

**Council**

**Minutes of the 73<sup>rd</sup> meeting of the Health Professions Council held as follows:-**

**Date:** Thursday 9 February 2012

**Time:** 10.30am

**Venue:** The Council Chamber, Health Professions Council, Park House, 184  
Kennington Park Road, London SE11 4BU

**Present:** Anna van der Gaag (Chair)  
Pradeep Agrawal  
Jennifer Beaumont  
Mary Clark-Glass  
John Donaghy  
Julia Drown  
John Harper  
Richard Kennett  
Jeff Lucas  
Morag MacKellar  
Penelope Renwick  
Keith Ross  
Deep Sagar (from item 8 onwards)  
Annie Turner  
Joy Tweed  
Diane Waller

**In attendance:** Gary Butler, Director of Finance  
Guy Gaskins, Director of IT  
Abigail Gorringe, Director of Education  
Michael Guthrie, Director of Policy and Standards  
Louise Hart, Secretary to Council  
Teresa Haskins, Director of HR  
Jacqueline Ladds, Director of Communications  
Tim Moore, Interim Director of Finance  
Steve Rayner, Secretary to Committees  
Greg Ross-Sampson, Director of Operations  
Marc Seale, Chief Executive and Registrar

### **Item 1.12/1 Chair's welcome and introduction**

- 1.1 The Chair welcomed all members and observers to the meeting.
- 1.2 The Chair wished to place on record the Council's thanks to Gary Butler for his work at the HPC over the last three years. The Chair welcomed Tim Moore as Interim Finance Director.

### **Item 2.12/2 Apologies for absence**

- 2.1 Apologies for absence were received from Malcolm Cross, Sheila Drayton, Arun Midha and Eileen Thornton.

### **Item 3.12/3 Approval of agenda**

- 3.1 The Council approved the agenda subject to the consideration of the tabled paper relating to voluntary registration to be considered under item number 10, enclosure 6. It was noted that this paper had also been e-mailed to all members.

### **Item 4.12/4 Declaration of Members' Interests**

- 4.1 Keith Ross declared an interest as his wife is a Council member of CHRE.

### **Item 5.12/5 Minutes of the Council meeting of 6 December 2011 (report ref:- HPC1/12)**

- 5.1 The Council considered the minutes of the 72nd meeting of the Health Professions Council as circulated.
- 5.2 With reference to the penultimate bullet point in relation to item 8 on page 5, the suggestion was made that the second part of the paragraph starting "The Council noted that this decline had not..." be deleted;
- 5.3 With reference to the final bullet point in relation to item 8 on page 5, the suggestion was made that the second part of the paragraph starting "which mean that students can no longer..." be deleted;
- 5.4 In relation to the penultimate bullet point under item 11.3 on page 8, the suggestion was made that the bullet be amended to read ".....who may not have patients as service-users."
- 5.3 It was agreed that, subject to the amendments detailed in paragraphs 5.2-5.4 and minor typographical errors, the minutes of the 72nd meeting of the Health Professions Council be confirmed as a correct record and signed by the Chair.

**Item 6.12/6 Matters arising (report ref:- HPC2/12)**

6.1 The Council noted the action list as agreed at the last meeting.

**Item 7.12/7 Chair's report (report ref:- HPC3/12)**

7.1 The Council received a paper from the Chair.

7.2 During discussion, the following points were made:-

- The meeting held on 27 January 2012 was convened by the Chief Health Professions Officer, Karen Middleton, in response to HPC's work on Professionalism. The meeting also looked at the professionalism report commissioned in Scotland (see item 12) together with the interim report arising from the Francis Inquiry;
- That as part of the Chair's visit to Australia, presentations were made at the Australian Health Practitioner Regulation Agency (AHPRA) and HealthGov Australia. These were attended by regulators, researchers and government officials. It was clear that HPC is held in high regard in this regulatory community;
- The state of Victoria has been regulating traditional Chinese medicine (TCM) for the last ten years and Australia-wide regulation for this group will be implemented in July 2012.
- A full report on the Chair's visit to Australia would be submitted to the next meeting of Council;
- It was noted that Australia had moved towards a multi-professional model of regulation;
- In response to a question regarding the regulation of TCM, it was noted that the Chair had learnt a lot in Victoria in relation to their approach to fitness to practise and setting of standards and this would be useful in HPC's work on regulating TCM. It was noted that the rate of complaint against TCM practitioners was relatively low, at only 2 complaints per 1000 registrants compared with 72 complaints per 1000 for doctors;
- It was noted that the Victoria model had relied on gaining trust with the profession by working closely with the professional associations. Communication with the profession was very seen as key;
- In response to a question on standards, the Council noted that the standards set by AHPRA were different to HPC's standards in the sense that they do not specify competencies;

