

## **Executive Summary**

This paper lists the consultations received by CPSM / HPC in 2002 and the action taken or recommended.

### **Draft / NHS (Wales) Bill**

Views were invited on a range of health and social care issues in Wales. The issue affecting HPC was the operation of Health Professions Wales (HPW). HPW has been discussed several times by Council and oral evidence was given to the House of Commons Welsh Affairs Committee pre-legislative enquiry. A report of that session is made elsewhere on this agenda.

### **European Parliament proposals for reform of the " Free Movement " Directives**

This was reported to the Council meeting on 13 June 2002 and it was agreed to work via CEPLIS (a French acronym for European Committee of Liberal Professions).

### **Medicines' Control Agency (MCA) on extending certain Supplementary Prescribing Rights enjoyed by Nurses and Pharmacists (9 July 2002)**

This consultation deals only with nurses and pharmacists. It was submitted to HPC for information and context. MCA proposals have previously been submitted affecting CPSM registrants, and almost certainly future proposals will be submitted affecting HPC registrants. These will be submitted to Council as and when they arise. The topic, however, is one of great importance where the professional bodies have been active over recent years. This is an area where CPSM deferred to them as the Learned Societies for their professions with ownership of scope of practice. A position statement from the British Dietetic Association is attached.

### **General Dental Council's (GDC) Consultation on its Register (2 August 2002)**

This consultation was about how GDC might structure its register in the light of its new statutory powers to register " Professions Supplementary to Dentistry " (PSD). The PSDs are in fact analogous to support / assistant workers in the health context which HPC does not have the authority currently to register. Because the proposals were based on a different statutory premise to the HPO, no useful or informed comment could be made. This said, there is a question on this topic in the HPC consultation paper and DoH intends to publish its own consultation paper.

### **(Post-Graduate) Medical Education Standards Board (MESB)**

This DoH consultation fell under CPSM's remit, but the Shadow Council was kept informed of it. The structure of Post-Graduate Medical Education is so different from the AHPs' discretionary and fragmented provision that no expert or appropriate comment could be offered. CPSM did state, however, that responses from the medical world on the relationship between the proposed Board and the statutory regulatory body for medicine (the General Medical Council) – and the eventual DoH proposals in the light of those responses – would inform HPC of the approach it might take if the MESB were given powers in the AHPs (or a separate AHP Board were established).

**Nursing and Midwifery Council (NMC) on whether to make Possession of Professional Indemnity Insurance (PII) a Condition of Registration (30 September 2002)**

This issue arose for HPC in the DoH's two consultations on the HPO. DoH was discouraging to CPSM about creating a link between PII and State Registration, but NMC seems to have been able to move the issue on now. The specific NMC proposals have been remitted to the Conduct and Competence Committee to discuss them with NMC and make recommendations to HPC about the issue.

**Medicines Control Agency (MCA) on Reclassifying Pharmaton Capsules from " P " to " GSL " (11 July 2002)**

This is a matter unique – but still only tangential – to Dietetics. It is suggested it be referred to the Dietitian members for them to discuss with the British Dietetic Association.

**Royal Pharmaceutical Society of Great Britain (RPSGB) on the Structure and Appointment of its Council (25 July 2002)**

This paper seeks views on how the RPSGB Council should be constituted and appointed.

It would be inappropriate for HPC to offer comments which ran counter to the letter and spirit of the HPO. Where, though, HPC has discretion on areas such as the mechanics of its election scheme, then HPC could share the relevant outcomes of its consultation with RPSGB.

The aim of this present consultation seems, in para 1.2, to pre-empt the prospective Council for the Regulation of Health Care Professions (CRHCP) taking an (adverse) interest in RPSGB's constitution.

The territorial issues raised in the consultation are dealt with for HPC in the HPO.

The issue of whether sectors of practice can or should be represented on a Council does not arise for HPC where only one member is allowed per profession. It is understood that this is a real issue for the Nursing and Midwifery Council (NMC) and RPSGB might like to consult NMC. This has been discussed informally and constructively with RPSGB.

Whether members should be appointed or elected is fully dealt with for HPC in the HPO.

Lastly, some of the other issues identified by RPSGB are also defined and described in the HPC consultation. HPC could remit its consultation to RPSGB for them to see how HPC had analysed them and what options it was presenting.

**Commission for Health Improvement (CHI) : Coronary Heart Disease National Service Framework (NSF) Review (in England and Wales) (1 August 2002)**

This paper seeks views on a review of NSFs for coronary heart disease in England and Wales. NSFs are about the delivery of services with only indirect links to pre-registration education and training and conduct issues.

Previous practice had been that the expertise on NSFs was held to lie with the professional bodies as the Learned Societies and industrial relations bodies for the professions. HPC, therefore, has not inherited a body of expertise or staff from CPSM able to take a lead on NSFs. Whether HPC should become such a body – with the ancillary issue of its relationship with the Learned Societies for the registered professions – is encompassed within the HPC consultation exercise

It is noteworthy, therefore, that CHI has not consulted the Allied Health Professions Forum (AHPF), but seems to have assumed that HPC is the umbrella representative body for all functions for all AHPs. CHI has been alerted to this misapprehension.

Only one profession at HPC is specified in the paper, which is Paramedics at the third bullet point in para. 10. It is suggested this reference be referred to the British Paramedic Association for their expert views.

In the longer term both NSFs, in general, and the specific reference to Paramedics, will have implications for HPC's CPD provision, but this will be some years in the future.

Lastly, in the list of consultees the name " Health Profession Council (Wales) " appears. This vindicates the Council's worst fears about the confusion which would be caused by the National Assembly for Wales' choice of the title " Health Professions Wales " for that body.

#### **Northern Ireland Social Care Council and Scottish Social Services Council on draft Registration and Conduct Rules (27 and 9 September 2002 respectively)**

It may be difficult for HPC to respond to these consultations while it itself is consulting on exactly the same issues.

It is suggested that the papers be referred to the Conduct and Competence and Registration Committees for their comments. In the meantime HPC could send the Social Care Councils generally its consultation paper showing how it has defined and analysed the equivalent issues and the options it has identified.

#### **DoH Pathology Modernisation Programme (30 September 2002)**

Professor Sir John Lilleyman has been consulted and advises that :

- " This will eventually affect the pattern of work for all doctors, clinical scientists and biomedical scientists in the NHS. But no more so than ' modernisation ' of other clinical services will affect other registrants, so I cannot see that the HPC would have a particularly unique angle on the matter as it will not directly affect professional standards, skills or competencies any more than these are already being affected by other evolutionary trends in healthcare.
- " In other words this is primarily about NHS organisation and management rather than changing professional practice, so the Council may not need to debate it unless others feel strongly that it should. "

## **Draft Mental Health Services Bill (16 September 2002)**

The draft text of this Bill has been published together with a consultation paper.

The AsTs and OT members of Council were consulted on the general perception of the Bill. They confirmed that the Bill was about the legal framework for the delivery of services and for securing patients' and the public's rights. It has only very indirect bearing on the pre-registration education and training and the conduct and competence of registrants.

There is only one explicit reference to one HPC profession (a reference to OTs playing a larger role on p.30 of the consultation paper). The Bill will primarily affect medical practitioners, nurses, and social workers with specific qualifications and roles in this field.

For these reasons HPC may not be an appropriately expert body to respond in detail. The full text of all the documents will be circulated to Council members, who may be qualified on an individual basis to make direct comment to DoH.

Ms M. Crawford suggests that the Council may wish to schedule a dedicated briefing session on the legislation in due course.

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