AHPfS Quarterly Meeting and AGM Report

5th February 2019

Edinburgh

AGM

Welcome, introductions and apologies.

Minutes from previous meeting agreed. Some discussion over whether the full minutes of meetings should be available in the documents section of the website to increase transparency. It was agreed to preface any decisions with ‘a full and frank discussion’.

Informed of meeting on 26th March to discuss primary care reform, and Future of AHPs in Primary Care conference on 5th March. If interested in the latter please contact Charles.Lane@gov.scot to book a place.

Action plan from last year scrutinised to be clearer on the impact the federations activity has had.

Most objectives met within one year rather than two year timeframe. New objectives set to include

* + Publication on the work of AHPs including case studies from each profession
	+ Social media campaign
	+ Working with ministers to increase awareness of AHPs and change the current perception of the public
	+ Induction pack for new members to be designed
	+ Increased feed in to the Primary Care Clinical Professions Group (PCCPG) with AHP Directors Scotland Group (ADSG)
	+ Work with minister to change perception of AHP with public
	+ Build on relationships secured with minister and NMC this year- ? look to build relationship with BMA going forward re the Primary Care Reform

NHS conference was highlighted – SECC 30-31st May. Discussion around whether all AHP stands should be situated close together to increase impact (are we going to this?). This may end up being decided by affordability. Discussion surrounding increasing awareness for this conference including poster presentations and social media.

CHPO post to be advertised.

Scottish government are scoping potential upcoming shortages of physiotherapists and radiographers. This was received as a big step forward in terms of workforce and succession planning. The policy officer involved with this (Kenryck Lloyd Jones) has suggested that they may look at a commissioning process for university places to mirror that of England. This is speculation at this point.

Update on Safe Staffing Bill from Kim Hartley Kean (KHK) – in 2nd stage. Currently 124 amendments that are multidisciplinary favourable being discussed. There is now a statutory, in law, definition of ‘multidisciplinary’. This is now in the bill.

Health Improvement Scotland (HIS) are now prioritising a tool for multidisciplinary work rather than purely nursing.

Scottish Labour workforce Commission (KHK)

 New shadow cabinet Secretary for Health is Monica Lennon

Recommendations are being currently being finalised. These should hopefully help to influence the manifesto for Labour at next election.

Quarterly Meeting

Professional Body Reports – as submitted, little else to add.

I see the difference campaign headed by the Strategic Interventions in Health Education Disciplines (SIHED) highlighted by policy officer for Podiatry (Ross Barrow). He has asked for any questions/comments from therapy radiography to be sent to him before the meeting on 15th February and he can raise these on our behalf.

Feedback has been sought from all professional bodies on the CPD and lifelong learning principles.

OT parliamentary event has been showing good signs of impact though pledges, follow up meetings and MSPs linking to local services. There was some discussion as to whether AHPfS should look to hold our own parliamentary event to capitalise on the good relationship with the Cabinet Secretary. A SLWG is being set up to look at this in more detail as an option, Morgyn Sneddon (MS) to possible be included.

Audit Scotland performing an audit to learn about AHP views and experiences of working in primary care and the expansion of MDTs.

The Scottish Parliament Health and Sport Committee has launched a short enquiry on Health Hazards in the Healthcare Environment, following recent events at the QEUH in Glasgow. Committee is looking to identify the scale of any health problems acquired from the healthcare environment while considering wider implications for health facilities in Scotland. Scale, risks and current reporting and control process of issues will be looked at.

HCPC update from CEO

* + New chair Christine Elliot
	+ Attempting to move from fitness to practice to prevention agenda through annual roadshows and forums – open invite to these event extended
	+ Move to paperless registration and CPD submission
	+ Increased work approving education courses
	+ Updated website – more user friendly
	+ Fees increase – this was robustly discussed, with several questions not receiving full answers. The main discussion outlined below
* Government needs to approve any increase by a regulator. In the experience of the HCPC, it is impossible to secure time in front of MPs if the percentage increase is very small. This, therefore, precludes any phased increase as suggested by several people. This may have consequences if Westminster agree, but Scottish Government reject.
* There has been an increase in the number and complexity of the FTP cases brought to HCPC. When challenged regarding the fact that a reported 60% of cases involved social workers who would no longer be covered by HCPC, this was included in examples of the other extra work that the HCPC have been involved with.
* The CEO repeated that the HCPC were still the lowest regulator
* Assurances have been made that they are looking internally as to where further costs can be made. It was asked re the number of staff employed by HCPC as the number of registrants will decrease. They have done a full cost analysis and decided not to reduce staffing as this would have had a significant impact on current running of the organisation.

Chris Rowley, AHP National Lead for Education and Workforce gave an update.

* Workforce planning –
* Successful scoping day held at Easter Road in October. Around 60 key stakeholders attended and through discussion and exercises, several key themes were identified which people found most important at addressing the issues surrounding workforce and planning. A select group has been established to look at the outcomes from this day; namely, how much of this are we already doing and what can we do to implement them if not. The outcomes of this group will be presented to ADSG.
* Transforming Roles –
	+ Purpose; to use the workforce more efficiently/ effectively.
	+ Nursing pilot for this exercise was easy; AHP is not. This is due to the fact that often AHP advanced practice is only subject to local governance, i.e., there is no standardisation in job roles. Therefore, how can we count the number of people doing each job – difficult for workforce planning.
	+ Definitions were sought for consultant, advanced and specialist roles that did not include clinical skills, This has now been finalised.
	+ Next knowledge, skills and behaviours were used to identify a particular role. Role specific knowledge skills and behaviours link to NES post registration career framework, thus competencies required to underpin the knowledge, skills and behaviours identified need to be recognised and incorporated by HEIs.
	+ Three pilots currently running looking at MSK, radiography and unscheduled care. Once these are finished, this will roll out, with support, to other pertinent areas.

Close and dates for next meeting.

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