

Council, 12 February 2015

Stakeholder perceptions and social media intelligence research report

Executive summary and recommendations

Introduction

This paper highlights two recent pieces of research into perceptions of the HCPC by external stakeholders. The first was conducted by Ipsos MORI and the second – a social media intelligence study – by Redscape Research.

It explains the research methodology, summarises the findings and identifies emerging issues and themes. The paper includes an action plan, which details communication activities the Executive is already undertaking and plan to undertake in response to and informed by the research.

Decision

This paper is for discussion; no decision is required.

Background information

See paper

Resource implications

The activities set out in the action plan are included in the Communications Department annual workplan and budget.

Financial implications

As above.

Appendices

Ipsos MORI report – HCPC perceptions audit

Redscape report – a social intelligence study to under public perceptions of the HCPC

Date of paper

30 January 2015

Stakeholder perceptions and social media intelligence research reports

1. Introduction

- 1.1 This paper highlights two recent pieces of research into perceptions of the HCPC by external stakeholders. The first was conducted by Ipsos MORI and the second – a social media intelligence study – by Redscape Research.
- 1.2 It explains the research methodology, summarises the findings and identifies emerging issues and themes. The paper includes an action plan, which details communication activities the Executive is already undertaking and plan to undertake in response to and informed by the research.

2. Ipsos MORI – background and methodology

- 2.1 This research built on previous stakeholder research carried out by Ipsos MORI for the HCPC in 2007 and 2011. The purpose of the research is to gauge awareness and perceptions of the HCPC amongst key external stakeholders with a view to informing our communications activities.
- 2.2 As in previous years, it aimed to explore:
 - awareness and perception of regulation – specifically with regard to the professions that the HCPC regulates;
 - awareness of and views towards the HCPC's role and functions;
 - how the HCPC currently communicates and engages with stakeholders including registrants, service user and patient representative organisations and service users and members of the public; and
 - how participants would like to be communicated with in the future.
- 2.3 Fieldwork was conducted in October and November 2014 and the methodology involved a mixture of quantitative and qualitative elements:
 - Quantitative research with the general public and service users – nine questions asked of 1,031 UK adults aged 15+ using Ipsos MORI's face-to-face omnibus.
 - Qualitative research with service user, patient and public organisation representatives – twelve 40-minute telephone interviews with representatives from various organisations.
 - Quantitative research with HCPC registrants – a 15 minute online survey completed by 1,672 individuals

3. Ipsos MORI – main findings

3.1 General public and service users

- Higher proportion of over 65's (74%) and women (62%) have used the services of HCPC-registered professionals
- Physiotherapists are the profession that have been used by the greatest proportion of the public (29%) followed by radiographers (20%)
- 69% referred by GP, hospital or other health and care professionals
- High levels of satisfaction (91%) and trust in professionals on our Register
- 46% thought posters and leaflets in GP surgeries were an appropriate way of raising awareness

3.2 Service user, patient and public organisation representatives

- There is a broad understanding of our role and purpose (public protection, professionalism, FTP, standards, security, trust and reassurance)
- They have a good understanding of the purpose and procedures of our fitness to practise process, but questioned what fitness to practise would mean to patients and the public
- Perceive the public to have little or no awareness of HCPC, but emphasised a complex communication strategy is not needed as the public would engage with the HCPC as and when needed

3.3 Registrants

- General awareness high (99%) with the majority describing HCPC as a regulator (73%) and almost all thought the purpose of regulation was to protect service users and the public (94%). Knowledge varied across professions and by length of time on Register
- 86% understand registration renewal well or fairly well and around three quarters said they knew a great deal/fair amount about the standards
- 65% said they knew 'at least a fair amount' about the fitness to practise process with almost all (94%) identifying the purpose as ensuring that practitioners had the skills and knowledge to practise safely and effectively
- 65% have used the HCPC website and a preference for online communication was expressed (eg 93% said email was an appropriate way to be reminded about registration renewal, 72% thought the website was an appropriate way to find out about the CPD audit process)
- 51% of private practitioners have prompted service users to check registration online (25% public sector)
- Leaflets in GP surgeries / pharmacies best way to raise awareness (46%)

4. Redscape – background and methodology

- 4.1 This social media intelligence study had two components. The objective of the first was to understand public perceptions of the HCPC by analysing social media comments and conversations in which the HCPC is mentioned (including social networks, video/photo sharing sites, blogs and forums).
- 4.2 The second part explored the use of old 'Health Professions Council' / 'HPC'¹ (as well as incorrect versions of the organisation's name) in terminology and imagery and sense checked their use using social media commentary and website search results as source data.
- 4.3 The research took place in October and November 2014 and considered the period from 1 September 2013 to 12 October 2014.
- 4.4 The search terms it included were: HCPC, Health and Care Professions Council, Health and Care Professionals Council, Health Care Professions Council, Health Care Professionals Council, Healthcare Professions Council and Healthcare Professionals Council.

5. Redscape – main findings

5.1 Public perceptions of HCPC

- The vast majority of the 4,211 HCPC mentions found on social media appeared in job postings (82%), of which 2,553 were aimed at social workers and 84% appeared on the Community Care jobs website
- Excluding job postings and news sites, the searches for social media mentions of HCPC returned 745 relevant results. 25% came from HCPC and another 25% from professionals / registrants
- The majority of comments from professionals / registrants were social workers (28%), physiotherapists (14%) and occupational therapists (10%)
- Occupational therapy and radiography professional bodies contributed a higher share of comments whilst social work was lower
- Most conversations take place on Twitter (85%), with 15% on forums (including thestudentroom.co.uk, britishexpats.com and mumsnet.com)
- The majority of the conversations are around conference/events (including conferences, events, webinars, tweet chats) with the majority from HCPC
- Conference/events (125 items), Education/training (79 items) and CPD (51 items) topics all contain a higher share of positive sentiment. Remit of HCPC (41) and Failings of HCPC (11 items) are more negative than average. Note, the research identifies sentiment towards topic, rather than sentiment towards the HCPC.

¹ In 2012 the Health Professions Council became the regulator for social workers in England and was renamed the Health and Care Professions Council to reflect its broader role.

5.2 Usage of HPC terminology on social media

- Social media searches for HPC returned 761 results. 56% used the terms 'HPC' or '#HPC' (428) and 32% used 'Health Professions Council (247).
- Job posting is the largest 'topic' with 254 results and one organisation TLTP Medical, contributed 35% (265) of the overall (761) results.
- Fitness to Practise (220) is second with the vast majority of these 'errors' coming from news sites (193).
- Service/Treatment Promotion (176) also contributed a significant volume of results, boosted by 150 results from TLTP Medical (recruiter) alone.

5.3. Usage of HPC terminology

- A total of 286 pages were analysed, there were more than 20 variations of correct or incorrect terminology and correct, incorrect or no logo use.
- 157 website search results mentioned 'Health Professions Council' and 68 web pages mentioning 'Health Professionals Council'.
- Among "Health Professions Council" results, approximately 40% of sites use the term correctly, and 60% incorrectly. Obviously, for sites mentioning 'Health Professionals Council', 100% of them are incorrect.
- When analysed by site 'role', Employers/Registrants, Education & Support Services contribute the highest volume of incorrect examples and Employers/Registrants, Local Government/NHS have the highest percentage of incorrect examples.
- 24 professional body web pages in the results, 9 of which were misusing old terminology including cot.co.uk, bps.org.uk and cqc.org.uk
- 28% of Employer/Registrant sites use a logo, although more than half of those display the old HPC version. Just 3% of other sites use a logo (excluding HCPC-owned sites), and no logos appeared on any Local/Central Government, NHS, Lobby Group, Charity or News sites.
- 121 web pages used HPC terminology incorrectly and didn't mention HCPC although 5 of these used the correct HCPC logo.
- A further 35 web pages used HPC incorrectly and HCPC correctly. 9 of these also used the correct logo.

6. Emerging issues and themes

6.1 The Executive has identified a number of issues and themes and these are detailed below. The subsequent action plan is highlighted in section 7.

6.2 Raising awareness at point of referral and contact

- As in previous surveys, the majority of patients and service users surveyed (69%) were referred to a registrant through their GP, hospital or other

health professional. The research also highlighted other ways that service users reached our registrants, for example online or via recommendation from a friend. We will explore further these self-referral routes to maximise existing work (eg google adwords campaign).

- However, when considering ways for us to communicate our role, almost half of the public (46%) said information placed in GP surgeries and pharmacies would be the best way. This figure rose to 54% when asked of service users. Other preferred methods included posters/leaflets in the place of work of health and care professionals (16%). Interestingly, registrants also suggested GP waiting rooms and independent pharmacies as the best way to raise awareness (46%).
- The qualitative feedback from patient and public organisation representatives also suggested that 'at the point of contact' would be the appropriate place to provide information about the HCPC citing 'leaflets in waiting rooms' as a good place to provide this.
- This supports the distribution of leaflets and posters that we already undertake and will continue with in 2015-16. From June to August 2014 we distributed 120,000 leaflets to 5,996 GP waiting rooms and 93% of the HCPC leaflets were taken compared with an average of 72% for all other leaflets. In total 111,600 HCPC leaflets were taken. We also placed 20,000 leaflets in 1,000 pharmacies across the UK and 91% of these were taken (18,200). This is compared with a 68% pick-up rate for other leaflets.

6.3 Promoting HCPC registration

- The Ipsos MORI research highlights that registrants are actively informing their service users that they are a registered professional (51% of those surveyed). As was the case in 2011, those who worked in independent / private practice were more likely to do this (73%). Ipsos MORI also reported variation amongst the professions in terms of informing patients and service users that they were registered with arts therapists, chiropodists / podiatrists and hearing aid dispensers among the most likely to do so. However, the Redscape research highlights the challenges for professionals and others of getting the HCPC terminology correct.
- When the organisational name change took place in 2012, we undertook a range of activities to raise awareness. This included writing to all registrants who had previously downloaded the HCPC registration logo, online updates, and articles in our own e-newsletter and in professional body and specialist media. We have also produced specific guidance including webpages and a leaflet 'Promoting your HCPC registration' which has been included with renewal certificates as well as making public information literature available free of charge and on request to registrants.

- We are currently planning a campaign to promote HCPC registration. Using the Ipsos MORI and Redscape data to inform our planning, this will include a review of the guidance and use of the HCPC logos, media and pr activities as well profession-specific work and contacting relevant organisations to ensure they signpost and reference the HCPC correctly.

6.3 Preference for online communication

- There continues to be a strong preference for online communication from registrants. Of those surveyed, 93% said that they felt it appropriate to be reminded about registration renewal via email and 81% thought email the most appropriate way for the HCPC to provide information about its work. When looking for information about the fitness to practise process, 90% of the registrants surveyed would use the HCPC website.
- In terms of social media, the Redscape research showed that 25% of posts were from professionals/registrants with the highest being from social workers (28%), physiotherapists (14%) and occupational therapists (10%). It also showed that some professional bodies, including occupational therapy and radiography made contributions on Twitter and that the physiotherapy, social work and psychology professional bodies are all growing their Twitter following.²
- This supports our existing focus on online communication, including running tweetchats in partnership with professional bodies and others, screening webinars as well as placing a range of films on the HCPC YouTube channel, the launch of the new smartphone app for registrants and increasing the number of tweets we post.

6.4 Employer / professional body engagement

- When looking for advice on CPD, 64% of the registrants surveyed by Ipsos MORI said that they would talk to colleagues, 51% to their line manager / employer and 41% to their professional body. Similarly, 74% based their understanding of the fitness to practise process on information they have read or heard and 43% said they would find information about fitness to practise through their professional body.
- This supports the importance of the work that we have been undertaking and plan to continue with professional bodies, employers and others to ensure they understand our processes as fully as possible. This includes our Employer Events, face to face meetings and joint working with professional bodies, including bespoke events and supplying online and print media content.

² See tables 5 and 7 A Social Intelligence Study to Understand Public Perceptions of the HCPC

- We will continue this work in 2015-16, specifically refreshing the content of the Employer Events, disseminating the Employer Guidance when published and developing articles for professional journals.

6.5 Developing patient, service user and carer representative engagement

- There is clearly a strong desire for greater collaboration and engagement with service user, patient and public organisation representatives, based on the feedback of those interviewed by Ipsos MORI.
- We already do a great deal of work in this area including our service user engagement activity (research and consultation events) in advance of making revisions to the standards of conduct, performance and ethics. Public and patient engagement is also built into many of our processes, such as lay involvement in education and fitness to practise processes. Specifically in communications we have used feedback from patients and service users in developing campaign materials.
- We will continue to build on our work in this area and the stakeholder team will seek to develop a contact programme with patient and service user advocacy groups in the four countries of the UK to further improve communication and collaboration.

6.6 Fitness to Practise - raising concerns and managing expectations

- In the Ipsos MORI research, 36% of those surveyed said they would contact local individuals or organisations if they had cause for concern about the skills or behaviour of a health and care professional. Only 6% said that they would consider taking their concern to the regulator.
- Given the high levels of trust and satisfaction in the professions we regulate (91% with almost two thirds 'very satisfied') and the reasons given for dissatisfaction this is perhaps not surprising. Whilst it does seem a low figure, it may indicate appropriate levels of contact as many issues will fall outside of the fitness to practise process and should be dealt with locally.
- This is also reflected in research commissioned by our Fitness to Practise Department into the expectations of complainants and understanding of public protection. A range of resources have been produced to support complainants including easy read literature, webpages and films.
- However, the Ipsos MORI polling identified that the proportion of the public who said that they would contact a regulatory body was particularly low from less affluent social grades. This group was also more likely to be dissatisfied with their experience of a health and care professional (11% of those in DE social grades, compared to two percent of those in social grades AB) although they were not identified as high users of services (47% of those in DE, compared to 66% of those in AB).

- These findings require further exploration and research in order to understand the issues better and begin to tailor specific activities. This is something we will consider with the Policy and Fitness to Practise Departments. In the meantime, we will explore these findings further as part of our engagement with service user and advocacy organisations.
- Participants in the patient, public and service user representative group also highlighted that the public's expectation of the fitness to practise process may differ from reality. They suggested we had a role 'signposting at key points in the patient's journey' and providing information on where people could make a complaint. We have already undertaken work in this area, but will further review and assess where we can best place information about our role in public protection in our signposting work.

6.7 Targeted proportionate public information campaigns

- The Ipsos MORI quantitative research has highlighted that specific groups are more likely to have used the services of HCPC-registered professionals than others, For example, 62% of females (compared with 50% of males) and older people, around three quarters (74%) of those aged 65 or over compared with around a third (36%) of those aged 15 – 24. This is further reinforced in the qualitative research with stakeholders, where some respondents identified the most vulnerable groups, for example the elderly and carers, as 'more of a priority' for the HCPC in terms of communication.
- Our "Be Sure" campaign was aimed specifically at older people and those supporting them when it was re-launched in 2014. This included direct mailings to care homes, online signposting and short films shown in GP waiting rooms and at care conferences and exhibitions.
- This campaign, which featured a short film, will be refreshed and expanded to reach further audiences in 2015 –16.

6.8 Variations in registrant knowledge and understanding

- Overall, the Ipsos MORI research demonstrates that there is a high awareness of the HCPC (99%) amongst the registrant group with a good understanding of HCPC's responsibilities: publishing and maintaining register (99%); investigating concerns (97%); setting standards (93%) and protecting titles (92%).
- The majority described HCPC as a regulator (73%) and almost all thought the purpose of regulation was to protect service users and the public (94%) with 86% saying they understood registration renewal well or fairly well and around three quarters said they knew a great deal / fair amount about each of the standards. However, 55% of registrants incorrectly

identified our role as that of a professional body. Other misconceptions included representing the interests of the individuals we regulate and promoting the professions (48% and 47% respectively).

- Knowledge and understanding also varied amongst the professions and according to length of time on the Register. For example, 65% of operating department practitioners, 62% of dietitians, and 59% of chiropractors / podiatrists who were surveyed incorrectly described promoting the professions as part of our role. Operating department practitioners were also most likely to think that it is our responsibility to represent the interests of registrants (71% overall compared to 48% overall).
- We will further analyse the data and formulate dedicated pieces of work with specific professions if and where relevant. However, we will continue to work with professional bodies to further communicate our role, through articles in journals and newsletters and speaking at conferences.

7. Action plan

- 7.1 The findings of this research support a number of existing communications activities and suggest areas for development. These will be reflected in the Communications Department Workplan for 2015–16. Some of the key focuses of activity are outlined in the action plan below.

Action plan

Issue	Audiences	Activities	Timescale
Raising awareness at point of referral and signposting	Public, service users, carers	We will review our public information literature, continue our ongoing waiting room and independent pharmacy distribution programme and signposting work in 2015 –16. We will also further explore routes to referral (eg self-referral) to maximise our reach and continue our signposting work	Q1 and Q3 in 2015 –16
Promoting HCPC registration	Registrants and service user, patient and public representative organisations	We will plan and implement a media and pr campaign (focusing on specific professions) to build on existing work in this area. This will include: reviewing existing print and online guidance and raising awareness of this guidance, the HCPC registration logo and public information literature; and contacting relevant stakeholder organisations to ensure they promote HCPC correctly.	Q2 onwards in 2015 –16
Preference for online communication	Registrants	We will continue to promote the new MyHCPC app, develop our web presence and information provision through our You Tube channel. We will also share the Ipsos MORI findings with the Registrations team for consideration as part of their processes and systems review	Ongoing
Employer and professional body engagement and understanding of our role	Professional bodies and employers of HCPC registrations (public and private)	We will continue to engage with professional bodies through annual meetings, invitations to relevant events and meetings on specific issues. With employers, we will continue to run Employer Events for those who manage registrants in private and public sectors. These will be refined to include more accessible information about our regulatory processes. Following the publication of new guidance for employers, we will also develop a programme of dissemination.	From Q1 in 2015 –16

Issue	Audiences	Activities	Timescale
Developing public, patient, service user and carer representative engagement	Public, patient, service user and carer organisations	We will undertake targeted meetings and information sharing to identify how we can best work together, as well as attendance and speaking at appropriate conferences and exhibitions.	From Q1 in 2015 –16
FTP - variations in attitudes to raising concerns by gender, socioeconomic class and BME groups and managing expectations	Public, patients, service users and carers	These findings require further research and this is something we will consider with the Policy and Fitness to Practise Departments. In the meantime, will begin to explore these findings further as part of our programme of engagement with public, patient and service user organisations. We will also continue our signposting work.	From Q1 in 2015 –16
Targeted, proportionate communications - reaching key service user groups	Members of the public, patients, service users and carers	We will refresh and extend the 'Be Sure' campaign to a wider audience using the research to develop new messages and also produce a new film to focus on certain key audiences e.g. older people, women.	Planning in Q4 2014-15 with implantation from Q1 2015-16
Variations in knowledge and understanding of the HCPC's role	Registrants	We will further analyse the research and, where appropriate, develop profession-specific work. We will also continue to inform professions through articles in journals and newsletters and speaking at conferences. Existing pieces of work, for example, communicating our registration renewal requirements will include a focus on newly qualified registrants	Ongoing through 2015-16

30/01/2015 - FINAL

HCPC perceptions audit

Research with registrants; service user, patient and the public organisation representatives; and the public and service users



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Summary

1 Summary

The Health and Care Professions Council (HCPC) – the independent UK regulator of 16 health and care professions – commissioned Ipsos MORI to carry out research with their registrants, the general public, and organisations representing service users, patients and the public. The research built on research carried out for HCPC in 2007 and 2011 and aimed to explore the following among each of the key audiences:

- their awareness and perception of regulation – specifically with regard to the professions that the HCPC regulates;
- awareness of and views towards the HCPC's role and functions;
- how the HCPC currently communicates and engages; and
- how these groups would like to be communicated with in the future.

Similar to the previous research, the methodology involved a mix of quantitative and qualitative elements depending on the audience; this included:

- **Quantitative research with the general public and service users** – nine questions asked of 1,031 UK adults aged 15+ using Ipsos MORI's face-to-face omnibus;
- **Qualitative research with service user, patient and public organisation representatives** – twelve in-depth telephone interviews with representatives from various service user, patient and public organisations;
- **Quantitative research with HCPC registrants** – a 15 minute online survey of 1,672 HCPC registered health and care professionals – which equated to around 100 responses per registrant profession.

This summary covers the key findings for each audience, with further details of the methodology and a comprehensive overview of the findings included in the main chapters of the report.

1.1 Public perceptions

Contact with health and care professionals

The majority of the public sample reported having used the services of a health and care professional regulated by the HCPC at some point in their life; over half (56%) said they had used the services of one of these professionals. Physiotherapists are the profession that have been used by

the greatest proportion of the public (29%), followed by radiographers (20%), chiropodists/podiatrists (14%) and paramedics (13%).

Despite the fact that social workers are also now regulated by the HCPC, the proportion of the public who have ever used the services of a HCPC registered professional is similar to that seen in 2011.

There is, however, some variation in usage among subgroups. For example, females were more likely than males to have used the services of HCPC-registered professionals (62% of females have used at least one of these services compared with 50% of males). The same or higher proportions of females than males have used the services of all the health and care professions regulated by the HCPC, for example:

- a higher proportion of females than males have used the services of chiropodists/podiatrists (17% compared with 11% respectively);
- females were also more likely than males to have used a dietitian (nine per cent compared with four per cent respectively).

Frequency of contact

The majority of those in the sample who reported using the services of a HCPC registered professional – termed in this report as ‘service users’ – tend to have done so fairly recently. Seven in ten (70%) service users last had contact with one of these professionals in the past two years. The time of last contact with health and care professionals is consistent with previous surveys.

How to contact health and care professionals

Referrals by other health and care professionals continued to be the most common way in which service users came to see a health and care professional. When asked about the last occasion they had contact with an HCPC registered professional, seven in ten (69%) said they were referred by a GP, hospital or other health professional.

Checking registration

A minority of service users reported actively checking that the health and care professional they were seeing was a registered and qualified professional; most either assumed that they must be, trusted that they would be or did not check. Thinking about the first occasion that they saw a health and care professional, just under half (43%) assumed that the professional must be qualified to treat them because they were referred to them by a GP/other NHS professional/other care professional.

One in ten (13%) of the sample assumed that the health and care professional must be qualified in order to practise, and a similar proportion took it on trust that they would be (12%).

Satisfaction with service

Service users were largely very positive about their most recent experience of using an HCPC registered health and care professional. The vast majority of service users in the sample reported being satisfied with their experience (91%), with almost two-thirds (62%) reporting that they were '*very satisfied*'.

There is some variation in the level of satisfaction between different sub-groups. For example, service users aged 65 or over were more likely than those aged 15-24 to be '*very satisfied*' with their last experience (70% very satisfied compared with 48% respectively).

Trust of health care professionals

A range of different factors – covering soft skills and professional competence – were mentioned by service users in the sample as reasons for trusting the health and care professional they last had contact with. The most commonly mentioned factor was being treated with dignity and respect, mentioned by around half (49%) of service users. Having a good outcome/success (40%), good communication skills/explaining things well (39%) and knowledge/technical ability (38%) also featured.

Cause for concern

The service users in the sample cited a number of different organisations they would contact if they had cause for concern about the skills and/or behaviour of a health and care professional. Local level organisations or individuals were the most commonly cited, including local hospitals/community trusts and health board complaints services (15%), the professional's immediate boss or line manager (11%) or the office/ward in which the professional worked (10%). A further one in ten said they would contact the Citizen's Advice Bureau or the Department of Health (10% for both).

A minority of the public (six per cent) who were sampled said they would contact the relevant regulatory body – i.e. HCPC.

Making a complaint

The HCPC's telephone helpline continued to be the most commonly mentioned method of contact for making a complaint to the HCPC, cited by around a third (34%) of the public in the sample. Email was the next most commonly used channel; almost a quarter (23%) of the public in the sample said they would make a complaint in this way. This was followed by contacting the HCPC face-to-face or in person, or by letter, both of which

were mentioned by just under one in five of the sample (19% and 18% respectively).

There has been an increase since the previous survey in the proportions of the public who said they would use electronic forms of communication to get in touch with the HCPC if they wanted to make a complaint. The proportions who said they would use email and the internet/HCPC website have increased (23% now compared to 17% in 2007 for email and 12% compared with eight per cent in 2007 for the internet/HCPC website).

Communicating services

When considering ways for the HCPC to communicate its role and services to the public, almost half of the sample (46%) said leaflets in GPs' surgeries would be the best way to do so. Given that referrals from GPs and other health professionals are the most common referral route, it is perhaps not surprising that there is an appetite for communicating in this way – particularly among service users in this sample (54% of service users cited this compared with 35% of non-service users).

Around one in five (18%) said that the HCPC should communicate its role to the public via social media such as Facebook, Twitter, LinkedIn, Google+ or Tumblr.

Other preferred methods of communication cited by the sample included posters/leaflets in the place of work of health and care professionals (16%), through the Citizen's Advice Bureau (15%) and through local and national newspaper articles (each 14%).

A further one in ten (11%) said that the HCPC should communicate this information via its own website, while a small proportion of the sample highlighted other options, including the HCPC's YouTube channel (two per cent) or other websites on the internet (five per cent).

1.2 Service user, patient and public organisation representative perceptions

Understanding regulation

The sample of service user, patient and public organisation representatives demonstrated a broad understanding of the regulation of professionals, and saw it as 'important' and 'vital.' They tended to think regulation existed primarily for public protection by ensuring professionals act according to the standards set out.

