hcpc health & care professions council

Council – Thursday 4 July 2013

Reports from Council representatives at external meetings

Executive Summary and Recommendations

Introduction
The following feedback has been received from Council Members reporting back from meetings/events at which they represented the HCPC:

- Arun Midha: The Healthcare Science Professional Board meeting on 14 March 2013;
- Penny Renwick: Reforming professional regulation; an international perspective on 17 May 2013; and
- Arun Midha: A Space to Lead - A seminar for Welsh Public service leaders on 19 June 2013.

Decision
The Council is requested to note the report.

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
24 June 2013

Name of Council Member	Arun Midha
Title of event	The Healthcare Science Professional Board meeting
Date of event	14th March 2013
Approximate attendance at event	

Issues of Relevance to HCPC

The Chief Scientific Adviser at Welsh Government, Owen Crawley provided a somewhat limited update on UK developments in the implementation of MSC. Essentially, there was no information available from the 4 Nations Group as the meeting had not yet taken place! It might well be though now we are in May something has happened. The Healthcare Science Professional Board meeting had taken place on 14th March 2013 chaired by someone called Keith Ison in Sue Hill's absence. The Oversight Board discussed a draft report, "Delivery of 21st Century Services – Implications for the evolution of the HCS workforce" which was based on a survey overseen by Sir Duncan Nichol. The report is intended to look at the future shape of the scientific workforce, identify pressures for change and also seeks to develop scenarios with an emphasis on a generic HCS role in health technology assessment and technology adoption. Someone called Joan Fletcher at DH is leading on this work.

It was reported that the Academy for Healthcare Science is currently prioritising its work with the need for it to ensure the following (and this seems the priority order also): a sustainable financial plan; equivalence mechanisms and; voluntary registers. The Academy has prepared a response to the Francis Report and HEE is considering a smart phone application which would enable students to provide rapid anonymous feedback on work placement experiences. This may also be considered for use in Wales.

Sue Hill has issued a letter to the service in NHS England, outlining the important changes to the pre-registration education and training of all clinical scientists. A similar letter has been sent out in Wales highlighting these changes from the Chief Scientific Officer's office. The Oversight Board had a presentation on the current national developments with Accredited Scientific Practice and its implications for the workforce in NHS Wales. Essentially service need would be the key driver and development of the education required mapped to address specific gaps.

Name of Council Member	Penny Renwick

Title of event	Reforming professional regulation; an international perspective
Date of event	**17.5.13**
Approximate attendance at event	**Approx 50**

Issues of Relevance to HCPC
Professor Ron Paterson is Professor of Law at the University of Auckland. In June 2013 he will take up a five-year appointment as a New Zealand Parliamentary Ombudsman. He was New Zealand Health and Disability Commissioner 2000–2010 was in discussion with Harry Cayton CE of the PSA. Ron Patterson wrote *The Good Doctor – What Patients Want* (June 2012)
The book came out of his reflections on our current issues in healthcare, that we have been putting all of our trust in systems, that regulators are too slow and only responsive and the issues of competence that came out of the Shipman Inquiry.

Key themes of book are:

- What patients and professionals mean by a good and a problem doctor
- Problems – patients left in the dark, poor care, negligence, callous treatment. Pot luck in health care unlike airline pilots where we demand competence.
- Roadblocks - why are patients so un-demanding, issues with regulators.
- Prescription for change - better information for patients, better checks, better regulators.

