

**Council**

**Minutes of the 96th meeting of the Health and Care Professions Council as follows:-**

**Date:** Thursday 12 February 2015

**Time:** 9.30am

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

**Present:** Anna van der Gaag (Chair)  
Elaine Buckley  
Stephen Cohen  
Eileen Mullan  
Joanna Mussen  
Sonya Lam  
Robert Templeton  
Joy Tweed  
Nicola Wood  
Stephen Wordsworth

**In attendance:**

John Barwick, Acting Director of Fitness to Practise  
Nicole Casey, Policy Manager (For items 1-5)  
Laura Coveney, Policy Officer (For items 1-5)  
Liz Craig, PA to Director of Education (For items 1-5)  
Guy Gaskins, Director of Information Technology  
Andy Gillies, Director of Finance  
Abigail Gorringe, Director of Education  
Michael Guthrie, Director of Policy and Standards  
Teresa Haskins, Director of Human Resources  
Grant Imlach, Media and PR Manager  
Jonathan Jones, Stakeholder Communications Manager  
Jacqueline Ladds, Director of Communications  
Louise Lake, Director of Council and Committee Services

Greg Ross-Sampson, Director of Operations  
Marc Seale, Chief Executive and Registrar  
Edward Tynan, Policy Officer (For items 1-5)

## Public Agenda – Part 1

### **Item 1.15/33 Chair's welcome and introduction**

- 1.1 The Chair welcomed Council members and those seated in the public gallery to the 96<sup>th</sup> meeting of Council.

### **Item 2.15/34 Apologies for absence**

- 2.1 Apologies for absence were received from Richard Kennett and Graham Towl.

### **Item 3.15/35 Approval of Agenda**

- 3.1 The Council approved the agenda.

### **Item 4.15/36 Declaration of Members' interests**

- 4.1 There were no interests declared.

## Strategy and Policy

### **Item 5.15/37 Overview of recent developments**

- 5.1 The Council received a presentation from the Chief Executive and Registrar. This covered the following areas:-

- Current position and legislation;
- Registrant and fee levels;
- Operating expenditure;
- External factors;
- Separation of adjudication;
- Office accommodation and facilities;
- Next steps.

- 5.2 The Council were given the opportunity to ask questions.

[Council took a break at 10:30am and resumed at 10:45am]

**Item 6.15/38 Government response to the consultation on the regulation of public health specialists from non-medical backgrounds (report ref:- HCPC18/15)**

- 6.1 The Council received a paper from the Executive.
- 6.2 The Council noted that the Department of Health had confirmed the Government's intention to publish a Section 60 Order under the Health Act 1999 to regulate public health specialists with the HCPC.
- 6.3 During discussion, the following points were made:-
- Those registrants of the NMC and GPhC who are public health specialists should not in future have to dual register but rather they could be annotated as specialists in the respective Registers. However, there is no obligation on these regulators to annotate their registers;
  - Some registrants may not wish to have an annotation added to their existing registration and may prefer to be separately registered as a public health specialist in order to give this area of their work greater credibility;
  - Since publication of the paper, it was noted that the Register would now open to this profession on 1 July 2016;
  - Concern was expressed in terms of inequality for those public health specialists on the GMC register who would be subject to revalidation whilst our registrants would not. In response, the Executive did not consider this to be a big issue. However, our registrants would be subject to HCPC's system of CPD.

6.3 The Council discussed the report and noted the contents.

**Item 7.15/39 Statutory regulation of further professions (report ref:-HCPC19/15)**

- 7.1 The Council received a paper from the Executive.
- 7.2 The Council noted that the HCPC used to run what was known as a 'new professions' or 'aspirant groups' process by which it could consider applications from professional bodies seeking regulation for their professions and make recommendations. The process was closed to new applications in 2011 following the publication of 'Enabling excellence'. In January 2014, we were called for the first time to appear before the UK Parliament Health Committee. In anticipation that we would be called before the Committee again in 2015, we wrote to the aspirant professions in July 2014. We sought evidence to support the case for their regulation. In November 2014, we found out the Committee did not intend for us to appear before it. However, we agreed to compile the evidence we had received from the aspirant groups and once considered by Council, send it to the Chair of the Health Committee.

