing? Stop doing something it is currently doing?*

SECTION 4: LOOKING TO THE FUTURE (4 MINS)

23. Do you think that the external environment currently presents any challenges for the HCPC? By external environment, we mean areas such as, for example: regulatory reform, workforce issues, education reform, public enquiries.

- *Probe on: NHS pressures, emerging technology*

24. What opportunities, if any, do you see for the HCPC over the next few years?

- *Encourage elaboration on why they are opportunities*

25. And what potential challenges, other than already mentioned, do you see for the HCPC over the next few years?

- *Encourage elaboration on why they are challenges*

26. Do you have any further feedback that you would like to add for HCPC?

Thank and close



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