The roles and responsibilities that this sample attributed to the HCPC stemmed from their perceptions of the purpose of regulating professionals rather than direct knowledge of the HCPC. They spontaneously identified: setting standards to uphold competencies among professionals; ensuring

fitness to practise for those professionals; and creating and maintaining a register of professionals who are registered with the HCPC.

When asked more specifically about the role of the HCPC in ensuring fitness to practise, service user, patient and public organisation representatives had a broad spontaneous understanding of the fitness to practise cases that the HCPC might consider.

They did question what fitness to practise would mean to patients and the public, highlighting that public expectations may differ from reality. For example, the point at which something becomes a fitness to practise issue was not always easy to define, and particularly difficult for patients who feel 'wronged' in some way.

Alongside the key functions of regulation, this sample also identified an advisory role for HCPC; they believed that the HCPC had a role sharing best practice among registrants and supporting other organisations by collaborating with them.

Relationships with the HCPC

Overall, these service user, patient and public organisation representatives were aware of HCPC, in that they knew it was a professional regulator and understood that it regulated a broad range of health and social care allied professionals. Some participants recalled receiving the HCPC email newsletter and learning a little more about the work being carried out through this.

Participants expressed a desire to build on their awareness and develop greater understanding, have a more iterative and open relationship with HCPC, and see the profile of HCPC raised. However, participants did acknowledge that as a regulator of 16 different professions, HCPC had a more challenging role than other regulators.

Communicating and engaging with the public

Service user, patient and public organisation representatives reported that patients and the public would have little or no awareness of HCPC, unless they had experienced something that put them in contact with the HCPC. Despite this, they believed the public would presume a regulatory body existed and would have expectations of that organisation.

Many also emphasised that they did not think a complex communication strategy was needed with the public, because they would engage with the HCPC as and when they needed to. Nonetheless, they did outline different ways to communicate with the public, with many revolving around providing useful information and signposting at key points in the patient journey, such as the use of leaflets in waiting rooms.

Suggestions on how the HCPC could engage with patients and the public often reflected the ways the HCPC currently engages and informs – such as using service user feedback or holding focus groups.

Future directions

Service user, patient and public organisation representatives identified some key challenges and opportunities for the HCPC to address over the next year.

Perhaps the most common challenge voiced by participants related to keeping pace with health sector changes. For example, several noted that NHS England's recently published 'Five Year Forward View' for the NHS (NHS, 2014) was likely to lead to changes to which the HCPC would need to respond.

Alongside the pace of change, maintaining standards while most organisations were looking to make efficiency savings was seen to be a major issue for all providers of health services. Some reported that this pressure would put additional strain on professionals and could make fitness to practise issues more common as workloads increased.

While the HCPC was perceived to be facing some challenges, participants reported that the regulator had an opportunity to work with stakeholders and the public to show that it was addressing the issues, and putting robust measures in place to protect the public.

1.3 Registrant perceptions

Awareness of the HCPC

General awareness of the organisation was high, with the majority of the registrants we spoke to knowing something about the HCPC (99%). Depth of registrant knowledge in this sample varied; 53% of those surveyed said they knew a 'fair amount' and two in five (41%) said they knew 'not very much' about the HCPC. In addition, the social workers in the sample – who as a group have only relatively recently been required to register with the HCPC – were the most likely to say that they knew 'nothing at all' about the HCPC (six per cent compared with one per cent overall).

Describing the HCPC's role

Registrants who said they knew something about the HCPC were also asked how they would describe the HCPC's role. The majority described the HCPC as a regulator (73%). Just over half (55%) said they saw the HCPC as a professional body.

Knowledge of the role of the HCPC appeared to be closely associated with length of time on the register. Those who had been registered for over 10

years were more likely to describe the HCPC as a regulator than registrants who had been on the register for up to 10 years (79% compared with 66% respectively).

There was also variation across the different registrant groups with operating department practitioners, hearing aid dispensers, arts therapists and radiographers in the sample all more likely than average to describe the HCPC as a professional organisation (73%, 68%, 67% and 66% respectively compared with 55% overall).

Regulation and the HCPC

Almost all of the registrants thought that the purpose of regulation was to protect service users and the public (94%). A minority of the registrants also perceived regulation to cover other aspects. These included promoting the professions, representing the views of the health and care professionals who are regulated and to advise on health and care policy (41%, 38% and 33% respectively). There is variation across the registrant professions included in the sample which are explored in more detail in Chapter 5.

The HCPC's roles and responsibilities

Most registrants appeared to have a good understanding of the central responsibilities of the HCPC. Nine in ten of the registrants identified maintaining and publishing a register of qualified professionals, investigating concerns about fitness to practise, setting standards and protecting titles as key responsibilities of the HCPC (99%, 97%, 93% and 92% respectively).

Importance of the HCPC's roles and responsibilities

As well as being aware of the key responsibilities of the HCPC, most registrants who responded to the survey also appeared to validate the importance of the role of the organisation. Nearly all of the registrants said it was important – with the vast majority saying it was very important – that the HCPC maintains and publishes a register of qualified professionals and investigates fitness to practise concerns about professionals (98% important for both, with 84% and 87% saying very important respectively). The vast majority also saw the other key responsibilities of the HCPC – to set standards, protect titles and approve initial qualifying training – as important (95%, 94% and 89% respectively).

Fitness to practise

The 2011 research found that understanding of fitness to practise was high among registrants. This year, when asked how much they knew about fitness to practise, spontaneous awareness varied. While two-thirds (65%) of the registrants in the sample said they knew 'at least a fair amount' about it, a minority (31%) said they knew 'not very much' and four per cent said

they knew nothing. This is perhaps not surprising given that very few registrants in the sample had personal experience of going through the fitness to practise process.

When prompted, almost all of the registrants in the sample saw the purpose of fitness to practise as ensuring that practitioners had the skills and knowledge to practise safely and effectively (94%). The second most commonly cited purpose was to ensure registrants did not have a negative impact on public protection or confidence in the regulatory process (62%), while half (50%) cited ensuring concerns between services users and registrants were resolved.

Only a minority of the registrants identified issues, such as sickness, resolving personal disputes and making registrants apologise to service users as the purpose of fitness to practise.

Around three-quarters of the registrants (74%) based their understanding of the fitness to practise process on information they had read or heard. One in ten registrants based their knowledge on either their own direct experience (eight per cent), that of a colleague (four per cent) or a friend (one per cent).

When asked where they would prefer to find information about fitness to practise, the vast majority stated a preference to access this information via the HCPC's website (90%). This largely reflected the findings from 2011.

Registration renewal

The registration renewal process appeared well understood among the survey sample. Most registrants we spoke to said they understood the registration renewal process very or fairly well (86%), and the HCPC website was by far the most widely used mode for registrants to find information on registration renewal (55%). The next most commonly used methods by the sample of registrants were asking a colleague / friend (16%) and contacting the HCPC directly (12%).

Use of the Register

As with 2011, the Register has often been used as a means of demonstrating to patients and clients that they were a registered professional. Around half of the registrants we spoke to had informed clients and service users of their registration (51%) or used their registration card to provide evidence of their registration (50%). Three in ten (31%) had advised service users that they could check their registration online, while one in five (21%) displayed their certificate in their place of work. The chiropodists / podiatrists, arts therapists and hearing aid dispensers were more likely than other registrants who responded to the survey to have informed service users about their registration, advised that they could check their registration online and displayed their registration certificate in

their place of work. Occupational therapists and operating department practitioners were more likely to have used their registration card to provide evidence of their registration. A quarter of the registrants (24%) had not done any of these things.

As was the case in 2011, registrants who worked in independent / private practice were more likely to have informed patients or service users that they were registered with the HCPC.

While most of the registrants we spoke to had used the Register, many did so only infrequently. Three in ten (30%) said they only used the Register when they renewed their registration (every two years), while around a quarter (26%) said they used it annually. Registrants who responded to the survey were most likely to have last used the Register to check that they or a colleague were registered (61% and 29% respectively). A large proportion of registrants (90%) who had used the Register for something other than renewing their registration found it easy to use.

CPD audit process

As with other HCPC functions, there was generally high awareness of the HCPC's CPD audit process among the sample we spoke to. Similar to 2011, two in five (45%) said they knew a fair amount about the process, while only a few said they knew nothing at all (seven per cent).

Most registrants based their understanding of the CPD audit process on information they had read or heard (52%). Almost a quarter said they gained their understanding through a colleague's experience of the process (24%).

When discussing where to go for advice if selected for CPD audit, the greatest proportion of registrants said they would get advice and support from the HCPC (68%). Similar proportions reported that they would also go to other colleagues (64%), their line manager/employer (51%) or their professional body (41%).

Setting standards

Registrants in the sample showed a good general level of awareness of the HCPC standards. Around three in four said they knew a great deal/fair amount about each of the standards (75% for conduct, performance and ethics; 77% for proficiency for the profession; and 75% for CPD).

The majority of registrants who responded to the survey had used the HCPC's standards in their work (66%) whilst a smaller proportion, just over quarter (26%), said they had not.

The most common reasons for referring to the standards were for registrants to update their knowledge of them (47%) or as part of the renewal process (33%).

The registrants in the survey said that information about the HCPC's standards should predominantly be made available via email (78%), the HCPC website (76%) and in the post (43%).

Communications and raising awareness

The majority of registrants surveyed had used the HCPC website to find out information from the HCPC (65%). The next most common means of finding information from the HCPC was via a telephone call, cited by around one in four registrants (26%).

For those registrants who wanted to find information about the HCPC, the information they have most wanted to know included:

- Information about the HCPC registration renewal process (53%);
- Information about the Register itself (36%); and
- Information about each of the HCPC Standards (29% CPD, 28% proficiency for the profession and 25% conduct, performance and ethics).

While the HCPC website was seen as a good source of information for registrants, it was not felt by registrants in the sample to be as good a channel for the public and service users. More than twice as many cited leaflets in GP waiting rooms and independent pharmacies as the best way to raise awareness (46%). A public relations campaign in partnership with the professional bodies and working with the media also received support from registrants (43% and 41% respectively).

Background and introduction

2 Background and introduction

2.1 Background

The Health & Care Professions Council (HCPC) is the independent UK regulator of 16 health and care professions¹. Its overriding purpose is to protect the health and well-being of the public using the services of these health and care professionals.

The HCPC commissioned Ipsos MORI to undertake mixed methods research across a range of the HCPC's key audiences. These included:

- Service user, patient and public organisation representatives;
- The general public and service users²;
- HCPC registrants.

2.2 Research objectives

This work follows on from research conducted by Ipsos MORI in 2007 and 2011 to provide the HCPC with information to help improve its operational activities and develop plans and strategies for the future. In order to allow the HCPC to build on this learning, the main objectives of this research were to assist the HCPC in understanding the following among each of the key audiences:

- their awareness and perception of regulation – specifically with regard to the professions that the HCPC regulates;
- awareness of and views towards the HCPC's role and functions;
- how the HCPC currently communicates and engages; and
- how these groups would like to be communicated with in the future.

¹ A list of the 16 professions regulated by the HCPC is available at: <http://www.hcpc-uk.org.uk/aboutus/>

² Defined as those members of the public who have ever used the services of a HCPC registered professional.

2.3 Methodology

In line with the previous Ipsos Mori research, the methodology involved a mix of quantitative and qualitative elements;

- **Quantitative research with the general public and service users** – nine questions asked of 1,031 UK adults aged 15+ using Ipsos MORI's face-to-face omnibus;
- **Qualitative research with service user, patient and public organisations** – 12 in-depth telephone interviews with representatives from various service user, patient and public organisations;
- **Quantitative research with HCPC registrants** – a 15 minute online survey of 1,672 HCPC registered health and care professionals – which equated to around 100 responses per registrant profession

2.3.1 Immersion meeting

To ensure that all research elements met the HCPC's objectives and that the research was consistent across the methods, an immersion meeting was held at the beginning of the project between the Ipsos MORI and HCPC teams. The discussions at this meeting helped to outline the context in which the HCPC is currently working, its previous research work and clarified the objectives for the research. It also informed the design and content of the research tools for each element of the research.

2.3.2 Quantitative research with the general public and service users

Similar to the 2007 and 2011 research, a quantitative survey was conducted to assess public and service user opinion on the use of, and satisfaction with, health and care professionals' service and care. The survey also asked service users about trust in their health and care professionals and whether, and how, they checked they were a registered professional. Finally, the survey also explored the ways in which the HCPC can look to build awareness and communicate with the public. Please see the appendix for a copy of the questionnaire used during the survey.

Questions were placed on the Ipsos MORI Capibus survey, a weekly omnibus survey of a representative sample of the general public. A nationally representative quota sample of 1,031 adults (aged 15 and over) was interviewed throughout the UK. At the analysis stage the results have been weighted by sex within age, region, working status, social grade plus tenure and ethnicity to represent the known population profile.

Interviews were carried out face-to-face, in respondents' homes, using CAPI (Computer Assisted Personal Interviewing) terminals (laptops and tablets). Fieldwork was conducted between 9 and 20 October 2014.

To assist understanding of the phrase 'health and care professional', at the beginning of interviews, respondents were shown a card providing a list of the 16 professions regulated by the HCPC. This list was displayed throughout the interview for reference to ensure that respondents were referring only to the health and care professionals regulated by the HCPC when considering their answers. These professions are outlined below:

- Arts therapists
- Biomedical scientists
- Chiropodists/podiatrists
- Clinical scientists
- Dietitians
- Hearing aid dispensers
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Practitioner psychologists
- Prosthetists / orthotists
- Radiographers
- Speech and language therapists
- Social workers (in England)

2.3.3 Quantitative research with HCPC registrants

The registrants' survey was designed to help the HCPC to understand:

- the levels of awareness of the HCPC, its role and key functions;
- what and how registrants would like to be communicated with.

Unlike 2011, which used a postal survey to capture these quantitative insights, to minimise respondent burden and to provide results within the timescales required the research was carried out online³.

A target of 1,600 returns was set in order to try and achieve 100 responses per regulated profession. While this means that the sample and respondent profile is not proportionally representative of the HCPC registrant profile, it does allow comparisons between the individual professions, which was a key requirement of this research.

A random sample of registrants was selected by the HCPC from their full database. In order to guide the HCPC in selecting the sample, Ipsos MORI provided the HCPC with sampling instructions. To select the sample, the database was first stratified by profession before making a random 1 in n selection within each of the 16 professions.

In order to achieve the 1,600 returns, based on the response rates from other online surveys Ipsos MORI has conducted with registrants, it was calculated that the HCPC would need to provide a list of at least 625 registered health and care professionals for each of the 16 professions. As such, the initial sample size was 10,000 registrants.

An initial invitation email was sent out to all 10,000 registrants in the sample on 20 October 2014. This email outlined the purpose and details of the research and provided a unique link for each respondent to click on to complete the survey. Each email was personalised with the respondent's name.

In order to encourage response, up to three further reminder emails were sent to those who had not responded to the survey at the time each reminder was sent. The reminders stressed the importance of the research and provided a deadline for completion of the survey.

Following the initial email, Ipsos MORI received a large number of bounce backs (c.2,000), i.e. the email was not delivered to the recipient⁴. As such, it was decided that additional sample for some professionals would be required to ensure the target of achieving 100 responses from each of the 16 professions was met. The HCPC therefore provided Ipsos MORI with an additional 5,993 names across those professions where it was not believed that 100 responses would be achieved. The additional sample was selected

³ As such, while comparisons, where relevant and appropriate, have been made with previous research, these should be treated with caution and seen as indicative only due to the different methods and sample composition.

⁴ There were a number of reasons for the large number of bounce backs. These included: email addresses being out of date or incorrect; firewalls blocking the email from Ipsos MORI; respondents having changed jobs and subsequently email address; and out of offices which included maternity, paternity and secondment leave.

in the same way as the original sample. The additional sample breakdown is outlined in the following table.

Table 1: Additional sample by profession

Profession	Sample size sent survey by Ipsos MORI
Biomedical scientist	356
Dietitians	158
Hearing aid dispensers	346
Operating department practitioners	219
Occupational therapists	121
Physiotherapists	146
Prosthetists and orthotists	236
Speech and language therapists	535
Social workers	158

Those registrants in the additional sample were sent an invitation email on 3 November and one reminder email. To allow registrants in the additional sample adequate time to complete the survey, the fieldwork period for all registrants was extended by one week and closed on the 21 November 2014. The original sample was made aware of the extension of fieldwork in the final email reminder.

In total 15,993 registrants were invited to take part in the survey and 1,672 of these registrants went on to complete it. Consequently, the overall unadjusted response rate for the survey was 10%, although this varied across the 16 professions. Table 2 shows the response rate break down for each registrant group.

Table 2: Breakdown of response by registrant profession

Profession	Total surveys distributed	Total surveys received	Response rate
Arts therapists	625	121	19%
Biomedical Scientists	981	112	11%
Chiropodists/podiatrists	625	93	15%
Clinical scientists	624	127	20%
Dietitians	783	107	14%
Hearing aid dispensers	968	121	13%
Occupational therapists	746	96	13%
Operating department practitioners	844	101	12%
Orthoptists	625	118	19%
Paramedics	625	96	15%
Physiotherapists	771	104	13%
Practitioner psychologists	625	104	17%
Prosthetists and orthotists	861	98	11%
Radiographers	625	93	15%
Social workers (England only)	783	100	13%
Speech and language therapists	1160	90	8%

2.3.4 Reporting quantitative findings

In the graphs and tables, the figures quoted are percentages. The size of the sample base from which the percentage is derived is indicated. Note that the base may vary – the percentage is not always based on the total sample. Caution is advised when comparing responses between small sample sizes (those below 100 responses).

Where relevant and appropriate comparisons have been made with previous years of research. Comparisons between previous waves of the registrants' survey should be treated with caution and treated as indicative only due to the different methods used to conduct these surveys (postal in 2011, online in 2014). Technical details for the previous research are as follows:

Public and service users (2007 and 2011):

- Face-to-face interviews on Ipsos MORI's omnibus conducted in respondents' homes using CAPI;
- Sample sizes: 2,153 (2007) and 1,031 (2011) UK adults aged 15+;
- Fieldwork dates: 18-23 October 2007 and 19-25 August 2011;
- Weighting by interlocking rim weights for social grade, standard region, unemployment within region, cars in household, and age and working status within gender.

Registrants' survey (2011):

- Postal self-completion survey;
- Sample size: 1,887;
- 15 professions covered. At that time social workers in England were not regulated by the HCPC and so were not included in previous research;
- Fieldwork dates: 15 August – 17 October 2011.

As a rough guide, please note that the percentage figures for the various sub-samples or groups generally need to differ by a certain number of percentage points for the difference to identify statistically significant change over time. This number will depend on the size of the sub-group sample and the percentage finding itself. More detail on the statistical reliability of the results for the quantitative surveys conducted as part of this research is provided in the appendix of this report.

Where an asterisk (*) appears it indicates a percentage of less than half, but greater than zero. Where percentages do not add up to 100% this is due to a variety of factors – such as the exclusion of 'Don't know' or 'Other' responses, the allowance of multiple responses at a question or computer rounding.

2.3.5 Qualitative research with service user, patient and public organisations

Qualitative interviews were conducted with people from organisations that represent service users, patients and the public to allow for closer examination of awareness of the HCPC and the ways in which it can work to further engage and communicate with various audiences.

The HCPC provided Ipsos MORI with a list of 45 contacts for representatives covering a broad range of service user, patient and public organisations. As the HCPC represents registrants from across the whole of

the UK it was important that those interviewed represented all four nations of the UK. From the list Ipsos MORI contacted and completed 12 in-depth telephone interviews. Interviews were conducted between 13 October and 7 November by telephone and lasted on average around 40 minutes.

In advance of fieldwork, all participants were sent an email signed by Marc Seale, Chief Executive of the HCPC and Registrar, which outlined the purpose of the research and invited them to take part. This communication was followed by a telephone call from one of Ipsos MORI's specialist recruiters, confirming whether or not the contact was willing and able to participate and, where relevant, arranging a date and time for an interview.

While the named contact on the database was contacted in the first instance, referrals to an individual of similar seniority were accepted where appropriate. In total, six referrals were made.

All interviews were conducted using a discussion guide, designed by Ipsos MORI, in conjunction with the HCPC (see the appendix for copy of the guide). The participants themselves dictated the general content and flow of the discussions, within the framework of the topics introduced by the Ipsos MORI interviewers.

2.3.6 Interpretation of qualitative findings

Unlike quantitative surveys, qualitative research is not designed to provide statistically reliable data on what participants as a whole are thinking. It is illustrative and exploratory rather than statistically reliable, and based on perceptions rather than realities.

Verbatim comments from the interviews have been included within this report. These should not be interpreted as defining the views of all representatives of service user, patient and public organisations but have been selected to provide insight into a particular issue or topic expressed at a particular point in time.

All participants were assured that all responses would be anonymous and that information about individual cases would not be passed on to the HCPC. At the end of each interview, interviewers checked the level of attribution that participants would be happy with. While some were content to be fully attributed, many asked for some level of anonymity. As a result, we have only attributed quotes at a level which shows that the quote has been said by a service user, patient and public organisation representative.

2.4 Acknowledgements

Special thanks go to all those who took part in the research – whether that be registrants, representatives of organisations, the public or service users. Thanks also go to Jacqueline Ladds, Director of Communication at the HCPC, for all her guidance and support throughout the project and to Roy

Dunn, Head of Business Process Improvement at the HCPC, for his assistance in sourcing and selecting the sample of registrants.

2.5 Publication of data

The standard Ipsos MORI Terms and Conditions apply to this, as to all studies we carry out. Compliance with the MRS Code of Conduct and our clearing is necessary for any copy or data for publication, web-siting or press releases which contain any data derived from Ipsos MORI research. This is to protect our client's reputation and integrity as much as our own. We recognise that it is in no-one's best interests to have findings published which could be misinterpreted, or could appear to be inaccurately, or misleadingly, presented.

Public perceptions

3 Public perceptions

In this chapter we explore public and service user perceptions towards, and experience of, using the services of professionals regulated by the Health and Care Professions Council (HCPC). The chapter covers public use of health and care services, including which health and care services are commonly used, how frequently these services are used, how the public contact health and care professionals, and satisfaction with and trust in these professionals. The chapter then explores the ways in which the public and service users would like the HCPC to communicate with them.

3.1 Use of health and care services

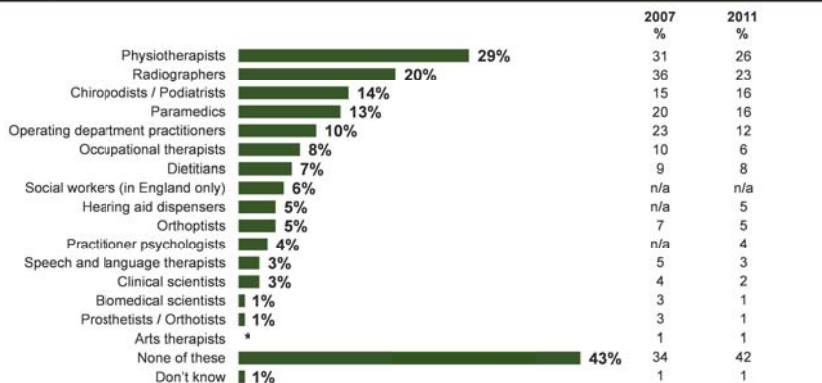
3.1.1 Contact with health and care professionals

The majority of the public surveyed reported having used the services of a health and care professional regulated by the HCPC at some point in their life; over half (56%) of the public had used the services of one of these professionals. The overall proportion of usage is similar to that seen in 2011. This is despite the fact that social workers in England are now regulated by the HCPC, which was not the case in 2011.

As was the case in 2011, of the health and care professions the HCPC regulates, physiotherapists are the profession that have been used by the greatest proportion of the public; around three in ten (29%) reported they have ever used the services of one of these professionals.

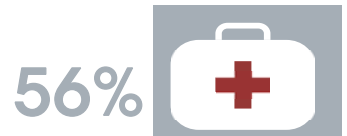
Other professions that have been used by at least one in ten of the public include radiographers (20%), chiroprodists/podiatrists (14%), paramedics (13%) and operating department practitioners (10%). The pattern of usage of health and care professionals was similar to that seen in previous years the research has been conducted.

Which, if any, of the following health and care professionals' services have you ever used? Please take into account both treatment and advice from these particular health and care professionals.



Base: All 2014 (1,031); 2011 (1,031); 2007 (2,153)

Source: Ipsos MOR



Have ever used the services of a health and care professional.

Usage of the services professionals regulated by the HCPC provide varies by key sub-groups. Those more likely to have ever used any services provided by HCPC registered professionals include:

- **Females** – who are more likely than males to have used the services of any of these health and care professionals (62% of females used at least one of these services compared with 50% of males). Females used the services of chiropodists/podiatrists and dietitians more than males (17% compared to 11% and nine per cent compared to four per cent respectively).
- **Those aged 65 or over** – around three-quarters (74%) of those aged 65 or over had ever used the services of one of these health and care professionals compared with around a third (36%) of those aged 15-24.
- **More affluent social grades** – those from AB and C1 social grades are more likely to have used health and care professionals than respondents from C2 and DE social grades. Two-thirds of those from AB (66%) and three in five of those from C1 (59%) social grades had ever used the services of at least one of these professionals. This compares with just over half of those from a C2 social grade (53%) and less than half of those from social grade DE (47%).
- **Those from a white ethnic background** – who are more likely than those from a black and minority ethnic (BME) background to have ever used a HCPC registered professional's services (60% compared with 34% ever used respectively).

