



Health and Care Professions Council – Draft Corporate Strategy 2021-2026 consultation

Council of Deans of Health written submission – October 2020

The Council of Deans of Health is grateful for the opportunity to contribute to this consultation. The Council represents the 89 UK university faculties engaged in education and research for nursing, midwifery and the allied health professions.

Key messages

1. Regulators should continue to work collaboratively with education providers to enable flexibility and innovation in education and training, which enables student choice, enhances career pathways, allows individuals to meet the requirements of professional registration and upholds patient safety.
2. Education is a key regulatory function of the Health and Care Professions Council (HCPC). The provision of standards of proficiency and education and the effective quality assurance of education providers are core functions of healthcare professional regulators. Standards of education and training are equally important to public protection as standards relating to fitness to practise. The HCPC should explore a regulatory approach which focuses more on the 'upstream' of the registrant journey to reduce the impact and costs of fitness to practise issues during professional practice.
3. The HCPC should rebalance its focus to see the higher education sector as central across all its workstreams. The sector could play a much more strategic role for the regulator, not just in relation to quality assurance and standards development, but also through harnessing the expertise of the sector to advise across all its functions to assist it to deliver on its strategic intent.
4. Effective partnership working with other key stakeholders, regulators and statutory bodies will better enable healthcare regulators to deliver more effective regulatory interventions. In particular, the HCPC and professional bodies should work with the healthcare higher education sector to ensure greater synergy in the development of standards and approval processes.
5. Intelligence-led regulation is key to reducing the burden of regulation and assuring patient protection. We welcome the intention to deploy a more data-driven approach to understanding risk and to inform the HCPC's interventions.

6. Healthcare professional regulation should be outcome-focused and risk-based. Healthcare education is regulated by both professional healthcare regulators and higher education regulators. Regulation should not be duplicative but must also ensure that regulatory gaps do not occur, especially if regulators were to simultaneously retreat from regulating necessary education and training functions.
7. The HCPC's regulatory remit is UK-wide. The devolution of both health and education policy has provided challenges to prior regulatory coherence. The HCPC must continue to commit to ensuring and delivering appropriate regulatory oversight across the UK.

Responses

1. Do you agree with our proposed vision? Please provide comments.

Yes.

2. Do you agree with our proposed purpose? Please provide comments.

Yes.

3. In our draft Strategy we have identified three core activities – regulation, learning and prevention. Do you think these are the right activities? Please provide comments.

Yes.

Education should be key across all three of the core activities. The HCPC should explore a regulatory approach which focuses more on the 'upstream' of the registrant journey to reduce the impact and costs of fitness to practise issues during professional practice.

The HCPC should rebalance its focus to see the higher education sector as central across all its workstreams. The sector could play a much more strategic role for the regulator, not just in relation to quality assurance and standards development, but also through harnessing the expertise of the sector to advise across all its functions. Within academia there are experts on patient safety, risk modelling, digital innovation, artificial intelligence, robotics, ethics, fitness to practise and public engagement. If effectively harnessed by the HCPC this would allow it to deliver more evidence-based and output-focused regulatory interventions and achieve its strategic intent.

4. We have proposed a set of four key values? Do you think these are the right values for the HCPC? Please provide comments.

Yes.

5. We have suggested six strategies to underpin our core work – do you consider these are clear, understandable and appropriate? Please provide comments.

Yes.

Continuously improve and innovate

We would welcome more information on the HCPC's digital strategy and how this will positively impact on its regulatory approach.

Promote high quality professional practice

We would welcome discussions on how to ensure that the HCPC's standards, guidance and processes are agile in the context of increasing developments in healthcare, education, technology, and other areas of society.

Develop insight and exert influence

We welcome the HCPC's intention to use data more effectively in order to inform its regulatory approach and interventions, including in relation to workforce planning. Data and intelligence-led regulation are key to reducing the burden of regulation and assuring patient protection.

Be visible, engaged and informed

We would welcome the HCPC being an active contributor to local and regional healthcare policy and practice development as well as nationally. The HCPC's regulatory remit is UK-wide and it must continue to commit to ensuring and delivering appropriate regulatory oversight across the UK.

We welcome the regulators' commitment to champion equality, diversity and inclusion and engage with diverse voices, who may not traditionally have a strong voice.

Build a resilient, healthy, capable and sustainable organisation

N/A.

Promoting the value of regulation

We and the healthcare higher education sector would be keen to work with the HCPC to better enable student understanding of the value of regulation. There may also be wisdom in the HCPC exploring engagement models for students, such as student ambassadors or a student 'council', which could change perceptions of the HCPC and have long term benefits. We would be keen to be involved in this work, as well as working with the HCPC to better understand the experience of students on their professional journey.

We welcome plans to develop a registrant health and wellbeing strategy and action plan.

6. Do you consider there are any aspects of our proposals that could result in equality and diversity implications for groups or individuals based on one or more of the following

protected characteristics, as defined by the Equality Act 2010 and equivalent Northern Irish legislation?

If yes, please explain what could be done to change this.

- Age
- Gender reassignment
- Disability
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

N/A.

7. Do you have any other comments about the draft Corporate Strategy?

The Council of Deans of Health and the healthcare higher education sector look forward to working with the HCPC and others over the coming years to deliver on its strategy for the benefit of students, registrants and the public.

For more information contact:

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