

Communications Committee – Monday 25 February

CPD Communications - update

Executive summary and recommendations

Introduction

This paper is intended to provide an update following on from the appointment of a CPD Communications Manager in October 2008.

Decision

This paper is for information only. No decision is required.

Background information

The purpose of the role is to support the implementation of the organisation's communications strategy by planning and undertaking a programme of talks, presentations and workshops which communicate the HPC's continuing professional development (CPD) audit process and requirements to key audiences, particularly registrants and employers. The role is currently on a six month secondment for two days per week.

Resource implications

N/A

Financial implications

N/A

Appendices

Appendix 1: CPD standards presentation

Appendix 2: List of talks delivered since October 2007

Appendix 3: HPC In Focus Issue 14 December 2007

Appendix 4: Department of Health AHP Bulletin Issue 2 January 2008

Date of paper

25 February 2008

CPD Communications - update

This paper is intended further detail about the work undertaken since October 2007

- Initial work and past talks
 1. Before the appointment of a CPD Communication Manager there were a number of talks and presentations being delivered by HPC employees. In the eighteen months up to October 2007 there were a total of eighty six talks delivered across the four home nations.
 2. The presentation content delivered varied by group and also by speaker, this was given priority post appointment and the attached presentation (appendix 1) is the latest and only version now being used by HPC. This ensures clarity and consistency of the message being delivered to registrants.
- The service now being offered is:
 1. For the CPD Communication Manager to come to their place of work or suitable meeting place. The CPD presentation is delivered followed by half an hour of question and answer session.
 2. Speaking at conferences
 3. Attending meetings
- Talks delivered
 1. Since October 2007, 27 talks to more than 900 Registrants across the professions in both public and private practice have been delivered. In some cases the same session is run twice over, this allows more Registrants to attend. They have taken place in Hospitals, Clinics and Universities in England, Wales and Scotland (appendix 2). There are sessions planned for Northern Ireland in March.
 2. Initially priority is being given to chiropodists and podiatrists and operating department practioners (ODP's) as these are the first two professions to be audited. The audit notifications for these professions being sent in May and September respectively.
- Articles and publicity

An important part of the role is to publicise the CPD standards and encourage uptake of talks. This has so far been achieved by:

 1. Writing articles for HPC's In Focus newsletter (appendix 3).
 2. A feature article on CPD for the Department of Health's AHP Bulletin (appendix 4).

3. As ODP's can be difficult to reach due to membership of the professional body being low the technique of "cold calling" operating departments has been used with good effect at gaining contacts to arrange talks with.

- Work with Professional bodies

1. We attended the College of Operating Department Practitioners (CODP) CPD group in Portsmouth in November and gave advice and guidance on the standards and audit process.
2. In December we attended the London CODP CPD workshops run for practitioners to provide feedback to their facilitators and talk to those Registrants attending.
3. A CPD workshop day to which representatives of each podiatry professional bodies were invited took place in December to discuss the upcoming audits and how best to prepare their members in the run-up to May. Three of the professional bodies attended along with HPC's Public Affairs Manager. The event was a success and further CPD talks and attendance at conferences and AGMs has now been arranged.

- Employee Training

1. Registration Advisors CPD training continued to enable them to answer queries with two sessions run in December. This will be ongoing as the audit dates approach, with focus being placed upon support and guidance for those Registrants being audited.

- Work with HPC's Public Affairs Manager.

1. CPD has featured as part of the presentation at the current series of employer events. This has also generated interest in further CPD talks.
2. Attendance at the SNP conference in Aviemore in October to promote HPC and also get the CPD message to interested parties.
3. Participation at the AHP forum in Edinburgh to promote HPC and the CPD standards and audit.

- New communication tools

1. In January we commenced production of a CPD DVD intended for use by Registrants in preparing for the audits and also those being audited. It is the first of its kind at HPC. It will be presented at the next Communications Committee meeting in May.

- Future work that will continue in line with the Communications work-plan includes:

1. Preparation for the upcoming audits with Registrants
2. Further training of HPC employees
3. Taking feedback from the first audits and putting the lessons learned in to practice to benefit those audited in the future.
4. Continuing the program of talks
5. Distribution of literature
6. Revisiting online information
7. Working with Policy and Standards

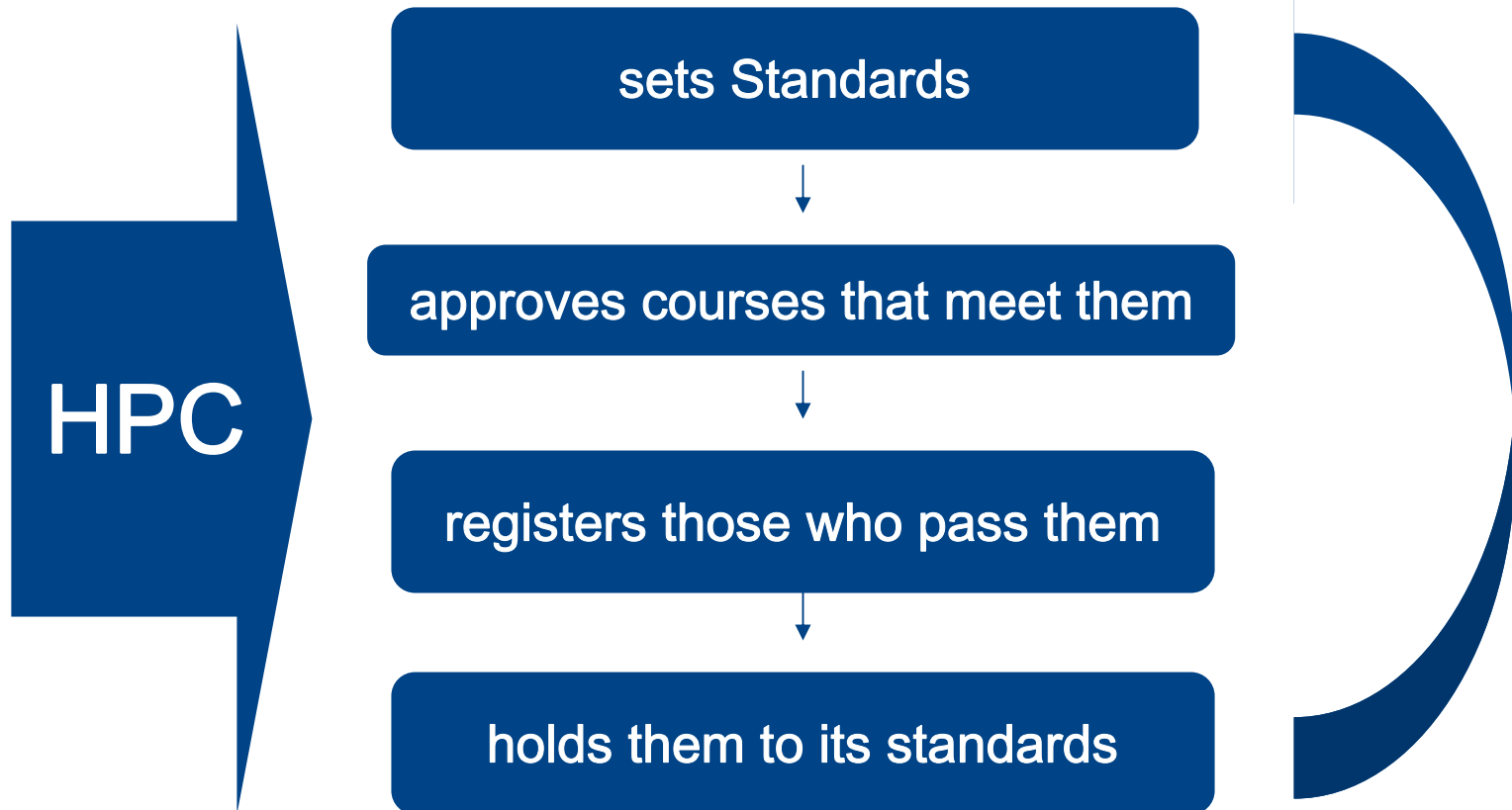
Mark Potter
CPD Communications Manager
Health Professions Council

