

**Unconfirmed****THE HEALTH PROFESSIONS COUNCIL**

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MINUTES of the thirteenth meeting of the Health Committee held at **11a.m. on Wednesday 7<sup>th</sup> September 2005** at Park House, 184 Kennington Park Road, London, SE11 4BU.

Mr O Altay  
 Mr M Davies  
 Professor T Hazell  
 Dr C Kenny  
 Mrs R Levenson  
 Mrs J Pearce  
 Ms A Turner

**IN ATTENDANCE:**

Ms S Butcher, Secretary to Committees  
 Miss K Johnson, Director, Fitness to Practise  
 Ms N O'Sullivan, Secretary to Council  
 Ms E Pearce, Case Officer  
 Ms R Tripp, Policy Manager

**Item 1.05/83 INTRODUCTION AND WELCOME**

- 1.1 The Secretary to the Committee welcomed all members old and new to their first meeting of the Health Committee as formed after the second transitional period. The Committee noted the recommendation that the election of the Chairman and Deputy-Chairman be their first matter of business and approved this amendment to the agenda.

**Item 2.05/84 ELECTION OF THE CHAIRMAN AND DEPUTY-CHAIRMAN**

- 2.1 The Health Committee received a paper from the Secretary to the Committee for discussion/approval.
- 2.2 The Secretary to the Committee acted as Chairman for this first item on the agenda and requested that committee members provided nominations for the position of Chairman and Deputy-Chairman of the Health Committee. Before this procedure got underway the Health Committee

members formally introduced themselves to each other and agreed that it would be beneficial to all if the role of the committee chairman was explained. The Committee noted that the role of the Chairman included the following duties;

- approve agendas and minutes for the committee,
  - consult the committee secretary for advice if needed,
  - manage the efficient and effective running of meetings by grasping the detail of a wide range of business, and contribute to objective decision making by exercising sound judgement,
  - facilitate open discussion and good decision making,
  - ensure that the meeting is conducted in accordance with the standing orders, and that all members keep to the code of conduct,
  - act as spokesperson for the committee if required, exercise a casting vote if such action is necessary
  - take ‘chairman’s action’ if needed.
- 2.3 The Secretary to the Committee requested nominations for the position of Chairman. Mrs Pearce nominated Professor Hazell as Chairman of the Health Committee and Dr Kenny seconded this. Professor Hazell accepted the nomination and as there were no other nominations he was elected Chairman unopposed.
- 2.4 The Secretary to the Committee requested nominations for the position of Deputy-Chairman. Professor Hazell nominated Mrs Pearce as Deputy-Chairman of the Health Committee and Dr Kenny seconded this. Mrs Pearce accepted the nomination and as there were no other nominations she was elected Deputy-Chairman unopposed.
- 2.5 The Committee noted that the nominations made for Chairman and Deputy-Chairman would be put to Council for ratification at the next Council meeting on 5 October 2005.

**Item 3.05/85 APOLOGIES FOR ABSENCE**

- 3.1 Apologies for absence were received from the following committee members; Ms P Blackburn and Mrs S Drayton.

**Item 4.05/86 APPROVAL OF AGENDA**

- 4.1 The Health Committee approved the agenda.

**Item 5.05/87 MINUTES OF THE HEALTH COMMITTEE HELD ON THURSDAY 14<sup>TH</sup> APRIL 2005**

- 5.1 It was agreed that the minutes of the twelfth meeting of the Health Committee be confirmed as a true record and signed by the Chairman subject to the following amendment:
- 5.2 10.5 - substitute Lord Warner, Secretary of State for Health with Minister of State for Health.

**Item 6.05/88 MATTERS ARISING**

- 6.1 Item 6.1 - Chairman's Report
- 6.1.1 The Committee noted that the Professional Liaison Group for Health, Disability and Registration had produced 2 documents, (i) Becoming a Registered Health Professional and Information about the Health Reference. A public consultation on both these documents would be held shortly and they would also be available on the HPC website. Members could request copies of the documents by email if they wished.
- 6.2 Item 7.2 – Director of Fitness to Practise Report
- 6.2.1 The Director of Fitness to Practice clarified the meaning of minute 7.2 by stating that there were currently 13 cases within the remit of the Health Committee and of this number 6 cases required a review hearing and dates for 6 hearings had been fixed. The Director of Fitness to Practise reported that the one case that had not been detailed above had not at that point been allocated.

**Item 7.05/89 DIRECTOR OF FITNESS TO PRACTISE REPORT**

- 7.1 The Health Committee received the Director of Fitness to Practise Report.
- 7.2 For the benefit of the new committee members the Director of Fitness to Practise provided an overview of her departments work and staffing structure as detailed in the report. The Committee noted that the department had grown significantly in size and that this was due to the growth in the number of allegations received.
- 7.3 The Committee noted that hearings had to be heard in the registrant's own home country which was a requirement of the Health Professions Order 2001. Every opportunity was also made to locate hearings in as close a proximity to the witnesses involved.
- 7.4 The Committee noted that a massive increase had occurred in the number of allegations submitted to the Investigating Committee. Some of the cases concerned incorrect or fraudulent entry to the register.

