

Health Professions Council – 10 December 2009

Reports from Council representatives at external meetings

Executive Summary and Recommendations

Introduction

The attached feedback forms have been received from the following members of Council, reporting back from meetings at which they have represented the HPC:-

Dr Arun Midha
Keith Ross
Professor Annie Turner
Professor Diane Waller

Decision

The Council is requested to note the documents.

Background information

None

Resource implications

None

Financial implications

The costs of conferences and training opportunities together with subsistence costs were budgeted for in the 2009/10 budget.

Background papers

None

Appendices

Copies of feedback forms

Date of paper

23 November 2009

Name of Council Member	Annie Turner
Title of event	Council of the College of Occupational Therapists
Date of event	13th October 2009
Approximate attendance at event	30
<p>Issues of Relevance to HPC</p> <p>I presented my reports to Council. The following issues were raised in relation to HPC activities:</p> <ul style="list-style-type: none"> • Concern was raised amongst Council members about the high level of OT registrants still to renew their registration just 2 weeks before the cut off date. There was debate about raising awareness amongst OTs that the responsibility for remaining on the register rests with the individual; • Julia Scott, Chief executive of COT, reported that CHRE was concerned about the apparent growth in numbers of professions potentially being regulated by HPC. There was debate about the importance of all professions needing to fulfil existing gateway standards for entry despite government desires for regulation; • I listened to a debate around the Council's position about BAOT members being 'not in good standing' in relation to striking off by HPC but not initially for other sanctions. It was noted that all OT registrants who had been struck off in the last 5 years were not BAOT/COT members – this raised an interesting debate in relation to those registrants' engagement with professional standards, networks and agendas. 	
<p>Key Decisions Taken</p> <ul style="list-style-type: none"> • Only BAOT/COT members who had been struck off the HPC register would automatically be considered not in good standing with the professional body. Members who received other sanctions would. In principle, be supported by the professional body to improve their practice and remain in post where possible. 	

Name of Council Member	Arun Midha
Title of event	Welsh Annual Conference – The NHS in Wales – ‘Thinking forward, thinking different’
Date of event	12th and 13th November 2009
Approximate attendance at event	100 +
<p>Issues of Relevance to HPC</p> <p>The themes of the conference were recognition that there was now an impetus in Wales to make health services in Wales more community-based and primary care focused and the need to restructure services around outcomes of citizens.</p> <p>The conference was addressed by amongst others the First Minister, Mr Rhodri Morgan, the Health and Social Services Minister, Mrs Edwina Hart, and the Chief Executive of the NHS in Wales, Mr Paul Williams. There were a number of presentations providing examples of how services in primary, secondary, local government and voluntary sectors were becoming more closely aligned to deliver more effective services for the citizens of Wales. One significant contribution was from Professor Scott Greer of University of Michigan who provided a critique of the diverging health and social care systems amongst the nations 10 years on from devolution.</p> <p>I attended the workshop on ‘The Generalist and the New Specialist – Sustainable care in the Community’ Interestingly, the role of the professions under the HPC was highlighted as an opportunity to deliver effective care to vulnerable communities and ensure unnecessary admission into hospital.</p>	
<p>In terms of HPC, it might be helpful to consider how best to participate in and also influence these emerging developments in Wales. Perhaps HPC could explore further the pros and cons of establishing a presence in Wales given the diverging nature of health and social care delivery across the UK as a result of devolution.</p>	

Name of Council Member	Diane Waller
Title of event	Savoy Partnership: Psychological therapies in the NHS
Date of event	26-27 November 2009
Approximate attendance at event	300-400 (varied on day)

Issues of Relevance to HPC:

The Savoy Partnership brings together a wide range of professional bodies for psychology, psychotherapy and counselling and the arts therapies, as well as stakeholders from NHS, voluntary sector, social services, service users and service user representatives (like Mind, etc).

The government's agenda for the psychological therapies (eg IAPT, Skills for Health, regulation, New Ways of Working) were a stimulus for these conferences, this being the 3rd.

Regulation continued to be a hot issue, though there seemed to be a better understanding of the differences between the different projects. I gave a short presentation in a symposium chaired by Roslyn Hope of IAPT: A Brave New Workforce: expanding choice, improving quality where colleagues from the above projects also spoke including Lord Alderdice as chair of the SfH national occupational standards reference group. The SfH work is completed, with overall support from the professions, with launch planned for 10 March.