Standards for CPD

Today's talk

- CPD context
- The CPD standards
- The audit process
- Assessing your profile
- Finding out more

Four key processes



Setting Standards

- Standards for Conduct, Performance and Ethics
- Standards of Proficiency
- Standards of Education and Training
- Standards for Continuing Professional Development

Standards for CPD

A registrant must:

1. maintain a continuous, up-to-date and accurate record of their CPD activities;
2. demonstrate that their CPD activities are a mixture of learning activities relevant to current and future practice;
3. seek to ensure that their CPD has contributed to the quality of their practice and service delivery;
4. seek to ensure that their CPD benefits the service user;
5. present a written profile containing evidence of their CPD on request.

CPD Process

- At each registration renewal a self-declaration that the registrant continues to meet the Council's Standards of CPD
- Sample audits of registrants taken at random from each part of the register

HPC's definition of CPD

‘... a range of learning activities through which professionals maintain and develop their skills and knowledge throughout their career to ensure that they retain their capacity to practise safely, effectively and legally within their evolving scope of practice.’

Allied Health Professions Project (AHP): Demonstrating competence through CPD

Principles of CPD

- Responsibility lies with Registrant
- Generic and flexible
- Context driven
- Outcome based

The registrant must:

1. maintain a continuous, up-to-date and accurate record of their CPD activities

The registrant must:

2. Demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice.

Learning activities

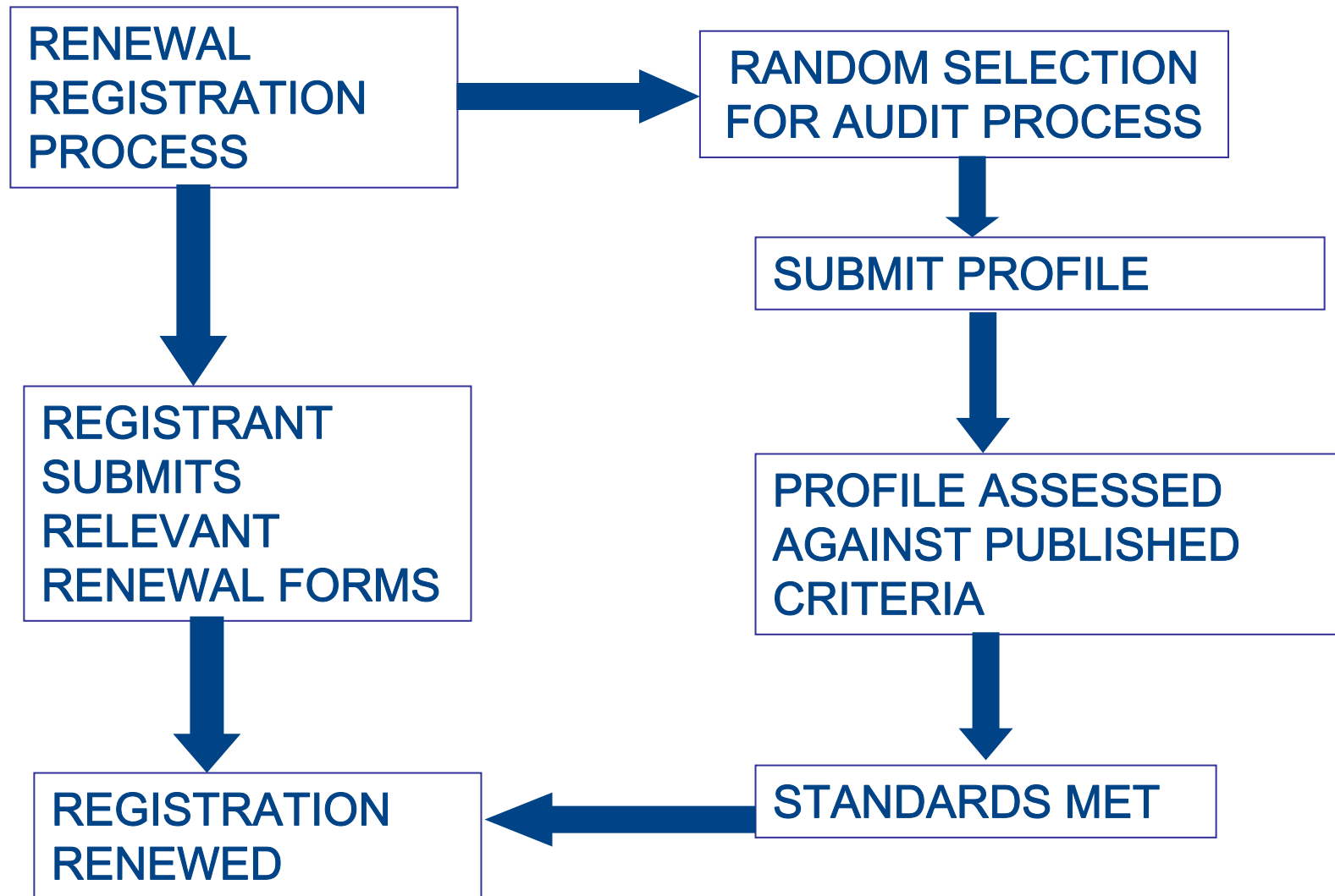
- Work-based learning e.g. in-service training
- Professional activity e.g. mentoring
- Formal/educational e.g. attendance at conferences
- Self-directed learning e.g. reading journals
- Other e.g. voluntary work

The registrant must:

3. Seek to ensure that their CPD has contributed to the quality of their practice and service delivery.
4. Seek to ensure that their CPD benefits the service user.

