

Health Professions Council – 31 March 2011

Reports from Council representatives at external meetings

Executive Summary and Recommendations

Introduction

The attached feedback forms have been received from Joy Tweed and Anna van der Gaag, 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

17 March 2011

Name of Council Member	Joy Tweed
Title of event	Public and Patient Involvement Group UK Health and Social Care regulators
Date of event	24th January
Approximate attendance at event	15 people
Issues of Relevance to HPC	
<ol style="list-style-type: none"> 1 This was the last meeting of the group following the decision of the Chief Executives Steering Group that the PPI joint regulators group be disbanded. The feeling of those present was that joint working between the regulators should continue where possible as an example of best practice. The group agreed that future meetings would be arranged for staff members, with invitations being extended to lay members of council when this was thought to be beneficial. Anna, who was also present, suggested that it would be useful for the group to produce an annual report for presentation to Councils. It was felt that this would provide a good link to governance at that level and that there would be strength in a joint report. 2 There was feedback from the mental health seminar, which had been well recieved. A particular point to highlight was the call for a common complaints portal across the regulators. This had been raised before but it was decided to raise again in a letter to the CESG. 3 The production of a joint leaflet giving an overview of each of the health profession regulators is now complete. This will be available as a PDF and a print run of 10,000 English and 500 Welsh bilingual leaflets has been funded. 4 The meeting concluded with a presentation from the NI Social Care Council on principles of involvement. 	

Name of Council Member	Anna van der Gaag
Title of Conference/Meeting	NCAS Annual Conference Disruptive behaviour: tackling concerns about practitioner behaviour
Date of Conference	3 February 2011
Approximate number of people at the conference/meeting	700
<p>Conference was organised by NCAS (National Clinical Assessment Service). Audience predominantly medical practitioners and managers. The objectives of the day were to build frontline expertise in recognising and managing disruptive behaviour and to encourage greater collaboration. Alistair Scotland described the work of NCAS with doctors and dentists currently 1:200 doctors and 1:250 dentists are referred to NCAS every year. However the overlap with referrals to GMC and GDC has dropped to 3%. Practitioners most likely to be referred are older males, consultant level, in secondary care, and trained outside the UK. At GMC 97% of concerns relating to behaviour arise from drug dependency or mental health issues – at NCAS the range is much wider – non clinical concerns around conduct or behaviour can either arise from organisational or personal issues. The trends suggest that health concerns are more prominent in white, UK trained practitioners in the younger age range and clinical governance concerns are more likely to occur in the older age range, and in the GP sector. (based on sample of 2972 cases handled between Dec 07 and Oct 2010).</p> <p>The keynote presentation from David Owen provided a fascinating account of the changes in medicine in recent times and the rise of team working. Health care professionals need to develop a socialised ethical framework – and as more power is devolved down to practitioners there need to be safeguards to protect frontline staff from the negative effects of having more power – he stressed the importance of mentoring systems and education/awareness raising amongst students.</p> <p>Key message of relevance to HPC</p> <ol style="list-style-type: none"> 1. Performance is determined by an interaction between health, work context, clinical knowledge and skills and behaviour 2. Disruptive behaviour often comes from a strength overplayed e.g. a healthy perfectionist trait can become unhealthy in situations of high stress 3. An acknowledgement of the growing importance of the team and team working skills required in health and social care and therefore the need to equip new graduates for this working environment. 	