ATTENDANCE AT MEETINGS TO REPRESENT HPC

Name of Council Member	Anna van der Gaag
Title of Conference/Meeting	Joint Regulators PPI Meeting
Date of Conference	9 January 2008
Approximate number of people at the conference/meeting	**14**

Issues of Relevance to HPC

- Strategic review of the PPI Group
  The Group reviewed it work and began to formulate new workplan. All agreed that there were benefits to joint working and sharing good practice, and there was a sense that the work of the Group had influenced understanding of PPI and implementation of PPI within each regulatory body but there remained much to be done.
- Importance of continuing to collaborate on PPI initiatives. Examples included joint work on public facing surveys, understanding and sharing information on local complaints mechanisms for private patients, working with voluntary organisations to gain expertise.
- Achievements of the Group included;
  PPI Handbook (currently being evaluated)
  Joint information leaflet (being revised in 2008)
  Usability of register project
  Seminar series (two to date)

In addition to existing projects, new projects for 2008:

1. Sharing information on forthcoming consultations
2. New topic for seminar series late 2008 on’Health and social care regulation and older people: what more can be done?

Longer term there will be follow up work on PPI in education and possible collaborations on public facing surveys to avoid duplication
Other issues discussed:
David Taylor Early Day Motion on Citizens Council. The group agreed with CHRE response – a useful debate but the creation of a Citizen’s Council not supported. PPI activities must be targeted otherwise there is a risk that involvement becomes token and without clear objectives. GMC is likely to phase out its Patient Reference Group in favour of a more targeted approach.

Key Decisions Taken

Unanimous support for proposal on Seminar series late 2008 on ‘Health and social care regulation and older people: what more can be done? HPC proposing leading on this with support from NMC and GDC, subject to approval/discussion.

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	**7 March 2008**
Approximate number of people at the conference/meeting	**36**

Issues of Relevance to HPC

Re-registration
The apparent problems associated with Biomedical Scientist re-registration were discussed at length following a number of registrant's adverse comments on the IBMS on-line forum. During the discussion I informed the IBMS Council of the efforts made by the registration department to ensure the re-registration process ran as smoothly as possible and required minimal input from the registrants. I had also arranged for an explanation of the re-registration process written by Claire Harkin to be published in the March edition of the IBMS Gazette that was available at the meeting.

Standards of Education and Training
Following a question regarding the review of the SETs, I outlined the progress the PLG had made with the SETs and that the work of the PLG was now concluded. I informed the IBMS Council that the proposals would be submitted first to the Education and Training committee and then the (HP) Council for approval.

Modernising scientific Careers
There was some concern regarding the Modernising Scientific Careers initiative particularly the suggestion that the existing academic programs would be replaced as would the training program. I informed the IBMS Council that MSC was being driven by the Chief Scientific Officer (England) and the HPC were not involved at this stage and that the CSO was attending the education and training meeting on 26 March to bring the HPC up to date on the matter.

Section 60
The connotations of the various Section 60 orders were discussed and there was some concern over the fact that when the number making up the HPC was decreased, not all professions would have a registrant on the (HPC) Council.
The IBMS expressed concern regarding the title "Healthcare Scientist" and felt strongly that when "Healthcare Scientists" was added as a new part to the register the title should not be protected.
They thought that because the title was non specific in nature and was incorporated in the title of the "Federation of Healthcare Scientists" that had three branches; Life Science, Physiological Science and Physical Science and Clinical Engineering there would be an assumption that all professions represented by the Federation of Healthcare Scientists would automatically be registered with the HPC.

Key Decisions Taken

When re-registration is next due the IBMS will ensure that Biomedical Scientists will be informed of the pending re-registration in the monthly issues of the IBMS gazette. This will be included in the months leading up to re-registration with increasingly space being given until the date of re-registration.

Following the review of the SETs the IBMS would like to continue to strengthen its relationship with the HPC with matters concerned with the HEI approvals/accreditation issues.

The IBMS would like to send a representative to attend the Education and Training Committee meeting on the 26 March to hear the CSOs presentation.

