

Health Professions Council
14 December 2006

REPORTS FROM COUNCIL REPRESENTATIVES AT EXTERNAL MEETINGS

Executive Summary and Recommendations

Introduction

The attached feedback forms have been received from the following members of Council, reporting back from meetings at which they have represented the HPC;

Shaheen Chaudhry
Helen Davis
Sue Griffiths
Tony Hazell
Christine Farrell
Jacki Pearce
Eileen Thornton
Annie Turner
Diane Waller

Decision

The Council is requested to note the document. No decision is required.

Background information

None

Resource implications

None

Financial implications

None

Background papers

None

Appendices

Copies of feedback forms

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2006-12-04	a	CNL	PPR	Reports from Council Representatives at External Meetings	Final DD: None	Public RD: None

Date of paper

4 December 2006

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2006-12-04	a	CNL	PPR	Reports from Council Representatives at External Meetings	Final DD: None	Public RD: None

FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	SHAHEEN CHAUDHRY
Title of Conference/Meeting	FUTURE PROSPECTS FOR COMPLIMENTARY HEALTHCARE
Date of Conference	27/09/06
Approximate number of people at the conference/meeting	About 125
<p>Issues of Relevance to HPC The Prince's Foundation for Integrated Health presented the outcomes of 2 consultations:</p> <ol style="list-style-type: none"> 1. Federal approach to Voluntary self regulation of complimentary healthcare. The key purpose of the consultation was to gauge the level of support amongst Complimentary and Alternative Medicine (CAM) professions for the development of a federal regulator. 438 responses were received from individuals and/or organisations from all of the therapies associated with the groups currently working with the foundation's programme. 71% of the respondents indicated a clear mandate to pursue the federal approach. The next step will be to set up a working group to consider in detail two different approaches. Both approaches involve a council that maintains a register of practitioners admitted to practice. The first option broadly follows the approach used by HPC and the second option is based on the Regulated Health Professions Act of 1991 in Canada – the Ontario method. 2. Feasibility/Implementation Study This was to look at issues surrounding the establishment of a federal system of regulation, drawing on a number of sources relating to professional regulation, from a variety of disciplines. It also considered the proposed changes in current regulatory approaches – the Foster and Donaldson reports. The next step will be to gain commitment from interested professions, identify benefits and cost implications. To present initial findings by September 2007. <p style="text-align: center;">Full reports available on: www.fih.org.uk</p>	
<p>Key Decisions Taken As above</p>	

FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	SHAHEEN CHAUDHRY
Title of Conference/Meeting	RACE CONVENTION 2006
Date of Conference	27 & 28 Nov. 2006
Approximate number of people at the conference/meeting	About 800+
<p>Issues of Relevance to HPC</p> <p>This Race Convention, the first in Europe, provided an opportunity for every organisation to play a part in the race industry. It was an occasion to reflect on the achievements of the past and look ahead to the challenges of the future. At a time when race and immigration are, for the first time, the number one concern in the nation's mind, this convention marked the professionalisation of the race industry: my hope is that this convention will become a regular, major multinational event in the future.</p> <p>During the 2 days, the Convention celebrated, both Britain's achievements in racial equality over the last 3 decades and 30 years of the Commission for Racial Equality (CRE) and now the setting up of the Commission for Equality and Human Rights CEHR). Since its birth in 1976, CRE has been at the forefront of driving forward social change in Britain by using legal powers, lobbying the government, working with partners across UK to promote racial equality.</p> <p>In the 2 days many 'great and good' individuals gave their vision and challenges for the future, including Ruth Kelly MP; Trevor Phillips Chair of CRE; France Ambassador to UK and Sir Trevor McDonald. In total 16 breakout sessions were organised, all facilitated by well known individuals including from the arts, academia, health, criminal justice and social care.</p> <p>(Further info. With Sabrina)</p>	
<p>Key Decisions Taken</p> <p>It is not just about integration, it is about engaging meaningfully at all levels. We all know the rhetoric's, now the time has come to put this into practice.</p> <p>The challenge for us all in the 21st century is to ensure that peoples of a multi-ethnic and multi-faiths share this planet in peace.</p>	

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PPR

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Final
DD: None

Int. Aud.
Public
RD: None

FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	Helen Davis
Title of Conference/Meeting	BIOS Managers Forum
Date of Conference	2nd October
Approximate number of people at the conference/meeting	90
Issues of Relevance to HPC	
<p>I was asked to give a presentation on the role of the HPC. All aspects were covered but the ones I emphasised were the fitness to practise education and touched on CPD. The following speaker talked in detail about the HPC requirements and BIOS recommendations for achieving them. Most questions related to CPD and clarification of the change to approval for clinical placements.</p>	
Key Decisions Taken	
<p>No decisions but membership said it helped to clarify HPC role and responsibilities and the CPD requirements and process</p>	

FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	Sue Griffiths
Title of Conference/Meeting	Annual Scientific Meeting RCR Incidents in Radiotherapy
Date of Conference	13.08.06
Approximate number of people at the conference/meeting	100
Issues of Relevance to HPC This was a multidisciplinary meeting. Learning from incidents was seen as essential for the future – a database of incidents will be made available soon by the patient safety agency (details presented at meeting). The data to be shared by the relevant disciplines, looking at pre-qualification and post-qualification learning.	
Key Decisions Taken Data to be made available for learning purposes in due course, for all the relevant disciplines. (Medical, medical physics, therapy radiographers). Subsequent discussion at meetings with Charlotte Beardmare and Michael Graveling (SCOR Officers) broad agreement that this should be included in students syllabus (previous discussions on this with education providers indicate a crammed syllabus therefore would need a mandatory reason).	

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FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	Sue Griffiths
Title of Conference/Meeting	Annual scientific meeting Royal College of Radiologists-incidents in radiotherapy
Date of Conference	13 September 2006
Approximate number of people at the conference/meeting	Approx 70
<p>Issues of Relevance to HPC</p> <p>The conference is held each year by our medical colleagues. This year conference featured radiotherapy treatment incidents and therapy radiographers with interests in treatment safety issues and learning from these were invited. Radiotherapy representatives from the College of radiographers were also present. A therapy radiographer working from the patient safety agency (and previously involved with Department of Health incident investigations) presented data. Presentations included :reviews of historical major incidents and follow up of patients and recommendations; learning from incidents and under what circumstances they are likely to occur; Trust reported (old) incident data held by the department of health/patient safety agency. The rate of occurrence of incidents is low but a few well publicised events have been serial and involved many patients, others involving a single patient. The effect on a patient can range from insignificant to serious morbidity and death as the radiation doses used are designed to destroy tissue. There is a higher likelihood of error when staff are working under pressure with interruptions, and currently because of a shortage situation therapy departments are short staffed and under pressure to meet waiting targets. A number of the more recent errors can be broadly related to computerisation of many processes rather than manual, for example radiographer using incorrect computer programme where high concentration is required to input data and to check it; or the oncologist viewing cross sections of the patients anatomy on screen images where left and right can be transposed (because the view can be looking from the head through the body or the reverse). A high volume of work and repetition of the same processes throughout the day contribute to the likelihood of error resulting from ‘involuntary automaticity’ was cited by the lead investigator of a recent serious incident.</p> <p>In discussion conference members were keen that all incident data should be widely available to share so that all the disciplines involved (Clinical Oncologists, Therapy Radiographers, Medical Physicists) could put learning to use in preventing similar incidents. There are significant barriers to sharing recent incidents as there may be legal actions in process, also confidentiality issues until any investigations and outcomes are complete. There was agreement that where possible data could be shared and a multi-disciplinary national group had been set up to take this forward. Conference was keen that learning from any data should be at the pre-qualification</p>	

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stage and throughout professional life. I discussed the need for radiographers in training to learn from incidents, with the patient safety agency lecturer and the professional body representatives and there was broad agreement in principle. I later discussed this with a newly qualified radiographer who also agreed as to the usefulness of this (as opposed to the law relating to radiation protection which has to be taught but is not always relevant to the practice issues – this was also an agreement at conference). Learning from incidents in the undergraduate programme is then necessary to raise student awareness of the facts around incident occurrence and the potential for serious harm to patients (it could seem to them that the use of computers precludes the possibility of error, they need to be aware that serious errors can and do happen).

Key Decisions Taken

There was agreement in principle, however previous informal discussion had been held with education providers which indicated that because the syllabus is full it is unlikely that inclusion of this subject will be accommodated unless made mandatory.

It was agreed that the council member would keep me informed of discussions and any decisions at the incident group.

I am grateful to the HPC for the chance to attend this meeting.

FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	Professor Tony Hazell
Title of Conference/Meeting	British Society of Human Genetics Annual Conference
Date of Conference	18/19 September 2006
Approximate number of people at the conference/meeting	700
Issues of Relevance to HPC	
<p>I gave a paper on ‘Accountability and the HPC’ to a parallel session (approx 50 in attendance). The Genetic Counsellors section of the BSHG are keen to become regulated by the HPC and I was able to have informal discussions with a number of the relevant committee members regarding the process. It was suggested that I continue to have contact with them as they prepared to submit an application to the Council. (This has been agreed by the President and the Registrar)</p>	
Key Decisions Taken	
None	

FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	Christine Farrell
Title of Conference/Meeting	Patient & Community Voices in Professional Learning
Date of Conference	14-16 September 2006
Approximate number of people at the conference/meeting	6--70
<p>Issues of Relevance to HPC</p> <p>Important questions were asked about the value and effectiveness of involving users in health professional education by teachers and users. Generally teachers were concerned to find answers to the following: what are the most effective ways to introduce change into health professional education? What does partnership working with users involve? Whose voices should be heard and how should they be used? Users were generally concerned about the outcomes of involving users for education, patient/professional encounters and service delivery. Many examples of educational activities involving users were demonstrated. These included: a five year programme of developments in the social work curriculum at the University of the West of England; examples of training patients as teachers at the University of Leeds; and involving students as advocates and mentors for patients at the University of Wisconsin. There were also presentations from the Director of the new resource centre for patient & public involvement based at Warwick University and from the Picker Institute on patient-centred professionalism. During the latter session, contributions were made on the impact of regulation on professional education. Regulation was seen as one way of introducing and sustaining change in the curriculum. The Donaldson report was described as a potential, major force for change here with its emphasis on public and patient involvement based on the principles of mutuality and autonomy.</p> <p>This was a vibrant conference which demonstrated the value to students, teachers and users, of their involvement in professional education. However, developments are still at an early stage and more evaluation is needed on the overall effectiveness of these kinds of initiatives and their outcomes.</p>	

Key Decisions Taken

A second international conference on the subject to be arranged for 2007.

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FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	Jacki Pearce
Title of Conference/Meeting	Induction into role as HPC rep on ISB Board
Date of Conference	23/11/06
Approximate number of people at the conference/meeting	3
Issues of Relevance to HPC <ul style="list-style-type: none"> • HPC members need to have the opportunity to consider NHS Information Standards and feed back comments/amendments/issues. • To do this there needs to be an HPC Council member on the Board. • The I.S.Board will soon become an Authority rather than an Advisory Board. 	
Key Decisions Taken <ul style="list-style-type: none"> • HPC rep needs to attend Board training days in order to understand the issues and the technology involved in order to be able to contribute. • ISB is willing to pay subsistence and travel if HPC pays daily rate. • If some panels appraising standards in development need AHP involvement, I may be asked to do this or nominate another AHP participant. 	

FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	Eileen Thornton
Title of Conference/Meeting	Inaugural meeting of Advisory Board for the Health Subject Centres, Higher Education Academy
Date of Conference	13th October 2006
Approximate number of people at the conference/meeting	14
Issues of Relevance to HPC	
<p>Background</p> <p>The <u>Higher Education Academy (HEA)</u> mission is to help institutions, discipline groups and all staff to provide the best possible learning experience for their students. Promotes high quality learning and teaching through the development and transfer of good practice in all subject disciplines. Based in York Science Park and was founded in 2004. Independent organisation funded by grants from the four UK funding bodies, subscriptions for higher education institutions, and grant and contract income from specific initiatives. Core part of Academy is subject specific expertise, offered through 24 academic subject centres.</p> <p>Subject Centre for Health Sciences and Practice is hosted by Kings College, London. Subject Centre for Medicine, Dentistry and Veterinary Medicine is hosted by University of Newcastle upon Tyne. As part of a recent review of the infrastructure of the Academy it was agreed that the two Subject Centres related to health should form the Higher Education Academy Learning and Teaching in Health (HEALTH) NETWORK with a new, single Advisory Board to help coordinate strategy and policy across the network.</p> <p>The Chair of the Advisory Group is Professor Dorothy Whittington, currently Director of Education, Research & Development, North Bristol NHS Trust.</p>	
Key Decisions Taken	
<ol style="list-style-type: none"> 1. The Governance arrangements for the Advisory Board – frequency of meetings 2-3 per annum 2. To hold an away day in early 2007 to determine the way forward: future strategy for the Network 	