3.1.2 Frequency of contact with health and care professionals

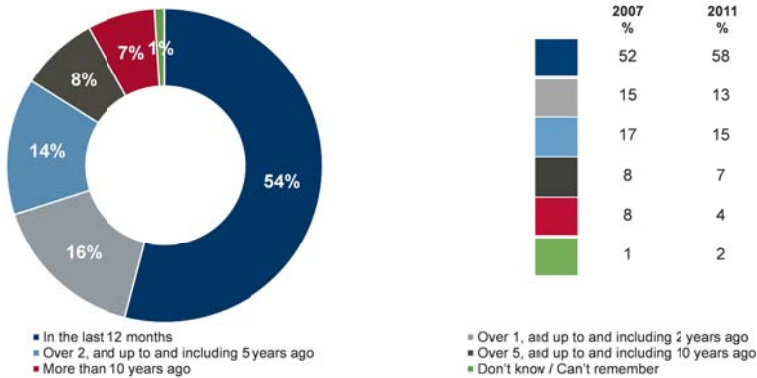
The majority of those who have ever used the services of a HCPC registered professional – termed in this report as 'service users' – tended to have done so fairly recently. Seven in ten (70%) service users last had contact with one of these professionals in the past two years. The time of last contact with health and care professionals was consistent with that seen in previous years.

70%



Of service users last had contact with a health and care professional within the last two years.

When did you personally last have any contact with any of these health and care professionals?



Base: All who have used a health or care professional's services: 2014 (581), 2011 (586), 2007 (1,430)

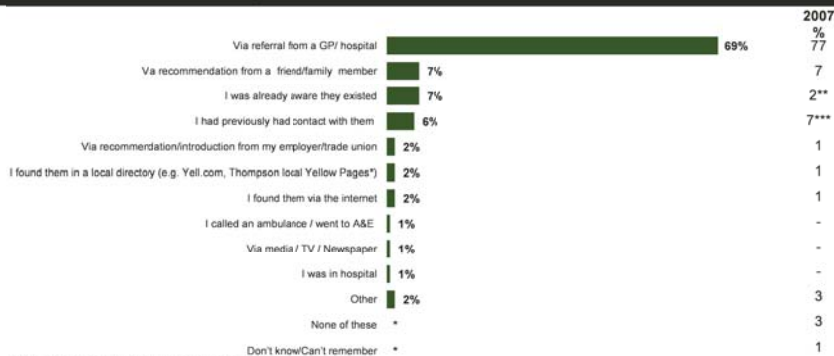
Source: Ipsos MOR

As well as being more likely to use the services of HCPC registered professionals, older service users were also the most likely to have last used their services recently – a finding that is consistent with other research on the usage of health services conducted by Ipsos MORI. Those aged 65 or over were most likely to have seen a health and care professional within the past 12 months, with around two-thirds (64%) of this group having used these services over the past year compared with just over half (54%) of service users overall.

3.1.3 How to contact health and care professionals

Referrals by other health and care professionals continued to be the most common way in which service users came to see a health and care professional. When asked about the last occasion they had contact with one of the health and care professionals regulated by the HCPC seven in ten (69%) said they were referred to them by a GP, hospital or other health professional.

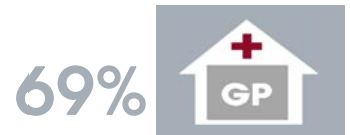
Thinking about the last* occasion that you had contact with one of these health and care professionals, through which, if any of these ways did you come to see that particular health and care professional?



(*previous wording was 'first occasion' and 'health professional')
 (**previous code was 'I knew where they were already')
 (***)previous code was 'The professional was already an acquaintance of mine'

Base: All 2014 (1,031), 2007 (2,153)

Source: Ipsos MOR



Of service users were referred by a GP or hospital the last time they had contact with a health and care professional.

There were, however, a number of other ways through which a minority of service users in the sample contacted health and care professionals. This

included prior knowledge of the professional – either personally, via a recommendation from friends or family (both seven per cent) or via their employer/trade union (two per cent) – but also by service users searching for such professionals themselves either online, via a directory (both two per cent) or via the media (one per cent).

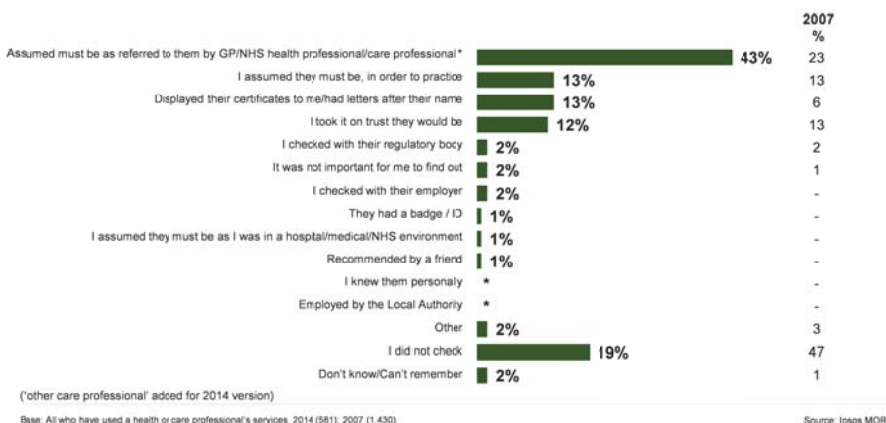
3.1.4 Checking registration

Only a minority of the service users in the sample reported actively checking that the health and care professional they saw was a registered and qualified professional; most either assumed that they must be, trusted that they would be or did not check. Thinking about the first occasion that they saw a health and care professional, just under half (43%) assumed that the professional must be qualified to treat them because they were referred by a GP/other NHS professional/other care professional.

Other assumptions made by this sample of services users included over one in ten (13%) who assumed that the health and care professional must be qualified in order to practise, and a similar proportion who took it on trust that they would be (12%). Around a fifth (19%) did not check that the professional was qualified.

While many service users assumed that the health and care professional they last saw was qualified to treat them or did not check, a minority recalled ways in which they were reassured on this point. Over one in ten said they knew that the health and care professional was qualified because the professional displayed their certificates, or had letters after their name (13%). This is an increase from 2007, when only six per cent of service users spoken to at that time said this.

Thinking about the first occasion that you saw one of these health and care professionals, how, if at all, did you check whether or not they were qualified to treat you?



91% Of service users were satisfied the last time they had contact with a health and care professional.

Those from less affluent social grades were more likely to make assumptions about the qualifications of health and care professionals than those from more affluent social grades. A fifth (20%) of service users from

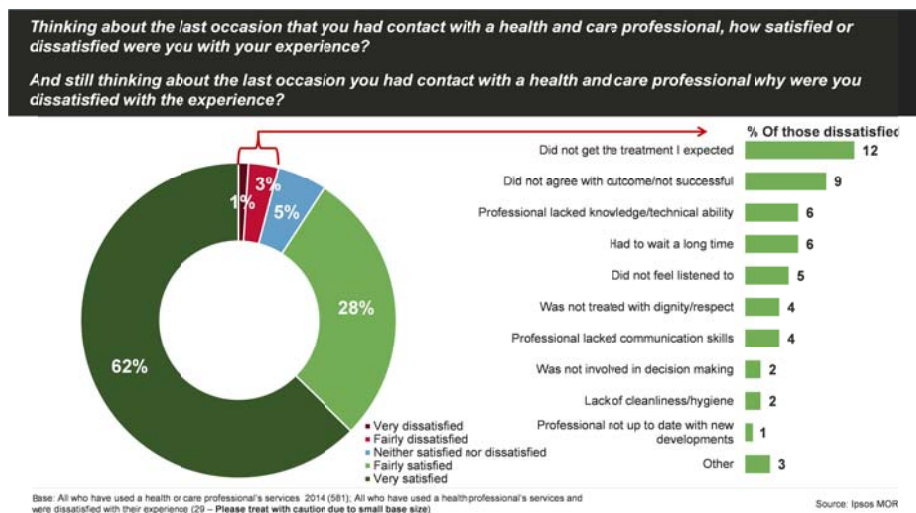
DE social grades assumed that the health and care professional they last saw must have been qualified in order to practise, compared with just under one in ten (nine per cent) of those from AB social grades. In contrast those from more affluent social grades were more likely to say they knew that the health and care professional was qualified because the professional displayed their certificate to them/had letters after their name (17% of services users in social grades AB said this compared with just five per cent of those in social grades DE).

Interestingly, younger service users were more likely to check qualifications with a health and care professional’s employer than their older counterparts. Seven per cent of those aged 15-24 said that they checked with their health and care professional’s employer compared with only one per cent of 55-64 year olds.

3.1.5 Satisfaction with service

Service users were largely very positive about their most recent experience of using a health and care professional regulated by the HCPC. The vast majority of the service users in the sample reported being satisfied with their experience the last time they contacted a health and care professional (91%), with almost two-thirds (62%) ‘very satisfied’.

There was some variation in the level of satisfaction between different sub-groups. For example by age, service users aged 65 or over were more likely than those aged 15-24 to be ‘very satisfied’ with their last experience of a health and care professional (70% very satisfied compared with 48% respectively).



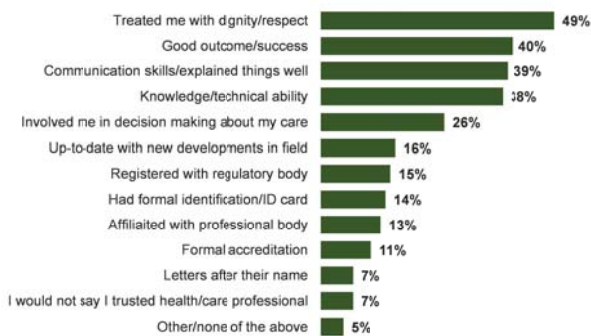
Encouragingly, overall very few service users reported dissatisfaction with their most recent experience with a health and care professional (just five per cent); however this did increase to just over one in ten among those from less affluent social grades (11% of those in DE social grades compared with two per cent of those in social grades AB). The reasons given

for dissatisfaction included not getting the treatment expected, not agreeing with the outcome of the contact or not thinking it was successful, having to wait a long time for services or believing that the professional lacked the knowledge or technical ability to treat them. Given that only a small number of service users (29) were dissatisfied with their most recent experience, the results need to be treated with caution and seen as indicative only.

3.1.6 Trust of health and care professionals

A range of different factors – covering both soft skills and professional competence – were mentioned by the service users in the sample as reasons for trusting the health and care professional they last had contact with. The most commonly mentioned factor was the professional treating them with dignity and respect, which was mentioned by around half (49%) of service users. Other commonly mentioned factors included having a good outcome/success (40%), good communication skills/explaining things well (39%) and knowledge/technical ability (38%). Seven per cent said they did not trust the health and care professional.

And 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?



Base: All who have used a health or care professional's services (581)

Source: Ipsos MOR

The results also showed the extent to which trust in health and care professionals varied across different groups of service users. For example, being treated with dignity and respect appeared to be more important for older service users than it was for their younger counterparts. Over half (54%) of those aged 45 and over trusted health and care professionals for this reason compared with around a third (35%) of those aged 15-34 years old. Indeed, younger service users aged 25-34 were among the most likely to say that they did not trust the last health and care professional they had contact with (17% compared with seven per cent overall).

Social grade also appeared to influence what factors service users said made them trust the health and care professional they last had contact with. Generally speaking, those from more affluent social grades (AB and C1) were more likely to cite many of the factors asked about as reasons for trusting the health and care professional. As just one example, around half

of those from AB and C1 social grades cited having previously had a good outcome/success as a reason to trust health and care professionals (46% and 51% respectively), compared with less than a third of those from C2 and DE social grades (27% and 30% respectively).

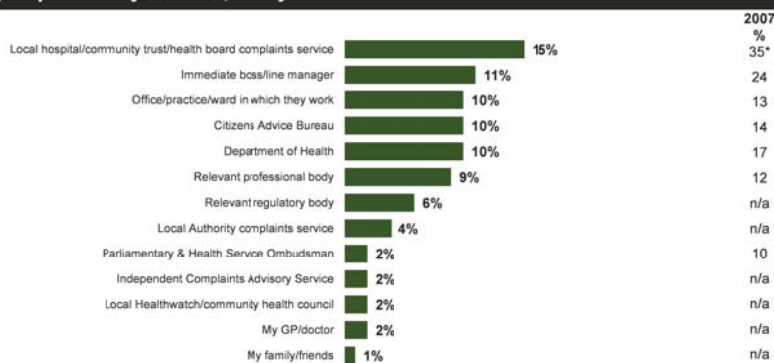


Of service users would contact local level individuals or organisations if they had cause for concern about the skills and/or behaviour of a health and care professional.

3.1.7 Cause for concern

Members of the public cited a number of different organisations they would contact if they had cause for concern about the skills and/or behaviour of a health and care professional. Local level organisations or individuals were the most commonly cited, including local hospitals/community trusts and health board complaints services (15%), the professional’s immediate boss or line manager (11%) or the office/ward in which the professional worked (10%). A further one in ten said they would contact the Citizen’s Advice Bureau or the Department of Health (10% for both). A minority of the public (six per cent) said they would contact the relevant regulatory body – i.e. HCPC.

If you had cause for concern about the skills or behaviour of one of these professionals which one of the following people or organisations would you be most likely to personally contact, if any?



(*previously the code 'Local hospital/community trust/health board complaints service' was 'Local health authority')

Base: All 2014 (1,031); 2007 All those who have used a health professional's services (1,430)

Source: Ipsos MOR

While there was generally little variation across sub-groups in the proportion of the public who said they would contact the relevant regulatory body, this was particularly low for those from less affluent social grades (12% of those from AB social grades said they would do this compared with four per cent of those from social grades DE).

3.1.8 Making a complaint

The public in the sample were also asked about their preferred method of communication with the HCPC should they want to get in touch to make a complaint about a health and care professional. The HCPC’s telephone helpline continued to be the most commonly mentioned method of contact, cited by around a third (34%) of the public. The proportion saying this has decreased significantly since 2007 when just over half (53%) said they would make a complaint via this route. Email was the next most commonly used channel; almost a quarter (23%) of the public in the sample said they would make a complaint in this way. This was followed by contacting the

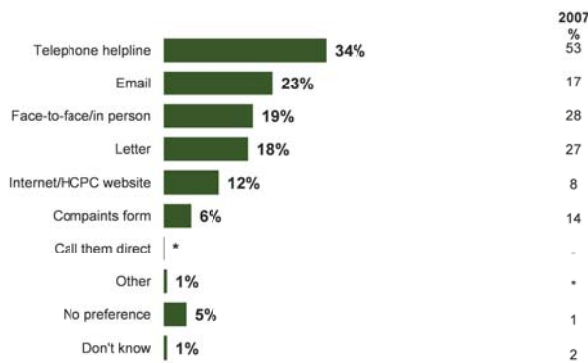
HCPC face-to-face or in person, or by letter, both of which were mentioned by just under one in five (19% and 18% respectively).

There has been an increase since the previous survey in the proportions of the public who said they would use electronic forms of communication to get in touch with the HCPC if they wanted to make a complaint. The proportions who said they would use email and the internet/HCPC website have increased (23% now compared to 17% in 2007 for email and 12% compared with eight per cent in 2007 for the internet/HCPC website).



23%
Of the public say that they would make a complaint to the HCPC via email.

If you wanted to contact the Health and Care Professions Council to make a complaint, how would you prefer to get in touch?



Base: All 2014 (1,031); 2007 (2,158)

Source: Ipsos MOR

There was variation in the types of methods different groups of the public said they would use to contact the HCPC to make a complaint. Key among these were age and social grade.

Young people aged 15-24 were significantly less likely than other age groups to say they would use the HCPC telephone helpline to make a complaint, tending to prefer email instead. In contrast, less than one in ten (nine per cent) of those aged 65 or over said they would use email as a way to complain to the HCPC. Instead the most commonly cited methods to contact the HCPC in such circumstances by this group were either via letter (26%) or face-to-face/in person (27%).

Using email and the internet to complain to the HCPC was also less popular with people from less affluent social grades (DE). Almost two fifths (37%) of those from AB social grades said they would use email to contact the HCPC to complain about a health and care professional compared with one in ten (10%) of those from DE social grades. These findings are likely linked to variations in internet access and usage by social grade, as internet access



34%
Of the public would call the HCPC telephone helpline if they wanted to make a complaint to the HCPC about a health and care professional.

is lower for those from DE social grades than A, B, C1 and C2 social grades⁵.

3.2 Communicating with the public and service users

3.2.1 Communicating services

When considering ways for the HCPC to communicate its role and services to the public, approaching half (46%) said leaflets in GPs' surgeries would be the best way to do so. Given that referrals from GPs and other health professionals was the most common route via which service users came into contact with a health and care professional, it is perhaps not surprising that they had an appetite for communicating in this way – particularly service users (54% of services users cited this compared with 35% of non-service users).

In the previous 2007 survey, a quarter of people (25%) thought the internet was one of the best ways for the HPC to communicate its role and services to the public. In 2014, 'websites' was broken down into different categories to allow greater insight into the specific websites/types of website the public reported to be the most useful for the HCPC to communicate information with them. Around one in five (18%) said that the HCPC should communicate its role to the public via social media such as Facebook, Twitter, LinkedIn, Google+ or Tumblr.

Other preferred methods of communication with the public included posters/leaflets in the place of work of health and care professionals (16%), through the Citizen's Advice Bureau (15%) and through local and national newspaper articles (each 14%).

A further one in ten (11%) said that the HCPC should communicate this information via its own website, while a small proportion highlighted other options including the HCPC's YouTube channel (two per cent) or other websites on the internet (five per cent).

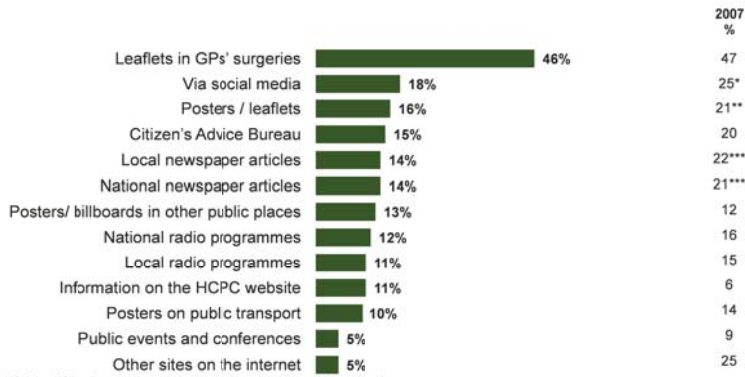
46%



Of people say that leaflets in GP's surgeries would be the best way for the HCPC to communicate its roles and services to the public.

⁵ Results taken from Ipsos MORI's Tech Tracker Quarterly Release: Q2 2014. Available at: <https://www.ipsos-mori.com/researchpublications/publications/1671/Ipsos-MediaCT-Tech-Tracker-Q2-2014.aspx>

Please tell me which three of the following ways, if any, you think are the best ways for the HCPC to communicate its role and services to the public?



(*codes 'Via Social Media' and 'Other sites on the internet' were previously combined as a code 'The internet')
 (**previous code was 'Leaflets through your door')
 (***)previous codes were 'adverts', not 'articles'

Base: All (1,031)

Source: Ipsos MOR

21%



Of service users think that posters/leaflets in the workplace of health and care professionals are one of the best ways for the HCPC to communicate its role and services to the public.

Communication via social media is a more popular option with younger age groups than with their older counterparts; almost a third of this group (29% of 15-24 year olds) cited social media as one of the best ways for the HCPC to communicate with the public. This compares with very few (just six per cent) of those aged 65 or over.

In contrast, older age groups preferred national newspaper articles as a way for the HCPC to communicate its role and services with the public, with almost a fifth (19%) of those aged 65 or over said this compared with less than one in ten (nine per cent) of those aged 25-34.

In addition to communication via leaflets and posters in GPs surgeries, service users were also particularly likely to see posters/leaflets in the workplace of health and care professionals as a good way for the HCPC to communicate with the public (21% compared with 10% of non-service users).

Service user, patient and public organisation representative perceptions

4 Service user, patient and public organisation representative perceptions

Since Sir Robert Francis QC's inquiry into the failings at Mid-Staffordshire Foundation Trust in 2013, there has been a greater focus on placing the public at the heart of the regulation of health and social care professionals. One facet of this is to increase awareness among the public and service users of the work regulators, including HCPC, carry out. Given that the number of professions the HCPC regulates has recently increased with the inclusion of social workers in England, it is of increasing importance to ensure lay awareness of regulatory activities. In order to help do this, HCPC needs to understand the perceptions of the key stakeholders with whom strong relationships can help achieve this: those representing service user, patient and public facing organisations. The in-depth understanding can support HCPC in shaping future relationships with these organisations and develop relevant programmes of work.

Therefore, this chapter of the report is based on 12 in-depth interviews with representatives from service user, patient and public facing organisations, such as health and social care charities. It will firstly explore what regulation means to these representatives, including their perceptions of the roles and responsibilities of HCPC. Participants' current relationships with HCPC, including their level of awareness and how to improve relationships are discussed, before perceptions of how the HCPC communicates and engages with the public are explored. Finally, some of the challenges and opportunities that this audience think the HCPC may face in the near future are examined.

It is important to note that these findings are based on 12 qualitative interviews. Qualitative research is not designed to be statistically representative of the wider population (those working for service user, patient and public facing organisations or HCPC's wider stakeholders as a whole in this instance). Rather, this element uses a smaller sample of 12 people sampled purposively from across the UK and working for relevant organisations. The research is therefore indicative and aims to elicit more in-depth understanding; it deals with perceptions and not facts.

4.1 Understanding of regulation

This group of service user, patient and public facing organisation representatives had a **broad understanding of the regulation of**

This audience have a broad understanding of the regulation of professionals, seeing regulation as important for public protection and ensuring fitness to practise.

professionals, and saw it as important and vital. They tended to think regulation exists primarily for **public protection** by ensuring professionals act according to the standards set out. However, they also identified the importance of regulation for registrants, in that having standards creates a **sense of professionalism** and promotes continuing professional development (CPD). Subsequently, employers of registrants were also seen to benefit as regulation ensures that their employees are **fit to practise**, which helps to protect their reputation and standards of care.

This audience believed that the key principles of regulation that patients and the public would value were **security, trust and reassurance**. Participants thought that the public generally wanted professional regulation to act as a 'safety net' to reassure them that health and care professionals are qualified and fit to practise.

The roles and responsibilities that this audience attributed to the HCPC stemmed from their perceptions of the purpose of regulating professionals. For example, the key roles and responsibilities they spontaneously identified tended to be: **setting standards** to uphold competencies among professionals; **ensuring fitness to practise** for those professionals; and **creating and maintaining a register** of professionals who are registered with the HCPC.

"I suppose their core responsibility is around maintaining professional standards. So it's about setting the minimum, and making sure that none of their registered professionals fall below that and that if they do, those individuals either have remedial action or are struck off."

Service user, patient and public organisation representative

Overall, participants felt that all of these functions were important in meeting their expectations of the purpose of regulating professionals. For example, they felt standards were needed to **ensure technical competence among professionals and ultimately, therefore, to protect the public**. In addition, the same standards contributed to CPD and a sense of professionalism among registrants.

When asked more specifically about the role of the HCPC in ensuring fitness to practise, service user, patient and public facing organisation representatives had a **broad spontaneous understanding of the fitness to practise cases** that the HCPC can consider. Consequently, when given a list of cases that fall within its remit they tended not to be surprised, although one or two were not aware that the HCPC only deals with the regulation of individual professionals, and does not work at an organisational level. However, these participants reflected that this makes sense, as other regulatory bodies exist to fill this role.

"I suppose the one thing would be about not being able to challenge organisations as it were ... because the employer should have a

This audience have a broad understanding of the regulation of professionals, seeing regulation as important for public protection and ensuring fitness to practise.

Participants question what fitness to practise means to the public; patients tend to value 'softer' skills and may want fitness to practise issues to reflect these.

responsibility as well... However, I think there are bodies that would regulate the service more widely.”

Service user, patient and public organisation representative

There was also a suggestion that **greater clarity of fitness to practise issues could be required**. For example, what constitutes an unprofessional relationship between a health and care professional and a patient was not always perceived to be clear cut.

“There have been issues at the patient/clinician interface. But, actually, once a patient is discharged from your care and they are no longer a patient, at what point is it reasonable or acceptable for them to then have a relationship with somebody?”

Service user, patient and public organisation representative

Participants did **question what fitness to practise would mean to patients and the public**. Indeed, they highlighted that public expectations may differ from reality. For example, they felt that the point at which something becomes a fitness to practise issue is not always easy to define, and is particularly difficult for patients who feel ‘wronged’ in some way. As such, these patients may consider their case as a fitness to practise case, while a regulator would not. Similarly, participants highlighted that patients tend to value ‘softer’ skills, and may link fitness to practise to this.

“...it is quite difficult sometimes, especially when someone has suffered serious harm, to explain to them that even if that was negligently caused, it doesn’t necessarily mean that it goes to someone’s fitness to practise.”

Service user, patient and public organisation representative

Several participants also felt that the public would be surprised that HCPC cannot force a professional to apologise.