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

- In relation to risk, the Council noted that of the ten criteria, one specifically related to risk and the others to readiness for regulation;
- That the list of professions within the paper was in alphabetical order. Whilst we had been asked to put them in order of priority, we have avoided doing so on the basis that we wish to affirm our commitments to pursue statutory regulation for all these groups;
- In 2007, the government's white paper asked us to look at how we could regulate counsellors and psychotherapists. We convened a Professional Liaison Group which reached agreement on a number of issues although there was no consensus on the structure of the Register. Whilst they are not included within this paper, we do advocate that this group is a priority when we meet with interested parties;
- Concern was expressed that we had not risk assessed emerging new professions and it was noted that we do not proactively seek groups and furthermore, it was difficult to obtain the evidence base on risks to the public until groups are within the statutory regulation framework;
- The suggestion was made that the findings set out in the paper remain neutral and we convey our position to the Health Select Committee by means of a covering letter. This would set out that we had conducted up to date analysis and that our views had not changed. We continued to recommend statutory regulation for the list of groups contained within the analysis;
- The suggestion was made that paragraph 1.2 of the paper needed to be amended to reflect its relationship with the list of professions detailed under paragraph 1.1 and not another list of professions.

7.4 The Council agreed the following:-

- (i) To await any amendments to the paper from the respective professional bodies;
- (ii) To draft a covering letter to be sent to the Chair of the Health Select Committee which would reaffirm our position in terms of these groups;
- (iii) To discuss the issue after the General Election in May and see how statutory regulation for the professions could be progressed with a new government.

### **Item 8.15/40 Duty of candour - PSA progress report (report ref:-HCPC20/15)**

8.1 The Council received a paper from the Executive.

8.2 The Council noted that the PSA was commissioned by the Department of Health to report on the regulators' progress in implementing a duty of candour for health professionals. Other professional regulators have recently published a statement on the professional duty of candour, the HCPC did not become a signatory to the statement owing to issues with language and context rather than any disagreement with the overarching principles. The HCPC are already implementing the 'duty of candour' by strengthening the standards of conduct, performance and ethics.

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

- Whilst there was a duty of candour already in our standards, it was not always explicit. Therefore, this would be changed as part of the ongoing review;
- Some regulators had signed up to the statement although there was no reference to a duty of candour within their standards;
- HCPC fully supported the philosophy of being open and honest and had taken a principled rather than political approach to the signing of the statement;
- In terms of how we have presented this publicly, we have been clear that although we did not support the language of the statement, we fully support the principle. It was noted that no adverse press had been created as a result of us not signing the statement.

8.4 The Council discussed the report and noted the contents.

**Item 9.15/41 Government response to Law Commission proposals for reforms to the legislation of the health and care professional regulators (report ref:- HCPC21/15)**

9.1 The Council received a report from the Executive.

9.2 The Council noted that in April 2014, the Law Commissions of England, Scotland, Wales and Northern Ireland published their proposals and a draft Bill for reforming the legislation of eight of the health and care professional regulators because the existing legislation of the regulators is out of date. In general, the Executive and Council have been supportive of the proposals, although the HCPC is in a more fortunate position having relatively modern legislation which has been kept up to date as the Register has opened to new professions.

9.3 The Government had now published its response to the Law Commissions' proposals. The Council noted that the Executive has been working alongside the other regulators with the Department of Health as they work through the Law Commissions' proposals and start to develop a Bill which may be taken forward by the new Government after the general election in May 2015.

9.4 During discussion, the following points were made:-

- The Council noted and welcomed the Government's endorsement of the Law Commissions' proposals that any Bill should include a provision which would allow secondary legislation to be brought forward subsequently to introduce a system of 'prohibition orders'. If introduced this would give effect to the Council's proposals for a 'suitability scheme' for adult social care workers in England by which those found unsuitable to work in adult social care could be prevented from doing so by being entered into a 'suitability register';
- It was noted that the issue of whether and for how long information about historic fitness to practise action should be recorded against a registrant's name in the Register was a difficult one. The Government had said in its response that it considered that there was a case for regulators including such information in their registers and for publishing information about those who had been struck off, but that the time period for which they should do so needed to be carefully considered. The Council were advised of the HCPC's approach to publishing fitness to practise information in the Register to date and that changes to this would be considered in the future in line with any legislation which is put in place.

9.5 The Council discussed the report and noted the contents.

**Item 10.15/42 Stakeholder perceptions and social media intelligence research report (report ref:- HCPC22/15)**

10.1 The Council received a report from the Executive.

10.2 The Council noted that two pieces of research were carried out into perceptions of the HCPC by external stakeholders. The paper identifies emerging issues and themes and includes an action plan.

