

Council, 10 December 2009

Research strategy

Executive summary and recommendations

Introduction

The HPC's Strategic Intent document for 2009/10 to 2014/15 outlines the strategic objective to 'build the evidence base of regulation'.

The attached document builds upon that strategic objective to outline a strategy for research over the coming years.

Decision

The Council is invited to discuss and approve the attached document (subject to any changes agreed at the meeting and any minor editing amendments).

Background information

HPC's Strategic Intent
www.hpc-uk.org/aboutus/aimsandvision/

Resource implications

None

Financial implications

None

Appendices

None

Date of paper

30 November 2009

**Building the evidence base of health regulation:
A research strategy for HPC**

1. About this document

The HPC strategic intent for 2009/10 to 2014/15 outlines the strategic objective to 'build the evidence base of regulation'. This objective is aimed at both developing HPC regulatory policy and influencing the wider regulatory agenda.¹

This document sets out the rationale, aims and outcomes of a HPC research programme. Clearly this needs to be set within the context of research work already ongoing and already complete across the organisation. The main areas of new research inquiry over the coming years are outlined.

2. Introduction

This section sets out the background and context to the HPC's strategic objective in this area.

2.1 Organisational culture

Since its creation, the HPC has had a commitment to high quality, publicly available information. For example, the Council and Committees are regularly provided with detailed reports from the various departments, alongside data on trends in the registration, fitness to practise and education functions. All this information is publicly available on the HPC website and Council and Committee meetings are also open to members of the public. This contrasts to the HPC's predecessor, the Council for Professions Supplementary to Medicine (CPSM), where information was not readily available and often not in the public domain.

In its 2007/08 Performance review of all health regulators, the Council for Healthcare Regulatory Excellence (CHRE) commended the HPC on 'the quality of its management information and data collection'.² This reflects HPC's own commitment to constant quality improvement and to making decisions based on robust data. In 2008/09, the CHRE concluded: 'The HPC is a transparent, well-organised, efficient and cost-effective regulator.'³

¹ Health Professions Council, Strategic Intent 2009/10 to 2014/15

[www.hpc-](http://www.hpc-uk.org/assets/documents/1000292020081216aPOLDCBStrategicintendraftFinal.pdf)

[uk.org/assets/documents/1000292020081216aPOLDCBStrategicintendraftFinal.pdf](http://www.hpc-uk.org/assets/documents/1000292020081216aPOLDCBStrategicintendraftFinal.pdf)

² Council for Healthcare Regulatory Excellence, Performance Review of Healthcare Regulators 2007/08

www.chre.org.uk/_img/pics/library/080827_Performance_Review_Report_2007-08.pdf

³ Council for Healthcare Regulatory Excellence, Performance Review of Healthcare Regulatory Bodies 2008/09

www.chre.org.uk/_img/pics/library/090702_Performance_Review_process_Report_2008-09.pdf

The National Audit Office also carried out its own independent organisational health check on the HPC during 2008. Their report described the culture of HPC as having good 'buy-in' to its organisational values and mission, highly motivated staff who embrace change and a non hierarchical structure and attitude. It also highlighted the HPC's strong project work as being a positive factor within the organisation and a willingness to recruit external expertise where appropriate.⁴

The culture, values and management of the current organisation mean that it is now ideally placed to embark on a programme of new initiatives to contribute more proactively to the evidence base of health regulation.

2.2 Existing research findings

There is a lack of research and analysis in the professional regulatory field, particular relating to the 'non-medical professions' regulated by the HPC. In 2008, a HPC commissioned literature review into research about complaints found no comparable studies of the professions regulated by the HPC and a lack of evidence generally about complaints against non-medical healthcare professionals.⁵

In 2008, our own research into the area of continuing fitness to practise and revalidation found that, on the basis of the available data, the risk posed by the professions we regulate overall appeared to be relatively low and that there was insufficient evidence to support a rationale to introduce revalidation. However, trends did emerge from this research that are worthy of further attention including the existing lack of awareness of regulation and its purpose and trends in complaints data around age and gender.⁶

We regularly formally publish qualitative and quantitative analysis of trends in our key operational processes (e.g. the fitness to practise and education reports) and similar data will also be published for the outcomes of the CPD audits.

However, we have not to date had a coordinated approach to evidence building nor have we had opportunities to make many cross comparisons with existing published research or with data from other regulators.

