
Health Professions Council – 10 September 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:-

Sheila Drayton
Jacki Pearce

Decision

The Council is requested to note the documents.

Background information

None

Resource implications

None

Financial implications

None

Background papers

None

Appendices

Copies of feedback forms

Date of paper

24 August 2009

Name of Council Member	Sheila Drayton
Title of event	A meeting to plan the future development and coordination of clinical service accreditation systems
Date of event	29 th June 2009
Approximate attendance at event	50 people
<p>Issues of Relevance to HPC</p> <p>Project lead Professor Peter Furness, President of the Royal College of Pathologists, and Accreditation Lead for the Academy of Royal Colleges, working with Care Quality Commission (CQC) to explore potential linkage between accreditation and revalidation, and the avoidance of duplication of data collection. (CQC will be registering all Health and Social Service organisations in England. Responsibility for quality will rest with and each organisation will have a risk profile. The presence of accreditation was described as likely to lower risk. CQC visits possibly only every five years).</p> <p>Purpose of meeting: to take first steps towards:</p> <ul style="list-style-type: none"> • agreeing the aims of clinical service accreditation in the UK • developing accreditation systems <p>Background papers rather medically orientated and England focussed, but need to collaborate with the colleges of other professions and devolved administrations accepted.</p> <p>The day consisted of a series of short presentations on accreditation by the Royal Colleges of Pathology, Radiology, Anaesthetics, Physicians, Primary Care, and Psychiatry. The presentations from Radiology, Primary Care and Psychiatry were notable for being patient focussed, multidisciplinary and UK wide. This led to some rethinking by those that had not involved other professions or patients. It was clear that some of the Royal Colleges are in the very early stages of considering accreditation.</p> <p>Users and consumers perspectives were presented by CQC, British Association of Medical Managers, Commissioners, NICE and The UK Accreditation Service.</p> <p>The afternoon sessions consisted of working groups, reflecting on the content of the morning sessions. However, many of the group preset questions led to a focus on the detail of accreditation rather than on the big picture; i.e. agreeing the aims of clinical service accreditation etc.</p>	

Key Decisions Taken

Notes of the meeting have been prepared by Professor Furness. However the CQC has commented fairly extensively on those notes; referring to the need for an agreed common framework, for all professional groups to be involved, and for schemes to be provide a source of assurance for the public.

There is no information on further work at present.

Name of Council Member	Jacki Pearce
Title of Conference/Meeting	ISBHaSC Board Meeting
Date of Conference	24-06-09
Approximate number of people at the conference/meeting	Approximately 20
Issues of Relevance to HPC	
<ul style="list-style-type: none">• There will be a meeting of representatives from each Regulatory Body, the representative who sits on their behalf on ISBHaSC, and members of the ISBHaSC on July 1st. This will be an opportunity for the Regulatory body to ask any questions about the work of the Board, the role of the representative, and their expectations.• Discussion about European Standards related to health data, and the need for UK conformance to these standards.• Presentation about Logical record architecture, and the impact that a lack of professional standards for record structure has on interoperability.• Discussion on a document titled “ Learning to Manage Health Information, a theme for clinical education” , a proposed framework for undergraduate and/or post graduate learning which would consolidate understanding of how health informatics impact on clinicians and clinical care.• Updated information on the approach to national Service Framework Data set appraisals.• Protective Markings for Documents: the final list of classifications was approved.	
Key Decisions Taken	

Name of Member	Jacki Pearce
Title of Conference/Meeting	ISBHaSC Meeting
Date of Conference	29-07-09
Approximate number of people at the conference/meeting	20
<p>Issues of Relevance to HPC</p> <ul style="list-style-type: none"> • The Board heard a presentation from Mark Umber of the NHS Information Centre about a project to reduce the burden of data collection to Trusts. The aim is to reduce the burden by 30% by 2010 where possible, to reduce duplication of data collection and to use technology more efficiently. • The Commissioning data set on Referral to treatment Clock stop admin events is not yet resolved, and is on hold along with other secondary use system issues for now. • Concerns were raised about potential patient safety issues if a patient has to have two wrist bands during a hospital stay ; one with a bar code for identity purposes and one relevant to potential recipients of blood/blood products ; will separate scanners be needed. • Board was made aware of the Professional Record Keeping Standards launched by the Academy of Colleges . Now a consultation with other professional groupings. NHS Litigation Authority looking at Risk Management, and interested in ISBHaSC's views and the implications for Standards in the future. • Board was asked to consider a draft paper on the definition and roles of a Board Member and a Board Observer, and a list of various professional bodies and groups which should be represented on the Board of ISBHaSC. This will be helpful in considering future HPC representation on ISBHaSC. 	
Key Decisions Taken	