Please complete as much of the above as you can and return by post to Niamh O'Sullivan, 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 April 2007

ATTENDANCE AT MEETINGS TO REPRESENT HPC

Name of Council Member	Anna van der Gaag
Title of Conference/Meeting	Joint Regulators PPI Meeting
Date of Conference	17 April 2008
Approximate number of people at the conference/meeting	**12**

Issues of Relevance to HPC

Group reviewed the workplan for 08/09 and agreed the following;

1. **PPI Handbook and joint information leaflet to be revised and updated**
2. **The Group would share information on**
    a. **consultations**
    b. **opinion survey methods and mechanisms**
    c. **practitioner awareness of complaints processes**
3. **Seminar on older people to go ahead in November 2008 hosted by HPC (outline attached) Subgroup NMC, HPC and CHRE.**
4. **The Group received an excellent paper from GCC on private patients with concerns. The Group agreed to contact CEs about work undertaken on this by the regulators.**
5. **CHRE PP Strategy. Chair of the Group to write to CHRE welcoming the document but expressing disappointment that the work of the Group had not been more fully acknowledged.**
6. **Group to draft a power point summary of the work undertaken for distribution to the regulators and possible presentation to their Councils in due course**

Key Decisions Taken

Seminar series late 2008 on 'Health and social care regulation and older people: what more can be done? – date in November to be arranged.

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, or alternatively by e-mail to alison.roberts@hpc-uk.org

July 2007

UK Health and social care regulators' PPI group: draft proposal
Health and Social care regulation and older people: what more can be done?

The purpose of these seminars is to enhance good practice in patient and public involvement for the regulatory sector. This seminar aims to focus on regulation issues and older people, recognising that older people form a diverse group with wide ranging needs in terms of healthcare and information.

The outcomes of this seminar will be the:
- Consideration of the extent of older peoples' knowledge and understanding of regulation, and how it can be enhanced
- Identification of the most effective ways of communicating with older people
- Identification of the most effective ways of involving older people in regulation
- Identification of networks/forums through which to engage with older people

The seminar will lead to sharing expertise and agreeing practical steps towards good practice in engaging with older people. In addition, it could also enable the regulators to identify the issues that are important to older people for example, when and how to bring an issue to the attention of the regulator, and what people can expect to happen as a result of raising concerns with a local service provider.

The sub-group has a number of contacts, both individuals and representatives from groups and organisations, who, based on preliminary discussions, have expressed an interest in taking part in this seminar. We would see a role for representatives of older people to share their thoughts about the most effective ways of involving and communicating with older people. We would see a role for older people in sharing their experiences of involvement, in terms of processes that work well/processes that should be avoided.

Format: Half day workshop
Date : November 2008
Venue: tbc – HPC can host

Audience: Relevant Council members and staff, representatives of consumer organisations, representatives from older people's forums, older people.

Coordination: Health Professions Council (HPC), Nursing & Midwifery Council (NMC) and Council for Healthcare Regulatory Excellence (CHRE)

Seminar Series on spreading good practice on patient and public involvement for the regulatory sector

Health and Social care regulation and older people: what more can be done?

Council Chamber, Health Professions Council,
Park House Kennington Road
LONDON

9.30	**Refreshments**
9.45	**Introduction** **Martin Caple Chair UK Health and Social Care Regulators' Patient and Public Involvement Group and** **Anna van der Gaag, HPC**
10.0	**Experiences of involvement – personal stories/case studies** **Workshop discussion**
11.0	**Presentations from Age Concern, Help the Aged, Leeds Group (Black and ethnic minority representation)** **What are the issues?** **What more could be done?** **Examples of good practice**
12.0	**Workshop**
12.45	***Summing up***
1.00	**Lunch**

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This seminar will bring together Council members and staff from the regulatory bodies to discuss what more could be done to raise awareness of regulation amongst older people and share good practice in listening and understanding the health and social care needs of this group. It will draw on the experience of older people and from the voluntary sector to lead the discussion.

FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	**Mark Woolcock**
Title of Conference/Meeting	**Joint Royal Colleges Ambulance Liaison Committee Meeting**
Date of Conference	**12th March 2008**
Approximate number of people at the meeting	**30**

Issues of Relevance to HPC

A paper was tabled at this meeting that discussed the future of a 'critical care paramedic' title and program. An assumption was made that registration would be offered to this new role. The paper was also referring to the HPC incorrectly.

