



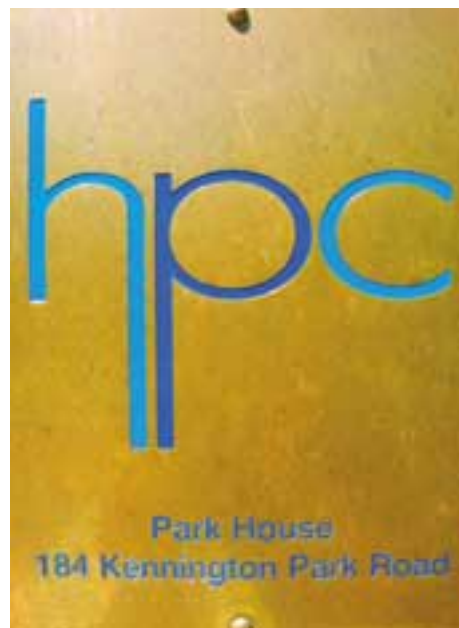
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HPC annual report

1 April 2003 to 31 March 2004

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President's statement

July 9th 2003. This was the day when the Health Professions Council (HPC) began operating within its new framework and the 40 year old legislation that had served the Council for Professions Supplementary to Medicine (CPSM) was replaced. It represented the culmination of many years' hard work for a number of different people and I am sure that everybody involved found it extremely satisfying to see a modern regulator in place and operating under new rules, such a short time after Health Minister, John Hutton MP announced the launch of HPC.

It was really from this day that HPC began learning its trade both from a Council and Executive perspective. From that time we began to learn how the policy that we had delivered was going to work in practice and how the systems we had developed would serve the public, registrants and other key stakeholders.

It was inevitable that we were going to be challenged over some of the decisions that we had made, and some of the processes were not going to run as smoothly as we would have wanted from the outset. However, people's comments and concerns have to be heard and where possible, appropriate adaptations made. At our successful listening events, through direct correspondence, and by a regular series of meetings with a variety of stakeholders we were able to take on board these viewpoints and have lively debates about aspects of our operations or duties that people found unsatisfactory. Through this we have changed the areas that were causing confusion and I would expect this process to continue over the lifetime of HPC. I feel that only by making ourselves more accessible in this way we can succeed together in building a regulator that provides the kind of protection and service health professionals and the people using their services deserve.

There is no better demonstration of our collaborative working than in the establishment of three professional liaison groups (PLGs). These were set up by the Education and Training Committee to develop and give guidance on our standards of education and training, approval of educational programmes and our continuing professional development scheme which will be linked to registration renewal from 2005. These PLGs were able to draw on expertise from council members, professional bodies, health professionals and other stakeholder groups. I believe that their success points to a positive future of joint working between us and other groups on a wide variety of issues.

In addition to stakeholder collaboration on a number of topics, we also have 'partners' who help to run our processes. Partners include registered health professionals, qualified and experienced doctors and lawyers, and members of the public. The work partners undertake includes acting as panel members when there is a fitness to practise hearing, assessing international and grandparenting applicants, and visiting institutions as part of our programme approvals process.

Since July we have recruited approximately 400 people to work with us in this capacity, and recruitment is ongoing as we expand and further roles are developed. As our Register grows, we would like to encourage more people to come and work with us as Partners. We know that registrants have a great deal of knowledge and expertise and this gives registrants the opportunity to be part of the future of health regulation in the UK. Partners are given an allowance and expenses.

I mention partners to show the range and variety of people that our new legislation has allowed us to work with. Their work means that the advice and input we receive on a daily basis is coming from a wide range of individuals, all of whom have the protection of the public and upholding the standards of the professions at heart. Our partners are a very diverse group of people, in terms of their background and the expertise that they bring. We are pleased and grateful to have them involved in our work.

