

Health and Care Professions Council – 13 May 2015

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:

- Anna van der Gaag, Tavistock Debates Age UK; and
- Anna van der Gaag, GMC Conference: Creating a culture of openness, safety and compassion

Decision

The Council is requested to note the reports.

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

30 April 2015

Name of Council Member	Anna van der Gaag
Title of Conference/Meeting	GMC Conference: Creating a culture of openness, safety and compassion
Date of Conference	17 March 2015
Approximate number of people at the conference/meetings	900
<p>The keynote presentations focused on the achievements of the GMC, including securing a Section 60 to reform Fitness to Practise processes, and making improvements in IT, for example the use of Apps. Future plans includes exploring the introduction of a national licensing exam for all doctors, and extending GP training from 3 to 4 years. The GMC was described as a 'patient safety organization, with an aspiration for doctors to think of the GMC as helping 'me keep my patients safe' and for patients to think of the GMC as helping 'keep me safe'</p> <p>Revalidation</p> <p>A strong message from all speakers that revalidation was about 'holding a mirror up to the doctor', creating an opportunity for reflection and obtaining feedback on practice. During the workshops, participants expressed concerns about not having enough time to undertake the paperwork required, and not being trained in reflective techniques. There were also comments about the GMC questionnaire for patients – for many patients, these questions do not make sense and patients do not know what the questionnaire are for. Speakers encouraged cohorts to think creatively about obtaining feedback – through social media, through team based feedback, and adapting feedback forms to suit patient groups (Birmingham Childrens' Hospital have a 'Tops' and 'Pants' notice board and children are asked to write on the board – 'what's tops and what's pants about being on the ward?')</p> <p>There was a consensus that appraisal was difficult to measure, and that there was currently wide variation in standards for appraisals amongst doctors. Over 90,000 doctors have been revalidated to date.</p> <p>Research in regulation</p> <p>GMC has been undertaking research to support policy developments, evaluating impact and identifying risks, as well as checking the GMCs' own efficiency eg a review of the professional and linguistic test. Areas for future research:</p> <ul style="list-style-type: none"> • Have doctors views on professionalism changed? Where are the lines between personal lives and professional lives? How far should the GMC go? • More research on educational supervisors - great variability in this area. Different institutions do supervision very differently • Investigating the influence of age and culture on being open • Research on sanctions, public perceptions locally on impact of sanctions. • Impact of sanctions on the environment when one doctor is sanctioned • Impact of reflections..more clear guidance for junior doctors, workshops 	

run by the GMC on reflective practise.

- What range of interventions does the GMC have?
- What are the norms and taboos of medicine? Create a richer understanding of the impact of cultural influences. The "tribe" of medicine, the influence of the environment on practise, the impact of the media on doctors.

GMC is beginning to triangulate and create a geographical "heat map" of doctors who are in difficulty, with complaints, revalidation, appraisals, etc.

Name of Council Member	Anna van der Gaag
Title of Conference/Meeting	Tavistock Debates Age UK
Date of Conference	21 April 2015
Approximate number of people at the conference/meetings	Invited audience of 50
<p>Tavistock Debate: How do we make prevention real?</p> <p>Presentations from Steve Laitner, GP, Shirley Cramer and Mike Adamson CEO British Red Cross, chaired by Dave West, Chief reporter, HSJ.</p> <p>All presentations highlighted the need for change in the way health and care services are delivered. The future of health and care services, free at the point of delivery depend upon radical change. Some examples of the kinds of change put forward were as follows;</p> <ol style="list-style-type: none"> 1. Using AHPs to have more public health conversations with patients and their families on smoking cessation, diet, exercise. Shirley Cramer described the 172,000 strong AHP workforce as an 'engaged' workforce, who want to be involved in the public health agenda. Collectively they make 4 million visits to patients every year, a real opportunity to influence healthier lifestyles. 2. The NHS does not need more GPs, but needs GPs to 'work differently'. One example, when patients phone up for appointments they are triaged by reception staff, and a GP calls them later that day. 60% of patients now dealt with by phone. Another example was employing GPs in A and E Departments, to work alongside hospital doctors to assist with diagnosis of illnesses. Often, elderly people admitted via A and E do not need a plethora of tests, they can be diagnosed more quickly by GPs used to dealing with the ailments of frail elderly people. 3. The future health and care system needs new integrated models of care, less doctor centric, less hospital centric, with multi-disciplinary teams that include volunteers, life coaches, and voluntary sector organisations, as well as the wide range of health and care professionals. MSK services a good example of this. 	

Segmenting the population, so that patient needs can be met by **teams**.

4. Greater use of volunteers in the system, working alongside professionals, reducing costs, reducing complaints, preventing the need for NHS care, and supporting people at home.

Implications for HCPC

Give consideration to this agenda in the SETs and future SoPs review - do education programmes for the professions we regulate recognise this agenda?

Do programmes need to change now to ensure that the future workforce is equipped for this increased focus on prevention and team based care?

What are the implications for proposals on extending regulation to care workers if more volunteers become part of the care workforce in the future?

Are we seeing a new emphasis on public health education and team based care experience through CPD profiles?