- In relation to the professionalism meeting with the Department, the Council noted that anecdotally, examples of poor standards of professionalism was not perceived to be such a widespread issue in relation to allied health professionals. However, there was value in becoming more proactive in this area in order to promote more awareness of the importance of high standards of professionalism across all the health professions

7.3 The Council noted the report.

**Item 8.12/8 Chief Executive's report (report ref:- HPC4/12)**

8.1 The Council received a paper from the Chief Executive.

8.2 During discussion, the following points were made:-

- That the FtP Case Management System was due to go live in April and currently employees were being trained on its operation;
- That the Education systems project was progressing well;
- That page 33 of the graphical information showed a decrease in FtP caseloads over the period. This figure was important in indicating the performance of a regulator;
- In relation to the transfer of regulation of social workers to the HPC, the Council noted that agreement had now been reached on the Fitness to Practise Department's advisory role. The benefit to HPC is that the HPC case officers would be familiar with the GSCC cases and this would assist in minimising delay on the date of transfer. The disadvantage however was that all cases which transferred could be actioned straight away but no income would be received from registrants until December 2012;
- It was noted that the cost of providing this advisory service would be covered by a grant from the Department of Health and negotiations were ongoing in relation to a grant to cover the cost of dealing immediately with the large influx of cases on the date of transfer;
- The Council noted that the partners would not be transferred from the GSCC although they would be eligible to apply to HPC through the normal recruitment process. It was noted that the recruitment of partners was ongoing and training for new partners had been organised;

- In response to a question about the increase in number of review hearings as set out on page 28, it was noted that this was as a result of the improvements in the quality of the conditions being imposed rather than registrants not engaging with the HPC;
- Concern was expressed that on page 7 of the narrative part of the report, the term “clinical” was being used in relation to social workers. The Council were assured that the recruitment advertisement used the term “practising.” The Council were in agreement that it would be helpful to have a briefing in relation to appropriate language to be used, given the increased remit of HPC. It was noted that practising social workers were often described as “front line”;
- In response to a question about the “peaks and troughs” evident in relation to the major change submissions set out on page 2e of the statistics, the Council noted that there were no emerging trends as it was up to the programme provider to instigate a review of their provision on an ongoing basis;
- It was noted that the Education Department would be increasing their headcount to accommodate the increase in workload as a result of the social work programmes which would be approved by HPC once the transfer took place;
- In response to a question about the timeframe for regulating TCM, the Council noted that the DH were due to publish their consultation paper and impact assessment. The legislative vehicle now being used to bring this group into regulation was a Section 60 Order. The Council were in agreement that no resources should be put into this project until such time as the project had been established by the DH;
- The Council noted that there would be an increase in the number of case managers in the FtP department which would assist in dealing with the additional cases not forecasted for the current financial year;
- In response to a question about those cases taking more than 24 months to be heard, the Council noted that there were occasions when complainants did not engage with the HPC and this caused delay. It was further noted that this delay could also be as a result of a change in categorisation of the case.

