

# Health Professions Council – 10 May 2012

Reports from Council representatives at external meetings

**Executive Summary and Recommendations** 

#### Introduction

The attached feedback forms have been received from Sheila Drayton and Arun Midha, 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 25 April 2012

Name of Council Member	Sheila Drayton
Title of event	National Joint Registry: Patient Focus Conference
Date of event	23 <sup>rd</sup> March 2012
Approximate attendance at event	50 - predominantly patients and groups representing patients
Issues of Relevance to HPC:	

The National Joint Registry produces an annual report, providing information on:

- the types and performance of joint replacement prostheses used in the UK;
- the effect of the patients' health on the outcome of joint replacement; and, to a lesser extent;
- anonymised success rates by hospital and by surgeon.

This year, for the first time, the NJR has redrafted the report for use by patients and the public. Presentations on the report's findings were given and delegates were invited to comment and suggest amendments.

## Key Decisions Taken

It was a very successful exercise in terms of patient and public engagement. The key outcomes were:

- Useful suggestions re terminology, order, and layout; which were readily received.
- Strong message re more openness in relation to outcomes by surgeon.
- Realisation that what patients wanted was a guide with outcome data, rather than an adapted annual report.

Name of Council Member	Arun Midha
Title of event	Meetings held on behalf of Chief Executive and HPC
Date of event	March 2012

### Issues of Relevance to HPC:

At the request of Chief Executive I have met with Barbara Bale, lead on the developing Health Professions Education agenda here in Wales. I also met with Liz Davis, Director and Head of workforce planning for the NHS in Wales based in the Welsh Government and Professor Melanie Jasper who has a lead role on Education issues in relation to Modernising Scientific Careers (MSC) in Wales.

There are parallel developments in Wales to MEE where the benefits of establishing a framework for developing the healthcare workforce is also taking place. A strategic education development group (SEDG) has been established covering Medical, Dental and the wider health professions. The MSC initiative is part of this. There is also an advisory group on health professions education provision that is being established. This group will be responsible for advising on changes to the Education and Training budget for the health professions (including Medical and Dental) as well as academic level of funding courses and other issues related to centrally funded health education provision. The direction of travel seems to be to an establishment of a body called Health Education Wales that would allow greater connections amongst all health professions and a pooling of financial resource. The Terms of Reference for SEDG are as follows:

- To provide a multi professional, multi-disciplinary forum to discuss, develop, scrutinise and commission education, training, learning and development to meet the needs of the workforce;
- To promote strategic alignment of policy development and service implementation across the Welsh Government and NHS Wales in relation to integrated workforce planning, education and development;
- To consider the implications of proposed workforce changes on the modernisation, education and training of the workforce in Wales and to assess the impact of UK changes on workforce development in Wales;
- To provide expert opinion on the impact of proposals from supporting workforce groups and to consider the implications of developments;
- Drawing upon evidence from stakeholders, SEDG will scrutinise the annual spend on education and training functions to support the whole workforce and agree the utilisation of funding for approval by the Minister for Health and Social Services annually;
- To consider current education funding arrangements and advise on any revisions to meet the future needs of the workforce, including research and development and clinical academic schemes;
- To consider the implications of the social care, independent and third sector workforce modernisation priorities and identify areas of synergy to facilitate joint working.

The issue of Assured Voluntary registration featured prominently in discussions. There are mixed views but there is a perspective that a one size fits all approach might not be the best solution and a proportionate approach to regulation based on risk is a way forward with the employer playing a significantly greater role in the area. The issue of how fitness to practice is delivered remains a question as is the impact on AVR out with formal NHS employment structures.

I also took the opportunity to explore projections of registrants in the coming 5 years in Wales. In general terms upward trends in many of the professions that HPC covers is envisaged. More specifically, each Local Health Board (LHB) undertakes their own modelling or should anyway. This is co-ordinated by someone at the National Leadership and Innovation Agency (NLIAH) on behalf of Welsh Government. There are specific individuals based as NLIAH that co-ordinate this.

There was also a suggestion that it might be appropriate to explore HPC representation on appropriate strategic groups here in Wales.

### Key Decisions Taken

Welsh Government representatives are encouraging HPC to meet with those responsible for the modelling of workforce numbers at NLIAH;

To ensure that links with HPC continue and are strengthened and explore possibility of having some HPC representation feeding in to appropriate strategic groups.