

Health Professions Council – 7 July 2011

Reports from Council representatives at external meetings

Executive Summary and Recommendations

**Introduction**

The attached feedback forms have been received from Sheila Drayton, Diane Waller 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**

21 June 2011

<b>Name of Council Member</b>	<b>Sheila Drayton</b>
<b>Title of event</b>	<b>Meeting with Arwel Ellis Owen and Rhian Huws Williams, Chair and Chief Executive Officer (CEO) Care Council for Wales</b>
<b>Date of event</b>	<b>17<sup>th</sup> May 2011</b>
<b>Approximate attendance at event</b>	
<p><b>Issues of Relevance to HPC:</b></p> <p>The meeting was held following a suggestion from the CEO of the Care Council for Wales, who was interested in establishing and maintaining contact with the Health Professions Council (HPC) members from Wales. .</p> <p>The Chair and CEO were interested in the HPC's approach to regulation. I shared the different sets of standards published by HPC and the way in which they need to be considered together. We talked specifically about the Standards of Proficiency; their generic component and the professions specific section, and the Professional Liaison Group process used to develop them.</p> <p>Rhian was interested in our use of Partners and would look up the role and use of Partners. Links to the Partner Section of the website have been provided with the offer of further information and contact.</p> <p>A major difference in Social Care in Wales is the partnership that the regulator has with the Employer regulator (Care and Social Services Inspectorate Wales); which is not mirrored in health to the same extent. However, I explained that HPC meets employers and liaises with them to draw attention to Registration and Fitness to Practice issues. The Chair and CEO were interested in our 'Meet the HPC' approach to reaching registrants, particularly as there is not such a strong professional association for Social Work professionals</p> <p>In addition to regulation the Care Council for Wales has a statutory remit for workforce development which requires it to undertake a range of different roles.</p> <p>The meeting was useful and warm in tenor, and we agreed to maintain contact.</p> <p><b>Key Decisions Taken:</b></p> <p>Agreed that we would have further discussions and explore the possibility of a conversation with Council members in due course.</p>	

<b>Name of Council Member</b>	<b>Diane Waller</b>
<b>Title of event</b>	<b>Local workforce solutions</b>
<b>Date of event</b>	<b>19 May 2011</b>
<b>Approximate attendance at event</b>	<b>110</b>
<p><b>Issues of Relevance to HPC:</b></p> <p>The event, one of several national events, was intended to offer an opportunity to the workforce, including employers, directors of trusts, professional health and social care staff and assistants to think about ways in which Skills for Health's various services could help in times of severe financial challenge. The morning consisted of presentations, including one on the Health and Wellbeing Boards and how these will influence the workforce agenda. The presentations were followed by four workshops, focussing on practical approaches to improving productivity; scenario planning and anticipation of future skills gaps and shortages; using the new doctors rostering system to cut costs and drive up workforce efficiency; cutting costs and increasing workforce efficiency without compromising quality. It is clear that the emphasis was on how to use various mechanisms, such as skills mix, e-learning, technological systems to identify staff availability, using assistant practitioners, as a means to increase the 'flexibility' of the workforce while preserving the quality of care delivered. The increasing emphasis on competence training and using therapy assistants is of particular interest to HPC in our regulatory role – especially now that the voluntary register idea is in place. According to the seminar: benefits of using SfH packages include: improving outcomes and the experience of service users; provision of consistent and comparable quality of patient care which makes commissioning easier. I noted that e-learning is likely to become much more prominent which may impact on our CPD profiles, as attending trainings either on or off site proves expensive for employers.</p>	
<p><b>Key Decisions Taken:</b></p> <p>Not a decision making body. Important to monitor how increase in using therapy assistants impacts on our registrants/standards and e-learning packages on our CPD requirements.</p> <p>Members interested in following up can download the presentations from:  <a href="http://skillsforhealth.org.uk/nations-and-regions/london">http://skillsforhealth.org.uk/nations-and-regions/london</a>.</p>	

<b>Name of Council Member</b>	<b>Neil Willis</b>
<b>Title of event</b>	<b>Institute of Biomedical Sciences, Council Meeting</b>
<b>Date of event</b>	<b>3 June 2011</b>
<b>Approximate attendance at event</b>	<b>28</b>

**Issues of Relevance to HPC:**

The IBMS are closely following the implementation phase of Modernising Scientific Careers and the President and President Elect have both been invited to join the shadow board of the Academy for Healthcare Science UK Education and Training, the first task will be to determine the terms of reference of the board. The President is also a member of the HCS MSC Curriculum Committee and is represented on the Healthcare Science Clinical Academic careers reference group by the IBMS chair of Education and Training.

The IBMS is still awaiting discussions on equivalence with the MSC project team.

Support staff qualifications from the IBMS, focusing predominantly on band 4 training, was discussed with the aim of making them nationally recognised as fit for purpose and as a viable alternative to other qualifications, this was also seen as an opportunity to integrate with the MSC project.

The IBMS had responded to the statement from the HPC on “Modernising Scientific careers - implications for educational providers” stating the HPCs position regarding the Healthcare Scientist and Healthcare Scientist Practitioner roles not being protected and therefore not regulated by the HPC. The IBMS currently accredits more than fifty degree programs leading to registration and discussed the possibility of subsequently adding modules to the new Healthcare Science programs enabling the student to obtain a qualification which includes the Standards of Proficiency required for registration as a Biomedical Scientist.

The opening of voluntary registers for non-statutory registered Healthcare staff is being discussed by the IBMS particularly with reference as how the task would be best undertaken. The IBMS is pleased that there will be continuation of the existing parts of the register for scientists and that at present there are no plans to close those parts.

The relationship between IBMS and HPC is considered to be first class and the IBMS look forward to working closely with the HPC on issues of regulation.

**Key Decisions Taken:**

The IBMS will be closely monitoring the implementation phase of MSC and moving forward with both providing and accrediting qualifications for appropriate staff groups.