8.3 The Council noted the report.

## Strategy and Policy

### **Item 9.12/9 Strategic Intent 2012-2015 (report ref:- HPC5/12)**

- 9.1 The Council received a paper for discussion/approval from the Executive.
- 9.2 The Council noted that at its away day in October 2011, it had discussed the existing strategic intent document for 2009/10 to 2014/2015. There was widespread consensus that only minor changes were necessary to the strategic objectives outlined in the document. The strategic intent document has been updated and revised, taking into account the Council's discussion
- 9.3 In discussion, the following points were made:-
- That during the strategy day held on 8 February 2012, the vision had been agreed as follows:- "To be recognised internationally as a model of good practice in public protection through the regulation of health and care professionals;"
  - That with regards to bullet point one, paragraph 2.5, the emphasis needed to be on the enlarged remit, not on the change of name;
  - The suggestion was made that a foreword be added to the document and this could set out progress and achievements to date. Members concurred with the suggestion;
  - The suggestion was made that objective 5 "Influence the Policy agenda" required a reference to the use of impact assessments and a reference to influencing the regulatory agenda;
  - The suggestion was made that objective 5 also needed a reference to HPC being recognised internationally;
  - With regards to objective 6, the suggestion was made that this be extended to cover the international perspective.
- 9.4 The Council agreed to invite the Executive to present a final draft for approval at the next meeting of Council. This would incorporate those suggestions made during the course of discussion and set out under 9.3.

### **Item 10.12/10 Voluntary Registration (report ref:- HPC6/12)**

- 10.1 The Council received a paper for discussion/approval from the Executive.

10.2 The Council noted that, at its meeting in September 2011, it had considered a paper which looked at establishing voluntary registers and making recommendations for statutory regulation. The paper advised the Council that legal advice was being sought in this area. The Council also discussed and agreed a statement of policy on this topic.

10.3 The Council noted that the current paper:

- updated the Council about the development of the CHRE voluntary register accreditation scheme;
- updated the Council about initial discussion with the Department of Health about voluntary registration for adult social care workers in England;
- outlined and discussed the legal advice received; and
- identified a number of actions on which the Council's agreement was sought.

10.4 During the course of discussion, the following points were made:-

- Clarification was sought on the role of CHRE and the HPC in relation to voluntary registration. The Council noted that CHRE would be providing a commercial accreditation process for voluntary registers although, unlike the HPC, they would not be given powers to set up voluntary registers;
- Concern was expressed that confusion already existed in relation to CHRE's role and HPC's role in terms of voluntary registration and this would be further exacerbated for members of the public in trying to understand HPC's role in administering both statutory and voluntary registration;
- The suggestion was made that in order to avoid confusion, a distinction needed to be drawn between voluntary registration and statutory registration and the proposal was that statutory regulation could be promoted as being about public protection and voluntary registration about improving standards;
- It was noted that from an accounting perspective, there would need to be a distinction between the two types of registers;
- It was noted that in light of the recent legal advice, the process diagram set out in annex A needed to be updated;
- Council noted the history of professional regulation in the UK, which began with a voluntary register for doctors and ultimately

led to statutory regulation. Therefore, the longer term view might need to be taken in any decision on voluntary registration;

- That in order for HPC to progress with a system of voluntary registration, a substantial grant would need to be provided by the Department of Health;
- Concern was expressed that a generic model of voluntary registration needed to be developed rather than a model based on adult social care workers which then had to 'fit' retrospectively to other groups;
- That should HPC have concerns over the principle of voluntary registration on the basis that it does not ensure public protection, this needed to be clearly articulated in order to mitigate any potential criticism in the future;
- A query was raised as to whether recommendation two, paragraph 6.3, relating to the use of Article 3(17) powers to make recommendations for statutory regulation, should also specifically refer to adult social care workers. The Council noted that amendments to the Health Professions Order 2001 outlined in the Health and Social Care Bill 2011 would allow recommendations to be made for the statutory regulation of adult social care workers.
- A suggestion was made that within the principles section of the policy statement, reference needed to be made under bullet point two that HPC could also consider that an alternative model of regulation if it was more appropriate for a specific group. The council concurred with this suggestion;
- With reference to the final recommendation set out on page 10, emphasis was placed on the need to collaborate with others. Council noted that HPC was working closely with CHRE in relation to the risk assessment tool. The CHRE's risk tool was being developed for use within the CHRE's process to accredit voluntary registers, rather than with the intention to make judgements about the relative merits of voluntary registration versus statutory regulation;
- An observation was made that too much emphasis was being placed on differentiating between statutory and voluntary registers when in fact further work needed to be done to encourage the public to use the services of registered professionals.

