

6 September 2021

Health and Care Professions Council Response to the Health Education England consultation on framework 15

1. About us

The Health and Care Professions Council (HCPC) is a statutory regulator of healthcare and psychological professions governed by the Health and Social Work Professions Order 2001. We regulate the members of 15 professions. We maintain a Register of professionals, set standards for entry to our Register, approve education and training programmes for registration and deal with concerns where a professional may not be fit to practise. Our role is to protect the public.

2. Response to the consultation

We welcome the opportunity to respond to this consultation and to support the work of Health Education England (HEE) in understanding the factors which shape the workforce, both now and in the future.

We have focused our response to the consultation on areas which are the most relevant to us from our perspective as a health and care regulator.

Demographics and Disease

Within this category and from our perspective as a healthcare regulator, there are a number of key factors that will impact on workforce demand and supply over the next 15 years. These include:

- An aging population and increasing demands on social care
- Demands on mental health care and support
- Changing demographics
- Population density
- Workforce demographics
- Changing demands upon the workforce and changing patterns in working

We have set out considerations in relation to each of these in more detail below.

Aging population

The aging nature of the population and the rise in associated morbidities will create a higher demand for various health and care professions. In terms of specific

professional groups, this may include those regulated by HCPC, such as chiropodists/podiatrists, occupational therapists, physiotherapist, paramedics, and hearing aid dispensers as well as other professions beyond HCPC regulation.

Improvements in life expectancy have not been mirrored in healthy life expectancy and disability free life expectancy. We see, for example, increasing numbers of patients with obesity, diabetes, dementia and mental health conditions, which rely on professionals such as dietitians, arts therapists, practitioner psychologists, prosthetists, orthotists and paramedics for their ongoing care and support. Whilst people are living longer, the amount of time spent in poor health or disabled is increasing and this presents changing pressures for the delivery of health and social care

Demands on mental health

Demands on our mental health services has only increased during the Covid-19 pandemic. Many find it difficult to access the support and care that they need quickly or at all. Our Ambulance Trusts have seen an increasing demand on their services from those who are in need of mental health care and support, which impacts on their response times and increases the pressures on our paramedic professionals and their colleagues.

Our health care professionals have and continue to face significant challenges and pressures. We are seeing their needs for mental health care and support increase and they too have difficulty accessing the support and care they need. We think a priority is ensuring that our health professionals are sufficiently supported and have access to the mental health services they need, in order for them to remain well and continue to care for us.

Changing demographics

The Covid-19 pandemic has shed more light on health inequalities across the UK, with disproportionate effects experienced by minority ethnic groups¹. As populations become more ethnically diverse, the changing landscape will have implications for health and care and therefore for the workforce. For example:

- An increasing BAME population will pose different health challenges, e.g. there are higher rates of osteoporosis among South Asian communities.
- Different populations will have different requirements and preferences e.g. specific language and cultural requirements.
- The disproportionate impact from Covid-19 on people from socially isolated groups, such as traveller communities.

We emphasise the importance of ensuring that access to health care is inclusive and reaches socially isolated groups in our new standards of proficiency for all 15 of our professions. This enhanced approach to equality and diversity in the standards,

¹ [COVID-19 and disparities affecting ethnic minorities - The Lancet](#)

better prepare the professions for working with increasingly diverse service user and patient groups.

Population density

The increase in population density will lead to a demand in services in certain areas to respond to the needs of those who live there. Density may also influence how fast medical issues spread (for example, this was seen during the pandemic where covid spread at a faster rate in more densely populated areas).

Workforce demographics

As the regulator of 15 different professions, we can continue to support HEE through the sharing of knowledge and insights from our data, the registration of professionals, whether that be through international recruitment campaigns or UK educated professionals, to support demand, and sharing our understanding of the challenges faced by our professions

We recently undertook a survey (EDI survey) of our registrants in order to carry out statistical analysis of data relating to protected characteristics and additional socio-economic indicators. 18% of registrants responded to the survey.

Our EDI survey has shown that some professions, such as podiatrists, have an increasing workforce median age (48 years). This supports HEE's findings that the number of applicants to podiatry pre-registration programmes have dropped, thus presenting a potential workforce demand risk. Given the ageing population, we can anticipate more demand on the podiatric profession to prevent and maintain the foot health of this population, and also the increasing rate of diabetic patients relating to the challenges around obesity that we now see. Podiatric medicine is not worldwide and so relying on international recruitment to resource this need may not be the solution.

Student recruitment for these professions and making them more attractive to a younger workforce is as important as retention of existing staff. Opportunities for transition to retirement, or some form of staggered/bridge retirement may also become important to consider, as would the need to ensure support for an aging workforce.

Brexit may have led to significant barriers for certain professions in joining the workforce from overseas, which could present possible issues for staffing in the future and recruiting enough people. Implementation of the UK's new points-based immigration could impact on the ability for certain professions to enter and work in the UK due to salary level thresholds.

The removal of our European Mutual Recognition (EMR) route to registration will have an impact, as it means EU applicants now have to go through our international registration route. This requires them to submit proof of English language, unless English is their first language, and removes compensation measures which we could offer under EMR if an application fell short of our standards. We continue to monitor application numbers from across the world to ensure that our international

application process is accessible for all, and would be supportive of working more closely with HEE to support the UK workforce.