2.3 Efficacy

The professions regulated by the HPC are constantly developing, evolving and challenging the evidence base which supports their practice. This evidence is crucial to the ongoing development of the professions and to the

⁴ National Audit Office, Organisational Health Check
www.hpc-uk.org/assets/documents/10002485council_20081001_enclosure11.pdf

⁵ Gulland, Jackie, Scoping report on existing research on complaints mechanisms, (January 2008).

www.hpc-uk.org/publications/research/index.asp?id=208

⁶ Continuing Fitness to Practise – Towards an evidence based approach to revalidation
<http://www.hpc-uk.org/publications/research/index.asp?id=207>

decisions that individual practitioners make about the treatments, therapies and interventions they perform. This information is also important to decisions made by others, such as service providers and commissioners in making decisions about the best use of limited funds and resources.

The HPC's strategic objective does not aim to build the evidence base of the practice of the regulated professions. This is properly outside the remit of the statutory regulator and instead the domain of the education and research community, professional bodies, service providers, commissioners, voluntary sector and others. The professions are concerned with building the evidence base for the effectiveness of what they do and use this information to further develop their practice. It therefore seems appropriate that the HPC aims to build the evidence base of what it does and disseminates this information to its stakeholders.

3. A strategy for HPC

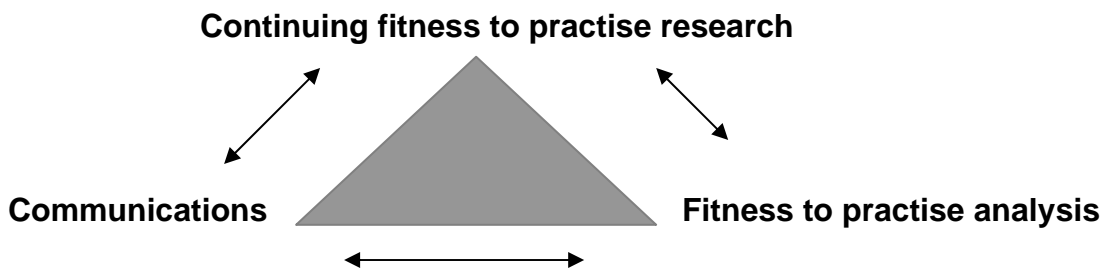
The HPC's strategic intent document suggests a number of different avenues through which the strategic objective of building the evidence base for regulation might be achieved.

They are:

- Undertake research and consultation into all aspects of HPC's current regulatory processes.
- Undertake research into risk based revalidation and cpd monitoring.
- Engender greater understanding of risk based approaches to regulation.
- Ensuring that research reports are widely disseminated.
- Using seminars to discuss research findings with stakeholders.
- Ensuring that HPC research findings are taken into account in the development of wider regulatory policies.

The strategy highlights the importance of dissemination and sharing of research findings as well as identifying priority areas for research.

This paper proposes that there are three interlocking priorities for the research agenda for the next five years: continuing fitness to practice; communications; and fitness to practise trend analysis.



4. Priorities for research 2009/10 to 2014/15

This section outlines three priority areas for research in the years 2009/10 to 2014/15. However, particularly as this is the first strategy document of this kind, it will need to be kept under close review.

The Policy and Standards Department workplan, presented to the Council in March each year, will include an appendix outlining the research activity undertaken in the previous financial year and the activity planned in the forthcoming year, across the Departments covered by this document.

4.1 Continuing fitness to practise

What is already known?

- There are no published research studies on either continuing fitness to practise or CPD for the professions regulated by the HPC.

There are two areas that merit further analysis:

- Continuing fitness to practise and revalidation
- Continuing professional development audit data

4.1.1 Continuing fitness to practice and revalidation

The report from the Continuing Fitness to Practice Professional Liaison Group (PLG) made a number of findings and recommendations.

The PLG concluded that, on the basis of the available evidence, conduct seemed to be a higher risk than competence and that therefore our attention might be best focused on 'professionalism' and its constituents. The PLG also found that awareness of regulation amongst members of the public was low. Although the group recommended that revalidation was not merited for the professions regulated by the HPC at this time, a number of areas for further work were identified.

They included:

- A retrospective study to explore whether registrants from a particular profession who have been subject to a complaint are more likely to have been involved in disciplinary procedures or to demonstrate a poor record in professional behaviour during training.
- A prospective study piloting the use of a professionalism tool with education and training providers for two different professions and track progress of students over 5 years.

The recommendations of the PLG were endorsed by Council and a project plan has been devised to implement the first two phases of research. Funding has been subsequently received from the Department of Health to deliver a project to further explore the evidence base for, and feasibility of, revalidation. This project includes the two pieces of research outlined on the previous page, as well as a number of other research strands both internally conducted and externally commissioned.

4.1.2. Continuing Professional Development audit data

HPC has undertaken analysis of the data from the first CPD audits undertaken. The forthcoming CPD annual report will include qualitative and quantitative analysis of the outcomes of the CPD audits.