10.5 The Council agreed to instruct the Executive to:-

- (i) update the outline process diagram in annex A in line with the content of this paper for consideration at a future meeting of Council;
- (ii) submit a further paper to a future meeting of Council seeking further discussion on a policy and criteria for how the Council might exercise its Article 3(17) powers to recommend statutory regulation in the future;
- (iii) submit a further paper to a future meeting of Council to look at the kinds of issues that might be considered or included in an impact assessment on establishing a voluntary register;
- (iv) submit a further paper looking at the adult social care workforce in England, and keeping Council informed of any changes or developments in government policy in this area.

A short break was taken at 12:20pm. Council reconvened at 12:30pm.

**Item 11.12/11 Regulation of 'non-medical' Public Health Specialists  
(report ref:- HPC7/12)**

- 11.1 The Council received a paper for discussion/approval from the Executive.
- 11.2 The Council noted that on 23 January 2012, Andrew Lansley MP, Secretary of State for Health, had announced plans to ensure that non-medically qualified public health specialists are appropriately regulated. The Department of Health had written to confirm that the HPC would be asked to regulate this group.
- 11.3 In discussion, the following points were made:-
  - That the Faculty of Public Health and the UK Public Health Register were generally supportive of this group becoming statutory regulated;
  - Clarification was sought on the difference between non-medical public health specialists, practitioners and consultants. The Council noted that public health practitioners were a separate group of front line public health workers below the level of 'specialist'. Public health specialists were eligible to be appointed to Director of Public Health or Consultant in Public Health posts.
  - It was further noted that there were public health nutritionists and so some further work needed to be done on those

professions currently practising under the non-medical public health umbrella;

- There was consensus that the term “non-medical” was not particularly helpful and an alternative should be sought;
- Concern was expressed over the government’s decision to statutorily regulate this group in light of their previous decision to not statutorily regulate any other professions;
- In response to a question relating to the reaction of those professions awaiting statutory regulation such as the clinical professions, the Council noted that this inconsistency in terms of government policy in relation to regulation would in all likelihood be raised by the professions when the Health and Social Care Bill entered report stage;
- The legislation which would bring the profession into statutory regulation was not likely to be introduced until 2015, the year of the next general election;

11.4 The Council noted the paper.

**Item 12.12/12 Professionalism in nursing, midwifery and the allied health professions in Scotland (report ref:- HPC8/12)**

- 12.1 The Council received a paper for discussion/approval from the Executive.
- 12.2 The Council noted that following the publication in 2010 of the “Healthcare Quality Strategy for NHS Scotland” which held a vision of a “world class healthcare system”, the Chief Nursing Officer of the Scottish Government, Ros Moore, and the NMAHP (Nursing, Midwifery and Allied Health Professions) Coordinating Council had commissioned a report on professionalism as they agreed that it was a good opportunity “to consider how we could re-energise the concept.”
- 12.3 The Council noted that the Chair of HPC,, had been appointed to the working group. This group was chaired by a lay member, Dr Frances Dow, former Vice Principal at the University of Edinburgh. The working group had been tasked with exploring the issue of professionalism and the focus was on the NMAHP workforce, although not exclusively, and had been carried out in parallel to the ongoing work in this area within Scottish medicine. The working group formulated a series of recommendations which were summarised in the report appended to the paper. The Coordinating Council had considered the report and further work on implementing the recommendations was under development.

12.4 During discussion, the following points were made:-

- That the membership of the working group was biased towards nursing;
- The Chair would keep the Council informed of any progress in relation to the workstreams;
- The Department of Health were interested in the report and were planning to address similar issues in England;
- Further explanation was sought in relation to the “enormous advantages and privileges for healthcare staff in being recognised as professional..” as set out on page 15. The Council noted that this was in relation to salaries, status and social influence;
- The Council noted that in relation to recommendation one of the report, there is a strong message about empowerment but this is followed up by a statement about the importance of personal presentation and perhaps this paragraph needed to be looked at. In addition, concern was expressed that complicated requirements in terms of uniform may deter people from entering certain professions, something that should be avoided;
- The Council noted the positive acknowledgement of HPC’s work on professionalism in the report;
- The suggestion was made that the Education and Training Committee be tasked with looking at those recommendations of the paper that could be taken forward by HPC, a suggestion that members concurred with.

12.5 The Council noted the report and agreed to forward the report to the Education and Training Committee for further consideration.

