
Communications Committee

Notes of the Communications Committee strategy workshop held as follows:-

Date: Tuesday 8 November 2011

Time: 12:45 pm

Venue: The Council Chamber, Health Professions Council, Park House, 184
Kennington Park Road, London SE11 4BU

Present: Sheila Drayton (Chair)
Julia Drown
Morag MacKellar
Arun Midha
Joy Tweed
Diane Waller

In attendance:

Colin Bendall, Secretary to the Committee

Ebony Gayle, Media and Public Relations Manager

Jonathan Jones, Publishing Manager

Richard Kennett, Council Member

Jacqueline Ladds, Director of Communications

Chris Marshall, Senior Research Executive, Ipsos MORI Social Research Institute
(part of meeting)

Sarah Oliver, PA to the Director of Policy and Standards/PA to the Director of
Communications

Mark Potter, Stakeholder Communications Manager

Anna Quigley, Health of Health Team, Ipsos MORI Social Research Institute (part of
meeting)

Anna van der Gaag, Chair of Council (part of meeting)

Introduction to the findings of the 2011 research among registrants and the general public

The Chair welcomed attendees to the meeting and noted that the workshop aimed to address objectives from the Communications strategy, which supported HPC's strategic intent.

The Committee received a presentation from the representatives of Ipsos MORI Social Research Institute. The presentation outlined the findings of quantitative and qualitative research among registrants and the public about HPC. The results were compared to the findings of research in 2008. Ipsos MORI would prepare a more detailed breakdown of the research.

The Committee noted that, among the public, the percentage that had used a health professional regulated by HPC had increased from 52% to 58%. The research indicated that the public would tend to raise concerns locally, (for example, with the health professional's immediate boss/line manager, their office/practice, Citizen's Advice Bureau or Strategic Health Authority/Primary Care Trust).

Awareness of HPC had slightly increased since 2008. 18% of the public had heard of HPC, which increased to 21% among those who had used a health professional in the last 12 months.

Five members of the public had been selected for half-hour interviews for qualitative research on how to find information on raising a concern. The individuals had been confused about where to find information on the Internet. Once directed by researchers to go to the HPC website, the individuals had easily located the section on making a complaint about a health professional. There had been some concern that the language used was not as reassuring as it might be, although this reflected the need for HPC to be neutral and to follow due process.

Quantitative research among registrants had selected at least 100 respondents from each profession. Registrants had been asked to identify the work that was the responsibility of HPC as a regulator and to identify how effectively this work was carried out. Registrants had also been asked to identify their preferences for content and method of communication from HPC, with a strong preference for information by e-mail or from websites.

Qualitative research among registrants had asked participants about their understanding of HPC's role and regulation (specifically, registration and renewals; fitness to practise; continuing professional development; and consultations).

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Communications strategy discussion

The Committee received a presentation of the Director of Communications, summarising research conducted by HPC since 2002 and how it had been used to develop and focus the communications strategy.

The 2011 research among the public indicated a slightly increase in public awareness of HPC compared with 2008 and indicated areas where communications could be developed. For example, HPC could direct people with concerns about health professionals towards HPC (sign-posting).

The research among registrants indicated that they understood HPC's main areas of work and there had been reasonably good improvements in their understanding. However, there were lower scores on their view of HPC's effectiveness.

A large percentage of registrants were interested in receiving information online, which had not been indicated by previous research. A significant percentage were also interested in getting information through their professional body, which supported HPC's attendance at professional conferences and events and involvement with professional media.

Physiotherapists and chiropodists/podiatrists were the most widely-used health professionals and recent communications work had concentrated on these professions.

Discussion

The Committee discussed whether it was appropriate for the public to raise concerns locally before approaching HPC. The Committee felt that this would provide an opportunity for less serious concerns to be resolved locally. Employers could refer concerns to HPC where necessary. The Committee noted that this might not be the case for sole practitioners.

The Committee noted that the Executive had conducted research on other regulators' websites on sign-posting (directing the public to the appropriate regulator if they had concerns about a health professional). The Committee noted that the Executive would consider how to develop HPC's sign-posting, possibly by reviewing the Google Adwords which HPC used.

The Committee also noted that some of the options in the research for raising concerns (for example, Primary Care Trusts and Strategic Health Authority) were not applicable in some home countries. The Committee suggested that questions in future research could be tailored to the respondent's location.

The Committee noted that the qualitative research among the public had used only a small sample of five people and was not intended to be representative of

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the public as a whole. The individuals selected had been from a mixture of gender and age groups.

The Committee discussed whether the online register could be made searchable by location (region or town), to make it easier for the public to find a health professional. The Committee noted that professional bodies often provided a function on their websites to search for their members by location. The Committee noted that HPC encouraged the public to make an informed choice on whether to use a registered professional, but ultimately the choice had to be made by the individual service user. The Executive would consider how to work with professional bodies to promote protected titles.

The Committee discussed whether it was appropriate for HPC to raise awareness among registrants of HPC's effectiveness. Some members felt that registered health professionals took pride in knowing that they were part of a regulated profession, which represented a certain value system. Other members felt that, while registrants should know that HPC maintained a register and set standards, not all registrants would be aware of other functions, for example, the approval of education providers.

The Committee noted that greater use of online renewals might encourage registrants to use the HPC website.

The Committee agreed that the Executive should consider the following points for inclusion in the workplan for 2012-13:

- work with professional bodies to raise awareness of HPC;
- review how the public could be signposted to HPC when they had a concern, including reviewing the Google Adwords; and
- review the findings of the research on awareness of HPC's work and its effectiveness.

The Chair thanked the representatives of Ipsos MORI Social Research Institute and they left the meeting.

Stakeholder engagement and communications – an update

The Committee received a presentation from the Stakeholder Communications Manager on work to engage and communicate with stakeholders. The Committee noted details of current work with civil servants, ministers and Parliamentarians and the home countries; professional bodies; employers; and international forums.

The Committee noted that HPC was involved in European Union (EU) policy development forums. A new EU directive was expected in January 2012, which would make provisions in relation to language testing and reduce the time allowed for regulators to recognise individuals' qualifications.

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Discussion

The Committee discussed whether HPC should proactively communicate with journalists on national newspapers. The Committee noted that previous attempts to engage with health correspondents had indicated that journalists were unlikely to contact HPC unless there was a particular story or issue which was of interest to them. There were other ways to engage with journalists, such as the Health Hotel fringe events at party conferences, which had been chaired by a journalist from a national newspaper this year.

The Committee discussed whether HPC should proactively communicate with government about those professions that had previously been recommended for statutory regulation. The Committee noted that the Policy and Standards Department had written to the professional bodies concerned, to explain that the government's current policy that extension of statutory regulation would only be considered where there was a compelling case on the basis of a risk to public safety. The Council would be asked to consider how to prioritise the professions that had previously been recommended for regulation.

The Committee noted that Anne Milton, the Health Minister, had attended the Health Hotel events and listened to HPC's position on issues such as voluntary registers and social workers. In addition, HPC had written to 150 peers on the Health and Social Care Bill.

The Committee discussed whether HPC should proactively communicate with government on voluntary registration. The Committee noted that the Council had not yet reached a conclusion in this area and that members could raise their views in Council meetings. Once the Council reached a conclusion, HPC could communicate with government as appropriate.

The Chair thanked attendees for their contributions.

Chair

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