

**Education Committee
16 September 2010
Public session
Professional Standards Department report**

<u>Classification</u>	Public
<u>Purpose</u>	To note
<u>Issues</u>	<p>This paper reports on the work undertaken by the Professional Standards department and any matters arising since the last report to the Education Committee dated 15 June 2010.</p> <p>The Committee is asked to note developments.</p>
<u>Financial & Resourcing Implications</u>	None arising directly from this paper.
<u>Equality & Diversity Implications</u>	None arising from this paper.
<u>Communications Implications</u>	None arising from this paper.

Annexes

Author: Joy Winyard
12 August 2010

Summary

1. This paper reports on the work undertaken by the Professional Standards Department and any matters arising since the last report to the Education Committee dated 15 June 2010.

Report

QAA / PSRB Forum on work based learning

2. The Head of Professional Standards attended the QAA / PSRB Forum on Work based learning on 23 June 2010. Other attendees include the NMC, the RPSGB and various 'charter' bodies and other professional bodies. The meeting focussed on the collaboration between employers and universities to accredit work based learning and to award credits or even qualifications for it and the challenges of quality assuring this model. This idea of work based learning might be useful to explore as we consider further the transition into practice. It might also be interesting as part of CPD.

Meeting with Malaysian Health Minister

3. On 9 July 2010, the Professional Standards was one of a number of GOsC staff to meet with Dr Zalilah Bt Abdullah to discuss osteopathic regulation in the United Kingdom. We took the opportunity to outline the work of the Education Committee and share both published and consultation documents.

Meetings with UK Voluntary Public Health Register Representatives

4. On 14 July 2010, the Chief Executive, Head of Regulation, the Head of Professional Standards and the Professional Standards Officer met with representatives from the UK Public Health Register to discuss regulation. This is a voluntary register which has been in place since 2003 and they have 450 registrants. The registrants are primarily non-medically qualified specialists.
5. The UK Public Health Register would also like to regulate a number of autonomous but less senior appointments in public health, for example the smoking cessation, some health promotion or some addiction workers (some of whom may also be regulated by the HPC or the NMC etc. but also some who may not be regulated elsewhere at all). This is challenging because there are no common titles and the functions undertaken at this level are likely to be also carried out by other registered professionals, making it difficult to understand how these workers or their work might be effectively described for the purposes of regulation.

6. The UK Public Health Register representatives have been lobbying for statutory regulation and have been awaiting the outcome of a Department of Health review of Public Health. However, they already have most regulatory functions in place (albeit on a voluntary basis):- entry to the register assessments by peer review which are quality assured, complaints procedure, fitness to practise panellists, etc... Following this meeting and the publication of the suite of White papers about liberating the NHS, it appears that there is a possibility that CHRE may quality assure this register.
7. The meeting ended with both parties making a commitment to share some papers on Scope of Practice.

Royal Pharmaceutical Society of Great Britain / shadow General Pharmaceutical Council

8. On 14 July 2010 The Head of Professional Standards and the Professional Standards Officer met with representatives from the regulation arm of the Royal Pharmaceutical Society of Great Britain / the shadow General Pharmaceutical Council (GPhC) to discuss progress on both Councils' respective revalidation schemes and other regulatory matters.
9. The GPhC will assume its statutory powers in September 2010 and will begin to regulate pharmacists and pharmacy technicians from July 2011, fully taking over the regulatory role from the Royal Pharmaceutical Society of Great Britain.
10. The voluntary CPD scheme for Pharmacists started in 2002. Over the first five years, all CPD returns were audited and a feedback report was provided to the Pharmacists. 98% of registrants met the standards; however the audit did identify some particular health issues which enabled referral and support to be provided.
11. One of the key challenges Pharmacists face with CPD is knowing whether it is relevant to their practice. The DH fund a certain portion of continuing education and training but there is no way of being able to link this to practice. We agreed to continue to explore this challenging issue.
12. For revalidation, the GPhCs draft revalidation model met the ten principles. It has four pieces of research being undertaken to support the development of its revalidation including: Risk, CPD, Appraisals and delivery options. The risk project is looking at pharmacy premises inspections and how this may contribute to the risk or evidence for revalidation. The projects showed that most registrants would prefer a strengthened CPD scheme for revalidation rather than using appraisals and peer review.

13. The Pharmacists were keen for the GOsC to convene the smaller inter-regulatory group of the GDC, GOC and GPhC and the GOsC to discuss the risk reports and progress of our revalidation schemes and we will do so in the Autumn.

Revalidation

14. Regular meetings are held with the Assessment Expert Team Leader and KPMG and the Head of Professional Standards and the Professional Standards Manager to consider progress on work.

Project updates

15. All other project updates are provided elsewhere on this agenda.

Recommendation

10. The Education Committee is asked to note the report and raise any questions by email with the Head of Professional Standards: fbrowne@osteopathy.org.uk.