If you choose to become involved with the HPC, I can promise that you will be joining an enormously hard working and talented group of individuals who are HPC Council members. My most sincere thanks go to all members of Council who have given much more of their time to this first year than I am sure they ever imagined would be necessary. Their dedication and hard work has meant that even with one or two minor problems, we were able to register people under our new rules fourteen months after we were launched. This is a great achievement and testament to all their hard work. That work continues currently with consultations on the Standards of Education and Training, approvals, the Register, our election scheme and continuing professional development (CPD) all planned for later in 2004.

I feel satisfied about what we have achieved in the last twelve months, but there is still a lot more to do before we reach our goal of being the number one health regulator in the United Kingdom. However, what the past twelve months has shown me is that we have the people working for and in partnership with HPC to help us achieve that goal.

Thank you for taking the time to read the annual report and accounts and please feel free to get in touch with us if you have any views or opinions about how we are fulfilling our duties.



Professor Norma Brook
President

Chief Executive and Registrar's report

The annual report and accounts show that we are into our second financial year operating under the Health Professions Council (HPC). Last year our predicted deficit showed the need for an increase in fees to support our activities. This year we move towards a return to a more sound financial footing after the new fee structure came into being on July 9th 2003.

The increased fees came in response to our increased remit, and while the five year financial forecasting, done by the Finance and Resources Committee, took into account a significant increase in our activities, I think even those involved in this were surprised by just how sudden that increase in activity was, particularly in relation to our fitness to practise proceedings.

It has been a year of delivery, learning and adjustment as we took our first steps under our new rules. The Council have been at the forefront of our development as an organisation with each Committee playing a vital role in constructing and delivering a regulator that can protect the public and maintain standards among the professions.

Our Practice Committees (Investigating, Health and Conduct and Competence) have worked extremely hard to get through an enormous workload of allegations since July last year. These are almost double the number they were in the last year under CPSM rules and are highlighted in the Fitness to Practise report. To have a process that functions so smoothly and efficiently is testament to the professionalism of the council members and partners involved.

The Communications Committee have overseen the launch of our first ever public advertising campaign. Designed to help inform people about the work of the Council it concentrates on telling people who we are, what we do, and how they get in touch with us. As I write this the very first adverts were only just appearing in health and lifestyle magazines but I am sure the committee will review the effectiveness of this new area with interest.

Developing our communications further and improving our service levels in-line with Council's strategic intent will be a key focus for the next financial year. Having sung the praises of the information technology at our core, we now have to deliver a service that does justice to this and I am convinced that we have the people working in and around us to help achieve that.

The work that has been done by the Education and Training Committee and its associated professional liaison groups (PLGs) will bear fruit later in 2004 and early 2005. This is when the modern and 'light touch' programme approvals process will be implemented and an outline scheme for continuing professional development will be unveiled. The systems are already in place operationally for us to be able to link CPD to registration, and a streamlined renewals process is something I believe educational institutions have been asking for, for some time now.

From an organisational point of view, the Finance and Resources Committee has done an excellent job in overseeing the development of an IT system that has been a success. This system will in the months and years ahead change the ways in which regulation, in particular renewals, are done. We can now develop ways to allow people to apply online, update their contact details online, map and track statistical movements within the professions. It has taken some time and some difficulty to get to this stage, but it was a necessary process which required overhauling a 30 year old system and repopulating it with up-to-date information piece by piece.

The end result will be a regulator that can be far more responsive to the demands of the public and to the health professions it regulates. The public register will provide a far more accurate record of those who can meet the Standards of proficiency for their profession and from that public confidence in the professions can increase even further.

To allow the committees to function properly we set about providing them with modern facilities at our Park House base, which had fallen into disrepair over the previous 20 years. Thanks to a grant from the Department of Health, now anyone visiting Park House should find a modern, professional environment which will serve the needs of Council far better over the coming years.