The registrant must:

5. Present a written profile containing evidence of their CPD upon request.



Profile structure

- List of CPD activities (for last two years)
- Summary of recent work (for last two years) - 500 words
- Statement of how standards have been met - 1500 words
- Supporting evidence

Examples of evidence

1. Materials you may have produced: *Reports, case studies, induction materials, articles, action plans*
2. Materials showing you have reflected on and evaluated your work: *PDP's, course evaluations, appraisal documents*
3. Materials you have got from others: *Certificates, testimonies, letters from service users, carers*

Audit process

- Notification sent out at same time as renewal notices
- 3 months to submit profile
- Reminder after 2 months
- If incomplete 28 days to resubmit completed profile
- Assessors may request 'further information' – 28 days to reply
- Assessors may give 'further time' – 3 months to address shortfalls
- If registrant does not meet Standards registration not renewed
- Decision subject to registration appeals procedures

What if I can't complete my profile?

- We recognise that in some circumstances you may not be able to submit your profile
- You may write in and request deferral – providing the reason and evidence
- If you defer you will automatically be selected for audit next time

Assessment of the profile

- Profile is assessed by CPD assessors
- ‘Partners’ of HPC
- Appointed against person specification
- Profiles looked at against assessment criteria

Information online

- Your guide to our standards for CPD
- Continuing Professional Development and your registration



Sample profiles

- Examples of how to meet the standards



www.hpc-uk.org/registrants/cpd/sampleprofiles/

Writing your profile

- Choose 3 or 4 activities and explain what you did
- Explain benefits: “I did....I learnt....and now I....”
- Keep it simple: “I now know more about....and practise more confidently.”
- Provide some evidence of the activities you have undertaken, and, if you can, of benefit

www.hpc-uk.org

registration@hpc-uk.org

020 7582 0818

New-look newsletter

During the summer we carried out a reader survey to get your views on HPC In Focus. Responses were very positive with only a small number of issues raised about the overall look.

As a result, and in line with our visual identity refresh, we have simply tweaked the design to further improve clarity and overall legibility. In terms of content, most respondents also said we were getting things right, with some making very helpful suggestions about future topics to include. One of the most common ideas was that we should include a regular feature on CPD – so see page 2 of this issue for information on our newly-appointed CPD Communications Manager.

We hope we've improved HPC In Focus – so please do let us know what you think. You can email your views to the usual address:
newsletter@hpc-uk.org

Finally, a big thank you to all those who participated in the survey, and to all our readers who keep on reading...!

Fake 'physio' cautioned by Essex Police for misuse of protected title

A man claiming to be a 'registered physio' was arrested last month and cautioned by Essex Police. He was not registered with the HPC as a physiotherapist and was using business cards that stated 'registered physio'. He was working in the Essex area when arrested, and accepted a police caution for fraud. The HPC provided a statement to the police to confirm that he wasn't registered.

Kelly Johnson, Director of Fitness to Practise, commented, "We are delighted with the outcome of this case and to have worked so closely and effectively with Essex Police to ensure the public are adequately protected."

Health professionals who wish to practise in the UK using a protected title such as 'physiotherapist' or 'dietitian' must, by law, be registered with us and meet our standards for their professional skills, training, behaviour and health.

For a full list of protected titles and more information, please see our website at <http://www.hpc-uk.org/aboutregistration/protectedtitles/>

This newsletter and previous issues can be downloaded from the website at www.hpc-uk.org/publications/newsletter

To have it sent straight to your inbox, please email newsletter@hpc-uk.org

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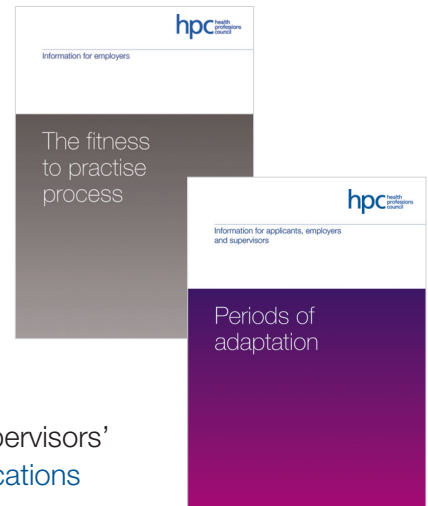
As 2008 fast approaches, we've been keeping busy over the last two months. This fourteenth edition of the newsletter highlights our newest publications and brings you the latest on CPD developments (page 2). It provides information on topics such as council structure and continuing fitness to practise – particularly in light of the government's White Paper on the regulation of health professionals, published back in February. We've been out and about exhibiting at a range of conferences and check page 5 to see if our January Listening Events are coming to a town near you...

I hope you find this issue useful and informative, and it just remains for me to say Merry Christmas to all our readers!

Philippa Richardson, Editor

New publications

We have recently produced two new publications; one on periods of adaptation and another about the fitness to practise process. The first of these documents provides guidance to applicants, employers and supervisors about the periods of supervised practice and/or academic training which allow an applicant from the European Economic Area (EEA) or Switzerland to reach the standard required to be registered with us. The second brochure is aimed specifically at employers, providing information on the fitness to practise complaints process. It clarifies the types of complaints that we can consider, outlines how and when to refer concerns to the HPC, and provides details on what happens next. 'The fitness to practise process – Information for employers' and 'Periods of adaptation – Information for applicants, employers and supervisors' are both available to download from our website at www.hpc-uk.org/publications Alternatively, you can request a hard copy by emailing publications@hpc-uk.org



Talking CPD

The HPC's recently appointed CPD Communications Manager, Mark Potter, is currently researching and undertaking a programme of talks about continuing professional development (CPD). Mark's role is to ensure that our CPD standards are communicated to as many registrants as possible – ensuring that they are aware of their responsibilities.

Mark is currently prioritising chiropodists/podiatrists and operating department practitioners, as they are the first two professions to be audited. Renewal notices and CPD audit requests will go out to these professions on 1 May and 1 September 2008, respectively.

Linking up with professional bodies, attending Employer Events and allied health professional groups

is a key part of Mark's work – and he would be happy to hear from other interested groups who feel they would benefit from a CPD talk. Focus and priority will be given to chiropodists/podiatrists and operating department practitioners in the first instance, but he is keen to speak to other professions wherever possible. Mark would particularly like to hear from multi-disciplinary working groups as the CPD standards are generic and apply to all registrants.

If you are interested in having a CPD talk please email Mark at mark.potter@hpc-uk.org stating the group size, profession(s) and area where you would like the talk to take place. For further information about CPD, please see the HPC website at www.hpc-uk.org/registrants/cpd/

NHS employers conference

In October, we attended the NHS Employers Annual Conference and Exhibition – recognised as the key workforce event in the NHS calendar. Held in Birmingham, 'Leading workforce thinking' was a mixture of formal and informal networking opportunities, exhibitions, debates, discussions and coaching sessions. Members of the HPC Communications, Fitness to Practise and Registrations teams were on hand to answer queries from delegates who employ health professionals on our Register. A range of issues were covered over the three days, although questions were frequently asked about the CPD audits, renewing registration, fitness to practise and the regulation of new professions.

The new employer information reference cards were well received by delegates, as were other employer-focussed publications such as 'Managing fitness to practise' and the fitness to practise annual report. We were encouraged by the response to our presence, and will look to expand our activities at next year's conference.



