

**THE HEALTH PROFESSIONS COUNCIL**

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MINUTES of the sixteenth meeting of the Health Committee held at **11a.m. on Thursday 7 September 2006** at Park House, 184 Kennington Park Road, London, SE11 4BU.

Professor T Hazell (Chairman)  
 Mr O Altay  
 Mr M Davies  
 Mrs S Drayton  
 Dr C Kenny  
 Mrs J Pearce  
 Mrs A Turner

**IN ATTENDANCE:**

Miss S Butcher, Secretary to Committees  
 Mr M Guthrie, Policy Officer  
 Miss K Johnson, Director, Fitness to Practise  
 Mrs M McKinley-McNair, P.A. to the Director of Fitness to Practise  
 Miss E Seall, Manager, Fitness to Practise  
 Ms R Tripp, Director, Policy & Standards

**Item 1.06/23 WELCOME AND INTRODUCTION**

- 1.1 The Chairman welcomed Mr Guthrie, Miss Seall and Mrs McKinley-McNair to the meeting.

**Item 2.06/24 APOLOGIES FOR ABSENCE**

- 2.1 One apology for absence was received from the following committee member; Mrs P Blackburn.

**Item 3.06/25 APPROVAL OF AGENDA**

- 3.1 The Health Committee approved the agenda.

**Item 4.06/26 MINUTES OF THE HEALTH COMMITTEE MEETING HELD  
ON WEDNESDAY 12 APRIL 2006**

- 4.1 It was agreed that the minutes of the sixteenth meeting of the Health Committee be confirmed as a true record subject to a correction at 8.8 on page 5 where the following sentence was to be deleted ‘not sure what this means)’ and signed by the Chairman.

**Item 5.06/27 MATTERS ARISING/ACTIONS LIST**

- 5.1 There were no matters arising.

**Item 6.06/28 CHAIRMAN’S REPORT**

- 6.1 The Chairman reported that he had been asked to give a presentation to the British Society of Human Genetics at York University on the 19 September 2006. The presentation would be about accountability and the Health Professions Council.

**Item 7.06/29 DIRECTOR OF FITNESS TO PRACTISE REPORT**

- 7.1 The Committee received the Director of Fitness to Practise Report.
- 7.2 The Committee noted an overall increase in workload for the fitness to practise team. Miss Seall had been promoted to Fitness to Practise Manager and Mrs McKinley-McNair had been appointed as P.A. to the Director of Fitness to Practise. Four temporary members of staff had been recruited to assist with hearing fixing.
- 7.4 The Director of Fitness to Practise had recently met with a number of ambulance trusts to discuss the process for the effective exchange of information.
- 7.5 The Committee discussed the high numbers of ftp cases occurring within the paramedic profession and whether there were any key themes or learning points which could be usefully applied.
- 7.6 The Committee agreed that it would be beneficial if the statistics provided in the ftp Director’s report were contextualised into an analysis of overall ftp trends. The format of the ftp report adhered to the in-house style employed by the HPC Executive team overall. The Committee therefore requested if the style of the reports could be reviewed by Council to consider a change in protocol. The Committee agreed that they would like a move towards outcome based projects where the strategic expertise from within the committee could be utilised.

**Action: The Chairman**

- 7.7 The Committee noted that feedback received so far from HPC Listening Events indicated that registrants were concerned with the protection of title and function.

**Item 8.06/30 FITNESS TO PRACTISE WORKPLAN AND PROCESS DOCUMENT**

- 8.1 The Committee received a paper from the Director of Fitness to Practice for discussion.
- 8.2 The ftp workplan and process document was in a draft format. The Committee noted that the workplan had been devised so to ensure that effective processes were in place which enabled the fitness to practise department to function successfully.
- 8.3 Part of the workplan for 2006-07 was to ensure that the fitness to practise team were adequately trained and had an appropriate understanding of the legislation that informed their work. In order to meet increasing operational and strategic demands the department were looking to undertake functions that had been historically undertaken by lawyers. All team members would work towards achieving the award of BTEC Level 5 Advanced Professional Certificate in Investigative Practice from Edexcel, the National Awarding Body and would take a year to fully implement. A team building day was planned to help assist and support the team particularly as they frequently dealt with cases of a sensitive and difficult nature.
- 8.4 The Committee noted that support for panel members on ftp cases was provided on an ad hoc basis, counsellors were available on-site for difficult cases whilst team members were on hand to support and guide. The provision of support and guidance was to be incorporated more fully into next years ftp plan.
- 8.5 The Committee debated further ways in which ftp costs could be reduced; by arranging training in partnership with the other eight healthcare regulators, and sharing the costs. Annual contracts were a further way in which costs could be reviewed. The Committee noted that the HPC instructed for lawyers on a case by case basis via one law firm. Threshold measures were in place to ensure that if costs incurred went above a certain amount then 5% and 10% discounts would kick in on a tiering scale. As issues of procurement and ftp financial costs were a matter for the Finance and Resources Committee the Chairman reported that he would liaise with the Chairman of this Committee regarding these matters.