We present these: our second set of annual report and accounts, in as open a manner as possible. HPC is an organisation that has achieved a lot in a short space of time. We would never claim that everything is perfect first time round, but we remain open to opinions, comments, praise and criticism. We use this where we can to improve our services and deliver modern regulation in the most efficient manner possible. Your interaction is a key part of this and we would be interested in any feedback you have about the content of these accounts or any other aspect of the organisation. Thank you for reading this document and I hope you find it of interest.



Marc Seale
Chief Executive and Registrar

Statutory committee reports

1 April 2003 to 31 March 2004

Education and Training Committee

With one of the largest remits of all the HPC committees, 2004 was always going to be a busy year for the Education and Training Committee. There were three key tasks to deliver. The first was to complete the work that would allow HPC to open its doors on July 9th 2003. The second was to start work on completing the HPC rules that hadn't been dealt with during our initial 2002 consultation, and the third was to look at the structure and operations of the committee to ensure it had the scope and structure to deliver this work.

The year started with the completion of twelve Standards of Proficiency (one for each profession), along with common Standards of Conduct Performance and Ethics which would apply to every registered health professional. The Standards of Proficiency are the threshold standards for safe and effective practice that all registrants must meet. They include both generic elements, which all our registrants must meet, and profession-specific elements. These standards play the central role in how to gain admission to, and remain on, the Register and thereby gain the right to use protected title(s). We are pleased to see that some of the professions are now discussing the possibility of using these standards as their benchmark in countries outside the UK.

The Standards of Conduct Performance and Ethics give registrants an idea of the kind of behaviour expected of them such as acting in the best interests of their patients, clients and users. Both documents were distributed to all registrants before the opening of the HPC register on July 9th and form the core of the legally binding declarations each health professional makes on renewing their registration.

With that project completed, although both documents will be reviewed on a regular basis, the next phase of completing the HPC rules and procedures was to re-shape the way in which pre-registration education and training is regulated. We would do this by developing Standards of Education and Training, an updated approvals process for courses, and the development of a continuing professional development (CPD) scheme that could be linked to registration.

As part of our initial consultation process, Council had recommended, and received endorsement on, the setting up of professional liaison groups (PLGs). PLGs can be set up by Council and its Committees to provide advice on strategic issues. The education and training committee established PLGs to look at the Standards of education and training, course approvals and CPD. Membership of the PLGs was drawn from both inside Council and outside with the membership of each one providing expert opinion in each of the areas under discussion.

The approvals process and standards of education and training PLGs produced recommendations that were about to go out to a three month consultation as this report was written. The Standards of education and training are the over-arching guidance for providers to ensure that their programmes enable those who successfully complete them to qualify for admission to the Register. They therefore set threshold standards whose aim is to be broad and enabling. These will be supplemented by curriculum guidance, which will be developed separately using the expertise of a range of relevant stakeholders.

The approvals and monitoring of programmes aimed to produce a simple yet effective process whereby Council could fulfil its duty as outlined in the Order without overburdening education providers. The existing scheme operated by our predecessor, the Council for Professions Supplementary to Medicine (CPSM) required each programme, qualification and education provider to be separately approved. This was something we wanted to move away from. We wanted to adopt a more modern approach which fits with much of the existing work already undertaken by education providers. Avoidance of unnecessary duplication of work seems to already, at this stage, be a popular decision among those people that have been involved in developing our proposals.

The final part of our remit for the last year was to take a good look at our own structure and ensure we were in the best shape to deliver on our responsibilities. The setting up of the first PLGs where the committee could call upon expert advice from other sources was a significant step. Collaboration with representatives from employers, educational institutions, patient/client/user groups, lay members and of course professional bodies has been essential to the delivery of many of our projects. We remain committed to calling upon this advice where we feel it is appropriate and I would personally like to thank everyone who has worked with us over the past twelve months.

To those who continue to work with us as we look forward to developing and publishing our CPD scheme in September this year which we believe will help support and facilitate safe and effective practice among all health professionals. I know that this topic is one of the largest we face and our proposals are keenly awaited. So, while the committee can feel satisfied with its progress and results over the past 12 months, we know that some of biggest challenges still lie ahead. We look forward to them greatly.

