

ATTENDANCE AT MEETINGS TO REPRESENT HPC

Name of Council Member	Dr Anna van der Gaag
Organisation hosting Conference/Meeting	SLT Managers meeting
Title of Conference/Meeting	CPD
Venue	Birmingham (UCE Campus, Perry Barr)
Date of Conference	15 September 2005
Who asked you to attend?	Fiona Nixon agreed to attend. I went in her place
Title of Talk/Presentation given (if any)	HPC and CPD: what do SLTs need to do?
Approximate costs (subject to budget)	Conference: Attendance Allowance: £260 Train £44.10 Taxi(s) £15.00
Authorisation by Chief Executive (not required if HPC has asked that you attend the meeting)	
Signature of member (not required if returned by email) Date	

This form has been prepared for those Council and Committee members who represent the Health Professions Council at meetings or conferences. Please complete as much of the above as you can and return by post to Olive Cooper, Council and Committee Secretariat, Health Professions Council, Park House, 184 Kennington Park Road, London, SE11 4BU, or alternatively by e-mail to olive.cooper@hpc-uk.org. This will be passed to the Chief Executive if authorisation is required. Completed forms should be received before the meeting takes place.

April 2004

FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	Dr Anna van der Gaag
Title of Meeting	CPD and HPC
Date of Conference	15 September 2005
Approximate number of people at the conference/meeting	50
Issues of Relevance to HPC This was a group of senior SLT managers from the Eastern Region who wanted to hear HPC's proposals on CPD and discuss their implications for staff. I used the standard powerpoint presentation prepared by the Education and Policy Department, with some adaptations for the SLT specific audience. The response was on the whole positive. The proposals were welcomed as fair, pragmatic and in line with SLT professions own views on CPD. Concerns about the proposals were <ol style="list-style-type: none">1. IT would be time consuming for staff, on top of requirements for KSF Review2. Employers were not sympathetic to giving time for CPD3. Some staff would use the proposal to spend too much time on CPD activities and not concentrate on patients4. The HPC needed to give some guidance to employers on how much time should be spent on CPD5. Some CPD activities were viewed as more 'weighty' than others eg learning to use email versus going on a course on paediatric dysphagia. There was no way of acknowledging this in the current system6. The scheme did not recognize different learning styles and the fact that a therapist might be an excellent clinician but not be very good at reflective writing. <i>This was a good PR exercise and a potential recruiting ground for future CPD Assessors and CPD exemplars. No evaluation forms were offered to the audience.</i>	
Key Decisions Taken The group welcomed the proposal to produce guidance and exemplars. They wanted HPC to consider how KSF might fit with the scheme. Several offered their own examples/would send these in to HPC so that they could be fed into the PLG. Several said they would consider becoming CPD Assessors.	

Please complete as much of the above as you can and return by post to Olive Cooper, Council and Committee Secretariat, Health Professions Council, Park House, 184 Kennington Park Road, London, SE11 4BU July 2004

FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	Dr Anna van der Gaag
Title of Conference/Meeting	HPC and CPD
Date of Conference	28 September 2005
Approximate number of people at the conference/meeting	80
<p>Issues of Relevance to HPC The majority of therapists at this day had not attended any of the HPC CPD consultation events and therefore were hearing about the CPD rules and standards for the first time. They welcomed the opportunity to hear about HPC and the new CPD systems. The majority were positive and felt that HPC has devised a system that has the flexibility to accommodate different situations. They liked the reflective, outcomes based approach.</p>	
<p>Key Decisions Taken</p> <p>Concerns of therapists:</p> <ul style="list-style-type: none"> ●1 Finding the time to complete CPD was a problem, especially for those with high volume and high turnover of patients/clients. ●2 Employers did not give time for recording CPD activities that were ‘work based’ ●3 There were very limited funds for any CPD activity, and few employer incentives to undertake CPD. ●4 Therapists were concerned about patients’ reactions to the new CPD system Would patients prefer therapists to see patients or spend time filling in CPD forms? ●5 NHS therapists are already overburdened with paperwork. ●6 Concerned about lack of a link between fitness to practice and CPD. Why is’nt there one in the legislation? ●7 The new scheme illustrated the gap between government and grass roots. Therapists need protected time to do CPD. ●8 Will the HPC be making links with KSF when it comes into place next year? ●9 They would like more guidance on how much time to spend on CPD ●10 They look forward to exemplars 	

Please complete as much of the above as you can and return by post to Council and Committee Secretariat, Health Professions Council, Park House, 184 Kennington

Park Road, London, SE11 4BU.

FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	Professor Diane Waller
Title of Conference/Meeting	DoH System Reform AHP Ref group
Date of Conference	19th October 2005
Approximate number of people at the conference/meeting	20
Issues of Relevance to HPC This is a reference group aimed at ensuring all Allied Health professions have a better understanding of NHS reforms and are supported to implement them. The focus of this group is assisting the DoH to communicate what is meant by a Patient Led NHS to AHP colleagues. The coordinator, Kate Turner, wished to hear from group members about issues which they thought could help or hinder this communication. Many people raised the question of the role of GPs in primary care having to refer patients whereas they felt it more appropriate for patients to be able to self-refer. We were asked what we felt ‘patient-led’ meant, and arrived at a view that it meant formulating services to meet patients’ needs and wishes rather than professionals’, but the problem would be in ensuring that patients had an informed choice and thus got the right care. Links with the govt initiatives on public health, taking responsibility for one’s health and being active in seeking information implied a culture change away from ‘passive patient’ to participation in one’s own health care. Both patients and professionals may have to adjust. Changes in patterns of service delivery would be likely and some group members gave examples of how this had happened to the benefit of patients. It is important for HPC to be represented on this group because the longer term aim of the group would be aligning organisational behaviours to support a patient-led NHS. This might impact on education and training.	
Key Decisions Taken Kate Taylor noted all the points from group members. Penny Asher took away comments on the NHS values statement. A further meeting will take place but no date set as yet.	

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Please complete as much of the above as you can and return by post to Colin Bendall, Health Professions Council, Park House, 184 Kennington Park Road, London, SE11 4BU, or alternatively by e-mail to colin.bendall@hpc-uk.org.

ATTENDANCE AT MEETINGS TO REPRESENT HPC

Name of Council Member	Eileen Thornton
Organisation hosting Conference/Meeting	HUCBMS
Title of Conference/Meeting	Annual Conference
Venue	Bristol
Date of Conference	6th/7th September 2005
Who asked you to attend?	Marc Seale
Title of Talk/Presentation given (if any)	Standards & Registration
Approximate costs (subject to budget)	Conference: Attendance Allowance Expenses: Hotel £59.95 Travel Allowance: £52.70
Authorisation by Chief Executive (not required if HPC has asked that you attend the meeting)	
Signature of member (not required if	

returned by email)
Date 20th September 2005

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FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	Eileen Thornton
Title of Conference/Meeting	HUCBMS
Date of Conference	6 th /7 th September 2005
Approximate number of people at the conference/meeting	110
Issues of Relevance to HPC Conference provided opportunity to explain the new approvals process for programmes and the development for BMS degrees to become integrated as well as traditional routes.	
Key Decisions Taken None	

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July 2004

FEEDBACK SHEET TO BE COMPLETED AFTER ATTENDING A MEETING TO REPRESENT THE EDUCATION AND TRAINING COMMITTEE OF THE HEALTH PROFESSIONS COUNCIL

Name of Committee Member	Eileen Thornton
Title of Conference/Meeting	Therapy Weekly – CPD Conference
Date of Conference	30th November 2005
Approximate number of people at the conference/meeting	200
Issues of Relevance to HPC	
<p>The HPC were given two 25 mins. slots to talk about the new CPD Standards. I opened the conference with a session that outlined the context of their development, underpinning principles, details of each standards and the audit process. Rachel Tripp gave the concluding session talk about the consultation results and the on-going work of the CPD PLG.</p> <p>Both talks were well received and provided opportunity to correct some of the myths about the standards and processes and dispel some of the fears of the registrants about what was expected of them. There were two very good supporting talks about good schemes of ‘work-based’ CPD opportunities that have been introduced by a Trust in London and one in Nottingham. These also helped to show registrants that much of what the HPC is requiring them to do they are already doing in practice.</p>	
Key Decisions Taken	
<p>Therapy Weekly indicated that the CPD conference would be an annual event. The HPC should ensure that we take opportunity to use this as a means of disseminating our activities in CPD.</p>	

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Please complete as much of the above as you can and return by post to Niamh O’Sullivan, Council and Committee Secretariat, Health Professions Council, Park House, 184 Kennington Park Road, London, SE11 4BU, or alternatively by e-mail to niamh.osullivan@hpc-uk.org.

November 2005

Name of Council Member	Patrick McFadden
Title of Conference/Meeting	Ambulance Training, Education Advisory Group
Date of Conference	Friday 23 rd September 2005
Approximate number of people at the conference/meeting	40
Issues of Relevance to HPC	

The AETAG group is primarily concerned with the advancement of national ambulance educational issues.