All issues were addressed and the meeting was reappraised of the role that regulation has (protecting public) and that registration was not simply awarded to give the new role credence.

The committee also discussed issues that related loosely to the ongoing recertification needs of paramedics. A summary of Foster and Donaldson, with respect to revalidation, was presented and this assisted the committee (hopefully..)

A lengthy debate was held on the removal of core skills from paramedics; this in essence would mean that new paramedics would be unable to meet a large amount of the SoPs; this issue is being carried over to a future a meeting due to the complexity of the issue

Key Decisions Taken

Name of Council Member	**Diane Waller**
Title of Conference/Meeting	**NIMHE Increasing Access to Psychological Therapies**
Date of Conference	**15th April 2008**
Approximate number of people at the conference/meeting	**15**

Issues of Relevance to HPC

This is an ongoing strategy group overseeing the implementation of the Layard Report's recommendation to increase access to psychological therapies in the NHS. This meeting was attended by representatives from the UKCP and BACP, and sections of Child Psychotherapy and Psychodynamic Psych. We discussed workforce issues, need for training and who will pay, differentiation between 'low intensity' and 'high intensity' interventions (mainly in respect of cognitive behavioural therapy) and how training would function for low intensity. Suggestions are that it should be a 2-day release, one-year postgraduate Diploma for people who have not already got a psychotherapy or counselling qualification or who want to focus on CBT. Several universities have been contacted. New Ways of Working was also discussed and how this initiative is being perceived by employers, sometimes wrongly in that health professionals are being asked to do tasks outside their competence without appropriate training. Meeting confirmed this is not the intention of NWW. Importance of close liaison with SfH National Occupational Standards in Psychotherapy and Counselling Project and the HPC emphasized, with appreciation of the recent meeting that took place with representatives of *all* three bodies. The question of what to call the low intensity therapists is still an issue as none of the suggestions seemed to be appropriate. The introduction of these therapists has implications, possibly, for regulation, although some of them could already be registrants of other regulators (eg NMC). Another important issue raised was the Higher Education Funding Council's imposition of ELQs (abbreviation meaning that universities will not receive funding for students who have an equivalent or higher qualification than the new one they propose to take). This could have devastating effects on psychotherapy and counselling, as often people have a qualification gained when quite young then want to change careers, involving another Master's degree, for example). They would have to pay very high fees. IAPT is making representations to HEFCE about this, hoping that certain qualifications can be exempt from ELQs as this could adversely affect the IAPT project. Next meeting 12th June.

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FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	**Jacki Pearce**
Title of Conference/Meeting	**ISBHaSC Meeting**
Date of Conference	**19-03-08**
Approximate number of people at the conference/meeting	**15 (video-conferencing)**

Issues of Relevance to HPC

- **Electronic Patient records (1) : access issues for medical and other students on clinical placement. This is covered in the role based access strategy documents but there is not an ISB Standard which covers this. There is currently no national procedure to ensure students get a smart card in a systematic timely way, or training on the use of each hospital or PCT system. This could lead to students making entries under another person's access code.**
- **There may be an additional issue for overseas students who arrange UK clinical placements themselves but are not registered with a UK university/approved course of study.**
- **Ethnicity coding: while the Standard for the collection of the data set was conditionally approved, there is an issue about recording consent to share the ethnicity data i.e for commissioning or national data sets. Some sample Trust information leaflets collected are specifically misleading patients by saying that ethnicity data is collected to support individual treatment and will NOT be passed to anyone else. Registrants could be placed in an invidious position if they are the first point of patient contact and collect the data which is then passed on.**
- **Electronic Patient records (2) : There needs to be a Standard for recording levels of consent in an electronic patient record, which documents who assessed capacity to consent, and the info the patient had prior to making the decision to consent.**
- **Further to the previous correspondence to HPC re the need for each clinical entry in notes to be "signed" by an identified responsible clinician, the representatives from Regulators were asked to outline the processes by which a clinician could raise concerns locally or nationally if they found entries in casenotes which could not be linked to a specific healthcare professional.**

J Pearce