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FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	Eileen Thornton
Title of Conference/Meeting	Inaugural meeting Skills for Health Council
Date of Conference	17th October 2006
Approximate number of people at the conference/meeting	20
Issues of Relevance to HPC	
<p>Background <u>Skills for Health</u> is the UK Sector Skills Council for Health established in May 2004 and licensed by the DfES. Part of NHS, hosted by United Bristol Healthcare NHS Trust but it is a quasi-autonomous body. UK wide and covers the whole health sector i.e. NHS, independent and voluntary employers. Funded by 4 UK health departments, Sector Skills Development Agency (SSDA), the Education Act regulatory bodies and the sector.</p> <p>From the <u>Terms of Reference</u> the Sector Skills Council has 4 key goals:</p> <ol style="list-style-type: none"> 1. Reducing skills gaps and shortages. 2. Improving productivity, business and public service performance. 3. Increasing opportunities to boost skills and productivity for everyone in the sector's workforce, including action on equal opportunity. 4. Improving learning supply, including apprenticeships, higher education and National Occupational Standards (NOS). <p>Overall purpose is to help the whole sector develop solutions that deliver a skilled and flexible UK workforce in order to improve health and healthcare. Its aims are:</p> <ol style="list-style-type: none"> 1. Develop and manage national workforce competences. <ul style="list-style-type: none"> ◆ <i>Leading and facilitating the development, maintenance and use of national workforce competence frameworks, embracing NOS, and evaluating their impact and use.</i> 2. Profile the UK workforce. <ul style="list-style-type: none"> ◆ <i>Bring together Labour Market Intelligence for the whole of the UK health sector.</i> 3. Identify and articulate sector workforce needs. <ul style="list-style-type: none"> ◆ <i>Working with and on behalf of a network of employers in the nations and regions of the UK.</i> 4. Improve workforce skills. <ul style="list-style-type: none"> ◆ <i>Developing and implementing a strategy for skills escalation embracing the use of qualifications and career frameworks.</i> 5. Influence education and training <ul style="list-style-type: none"> ◆ <i>Ensuring the sector gets the skills it wants through influencing learning supply by developing a 'Sector Skills Agreement'.</i> ◆ <i>Developing employer-led partnership approaches to quality assurance of</i> 	

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education and training

6. Work with our partners

- ◆ *Working in a focused and strategic way with key partners, stakeholders and customers across the sector*

Structure - Skills for Health is governed by a Board with support and advice from a wider Council. The Council is made up of 30 members to include a wide range of stakeholders and meets three times per year. The statutory regulatory body representatives are from the GMC, NMC and the HPC. The Chair of the Council & Board is filled by open advertisement and search. The Vice Chair is elected by the Council membership.

Key people - CEO is John Rogers; Chair is Chris Hannah; Vice Chair is Anna Markham

Key Decisions Taken

1. Agreed Governance Issues

Noted

2. Chair underlined importance of SSA as fundamental purpose of SfH. Council noted progress of the development of SSA and the executive summaries/action plans for each country.
3. Developments with National Skills Academy – DfES England initiative and possible future involvement of SfH in this.
4. Programme Updates on
 - ◆ Modernising Health Care Careers Project (Four programmes - AHP, Healthcare Scientists, Medical, Nursing) – UK wide.
 - ◆ New Ways of Working – England only – SfH and Skills for Care have agreed a three part strategy to continue the development of new roles across health and social care.

FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	Annie Turner
Title of Conference/Meeting	College of Occupational Therapists Council meeting
Date of Conference	19th October 2006
Approximate number of people at the conference/meeting	25
Issues of Relevance to HPC	
<p>My role at this meeting is to present an update of HPC activity and to debate any relevant and/or mutual issues.</p> <ul style="list-style-type: none"> ➤ My report focused on the HPC debates around the Foster review. It was interesting to note that several of the issues raised by HPC were echoed by COT. Of interest was the difference in opinion of the appropriateness of the election/appointment of professional Council members. ➤ I also mentioned the consultation document that was (then) about to be published by HPC in relation to registrants' fees. I understand that this document has been widely circulated and will doubtless raise much debate, as it did at the meeting. ➤ There was also debate relating to recent communication that has been taking place between myself, Moo Ling Boey at COT and Clare Harkin, in relation to issues of registration and return to practice. This debate highlighted issues of apparent differences in perspective between HPC staff giving information/advise relating to Return to Practice and continuing registration issues. As a result of these conversations Moo Ling and Clare will meet to discuss processes. 	

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ATTENDANCE AT MEETINGS TO REPRESENT HPC

Name of Council Member	Diane Waller
Organisation hosting Conference/Meeting	Dept for Health
Title of Conference/Meeting	Strategy group, Psychotherapy Regulation (3rd meeting)
Venue	Brighton
Date of Conference	23rd November 2006
Who asked you to attend?	Chief Exec (agreed March 2006 as ongoing)
Title of Talk/Presentation given (if any)	Participation in working group
Approximate costs (subject to budget)	Conference: NA Attendance Allowance £300 Expenses: Nil Travel Allowance: Nil
Authorisation by Chief Executive (not required if HPC has asked that you attend the meeting)	
Signature of member (not required if returned by email) Date	Diane Waller

FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	Diane Waller
Title of Conference/Meeting	Psychotherapy Regulation strategy group
Date of Conference	23rd November 2006
Approximate number of people at the conference/meeting	NA
<p>Issues of Relevance to HPC This is an ongoing strategy group, involving Skills for Health, chaired by Ros Mead at DoH, with the aim of producing competencies for Psychotherapy and Counselling. This was the third meeting, to review the drafts produced by SfH, suggest amendments, and to look at arrangements for the consultation process. The various documents produced by psychotherapy and counselling professional bodies were also reviewed. The final draft for consultation should be ready shortly.</p>	
<p>Key Decisions Taken</p> <p>Continue with consultation.</p>	