

Unconfirmed**THE HEALTH PROFESSIONS COUNCIL**

Chief Executive and Registrar: Mr Marc Seale

Park House
 184 Kennington Park Road
 London SE11 4BU
 Telephone: +44 (0)20 7840 9710
 Fax: +44 (0)20 7840 9807
 e-mail: colin.bendall@hpc-uk.org

**PROFESSIONAL LIAISON GROUP FOR CONTINUING PROFESSIONAL
 DEVELOPMENT**

MINUTES of the first meeting of the Professional Liaison Group for Continuing Professional Development held at **11 a.m. on Monday 26 September 2005** at The Evangelical Alliance, Whitefield House, 186 Kennington Park Road, London, SE11 4BT.

PRESENT:

Miss E Thornton (Chairman)
 Mrs S Chaudhry
 Ms C Farrell
 Professor C Lloyd
 Mr P McFadden
 Miss P Sabine
 Ms J Sheridan
 Mrs B Stuart
 Dr Anna van der Gaag

IN ATTENDANCE:

Mr C Bendall, Secretary to the PLG for Continuing Professional Development
 Ms R Tripp, Policy Manager

Item 1.05/1 CHAIRMAN'S WELCOME AND INTRODUCTION

- 1.1 The Chairman welcomed all members to the first meeting of the Group.
- 1.2 She explained that, during the HPC's consultation on Continuing Professional Development (CPD), questions had been raised about the proposals and there were requests for further information and advice on certain areas. In "Key decisions from our consultation on Continuing Professional Development", the HPC had made a number of commitments to provide further information. It was intended that this would be published by April 2006.

Item 2.05/2 APOLOGIES FOR ABSENCE

- 2.1 Apologies for absence were received from Miss G Pearson and Mr A Mount.

Item 3.05/3 APPROVAL OF AGENDA

- 3.1 The Group approved the agenda.

Item 4.05/4 CPD COMMITMENTS MADE

- 4.1 The Group received a paper for discussion/approval from the Executive.
- 4.2 The Group noted the commitments which had been made in "Key decisions from our consultation on Continuing Professional Development". The Group agreed that further information provided by HPC could incorporate advice from the key decisions document.
- 4.3 The Group agreed that, whilst further information and advice should be provided for registrants, employers would also require advice as they were key stakeholders with an important role in resourcing and implementing CPD. The Group agreed that employers would require early advice, in order to plan their CPD programmes. The Group agreed that the Director of Communications might be asked to attend future meetings in order to advise on communication strategies.

Action: CB/CM

- 4.4 The Group noted that the CPD process would need to take account of the individual circumstances of registrants, including those who were on long-term sick leave and other kinds of extended leave. The Group agreed that further advice on CPD would need to make reference to the HPC's decisions on the procedure for returners to practice.
- 4.5 The Group agreed that the paper should be included on the agenda at each meeting, so that it could consider work undertaken and consider whether the commitments had been addressed.

Action: CB**Item 5.05/5 CPD EXAMPLE PROFILES**

- 5.1 The Group received a paper for discussion/approval from the Executive. Appraisal documents from Milton Keynes Speech and Language Therapy Service, which made reference to HPC's CPD requirements, were tabled.
- 5.2 The Group noted that, in response to the consultation, many registrants had asked for example profiles to be made available as a source of information.

The Group noted that an initial letter had been sent to the professional bodies to ask if they would be willing to draw on their experience in this area to produce example profiles in conjunction with HPC. To date, responses had been positive and it was hoped that most professional bodies would participate. The Group noted that a jointly produced CPD profile could carry the logos of the professional body and HPC and be published on their respective websites. The Group agreed that example profiles would be particularly useful to any registrants who were not used to writing about their practice and service delivery.

- 5.3 The Group agreed that example profiles should be produced for each profession regulated by the HPC and that the relevant Council members could be asked to approach professional bodies, if necessary.
- 5.4 The Group agreed that example profiles which would not meet CPD requirements should also be produced, with an explanation of why they would not pass an assessment.
- 5.5 The Group considered the appraisal documents which had been tabled, as an example of how evidence for CPD activities could be gathered. The Group noted that the form asked appraisees to consider their key responsibilities, specialist areas and key people with whom they communicated. It was noted that the summary of evidence would be amended to address the requirements of the NHS Knowledge and Skills Framework and that the documents took account of the HPC's requirements for CPD. The Group agreed that the tabled paper "Assessing HPC CPD profiles" should be included on the agenda for each meeting.