Allied health professions ‘Working Together’

The HPC also recently exhibited at the joint AHP and Education Forum Scotland ‘Working Together’ conference in Edinburgh. This joint one-day conference was the first of its kind and was well attended by registrants. It aimed to raise awareness and enhance a coordinated approach across the allied health professions and AHP educators in working together, and with other members of the health team.

Nicola Sturgeon MSP, Deputy First Minister and Cabinet Secretary for Health and Wellbeing, opened the conference and the Chief Medical Officer for Scotland and Chief Health Professions Officer were among the high profile speakers, as were HPC ‘partners’ Simon Willoughby-Booth and Dr Brian M Ellis.

Delegates visited members of the HPC Communications team at the exhibition stand during the breaks and were particularly interested in the revised standards of proficiency and our CPD guides. The public information material also proved popular, with many registrants taking our window stickers and posters to promote the benefits of using registered health professionals.

Our presence at this meeting was very well received by registrants and we will ensure that we are part of the next AHP Scotland Conference.

Scottish National Party Annual Conference



The HPC recently exhibited at the Scottish National Party 73rd National Conference in Aviemore. This was the first time the conference had taken place under a SNP government and was also the first time that the HPC had exhibited at a political party conference.

The three-day conference included sessions on various policy areas, such as health improvement, fringe meetings and addresses by senior ministers including the First Minister of Scotland and Party Leader, Alex Salmond MSP.

Delegates included members of Scottish Parliament, councillors, party members and other stakeholders. Exhibitors included the General Medical Council and a joint AHP stand from the Chartered Society of Physiotherapists, Royal College of Speech and Language Therapists and Society of Chiropractors and Podiatrists representing some of the 13,000 AHPs in Scotland.

The HPC Communications team were on hand to answer questions from delegates about our role in protecting the public and to distribute public information material. BBC News Scotland showed footage of Deputy First Minister and Cabinet Secretary for Health and Wellbeing, Nicola Sturgeon MSP, visiting the HPC exhibition stand and speaking with staff (see above left).

Temporary registration

On 20 October 2007 we launched a temporary registration process for citizens of the European Economic Area (EEA) and Switzerland – which came into force due to the new EU Directive 2005/36/EC.

Full details can be found on our website at www.hpc-uk.org/apply/temporary

Continuing fitness to practise – PLG

Published in February 2007, the government's White Paper 'Trust, Assurance and Safety: the Regulation of Health Professionals in the 21st Century' recommended that all health professionals should be subject to some kind of check on their continued fitness to practise. This is often known as 'revalidation'. As reported in August's edition of the newsletter, we have set up a professional liaison group (PLG) to explore the issue of continuing fitness to practise, including the White Paper recommendations.

First meeting

The first PLG meeting took place last month – to which representatives from professional bodies were invited – and topics discussed were as follows.

- What is meant by 'revalidation' and what its aims and purpose should be.
- Whether there are any existing models or practices which are supportive of registrants continuing to be fit to practise.
- Recommendations of the recent government White Paper and how workable they are.

The group came up with some interesting definitions for 'revalidation' and discussed whether the process should aim to catch poorly practising professionals, or whether it should be about improving the quality of all health professionals' practice over time. The group also came up with a large number of existing models or systems, including those that are led by individuals, employers and professional bodies. We intend to look at these in more detail as our work continues.

Overall, the meeting was very productive. Participants agreed that revalidation was a complex area in need of careful consideration and identified a number of topics to explore at future meetings. We would like to thank all those who attended and look forward to re-grouping in January 2008.

Equality and diversity

We are committed to preventing discrimination, valuing diversity and achieving equality of opportunity in all that we do.

There are a number of pieces of legislation which we need to meet which are aimed at ensuring equality of opportunity. These include ensuring that our recruitment processes are fair. In recent years, new legislation has moved from ensuring that public bodies treat all people they impact equally, to legislation to ensure that public bodies positively promote a diverse and inclusive society.

Certain public organisations including local councils, NHS organisations and universities are required to produce equality and diversity schemes. These are documents which outline the steps an organisation will take to eliminate discrimination and promote equality and diversity.

We have decided that, as part of good practice, we will publish a scheme. The scheme will describe the steps we have taken and will take in order to eliminate discrimination (or the perception of discrimination) against people on the basis of:

- Disability
- Age
- Gender
- Sexual orientation
- Race
- Religion

Work is already under way to produce our scheme, and you can find out more information by visiting our website at <http://www.hpc-uk.org/aboutus/equality/>

We hope to publish our finalised scheme early next year and will keep you informed of the progress of our work in future editions of the newsletter.



Listening Events

October saw some of the busiest Listening Events yet, with over 100 people attending both the Swindon and Barnstaple sessions. Presentations were delivered by the President and Chief Executive of the HPC, and attendees given the opportunity to put questions/comments to a panel of HPC staff and Council members. Discussions included CPD, protection of title, the role of the HPC, and benefits of registration. Summaries of these sessions will be posted on the HPC website as soon as they are available. We would like to thank everyone who attended and helped make the events such a success – including those who signed up to the newsletter (see left)

In the New Year...

The next set of Listening Events are planned for **Tuesday 22 January 2008** in **Lowestoft** (Suffolk) and **Thursday 24 January** in **Cambridge**. Full details will be made available on the HPC website and letters of invitation posted to local registrants in the coming weeks. If you would like to attend please see the website for details of how to register. Alternatively, please call us on **020 7840 9709**. Listening Events provide an ideal opportunity to meet with other registrants and members of the HPC Council, find out about current and future developments in regulation, and to give feedback on the HPC. We hope to see you there.

Come and see us at...

Health and Wellbeing at Work 2008

When? 5-6 March 2008
Where? The National Exhibition Centre (NEC), Birmingham
Website? <http://www.healthatwork2008.co.uk/>

UK Public Health Association, Annual Public Health Forum

When? 2-3 April 2008
Where? Convention Centre, Liverpool
Website? <http://www.ukphaconference.org.uk/>

NAIDEX 2008

When? 29 April 2008
Where? The National Exhibition Centre (NEC), Birmingham
Website? <http://www.naidex.co.uk/>

Primary Care 2008

When? 21-22 May 2008
Where? The National Exhibition Centre (NEC), Birmingham
Website? <http://www.primarycare2008.co.uk/>



Primary Care Live 2007

In October we attended the first Primary Care Live event; a new conference which attracted over 1,500 professionals including physiotherapists, dietitians, and GPs. Members of the HPC Communications team were on hand to meet with delegates and distribute publications and patient materials. People were keen to take away new publicity materials for use in GP surgeries and healthcare centres, aimed at encouraging the public to ensure the professionals they use are registered. To request these materials, please email campaigns@hpc-uk.org

The future structure of the Council

The White Paper, 'Trust, Assurance and Safety: the Regulation of Health Professionals in the 21st Century' was published in February this year. It made a number of recommendations about how regulation should change in the future, including the structure of the councils that run the regulators.

Currently, our Council is made up of 13 registered health professionals (one for each regulated profession) and 13 'alternate' members, who attend meetings when the registrant member is not available. At the moment, each professional member of Council is **elected** by registrants (from their part of the HPC Register). There are also 13 lay members of the Council, and a President.