Other key messages:

- Patients and doctors collude as both want to believe they are safe. It is difficult to get patients together and there is a docile population in NHS.
- Patients don't see the system they focus on the individual.
- More evidence based regulation along lines of right touch regulation promoted by CHRE.
- Regulators must have patient and community voices at the table with potential for lay chair.
- We don't learn effectively from enquiries- need something like a health ombudsman that ensures and provides critical enquiry rather than expensive reviews.
- Complexity and change is a feature - health care commission was just starting to do useful work but was pulled away.
- Internationally Regulators range from remedial through to punishment - moral failings may be greater than clinical failings. Resolution not retribution. Guide dog or watch dog? Intelligent regulation should be able to move along the guide to watch dog continuum. The legislation drives behaviours.
- Good enough is acceptable to the public.
- Regulators should be independent of Govt - the DH does meddle despite trying to build distance - where does the accountability flow? Need much more transparency in work of regulators. Health select committee is important for scrutiny.
- How do we get more candour in the system? Create opportunity to talk about mistakes, a cultural norm. Whistleblowing is a symptom of a problem rather than a solution.

- Francis:
  - transparency is an essential ingredient with better information for patients.
  - critical of regulators and their failure to react, share info and to collaborate. How do we use our shared intelligence across different regulators?
  - Regulators need to have more presence on the ground. The tone the regulator sets is important and there is a need to get regulators out of own silos maybe under common statute.
  - Compassion and fundamental standards in nursing.
  - Patient voices are not sufficiently strong.
  - Francis wants a legal duty of candour and legal liability on individuals when fundamental standards are breached but we can't have total transparency and then criminalise non-disclosure.
  - Francis makes 290 recommendations - risk losing the message.

Questions from the floor included:

- Should regulators get involved in staffing issues and maybe staffing ratios? Need protocols between regulators and employers in FtP cases. Need regulators to address courage and skill.
- What role is there for regulators in promoting the health of the public?
- Raising of standards - is there a valid voice for the professional? Why do professionals feel so powerless?
- What can regulators do to effect cultural change? Francis says can't leave to prof regulation you have to use the criminal law.
- Health Service Ombudsman - trust boards role in looking at and learning from complaints. 20% will not acknowledge complaints or provide an explanation

The key messages that I took away from the discussion were:

- Strengthening our presence on the ground – perhaps an opportunity for the regulators to work together on this?
- Doing more work to raise the patients voice in our work – perhaps through doing more to work closely with representative groups through workshops/summits etc but I also wonder if we could do more with anonymised patient stories that come out of FtP.
- Making more use of the CPD audits – maybe through requiring critical incidents and associated learning and also encouraging reflections on team/service development as well as individual competence? The issue of conduct should perhaps also be addressed via CPD – though this would be difficult!
- I think the HCPC is clear about the ‘good enough’ principles - but are we making this sufficiently clear to the public what this means?
- I was also left thinking that as part of a multi professional regulator it is much easier to focus on public protection rather than professional promotion.

Name of Council Member	**Arun Midha**

Title of event	A Space to Lead - A seminar for Welsh Public service leaders
Date of event	19th June 2013
Approximate attendance at event	100+

Issues of Relevance to HCPC

I attended recently a seminar entitled ‘A Space to Lead’. This was aimed at Wales’ public and heath service leaders. Delegates included Chief Officers and Chairs of Social Services and Health Boards as well as ex Ministers and the Permanent Secretary at Welsh Government.

A centre piece of the seminar was an opportunity to learn from experiences in New Zealand and British Columbia where a live link had been set up via Skype technology for a presentation and question and answer session with the Auditor General, New Zealand and Chief Financial Officer, New Zealand Treasury. This set out the New Zealand approach to delivering on 10 challenges set by its Prime Minister. These were grouped into five key themes: reducing long-term welfare dependency, supporting vulnerable children, boosting skills and employment, reducing crime and improving interaction with government.

In general the seminar gave delegates the opportunity of discussing a range of international and home-grown approaches to public and health service delivery in a time of global financial restraint. The particular emphasis was the sharing of learning to protect, develop and improve the range, quality and beneficial impact of the services citizens in Wales most need.

I attended a workshop on ‘collaboration, governance and accountability’. This was led by a Chief Executive of a county council and NHS local health board and offered an insight through a case study involving vulnerable children of the benefits that accrue from sharing of information between differing agencies.