Alongside the key functions of regulation, this audience also identified a more advisory role for the HCPC. For example, they believed that the HCPC has a role sharing best practice among registrants. As such, the HCPC is seen to have a **responsibility to help put the standards at the heart of the work of the professionals it regulates**. In addition, the HCPC is seen to have a role in supporting other organisations by **collaborating** with them. In particular, some mentioned working with other regulators.

4.2 Relationships with the HCPC

Overall, participants were aware of the HCPC, in that they knew it was a professional regulator and **understood that it regulates a broad range of health and social care allied professionals**. Some participants recalled learning about what HCPC is doing through the email newsletter. Despite this, participants tended to use their knowledge of other regulators when talking about regulation overall.

“I wasn’t terribly aware of them, I didn’t know a lot about them. In fairness, they do occasionally email me and contact me about what they’re doing [but], I don’t know a great deal about them.”

Service user, patient and public organisation representative

In addition, participants wanted to see the level of communication they have with HCPC about their work increase. Overall, those representing service user, patient and public facing organisations felt they could add significant value to the HCPC if they were involved more closely in its work. As such, **more iterative and open engagement was desired**. Several participants expressed surprise that they had not been engaged more by the HCPC. For instance one or two reported that the HCPC had carried out pieces of work related to their specialist area of which they were not aware. Indeed, this audience highlighted the specialist knowledge they had of key patient groups and professionals and felt this could be better utilised. For example, some organisations represent carers or the elderly, many of whom come into a great deal of contact with several of the professionals that the HCPC regulates. As such, they felt they could better help the HCPC to protect the vulnerable groups they work with if their expertise was sought; greater engagement with the HCPC could allow these participants to **share their knowledge**, benefitting both their organisation and the regulator.

“I would expect a little more engagement. I would imagine that greater interest in what we’re doing might be relevant to the organisation.”

Service user, patient and public organisation representative

It is worth noting that some participants were unaware of whether others in their organisation had more of a dialogue with HCPC than they did personally. However, these participants still felt they would want more of a relationship, and, referenced their relationship and experience with other health regulators in this context, saying that they have closer, more developed relationships with them than with the HCPC.

“I know that we’ve got links with the Nursing and Midwifery Council, and other bodies like that, but the HCPC is not one that I am as aware of.”

Service user, patient and public organisation representative

Clearly there is a strong desire to be part of the work HCPC is doing, which is positive if HCPC wishes to expand and build on its programme of engagement with those representing service user, patient and public facing organisations. In order to do this, participants wanted a more personal relationship with HCPC. For example, they wanted **more face-to-face meetings and having a clear, named point of contact** within the HCPC. Our wider stakeholder work shows that strong, personal relationships are often the foundation of developing trust and advocacy in an organisation. It may therefore be beneficial for the HCPC to continue to forge or build on such relationships with those representing service user, patient and public facing organisations.

“I think it would be helpful to have a bit of a dialogue so that we could jointly establish if there’s anything that would be helpful on both sides to do any joint work on.”

Service user, patient and public organisation representative

Although these participants were open to greater engagement from the HCPC, they caveated this point by explaining that this contact should be targeted and two-way. Some, for instance, were happy to receive quarterly or even bi-yearly direct communications from the HCPC on key issues and any changes in regulation, particularly if they were relevant to the people their organisation represents. Others liked the idea of a more informal, ongoing dialogue. The key is for the HCPC to build on the current work it is carrying out with this audience to tailor its approach to one that builds confidence and meets the needs of that organisation.

“If I was a service provider, I would want a close relationship with the HCPC... the relationship I want is just to know what they’re doing about [area of interest], to have confidence that they take [area of interest] seriously, and know a little bit about their systems, and when they make any changes to what they do, for them to let me know – that’s all I want.”

Service user, patient and public organisation representative

As well as working more closely with organisations representing the public and service users, participants also believed that further **increasing the profile and voice of HCPC** would show that the HCPC is holding professionals to account, which would reassure the public. Given the wider context of regulatory change, with a focus on greater transparency and public involvement in the wake of the Francis inquiry, this clearly resonates with some of the strategic goals HCPC has: raising public awareness of regulation and engaging with organisations representing the public and service users in order to do this.

Several participants pointed out that, as the regulator of 16 different professions, the **HCPC has a very challenging role**; alongside the impact

Participants recognise that the HCPC have a challenging role as a regulator of 16 diverse professions.

on functionality this challenge presents, participants recognised the impact on visibility. Indeed, they outlined that the professions provide varied and different services to patients and face very different issues when practising, and, therefore, developing and presenting a coherent message or clear identity is difficult.

“When you have that diversity of groups, it’s much harder to create an identity for themselves.”

Service user, patient and public organisation representative

4.3 Communicating with and engaging the public

Service user, patient and public organisation representatives thought patients and the public would have **little or no awareness** of HCPC, unless they had experienced something that put them in contact with the HCPC. In contrast, they thought awareness of other regulators would be slightly higher because of the types of professionals they regulate.

“People would be more likely to know about the General Medical Council, possibly the General Dental Council, and the Nursing and Midwifery Council for example, more than the HCPC...I think in general there’s a greater knowledge and understanding about the roles of doctors, nurses, midwives and dentists than there might be...I mean people do obviously know about the roles of psychologists, arts therapists, but they’re not maybe as long established, and they’re not as widely known about perhaps.”

Service user, patient and public organisation representative

Despite this, they thought the public would presume a regulatory body exists and would have expectations of that organisation. Relating to the public’s presumption that professionals are regulated is knowledge of protected titles among service user, patient and public organisation representatives; there was a **mixed level of knowledge** of protected titles. They also thought the public were unlikely to be familiar with this term but again that they would assume most are registered professionals.

“I’d say it’s an assumption that all these people are qualified, that all these people are properly registered, that all these people are being scrutinised and monitored and so on.”

Service user, patient and public organisation representative

Participants emphasised that they **do not think a complex communication strategy is needed with the public**, because they would engage with the HCPC as and when they need to. Moreover, they recognised that communication with the public could be particularly challenging, given the wide range of health and care professionals HCPC regulates.



If you say you’re a physio or a speech and language therapist, whatever, that most people assume that you are a registered professional.

Service user, patient and public organisation representative



Nonetheless, they did outline different ways to communicate with the public. Many examples and ideas revolved around providing useful information and **signposting at key points in the patient's journey** – something that simultaneously feeds into plans to increase awareness.

Firstly, participants suggested that the health and care professionals HCPC regulates could be encouraged to provide information about the HCPC and, in particular the register, at the point of contact. Leaflets in waiting rooms or handed out by GPs were seen as one way to do this. In addition, they also suggested pharmacies as a good place to provide information about HCPC and the register, because they are not specific to certain types of professional.

“My expectation would be that so if I'm sat in my GP surgery, or something like that, I would find a leaflet or some literature on the back of the rack on the right.”

Service user, patient and public organisation representative

Secondly, service user, patient and public organisation representatives suggested the HCPC has a role to signpost people to other sources of help and information, based on the expectations patients and the public may have of them. For example, based on the perception that fitness to practise is not always a clear concept for the public, these participants suggested signposting people to where they are able to make a complaint about character or delivery if people look to them for this.

In addition, participants suggested that more signposting could be provided on what to do if a registrant did something wrong, or what to do if the professional they were seeing was not on the HCPC's register.

“...particularly in cases where people aren't registered with them and somebody's been in contact with them to say, “Look, this has happened”. I would at least hope that they would be able to recommend a course of action.”

Service user, patient and public organisation representative

In order to help HCPC target the communications, participants suggested that communications could focus on the regulation of professionals for whom the public are **less likely to hold an inherent level of trust**. For example, some suggested that patients would naturally trust professionals working in close proximity to some specific other professionals, such as doctors and nurses. For others who work more independently or distanced from these better known healthcare professionals, patients and the public may need greater levels of reassurance.

In addition, those taking part suggested that **certain audiences should be more of a priority** in terms of communication. These were identified as the

most vulnerable groups and those likely to have the greatest level of contact with the range of professionals the HCPC regulates. These included the elderly and carers, in particular.

The final form of communication this audience identified was linked to their overall desire to see an increase in visibility of the HCPC. Using methods such as case studies and stories was seen as a way to create a public facing voice on how the HCPC protects the public. This form of communication was seen as important in reassuring the public and building some awareness for if they did need to contact the HCPC.

Service user, patient and public organisation representatives were unsure about how the HCPC engages with patients and the public, but some **assumed that this would already be in place**. Several suggestions reflected the ways in which HCPC currently engage with the public – such as using service user feedback or holding focus groups.

4.4 Future directions

Participants identified some key challenges and opportunities for the HCPC to address over the next year. Most of these challenges were thought to be **applicable to other professional regulators as well**, rather than solely representing challenges for the HCPC.

Perhaps the most common challenge voiced related to **keeping pace with health sector changes**. For example, several noted that NHS England's recently published 'Five Year Forward View' for the NHS (NHS, 2014) is likely to lead to changes to which the HCPC will need to respond. In addition, with a general election taking place next year, there was a perception that it could instigate a period of change and reform, which could impact on the professionals the HCPC regulates.

Alongside the pace of change, **maintaining standards while most organisations are looking to make efficiency savings was seen to be a major issue** for all providers of health services. Participants felt that organisations reducing their budgets will put additional strain on professionals and could make fitness to practise issues more common as workloads increase. Some also reported that this pressure is likely to make it harder to find time for CPD, which could also impact on the care provided by professionals.

"I think [a challenge is] probably how you support CPD in the current economic climate, because of what people will cut. And I think the other thing that they should be looking at is, given the national agenda of less people receiving NHS care – their role to play in that."

Service user, patient and public organisation representative

Keeping pace with health sector changes and maintaining standards when other organisations are making efficiency savings are potential challenges for the HCPC.

While the HCPC was perceived to be facing some challenges, participants generally thought that the regulator has an **opportunity to work with them and the public** to show that it is addressing the issues, and putting robust measures in place to protect the public. Participants also felt that the HCPC could **work more closely with other professional organisations and health regulators** such as the Care Quality Commission (CQC) to share knowledge and best practice, and ensure they are utilising all of the resources available to them.

Registrant perceptions

5 Registrant perceptions

In the previous research in 2011 registrants were given the opportunity to give detailed feedback on aspects of the HCPC's work via a quantitative postal survey. This year's research has again given registrants an opportunity to contribute their views via an online survey. This method helped both to reduce respondent burden and fieldwork timescales. To allow some comparison this year's survey covered a number of the same topics as the preceding survey. Specifically, it explored registrants' views on:

- The role and responsibilities of the HCPC;
 - Purpose and understanding of fitness to practise;
 - Accessibility of the Register;
 - The registration renewal processes; and
 - Awareness of CPD standards and the audit process.
- In addition to the previous survey, this research also explored registrants' views on the best way for the HCPC to communicate with them on various topics.

In this chapter we outline the overall findings for each of these topic areas. Where relevant it draws out the differences between particular professions or other attitudinal sub-groups. Comparisons will be made with the previous wave where relevant and appropriate⁶.

5.1 Awareness of the HCPC and its role and responsibilities

Ipsos MORI's quantitative research for the HCPC in 2011 showed that registrants had a reasonable amount of understanding in terms of the HCPC's role and responsibilities. They also largely believed that that HCPC carried out their role and responsibilities effectively. Since completing that research the HCPC has been through a period of change, including taking on the additional responsibility of the regulation of social workers in England. Three years on, it is therefore important to explore again what a sample of current registrants considered to be the HCPC's core role and responsibilities and how they viewed the HCPC as an organisation.

⁶ Comparisons between previous waves of the registrant survey should be treated with caution and as indicative only due to the different methods used to conduct these surveys (postal in 2011, online in 2014).

5.1.1 Awareness of the HCPC

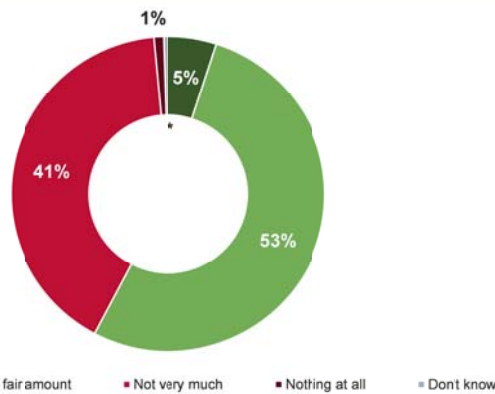
General awareness of the organisation is high, with the majority of the registrants we spoke to saying they knew something about the HCPC (99%). Depth of registrant knowledge varied; 53% of those surveyed said they knew 'a fair amount' and two in five (41%) said they knew 'not very much' about the HCPC

99%



Of registrants know something about the HCPC.

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



Base: All respondents (1,672)

Source: Ipsos MOR

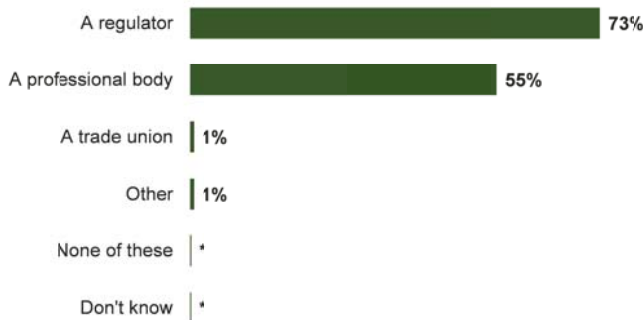
There was some variation in knowledge of the HCPC across the different registrant groups. Prosthetists and orthotists, and orthoptists were more likely to say that they knew at least a fair amount about the HCPC than other registrants who responded to the survey (69% and 68% respectively compared with 58% overall). In contrast other groups of registrants reported knowing less about the HCPC. For example, social workers, who have only come under the regulation of the HCPC comparatively recently, were perhaps unsurprisingly the most likely to say they knew 'nothing at all' about the HCPC; six per cent of social workers said this compared with just one per cent overall.

Linked to this finding it was also the case that those who have been registered with the HCPC for a long period of time (over ten years) tended to report knowing more about the organisation (60% knew at least a fair amount about the HCPC compared with 58% overall).

5.1.2 Describing the HCPC's role

Registrants who said they knew something about the HCPC were also asked how they would describe the HCPC's role. The majority of the registrants who responded to the survey correctly described the HCPC as a regulator (73%), just over half (55%) said they saw the HCPC as a professional body.

How would you describe the role of the HCPC?



94%

Of registrants think that the purpose of regulation is to protect service users and the public.

Base: All who know something about the HCPC or say don't know (1,351)

Source: Ipsos MOR

As was the case with awareness, understanding of the role of the HCPC varied across the different registrant professions. Practitioner / registered psychologists, orthoptists and dietitians were more likely than other registrants to correctly describe the role of the HCPC as a regulator (85%, 84% and 83% respectively compared with 73% overall). In contrast, those professions most likely to have described the role of the HCPC as a professional body – in each case over two-thirds of these registrants – included operating department practitioners, hearing aid dispensers, arts therapists and radiographers (73%, 68%, 67% and 66% respectively compared with 55% overall).

Further, knowledge of the role of the HCPC appeared to be closely associated to length of time on the register. Of the registrants who responded to the survey, those who had been registered for over 10 years were more likely than registrants who had been on the register for up to 10 years to describe the HCPC as a regulator (79% compared with 66% respectively).

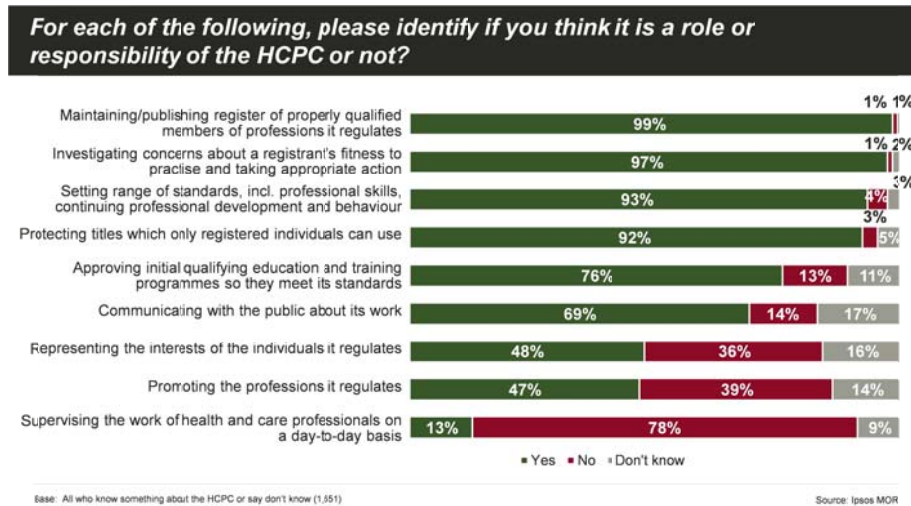
5.2 Regulation and the HCPC

Registrants were asked what they thought the purpose of regulation of health and care professionals to be, and encouragingly they had a good understanding of its central purpose. When prompted, almost all of the registrants we spoke to thought that regulation existed to protect service users and the public (94%).

5.2.1 The HCPC's role and responsibilities

Most registrants appeared to have a good understanding of the central responsibilities of the HCPC. Over nine in ten of the registrants we spoke to identified maintaining and publishing a register of qualified professionals, investigating concerns about fitness to practise, setting standards and protecting titles as key responsibilities of the HCPC (99%, 97%, 93% and

92% respectively). Although still mentioned by a majority, fewer registrants – around three-quarters (76%) – also correctly identified approving initial qualifying education and training programmes as a responsibility of the HCPC.



Beyond these core functions, many of the registrants we spoke to also mentioned a number of other functions they identify as a role or responsibility of the HCPC. This included communicating with the public about its work (69%).

A smaller proportion of the registrants who responded to the survey also perceived regulation to cover other aspects. This included promoting the professions that are regulated, representing the views of the health and care professionals who are regulated and to advise on health and care policy (41%, 38% and 33% respectively). Other perceptions mentioned by registrants included representing the interests of the individuals it represents and promoting the professions it regulates (48% and 47% respectively).

Around two-thirds of operating department practitioners (65%), and slightly lower proportions of dietitians (62%) and chiropodists / podiatrists (59%) described promoting the professions that the HCPC regulates as a role of the HCPC. Operating department practitioners were also the most likely to think that representing the interests of the individuals it regulates was a role of the HCPC (71% of operating department practitioners said this compared with 48% overall).

5.2.2 Importance of the HCPC’s roles and responsibilities

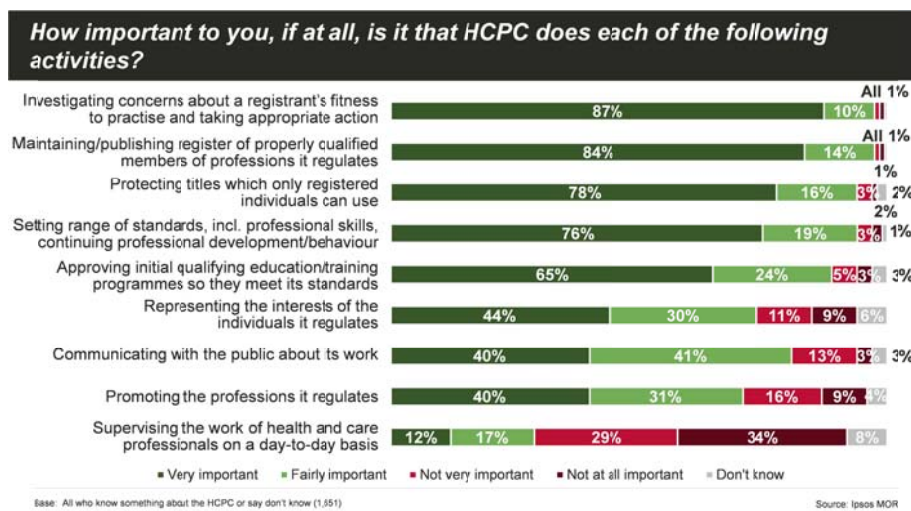
As well as being aware of the key responsibilities of the HCPC, most registrants also appeared to validate the importance of the role the organisation provides. Nearly all of the registrants we spoke to said it was



Of registrants think that it is important that the HCPC maintains and publishes a register of qualified members and investigates fitness to practise concerns about professionals.

important – with the vast majority saying it was *very* important – that the HCPC maintains and publishes a register of qualified members of the professions it regulates and investigates fitness to practise concerns about professionals (98% important for both, with 84% and 87% saying *very* important respectively).

The vast majority of the registrants we spoke to also saw the other key responsibilities of the HCPC – to set standards, protect titles and approve initial qualifying training – as important for the organisation to do (95%, 94% and 89% respectively). While most (89%) of the registrants we spoke to said that it is important for the HCPC to approve initial qualifying training fewer – 76% – believed it was a role or responsibility of the HCPC.



With the exception of supervising the day-to-day work of health and care professionals, a majority of the registrants we spoke to said it was important for the HCPC to do each of the activities asked about. This includes those elements which were not necessarily key roles or responsibilities of the HCPC, such as representing the interests of the individuals it regulates (74%) and promoting the professions it regulates (71%).

Younger, newer registrants were more likely to feel it was important for the HCPC to play a more supporting role by representing their interests and promoting their profession. Four in five (80%) 16-34 year olds thought it was important for the HCPC to represent the interests of the individuals it regulates compared with seven in ten 55+ year olds (67%). Almost the same proportion of 16-34 year olds (76%) thought it was important for the HCPC to promote the professions it regulates compared with those aged 55+ (65%).

5.3 Functions of the HCPC

The 2011 survey explored what registrants understood each of the HCPC’s functions to involve. This year, the survey also aimed to understand how informed registrants are about some of the specific functions of the HCPC – fitness to practise, the online Register, the registration renewal process and the Continuous Professional Development (CPD) audit process. Doing so will provide the HCPC with a deeper understanding of registrant knowledge of these functions, and identify any gaps in awareness or understanding. This will then help to inform the HCPC’s communication strategy going forward.

5.3.1 Fitness to practise

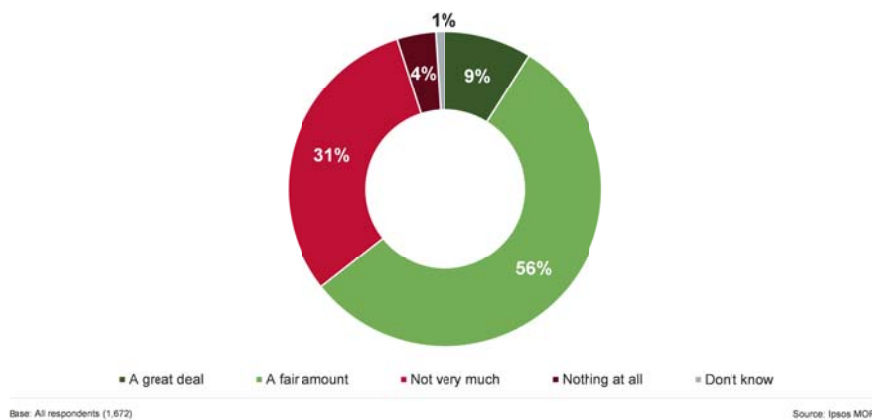
The 2011 research found that prompted understanding of fitness to practise was high among the registrants who responded to the survey. The results were similarly encouraging this year; two-thirds of the registrants we spoke to (65%) said they knew at least a fair amount about it, a minority (31%) said they knew not very much while only a few (four per cent) said they knew nothing.

65%



Of registrants say that they know at least a fair amount about fitness to practise.

How much, if anything, would you say you know about Fitness to Practise?



Awareness appeared to be particularly low among clinical scientists; over half (56%) of these registrants said they knew not very much / nothing at all about fitness to practise (compared with 34% overall). In contrast, chiropodists / podiatrists and operating department practitioners claimed to be the most knowledgeable. Around three-quarters of these registrants (77% for both) said they knew a great deal / fair amount about fitness to practise compared with two-thirds (65%) of registrants overall.

Purpose of fitness to practise

Mirroring the near universally held view that regulation is there to protect the public, when prompted almost all of the registrants we spoke to saw the purpose of fitness to practise to ensure practitioners have the skills and

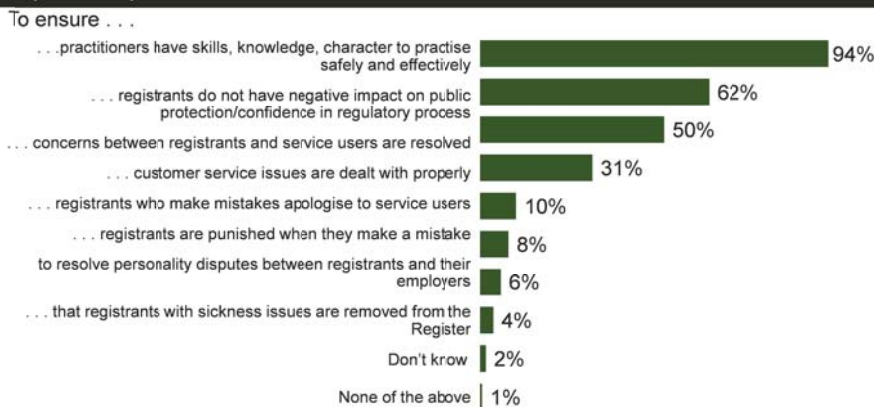
knowledge to practise safely and effectively (94%). The second most commonly cited purpose was to ensure registrants do not have a negative impact on public protection or confidence in the regulatory process (62%), while half (50%) also cited ensuring concerns between services users and registrants are resolved.