Action: CB

- 5.6 The Group noted that the Royal College of Speech and Language Therapists provided a facility for its members to maintain an online record of CPD activities. The Group noted that some registrants did not have internet access and some would prefer to complete a paper form. The Group agreed that the HPC should offer registrants both paper-based and electronic means of recording their CPD profile.
- 5.7 The Group considered the two sample profiles attached to the paper. The Group agreed that the second profile would be easier to assess, as it was concise. It was agreed that HPC should make it clear that CPD was linked to registration and that participation in a professional body's CPD scheme might not be sufficient to meet the HPC's requirements.
- 5.8 The Group agreed the workplan attached to the paper. The Group agreed that it would be useful for at least three example profiles to be produced for each profession regulated by the HPC (e.g. profiles for educators, managers, clinicians, sole practitioners and independent and NHS practitioners). The Group agreed to consider whether any other situations

should be added to this range and to e-mail any suggestions to the Policy Manager.

Action: All members

Item 6.05/6 CPD PROFILE PRO-FORMA TEXT

- 6.1 The Group received a paper for discussion/approval from the Executive.
- 6.2 The Group noted that the draft pro-forma had been prepared as a Word document, which included fields which would expand to accommodate text.
- 6.3 The Group agreed that advice on CPD should make it clear that evidence submitted with the CPD profile should not identify or name individual patients and that evidence submitted should be copies, not original documents. The Group agreed that registrants should be asked to use their own judgement on the evidence and quantity of evidence which was submitted, although the HPC should consider setting a maximum limit.
- 6.4 The Group agreed that the pro-forma should suggest two alternative approaches which registrants could use - (1) completion of the form based on the individual's aims and objectives or (2) completion based on the questions on the form. The Group agreed that the form should be laid out so that each standard and the related questions were listed, followed by space for the registrant to provide evidence relating to that standard and the questions.
- 6.5 The Group agreed that standard 1 (maintain a continuous, up-to-date and accurate record of CPD activities) and standard 2 (demonstrate that CPD activities are a mixture of learning activities relevant to current or future practice) would require less evidence, compared with standard 3 (seek to ensure that CPD had contributed to the quality of practice and service delivery) and standard 4 (seek to ensure that CPD benefits the service user). The Group noted that evidence for standard 3 might include the registrant's perceptions or the perceptions of others.
- 6.6 The Group agreed that the examples of types of activity should include a note that the list was not exhaustive.
- 6.7 The Group agreed that the CPD profile pro-forma should be amended as discussed and that it should be sent to the professional bodies when inviting them to compile example profiles.

Action: RT

Item 7.05/7 CPD FURTHER INFORMATION CONTENTS

- 7.1 The Group received a paper for discussion/approval from the Executive.

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2005-09-26	a	SEC	MIN	Continuing Professional Development PLG minutes 26 September 2005	Draft DD: None	Public RD: None

- 7.2 The Group agreed that further advice on CPD should include an explanation of the CPD process; approaches to thinking about CPD; patient confidentiality issues; a statement that CPD was integral to registration and not an "optional extra"; a statement that evidence should be copies, rather than originals; an explanation that evidence should be proportional to the requirements of the standards; advice about the role of the employer, (stressing that responsibility rested with the individual but the HPC hoped that employers would take their responsibility seriously); and a glossary.
- 7.3 The Group noted that the draft advice would be scrutinised by HPC's legal advisers before it was circulated to professional bodies for their comments.

Action: RT/Jonathan Bracken

- 7.4 The Group noted that Mrs Stuart was due to attend the launch of new facilities for CPD training in Northern Ireland in October and would be able to report back to the Group.

Item 8.05/8 ANY OTHER BUSINESS

- 8.1 There was no other business.

Item 9.05/9 DATE AND TIME OF NEXT MEETING

- 9.1 It was agreed that the Secretary to the Group should arrange the second meeting (to be held in early December) and the third meeting.

Action: CB

CHAIRMAN