Independence of Council

The White Paper says that the independence of councils is vital, but also that public perception is important. It recognises that, currently, members of the public may believe that the councils of regulators are 'working for' the health professionals who elect them. It also states that the main function of councils is to 'focus on strategic rather than operational issues... In order to do this, councils will need to be smaller to ensure effective strategic decision making and oversight of their executives, shifting away from the model of large representative bodies that seek to include all possible ... interests.'

Therefore, the best way of ensuring that the HPC has a council 'fit for purpose', is to move away from the current election system and to have a smaller council where all members are **independently appointed** against criteria and competencies.

This recommendation has a number of implications, which include the following.

- How the Council's committees should be constituted, to ensure a good range of expertise and experience.
- Ideas about the different competencies, skills, and/or experience that might be required for the new Council.
- Possibilities for the changeover from the current arrangements to the new Council.

Professional involvement in the new Council

The new arrangements will mean that it will no longer be possible for the professional members to include each regulated profession. We feel that this is an acceptable way forward, since the Council's role is primarily strategic rather than profession-specific. We do, however, realise that it will be particularly important to draw on appropriate professional expertise, particularly in the area of standard-setting and reviewing. We anticipate doing this through our existing system of establishing professional liaison groups (PLGs) to look at particular projects, through our communications strategy, through ongoing liaison with professional bodies, through our consultations process, and through our Education and Training Committee.

Finding out more

You can download the White Paper from the Department of Health's website at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_0659466

Further information about how the new Council will be structured will be published on the HPC website, and in this newsletter, as it becomes available.

FTP case study: Biomedical scientist struck off for blood mix-up

A biomedical scientist has been struck off the HPC Register for issuing a patient with the wrong blood.

A panel of the HPC Conduct and Competence Committee found that the registrant failed to carry out standard operating procedures, resulting in the wrong type of blood being given to a patient during a transfusion. The registrant then failed to report her error to colleagues; instead she tried to cover up her mistake by disposing of records in a confidential waste bin.

Panel Chair, Raymond Pattison, commented on the case: “The registrant was an experienced practitioner who chose not to follow the standard operating procedures and then demonstrated deceit by attempting to cover up her actions.”

“Her actions could have led to the death of the patient involved. Therefore the panel finds her failures to be in serious breach of professional standards.”

In light of registrant feedback we feature an ‘FTP case study’ in each edition of the newsletter. These case studies are intended to provide some insight into the kind of fitness to practise issues that we deal with and the action that we can take. As our fitness to practise proceedings continue to grow in number and complexity, it must be recognised that they still involve only a tiny proportion of the health professionals on our Register. Most remain fit to practise, and pride themselves on high standards of care. For more information on our FTP processes, see our website at <http://www.hpc-uk.org/complaints/ftp/process/>

Fitness to practise hearings: October – November 2007

Our Fitness to Practise Department is responsible for handling complaints, known as ‘allegations’, about the fitness to practise of professionals we register. When we say that a health professional is fit to practise we mean that he or she has the health and character, as well as the necessary skills and knowledge to do their job safely and effectively.

Our main responsibility is to protect the public, maintaining public confidence in the professions and professionals we regulate. We will consider every complaint we receive about a health professional on a case-by-case basis and take action in light of the individual circumstances.

The table below provides basic details of hearings since the production of our October edition of HPC In Focus.

For further information on these and all other fitness to practise hearings, please click on the following link: www.hpc-uk.org/complaints/hearings/

Date of hearing	Name	Registration number	Profession	Details	Outcome
19 Sept	Richard Fitch	ODP13783	Operating department practitioner	Theft of drugs from employer and conviction for assault	Struck off
20 Sept	Alan Pearce	PA00099	Paramedic	Failure to respond appropriately to an emergency call	Suspended
21 Sept	Asarath Aliyar	PH38326	Physiotherapist	Review hearing	Suspended
21 Sept	Hayley Forman	OT 41604	Occupational therapist	Review hearing	Suspended
24 Sept	Daniel Kings	DT 07311	Dietitian	Review hearing	No further action
25 Sept	Chandrajeet Sonarkar	OT40122	Occupational therapist	Failure to meet standards of proficiency	Caution
1 Oct	Julia Hollirake	OT20621	Occupational therapist	Review hearing	Struck off
1 Oct	Claire Fox	OT35357	Occupational therapist	Review hearing	Struck off

Date of hearing	Name	Registration number	Profession	Details	Outcome
2 Oct	David Pratt	BS22304	Biomedical scientist	Misread blood leading to death of patient	Struck off
2 Oct	John Johnson	PA06778	Paramedic	Failure to adequately treat a patient	Struck off
3 Oct	Alexandra Bolton	SL08154	Speech and language therapist	Poor record keeping, failure to communicate, poor organisational skills, failure to record referrals, kept 149 patient records at home	Struck off
4 Oct	Susan Harbottle	OT21862	Occupational therapist	Review hearing	No further action
5 Oct	Muhammad Khokhar	CS1250	Clinical scientist	Review hearing	Suspended
5 Oct	Joe Osmond	SL5914	Speech and language therapist	Review hearing	Suspended
10 Oct	Joanna Howard	SI2298	Speech and language therapist	Fell below standards of proficiency	Conditions of practice
18 Oct	Joanne Fuller	CH9150	Chiropodist / podiatrist	Viewed and used inappropriate websites during work hours, behaved inappropriately towards patients and colleagues	Struck off
18 Oct	Brian L Beber	PH6631	Physiotherapist	Review hearing	Suspended
18 Oct	Gordon Mendy	PH36867	Physiotherapist	Review hearing	Suspended
29 Oct	Bartholomew Esliba	RA40542	Radiographer	Failure to meet standards of proficiency, undertook examinations without supervision when instructed not to do so	Struck off
29 Oct	Stephen Kebbell	OT24393	Occupational therapist	Prescribed inappropriate equipment	Caution
1 Nov	Chendu Agasthi	PH70256	Physiotherapist	Unnecessary cancellation of appointments, inadequate clinical knowledge and record keeping, failure to seek supervision and adhere to protocols	Struck off
2 Nov	Baldev Mehra	PH14066	Physiotherapist	Review hearing	Suspended
2 Nov	Glen Hawkins	PA09246	Paramedic	Falsified documentation to gain annual leave on a number of occasions	Struck off
2 Nov	Leanne Russell	OT25337	Occupational therapist	Failed to meet standards of proficiency	Suspended
2 Nov	Naveed Khan	PH41061	Physiotherapist	Review hearing	Suspended
6 Nov	Hiral Soni	PH71746	Physiotherapist	Failed to meet the required level of English language proficiency	Suspended
8 Nov	Boban Rodolph	PH66355	Physiotherapist	Examined female patients in an inappropriate manner	Struck off
9 Nov	Wendi McNabb	DT11652	Dietitian	Review hearing	Suspended
16 Nov	Thabo Phirie	BS45014	Biomedical Scientist	Review hearing	Struck off
22 Nov	Roland Parton	CH7012	Chiropodist / podiatrist	Review hearing	Suspended
22 Nov	Andrew Longley	CH12362	Chiropodist / podiatrist	Review hearing	Struck off