There was a mix of formal presentations and workshops, and some debates across the two days. Andy Burnham as Sec of State for Health presented in a session entitled: Resilience, Recovery and new horizons: IAPT, our statement of intent and outlook towards 2011. Andy Burnham pledged his support for the IAPT project and for improvements in mental health services. Professor Glenys Parry gave a summary of the IAPT pilot projects from Doncaster and Newham; Professor Peter Fonagy chaired a panel of international experts on ways of measuring outcomes.

There was much discussion throughout the two days about 'what is evidence' and strong resistance to seeing random control trials as only evidence worth collecting in psychological therapies.

I spent much time talking to individuals about regulation, about the work of the PLG and responding to continuing anxieties but happily many people expressed that they were in support of HPC now they knew more. Several PLG professional members were present which was extremely useful and positive.

It was good that HPC had information desks on both days which were very busy, especially in the break times. Thanks to Michael Guthrie for help with my presentation.

Key Decisions Taken

No specific decisions but ongoing process of information giving is absolutely necessary as there is still much anxiety and sometimes outright hostility about HPC as a regulator of psychotherapy and counselling. This is apart from practitioners who do not agree with statutory regulation of these professions at all. A lot of this concern does seem to revolve around the so-called 'medical model' that HPC is supposed to favour; concerns about fitness to practice and worries over lack of understanding about the subtleties of therapeutic relationships; and the issue about whether there is one, or two professions – counselling and psychotherapy (though from discussion with people concerned it seemed there was a strong will to sort this out amicably).

It is clear that terms like Standards of Proficiency and Threshold levels are very confusing to most people. This leads to worries that (a) HPC will be telling practitioners how they should practice, what modality to use and oblige them to use a 'medical model' etc and (b) HPC will either lower standards or conversely raise them in order to exclude a lot of people.

There are still concerns that the IAPT project will lead to only NICE approved therapies being commissioned and a correlation is erroneously made between this anxiety and regulation itself.

It was reassuring to hear Andy Burnham give a firm commitment to the psychological therapies.

Name of Council Member	Arun Midha
Title of event	HPC Employers' event, Cardiff
Date of event	26th November 2009
Approximate attendance at event	50+
<p>This provided an extremely helpful learning opportunity to understand how HPC delivers its Employers' events.</p> <p>I thought we attracted a sizeable audience and the questions and particularly the discussion in the breakout session demonstrated a genuine interest on the part of the attendees to learn more about HPC in general and HPC procedures in particular. I thought also that HPC colleagues delivered their presentations and handled the Q&A in the morning session in a thoroughly professional and expert manner.</p> <p>The idea of enabling delegates to attend both workshops covering Fitness to practice and CPD was very sensible and the opportunity to work through case studies in the FtP workshop generated much discussion focusing on issues of significant relevance to employers.</p> <p>I wonder whether there might be opportunities for HPC to target meetings that are regularly held in Wales to disseminate information to relevant groups. As an example, the HR directors of LHBs across Wales meet on a monthly basis as do Chief Executives. They often attach training sessions to these meetings and maybe it would be advantageous to offer these groups bespoke sessions. HPC would cover senior HR/CEs across Wales in one go which might prove useful.</p>	

Name of Council Member	Keith Ross
Title of event	CHRE-NHS QIS Seminar - Revalidation
Date of event	27 November 2009
Approximate attendance at event	21
Issues of Relevance to HPC	
<p>This was one of a series of Seminars hosted by CHRE. The focus was revalidation and information systems but most of the seminar concentrated on revalidation in general. The seminar was held under “Chatham House Rules” so comments were unattributable. The audience comprised representatives of CHRE, NHS QIS, NHS NES, Scottish Government, Regulators (HPC, NMC, GMC, GOC, RPSGB, GOstC, GChC and GDC) RCN and BMA. There were three presentations. One from GMC on their revalidation progress, one from GOstC on their developing revalidation proposals and one from the BMA Scottish Consultants Committee on the issues as they see them. The presentations were a trigger for discussion and questions, and the seminar provided opportunities for networking. The seminar was very relevant and useful.</p>	
Key Decisions Taken	
<p>This was not a decision making forum.</p> <p>The discussion and questions brought out the issues of risk, (particularly self employed and locums), proportionality, resources (time and cost), self v. peer assessment, links to CPD, global v targeted or sampling approach, availability of and accuracy of supporting data, issues of patient feedback, maintaining confidence in and the confidence of the professions, links to clinical governance systems.</p> <p>There was quite a bit of debate about the principles of revalidation as opposed to the practicalities of implementation. Another issue raised was risk to a regulator’s reputation – “what happens when a registrant is struck off shortly after successful revalidation” – is revalidation making an unrealistic promise to the public. Also a question of added value – “what happens if no registrant is refused continuing registration as a result of the revalidation processes implemented.”</p>	