Topics covered included :

- Progression of the curriculum framework.
- National availability of HEI funding streams.
- Need to link in with moving paramedic education to HEI based by 2008 and the implications to workforce planning.
- HPC approvals process.
- Extended roles within the ambulance service (emergency care practitioners) and the possibility of independent regulation.
- The role of the BPA. (British Paramedic Association)
- Skills for Health.
- UNISON education officer in attendance gave brief overview of courses available for ambulance staff through the Open University, including CPD and Foundation Degree in Health and Social Care.

Overview,

From the discussions it was obvious that ambulance services are mindful of the requirements to ensure clear academic standards pre-registration, but are not at this moment uniform in their approach. Some services already have HPC approved foundation degree courses in place, but they are the exception rather than the rule.

There was an apparent lack of clarity amongst the education providers in Ambulance Trusts, as to the process of approvals. Some discussion took place regarding when service training centres can expect visits and what form such visits may take. Some of the delegates were unsure when they may have to demonstrate evidence of providing HEI routes as an alternative to the present IHCD awards. There appears to be a confusion, whether 2008 is a definitive deadline for the cessation of IHCD award for the paramedic role.

Within a recent publication from the Department of Health, 'Taking Healthcare to the Patient' the spectre of extended roles within the ambulance service, (Emergency Care Practitioners) was discussed and made reference to separate regulation for such staff.

Analysis of the discussions would suggest that ECPs feel that they may have a greater chance of achieving prescribing rights if they are regulated as profession distinct from

paramedics. My own view is that there is a misconception amongst the AETAG, as to the process for new professions gaining entry to the register and hopefully I clarified this issue.

In conclusion there was a consensus of the group who were not in favour of separate regulation.

Key Decisions Taken

To continue to plan for the progression towards education for paramedics versus training.

To utilise workforce planning initiatives to predict the numbers of HEI places that may be identified in the immediate future and to notify the Department of Health accordingly.

To evaluate the effect of the emergence of the Emergency Care Practitioners, within ambulance services and conduct core competency mapping exercises in an attempt to instil consistency in roles nationally.

To finalise the curriculum framework for paramedical science incorporating final consultations and submit it to stakeholders for comment.

To establish clear links and partnerships with HEIs to enable delivery of the anticipated programmes in the near future.

**FEEDBACK SHEET TO BE COMPLETED AFTER ATTENDING A MEETING
TO REPRESENT THE EDUCATION AND TRAINING COMMITTEE OF THE
HEALTH PROFESSIONS COUNCIL**

Name of Committee Member	Professor Tony Hazell
Title of Conference/Meeting	Stakeholder Dialogue, NHS Education Scotland
Date of Conference	28th September 2005
Approximate number of people at the conference/meeting	16
<p>Issues of Relevance to HPC The meeting was one of a series of ‘Stakeholder Dialogues’ to consider the development of a commissioning strategy for health care education in Scotland. It was attended by Vice Chancellors from Scottish Universities, Chief Executives of health bodies in Scotland, members of the Scottish Executive and staff from NHSE for Scotland. HPC was the only Regulatory Body in attendance. The main issue of relevance for HPC was the role of regulation in a developing workforce, with new types of workers being established to meet particular local need. If regulation is to achieve the objectives of protecting the public and maintaining appropriate quality and standards, HPC will need to be actively involved in these developments in Scotland.</p>	
<p>Key Decisions Taken None</p>	

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November 2005

FEEDBACK SHEET TO BE COMPLETED AFTER ATTENDING A MEETING TO REPRESENT THE EDUCATION AND TRAINING COMMITTEE OF THE HEALTH PROFESSIONS COUNCIL.

Name of Committee Member	SHAHEEN CHAUDHRY
Title of Conference/Meeting	PRINCE OF WALES FOUNDATION FOR COMPLEMENTARY HEALTH TRUST
Date of Conference	1 ST NOVEMBER
Approximate number of people at the conference/meeting	20
<p>Issues of Relevance to IIPC</p> <p>Looking at how to regulate different 'professions' which are identified under the heading of Complementary Health.</p> <p>Looked at different models, including the HPC.</p> <p>The group would like more information from IIPC on specifically the pitfalls in regulating 13- professions.</p> <p>Will liaise with Marc to progress this further.</p>	
<p>Key Decisions Taken</p> <p>HPC to present the reality of regulating different professions at the next Foundation's mtg. On 1st Dec.</p>	

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