**Action: Chairman**

- 8.6 The Committee noted that the FTP team had been working with the IT team to design a fitness to practise database. Functionality had been developed for the random selection of panel members. The database also tracked interim orders, final hearings and the equality and diversity project. All new cases to date had been logged and the team were now busy with the inputting of historical casework.
- 8.7 The ftp department was required to mitigate against all forms of risk and a risk profiling system was to be put in place to assist with this.
- 8.8 The Committee noted that part of the workplan also involved the need to build further relationships with external agencies and stakeholders via the implementation of protocols for the effective exchange of information. The Committee agreed that it would be equally useful if registrants obtained a clearer idea of the sorts of cases which are dealt with as it would help registrants contextualise the business of the HPC.

**Action: The Committee**

- 8.9 The Committee noted the high operational demand upon the fitness to practise department and supported the workplan in principle. Prioritisation of the key issues was now required to assist the Committee in the specific agreement of each item, ideally placed within a feasible timeframe for implementation.

**Action: KJ****Item 9.06/31 STANDARDS OF CONDUCT, PERFORMANCE AND ETHICS REVIEW**

- 9.1 The Committee received a paper from the Policy Officer for discussion/approval.
- 9.2 The review of the standards of conduct, performance and ethics (SCPE) was in its early stages. Whilst all three fitness to practise committees would feed into the review; the Conduct and Competence Committee would provide the lead and have final approval of the standards.
- 9.3 The standards were set at a minimum level so that registrants could make their own informed decisions about the best way in which they met the standards for example by following the guidance provided by their professional body which was aimed at promoting best practice.

- 9.4 The Committee noted that there had been no specific changes in legislation or guidance since the publication of the SCPE to warrant any specific recommended changes to the standards. The standards should be written in broad terms to remain relevant and flexible enough to account for best practice.
- 9.5 In 2001 the UK healthcare regulators constructed a statement of common principles which described the principles common to all health professionals and common to the codes of conduct produced by the regulators. The Committee agreed that it would be useful if the SCPE were reviewed in this context and that some broad principles were identified.
- 9.6 In the introduction the relationship between the SCPE and the other standards which HPC produced was to be clarified. Additionally to make clear that professional bodies produced guidance towards best practice that assisted registrants in meeting the regulatory body's standards. As membership of professional bodies was declining this clarification was vital.
- 9.7 The Committee agreed that as health professionals progressed through their career specialisation often occurred and that the standards needed to be written in such a way which would accommodate for this transition. Without this flexibility some health professionals may be interpreted as contravening the standards when it was not the case.
- 9.8 The Committee debated the terminology used to describe patients, clients and users. The professional liaison group for the standards of proficiency agreed on the term service user. This was to be specifically addressed in a question when the SOPs were released for consultation in one week's time. The Committee looked forward to receiving feedback on this.
- 9.9 From the analysis of the use of standards by panel members on conviction and misconduct cases as heard by the Conduct and Competence Committee no specific changes could be identified from the review. Panels tended to use the more generic standards for reference and the guidance was well used by panel Chairmen.
- 9.10 The Conduct and Competence Committee would be asked to approve a revised plan of activities which incorporated more ftp meetings for the review of the SCPE as the earlier plan approved had not factored in the need for more meetings.
- 9.11 The review of the standards was publicised on the HPC website, via a press release, a letter to the professional bodies and in the August 2006 newsletter. 12 responses have been received from Fitness to Practise

Panel Chairmen who have suggested some minor amendments. The standards will be produced for the next meeting where changes will be tracked for the Committee's clarity.

**Action: MG**

**Item 10.06/32 WITNESS QUESTIONNAIRE AND SERVICE LEVEL STANDARDS**

- 10.1 The Committee received a paper from the Director of Fitness to Practise to note.
- 10.2 The Committee noted the paper for their information.

**Item 11.06/33 ANY OTHER BUSINESS**

- 11.1 There were no matters of any other business.

**Item 12.06/34 DATE AND TIME OF NEXT MEETING**

- 12.1 The next meeting of the Health Committee will be held at 11:00am on Tuesday 7<sup>th</sup> November 2006.