**Item 13.12/13 Transfer of regulatory functions from General Social Care Council to HPC (report ref:- HPC 9/12)**

13.1 The Council received a paper for discussion/approval from the Executive.

13.2 In accordance with the decision of Council to be kept informed of ongoing work relating to the transfer of regulatory functions from the GSCC to the HPC, a standard item had been put on the agenda of every meeting of Council. However, it was noted that there was nothing further to update the Council on.

## Corporate Governance

### **Item 14.12/14 Registrant Creditor Policy (report ref:- HPC10/12)**

- 14.1 The Council received a paper for discussion/approval from the Executive.
- 14.2 The Council noted that the policy determined the approach which HPC should take when a registrant's record had a positive balance but the registrant had lapsed from the register. The paper proposed that, where appropriate, HPC would in future make a refund as soon as practical after the registrant had lapsed. The revised policy had also been reviewed by HPC's solicitor. The Finance and Resources Committee on 26 January 2012 had recommended the policy to the Council.
- 14.3 The Council approved the policy.

### **Item 15.12/15 Minutes of the Finance and Resources Committee held on 24 November 2011 (report ref:- HPC11/12)**

- 15.1 The Council received a paper for approval from the Executive.
- 15.2 The Council approved the recommendations therein.

The Council noted the following items:-

### **Item 16.12/16 Dates of Council meetings in 2013 (report ref:- HPC12/12)**

### **Item 17.12/17 Reports from Council representatives at external meetings (report ref:- HPC13/12)**

### **Item 18.12/18 Minutes of the Education and Training Committee meeting held on 17 November 2011 (report ref:- HPC14/12)**

### **Item 19.12/19 Any other business**

- 19.1 There was no other business.

### **Item 20.12/20 Date and time of next meeting**

- 20.1 The next meeting of the Council would be held at 10:30 am on Thursday 29 March 2012.

### **Item 21.12/21 Resolution**

The Council agreed to adopt the following resolution:-

"The Council hereby resolves that the remainder of the meeting shall be held in private, because the matters being discussed relate to the following;

- (i) information relating to a registrant, former registrant or application for registration;
- (ii) information relating to an employee or office holder, former employee or applicant for any post or office;
- (iii) the terms of, or expenditure under, a tender or contract for the purchase or supply of goods or services or the acquisition or disposal of property;
- (iv) negotiations or consultation concerning labour relations between the Council and its employees;
- (v) any issue relating to legal proceedings which are being contemplated or instituted by or against the Council;
- (vi) action being taken to prevent or detect crime to prosecute offenders;
- (vii) the source of information given to the Council in confidence; or
- (viii) any other matter which, in the opinion of the Chair, is confidential or the public disclosure of which would prejudice the effective discharge of the Council's functions.

Item	Reason for Exclusion
22	iv
23	iii
24	ii
25	iv
26	iii, iv, v, viii
27	v

**Item 22.12/22 Minutes of the private part of the Council meeting held on 6 December 2011 (report ref:- HPC15/12)**

- 22.1 The Council approved the minutes of the private part of the Council meeting held on 6 December 2011.

**Item 23.12/23 Office accommodation (report ref:- HPC16/12)**

- 23.1 The Council agreed a proposal in relation to the purchase of office accommodation and received information on a proposed lease of office accommodation.

**Item 24.12/24 Council seal (report ref:- HPC17/12)**

- 24.1 The Council agreed that the Council's Common Seal be affixed to document in relation to the Council for Professions Supplementary to Medicine Benefits Scheme.

**Item 25.12/25 Transfer of regulatory functions from General Social Care Council to HPC (report ref:- 18/12)**

25.1 The Council received a verbal update from the Chief Executive relating to the transfer of the regulatory functions form the General Social Care Council to HPC.

**Item 26.12/26 Minutes of the private part of the Finance and Resources Committee held on 24 November 2011 (report ref:- HPC19/12)**

26.1 The Council considered these minutes and approved the recommendations therein.

**Item 27.12/27 Judicial Review (report ref:- HPC20/12)**

27.1 The Council noted a paper relating to a judicial review.

**Item 28.12/28 Any other business for consideration in private**

28.1 There were no items for consideration in private.

Chair: .....

Date: .....