10.3 During discussion, the following points were made:-

- Three areas were looked into, the first being whether individuals had an awareness of HCPC and regulation, the second whether they understood our role and function and the third being what was their perception of HCPC's existing activities;
- It was noted that this report detailed 'perceptions', not necessarily 'truths' and the sample size was relatively small at 1000 participants;
- The findings of this research was consistent with previous research and generally a positive message in terms of participants' level of understanding;

- That since there had been an increase in our social media presence, we had wanted to have this area researched and as a result, an action plan had been devised to address the findings;
- The suggestion was made that the campaign to raise awareness in doctor's surgery could also be extended to include those supermarkets with pharmacies;
- Greater work needed to be done to engage with students and aspirant registrants using social media;
- Whilst we build relationships with organisations such as Health Watch England, it was important to continue to do this;
- Concern was expressed that the front page of the website was full of information about fitness to practise hearing outcomes when in fact this only involved a small number of HCPC registrants. In response, the Council noted that it was a difficult balance in terms of the message. However, the website was being changed and hearing outcomes would be listed on the website although not necessarily on the front page;
- In terms of the Redscape social media work, the Council noted that there was not a lot of negative social media posting in relation to HCPC as an organisation. Often the negative comments related to a process, for example, CPD process;
- It was interesting to note that the most effective means of communication were dependent upon the issue being addressed and the audience. For example, registrants preferred being emailed where communication with members of the public was more effective using posters.

10.4 The Council discussed the report and noted the contents.

At 12:30pm, the Council waived Standing Order 13 in order to conclude the business for the day.

### **Item 11.15/43 Practice Notes (report ref:-HCPC23/15)**

11.1 The Council received a paper from the Executive.

11.2 The Council noted that the Practice Notes exist to provide clear guidance to all parties with an interest or involvement in a Fitness to Practise investigation or Hearing. There are currently 33 Practice Notes. We aim to review each Practice Note on an annual basis. In most cases, there are few changes, or there is the requirement to edit the document to make it easier to understand or use. The

Practice Notes are not reviewed in isolation. Six Practice Notes have been reviewed and have minor changes.

11.3 The Council approved the paper.

Corporate Governance

**Item 12.15/44 Committee Allocations (report ref:- HCPC24/15)**

12.1 The Council received a paper from the Executive.

12.2 The Council noted that in order to inform the process to allocate Council members to Committees, the skills matrix was reviewed.

12.3 The Council agreed that:-

(i) the Committees be constituted as follows:-

**Audit Committee**

Richard Kennett  
Graham Towl  
Independent Member – Julie Parker

**Education and Training**

Elaine Buckley  
Eileen Mullan  
Joanna Mussen  
Graham Towl  
Joy Tweed  
Steve Wordsworth

**Remuneration**

Robert Templeton  
Joy Tweed  
Chair of Council

(ii) Richard Kennett continue in his capacity as Chair of the Audit Committee and Joy Tweed continue in her capacity as Chair of the Education and Training Committee; and

(iii) the Committee appointments be reviewed in February 2017 or when any new appointments are made to Council (whichever comes first).

**Item 13.15/45 Any other business**

13.1 A query was raised in relation to the process that would be followed should a member of Council or a member of staff make a complaint about one of HCPC's registrants. The Executive undertook to look into this and respond accordingly.

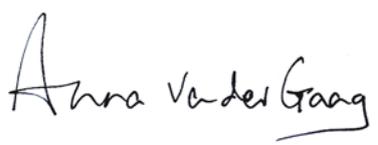
**Item 14.15/46 Meeting evaluation**

14.1 During the meeting evaluation, the following points were made:-

- The new layout of the room works well;
- It was good to welcome new colleagues around the table;
- The quality of the discussion was very good;
- A query was raised about whether it was an appropriate use of the Executive's time to attend both meetings of Council even if they were not presenting an item. In response, it was noted that it was down to each individual member of EMT to decide whether they wished to attend. However, most found it a useful way of understanding the business across the whole organisation;
- In relation to a question about whether the Council were given too much information on operational matters, the Council noted that the trust between the Council and Executive was of paramount importance and the sharing of operational matters was key to this. Furthermore, HCPC had an established record in placing operational information in the public domain as a matter of course;
- It was noted that the acoustics were not particularly good and so people needed to speak up.

**Item 15.15/47 Date and time of next meeting:**

15.1 Wednesday 25<sup>th</sup> March at 2pm and Thursday 26<sup>th</sup> March at 9:30am at Park House, 184 Kennington Park Road, London SE11 4BU

Chair: ...  .

Date: ...25.03.2015.....