All hearings will now begin at 10am (other than those previously fixed at 10.30am). They are open to the press and public, unless otherwise stated. If you wish to attend a hearing held by the HPC, please contact Victoria Smyth on **020 7840 9784** or email victoria.smyth@hpc-uk.org

Dates for your diary: December 2007 – February 2008

Council and committee meetings

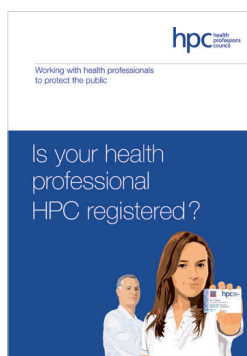
HPC Council and committee meetings are held in public; more information, including minutes and agendas can be found on our website at www.hpc-uk.org/aboutus/council/

Dates for your diary: December 2007 – February 2008

Thursday 13 December	Council meeting
Tuesday 15 January	PLG – Standards of education and training review
Tuesday 15 January	PLG – Continuing fitness to practise
Monday 4 February	Education and Training Panel
Tuesday 5 February	Health Committee
Wednesday 6 February	Finance and Resources Committee
Tuesday 12 February	Investigating Committee
Monday 18 February	PLG – Standards of education and training review
Tuesday 19 February	Conduct and Competence Committee
Tuesday 25 February	Communications Committee
Thursday 27 February	Audit Committee

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2008/09 Operating Framework: how AHPs can get involved

At-a-glance

- national and local priorities outlined in Operating Framework for 2008/09
- list of indicators will help PCTs to measure performance
- AHPs to focus on improving access to primary care.

The Operating Framework for 2008/09, launched last December, sets out the priorities for delivering the best possible NHS care to patients for 2008. The framework gives local NHS organisations greater freedom to deliver better services to their local population.

The framework divides a series of goals into three sections. These are:

- national requirements (or 'must dos') calling for particular and sustained attention from PCTs
- national priorities where greater local action and effort is

required but where PCTs have a degree of local flexibility in how they go about it

- local action areas selected by PCTs according to the specific needs and expressed views of their local populations.

National requirements

Consultations with patients and members of the public have helped to identify the most important issues for today's NHS and these are reflected in five national requirements:

- access to primary care
- improving cleanliness and reducing healthcare associated infections (HCAs)
- keeping adults and children well
- improving experience and engagement
- emergency preparedness.

Local implementation

The second section, dealing with national priorities where PCTs have greater flexibility regarding delivery, marks a radical shift in NHS planning. It is designed to give more authority to local NHS organisations and their communities. It sets out specific areas in need of improvement:

- equality, particularly around accessibility for disadvantaged and vulnerable groups
- mixed-sex accommodation
- learning disabilities
- diabetic retinopathy
- crisis resolution and home treatment teams.

This section also covers areas where PCTs are advised to secure future improvements to services. These are:

- improving access to psychological therapies (IAPT)
- dementia care
- end of life care
- disabled children.

Local selection

The third section of the framework, referring to local action areas selected by PCTs, aims to encourage PCTs to work with their partners to develop local priorities based on local feedback.

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Chief Health Professions Officer Karen Middleton introduces the four key documents that will shape AHPs' priorities for 2008.

The end of 2007 saw the publication of a number of crucial documents for the NHS and for AHPs: the 2008/2009 Operating Framework for the NHS in England; World class commissioning: vision (and a set of 11 competencies); the National Stroke Strategy and the Cancer Reform Strategy. I would urge all leaders of AHP services to read these documents and think about how you need to work collaboratively locally to influence their implementation.

The Operating Framework sets out very clearly the priorities for the NHS for 2008/09. These priorities will be delivered through improved commissioning by PCTs and practice based commissioners and two areas that have been highlighted as priorities are stroke and cancer. AHPs are crucial to delivering on these priorities and so it is vital that you are informed enough to influence locally.

Whilst AHPs have been involved in developing the policy in these two clinical fields, this is the framework only.

Implementation requires strong and visible leadership to ensure that services delivered are evidence-based, best practice and accessible and timely for all.

Whilst the focus of the Operating Framework is the NHS, it is clear that the NHS cannot deliver on the priorities set in isolation of other parts of the health and social care system. There is an expectation in the framework that organisations will work in partnership with local stakeholders. This is also a feature of the competencies expected of world class commissioners and so whatever part of the health and social care system you work in, it is important that you are familiar with the documents.

You will be thinking, as I am, about your own service plans for 2008/09 and it is crucial that these plans take account of the framework described above.

So often we focus on issues that are of particular concern to us and our services and yet it is so important to start with the wider context first. The issues that you are concerned about may well need to feature in the local priorities section of your PCT plans and so you need to find ways of influencing these local planning decisions too.

For me, these key documents signal a real shift to the next stage of the journey for the health and social care system in order to bring about real service transformation for patients and the public. This will only be delivered with strong clinical leadership from all professions right across the sector.

I look forward to continuing to work with you on that agenda in 2008. Happy New Year!

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AHPs to help drive world class commissioning initiative

At-a-glance

- vision to transform commissioning skills
- AHPs to promote their services at PCT level
- developing leadership potential is key.

AHPs have the chance to play a vital role in the delivery of the new world class commissioning vision for the NHS.

World class commissioning is a programme of work that aims to dramatically transform the way we commission services in this country. It will deliver a more strategic long-term and outcomes-focused approach to commissioning services.

The goal for PCTs over the next five years is to consistently improve how they

commission services by developing a core set of competencies (see page 4). However, world class commissioning is not an end in itself. In order to be successful, commissioners need to demonstrate better health outcomes for their local population. The next phase of the programme will see the development of an assurance system to ensure health outcomes are improving and a support and development programme to support PCTs as they make the shift to world class.

Key to the success of this initiative is the ability of PCTs to apply the world class commissioning vision locally through working closely with patients, the public, local authorities and clinical groups.

These relationships will be particularly important when assessing needs and deciding priorities during planning. AHPs are strongly encouraged to focus on their leadership potential and initiate discussions with PCT commissioners to emphasise the value of their role.

AHPs' opportunity to shine

'This is a huge opportunity for AHPs to come forward and show what they can offer. For example, one of the 11 world class commissioning competencies

is for PCT commissioners to work closely with clinicians and this is where AHPs can potentially be real agents of change,' says Keith Douglas, on secondment to the Department of Health from Hampshire PCT where he is Area Director of Commissioning.

'AHPs are involved across a wide range of different clinical specialties and areas of patient care. This gives them a great breadth of understanding. They are in a strong position to be able to use this knowledge to help PCTs set the agenda for future service reform.'

AHPs should share their professional experience of delivering care, combined with their understanding of patient needs, to help contribute to the design of future services.

This will ensure that services meet the changing needs of the local population, reduce waiting times, provide care closer to home and demonstrate a shift in focus from treating ill-health to ill-health prevention and long term health and social well-being.

