

Health Professions Council – 17 September 2010

Reports from Council representatives at external meetings

Executive Summary and Recommendations

Introduction

The attached feedback forms have been received from John Donaghy and Neil Willis, reporting back from meetings at which they represented the HPC.

Decision

The Council is requested to note the documents.

Background information

None

Resource implications

None

Financial implications

The cost for attendance at conferences/meetings has been incorporated into the Council annual budget.

Background papers

None

Appendices

Copies of feedback forms

Date of paper

1 September 2010

Name of Council Member	John Donaghy
Title of Conference/Meeting	Department of Health (DH) expert working group on the use of Controlled Drugs (CDs) by paramedics and the UK ambulance services.
Date of Meetings	Thursday 20th May Monday 21st June
Approximate number of people at the meeting	Approximately 12-14
<p>Issues of Relevance to HPC</p> <p>This is a working group of experts exploring the use of CDs by NHS ambulance service trust, in addition to paramedics working within those trusts and those who work autonomously or for private companies and the voluntary sector.</p> <p>The first meeting raised a number of issues around the role of the HPC, in particular that of whom they regulate. A number of the group was aware that the HPC regulated NHS paramedics but were not aware of paramedics who work for the private sector, such as private ambulance services, voluntary organisations, sporting events etc. Other members of the group were unclear as to the relationship between the HPC and the professional body, the College of Paramedics (COP).</p> <p>The main focus of the group was to explore the safekeeping, documentation and usage of CDs within the ambulance setting, particularly auditing and reporting mechanisms. Much of the debate revolved around the private and voluntary sector, however it was generally agreed that robust practices within the NHS would be transferred to the private and voluntary sector.</p> <p>The group recognised that various practices existed between NHS ambulance service trusts and that some were more robust than others, in addition the group acknowledged that the HPC would not necessarily have policies regarding the use, storages, safe keeping and auditing of CDs, rather that the HPC require paramedics to meet the Standards of Proficiency (SOP), although it was acknowledged that profession specific SOPs for paramedics do require '<i>paramedics to be able to practise in accordance with current legislation governing the use of prescription-only-medicines by paramedics</i>'.</p> <p>The group felt that individual 'professional' paramedics should be responsible and accountable for their actions around the storage, use and documentation of CDs, in particular the ability to self-report. In addition the use of an Authorising Officer (AO) should be more aware of the HPC register and the relationship between the HPC and the AO.</p>	
<p>Key Decisions Taken</p> <p>The work of this group is currently on-going, however a decision has been taken to produce and distribute, although by what means is still unclear, a questionnaire in the hope of gathering additional information, especially around the use, storage and documentation within the private sector, in addition to the NHS.</p>	

This group is feeding back directly to a representative of DH, the intention to produce guidance and recommendations for the control of CDs within the ambulance and paramedic environment.

I do believe this was an important group to be invited to join in representing the HPC, it was clear from the initial meeting that there was a distinct lack of knowledge and understanding in regards to the role and responsibilities of paramedics and indeed the HPC. I have kept Charlotte updated throughout.

Name of Council Member	John Donaghy
Title of event	JRCALC committee meeting
Date of event	8th July 2010
Approximate attendance at event	18
Issues of Relevance to HPC	
<p>This committee is are the clinical leads for the paramedic profession, they advice and produce paramedic National Clinical Guidelines (NCG) which are used throughout the UK by ambulance service trusts and paramedics, in conjunction with the College of Paramedics (COP) they form the basis of our clinical scope of practice.</p> <p>The meeting on the 8th July raised a number of issues around scope of practice and referred to the HPC Standards of Proficiency for clarity. Much debate took place regarding proposed updated NCG which are due out for publication in 2011.</p>	
Key Decisions Taken	
No key decisions taken affecting regulation or HPC.	

Name of Council Member	Neil Willis
Title of event	Institute of Biomedical Sciences, Council Meeting
Date of event	3 September 2010
Approximate attendance at event	30
Issues of Relevance to HPC	
<u>Modernising Scientific Careers</u>	
<p>The notes of the discussions on MSC at the IBMS Council meeting on 4 June were provided and once again there were a number of reports from meetings regarding MSC issues including;</p> <ol style="list-style-type: none"> a) Report of a meeting with Unite on 9 August b) Report on the validation of B.Sc. (Hons) Healthcare Science degree 	

(Clinical Physiology), Manchester Metropolitan University, 14 July

- c) Report on the accreditation of B.Sc. (Hons) Healthcare Science degree (Genetic Technology), University of Westminster, 23 July.
 - d) Gap analysis of the two meetings above
 - e) Letter from Professor Sue Hill to IBMS President 17 August
 - f) Response to HUCBMS statement from Professor Maggie Pearson 1 September
- a) The Unite perception of the project and its implementation concurs with that of the IBMS: namely that there is still no greater clarity to the proposed implementation and no account has been taken of the other factors facing Pathology. Concerns continue to be expressed for the stability of the service should implementation be imposed on areas such as Pathology where there is a parallel program of modernisation and reconfiguration. Unite is exploring the level of support from the IBMS and other organisations for issuing a joint statement expressing concerns associated with patient safety, service stability and quality.
 - b) The Manchester Metropolitan University (MMU) validation event for the above program included representatives from MSC as observers with the option of recommending accreditation to Medical Education England (MEE). A full account of the visit is too lengthy to be included here but provisional MEE accreditation was given subject to eleven conditions to be met by 9 August.
 - c) The University of Westminster also had a visit from MSC on 23 July to recommend the above program for accreditation by MEE. The process was seen as an interim accreditation process, the full panel would meet the following week to make recommendations to the MEE Training and Education working group.
 - d) The gap analysis carried out on the MSC and the IBMS accreditation processes highlighted a number of important differences including no reference to HPC SOPs or regulation as an outcome of the degree award. A voluntary register of HCS practitioners is being considered by the MSC group.
 - e) The IBMS President had received a letter from Professor Sue Hill in reply to the Presidents letter of 12 July, raising amongst other things the process and timescale of the accreditation of the new programs. Professor Hill is keen to have "high quality independent scrutiny of all MSC fact-finding visits" and was happy that scrutiny was indeed in place. Also "for further level of quality assurance, Medical Education England will be reviewing the visits prior to making any decisions about formal accreditation", and "the door remains open for IBMS involvement".
 - f) The Head of University Centres for Biomedical Science (UCBMS) met with representatives of MSC on 21 June and issued a statement on the meeting. The main points discussed included the MSCs acknowledgement of the autonomy of the HEIs to decide how to deliver the specific learning outcomes of any programs they provide. It was agreed that in some cases the content of the existing BMS degrees aligned closely with a significant proportion of the new curriculum. The MSC team noted that Bradford and Westminster are offering the new B.Sc. (Hons) Healthcare Science degree program with the genetics technology specialism in Year 3 for the September 2010 intake and that

the program will eventually be accredited by the Medical Education England Healthcare Science Program Board for 4 years.

Retirement of the IBMS Chief Executive

The IBMS CEO will be retiring at the end of the year and work has already begun to find a replacement, to that end Odgers Berndtson have been engaged to facilitate the process. There are internal candidates but the post will be widely advertised in order to ensure that the best person available will be found.

The IBMS now has a good working relationship with the HPC, this is in part due to the excellent relationship between the IBMS CEO and the HPC CEO and it is hoped that this will continue in the future.

Key Decisions Taken

The IBMS is unsure as to its role in the MSC project and will continue to search for the best way forward.