Health Professions Council – 3 July 2008

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;

Jacki Pearce
Annie Turner
Anna van der Gaag

Decision

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

Background information

None

Resource implications

None

Financial implications

None

Appendices

None

Date of paper

23 June 2008

ATTENDANCE AT MEETINGS TO REPRESENT HPC

Name of Council Member	Anna van der Gaag
Title of Conference/Meeting	First World Health Professions Conference on Regulation
Date of Conference	17/18 May 2008
Approximate number of people at the conference/meeting	**800**

Conference was organised by the World Health Professions Alliance (www.whpa.org) and was the first world conference on health regulation. Themes included legislative and policy frameworks for regulation, governance and standards and cross border issues. Keynote speakers were from a wide variety of countries including Kenya, Philippines, US, Poland, Norway, Australia, UK and Germany.

Key message of relevance to HPC

1. **None of the speakers described a multi professional model of regulation with lay involvement. The two dominant models were self regulation through the professional bodies and government regulation. In general, lay involvement was minimal and multi professional regulation as practised by HPC did not appear to be a 'recognised' model on the platform. Where more than one profession was regulated under the same system, uni-professional boards were responsible for regulation in those fields. One speaker from Germany proposed that 'regulation should be 'as modest as possible, as convincing as possible and should not replace responsibility of the persons concerned'.**
2. **Revalidation and accreditation. In general, systems were voluntary and were administered by profession led associations. Accreditation systems (in US, Kenya) were described as 'effective' mechanisms for quality assuring professionals within systems and were described as a mechanisms for 'promoting positive practice environments'. Measuring the effectiveness of such systems was more problematic.**
3. **Regulation and workforce.**
   For many countries, regulatory processes were closely tied to workforce development issues. There was a recognition than regulation was only one aspect of assuring quality and public protection worldwide, and regulatory systems needed to be integrated with other systems. 'Task shift' and evolving roles were seen as a threat to workforce standards, as was the migration of workers in the developing world.
4. **CAMs and regulation. The most likely debate was around regulation of CAMs such as traditional Chinese medicine (TCM) Opinions varied widely. Victoria, Australia had been regulating TCM since the late 1990s. In Kenya, the government was looking into regulation of traditional medicine. However the Polish speaker disagreed with these initiative, as 'regulating these groups will only legitimise their work'**

Conclusions

HPC may well be a unique model of regulation worldwide, and certainly at the progressive end of the continuum in terms of equity of lay and professional involvement and multi professional governance and standards. Much more common were systems driven by the professions themselves at arms length of government, or by government, with some professional involvement.

This was the first world gathering of health regulators and it was valuable to see where HPC sits within the wider regulatory field.

Please complete as much of the above as you can and return by post to Alison Roberts, Secretariat Team Administrator, Health Professions Council, Park House, 184 Kennington Park Road, London, SE11 4BU.

hpc health professions council

FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	Jacki Pearce
Title of Conference/Meeting	ISBHaSC Meeting
Date of Conference	21-05-08
Approximate number of people at the conference/meeting	26

Issues of Relevance to HPC

- ISB position on abbreviations in all healthcare records will be added to their website asap.
- NHS Number: as primary patient identifier. Draft document on the roll out of the communications plan was presented. Still some work to be dome with the Department of Children Schools and Families as much healthcare is now delivered in schools.
- Now DCSF and Adult Care services are represented on ISBHaSC the default position is that each will adopt each others standards unless there is a very real reason why this is not feasible. Some default position for the 4 home countries may need to be established if/when we have a list of existing standards for data from each country.
- Consent and Data standards. Work is ongoing. There is an issue with DoH guidance and existing Scottish law. The Single Assessment process uses different format but accords with guidance. Recent research shows that patients are confused about the difference between consent to treatment and consent to sharing information i.e data. The standards need to clarify and simplify this for patients and those obtaining consent.
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Key Decisions Taken