

## **Health and Care Professions Council – Wednesday 27 March 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 at which they represented the HCPC:

- Healthcare Commission NSW, Sydney and AHPRA, Melbourne - Anna van der Gaag; and
- Professional Standards Symposium – John Donaghy.

### **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**

15 March 2013

<b>Name of Council Member</b>	Anna van der Gaag
<b>Title of Conference/Meeting</b>	Healthcare Commission NSW, Sydney AHPRA, Melbourne
<b>Date of Conference</b>	11-15 February 2013
<b>Approximate number of people at the conference/meetings</b>	28 officials and stakeholders across 9 meetings
<p>The objective of this visit was to gather intelligence on the NSW registration scheme for health practitioners and to engage with the Australian (AHPRA) regulator on similarities and differences in the delivery of multi professional regulation. A full report on the scheme is provided in the Council papers.</p> <p>The visit achieved its objectives. Meetings with the Commissioner, the Director of Investigations, the legal teams (those delivering the scheme and those who drafted the legislation) allowed first-hand knowledge of the scheme to be gathered and assimilated. The details can be found in the report.</p> <p>Meetings with AHPRA staff to discuss operational, legal and governance structures allowed us to bring back to the HCPC learning points and follow up discussions. A member of the AHPRA team is planning to visit HCPC in June 2013.</p> <p>International collaborations of this kind have a number of benefits. First, they ensure that issues of public safety are shared across borders. Second, they allow regulators to exchange good practice and findings from research. One tangible example of this is in the governance arrangements at HCPC, and the registrations processes at AHPRA. Both these were identified on the visit and will be followed up via further exchanges over the coming months.</p> <p><b>Acknowledgements</b></p> <p>Kieran Pehm, Ian Thurgood, Katja Beitat, Tony Kofkin, Iain Martin, Leanne O'Shannessy, Gemma Broderick, Anne Louise Carlton, Elaine Trevaskis, Leigh Clarke, Alison Horton, Lin Oke, Gail Mulcair, AHP Australia, and Martin Fletcher and colleagues at the Australian Health Practitioner Regulation Agency in Melbourne for their time and expertise. Members of the AHPRA team in all states and territories were involved in meetings either via web link or in person.</p>	

<b>Name of Council Member</b>	<b>John Donaghy</b>
<b>Title of Conference/Meeting</b>	<b>Professional Standards Authority Symposium</b>
<b>Date of Conference</b>	<b>Thursday 21<sup>st</sup> &amp; Friday 22<sup>nd</sup> February 2013</b>
<b>Approximate number of people at the conference/meeting</b>	<b>Approximately 50</b>
<b>Issues of Relevance to HPC</b>	
<p><b><i>Session one: setting the scene – Summary of the Francis report and key messages. Niall Dickson, Chief Executive, GMC.</i></b></p> <p>In this presentation much of the narrative was around culture, values and practice (Professionalism). The question was raised, is/was the Francis report going to be, or is a Seminal piece of work, was it a Seminal moment. Many people at the Symposium thought it either was or indeed should be. Zero Tolerance was a theme that was mentioned on a number of occasions. However, there were concerns from a number of regulators that the Francis report has 290 recommendations yet no order of priority and no indication of funding streams to support the work. Transparency of findings was deemed as a strength of the report and one which must continue if the culture and values of healthcare workers/organisations are to change.</p> <p><b><i>Session two: Sue Covill, Director of Employment Services, NHS Employers.</i></b></p> <p>Sue started the presentation by suggesting if organisational change was to happen, then the culture has to be presented as a 'top up' rather than 'bottom down' culture, and that leadership plays a pivotal role in developing and changing culture? Sue continued, that regulators have a place to play in the leadership debate, lead by example. She continued to speak about re-validation/licencing, illustrating the associated costs to this model. What about healthcare workers, (independent Safeguarding Authority) and who would have responsibility for such a scheme? Etc.</p> <p>A number of workshops resumed where a variety of topics were presented as discussion points.</p> <ul style="list-style-type: none"> <li>• The patients voice in health systems?</li> <li>• Changing organisational cultures?</li> <li>• Working across organisations and countries?</li> </ul> <p>We revolved around all three sessions so each delegate had the opportunity to engage with all areas. Much debate took place on the patients' voice, particularly on how to engage and interact with the patient/service user voice. A number of the patients' advocates expressed their concerns that often it was seen as 'lip service'</p> <p>Spoke about evidence – anecdote Sally Bueawley Selective Patient Voice</p>	

- Usual Suspect
- You are not representative
- Equal voice
- Intentional Round
- Leading and Trust
- Core theme – to help and care for vulnerable people
- Erosion of trust in public services
- Registration
- Data collection and intelligents
- Safe Service
- Service was experience
- Quality controlled organisation

### **Kate Chamblaine Healthcare Inspectorate – Wales**

- Gave an overview of her organisation

### **Plenary in response to morning's workshops**

- Regulation is part of the system – peer review, employers and regulators, along with patient and carer involvement etc..
- Patient involvement should span a large remit, local, national, governmental.
- Setting standards should be influenced by patient involvement. One point of access, Advocacy?
- Working across professional and organisational boundaries, how do we help patients navigate through the ménage of regulations.
- Working with industries and international partners, looking at best practice

### **Marc gave a short resume on his personal reflections**

- Francis report – no priority on cash in the report;
- PSA – should address failing regulation;
- Social care workers – negative licensing;
- Sharing good practice, access boundaries;
- Thinking differently/mind set;
- Work with a through devolution.