Encouragingly, only a minority of the registrants we spoke to identified issues such as sickness, resolving personal disputes and making registrants apologise to service users as a purpose of fitness to practise.



Of registrants base their understanding of fitness to practise on information they have read or heard.

Which of the following, if any, do you consider to be a purpose of the fitness to practise process?



Base: All respondents (1,692)

Source: Ipsos MOR

Interestingly, there was variation between professions in what they saw the purpose of fitness to practise to be. For example, paramedics were the most likely to see the purpose of fitness to practise as punitive, having the highest proportion of registrants who cited that the purpose of fitness to practise as 'to ensure registrants are punished when they make a mistake' (19% compared with eight per cent overall).

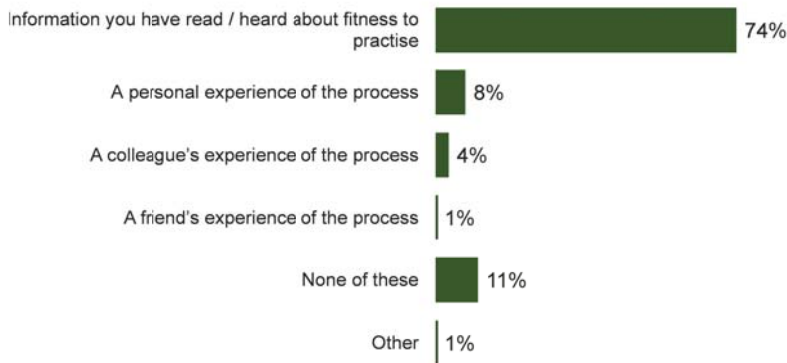
In contrast, art therapists and hearing aid dispensers were more likely to see the purpose of fitness to practise as having a focus on the relationship between services users and registrants. Particularly, they were more likely to say that the purpose is 'to ensure concerns between registrants and service users are resolved', with three in five (60%) hearing aid dispensers and just over half (54%) of arts therapists saying this, compared with 50% overall. These registrants were also more likely to see a purpose of fitness to practise to 'ensure customer service issues are dealt with properly' (54% and 44% respectively compared with 31% overall).

Understanding fitness to practise

While most of the registrants we spoke to had knowledge of fitness to practise and were able to identify the central purpose of the process, very few had developed their understanding through personal experience.

Around three-quarters of the registrants we spoke to (74%) based their understanding of the fitness to practise process on information they have read or heard. Under one in ten registrants based their knowledge on either their own direct experience (eight per cent), that of a colleague (four per cent) or a friend (one per cent).

Is your understanding of the fitness to practise process based mostly on...?



Base: All respondents (1,672)

Source: Ipsos MOR

Largely reflecting the findings from 2011, when asked where they would prefer to find information about fitness to practise, the vast majority stated a preference to access this information via the HCPC's website (90%). Other commonly cited modes of communication included via professional bodies (43%), in the HCPC e-newsletter *In Focus* (33%), by contacting the HCPC directly (25%) or via their line manager (26%).

How would you prefer to find information about the fitness to practise process?



Base: All respondents (1,672)

Source: Ipsos MOR

There appeared little appetite to provide information on fitness to practise via more informal mechanisms, such as social media and the HCPC's YouTube channel. However, younger registrants did show more desire for this with over one in ten (14%) saying they would prefer information via social media compared with just six per cent overall.

5.3.2 The Register

Maintaining the Register is one of the HCPC’s key responsibilities, helping to ensure transparency and reassurance to the public and service users about the health and care professionals they or their loved ones come into contact with. Given the role of the Register, it is important that health and care professionals are not only aware of it, but also encourage patients and services users to access it as a tool for reassurance. As with previous years, the survey asked a number of questions to help the HCPC understand how the Register is being used and where more can be done to increase its use.

Using the Register to reassure service

As with 2011, the Register was often used by registrants as a means of demonstrating to patients and clients that they were a registered professional. Around half of the registrants we spoke to reported having informed clients and service users of their registration (51%) or used their registration card to provide evidence of their registration (50%) at some point. Three in ten (31%) had advised services users that they can check their registration online, while one in five (21%) had displayed their certificate in their place of work. A quarter of the registrants we spoke to (24%) had not done any of these things.

Considering the activities below, have you ever...?



Base: All respondents (1,672)

Source: Ipsos MOR

As was the case in 2011, registrants who work in independent / private practice were more likely to have informed patients or service users that they were registered with the HCPC. These registrants are more likely than their counterparts who worked in the NHS / public / local authority sector to have informed service users, clients or patients that they were a HCPC registered professional (76% compared with 43% respectively), advised these groups that they could check their registration online (51% compared with 25% respectively) and displayed their registration certificate in their place of work (42% compared with 15% respectively).



Of registrants have informed clients and service users of their registration.

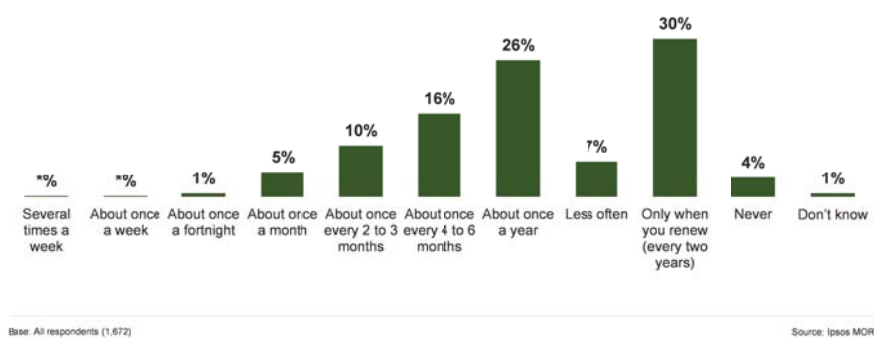
Similarly there was some variation between the professions in terms of informing patients and service users that they were registered, likely to be linked to the type of practice (e.g. independent / private vs public) the different groups of professionals were more likely to be:

- Art therapists, chiropodists / podiatrists and hearing aid dispensers were among the most likely registrants to take steps to inform service users / patients and clients of their registration.
- In contrast, radiographers (35%) and social workers (35%) were most likely to say they have never done any of the listed activities (compared with 24% overall).

Frequency of use

While most of the registrants we spoke to had used the Register, many did so only infrequently. Three in ten of the registrants who responded to the survey (30%) said they only used the Register when they renewed their registration (every two years), while around a quarter (26%) said they use it annually. These findings are similar to those seen in 2011, however, positively, a smaller proportion claimed that they had never used the Register (four per cent in 2014 compared with nine per cent in 2011).

Approximately how often do you use the HCPC online Register?



As with 2011, paramedics were the most frequent users of the Register with thirteen per cent using it about once a month; these registrants tended to have used the register to check if they or a colleague was registered (50% and 28% respectively). In terms of those registrants that have never used the HCPC Register, these were more likely to be practitioner / registered psychologists (11%) and – perhaps unsurprisingly given that they have only relatively recently come under the regulation of the HCPC – social workers (10%).

Use of the register

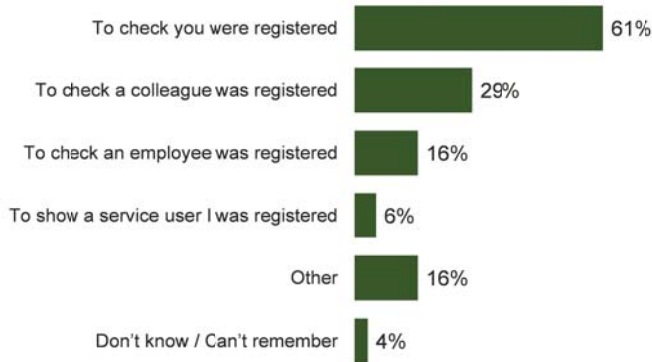
Where registrants had last used the Register for something other than renewing their registration, they predominantly did so to check their own registration (61%) or that of a colleague (29%). Very few (six per cent) said they used the Register to show a service user that they were registered.

90%



Of those that have used the register found it easy to use.

Thinking about the last time you used the HCPC online Register, what did you use it to do?



Base: All who use the HCPC online register (1,076)

Source: Ipsos MOR

Biomedical scientists were more likely than any other profession to say that they had used the online Register to show a service user they were registered (16% compared with six per cent overall). On the other hand hearing aid dispensers and social workers were the most likely to have used the Register to check that they themselves are registered (82% and 76% respectively compared with 61% overall).

Ease of using the Register

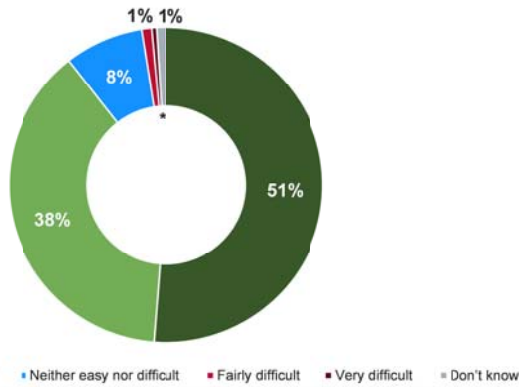
Encouragingly, most of the registrants who responded to the survey and who had used the Register for something other than renewing their registration found it easy to use (90%). Only two per cent of registrants we spoke to said they found it difficult to access.

61%



Of registrants used the HCPC register to check their own registration.

How easy or difficult is it to access the online register?



Base: All who use the HCPC online register (1,076)

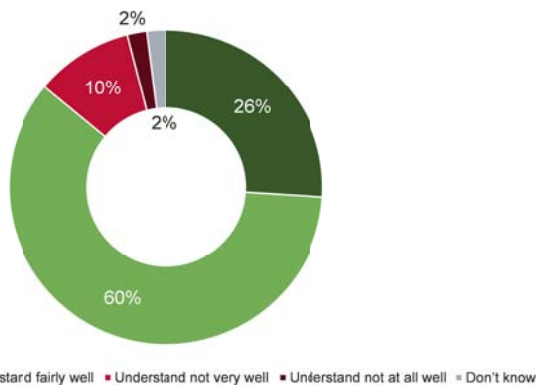
Source: Ipsos MOR

5.3.3 Registration renewal

All registrants are required to renew their HCPC registration every two years. Doing so not only ensures that the professionals the HCPC regulates are still practising, but also that they confirm they continue to meet the HCPC’s standards.

Given registration is a mandatory process it is perhaps not surprising that the vast majority of the registrants we spoke to (86%) said they understand the process very or fairly well. Only a small minority, just over one in ten (12%), either did not understand the process well, or at all.

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



Base: All respondents (1,872)

Source: Ipsos MOR

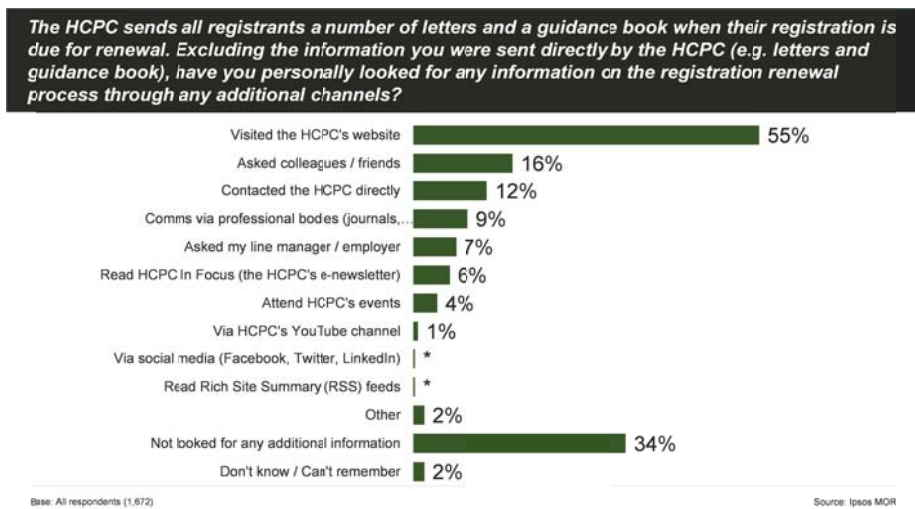
There are some groups of registrants where understanding of the process appeared to be lower. This included:

- Practitioner / registered psychologists and radiographers who were more likely than registrants generally to say they did not understand the process well or at all (24% and 19% respectively compared with 12% overall).

- Those registrants who had been registered for three years or less were also more likely to say they did not understand the registration renewal process well or at all (21% compared with 12% overall). This is perhaps linked to the fact that some of these registrants would not have had to go through the renewal process at the time of completing the survey.

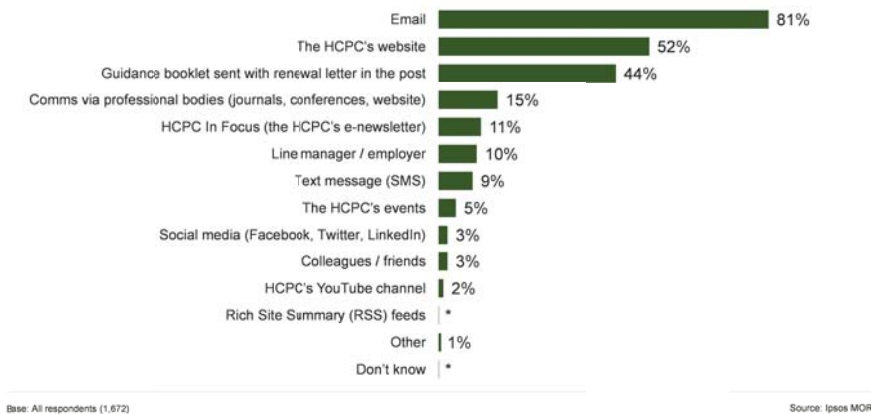
Reflecting earlier preferences, the HCPC website was the most widely used mode for registrants to find additional information on registration renewal beyond that the HCPC sent directly to registrants. Just over half of the registrants we spoke to (55%) had looked for information on the registration renewal process via this method.

As well as the HCPC website, a number of other sources of information had also been used by registrants to find out more about the renewal process. These sources included both formal and informal sources such as asking colleagues / friends (16%), contacting the HCPC directly (12%) and via professional organisations (nine per cent). A third of the registrants we spoke to (34%) said they had never looked for additional information on the registration renewal process.



In terms of preferences of future communication on the registration renewal process, a number of different modes were mentioned by the registrants who responded to the survey. The most commonly mentioned method of communication was via email (81%), while around half expressed a preference to find information about the process in the future on the HCPC's website (52%). A significant minority of the registrants we spoke to also expressed an appetite for direct communication on renewal to continue in the future. Over two in five (44%) said they would like to find out information on the process via the guidance booklet. Of the registrants we spoke to, speech and language therapists were particularly likely to say this (58% compared with 44% overall).

How would you prefer to find information about the registration renewal process in the future?



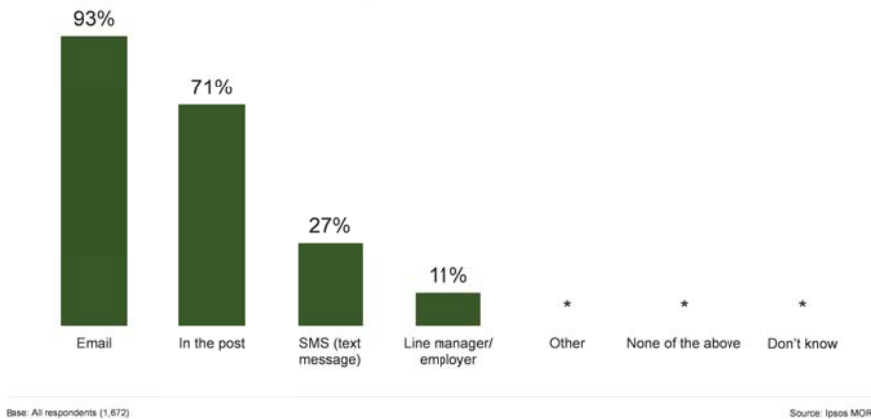
93%



Of registrants say that email is an appropriate way to remind them that they need to renew their HCPC registration.

When it comes to being informed that they need to renew their registration, the registrants who responded to the survey continued to prefer direct written communication from the HCPC. Email and post were seen as the most appropriate ways to remind registrants (93% and 71% respectively). Around a quarter (27%) of these registrants expressed a preference for a SMS (text) message reminder.

Which of the following, if any, would be appropriate ways to remind you that you need to renew your HCPC registration?



However, there was also a demand for the information to be provided verbally via line managers or employers among some groups – specifically social workers. Just under a quarter of these registrants said they would like to be reminded to renew this way (23% compared with 11% overall).

5.3.4 CPD audit process

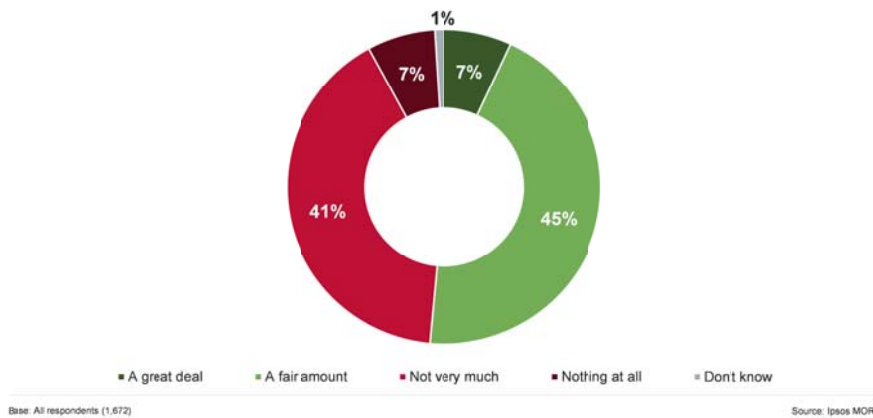
Continuing professional development (CPD) involves a range of learning activities through which health and care professionals maintain and develop throughout their career to ensure that they retain their capacity to practise safely, effectively and legally within their evolving scope of practice. To

ensure that they stay registered with the HCPC, registrants must undertake CPD activities and maintain a record of those activities. At the point of renewal, every professional is required to make a declaration that they are undertaking CPD and a random sample is selected to submit a CPD profile.

Understanding and awareness of the CPD audit process

As with other functions of the HCPC there was a good level of awareness of the CPD audit process. Similar to 2011, over two in five (45%) said they knew a fair amount about the process. A small proportion of the registrants we spoke to said they knew a great deal (seven per cent).

How much do you feel you know about the HCPC's CPD audit process if anything?

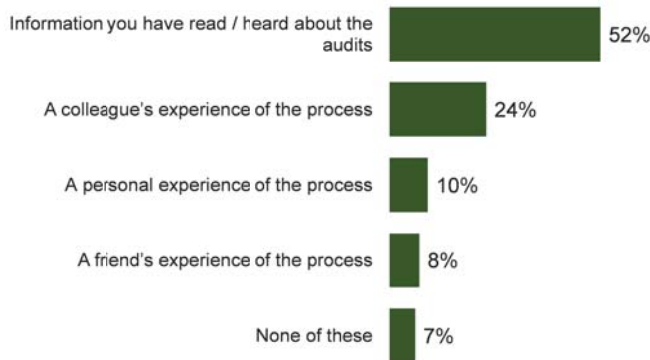


Continuing earlier trends, which are likely to be associated with their relatively recent regulation by the HCPC, social workers who responded to the survey showed the lowest level of awareness of the CPD audit process; just under one in five (17%) of these registrants said they knew nothing at all about the process compared with seven per cent overall. Practitioner / registered psychologists also had a relatively higher proportion of registrants who said they knew nothing at all (14%).

Getting information about the CPD audit process

Most of the registrants we spoke to based their understanding of the CPD audit process on information they had read or heard about it (52%). However, almost a quarter said they gained their understanding of the audit process through a colleague's experience of the process (24%).

Is your understanding of the CPD audit process based mostly on...?



Base: All who know about the HCPC's CPD audit process or say don't know (1,559)

Source: Ipsos MOR

When providing information on the CPD audit process in the future, registrants continued, as with fitness to practise, to want future information to largely be provided via email (81%), the HCPC website (72%) or in the post (46%).

How do you think the HCPC might best provide information about the CPD audit process in the future?



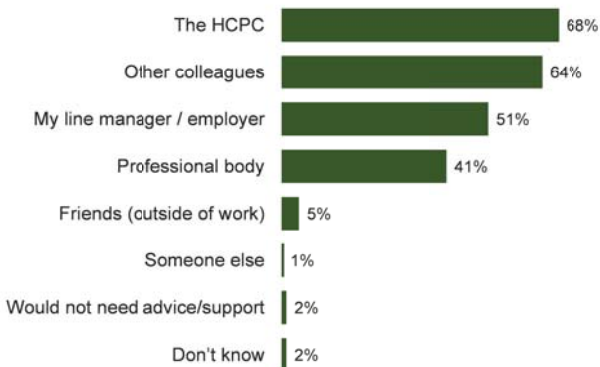
Base: All respondents (1,672)

Source: Ipsos MOR

Getting advice about the CPD audit process

When discussing who / where to go for advice if selected for CPD audit, the greatest proportion of the registrants we spoke to said they would get advice and support from the HCPC itself (68%). Although similar proportions said they would seek advice from other colleagues (64%), their line manager/employers (51%) or their professional body (41%).

Who, if anyone, would you contact for advice and support if you were selected for audit?



Base: All respondents (1,672)

Source: Ipsos MOR

5.3.5 Setting standards

A key part of the HCPC’s role is to set the standards which health and care professionals need to meet in order to practise. Given the importance of these standards it is essential that registrants are aware of and up to date with the standards set by the HCPC.

Awareness of the standards

Continuing the trend seen across the other functions of the HCPC, the registrants we spoke to showed a good level of awareness across the HCPC’s standards. Around three-quarters of the registrants we spoke to said they knew a great deal/fair amount about each of the standards (75% for conduct, performance and ethics; 77% for proficiency for the profession; and 75% for CPD).

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



Base: All respondents (1,672)

Source: Ipsos MOR

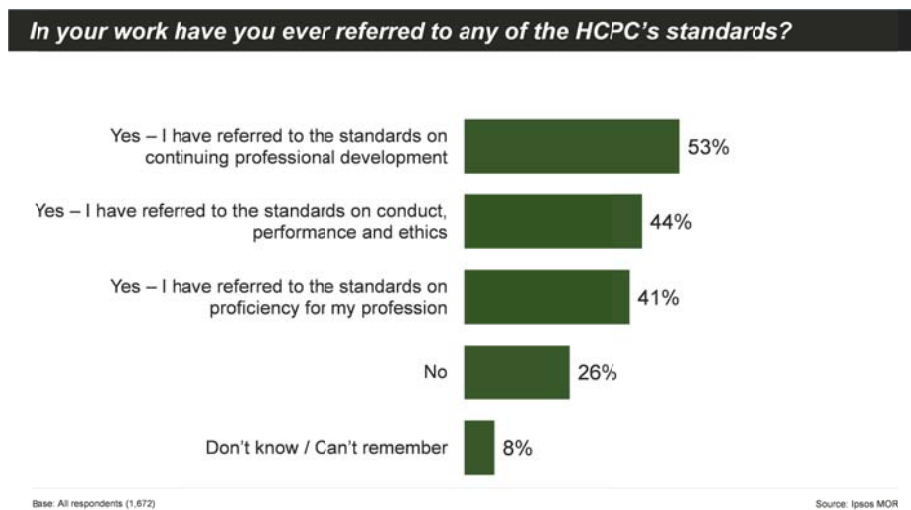
Around three-quarters of registrants say they know a great deal or fair amount about each of the HCPC standards.

A quarter of all registrants we spoke to who for each standard said they knew not very much/ nothing for each (24% for conduct performance and ethics; 23% for proficiency for the profession; and 24% for CPD).

Clinical scientists and speech and language therapists who responded to the survey were more likely than other registrants in the sample to have said they knew not very much / nothing at all about the HCPC’s standards. For example, just under half (47%) of speech and language therapists and a third (33%) of clinical scientists said they knew not very much / nothing at all about the HCPC’s standards for conduct, performance and ethics (compared with 24% overall).

Referring to the standards

The majority of the registrants we spoke to had referred to any of the HCPC’s three standards in their work (66%). Around half said they had referred to the standards on CPD (53%), while around two in five had referred to the standards on conduct performance and ethics and / or proficiency for their profession in this way (44% and 41% respectively). Just over a quarter of registrants (26%), said they have not referred to any of the standards in their work.



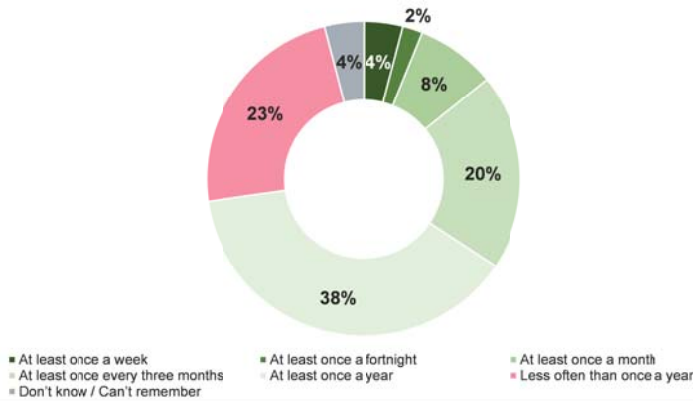
Reflecting their lower awareness of the standards, clinical scientists were particularly likely to say that they had not referred to any of the HCPC’s standards in their work (46% compared with 26% overall). However, this is not the case for speech and language therapists – the other group of registrants with low awareness of the standards. This may suggest that other factors are playing a part in this group’s low awareness beyond lack of use of the standards.

