

Matters Arising

1. Setting up advisory structures for the first transitional period

The report and recommendation have been transmitted to the Council for its endorsement where needed. Letters have been written to all lay members of Council inviting them to participate in this work. Letters have been written to the Chief Executives of relevant professional bodies on the human resources aspects of the work. Formal invitations to members in the CPSM structures will be sent out as soon as the Council's authority is obtained.

2. Meeting with Universities UK and the Standing Conference of Principals

Arrangements in hand.

3. Meeting the Student Numbers Targets in the NHS Plan (for England)

An article from Therapy Weekly on 21 February 2002 follows up the concerns expressed at the last meeting.

4. Statement of Intent to Change

This should have been finalised and published by the time of the meeting.

5. DoH Consultation Paper on the Multi-Professional Education and Training Levy (in England)

DoH has indicated that this paper's scope will be widened, but its publication date will be consequently delayed. The Committee will be kept informed.

6. Statement of Intent

This has been agreed and published and is now appended.

THE SHADOW HEALTH PROFESSIONS COUNCIL

c/o CPSM (Telephone: 020 7582 0866)
Park House, 184 Kennington Park Road, London SE11 4BU



Our ref: CDB/AH/455423

Date: 25/02/2002

To all lay members

Dear Colleague,

EDUCATIONAL APPROVAL AND CONTINUED APPROVAL ADVISORY GROUPS IN THE FIRST TRANSITIONAL PERIOD

The Council will be asked to endorse the strategy for this work approved by the Education and Training Committee (ETC) on 13 February 2002.

This strategy entails re-appointing Joint Validation Committees / Joint Validation Advisory Committees or Boards as appropriate to advise ETC and the Council. An important part of the strategy is also to give lay members an opportunity to be involved in this work. To this end each advisory group can contain a lay member of Council.

I am writing to explain how this would operate in more detail. First, while it would be preferable, not every lay member needs to discharge this duty. Second, in consequence, members may serve on more than one Group if they choose. The levels of commitment will be set out in the papers for the Council meeting on 12 March 2002. In most professions they would be likely to be a minimum of around four half-days a year with a discretion of a higher commitment.

I am not going to try to run the hugely complex appointments procedure in a full Council meeting, but do it by chairman's action. We would be most grateful if you could indicate to the ETC Secretary (Dr. Peter Burley) if you would like to undertake this duty, and, if so, which profession(s) you would like to work with.

Yours sincerely,

Prof. Diane Waller,
Chairman ETC

Peter Burley

From: Peter Burley
Sent: 14 February 2002 09:38
To: 'eve.jagusiewicz@UniversitiesUK.ac.uk'; 'patricia.ambrose@scop.ac.uk'
Cc: 'diane.waller@virgin.net'; 'n.brook@doncleve.fsnet.co.uk'
Subject: AHP etc. Information

Eve and Patricia,

This is to confirm the request made at yesterday's (Shadow) Health Professions Council's (HPC) Education and Training Committee (ETC).

The request is that UUK and SCOP member institutions be formally notified via your own channels of communication that as at 1 April 2002 The Council for Professions Supplementary to Medicine and its Boards will be replaced by the Health Professions Council.

The President of the Council is Professor Norma Brook and the Chairman of its (statutory) Education and Training Committee is Professor Diane Waller. The Chief Executive Designate at HPC is Marc Seale and the Secretary of the ETC is Peter Burley.

Although CPSM will be abolished on 31 March 2002, the way in which the Department of Health has legislated the transition means that the powers of the Professions Supplementary to Medicine Act, 1960, will continue to run unchanged for the "first transitional period" (from 1 April 2002 to 31 March 2003). The ETC has decided to ask the personnel discharging this work currently at CPSM and in the relevant professional bodies to continue to do so for the first transitional period. HEIs, therefore, should continue to work as before and deal - until notified otherwise - with the same people as before. It is important for HEIs to understand that there will be no hiatus in the statutory regulation of institutions, courses and qualifications intended to lead to state registration with HPC.