Whilst we have not seen any significant impact on our international registration numbers through the Covid-19 pandemic, we know that other healthcare regulators have seen an impact and reducing numbers. Future travel restrictions, or as migrant workers reconsider their work choices and may return home to be closer to family could have a future impact.

Changing demands upon the workforce and changing patterns in working

Our EDI survey identified fairly high rates of registrants with caring responsibilities (33% of scientists; 42% of practitioner psychologists; 36% of AHPs). Increasingly, professionals are becoming 'sandwich carers' – caring for older parents and younger children simultaneously. Care giving is often delivered by women and our Register shows us that, within the professions we regulate, 76% identify as female. We may, therefore, see increasing caring demands on the AHP, scientific and psychological workforce.

The Covid-19 pandemic has placed significant pressures on our professionals. There has been a huge negative impact on their health and wellbeing. We are already seeing the impacts of this and know that it will continue to have an impact for years to come. At HCPC, we have increased our focus on supporting our registrants with the development of our professional liaison service and the development and delivery of our Registrant Health and Wellbeing Strategy. The health of the workforce and in particular their mental health will be an important factor in the assessing the sustainability of the workforce and it will be increasingly important that health and care professionals are adequately supported and have quick access to mental health support. Poor mental health, burnout and suicide are already a significant issue for our paramedic profession, although they are not alone with these challenges.

Public, People who need care and support, Patient and Carer Expectations

Regulation plays a vital role in supporting the workforce and ensuring that our professionals maintain their skills, knowledge and experience. It is key to ensuring the quality and safety of health and care - one of the drivers listed in the consultation.

We welcome the government's proposals to modernise our legislative framework to enhance flexibility, accountability, transparency and consistency across the regulators. This will make us more responsive and able to adapt more quickly to the changing needs of the health and care workforce, patients and the public. It will also facilitate a more proportionate and preventative approach to regulation, which is in line with the priorities set out in our Corporate Strategy 2021-2026.

Regulatory reform provides greater opportunities to facilitate collaboration between regulators, including the sharing of insights, intelligence and good practice and identifying the challenges the health care system faces and supporting those who deliver our health and care

Staff and Student/Trainee Expectations

In light of the ongoing COVID-19 pandemic, we continue to reflect and explore the various ways education and training can be delivered for our professions in the future. As part of this, we have explored some of the innovative solutions to the challenges facing healthcare education, which are currently being used in the sector.

One key area of interest is the increasing use of simulation in supporting practice based learning. Simulation is currently used within professional training programmes to prepare learners to enter practice-based settings and to support the observation and assessment of practical skills in a controlled environment. More recently, simulation has been used more and more widely with a view to explore to what extent it could function interchangeably alongside the more traditional 'placement' learning experience.

Our expectations in terms of education standards remain the same: education providers must ensure the practice experience in simulation is suitable to support the achievement of programme learning outcomes.

Technology-enabled care services (TECs) based placements are being implemented across many healthcare services as a result of restrictions placed on traditional care pathways by COVID-19. The importance of this aspect of practice is reflected in our proposed changes to the standards of proficiency, which include a requirement for all registrants to be able to keep up to date with digital skills and new technologies.

We are planning to commission new research into preparedness for practice later this year. This will respond to anecdotal evidence that suggests newly qualified HCPC registrants are not as well prepared for practice as they should be. This relates not just to clinical knowledge and skills, but conduct and behaviour. The research will explore whether there are any areas of practice newly qualified HCPC registrants require further support in, to inform the development of future resources and engagement. We will be able to share this results of this research with HEE.

Science, digital, data and technology

One of the primary aims of our Corporate Strategy is to use learning from data and research in order to proactively reduce patient harm and improve our regulatory activity; this is an important part of our move towards a preventative approach to regulation. We also want our data to support the wider healthcare system including by building our capability to share appropriate data to support wider system risk management.

We look forward to working with HEE and others so that our data can be used in support of workforce planning and development.

Service Models and Pandemic Recovery

Our AHP professionals are increasingly recognised across the health sector as a collective. They are involved in tackling some of the most significant challenges to modern healthcare, such as obesity and diabetes, with a particular focus on prevention. Our scientific professionals have been crucial in the fight against Covid-19. They are therefore crucial in relation to the future demands of the healthcare system and the NHS Long Term Plan. Many have a critical role to play in complex conditions and are part of multi-disciplinary teams, including treating patients with long Covid and supporting those who mental health and deteriorated. Our operating

department practitioners played a crucial role in caring for those who were critically ill with Covid-19, which demonstrates their adaptability and skill.

The nature of our professions' roles and their scope of practice is evolving. For example, our operating department practitioners, have seen their role evolve beyond the traditional setting of an operating department and are now practising in advanced roles traditionally reserved for medical practitioners. Recent proposals by NHSE to extend the medical entitlements for this profession and some of our other professions (biomedical scientists and clinical scientists) is another example of their changing nature. Workforce flexibility will help ensure that the workforce is being utilised to its full potential and bridge workforce gaps.

The multi-profession approach we take to regulation, including common core standards across 15 professions supports workforce flexibility and multi-disciplinary team working and we are committed to this approach. We have been developing our approach to the regulation of the advanced practitioner roles, which will continue to develop in the future.

3. Conclusion

We thank the HEE for the opportunity to contribute and would like emphasise the opportunity we have to work together to tackle the health care challenges we face in the future. If we can assist further or you have any questions or comments about our response, we would be happy to discuss this further.