Eileen Thornton
Chairman

Niamh O'Sullivan
Secretary

Investigating committee

The Investigating Committee is one of four statutory committees and along with the Conduct and Competence and Health Committees form the three 'practice committees'. The Investigating Committee is made up of Council members. The Health Professions Order says that when an allegation is received, the Investigating Committee will decide whether to refer the complaint on to a full hearing of the Health committee, or the Conduct and Competence Committee. The other role of the Investigating Committee is to investigate complaints which are about fraudulent or incorrect entries in the Register. These functions are carried out, in practice, by 'panels' which are made up of registered health professionals and members of the public and are usually chaired by a member of the Investigating Committee. The Investigating Committee meets to set the strategy, policy and rules that determine how these panels will run.

From April 2003 until March 2004, the Investigating Committee met four times.

The full minutes of these meetings are available on the website, but the main items that were discussed are summarised below.

The committee discussed several times how to deal with enquiries from registrants about the Standards of conduct, performance and ethics. All registrants must read and keep to this document, which has been sent out to all registrants, in order to remain registered. The committee felt that guidance should be put together, but that this guidance would evolve over time, and that some ethical issues could not be dealt with by email but should be discussed at a meeting.

The process that came from these discussions is that any questions about the standards of conduct, performance and ethics should go to the Chief Executive and Registrar. He will then report to the committees on matters that he is dealing with, and ask for their guidance if there is doubt about any of the questions received. We will look at this process again in the future and change it if we need to.

Another issue that came up several times at meetings was how we can receive complaints, particularly looking at complaints received by telephone, by email, or anonymously. We want to balance the need to protect health professionals from complaints that are not well-founded, with our role and function which is to protect the public. We can therefore only accept complaints that are sent in writing, and we cannot deal with anonymous complaints. Registrants who are complained about have the right to see the complaint so that they can respond to it if they wish to.

However, if an anonymous complaint appears to be serious enough, we may investigate further to make sure that the public are protected.

The members of the Investigating committee acted as 'screeners' during this year, and the committee started a rota for this role. This meant that when an allegation was received, two members of the committee would look at it and recommend whether it should be referred to an Investigating panel, or whether we should take no further action.

All Investigating Committee members are undertaking panel member training which is run by the Fitness to Practise department. This is important as when Committee members are included as panel members they can only do so in the role of Chairman. This is a two-day training event which helps to give panel members some of the information that they need in order to carry out their role. It covers issues such as the Health Professions Order, equal treatment, the rules, how hearings are run, and other topics to help panel members.

The Investigating Committee discussed how we can make public the results of fitness to practise hearings, including whether we can inform overseas regulators, who can be difficult to identify. As a result of these kinds of discussions we have now started a 'worldwide regulation' section of the website where we can build up information about other health regulators.

Other issues discussed by the committee included setting up a system to ensure that registrants are complying with conditions of practice orders, and the difficulty of dealing with registrants who may not be fit to practise because of alcohol dependency. Similar discussions elsewhere also contributed to a health, disability and registration seminar which was held on March 1st and formed the beginning of work in this area.

Investigating Committee members have been involved in setting up a process whereby mediation can be offered when appropriate. An initial one year contract has been awarded to The Association for Dispute Resolution (ADR). They will assist in drafting the recruitment literature for the appointment of mediation partners and also will also assist in the recruitment process.

Neil Willis
Chairman

Anne Barnes (2003)
Secretary

Gerald Milch (2004)
Secretary

Statutory committee reports continued

1 April 2003 to 31 March 2004

Conduct and competence committee

The Conduct and Competence Committee is a statutory committee, which forms one of the three 'practice committees'. It is made up of Council members. The Health Professions Order says that if a complaint about a registrant is about the registrant's conduct (their behaviour, including any convictions) or their competence (their professional skills), the Conduct and Competence Committee may hold a hearing, and decide whether it needs to take action in order to protect the public.