External advice from a statistical expert is being sought to guide this work and to assist the Committees in reviewing the outcomes of the audits, which will look in more detail at the trends apparent in the data and the risks and reasons behind registrants' failure to meet the CPD standards.

Analysis of CPD audits forms part of the HPC's work on revalidation and may also assist in work on fitness to practise. The CPD data has the potential to be a unique cross-professional source for developing greater understanding of the relationship between CPD activity and continuing fitness to practise.

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4.2 Fitness to Practise

What is already known

- There is some variation in trends across the 14 professions
e.g. some professions are subject to more complaints than would be expected by their proportion on the Register.
- There are similarities across the 14 professions
e.g. more men than women complained about
e.g. route to registration is not a factor in the likelihood of complaint.

There is a need to look in more detail at the data on fitness to practice cases. Considerable work has already gone into looking at trends. Some examples of the kinds of areas which HPC would seek to examine would include:

- What are the correlations between age, location of practice and fitness to practice?
- Are certain groups more likely to have conduct complaints made against them?
- What are the trends in relation to overseas qualified practitioners?
- How do complaints considered by the HPC relate to complaints received at local level in terms of numbers and the nature of complaints?
- What kind of complaints come from members of the public? What are their expectations of the fitness to practise process?
- Do we receive many complaints from so-called 'vulnerable groups' and what do we know about the nature of these complaints?
- Is there a role in fitness to practise proceedings for mediation and alternative approaches to dispute resolution? What would be the likely impact of such arrangements?

The Fitness to Practise Department has recently commissioned research into the expectations of complainants which is likely to help inform developments to increase the accessibility of the fitness to practise process. The outcomes of this research is also likely to feed into work in other areas, such as planned future work to look at the potential role (if any) of mediation and dispute resolution in fitness to practise proceedings.

4.3 Communications

What is already known?

- Relatively low but increasing level of public awareness of health regulation and the HPC but the public believe that health professionals should be regulated.
- Anecdotally there appears to be some misunderstanding of regulation amongst some professions that are currently unregulated.

The Communications Department has an established programme of market research which looks at various stakeholder perceptions. This work is ongoing and is outlined in the Communications Strategy. However, there is an opportunity for the work of the Communications Department to be linked more closely to the findings from the other research initiatives at HPC as well as informing other departments of current evidence.

For example, the Communications Department could use some of the data from fitness to practise trend analysis and from the analysis of CPD data to stimulate interest and debate in health regulation amongst the public, registrants and employers. – e.g. Do registrants and the public know that conduct is a much more likely cause for complaint than competence; that there appear to be links between pre-registration behaviour and later behaviour whilst registered; and that men are more likely to be complained about than women? The Communications Department has also sought to make use of personal stories about complaints but there could be the opportunity to raise awareness through narratives, perhaps using new media and hypothetical scenarios.

Specific communications work amongst professions outside of regulation will be crucial for the HPC as it implements its new approach to aspirant groups, particularly amongst those groups who are currently opposed or hostile to statutory regulation. Findings from research could be used in these communications campaigns as well. There may be a case for further specific independent market research to determine the views of members of these professions as well.

5. Outcomes

The outcome of this strategy should be greater understanding of health regulation – both internally for the HPC and externally for other stakeholders. It should also contribute to more robust policy making in the future.

The research should also generate further debate and analysis amongst the wider health and regulation community. For example - Should regulators be defining and promoting good practice and safe environments or identifying 'bad apples'? Can they do both effectively? Why are some professions more likely to be the subject of complaint about conduct than others? What drives practitioners towards self reflection (as a known safeguard against poor performance and poor practice)? Can self reflection be taught more explicitly? Should it be?

New questions will need to be addressed in the future, some of which relate to new developments in the regulatory landscape for example, the merits and demerits of licencing models and uni-professional versus multi-professional regulation.

5.1 Dissemination to stakeholders

Research evidence is only important if it contributes to a wider understanding of regulatory issues and helps to shape future policy. Research should be disseminated widely to stakeholders, including the UK Health Departments, professional bodies, education and training providers and patient advocacy groups.

The HPC should also seek publication of its work through:

- HPC Research monographs available in hard copy and through the website.
- Summaries in HPC In Focus.
- Publication of summaries in professional journals.
- Occasional peer reviewed journals.
- International conferences.

In addition, the HPC should hold seminars with specific audiences to discuss the results of the research.

6. Conclusion

This paper has set out a rationale for developing more capacity for research and given some examples of specific research questions that the new strategy will address for the HPC. It should be cross-referenced to the HPC Strategic Intent Document and in the workplans for the relevant departments, where more detail is included and more specific outcomes are identified.

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References

CHRE (2008) Performance Review of Health Professions Regulators, August 2008.

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NAO (2008) An organisational “health check” October 2008.

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