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AHPs are a vital part of integrated health and social care teams, and a greater focus on leadership potential will help contribute to lasting change for patients.

Keith adds: 'Developing leadership skills is very important and it's vital that AHPs actively put themselves forward. They need to make links directly with clinical leads and commissioners in

their local PCTs and practice based commissioning groups to identify how they can engage in and offer options and solutions to create a high-quality, timely, efficient and cost-effective health service for local people. The effort that this requires should not be understated, however commissioners are very keen to engage clinicians from all specialties to tap into their hitherto under utilised skills and knowledge base.'

World class commissioning competencies

- locally lead the NHS
- work with community partners
- engage with public and patients
- collaborate with clinicians
- manage knowledge and assess needs
- prioritise investments
- stimulate the market
- promote improvement and innovation
- secure procurement skills
- manage the local health system
- make sound financial investments.



continued from page 1

Operating Framework

Vital signs

To help PCTs and health professionals achieve this three-tiered series of goals, a list of indicators (called 'vital signs') is currently in development. The aim is to measure performance against the vital signs and to publish the results annually. This will help a local population to understand how well or poorly their local PCT is performing across all areas.

Karen Middleton, Chief Health Professions Officer, said: 'The Operating Framework provides the context within which the NHS must work in 2008/09. There will be room to influence local implementation. Particular areas that AHPs need to focus on are how our services can improve access to primary care. For example: 'GP-led' does not mean 'GP-provided'; the contribution we can make to the health inequalities agenda and improving the health and well-being of the nation; what we can do to reduce HCAs and ensuring our contribution in the fields of stroke, cancer, mental health and disabled children is visible.'

In addition to the new priorities, the Framework also reiterates existing commitments to be achieved by April 2008.

The Healthcare Commission has been asked to feed these into its performance assessment of NHS bodies.

Links and info

- Read more on the Operating Framework

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New National Stroke Strategy

At-a-glance

- new stroke strategy published in December
- AHPs helped develop it
- opportunities for AHPs to lead on stroke care.

AHPs have played an integral part in developing the new stroke strategy and are key to its delivery, says National Director for Heart Disease and Stroke, Professor Roger Boyle.

The strategy, published last month, aims to improve the emergency response to stroke patients by setting out a framework for care for those affected and raising awareness about symptoms and risk factors.

Professor Boyle said: 'Access to multi-disciplinary care is key to a patient's recovery. Our ultimate aim is for every stroke patient to have immediate admission to a stroke unit, with access to vital monitoring. We can halve the rate of stroke mortality by doing three things: ensuring stroke patients have

immediate admission and assessment; providing intensive rehabilitation; and by getting people home as soon as possible.

'AHPs have an integral role to play from the admission stages, through to discharge and in the community. This strategy is a great opportunity for AHPs to lead on developing stroke care.'

AHPF response to stroke strategy reflects range of vital AHP roles

Practice Development Manager for the College of Occupational Therapists, Peggy Frost, prepared and submitted the AHP response to the draft strategy on behalf of the AHP Federation (AHPF).

She said: 'Stroke services are a key priority for AHPs – we are involved in each stage, from acute admission right through to social care services. It therefore made sense to have a joint response which would reflect the wide range of vital roles that AHPs have in stroke care, and give AHPs a more powerful voice.'

In collating the response, a wide range of examples were included to ensure that the different AHP disciplines were fairly represented. 'The whole emphasis was on the importance of a multi-disciplinary team, specialist in stroke care,' said Peggy.

Links and info

- Access the **National Stroke Strategy**

Nominate your colleagues and patients

Nominations are being sought for the Life After Stroke Awards 2008. The awards, organised by The Stroke Association, celebrate the achievements of health professionals involved in stroke services, patients and their carers. Nominations can be made in several categories including Excellence in Stroke Care for a speech and language therapist. Awards will be presented to winners by a celebrity supporter at Claridge's, London, on 25 June. The deadline for nominations is 1 February.

Links and info

- View website
- Call Helen Chapman on **0160 462 3956** or email **lasa@stroke.org.uk**

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Living with cancer is focus of new strategy

At-a-glance

- Cancer Reform Strategy published
- AHPs vital to rehabilitation process
- radiographer training to be improved.

Multidisciplinary teams (MDTs) are critical to the implementation of the new Cancer Reform Strategy.

The strategy recognises that people live with cancer and require help to get on with their lives. Coordinated teams of health professionals, including AHPs, have greatly improved cancer care in recent years, enabling patients to benefit from a smooth transition between secondary and primary care, as well as making a vital contribution to rehabilitation.

Getting on with life with AHP back-up

For AHPs, one of the key chapters of the strategy report is entitled 'Living with and beyond cancer' which, for

the first time, talks about rehabilitation programmes to help cancer survivors who want to get back to work.

Chair of Network AHP Leads Group, Jackie Turnberry, explains: 'More and more people are living with and beyond cancer, which is fantastic. There are currently around 90,000 people of working age diagnosed with cancer – so there is a significant role for physical therapists, particularly occupational therapists, in providing more support and empowerment for patients.'

Radiographers singled out for investment

Other AHPs highlighted in the strategy include speech and language therapists, dietitians, and physiotherapists. The work of radiographers is given particular attention and the report confirms that training will be improved through the provision of virtual environments for radiotherapy (VERT) in radiographer training schools and in radiotherapy centres.

Jackie comments: 'Under the heading 'Ensuring better treatment', the report talks about the need for local investment in both equipment and workforce in order to meet growing demand and achieve world-class radiotherapy services.

'The National Radiotherapy Advisory Group (NRAG) has already highlighted the urgent need to improve the effectiveness of training for therapeutic radiographers. As a result, £5 million has now been allocated to higher education institutes and radiotherapy centres to improve the learning experience so that more students make it through their courses.

'We need to ensure we improve capacity for radiotherapy services over the next five years in order to reduce bottlenecks in diagnostic radiography. It's the speed and accuracy of this service that ultimately determines overall rates of cancer treatment.'

The ongoing importance of MDTs is also a significant factor in the strategy report. This point is clearly illustrated in a featured example of a particular patient's cancer journey. The case study records all the health professionals involved in caring for a cancer patient; it includes a total of 10 AHPs.

Links and info

- Download the **Cancer Reform Strategy**

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Continuing Professional Development audits

At-a-glance

- first CPD audits set for July 2008
- AHPs to provide practice summaries for previous two years
- more information available on HPC website.

The bi-annual Continuing Professional Development (CPD) audits will begin in July when the Health Professions Council (HPC) will begin taking sample audits from the first of the allied health professions that it regulates. AHPs will need to demonstrate how they meet the HPC's CPD standards.

Mark Potter, CPD communications manager at HPC, outlines more about the audits. 'CPD helps health professionals continue to learn and develop throughout their careers, keeping their skills and knowledge up to date and allowing them to work safely, legally and effectively,' he explains.