- 7.5 The Committee noted that at the end of July the Health Committee had at least 14 cases within its remit. The Director of Fitness to Practise reported that a registered medical practitioner was required to sit on each health panel.
- 7.6 The Committee noted that the number of outstanding registration appeals had now been reduced to 35. The Committee noted that the Director of Fitness to Practise reported directly to Council regarding Registration Appeals.
- 7.7 The Committee noted that there had been a number of queries regarding the use of title.
- 7.8 The Committee noted that the Council for Healthcare Regulatory Excellence (CHRE) had referred one HPC case to the High Court.
- 7.9 The Committee noted that the Director of Fitness to Practise had attended a number of meetings. A meeting had been held with Kingsley Napley (HPC solicitors) to review the current case load. It was reported that a protocol between the HPC and the NHS Counter Fraud and Security Management Service was signed on 13<sup>th</sup> July 2005. The protocol was designed to ensure the effective exchange of information between both organisations. It was reported that the Council for Healthcare Regulatory Excellence (CHRE) held a fitness to practise forum every two months to discuss matters of mutual concern. Directors/representatives of the fitness to practise departments from all of the nine healthcare regulators attended this forum. The next meeting was scheduled for Friday 16<sup>th</sup> September 2005.
- 7.10 The Committee noted that the IT department were currently in the process of developing an FTP tracking system and that it was anticipated that this would be operational in the next couple of months.
- 7.11 The Director of Fitness to Practise reported that she would be meeting with the Healthcare Commission regarding the establishment of an operational procedure for dealing with lay complainants within best practise guidelines.
- 7.12 An FTP Benchbook was also being designed into which all practice notes would be retained in an easily accessible format.
- 7.13 The Director of Fitness to Practise reported that she had presented two interim orders and would be overseeing four fitness to practise cases in the forthcoming months.

- 7.14 The Committee reviewed the high number of allegations received. The HPC communications campaign recently undertaken on yell.com was pinpointed as one of the factors that may have contributed to the increase. The purpose of the campaign was to draw the public's attention to the importance of ensuring that their health professional was registered and bone fide. The impact of the communications campaign would be fully assessed in the next six months.
- 7.15 The Committee noted that a paper on Ethnic Monitoring was to go to the Finance and Resources Committee on the 20<sup>th</sup> September 2005. The paper detailed the developmental phase of the project. The Finance and Resources Committee would be reviewing the paper to assess the potential costs and the financial implications of implementing the scheme. The Committee noted that when the final Ethnic Monitoring paper was prepared it would go to Council for their ratification.
- 7.16 The Committee noted that the sanctions notes would be made available on the HPC website and the Director of Fitness to Practise would e-mail these to all members as well.

**Action: KJ**

- 7.17 The Committee noted that council members were no longer permitted to chair fitness to practise panels. This measure was adopted by Council in December 2004.
- 7.18 The Committee noted that no allegations had been received for arts therapists or orthoptists. The Committee noted that the figures in the report needed to be translated and made representative of the actual percentage from each profession.

**Item 8.05/90 HEALTH PROFESSIONS COUNCIL (PRACTICE COMMITTEES) (CONSTITUTION) RULES ORDER OF COUNCIL 2003**

- 8.1 The Health Committee received a paper from the Secretary to the Committee to note.
- 8.2 The Director of Fitness to Practise recommended that all three sets of rules for the committees were read in cross-reference with each other (items 8, 9 and 10 of these minutes) This was because amendments had been made as detailed in the HPC Practice Committees and Registration Amendment Rules Order of Council 2005.
- 8.3 The Committee noted that there were no standing orders for the fitness to practise committees but that their equivalent was provided via the HPC Practice Committees Constitution Rules Order of Council. These detailed

the membership requirement of the fitness to practise committees, Chairman and Deputy-Chairman processes, the tenure, vacancy procedures, and the standards for members and established the quorum required at each meeting in order for decisions to be made. Any changes made to the Rules had to be approved by Parliament and not by Council. The Health Committee noted one amendment that had been made to 8 (1) where the practice committees were now only required to meet twice a year and not four times. Members noted that whilst four meeting dates had been set for 2005/2006 this was not a mandatory requirement. This alteration had been incorporated into the Practice Committees and Registration Amendment Rules Order of Council 2005.