For the longer term, HPC will be undertaking extensive consultation with the sector on how the relevant part of the HPC Order in Council should be implemented. It is in this context that any major proposals for change will be developed. Member institutions may wish to familiarise themselves with the text of the Order and begin to reflect on what views they may have on its implementation.

Also, as mentioned yesterday, you might want to make some similar comments to member institutions about the changes in nursing.

Please use me as your first point of contact and do come back to me for any clarification.

Peter

Therapists furious over recruitment targets

Joy Ogden

Therapy leaders are on the war-path about recruitment and retention targets this week in the light of the revelation that the government will not, after all, break down its figures for the different allied health professions. And speech and language therapists are shocked to discover that they are not included in those targets.

When the NHS Plan was published in July 2000 it was understood that the promise of "6,500 more therapists and other health professionals" by 2004 would be refined into separate figures for the different professions.

But a Department of Health spokesman told *Therapy Weekly* on Monday: "The NHS Plan target for AHPs has not been broken down into staff type, just as the nurse recruitment target is not broken down into nurse type or consultant target into consultant type."

Later he added: "In order to allow maximum flexibility for local planners we deliberately did not break the target down.

"The baseline for the NHS Plan workforce figures is 1999. Since then the number of therapists and other health professionals has increased by 3,400.

"Of this increase around a third are PTs and a third OTs. We would expect these proportions to remain broadly similar across the rest of the NHS Plan period." The target is "a floor for growth and not a ceiling", he added.

But Kate Moran, head of industrial relations research at the Chartered Society of Physiotherapy, said that the failure to differentiate between AHP staff was "very disappointing and of great concern to the CSP".

She added: "The AHPs are a group of very different professions with diverse roles and in terms of retention and recruitment there are separate issues affecting each profession, so it is not at all helpful to lump us all together.

"For example, undergraduate PT courses are over-subscribed, whereas radiography courses are under-subscribed. However, PT has more difficulty retaining qualified staff in the NHS because of the many attractive opportunities in the private sector. Such opportunities for radiographers, for instance, are much rarer.

"It is vital that the DoH acknowl-

edges the difference between AHPs to establish why people are leaving the NHS – rather than making the assumption that all the AHPs face the same problems and, therefore, that the same solutions will be appropriate for all."

A College of OTs' spokesperson said: "While allowing that maximum flexibility for local planning is a good idea, we are concerned about whether there is sufficient focus on the overall picture, and past experience doesn't give much comfort.

"There are still so many issues to be dealt with in attracting more students into OT, but we are disappointed that the latest recruitment campaign gives only a passing mention to the profession, when OTs have such a key role to play in helping the government achieve its health targets. I don't think any service user would say enough is being done."

Kamini Gadhok, chief executive of the Royal College of Speech and Language Therapists, who has been liaising with the DoH on workforce planning, said she was "stunned" to discover this week that SLTs are not included in the 6,500 target as they are not covered

by the pay review body.

"This is yet another area where the DoH can quickly lose credibility as it is absurd to imagine such an omission could have been made," she said.

Ms Gadhok says she has contacted DoH policy leads and been reassured that this does not mean that SLTs will be excluded from the current recruitment and retention work. In fact the profession is mentioned in the new DoH advertising campaign that the RCSLT has supported, and the college is working in partnership with the Positively Diverse programme to examine ways to increase diversity in the profession.

In projecting future workforce requirements, Ms Gadhok is concerned that the "cake" is not cut at a national level as the information required is not yet available (for instance on trends in morbidity and mortality, along with demographic shifts to project future workforce demands).

"This means that, for now, it is essential that the health and social care needs of local populations are identified along with the 'team' to deliver this care," she said.

● See Editorial, page 4.

THERAPY WEEKLY

21/2/02

EDUCATION AND TRAINING COMMITTEE : STATEMENT OF INTENT

The Education and Training Committee is committed to a thorough review of all the former CPSM processes and procedures, with a view to identifying the best practice in matters of education, training and programme approval carried out previously by the Boards.

It will bring forward for consultation proposals designed to maximise the opportunities offered by the new statute. In particular, ETC will be looking to maintain and develop the contacts already established with stakeholders, and other relevant bodies in health and education, with the aim of maximising multi-professional working, in closer co-operation with these stakeholders.