'Some professional bodies have their own audit criteria and many people are keen to know if these are the same as the HPC ones. The HPC has its own standards which are context driven and we ask that people demonstrate they meet these standards through the CPD activities they've undertaken.'

The first professions being audited from July are chiropodists and podiatrists. The HPC will write to five percent of these groups in May, advising them that they have been randomly selected for audit. Once these audits are complete, the HPC may consider reducing the future sampling to 2.5 percent of each profession.

Further information is available from the HPC website, including examples of profiles for each of the professions, the assessment criteria and the type of evidence the HPC will accept. Mark Potter is available for CPD talks to outline requirements and answer any questions. Email mark.potter@hpc-org.uk for further information.

Links and info

- More about the CPD guidelines on the **HPC website**

CPD: Myths and facts

Myth: I need to accrue hours or points to complete my CPD audit.

Fact: The audit process recognises the diversity of the workforce. AHPs are expected to keep a log of their CPD activities from the last two years, and to select a sample of these, say four or five, for the audit process. They will need to write a list of activities undertaken, produce a summary, and then highlight how various professional standards have been met.

Myth: CPD costs money.

Fact: Surfing the internet, having a peer review or reading a professional journal cost hardly anything. Going on a course might, but not all CPD activities need to cost a lot.

Myth: CPD audits are cause for alarm.

Fact: You simply need to demonstrate how your activities and services are benefiting yourselves and your patients and clients. 'Sometimes the benefits of CPD activities are not immediately obvious, for example, undertaking charity work or attending a free lecture,' says Mark Potter.

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NHS Review: Lord Darzi in key AHP summit on way forward

At-a-glance

- AHPF meeting with Lord Darzi, 4 February
- SHA leads preparing a report for Lord Darzi
- opportunity for AHPs to help shape future services.

Representatives from the Allied Health Professions Federation (AHPF), including the Chair, Grahame Pope, will meet with Lord Ara Darzi on 4 February to discuss the input of AHPs into the NHS Review.

Lord Darzi, who is overseeing the review, has also met SHA AHP leads to hear their views about the NHS, and how they can contribute to the reform agenda. At the meeting he hailed AHPs as pivotal to its success of the reform agenda.

The SHA AHP leads are now preparing a report at Lord Darzi's request to help shape the future of services as part of the review.

SHA AHP lead for Yorkshire and Humber, Elizabeth Foley, said: 'The meeting with Lord Darzi was our opportunity to illustrate that AHPs have significant skills and expertise to contribute to the reform agenda. We highlighted that as autonomous first contact practitioners we assess, diagnose and treat patients and work across complicated, integrated pathways. As Lord Darzi said, we are the integrators of care.'

Elizabeth stresses that this report is an opportunity for all AHPs to make their voices heard about how they can play an integral part in shaping services for the future. She said: 'The SHA AHP leads are encouraging all AHPs to feed their comments into the report.'

Whether they channel their comments through their leads, or send them directly as a team, or even individually – the important thing is to contribute.'

Links and info

- [View the NHS Review website](#)

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NEWS IN BRIEF

New Year Honours for AHPs

Three AHPs have been recognised in the Queen's New Year Honours list. Occupational therapist, Sheila Eden, was awarded a MBE for her work in Tower Hamlets, London, as was Marcel Pooke, Chair of the Association of Chief Chiropody Officers. Sarah Bazin, therapy services manager at Heart of England NHS Foundation Trust and Chair of the Chartered Society of Physiotherapists, was awarded an OBE.

Expanding Choose and Book

AHPs will increasingly be able to both make and receive referrals through an expanding coverage of the Choose and Book system. By using Choose and Book, AHPs can offer patients the services of a wide range of providers, from both secondary care and the local community, in addition to supplying the full benefits of an electronic booking system.

- [More information on the expanding coverage](#)

Priority treatment for war veterans

The Department of Health has announced an extension to the current priority NHS treatment arrangements for war pensioners to include all veterans. Veterans will be entitled to NHS secondary

care for any conditions which are likely to be related to their service, subject to the clinical needs of all patients.

- [Further Information](#)

CATCH IT, BIN IT, KILL IT campaign

A Department of Health campaign to reduce the spread of cold, flu and other viruses is encouraging the public to CATCH IT, BIN IT, KILL IT. Running until spring, the campaign stresses the importance of practising correct respiratory and hand hygiene. It includes advertising and poster distribution.

- [More information](#)

Offender health strategy consultation

AHPs are encouraged to take part in a new consultation on improving health and social care services for offenders. 'Improving Health, Supporting Justice: A Consultation' is a joint initiative between the Department of Health, the Department for Children Schools and Families, the Ministry of Justice, the Youth Justice Board and the Home Office. The consultation closes in March and a final strategy document will be published in June 2008.

- [Access the consultation](#)

Healthcare regulation consultation

AHPs will be affected by the outcomes of a current healthcare regulation

consultation. It is the first in a series of orders that will take forward reforms identified in the White Paper, 'Trust, Assurance and Safety – the regulation of health professionals in the 21st century'. The consultation closes on 22 February.

- [Access the healthcare regulation consultation](#)

First national pandemic flu framework

The first national blueprint about how to respond to a pandemic flu outbreak has been published. The cross-government 'Pandemic flu: A national framework for responding to an influenza pandemic' will help organisations plan effectively. It sets out the response for national, regional and local planners, gives guidance about adult social care, acute and primary care and has a supporting ethical framework.

- [Access the framework](#)

New guidance for OTs

A new good practice booklet will help occupational therapy staff help patients to get back to work. 'Work Matters: Vocational Navigation for Occupational Therapy Staff' emphasises the importance of work as an integral part of people's recovery. The booklet also gives information on how to create effective partnerships with other service providers.

- [Access the booklet](#)

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NEWS IN BRIEF

New DH corporate website

The Department of Health (DH) corporate website will be re-launched shortly with a new design and content structure. It follows consultation and research with DH staff, clinicians, carers, social workers and local authority managers. The new site structure better reflects the work and priorities of the DH and will also make the content – some 20 000 pages – far more accessible.

- [Access the DH website](#)

DIARY

Information Prescriptions National Conference

19 March, London

Information prescriptions, to be given by health and social care professionals, will ensure that people with long-term health or social care needs are guided to relevant sources of information and support to help them manage their condition and live healthier, more independent lives. Feedback from 20 pilot projects will be shared, highlighting the different models of delivery across health and social care settings in England. Registration closes on 15 February.

- [Access registration form](#)
- [Further information](#)

PARLIAMENTARY QUESTIONS

● **Chiropody**

- HL5702 - 29/10/07
- 161651/52/73 - 30/10/07
- 164247/48 - 14/11/07
- 171095/96/97/98 - 10/12/07
- 171099 - 12/12/07

● **Paramedics**

- 170544/45 - 10/12/07
- 170546 - 11/12/07
- 170548 - 13/12/07
- 170547 - 17/12/07

● **Prosthetics**

- 172889 - 17/12/07

● **Radiography**

- 171699/700 - 12/12/07

● **Speech and Language Therapy**

- HL839 - 17/12/07

● **Regulation**

- 159429 - 29/10/07