**Item 9.05/91 HEALTH PROFESSIONS COUNCIL (HEALTH COMMITTEE) (PROCEDURE) RULES ORDER OF COUNCIL 2003**

- 9.1 The Health Committee received a paper from the Secretary to the Committees to note.
- 9.2 The Committee noted that in the document reference was made to 'the committee'. For the purposes of clarity this referred to a fitness to practise panel and not a fitness to practise committee as constituted for the purpose of meeting to discuss fitness to practise issues and approve practice notes.
- 9.3 The Committee noted that these rules detailed the procedures by which the fitness to practise team and panels should undertake their work. The Committee noted how documents should be served. The requirement for a solicitor to represent the Council at a hearing was changed so that Presenting Officers could now perform these functions. This was because the use of a solicitor for this purpose was not a requirement of the Health Professions Order and had cost implications. The procedure rules also detailed in what instances a case could be referred to the Conduct and Competence Committee, how to serve allegations and when preliminary meetings could be called if considered appropriate by the committee chairman. Additionally, the Committee noted how to conduct hearings in the absence of the health professional who was under consideration, the procedure for the disposal of cases and when and how to review orders and applications for restoration to the register.

**Item 10.05/92 HEALTH PROFESSIONS COUNCIL (PRACTICE COMMITTEES AND REGISTRATION) (AMENDMENT) RULES ORDER OF COUNCIL 2005**

- 10.1 The Health Committee received a paper from the Secretary to the Committees to note.

- 10.2 The Committee noted the further amendments that had been made to the practice committees Rules. In Rule 4 of the Investigating Committee Rules and Rule 2 of the Conduct and Competence Committee Rules and the Health Committee Rules the committees could now consider and determine together two or more allegations against the same health professional or allegations against two or more health professionals, where it would be just to do so. Provision had also been made for vulnerable witnesses in proceedings before all of the fitness to practise committees. To ensure that the quality of evidence given by vulnerable witnesses was not impaired evidence could now be given via the use of video links, interpreters and screens.

#### **Item 11.05/93 COUNCIL MEMBERS' INFORMATION**

- 11.1 The Health Committee received a paper from the Secretary to the Committee to note.
- 11.2 The Secretary to the Committee reported that the Council members' information document had been included for reference as it detailed pertinent points of relevance such as how to raise an item at a meeting, procedural details for committee papers, confidential papers and items for discussion, in what circumstances external meetings were held and travel arrangement protocol. The Committee noted that the document was devised as a supplementary piece of information to the Council members' Code of Conduct. This document provided more general guidance on how to help Council members carry out their role effectively.
- 11.3 The Health Committee noted the document.

#### **Item 12.05/94 THE ROLE OF FITNESS TO PRACTISE PANELS**

- 12.1 The Health Committee received a paper from the Director for Fitness to Practise to note.
- 12.2 The Committee noted that it was not the purpose of the fitness to practise committees to consider allegations but that this was undertaken by panels comprised of partners. A clear division was required between the strategic policy making roles of Council and its Committees and the partners who implemented the policy set by the Council. A panel consisted of a Chairman, one lay member, one registrant member and one registered medical practitioner if deemed necessary.
- 12.3 The Committee noted that there were four key areas considered by the fitness to practise panels; allegations, interim orders, review of orders and restoration. The Committee discussed the increased length of hearings and noted that this was due to the substantial rise in competence cases.

The Chairman recommended that due to the auditing nature of fitness to practise processes as undertaken by committee members that it would be useful for them to attend a hearing to observe the workings of a panel. Members agreed that they would identify suitable dates to fit in with their diaries and noted that the dates and locations of hearings were readily available on the HPC website for their information.

#### **Item 13.05/95 SCHEME OF DELEGATION**

- 13.1 The Health Committee received a paper from the Director of Fitness to Practise to note.
- 13.2 The Committee noted that the Scheme of Delegation had been devised to ensure that Council and its Committees set policy and strategy and the Executive implemented that policy and strategy and was responsible for all operational matters.
- 13.3 The Committee noted that under the Scheme of Delegation the responsibility of defending cases referred to the Courts by the Council for Healthcare Regulatory Excellence (CHRE) had been delegated to the Chief Executive. Only conduct and competence cases could be referred by CHRE as being unduly lenient. The Committee noted the matters that were delegated to the Director of Fitness to Practise, namely the appointment of council and practice committee panels to hear a registration appeal or conduct fitness to practise proceedings. The Director of Fitness to Practise was also responsible for appointing by random process a legal assessor for registration or fitness to practice proceedings, to extend interim orders and appoint a registered person. There was provision in the Order for the Director of Fitness to Practise to demand information from Trusts or indeed from any party or person that may hold details that were relevant to the case and that those witnesses must attend.
- 13.4 The Committee noted that press releases were no longer issued with regard to the outcome of health panel hearings. This was because it was not considered appropriate due to the often personal nature of the subject matter and the contravention of a registrant's privacy. The Committee also noted that the titles needed to be revised in the Scheme of Delegation as there was no longer a Director of Education and Policy nor a Director of Finance.

#### **Item 14.05/96 ANY OTHER BUSINESS**

- 14.1 There was no other business.

**Item 15.05/97 DATE AND TIME OF NEXT MEETING**

- 15.1 The next meeting of the Health Committee would be at 11a.m. on Monday 7<sup>th</sup> November 2005.

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2005-09-08	a	SEC	MIN	Health Committee Meeting 7 September 2005	Draft DD: None	Public RD: None



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