Health Professions Council – 26 March 2009

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:-

Graham Smith
Jackie Pearce (x2)
Mark Woolcock
Neil Willis

Decision

The Council is requested to note the document.

Background information

None

Resource implications

None

Financial implications

None

Background papers

None.

Appendices

Copies of feedback forms

Date of paper

13 March 2009

FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	Professor Graham N Smith
Title of Conference/Meeting	Best Practice for Audit Committees in Government
Date of Conference	27th November 2008
Approximate number of people at the conference/meeting	220

Issues of Relevance to HPC

This conference was an extremely valuable experience and one that was both informative and daunting. Daunting because it highlighted the increasing responsibilities that Audit Committees have allied to the rapidly and almost uncontrollable expansion in information accessibility and technology. The morning focused on "Information Assurance and Risk Management" with three excellent presentations and a lively panel discussion. The afternoon was less appropriate and concentrated on "Striking the Right Balance" with speakers and presentations that were not as good or relevant to the HPC Audit Committee as those in the morning.

Key Decisions Taken

No key decisions were taken but there were some suggestions made during the event which the HPC should consider. These were:

1. All Members of an Audit Committee should undergo a programme of awareness training to prepare them for their role.

2. Audit Committees must be assertive and demanding. Members should not be afraid to ask "the second and third question".

3. Audit Committee Members must be activists and the group, as a whole, should have clear objectives.

4. It is not necessary to have everyone that is going to give a report to an Audit Committee to be present for the whole meeting. It is more appropriate if they attend to give their report and leave. It is not necessary for them to remain for the remainder of the business.

5. Information obtained and retained increases the risks of problems. Therefore, ongoing and continuous checking of systems is a necessity. However, mistakes that occur are frequently due to human non-compliance rather than system failure. Consequently, information awareness training and updating is imperative.

6. The consequences of small decisions can be catastrophic. As such, any risks are a Board/Council and Executive responsibility and need monitoring. Hence the ever increasing need for Audit Committees that are not afraid to ask pertinent questions and delve deeper than probably expected.

An extremely worthwhile event and a tremendous learning experience!

Please complete as much of the above as you can and return by post to Colin Bendall, Secretariat, Health Professions Council, Park House, 184 Kennington Park Road, London, SE11 4BU, or alternatively by e-mail to colin.bendall@hpc-uk.org

FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	Jacki Pearce
Title of Conference/Meeting	ISBHaSC meeting
Date of Conference	17-12-08
Approximate number of people at the conference/meeting	20

Issues of Relevance to HPC

- **Electronic patient records and patient consent was discussed. Several different sorts of consent will need to be documented, i.e. consent to share information (needs to particularise, not be general); consent to treatment – written consent is mandatory for some interventions such as IVF; written consent is advisory e.g. surgery;consent may be verbal or implied e.g lifing a sleeve for an injection.**
- **Refusal to any of the above also has to be documented.**
- **This will be a repeated event for every new intervention**
- **ISBHASC needs to prioritise work on each issue, consent for clinical intervention takes priority.**

- **Common User Interface issues:**
  -more extensive appraisal process needed at full and draft stages
  -resolution of hazards recorded in hazard logs
  -more feedback from suppliers via Intellect, on the implementation and impact of Standards.

- **Discussion on whether the ISB website should be re-configured for easier access to all standards dealing with the same topic e.g. display.**
- **Safer Patient ID wrist bands.**
  4 core identifiers agreed; Last name, first name, DoB, Verified NHS number.
  Discussion ongoing about verification of NHS number;replacement of band when previously unknown info becomes available e.g. unconscious patients. Use of other local identifiers, e.g. PAS no. or barcode is in addition, but cannot be put in the space for one of the above.

  - **NHS number use in GP practices: safety issues are being addressed., NHS No should not be used alone, and must be verified to eliminate duplicates. Expectation is that all systems will be fully conformant by Dec 2009, and all end users will conform by June 2009.**

Key Decisions Taken
None relevant

Please complete as much of the above as you can and return by post to
Alison Roberts, Council and Committee Secretariat, Health Professions
Council, Park House, 184 Kennington Park Road, London, SE11 4BU, or
alternatively by e-mail to **alison.roberts@hpc-uk.org**

February 2008

Name of Council Member	Mark Woolcock
Title of Conference/Meeting	JRCALC (Joint Royal Colleges Ambulance Liaison Committee
Date of Conference	12th March 2009
	25

Issues of Relevance to HPC

Update and explanation on Section 60 order was presented. Shape and potential structure of new council, statutory committees were discussed. Some concern about lack of profession registration, however fears allayed when information given on committee composition (potentially) but most importantly the use of PLG and relationships with organisations such as this and College of Paramedics.

Ramifications of CPD audits were discussed and explained.

HPC Guidance on Health and Character and guidance on conduct and ethics for students were discussed.

Key Decisions Taken

Frequent update/reports requested.

Feedback sheet to be completed after the meeting

Name of Council Member	Neil Willis
Title of Conference/Meeting	Institute of Biomedical Sciences, Council Meeting
Date of Conference	6 March 2009
Approximate number of people at the conference/meeting	29

Issues of Relevance to HPC

The agenda for the IBMS Council meeting included a draft response to the consultation on Modernising Scientific Careers from both the IBMS and Scottish Forum for Healthcare Science. There was general agreement with the HPCs response and specific agreement on a number of points, including not addressing the questionnaire directly because of insufficient detail but commenting on areas having the greatest potential impact on Biomedical and Clinical Scientists.
In line with the HPC the IBMS was happy that the current education and training systems for Biomedical Scientists deliver a safe, well regulated, fit for purpose profession that meets the needs of the service and expressed concern that there were no identified training programs or exit qualifications outlined.
The proposals for a separate register at practitioner and scientist level were not supported by the IBMS and they thought that the public would find difficulty in understanding the implications of two registers. Following discussion the meeting favoured a single register with annotation for additional qualifications as proposed by the HPC with the removal of Healthcare Scientist Practitioner from the proposal.
The IBMS thought that professional titles were inevitably linked to professional identity and the MSC proposals did not take into account that there are in excess of 25,000 biomedical scientists and clinical scientists that have established protected titles that are used for good reason.
The response stated that regulation was a key issue in the project but the "Next Steps" document seemed to imply that the only route to regulation would be through the associated training programs and that there must be alternate equivalent routes to meet the HPCs standards of proficiency.
The Scottish Forum for Healthcare Science response was concerned with funding and the delivery of the service in Scotland and although they could see many features that could be potentially beneficial, their main concerns were around the possible rigidity of the training routes with a "one size fits all" approach with reference to over fifty professional groups having to be accommodated. They also thought that dividing the workforce into three groups introduced a "silo" mentality and the details of the route between the groups was woefully inadequate.
There was concern about the impact on recruitment and retention in NHS Scotland and a need to engender in the trainees a feeling that they are part of the Scottish service so improving the likelihood of being retained in the Scottish NHS, they were also concerned that there was a potential destabilisation of the service and the best approach would be to build on what is already good practice.

Key Decisions Taken

The IBMS are strongly in favour of the existing protected titles for Biomedical Scientists and Clinical Scientist being retained and used.
The IBMS would like to see a single register with annotation for additional qualifications as proposed by the HPC.

Please complete as much of the above as you can and return by post to Louise Har, Council and Committee Secretariat, Health Professions Council, Park House, 184 Kennington Park Road, London, SE11 4BU, or alternatively by e-mail to louise.hart@hpc-uk.org