

## Looking Forward to 2012

The Health and Social Care Bill is making slow but steady legislative progress. The last committee stage in the House of Lords took place on 28 November. During this process we continue to prepare for our new functions as proposed in the Bill. Otherwise, it is business as usual.

We published our [audit report](#) on the initial stages of fitness to practise for the Nursing and Midwifery Council earlier this month. We have also announced that we are [investigating concerns](#) about the General Dental Council. We will publish our report on the investigation on our website ([www.chre.org.uk](http://www.chre.org.uk)) when it is completed.

One of the roles proposed for us in the Health and Social Care Bill is to develop an accreditation scheme for voluntary registers. You can follow progress on this project at <http://www.chre.org.uk/voluntaryregisters/>.

In November, Christine Braithwaite, Director of Policy and External Relations, spoke at the NHS Employers Conference, outlining our proposals for the accreditation scheme, which received favourable interest from delegates. The process of consultation we have used so far has included a series of workshops with professionals belonging to voluntary registers and with representatives from patient groups. In this issue of CHRE-news, we publish the [personal perspective](#) of one user representative who has been participating in the process.

In early July we were asked by Sir David Nicholson to develop standards for NHS board members. We have published a [policy review](#) and will publish our public consultation on the draft standards shortly. We will welcome your responses to this consultation, which will be featured on the homepage of our website.

We [responded to the EU green paper consultation](#) on the mobility of health professionals across Europe. Our consultation response to the green paper raised concerns about the European professional card. We were pleased to note that our views were quoted in the recent report from the European Union Committee of the House of Lords. Below is an article outlining the [latest developments](#) in the mobility of health professionals across Europe.

In the article below, the General Chiropractic Council (GCC) explains how they work with enforcement agencies and others to produce guidelines on [the use of X-rays](#) in treatments provided by chiropractors.

We welcome your comments or suggestions to improve CHRE-News. Please send this information to [Rachael.desouza@chre.org.uk](mailto:Rachael.desouza@chre.org.uk).

# The mobility of health professionals in Europe

## - latest developments

In October the House of Lords European Union Committee published a report '*Safety First: Mobility of Healthcare Professionals in the EU*'. The report found that the Professional Qualifications Directive as it currently stands is striking the wrong balance between free movement and patient safety, placing patients at unacceptable risk. The report in full can be viewed [here](#).

More recently the European Commission held a conference in Brussels on 7 November which was attended by more than 240 participants from across the member states.

The conference was launched by Michel Barnier, the European Commissioner for Internal Market and Services. He underlined the importance of the professions and their free movement around member states as being a key component for economic recovery.

Other speakers included Karolina Ostrzyniewska, representing the Polish Presidency of the Council, Baroness Young of Hornsey, MEPs Malcolm Harbour, Emilie Turunen and Bernadette Vergnaud, the Chief Executive of the German Federal Chamber of Architects, Tillman Prinz and the Secretary General of the European University Association, Lesley Wilson.

The importance of protecting the interests of patients and the public in the modernisation of the Directive was expressed repeatedly. Another major focus of discussion was a developing concept of a European professional card. This is now envisaged as an e-certificate to be issued by competent authorities, closely tied to the Internal Market Information (IMI) system, rather than a plastic card.

Another major area of discussion was the link between the review of the Directive and ongoing educational reforms across member states. The conference received a presentation on a recently published report on this subject by GHK Consultancy in association with the Danish Technological Institute which can be found [here](#).

To conclude the conference, Jonathan Faull, the Director General of DG Internal Market and Services confirmed that legislative proposals regarding the review of the Directive will be made by the Commission by the end of the year.

**Douglas Bilton, Research and Knowledge Manager  
Council for Healthcare Regulatory Excellence**

## X-rays and the rules: safety first

Most of us have had an X-ray at some time in our lives and simple radiographs involve extremely low amounts of radiation. With each X-ray there is a cumulative effect of radiation exposure and so the clinical benefits to the patient must be carefully assessed and must outweigh any risks.

Chiropractors diagnose and treat musculoskeletal disorders and are competent to perform diagnostic triage. The majority are fully trained to take, as well as interpret X-ray images and interpret reports from radiologists. When requesting X-rays, or other imaging procedures, they must provide clear reasons why X-rays are clinically justified.

Chiropractors must observe the GCC's [Code of Practice and Standard of Proficiency](#), which requires compliance with the legislation and regulations covering ionising radiation. This legislation defines the responsibilities of employers and health professionals to provide a framework that protects patients, members of the public and healthcare workers from unnecessary or excessive radiation exposure. It sets out the responsibilities of four categories of 'duty holders': the employer, practitioner, referrer and the operator.

Most chiropractors work privately and patients usually self-refer for treatment. A number of chiropractors have X-ray equipment on their premises and so often fulfil the requirements of all four duty holders.

The Health and Safety Executive (HSE) is one of a number of public bodies that regulate work that causes or could cause radiation exposure of workers or members of the public. HSE's inspectors advise, inspect, investigate and enforce so that radiation exposure arising from work activities is adequately controlled.

We work with the enforcement agencies and, currently, the GCC is facilitating meetings between the enforcement agencies, chiropractic representatives and providers of chiropractic degrees, to produce referral criteria, standard operating and audit procedures specific for the chiropractic profession, which will be available in the New Year.

GCC guidance for chiropractors on ionising radiation regulation and that published by the enforcement agencies can be read on [www.gcc-uk.org](http://www.gcc-uk.org).

**Philippa Barton-Hanson**  
**Executive Officer (Policy and Communications)**  
**General Chiropractic Council**

# An NHS patient's view: developing the Accreditation Scheme for voluntary registers

When asked to participate in the meetings, I felt that the complex topics were difficult to grasp. I was clear on the process that CHRE chose to use within their consultation meetings because I received the paperwork in advance. At the meetings I felt welcomed and listened to. I felt the confidence to voice my thoughts which is a tribute to the inclusive nature of the process. There was also a warmth and efficiency from the participants.

Patient representatives were a small proportion of delegates as most were professional people. Our presence at the meetings shows that CHRE involves the members of its Public Stakeholder Network.

During the process, I began to have issues with proposals made by some participants from the voluntary registers. Their view on complaints handling was that external review or independent mediation of complaints would be costly and was therefore unnecessary.

I firmly believe that strong management of complaints is necessary to get credibility for the voluntary accreditation scheme. It may also be cost-effective to use mediation in the early stages than to engage with litigation at the later stage.

Voluntary register holders accredited by CHRE should consider independent audits of complaints, a resolution mechanism (by an ombudsman) and use of mediation in the early stages.

People using the services provided by accredited registers must feel confident that all the complaints are logged, are carefully considered and that the complainant is clear why decisions have been made by the register holders. I think that the Professional Standards Authority (as CHRE will be called once legislation is passed), should be able to remove register holders from their accredited list where too many complaints have been mishandled.

I hope that my recommendation for robust complaints management will help to increase the trust that patients and service users will have in this new Scheme. The 'kite-mark' that the Professional Standards Authority hopes to use to promote their Accreditation Scheme should be a symbol of confidence in these professions amongst patients and service users.

**Philip Dixon-Phillips**  
**Member of CHRE's Public Stakeholder Network**