Frequency of referring to the standards

While the majority of the registrants who responded to the survey had used at least one of the HCPC’s standards in their work, very few reported having referred to them on a regular basis. Only 15% referred to them at least once

month; one in five (20%) did so at least every three months, around two in five (38%) at least once a year. Around a quarter of the registrants we spoke to (23%) referred to the HCPC's standards less than once a year.

How often do you refer to any of the HCPC's standards?



Base: All who have referred to at least one of the HCPC's standards (1,109)

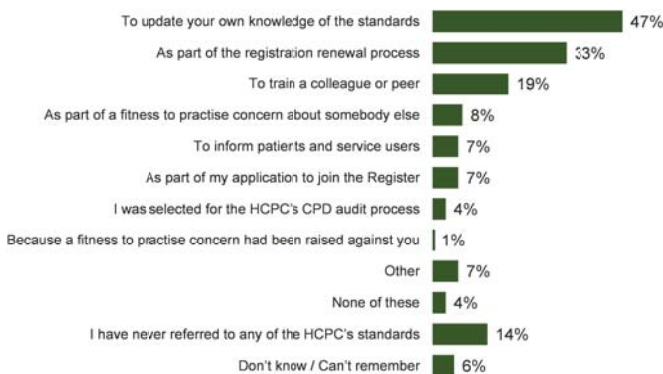
Source: Ipsos MOR

Social workers and hearing aid dispensers are most likely to have regularly referred to the standards. Around one in ten of these registrants said they referred to the standards at least once a week (11% social workers and 12% hearing aid dispensers compared with four per cent overall).

Reasons for referring to the standards

The most common reasons the registrants we spoke to gave for last referring to the standards included updating their knowledge of them (47%) or referring to them as part of their renewal process (33%). Just over one in ten of the registrants said they had never referred to any of the HCPC standards (14%).

The last time you referred to any of the HCPC's standards, which, if any, of the following reasons did you do this for?



Base: All respondents (1,672)

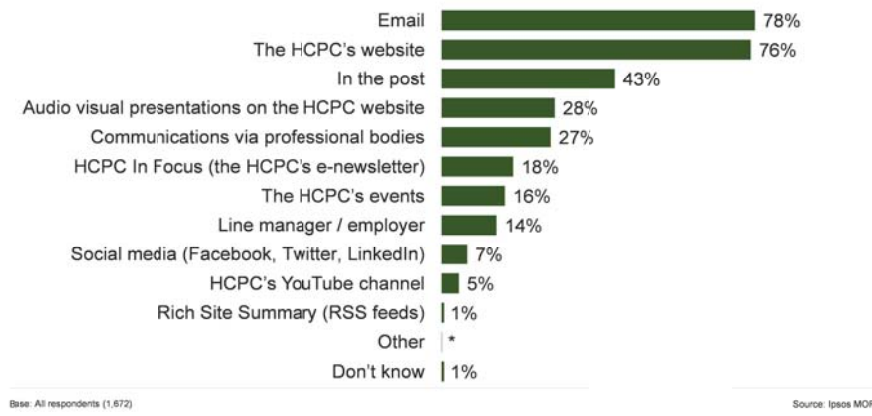
Source: Ipsos MOR

The reasons the registrants we spoke to said they last referred to the standards varied across the professions. As seen earlier, independent / private practice registrants were more likely to have mentioned their registration to a service user, patient or client. As such it is perhaps also not surprising that the last time this group of registrants referred to the standards they were more likely than their counterparts who worked in the NHS / public / local authority sector to have done so in order to inform patients and service users (16% compared with five per cent respectively). On the other hand, those registrants who worked in the NHS / public / local authority sector were more likely to have last used them to train a colleague or peer than independent / private practice registrants (20% compared with 14% respectively).

Providing information on the standards and guidance

Consistent with earlier views on the best way for the HCPC to disseminate information, the registrants who responded to the survey said that information about the HCPC’s standards should predominantly be made available via email (78%), the HCPC website (76%) and in the post (43%). Just over a quarter of the registrants we spoke to also expressed a preference for audio-visual presentations on the HCPC’s website or communication via professional bodies (28% and 27% respectively).

How do you think the HCPC might best provide information about the HCPC’s standards and guidance in the future?



5.4 Communications

In order for any regulator to be effective they need to have good lines of communication with those they regulate and those they are ultimately aiming to protect. As such, it is important for the HCPC to understand the information needs and communication preferences of registrants. This information will help to inform the communication strategy of the HCPC to ensure that future communication is both accessible and relevant..

5.4.1 Communication methods used to find information from the HCPC

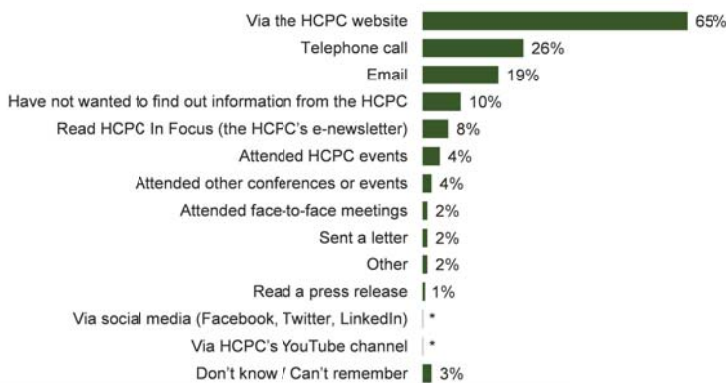
The majority of the registrants we spoke to had themselves used the HCPC website the last time they wanted to find out information from the HCPC (65%). The next most common method of finding information from the HCPC was via a telephone call, cited by a quarter of the registrants (26%), while around one in five used email (19%).

65%



Of registrants used the HCPC website the last time they wanted to found out information from the HCPC.

The last time you wanted to find out information from the HCPC on anything, which, if any, of the following forms of communications did you use?



Base: All respondents (1,672)

Source: Ipsos MOR

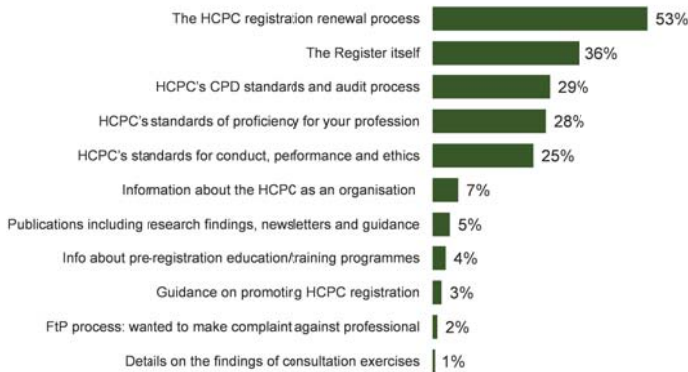
Whilst the majority of registrants who last found information from the HCPC via the website, it was a slightly more popular way to get information for NHS / public / local authority practice registrants (68% compared with 57% respectively). In contrast, the independent / private practice registrants we spoke to were more likely to have used direct methods of contact with the HCPC to find out information. This includes 'phoning (29% independent compared with 24% NHS) and emailing the HCPC (24% independent compared with 17% NHS).

5.4.2 Information wanted from the HCPC

Of the registrants we responded to the survey who wanted to find out information from the HCPC, the most frequently requested information included:

- Information about the HCPC registration renewal process (53%);
- Information about the Register itself (36%); and
- Information about each of the HCPC standards (29% CPD, 28% proficiency for the profession and 25% conduct, performance and ethics).

And continuing to think about the last time you were looking for information from the HCPC, what were you looking for information about?



Base: All who have wanted to find out information from the HCPC (1,442)

Source: Ipsos MOR

Social workers were more likely than any other group to have looked for information about the registration renewal process (69% compared with 53% overall) which may have reflected their relative newness to the HCPC and its processes. On the other hand, clinical scientists were more likely than others to have looked for information about the Register itself (45% compared with 36% overall).

When the registrants we spoke to were asked what they would like more information on from the HCPC, the standards tended to be most commonly cited, in particular the CPD standards and audit process (49%). However, there was also an appetite for further information on publications including research findings, newsletters and guidance (30%).

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



Base: All respondents (1,672)

Source: Ipsos MOR

When considering where to direct certain information there were a number of variations across the different professions as to the type of information they would like the HCPC to provide more of, for example:

- Prosthetists and orthotists were more likely to want information on the HCPC's CPD standards and audit process (59% compared with 49% overall).
- Speech and language therapists, more than any other registrant profession, said they would like more information on the HCPC's standards of proficiency (51% compared with 35% overall).
- Arts therapists and hearing aid dispensers were more likely to want more guidance on promoting HCPC registration (24% and 20% respectively compared with 12% overall).
- Operating department practitioners would particularly like more information about the HCPC as an organisation compared with other registrants we spoke to (26% compared with 17% overall).
- Biomedical scientists and hearing aid dispensers wanted information about approval pre-registration education and training programmes compared with overall (both 23% compared with 15% overall).
- Finally hearing aid dispensers and speech and language therapists were more likely than any other professions to say they want information about the Register itself (15% and 16% respectively of speech compared with eight per cent overall).

5.4.3 Raising awareness with the public

When considering the best ways to raise awareness of registration and regulation among the public and service users, while the HCPC website is seen as a good source of information for registrants, it was not felt to be as good a channel of information for the public and service users. Although the website saw just under a quarter suggesting it (22%), twice as many cited leaflets in GP waiting rooms and independent pharmacies as the best way to raise awareness (46%). A public relations campaign with professional bodies and working with the media both also saw support from a significant minority of the registrants we spoke to as a way to raise awareness of registration and regulation among the public and service users (43% and 41% respectively).

44%



Of registrants cite leaflets in GP waiting rooms and independent pharmacies as the best way to raise awareness of registration and regulation.

As a registrant of HCPC, what do you feel would be the best way to raise awareness of registration and regulation among the public and service users?



Base: All respondents (1,672)

Source: Ipsos MOR

Implications

6 Implications

The 2014 perceptions audit for the HCPC comprised quantitative research with the public and service users and registrants of the HCPC, as well as qualitative interviews with service user, patient and public organisation representatives. It explored many specific themes and generated evidence for the HCPC to consider.

In summary, Ipsos MORI offer the following thoughts for the HCPC with regard to the implications of this research.

6.1 General public and service users

- Over half of the public have come into contact with a professional regulated by the HCPC at some point in their life, which indicates the widespread impact and importance of the work registrants do. Despite the inclusion of social workers in England the overall contact with HCPC regulated professions has remained relatively constant,
- Certain health and care professionals are more widely used and certain sections of the population tend to use services of HCPC registered professionals more than others – important considerations when the HCPC considers the channels through which to communicate with the public and service users.
- There continues to be a high dependence on GPs' / health professionals' referral or recommendation to HCPC registered professionals. This suggests that GPs / other health professionals are a good route through which to raise awareness with the public and service users. However, given a significant minority access HCPC registered professionals in other ways, alternative routes to share information must also be maintained and considered. This is particularly relevant for the minority of service users who contacted health and care professionals directly. Encouraging HCPC registered professionals to publicise their regulation – a programme which the HCPC is supporting – will help to ensure that all service users, not just those who are referred, are made aware of any information.
- A minority of the public (six per cent) said they would contact the relevant regulatory body – i.e. the HCPC – if they had cause for concern about a health professional. While this seems a low proportion, the results may in fact indicate appropriate levels of contact; many minor complaints or causes for concern fall outside the HCPC's remit. For example, it is the responsibility of employers rather than the HCPC to oversee the day-to-day performance of health and care professionals.

- The findings also indicate a preference for local resolution of complaints. Given this preference to raise concerns at a local level, the HCPC's programme of engagement with employers and other bodies continues to be important.
- While there was generally little variation across sub-groups in the proportion of the public who said they would contact the relevant regulatory body, this was particularly low for those from less affluent social grades (12% of those from AB social grades said they would do this compared with four per cent of those from social grades DE). Important considerations when the HCPC is developing relationships with service user and patient representative organisations as well as developing its existing public information work.
- The general public and service users on the whole appear to trust the HCPC professionals and those who refer them. Given the importance of using a registered professional, the HCPC may wish to continue or expand communication on this element.
- Service users' trust in health and care professionals is dependent on a range of factors, including technical ability, as well as softer skills such as being treated with dignity and respect and involving them in decisions about their care – all of which are articulated in the HCPCs standards.
- There are a variety of routes via which the public would contact the HCPC should they wish to make a complaint about a health and care professional. While electronic forms of communication are increasing – as access to the internet widens⁷ – desire for more traditional routes such as telephone and letter persist – particularly among specific groups. As such it will be important for the HCPC to maintain a number of possible routes through which they can be contacted. Service user, patient and public organisation representatives.

6.2 Service user, patient and public organisation representatives

- Those included in the research had a broad understanding of regulation and saw it as important and vital. This audience described a top level awareness of the work carried out by the HCPC, built through communication such as the email newsletter and assumptions from their understanding of other regulators.

⁷ Most adults (86%) now have access to the internet, compared with around two-thirds (65%) back in spring 2008. Results are taken from Ipsos MORI's Tech Tracker Quarterly Release: Q2 2014. Available at: <https://www.ipsos-mori.com/researchpublications/publications/1671/ipsos-MediaCT-Tech-Tracker-Q2-2014.aspx>

- The HCPC would expect to have different levels of contact with different stakeholders, but there is a clear desire among those interviewed to build on current awareness and develop greater engagement. Most pertinently, many participants wanted to have a more personal and open dialogue with HCPC to encourage better knowledge sharing.
- Participants did not think a complex communication strategy was needed with the public, with suggestions focusing on sign-posting key parts of the patient journey. This clearly helps HCPC shape its ongoing communication strategy.
- In addition, suggestions on how HCPC could better engage with the public often reflected the ways in which it currently does. This summarises a key finding and subsequent implication for HCPC; there is a clear need to build towards greater familiarity and advocacy so these participants feel the voices of those they represent are being heard and they in turn are more likely to work in partnership with HCPC to promote awareness of regulation. As noted above, there was a desire among participants for this to happen and to build on the work that has already been done.

6.3 HCPC registrants

- Knowledge of and awareness of the main roles and responsibilities of the HCPC was generally high, although this did vary across registrant groups – and was lower among groups that are relatively new to the HCPC such as social workers. Are there further ways for the HCPC to raise awareness, knowledge and understanding among these groups?
- If the HCPC was considering communicating with registrants to clarify its role, it may be most effective to do so by targeting specific professions where understanding of the role of the HCPC appears to be lowest.
- The variation in understanding of the HCPC's role, especially by length of registration, suggests a potential need for targeted communication focused towards newly qualified / newly registered health and care professionals across all professions. Doing so has the potential to foster greater awareness and understanding of the functions of the HCPC from the outset, and as a result potentially improve the nature of the relationship the HCPC has with its registrants.
- While the HCPC was primarily seen as a regulator, a majority of registrants also described the HCPC as a professional body. Can the HCPC do more to work with the professional organisations to find out the potential reasons for this? This is an important consideration for the HCPC given the potential unrealistic expectations registrants may have of the HCPC and what it is there for.

- The registration renewal process was generally well understood by those who have been through it and seen as easy to use. However, knowledge is lower among newer registrants – a potential target for support?
- Around half of registrants we spoke to said they had used the Register and promoted their registration to service users. Does this meet with the HCPC's expectations? The HCPC already does work in this area – such as providing materials for professionals to use on their website – however are there other strategies that could be pursued?
- There are good levels of understanding of the CPD audit process given the small proportion of registrants who are required to go through this process each year. As with other aspects of information, given the range of sources that registrants would access beyond the HCPC itself, it will be important for the HCPC to ensure that the information that these other organisations and individuals supply is accurate and up to date. The HCPC is therefore likely to continue to need to communicate with employers and the professional bodies about the CPD audit process, as well as individual registrants themselves.
- There is generally a good level of understanding about standards, however this varies across professions. As such, should the HCPC wish to increase awareness of the standards, the most effective approach is likely to be by targeting engagement with those professions where awareness and understanding is lowest.
- As a number of registrants express a preference to receive information about the fitness to practise process, not just from the HCPC itself, the HCPC needs to ensure that these organisations or individuals are also provided with accurate and up-to-date information. As such, it will be important for the HCPC to continue to work with professional organisations and employers of health and care professionals to effectively disseminate information on the fitness to practise process to its registrants.
- There has been preference throughout for communication via the HCPC website and more direct forms of communication such as email and text contact. However, a variety of different channels have been suggested by registrants – including via secondary routes such as professional bodies and line managers / employers. As such it will be important for the HCPC to maintain its dialogue with such external organisations, as well as directly with registrants, in order to ensure an effective communications strategy is in place.
- There is a preference for email to be used more in future for general information about the HCPC, its roles and responsibilities, about its standards and for registration and renewal. However, it must be remembered that preference varies across the professional groups.

Appendix

7 Appendix

7.1 Profile of registrant survey respondents

	% of registrants we spoke to
Registered profession	
Arts therapist	7
Biomedical scientist	7
Chiropodist / podiatrist	6
Clinical scientist	8
Dietitian	6
Hearing aid dispenser	7
Occupational therapist	6
Operating department practitioner	6
Orthoptist	7
Paramedic	6
Physiotherapist	6
Practitioner psychologist / registered psychologist	6
Prosthetist and orthotist	6
Radiographer	6
Social worker (England only)	6
Speech and language therapist	5

Source: Ipsos MORI

Base: All registrants (1,672)

	% of registrants we spoke to
Length of registered practice	
Up to 3 years	20
Between 4 and 7 years	16
Between 8 and 10 years	9
Over 10 years	53
Don't know / Can't remember	1
Type of practice	
NHS / public / local authority sector practice	71
Independent / private practice	22
Voluntary sector practice	2
Other	5
Don't know / Can't remember	*
Size of practice	
Sole practitioner	14
2 – 9 practitioners	31
10+ practitioners	53
Don't Know / Can't remember	2
Age	
16-34	22
35-64	75
65+	2
Prefer not to say	1

Source: Ipsos MORI
 Base: All registrants (1,672)

7.2 Statistical reliability⁸

Because a sample, rather than the entire population, was interviewed the percentage results are subject to sampling tolerances – which vary with the size of the sample and the percentage figure concerned. For example, for a question where 50% of the people in a sample (of 1,031 – e.g. ‘the public’) respond with a particular answer, the chances are 95 in 100 that this result would not vary more than four percentage points, plus or minus, from the result that would have been obtained from a census of the entire population (using the same procedures). The tolerances that may apply in this report are given in the table below.

Approximate sampling tolerances applicable to percentages at or near these levels (at the 95% confidence level)			
Size of sample or sub-group on which survey result is based	10% or 90% ±	30% or 70% ±	50% ±
1,031 UK adults aged 15+	2	3	4
1,672 registrants	2	3	3

Source: Ipsos MORI

Tolerances are also involved in the comparison of results between different elements of the sample. A difference must be of at least a certain size to be statistically significant. The following tables are a guide to the sampling tolerances applicable to comparisons between sub-groups and between survey waves.

Differences required for significance at the 95% confidence level at or near these percentages			
Size of sample on which survey result is based	10% or 90%	30% or 70%	50%
Men (495) vs. Women (536)	4	6	6
ABC1s (549) vs. C2DEs (482)	4	6	6

Source: Ipsos MORI

⁸ Please note that strictly speaking, statistical reliability only relates to random samples. However, in practice good quality quota sampling has been found to be similarly effective.

Differences required for significance at the 95% confidence level at or near these percentages			
	10% or 90%	30% or 70%	50%
Size of sample on which survey result is based			
Registrants (2014) vs Registrants (2011)	3	4	4
Public and patients (2014) vs public patents (2011)	3	5	6
Public and patients (2014) vs public patents (2007)	3	5	5

Source: Ipsos MORI

7.3 Public and service user questionnaire

HCPC general public survey

Questionnaire: FINAL

I'd like to ask you some questions about issues relating to certain types of health and care professionals.

ASK ALL

Q1. SHOWCARD A (R)

Which, if any, of the following professionals' services have you ever used? I'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. Just read out the letter or letters that apply.

MULTICODE OK

- A Arts therapists
 - 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 Speech and language therapists
 - P Social workers [SHOW CODE IN ENGLAND ONLY]
- None of these
Don't know

Please keep that list and refer to it throughout the following questions. When I refer to 'health and care professionals' I am referring only to the professions on that list.

ASK Q2 OF ALL WHO HAVE USED AT LEAST ONE HEALTH OR CARE PROFESSIONAL AT Q1. OTHERS GO TO Q7.

Q2. SHOWCARD A (R) AGAIN

When did you personally last have any contact with any of these professionals?

DO NOT PROMPT. SINGLE CODE ONLY

In the last 12 months

Over 1, and up to and including 2 years ago

Over 2, and up to and including 5 years ago

Over 5, and up to and including 10 years ago

More than 10 years ago

Don't know/ Can't remember

ASK Q3 OF ALL WHO HAVE USED AT LEAST ONE HEALTH OR CARE PROFESSIONAL AT Q1. OTHERS GO TO Q7.

Q3. SHOWCARD A (R) AGAIN

Thinking about the first occasion that you saw one of these health and care professionals, how, if at all, did you check whether or not they were qualified to treat you?

DO NOT PROMPT. MULTICODE OK.

They displayed their certificates to me/ Had letters after their name

I checked with their regulatory body

I checked with their employer

I assumed they must be, in order to practise

I assumed they must be as I was referred to them by my GP/ other NHS health/other care professional

I took it on trust they would be

It was not important for me to find out

I did not check

Other (specify)

Don't know/ Can't remember

ASK Q4 OF ALL WHO HAVE USED AT LEAST ONE HEALTH OR CARE PROFESSIONAL AT Q1. OTHERS GO TO Q7.

Q4. SHOWCARD A (R) AGAIN AND SHOWSCREEN. ROTATE ANSWERS

Thinking about the last occasion that you had contact with one of these professionals, through which, if any of these ways did you find that particular health or care professional?

SINGLE CODE ONLY

Via referral from a GP/ hospital/ another professional

Via recommendation from a friend/family member

Via recommendation/introduction from my employer/trade union

I found them in a local directory (e.g. Yell.com/ Thompson Local)

I found them via the internet

I had previously had contact with them

I was already aware they existed

Other (specify)

None of these

Don't know/ Can't remember

ASK Q5a OF ALL WHO HAVE USED AT LEAST ONE HEALTH OR CARE PROFESSIONAL AT Q1. OTHERS GO TO Q7.

Q5a.

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

SINGLE CODE ONLY

Very satisfied

Fairly satisfied

Neither satisfied or dissatisfied

Fairly dissatisfied

Very dissatisfied

Don't know

ASK Q5b OF ALL WHO WERE DISSATISFIED AT Q5 (CODE 4 or 5 AT Q5a)

Q5b. SHOWCARD A (R) AGAIN

And still thinking about the last occasion you had contact with a health and social care professional why were you dissatisfied with the experience?

MULTICODE

The professional lacked communication skills/ they did not explain things well

I had to wait a long time

Lack of cleanliness and hygiene

The professional was not up-to-date with new developments in their field

The professional lacked knowledge/ technical ability

I was not involved in the decision making about my care

I was not treated with dignity and respect

I did not agree with the outcome/ it was not successful

I did not feel listened to

I did not get the treatment I expected

Other (specify)

Don't know

ASK Q6. OF

ALL WHO HAVE USED AT LEAST ONE HEALTH OR CARE PROFESSIONAL AT Q1. OTHERS GO TO Q7.

Q6. SHOWCARD A (R) AGAIN AND SHOWSCREEN. ROTATE ANSWERS

And 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?

MULTICODE OK.

They had letters after their name

Their communication skills/ they explained things well

They were up-to-date with new developments in their field

Their knowledge/ technical ability

They involved me in decision making about my care

They treated me with dignity and respect

I had a good outcome/ success

They were registered with a regulatory body

They had formal identification e.g. ID Card

They had formal accreditation e.g. certificate on his/her practice wall

They were affiliated with a professional body

Other (specify)

I would not say I trusted the health and care professional

Don't know

ASK ALL

Q7. SHOWCARD A AGAIN (R) AND SHOWSCREEN. ROTATE ANSWERS.

If you had cause for concern about the skills or behaviour of one of these professionals which one of the following people or organisations would you be most likely to personally contact, if any?

SINGLE CODE ONLY

Their immediate boss / line manager

The office / practice / ward in which they work

The local hospital or community trust/ health board complaints service

The local authority complaints service
 The Citizen's Advice Bureau
 The relevant professional body
 The relevant regulatory body
 The Department of Health
 The Parliamentary and Health Service Ombudsman
 The Independent Complaints Advisory Service (ICAS)
 Local Healthwatch/ community health council
 Other (specify)
 None of these
 I wouldn't know who to contact/ Don't know

ASK ALL

Q8. SHOWCARD A (R) AGAIN AND SHOWSCREEN. ROTATE ANSWERS.

