

Health Professions Council – 11 September 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 (1)
Anna van der Gaag (1)
Diana Waller (4)

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

2 September 2008

FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

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| Name of Council Member | Jacki Pearce |
| Title of Conference/Meeting | ISBHaSC Meeting |
| Date of Conference | 23-07-08 |
| Approximate number of people at the conference/meeting | 25 |
| Issues of Relevance to HPC | |
| <ul style="list-style-type: none"> • Bar coding of hospital equipment to be identified by hand held scanners: a recent article in a prestigious scientific journal has highlighted some safety issues where the radio frequency has affected the function of vital electronic equipment. Article to be circulated to ISBHaSC Board members. Awaiting RFIG response. • Proposed “Violent Patient Indicator” flag for patient records. This proposed standard for electronic patient records was discussed at length. It was felt that there were already sufficient options available to highlight potential risks to staff, and the proposal therefore needed development in the light of ISB feedback. • Health resource Groups: the tool used to “ group” for reference costs was discussed. • Consent and data Standards: An excellent presentation highlighted the need for an overarching format for consent to share data, and a system for recording the full variety of consents electronically, and for a sponsor to develop this standard. • Data matching and the NHS number: a recent study identified the risks of duplicated NHS numbers, where the health records of two (or more) people could be merged to form one record, or the health records of a live patient could wrongly be closed as deceased. There is a need for a standard which is explicit about what checks NHS staff must undertake to ensure the patient and the record match i.e. beyond the name, date of birth and NHS No. | |
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ATTENDANCE AT MEETINGS TO REPRESENT HPC

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| Name of Council Member | Anna van der Gaag |
| Title of Conference/Meeting | HERRG Concordat |
| Date of Conference | 23 June 2008 |
| Approximate number of people at the conference/meeting | 75 |
| <p>The purpose of the meeting was to review progress since the last meeting and look at the roles of the professional bodies in relation to accreditation and regulation of HE courses. There seemed to be agreement that professional bodies (engineering being used as an exemplar) did have a role to play in regulation.</p> <p>The workshop session was asked to discuss whether ‘exemplars’ might be useful to others and if so, what they might look like. There was general agreement that these would be useful but there was little progress on the detail of what these might be and whether or not they would be drawn from the voluntary or statutory approaches, possibly both. Other themes from the workshops</p> <ol style="list-style-type: none"> 1. practitioners should be involved in all HE QA processes 2. there was a need to look beyond the UK and influence international agreements 3. there was a need for high quality data across the sector 4. there was a need to look across the sectors for good practice that could be shared. <p>Key messages from the speakers included</p> <ul style="list-style-type: none"> • Better regulation is risk based, and should reduce administrative burdens on the HEs • Need for greater clarity on the role of the Sector Skills Council and their relationship to professional bodies and statutory bodies in regulating the professions • HERRG has made a significant contribution to the sector and it should continue in some form beyond its current term. • HERRG report due to be published summer 2008 – may useful for ETC to review this | |
| Conclusions | |
| <p>HPC model of light touch regulation is one that the Department is encouraging as best practice and in line with the principles of better regulation. This strong emphasis on reducing administrative burden was welcomed by those present and recognised as a significant step forward for all QA bodies involved in the HE sector.</p> | |
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FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

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| Name of Council Member | Diane Waller |
| Title of Conference/Meeting | Improving Access to Psychological therapies: Workforce ref group |
| Date of Conference | 12th June 2008 |
| Approximate number of people at the conference/meeting | 20 |
| Issues of Relevance to HPC This is an ongoing group. The IAPT workforce team have worked closely with Skills for Health and DH regulation to progress the development of a competency framework for CBT, and for the National Occupational Standards for three other models of psychological therapy. Recently IAPT, SfH and HPC produced a joint statement clarifying their different roles and the relationship between them, and the DH workforce. The competencies for CBT are well advanced, with two categories of service: low intensity and high intensity. The former would undergo a postgraduate certificate level training, with students coming from diverse backgrounds. The intention is that most will be graduates with degree level qualifications. The question remains, what to call these 'low intensity workers' and how would they be regulated? Some may already be regulated, eg nurses, health professionals, but others might be graduate psychologists (for example) or mental health workers. So far, despite widespread consultation, no suitable name has been found to replace 'low intensity'. The high intensity service will be provided by 'trained and accredited psychological therapists, who will have existing job titles such as psychotherapist, nurse therapist, counselling or clinical psychologist, etc' The timetable for Section 60 order concerning psychologists and psychotherapists was discussed, and group was updated on the progress made with psychotherapy and counselling professions working towards regulation with HPC. The other main item of discussion was the commissioning of IAPT sites and education and training providers for the low intensity workers. It seems that the British Association of Behavioural and Cognitive Psychotherapists will be accrediting these programmes (BABCP is an institutional member of UKCP). | |
| Key Decisions Taken Continuing to commission sites and contracting training providers. Further consideration of career pathway. Continue to liaise with HPC and SfH. | |

FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

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| Name of Council Member | Diane Waller |
| Title of Conference/Meeting | British Association of Art Therapists Annual General Meeting and Conference, Cardiff |
| Date of Conference | 14 th June 2008 |
| Approximate number of people at the conference/meeting | 120 |
| Issues of Relevance to HPC The business meeting focussed on achievements of the professional body over the past year, particularly the development of the international journal <i>Inscape</i> and the closer relationship with the publisher, Taylor and Francis for better dissemination of research-based papers. BAAT's commitment to responding to consultation documents from HPC was confirmed. Members were reminded to pay close attention to the HPC website. Questions were raised about confusion among general public about the role of 'artists' and art therapists, and concern expressed about misuse of the term 'art therapy' or 'art psychotherapy' often referred to as 'creative therapy'. Members asked to notify examples of this. BAAT's response to consultations from NICE highlighted, with concern also expressed about NICE's focus on quantitative research (of which there is very little in the arts therapies and psychotherapy). This is changing, however, thanks to much pressure and sound cases being made to include qualitative research. There are examples of arts therapies threatened with redundancy when managers have interpreted the work as 'not evidence based according to NICE'. This is not an intention of NICE guidelines. The afternoon was devoted to three presentations demonstrating different approaches to service delivery: Trust in S.Wales where arts in health and arts therapies were working in collaboration; Studio Upstairs in Bristol, which provided a service for people with mental health problems in the community, often on a long-term basis; art therapy combined with family therapy in a child and family mental health service. | |
| Key Decisions Taken New Council elected. Current Chair, Vice-Chair and Hon-Sec reappointed. Aim to continue to respond to national consultations, including HPC consultations and training events, and play a part in multi-professional events. | |

FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

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| Name of Council Member | Diane Waller |
| Title of Conference/Meeting | Psychological Therapies Strategy Group (Skills for Health) |
| Date of Conference | 15 July 2008 |
| Approximate number of people at the conference/meeting | 12 |
| Issues of Relevance to HPC This is an ongoing meeting which is overseeing the production of National Occupational Standards in Psychotherapy and Counselling. At this meeting we had updates on the progression of the modality working groups and feedback from an informal meeting held with representatives of the Humanistic and Integrative psychotherapy section of the UKCP regarding the title of that modality. We had updates on the pilot site progress for the CBT modality, and on the membership of the Family and Systemic Group. We reviewed the revised project plan and timescales (to end July 2009). The joint HPC-SfH-IAPT statement was discussed (this has been prepared to ensure that everyone is clear about the different roles and function of each of these groups as there has been some confusion up till now). A copy of a very negative article in The Times of 15.7.08 was discussed. This is anti-regulation and contained misleading and inflammatory remarks by the journalist. The committee decided not to respond, but hoped that the various professional bodies in psychological therapies might do so. The committee decided that it would be very important to communicate regularly with professions and public, and aimed to produce a document 'FAQs' which has now been done. | |
| Key Decisions Taken As above. Decision about title of modality 4 'Humanistic' left for further discussion by the relevant work group. | |

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| FEEDBACK SHEET TO BE COMPLETED AFTER MEETING | |
| Name of Council Member | Diane Waller |
| Title of Conference/Meeting | New Ways of Working in the Psychological Therapies: Workstream 1: Evidence based practice |
| Date of Conference | 27th August 2008 |
| Approximate number of people at the conference/meeting | 15 |
| <p>Issues of Relevance to HPC This is one of 5 workstreams created from the New Ways of Working project. HPC is also invited to send representative to the group looking at career structure, employment and training. There will be 5 meetings, ending in March 2009. This group's brief is to gather information on NICE guidelines that recommend psychological therapy interventions (including the arts therapies) for various client groups and conditions (especially anxiety and depression as these are the focus of the IAPT work). It is also going to gather together evidence from qualitative and quantitative projects in areas not reviewed by NICE. This first meeting was a scoping one, deciding on membership (who will attend in person, who will be on email list). The importance of ensuring service user involvement, in the form of asking users which interventions they found useful, was highlighted. A discussion took place about how to ensure that service users really had a choice (clear information and access to chosen service). This was incorporated into the group's brief. I was asked to mention the PLG and its brief. A report will be produced on the outcomes of all 5 workstreams next Spring.</p> <p>The issues arising from these various projects: IAPT, Skills for Health, New Ways of Working and the Workstreams will be very important to consider in the run up to and during the work of the PLG on Psychological Therapies. It is important to keep in touch with what is happening as each project involves dozens of different groups and individuals.</p> | |
| Key Decisions Taken | |