As you may know, the Health and Care Professions Council is a regulator which registers individuals from 16 health and care professions (listed on SHOWCARD A). They regulate professionals in the UK and were set up to protect the public. They only register professionals who meet standards for their training, professional skills and behaviour. They can take action against professionals who fall below these standards, and can also prosecute those who pretend to be registered.

Please tell me which three of the following ways, if any, you think are the best ways for the HCPC to communicate its role and services to the public?

MULTICODE UP TO THREE

Citizen's Advice Bureau
 Public events and conferences
 Local radio programmes
 National radio programmes
 Local newspaper articles
 National newspaper articles
 Information on the HCPC website
 Other sites on the internet
 Posters on public transport
 Posters/ billboards in other public places
 Magazine articles
 Leaflets in GPs' surgeries
 Posters / leaflets in the place of work of health and care professionals
 Yell.com/ Thompson Local
 Through local charities such as Age UK
 Via social media (e.g. Facebook, Twitter, LinkedIn, Google Plus+, Tumblr)
 Via the HCPC's YouTube channel
 Other (specify)
 None of these
 Don't know

ASK ALL

Q9. SHOWCARD A (R) AGAIN AND SHOWSCREEN. ROTATE ANSWERS
The Health and Care Professions Council has a responsibility to protect the public if any of these health and care professionals pose a risk to patients or service users for some reason. For example, the

Health and Care Professions Council operates a complaints procedure if a member of the public would like to make a complaint about a health and care professional they have seen.

If you wanted to contact the Health and Care Professions Council to make a complaint, how would you prefer to get in touch?

MULTICODE OK

Telephone helpline
Email
Internet/ HCPC website
Face-to-face/ In person
Letter
Complaints form
Other (specify)
No preference
Don't know

7.4 Service user, patients and public organisation representatives' discussion guide

HCPC Interview – Discussion guide

Notes for interviewers:

The interviews should last between 30 minutes and 40 minutes. Timings are provided as a guideline.

1. INTRODUCTION

- **Thank participant for taking part.**
- **Introduce self / Ipsos MORI / HCPC.**
- **Overview of why the HCPC doing research – to explore understanding of regulation, their awareness and perceptions of the HCPC, and their engagement with the HCPC.**
- **Confidentiality: reassure participant that all responses are anonymous and that information about individual responses will not be passed on to HCPC unless they give express permission – you are just here to gather their views.**
- **Outline that we will ask at the end if they are happy for us to say they have taken part and for quotes to be attributed to them.**
- **Permission to record – transcribe for quotes.**
- **Interview duration – will depend on what they have to say – usually 30 to 40 minutes.**
- **Answer any questions before beginning.**

Understanding of regulation:

Relationship with HCPC

To start, can you briefly tell me a little about your organisation and your role and responsibilities within it?

Can you tell me about your relationship / your organisation's relationship with HCPC?

- How are you aware of them?
- What contact, if any, do you have with them?
- How often do you speak to them?
- Who are your main points of contact – senior?
- What types of things would you have contact with them about?

IF APPLICABLE: How do you / your organisation find working with HCPC?

Is your relationship with the HCPC as you would expect it to be?

- What could make your relationship with the HCPC better, if anything?

Do you have any involvement in the regulation of health and care professionals as part of your role in any other way?

- In what ways?

Purpose / principles of professional regulation

When I say the word 'regulation' what words and images come to mind?

The HCPC is a professional regulator so it regulates individuals. This means it is different to a systems regulator like CQC or Monitor as these regulate systems, processes and organisations.

For the purposes of this interview, we're focusing on HCPC and the regulation of professionals as opposed to systems regulation.

The HCPC regulates 16 types of health and care professionals. These are:

Arts therapists, biomedical scientists, chiropodists / podiatrists, clinical scientists, dietitians, hearing aid dispensers, occupational therapists, operating department practitioners, orthoptists, paramedics, physiotherapists, practitioner psychologists, prosthetists / orthotists, radiographers, social workers in England, speech and language therapists.

Bearing this in mind...

How would you define the purpose of regulating these health and care professionals?

- What does regulation (of health and care professionals) mean to you?
- Why do you think it exists?
- Who is regulation for?
- How important do you think it is?

What do you think the regulation of health and care professionals

means to patients and service users?

PROBE ON SPECIFIC AUDIENCE IF APPROPRIATE

- How aware are they?
- How important is it to them?

What principles do you think the public / patients / service users / carers your organisation represents would value most about the regulation of health and care professionals?

- What would or should be most important to them?

Can you describe overall who you think benefits from the regulation of health and care professionals?

PROBE: REGISTRANTS, OTHER PROFESSIONALS IN THE HEALTH SECTOR, THE PUBLIC, THE STATE

- Who is it there for?
- In what ways does it benefit them?
- Does this vary for different types of health and care professionals?

IF NOT MENTIONED: Are there any specific ways it benefits the patients / service users / carers your organisation represents?

- In what ways?

Roles and responsibilities:

Can you talk me through what do you understand the HCPC's key functions and responsibilities to be?

I am now going to ask about some of the specific regulatory functions of the HCPC.

Firstly, the HCPC has a role to set and uphold standards for health and care professionals.

Can you talk me through why you think this is part of the HCPC's role?

- What areas do you think the HCPC exists to set standards in?
- Are there any areas you are aware of that it should cover that it doesn't?
- How does it uphold standards? How should it uphold them?

LISTEN OUT FOR MENTION OF KNOWLEDGE AND SKILLS CONDUCT, PERFORMANCE AND ETHICS; CPD; AND, EDUCATION AND TRAINING.

Currently, the HCPC sets and upholds standards in competence (knowledge and skills); conduct, performance and ethics; CPD; and, pre-registration education and training.

What do you think the setting of these standards means to patients / service users / the public that your organisation represents?

ASK FOR EACH TYPE OF STANDARDS:

- COMPETENCE (KNOWLEDGE AND SKILLS)
- CONDUCT, PERFORMANCE AND ETHICS
- CPD
- PRE-REGISTRATION EDUCATION AND TRAINING

FOR EACH:

- How does it benefit them?
- Is it important to them?

Secondly, the HCPC has a role to ensure fitness to practise among the health and care professionals it regulates. IF REQUIRED ADD: 'Fitness to practise' means that health and care professionals have the skills, knowledge and character to practise their profession safely and effectively.

What kinds of FtP cases do you think the HCPC exists to cover?

Some examples of cases that the HCPC can deal with regards to fitness to practise include if health and care professionals...

- were dishonest, committed fraud or abused someone's trust;
- exploited a vulnerable person;
- failed to respect service users' rights to make choices about their own care;
- have health problems which they have not dealt with, and which may affect the safety of service users;
- hid mistakes or tried to block our investigation;
- had an improper relationship with a service user;
- carried out reckless or deliberately harmful acts;
- seriously or persistently failed to meet standards;
- have been violent or displayed threatening behaviour; or
- carried out other, equally serious, activities which affect public confidence in the profession.

In terms of fitness to practise, the HCPC cannot...

- consider cases about professionals who are not registered with us;
- consider cases about organisations (we only deal with cases about individual professionals);
- get involved in clinical care or social care arrangements;
- reverse decision of other organisations or bodies;
- deal with customer-service issues;
- arrange refunds or compensation;
- fine a professional;
- give legal advice; or
- make a professional apologise.

Is there anything that surprises you in these lists?

- Does it match your expectations?

IF NEEDED REMIND PARTICIPANTS OF THE LIST OF PROFESSIONALS HCPC REGULATES

What do you think the purpose of them carrying out their fitness to practice role is?

What do you think ensuring fitness to practise means to patients / service users / the public that your organisation represents?

- How does it benefit them?
- Is it important to them?

Finally, the HCPC exists to maintain and publish a register of health and care professionals who meet their standards.

Can you tell me about any ways in which this might be beneficial to patients and the public?

- How about specifically for the audience your organisation represents?

Are you aware of the term 'protected titles' in relation to the registrants that the HCPC regulates?

- What do you understand this to mean?
- Do you think that the patients / public your organisation represents understand what is meant by this term?

Engagement and communication:

Can you talk me through how HCPC currently engages with you as a stakeholder?

- What channels does it engage through?
- What does this look like?
- How often do you receive communications?
- Is this the right level of frequency?

Does the current level of engagement meet your expectations?

- How could it be improved?
- What would you like this to look like overall?
- On what issues would you like to engage with the HCPC on?

Thinking about the role of HCPC to protect the public, how does the HCPC currently communicate with you on this?

How would you like them to communicate about this?

And thinking about the information on the professions they regulate, how do they currently communicate with you about this?

How would you like them to communicate about this?

I'd now like us to think about how HCPC currently engages with the public and services users.

Can you talk me through any ways you are aware that the HCPC currently engages with the public / service users?

PROBE ON POLICY CONSULTATIONS; HCPC EVENTS OR GROUPS TO DISEMINATE RESEARCH FINDINGS; LAY INVOLVEMENT IN REGULATORY PROCESSES AND COUNCIL; PROFESSIONAL LIAISON GROUPS ON POLICY ISSUES EG SETTING STANDARDS; INVOLVEMENT IN RESEARCH OR FOCUS GROUPS TO PROVIDE FEEDBACK ON ACTIVITIES (EG PUBLIC INFORMATION CAMPAIGNS)

- What do you think of this engagement?
- What is the focus?
- Is this the right focus?

Can you tell me the ways you think it would be good for HCPC to engage the public / service users on...

PROBE ON: Raising awareness of checking if someone is on the register; understanding about protected titles; setting standards; understanding of regulation; what issues can or cannot be dealt with through the fitness to practice process; and how to raise a concern.

- What format would this be best in?
- What issues do they need to engage with them about?

Are there any ways you currently work with HCPC to help them to engage with the public / service users?

- Any examples?

And thinking about how HCPC engages with the service users or public your organisation represents...

- **Does it meet your expectations?**
- **What works particularly well, or less well?**
- **What should HCPC stop / start / continue to do to engage stakeholders?**

Thinking now about how the HCPC communicates with the public and then also service users.

Can you talk me through any ways you are aware that the HCPC currently communicates with or provides information to the public?

PROBE ON: LEAFLETS IN GP SURGERIES AND PHARMACIES; PUBLIC INFORMATION CAMPAIGNS; INFORMATION ON WEBSITES; PATIENT AND SERVICE USER GROUPS; MEDIA RELEASES.

- What channels does it use?
- What does this look like?
- Are the channels appropriate?
- Are there other (better) ways to provide information to the public?

Are you aware of what information the HCPC provides to the public?

LOOK OUT FOR INFORMATION ABOUT: THE REGISTER; HOW TO CHECK; HOW TO RAISE A CONCERN; WHO THE HCPC REGULATE; THE

IMPORTANCE OF USING REGISTERED PROFESSIONALS; OUTCOMES OF HEARINGS/FTP CASES;

- Are they providing information on the right things?
- Is there anything else you think they should be informing the public about?

Do the required communication and information channels change when thinking about service users?

- If so – how should the HCPC communicate with service users?
- If so – what information do the HCPC need to provide to service users?

If you worked at HCPC and were targeting your communications, can you talk me through what this would look like?

- Which groups would you say the HCPC should focus on communicating with?
- Which are most important? Why?

PROBE FULLY ON:

- **PUBLIC OVERALL, SERVICE USERS, PRIVATE SERVICE USERS, PUBLIC SERVICE USERS, EMPLOYERS (PRIVATE AND PUBLIC).**

Future directions:

What do you see as the key challenges facing the HCPC over the next year?

How do you think HCPC can respond to each of these challenges?

What do you see as the key opportunities for HCPC?

What would you like your organisation’s relationship with the HCPC to look like in the future?

THANK PARTICIPANT

ASK ANONYMITY QUESTIONS:

Would you be happy for us to say you have taken part?

Yes No

Would you be happy for us to attribute comments directly to you?

Yes No

7.5 Registrant questionnaire

Health and Care Professions Council Perceptions Audit – Registrant / professional organisation online questionnaire FINAL

Ipsos MORI has been commissioned by the Health and Care Professions Council (HCPC) to carry out an independent survey. The survey aims to understand registrants' opinions and perceptions towards the HCPC's regulatory functions and activities. The findings will be used to develop the work of the Council.

It should take no more than 15 minutes to complete depending on your answers.

The deadline for submissions is midnight 21st November 2014.

Your responses are anonymous and confidential – no-one at the HCPC will know you have completed this survey. Ipsos MORI will not share your details or your personal responses with anyone. It will not be possible to identify any person in the results.

If you need any help completing this questionnaire, please call Harriet Fowler at Ipsos MORI on 020 7347 3384 or at Harriet.Fowler@ipsos.com.

NEW SCREEN

Throughout the survey we refer to 'health and care professionals'. Where this is the case we are only referring to those health and care professionals who are required to be on the HCPC register, which as you may know, covers the following 16 professions:

- arts therapists
- biomedical scientists
- chiropodists / podiatrists
- clinical scientists
- dietitians
- hearing aid dispensers
- occupational therapists
- operating department practitioners
- orthoptists
- paramedics
- physiotherapists
- practitioner psychologists
- prosthetists / orthotists
- radiographers
- social workers in England
- speech and language therapists

Please only think about the health and care professionals listed above when answering the questions.

SECTION A: Role and responsibilities of the HCPC

ASK ALL

QA1

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

SINGLE CODE ONLY

- A great deal
- A fair amount
- Not very much
- Nothing at all
- Don't know

ASK ALL WHO CODE 1-3 OR 5 AT QA1

QA2

How would you describe the role of the HCPC?

MULTICODE

- A professional body
- A trade union
- A regulator
- Other
- None of these SINGLE CODE
- Don't know

ASK ALL

The next set of questions are about the regulation of health and care professionals.

ASK ALL

QA3

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

MULTICODE OK. RANDOMISE

- To protect service users and the public
- To represent the views of the health and care professionals who are regulated
- To represent the views of employers of health and care professionals who are regulated
- To advise on health and care policy
- To promote the professions that are regulated
- None of the above – SINGLE CODE ONLY
- Don't know / Not sure

ASK ALL WHO CODE 1-3 OR 5 AT QA1

QA4

For each of the following, please identify if you think it is a role or responsibility of the HCPC or not?

SINGLE CODE ONLY FOR EACH STATEMENT. RANDOMISE

- 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) Representing the interests of the individuals it regulates
- D) Investigating concerns about a registrant's fitness to practise and taking appropriate action
- E) Communicating with the public about its work
- F) Approving initial qualifying education and training programmes so they meet its standards
- G) Promoting the professions it regulates
- H) Protecting titles which only registered individuals can use
- I) Supervising the work of health and care professionals on a day-to-day basis

Yes

No

Don't know

ASK ALL WHO CODE 1-3 OR 5 AT QA1

QA5

How important to you, if at all, is it that HCPC does each of the following activities?

SINGLE CODE ONLY FOR EACH STATEMENT. RANDOMISE (BUT KEEP IN SAME ORDER AS QA4)

- 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) Representing the interests of the individuals it regulates
- D) Investigating concerns about a registrant's fitness to practise and taking appropriate action
- E) Communicating with the public about its work
- F) Approving initial qualifying education and training programmes so they meet its standards
- G) Promoting the professions it regulates
- H) Protecting titles which only registered individuals can use
- I) Supervising the work of health and care professionals on a day-to-day basis

Very important

Fairly important

Not very important

Not at all important

Don't know

SECTION B: Functions of the HCPC – fitness to practise

ASK ALL

QB1

How much, if anything, would you say you know about Fitness to Practise (FtP)?

SINGLE CODE ONLY

A great deal

A fair amount

Not very much

Nothing at all

Don't know

ASK ALL

QB2

Which of the following, if any, do you consider to be a purpose of the fitness to practise process?

MULTICODE. RANDOMISE

To ensure practitioners have the skills, knowledge and character to practise their profession safely and effectively

To resolve personality disputes between registrants and their employers

To ensure registrants do not have a negative impact on public protection or confidence in the regulatory process

To ensure registrants who make mistakes apologise to service users

To ensure customer service issues are dealt with properly

To ensure that registrants with sickness issues are removed from the Register

To ensure registrants are punished when they make a mistake

To ensure concerns between registrants and service users are resolved

None of the above – SINGLE CODE ONLY

Don't know

ASK ALL

QB3

How would you prefer to find information about the fitness to practise process?

MULTICODE.

The HCPC's website

The HCPC's events

HCPC In Focus (the HCPC's e-newsletter)

Line manager / employer

Colleagues / friends

Social media (Facebook, Twitter, LinkedIn)

HCPC's YouTube channel

Rich Site Summary (RSS) feeds

Communications via professional bodies (journals, conferences, website)

Contact the HCPC directly

Other

I will never want to find out information about the fitness to practise process – SINGLE CODE

Don't know

ASK ALL

QB4

Is your understanding of the fitness to practise process based mostly on...?

SINGLE CODE ONLY

A personal experience of the process

A friend's experience of the process

A colleague's experience of the process

Information you have read / heard about fitness to practise

None of these

Other

SECTION C: Functions of the HCPC – Registration and renewal

ASK ALL

QC1

Considering the activities below, have you ever....?

MULTICODE

Informed service users, clients or patients that you are an HCPC-registered professional

Advised service users, clients or patients that they can check your registration online

Displayed your registration certificate in your place of work

Used your registration card to provide evidence of your registration

Never done any of these – SINGLE CODE ONLY

ASK ALL

QC2

Approximately how often do you use the HCPC online Register?

SINGLE CODE

Several times a week

About once a week

About once a fortnight

About once a month

About once every 2 to 3 months

About once every 4 to 6 months

About once a year

Less often

Only when you renew (every two years)

Never

Don't know

ASK ALL WHO CODE 1-8 AT QC2

QC3

Thinking about the last time you used the HCPC online Register, what did you use it to do?

MULTICODE

To check a colleague was registered

To check you were registered

To check an employee was registered

To show a service user I was registered

Other

Don't know / Can't remember

ASK ALL WHO CODE 1-8 AT QC2

QC4

How easy or difficult is it to access the HCPC online Register?

SINGLE CODE

Very easy

Fairly easy

Neither easy nor difficult

Fairly difficult

Very difficult

Don't know

ASK ALL

QC5

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

SINGLE CODE ONLY

Understand very well

Understand fairly well

Understand not very well

Understand not at all well

Don't know

ASK ALL

QC6

The HCPC sends all registrants a number of letters and a guidance book when their registration is due for renewal.

Excluding the information you were sent directly by the HCPC (e.g. letters and guidance book), have you personally looked for any information on the registration renewal process through any additional channels?

MULTICODE

Visited the HCPC's website
 Attend HCPC's events
 Read HCPC In Focus (the HCPC's e-newsletter)
 Asked my line manager / employer
 Asked colleagues / friends
 Via social media (Facebook, Twitter, LinkedIn)
 Via HCPC's YouTube channel
 Read Rich Site Summary (RSS) feeds
 Communications via professional bodies (journals, conferences, website)
 Contacted the HCPC directly
 Other
 Not looked for any additional information
 Don't know / Can't remember

ASK ALL

QC7

How would you prefer to find information about the registration renewal process in the future?

MULTICODE

Email
 The HCPC's website
 The HCPC's events
 HCPC In Focus (the HCPC's e-newsletter)
 Line manager / employer
 Colleagues / friends
 Social media (Facebook, Twitter, LinkedIn)
 Text message (SMS)
 HCPC's YouTube channel
 Rich Site Summary (RSS) feeds
 Communications via professional bodies (journals, conferences, website)
 Guidance booklet sent with renewal letter in the post
 Other
 Don't know

ASK ALL

QC8

Which of the following, if any, would be appropriate ways to remind you that you need to renew your HCPC registration?

MULTICODE

Email
 SMS (text message)
 Line manager/ employer
 In the post
 Other
 None of the above
 Don't know

The next set of questions are about the HCPC's continuing professional development (CPD) audit process.

ASK ALL

QC9

How much do you feel you know about the HCPC's CPD audit process if anything?

SINGLE CODE

A great deal

A fair amount

Not very much

Nothing at all

Don't know

ASK IF CODE 1-3 OR 5 AT QC9

QC10

Is your understanding of the CPD audit process based mostly on...?

SINGLE CODE

A personal experience of the process

Information you have read / heard about the audits

A friend's experience of the process

A colleague's experience of the process

None of these

ASK ALL

QC11

How do you think the HCPC might best provide information about the CPD audit process in the future?

MULTICODE

Email

The HCPC's website

Audio visual presentations on the HCPC website

The HCPC's events

HCPC In Focus (the HPC's e-newsletter)

Through line manager / employer

In the post

Social media (Facebook, Twitter, LinkedIn)

Rich Site Summary (RSS) feeds

Communications via professional bodies (journals, conferences, website)

Other (please specify)

Don't know

ASK ALL

QC12

Who, if anyone, would you contact for advice and support if you were selected for audit?

MULTICODE

The HCPC
 My line manager / employer
 Professional body
 Other colleagues
 Friends (outside of work)
 Someone else
 Would not need advice/support
 Don't know

SECTION D: Functions of the HCPC – setting standards

ASK ALL

QD1

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

SINGLE CODE FOR EACH STATEMENT

- 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

A great deal
 A fair amount
 Not very much
 Nothing at all
 Don't know

ASK ALL

QD2

In your work have you ever referred to any of the HCPC's standards?

MULTICODE

Yes – I have referred to the standards on conduct, performance and ethics

Yes – I have referred to the standards on proficiency for my profession

Yes – I have referred to the standards on continuing professional development

No – SINGLE CODE ONLY

Don't know / Can't remember

ASK ALL WHO CODE ANY OF 1-3 AT QD2

QD3

How often do you refer to any of the HCPC's standards?

At least once a week
 At least once a fortnight
 At least once a month
 At least once every three months
 At least once a year
 Less often than once a year
 Don't know / Can't remember

ASK ALL

QD4

The last time you referred to any of the HCPC's standards, which, if any, of the following reasons did you do this for?

MULTICODE

- As part of a fitness to practise concern about somebody else
- Because a fitness to practise concern had been raised against you
- To inform patients and service users
- To update your own knowledge of the standards
- To train a colleague or peer
- As part of the registration renewal process
- As part of my application to join the Register
- I was selected for the HCPC's CPD audit process
- Other
- None of these
- I have never referred to any of the HCPC's standards – SINGLE CODE
- Don't know / Can't remember

ASK ALL

QD5

How do you think the HCPC might best provide information about the HCPC's standards and guidance in the future?

MULTICODE

- Email
- The HCPC's website
- Audio visual presentations on the HCPC website
- The HCPC's events
- HCPC In Focus (the HCPC's e-newsletter)
- Line manager / employer
- In the post
- Social media (Facebook, Twitter, LinkedIn)
- HCPC's YouTube channel
- Rich Site Summary (RSS feeds)
- Communications via professional bodies (journals, conferences, website)
- Other
- Don't know

SECTION E: HCPC Communications

ASK ALL

QE1

The last time you wanted to find out information from the HCPC on anything, which, if any, of the following forms of communications did you use?

MULTICODE

- Attended face-to-face meetings
- Attended HCPC events

Attended other conferences or events
 Telephone call
 Email
 Read HCPC In Focus (the HCPC's e-newsletter)
 Sent a letter
 Read a press release
 Via the HCPC website
 Via social media (Facebook, Twitter, LinkedIn)
 Via HCPC's YouTube channel
 Other
 Have not wanted to find out information from the HCPC
 Don't know / Can't remember

ASK IF CODE ANY 1-12 ATQE1

QE2

And continuing to think about the last time you were looking for information from the HCPC, what were you looking for information about?

MULTICODE OK

The Fitness to Practise (FtP) process because a complaint had been made against you
 The Fitness to Practise (FtP) process because I wanted to make a complaint against another professional
 HCPC's standards for conduct, performance and ethics
 HCPC's standards of proficiency for your profession
 HCPC's CPD standards and audit process
 The HCPC registration renewal process
 The Register itself
 Information about the HCPC as an organisation (e.g. structure, board, responsibilities, contact information)
 Information about approved pre-registration education and training programmes
 Details on the findings of consultation exercises
 Guidance on promoting HCPC registration including registration logo, posters and leaflets
 Publications including research findings, newsletters and guidance
 Another reason
 Don't know / Can't remember

ASK ALL

QE3

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

MULTICODE. RANDOMISE

The Fitness to Practise (FtP) process
 HCPC's standards for conduct, performance and ethics
 HCPC's standards of proficiency for your profession
 HCPC's CPD standards and audit process
 The HCPC registration renewal process
 The Register itself

Information about the HCPC as an organisation (e.g. structure, board, responsibilities, contact information)

Information about approved pre-registration education and training programmes

Details on the findings of consultation exercises

Guidance on promoting HCPC registration including registration logo, posters and leaflets

Publications including research findings, newsletters and guidance

None of the above

Don't know

ASK ALL

QE4

The HCPC is keen to promote the benefits of using a registered health and care professional among the public and service users.

As a registrant of the HCPC, what do you feel would be the best way to raise awareness of registration and regulation among the public and service users? Please select up to three.

MULTICODE UP TO THREE. RANDOMISE

Joint working with professional bodies on public relation campaigns

Guidance on promoting HCPC registration including access to a registration logo and public information posters and leaflets

Working with the media

Working with referrers

Leaflets in GP waiting rooms and independent pharmacies

National or regional advertising

Via social media

Via the HCPC website

Via the HCPC's YouTube channel

Via HCPC events

Doing something else (please specify)

None of the above

Don't know

SECTION F: About you

ASK ALL

Finally, just a few questions about you and your role. We will only use this information to analyse the results by different groups of registrants. As with the rest of your answers it will not be possible to identify any individual in the results.

ASK ALL

QF1

Under which profession(s) are you registered with the HCPC?

MULTICODE

Arts therapist

Biomedical scientist

Chiropodist / podiatrist

Clinical scientist
Dietitian
Hearing aid dispenser
Occupational therapist
Operating department practitioner
Orthoptist
Paramedic
Physiotherapist
Practitioner psychologist / registered psychologist
Prosthetist and orthotist
Radiographer
Social worker
Speech and language therapist

ASK ALL

QF2

How long have you been registered to practise under your professional title?

SINGLE CODE ONLY

Up to 6 months
Between 6 months and a year
Between 1 and 3 years
Between 4 and 5 years
Between 6 and 7 years
Between 8 and 10 years
Over 10 years
Don't know / Can't remember

ASK ALL

QF3

In which of the following do you practise?

SINGLE CODE ONLY

Independent / private practice
NHS / public / local authority sector practice
Voluntary sector practice
Other
Don't know / Can't remember

ASK ALL

QF4

How large is your practice group/department?

SINGLE CODE ONLY

You are the sole practitioner
2 – 5 practitioners
6 – 9 practitioners
10+ practitioners
Don't know / Can't remember

ASK ALL

QF5

How old are you? Please select your answer using the following bands.

SINGLE CODE ONLY

16-24

25-34

35-44

44-55

54-64

65+

Prefer not to say

ASK ALL – THANK YOU PAGE

Thank you for completing this survey. We appreciate your feedback.

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About Ipsos MORI's Social Research Institute

The Social Research Institute works closely with national governments, local public services and the not-for-profit sector. Its c.200 research staff focus on public service and policy issues. Each has expertise in a particular part of the public sector, ensuring we have a detailed understanding of specific sectors and policy challenges. This, combined with our methodological and communications expertise, helps ensure that our research makes a difference for decision makers and communities.

A Social Intelligence Study to Understand Public Perceptions of the HCPC

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1. Introduction

The HCPC – the independent UK regulator of 16 health and care professions – commissioned RedScape to carry out research on public perceptions of HCPC and the usage of their previous name HPC across social media and websites. Both stages of the research were carried out from 1 September 2013 to 12 October 2014.

The objective of the first stage of the research was to understand public perceptions of the HCPC by analysing social media comments and conversations in which the HCPC is mentioned.

The second stage of the research was to explore the issue of usage of ‘old’ HPC terminology and sense check their use using social media commentary and website search results as the source data for the analysis.

2. Executive Summary

Understanding public perceptions of the HCPC

2.1 Mentions of HCPC on social media

Social media searches returned 4,211 relevant results across the 13-month period, with the vast majority of these (82%) appearing in job postings. Job postings related to Social Workers were the highest and comprised 74% (2,553). Jobs for Physiotherapists were the next most common contributing 3%. (84%) of job postings appeared on jobs.communitycare.co.uk with Twitter next (9%).

The HCPC contributes 25% of all non-job mentions during the period. The majority of HCPC mentions appear on Twitter (85%), with forums making up the next 9 sites (e.g. thestudentroom.co.uk, britishexpats.com, mumsnet.com, etc.). The HCPC has grown its follower numbers on Twitter more than 100% over the period.

25% of non-job mentions came from Professionals/Registrants. Of those, 28% are from social workers. However, dietitians, paramedics and chiropodists contributed a higher share of the results relative to their share of total registrants while radiographers contribute less. Among ‘professional bodies’, OT and Radiography contribute more while Social Work contribute less.

2.1.1 Sentiment

Overall, 72% of non-job comments contain neutral or no sentiment (towards the topic of that comment), 15% contain positive sentiment and 11% negative sentiment.

Comments about ‘Conference/event’ & ‘CPD’ all contain a higher share of positive sentiment while ‘Failings of HCPC’ contain a higher share of negative sentiment.

‘Conference/event’ is the largest topic (17%), with 60% of this coming from HCPC itself, and the majority of sentiment (87%) positive or very positive. ‘CPD’ commentary is mostly positive, but the fear of being audited generates negative comments. CPD tools, webinars and other support will continue to be important to registrants. Among comments categorised into the ‘Failings of HCPC’ topic were complaints about non-public FTP hearings, and long delays by HCPC in dealing with complaints.



Understanding Continued Usage of old 'HPC' Terminology

2.2 Mentions of HCP across social media

This part of the research was to specifically inform our communications activity on 'Promoting your HCPC registration' and it explored the issue of usage of 'old' HPC using social media commentary and website results as the data for the analysis.

Social media searches of HPC returned 761 relevant results from the 13-month period. Job Postings form the largest group with 254 results (33%). More than 100 results were down to a syndicated Press Association story. In terms of commentators, TLTP Medical is the biggest single offender contributing 265 results (35%).

With Jobs, News and TLTP Medical excluded, there were just 110 HPC results, compared to 745 HCPC results over same time period. Of these, 22 'errors' came from use of hpc-uk.org web links. This is currently being fixed.

2.3 Mentions of HPC terminology on websites

A total of 286 web pages mentioning HPC were visited. There were more than 20 variations of correct or incorrect terminology and correct, incorrect or no logo. Of these 40% use 'HPC' terminology correctly and for 'Health Professionals Council', of course are 100% are incorrect.

Employers/Registrants, Education and Support Services sites contribute the highest **volume** of incorrect examples. Employers/Registrants & Local Government/NHS have the highest **percentage** of incorrect examples. Professional Bodies using incorrect terminology include cot.co.uk, bps.org.uk and cqg.org.uk

28% of Employer/Registrant sites use a logo, although more than half of those display the old HPC version. Just 3% of other sites use a logo and no logos appeared on Local/Central Government, NHS, Lobby Group, Charity or News sites. The most common variation (121) used HPC terminology incorrectly, although 5 of these used the correct HCPC logo. A further 35 web pages used HPC incorrectly at the same time as using HCPC correctly.

It is clear that "getting the terminology correct" is not easy. Not getting it right however could damage the credibility of the website owner.



3. Methodology

3.1 Methodology: HCPC – Social Media

Social media searches (of social networks, video/photo sharing sites, microblogs, blogs and forums, among many others - news sites were excluded) were conducted to capture UK comments and conversations about the HCPC for the period from 1 September 2013 to 12 October 2014. The search terms used were:

HCPC, Health and Care Professions Council, Health and Care Professionals Council, Health Care Professions Council, Health Care Professionals Council
Healthcare Professions Council & Healthcare Professionals Council

More than 5,000 UK English-language results were captured, of which 4,211 were identified as relevant. 82% of these (3,466) were mentions of the HCPC in job postings. The other 745 results mentioned HCPC in other contexts and were analysed to extract information about topics, sentiment and commentators.

3.1.1 Methodology: HPC – Social Media

Similar to HCPC methodology above, a variety of search terms were used to identify UK social media comments and conversations about HPC during the period. For this part of the study, news sites were included, and the search terms were:

HPC, Health Professions Council and, Health Professionals Council

A total of 761 relevant UK results were identified, of which 254 (33%) were Job Postings, 222 (29%) were 'News', and 285 (37%) were 'Other'.

3.2 Methodology: Websites

For this phase of the study, the Google search engine was used to identify web pages containing mentions of one of the terms below.

Health Professions Council – 157 and Health Professionals Council – 68

3.2.1 Methodology: HPC - Websites

For 'Health Professions Council', a total of 200 web pages were identified. 100 web page results were considered for each of the other two terms.

Once duplicate pages and other irrelevant results were excluded, a total of 286 UK web pages were visited and analysed to determine if the term was being used correctly; if an HCPC or HPC logo was displayed and the 'role' of the website organisation (e.g., employer, education, professional body, etc.).



4. First stage research - Understanding Public Perceptions of HCPC

The objective of the first stage was to understand public perceptions of the HCPC by analysing social media (for example social networks, video/photo sharing sites, microblogs, blogs and forums) comments and conversations in which the HCPC is mentioned. This stage was carried out from 1 September 2013 to 12 October 2014. The colour coding in the document for the examples of tweets is red for negative, grey for neutral and green for positive sentiment.

4.1 Mentions of HCPC on social media

Social media searches for mentions of HCPC returned 4,211 relevant results over the 13-month period, with the vast majority of these (82%) appearing in job postings.

“...for this permanent post you will need to be registered with the HCPC, hold a Social Work Qualification and have a minimum of 12 months post qualifying experience” (jobs.communitycare.co.uk)

Although Social Workers comprise just 28% of HCPC registrants, they were the subject of 74% of all job postings (2,553). Jobs for Physiotherapists were the next most common ‘protected title’ posts, contributing 3% of job postings (101), but making up 15% of HCPC registrants. Biomedical Scientist (83), Psychologist (51) and Occupational Therapist (27) make up the rest of the top 5 protected title job postings.

Other postings that mention HCPC, but not a protected title job, include various managerial positions (442), Disability Assessor (24), Independent Reviewing Officer (19) and roles at the HCPC itself (17).

Job postings were found on 46 different sites. The majority (84%) however appeared on jobs.communitycare.co.uk with Twitter next (9%).

Excluding job postings and news sites, the searches for social media mentions of HCPC returned 745 relevant results. These were analysed to identify commentators, topics and sentiment.

4.2 Commentators on social media

As in table 1 the HCPC is very active on social media, contributing 25% of results. A further quarter of results come from Professionals/Registrants. Of those, 28% are social workers, 14% physiotherapists and 10% occupational therapists – all very much in line with their respective share of HCPC registrants (data taken from HCPC website).

By contrast, Paramedics, Chiropodists and Dietitians all contributed a higher share of results than their respective share of HCPC registrants, while Radiographers were lower.

“Hooray! Just heard from HCPC that I'm sorted for the next 2 years. Anyone get the dreaded portfolio request?” (physiotherapist)



When it comes to contributions by 'Professional Bodies', OT and Radiography contributed a higher share, while Social Work were lower. (NB - overall numbers from these bodies are quite small and any actions based on them should take this into account.)

"Think a Dietitian is giving dodgy advice? Report them to HCPC. Think a self-certified 'expert' is giving dodgy advice? Tough!" (BDA)

Table 1

	Commentator Role				Volume	Share
1	HCPC				173	25%
2	Professional /registrant	Volume	Share	Index	165	24%
	Social worker	47	28%	1.0		
	Physiotherapist	23	14%	0.9		
	Occupational therapist	17	10%	1.0		
	Paramedic	15	9%	1.4		
	Chiropodist / podiatrist	9	5%	1.4		
	Dietician	9	5%	2.1		
	Radiographer	9	5%	0.6		
3	Support services				76	11%
4	Professional body	Volume	Share	Index	55	8%
	Occupational therapy	15	27%	2.5		
	Radiography	10	18%	2.0		
	Social work	10	18%	0.7		
5	Employer				53	8%
6	Education				40	6%
7	Member of public				37	5%
8	Student				37	5%
9	News feed / journalist				22	3%
10	Other influential	Volume	Followers	Who	19	3%
	@legalaware	1	12,308	Dr Shibley Rahman - LLM PhD MRCP		
	@nhse_dean	2	6,024	Dean Royles - Director of HR & OD, Leeds Teaching Hospitals NHS Trust		
	@martinnarey	2	3,731	Sir Martin Narey - CE Barnardo's, Gov't Advisor on Children <i>inter alia</i>		
	@forsocialwork	1	3,516	Senior CYP interim manager		
	@dementiaview	2	2,546	Chris Edgerton – Nursing, Dementia, Alzheimer's, Carers, Residential		
	@rogerkline	2	2,294	Roger Kline - Director, Patients First		

As in table 2 in terms of sites where HCPC conversations take place, Twitter is 85% of all social media results. A variety of forums and an online magazine comprise the top 10 sites.



Table 2

	URL	Volume	Share
1	twitter.com	631	85%
2	thestudentroom.co.uk	37	5%
3	britishexpats.com	11	1%
4	mumsnet.com	8	1%
5	netmums.com	7	<1%
6	forums.moneysavingexpert.com	6	<1%
7	consumeractiongroup.co.uk	6	<1%
8	forums.overclockers.co.uk	5	<1%
9	diybanter.com	5	<1%
10	community.babycentre.co.uk	4	<1%

As in table 3 the list of most the frequent contributors on social media is topped by the HCPC with the Ambulance & Event Medical Service following some distance behind.

Table 3

Most Frequent Commentator	Volume	Followers	Who
the_hcpc	157	8,365	HCPC official Twitter account
gb_ems	33	693	Ambulance & Event Medical Service
communitycare	24	29,096	Online magazine for social workers
cpdme	12	3,217	CPD portfolio builder and CPD finder
hcpcstakeholder	12	662	HCPC stakeholder comms team

As in table 4 the most followed commentators are courtnewsuk, the online magazine Community Care and the British Psychological Society.

Table 4

Most Followed Commentator	Volume	Followers*	Who
@courtnewsuk	2	37,255	News reports from UK disciplinary hearings
@communitycare	24	29,096	The website for social workers
@bpsofficial	1	16,663	Representative body for psychologists in UK
@danabrahams77	1	14,757	Sport Psychologist for England Golf. Author
@swscmedia	4	12,769	SW/SC "knowledge community of practice"

* Number of followers at time of most recent tweet captured



As in table 5 the HCPC have increased their followers by more than 100% from Sept 13 to Oct 14, only occupational therapy, physiotherapy, social work and psychology professional bodies have more followers.

Table 5

	Most Followed Professional Body	Twitter followers Sep 13	Twitter followers Oct 14	Growth	Growth %
1	bpsofficial	16,353	25,761	9,408	58%
2	basw_uk	7,464	12,139	4,675	63%
3	thecsp	5,475	11,426	5,951	109%
4	baotcot	6,852	10,418	3,566	52%
5	collegeofofsw	5,008	9,338	4,330	86%
6	the_hcpc	4,069	8,365	4,296	106%
7	brdieteticassoc	4,368	7,927	3,559	81%
8	biomedscience	1,805	3,106	1,301	72%
9	scp_podiatryuk	1,678	2,771	1,093	65%
10	scormembers	776	1,897	1,121	144%

4.3 Topics and sentiment on social media

As in table 6 and 7 **'Conference/event'**, **'CPD'** and **'HCPC qualifications/standards'** topics all contain a higher share of positive sentiment, while **'Remit of HCPC'**, **'Failings of HCPC'** are more negative than average. (NB – the analysis identifies sentiment towards each topic, rather than sentiment towards the HCPC.)

'Conference/event' is the most frequent topic, which includes promotion of, and comments about, conferences, events, webinars, tweet chats etc.

"Really special #totalk last night with @The_HCPC well done all"
(Occupational therapist)

A majority (76/125) of comments are tweets from HCPC, and half of those (35) are HCPC tweets about #hpcpevents Birmingham.

Registration/Renewal was the second most frequent topic. Within this topic, **'Fees'** and **'who is regulator'** generate the most negative commentary, but there were plenty of positives for 'registration submission/completion' and 'protected title'.

"I don't begrudge paying my HCPC fees. I would rather pay and know that my profession is regulated than not and know anybody can use my job title without training!" (Registrant)

Education/Training generated more positive commentary than average, although there was some negative commentary in relation to the Frontline 'fast-track' scheme and Ingeus 'steps to work' programme.

"This is the most amazing course ever! Yesterday I was learning about pharmacology, today about what the HCPC says about confidentiality"
(Student)



"Not my favourite news story. Frontline 'fast-track' social work training scheme set to get HCPC approval" (Social work educator)

Half of **'FTP'** comments relate to determinations, suspensions and dismissals and contain slightly above average negative sentiment.

"Slapped down by HCPC - burlesque-dancing SW who mocked elderly - most Daily Mail reader comments support her?" (Social worker)

Within the **'CPD'** topic, there was positive commentary for 'support', 'tools', social media use and 'CPD log', and some negative commentary related to (fear of) being selected for a CPD audit. It is clear that CPD tools, webinars and other support will continue to be important to registrants.

"I like that HCPC doesn't specify credits of CPD but it is about quality and relevance to current/future practice" (Occupational therapist)

"Here's hoping I haven't got a letter from the HCPC waiting for me at home!!! I'm too busy! #audit" (Radiographer)

'Remit of HCPC' generated above average negative commentary, particularly the Narey report, while there was some positive commentary about protected title.

"Will TCSW do a better job than HCPC? No question" (Martin Narey)

"Great discussion with AnnvdG from HCPC. Lots of clarification particularly with Ultrasonographers and protected title" (Radiographer)

Within the **'Service User Experience'** topic, Ingeus Health and Work Support programme, and CAF/CASS generate entirely negative commentary.

"My (Ingeus) HCP, a Registered OT, has spent plenty of time bigging herself up, and claims to have the power to write sick notes. I reckon she thinks she's a GP now which is very dangerous indeed." (Service user)

'Failings of HCPC' comprises complaints, issues and suggestions for the HCPC

Should it be 1) Practise or 2) Practice? The HCPC can't seem to get this one right
(student)

...the various Government Ombudsman schemes are very, very behind in dealing with complaints.... The HCPC have just told me any investigation will take at least 12 to 18 months even simple ones.

Time to improve HCPC Code "HCPC investigating whether to take fitness to practice action following Rotherham inquiry" (Roger Kline - Director, Patients First)

The HCPC need to ensure they reflect social care properly. Nowhere on their website do I get a feel for social work (Social worker - Oct 2013)

I've got a card that proves I'm HCPC registered. Thought they put your mug shot on it...wonder why not?



Table 6

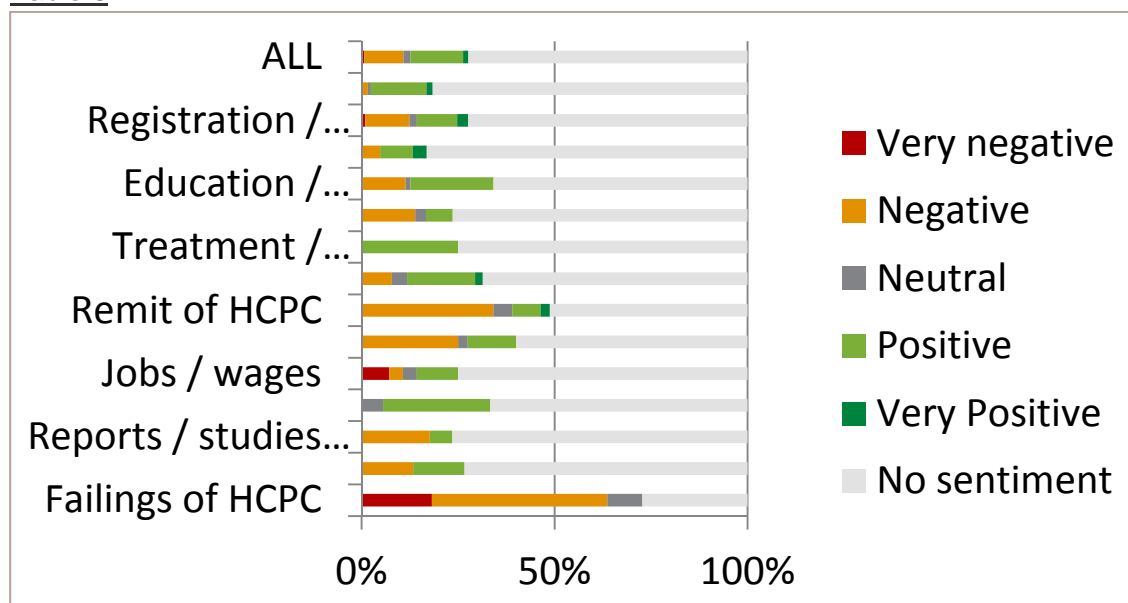


Table 7

	Topic	Volume	Share	Sentiment		
				Negative	Neutral / None	Positive
	ALL	749		11%	72%	15%
1	Conference / event	125	17%	2%	83%	16%
2	Registration / renewal	105	14%	12%	74%	13%
	Registration fees	22		5	16	1
	Re-registration info	21		0	21	0
	Submission / completion	16		1	7	8
	Renewal reminder	15		1	14	0
	Register check	8		1	7	0
3	HCPC marketing / campaigns / news	83	11%	5%	83%	12%
	HCPC news	27		0	27	0
	HCPC in the news	23		4	14	5
	HCPC recruitment drive	13		0	13	0
	Government legislation	12		0	10	2
	Comments / advice	8		0	5	3
4	Education / training	79	11%	11%	63%	22%
5	FTP	72	10%	14%	79%	7%
	determinations / suspensions / dismissals	36		5	29	2
	investigation	11		1	10	0
6	Treatment / service promotion	64	9%	0%	75%	25%
7	CPD	51	7%	8%	73%	20%
	audit process support	19		0	16	3
	social media for CPD	7		0	7	2
	audit selection	7		3	4	0
	tools	5		0	3	2
	CPD log	5		1	1	3



8	Remit of HCPC	41	5%	34%	56%	9%
	Narey report	13		7	6	0
	who is regulator	10		2	8	0
	protected title	6		2	1	3
	Parliamentary report	5		3	2	0
	other	7		0	6	1
9	Service user experience	40	5%	25%	63%	13%
	reporting a professional to HCPC / register check / protected title	19		3	12	4
	Ingeus Health and Work Support Programme / CAF/CASS	7		7	0	0
	professional recommendation sought	6		0	6	0
10	Jobs / wages	28	4%	11%	79%	11%
11	HCPC qualifications / standards	18	2%	0%	73%	28%
12	Reports / studies / surveys	17	2%	18%	76%	6%
13	HCPC policies / procedures	15	2%	13%	73%	13%
14	Failings of HCPC	11	1%	63%	36%	0%

5. Second stage of research – Understanding continued usage of old HPC terminology

The second stage of the research was to explore the issue of usage of 'old' HPC terminology, using social media commentary and website search results as the source data for the analysis.

5.1 Usage of HPC Terminology on Social Media

Social media searches for mentions of HPC returned 700 results for the 13-month period. Of these, 56% of results used the terms 'HPC' or '#HPC' (428) and, 32% used 'Health Professions Council (247).

Job Posting is the largest 'topic' with 254 results. This compares to 3,466 results for HCPC jobs over same time period.

FTP (220) was the second most frequent topic, with the vast majority of these 'errors' coming from news sites (193). For example, the Press Association Ltd syndicated one story to many local news sites, contributing more than 100 results.

Service/Treatment Promotion (176) also contributed a significant volume of results, boosted by 150 results from TLTP Medical (recruiter) alone.

TLTP Medical is the biggest single offender contributing a total of 265 of the 761 results (35%). Interestingly, they also frequently used the correct terminology.

15 #physio 's required for new contract in Kent, please rt. Call Lisa on 02087096540 #hpc #rt (@TLTPMedical)

Need three #physio for Staffordshire. Must drive. Call Lisa on 0208 709 6553 #nhs #ahp #hcpc (@TLTPMedical)



With Jobs, News and TLTP Medical excluded, there were just 110 HPC/GSCC results, compared to 745 HCPC results.

5.2 Usage of HPC Terminology on Websites

200 website search results mentioning 'Health Professions Council' were captured. Duplicate pages and irrelevant results were excluded, 157 web pages were analysed.

Another 68 web pages mentioning 'Health Professionals Council' were also analysed.

Among "Health Professions Council" results, approximately 40% of sites use the term correctly, and 60% incorrectly:

...The HCPC ... was formerly known as the HPC (Health Professions Council) but was renamed in August 2012 ... (employer)

...only qualified people registered with The Health Professions Council as Physiotherapists are allowed to use the title of 'Physiotherapist'... (Employer)

Obviously, for sites mentioning 'Health Professionals Council', 100% of them are incorrect.

When analysed by site 'role', Employers/Registrants, Education and Support Services contribute the highest **volume** of incorrect examples. Also, Employers/Registrants, Local Government/NHS and HCPC have the highest **percentage** of incorrect examples.

There were also a number of Professional Body web pages in the results (24), of which 9 were misusing old terminology. Included among these were cot.co.uk, bps.org.uk and cq.org.uk

In terms of use of logo 28% of Employer/Registrant sites use a logo, although more than half of those display the old HPC version.

Just 3% of other sites use a logo (excluding HCPC-owned sites), and no logos appeared on any Local/Central Government, NHS, Lobby Group, Charity or News sites.

Among the 286 pages analysed, there were more than 20 variations of correct or incorrect terminology and correct, incorrect or no logo. The most common variations are shown in the table below.



Table 6

type	Logo				
	HPC	HCPC	None	HPC	HCPC
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	104	12	5
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	34	1	0
C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	26	0	9
D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	24	1	3
E	<input type="checkbox"/>	<input type="checkbox"/>	24	0	0
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19	0	0
G	<input type="checkbox"/>	<input type="checkbox"/>	14	0	0
H	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	1 <input checked="" type="checkbox"/>
I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	0	0

Type A – 121 web pages used HPC terminology incorrectly and didn't mention HCPC, although 5 of these used the correct HCPC logo.

A further 35 web pages used HPC incorrectly and HCPC correctly (type C). 9 of these also used the correct logo. One site even managed to use an incorrect HCPC logo.

One of the main takeaways is that “getting the correct terminology” is not easy, even for sites that have clearly tried to do so. However, not getting it right could damage the credibility of the host organisation, whether they are an employer, registrant, education establishment, and professional body or support service provider.