In practice, these functions are carried out by 'panels' which are made up of registered health professionals and members of the public. The conduct and competence committee meets to set the strategy, policy and rules that determine how these panels will run.

From April 2003 until March 2004, the conduct and competence committee met four times. The full minutes of these meetings are available on the website, but the main items that were discussed are summarised below.

The committee needs to appoint a member who is a doctor (registered medical practitioner). The committee discussed whether this appointment was needed several times, and wondered whether a member who was a doctor would be necessary for the health committee, but not for the conduct and competence committee. The matter was raised in a meeting with the Department of Health, but they said that for the conduct and competence committee not to have a member who was a doctor would mean that the Health Professions Order would have to be changed. The recruitment of a member of the committee was underway as this report went to press.

Like the other practice committee members, conduct and competence committee members were offered panel member training which was run by the Fitness to Practise department. This is a two-day training event which helps to give panel members some of the information that they need in order to carry out their role. It covers issues such as the Health Professions Order, equal treatment, the rules, how hearings are run, and other topics to help panel members. Those who had attended found the sessions very useful, and those who hadn't were urged to attend.

As the committee with responsibility for the Standards of Conduct, Performance and Ethics, the members wanted to set a process for dealing with enquiries about the text. The process that came from these discussions is that any questions about the Standards of Conduct, Performance and Ethics should go to the Chief Executive and Registrar. He will then report to the committees on matters that he is dealing with, and refer queries to either the HPC lawyers, to the relevant Council members, or to the committee for their guidance if this is required. We will look at this process again in the future and change it if we need to.

Another issue which is often raised about our fitness to practise processes is how they work with other processes, for example an employer's disciplinary procedure. The committee agreed with the Council's recommendation that where a health professional's fitness to practise was in doubt, our fitness to practise processes should run in parallel with other proceedings to ensure that delay does not endanger the public.

The committee considers at each meeting the reports prepared by legal assessors on each panel hearing. This allows Committee members to monitor and act on any performance issues raised. The Committee has also established performance standards to monitor and evaluate the performance on Conduct and Competence Panels.

At the meeting on 23rd March, the committee heard a presentation from Nigel Jackson of Opinion Leader Research (OLR) on the results of an evaluation of the hearings process. Questionnaires had been distributed to all participants in a number of hearings to gauge reactions and areas for improvement. Around 30 responses had been received and OLR were hoping to receive more. Most results were positive, although there had been some criticisms made. The committee agreed that the evaluation should continue, and that an independent, external survey was valuable.

After the seminar on health, disabilities and registration on March 1st 2004, the committee discussed a draft of a policy on dealing with this area. The draft policy was taken to all of the practice committees for comments, and will form the basis of more detailed guidance for a number of different audiences including applicants to be registered, registrants, education providers and doctors.

Sandy Yule

Chairman

Tom Berrie (2003)

Secretary

Gerald Milch (2004)

Secretary

Health committee

The Health Committee is a statutory committee, which forms one of the three 'practice committees'. It is made up of Council members. The Health Professions Order says that if a complaint about a registrant alleges that a registrant is not fit to practise because of their health, the committee can hold a hearing, and decide whether it needs to take action in order to protect the public. In practice, these functions are carried out by 'panels' which are made up of registered health professionals and members of the public. The Health Committee meets to set the strategy, policy and rules that determine how these panels will run.

From April 2003 until March 2004, the health committee met four times.

The full minutes of these meetings are available on the website, but the some of the main items that were discussed are summarised below.

The committee was kept up to date with the recruitment of the 'partners' needed to take on the role of panel members, legal assessors, and other roles needed in order to carry out our fitness to practise process. The committee noted the decision to invite the appointed medical assessors to become lay partners, and to invite expert medical opinion from the Royal Colleges if it was needed. This is consistent with how other regulators work.

The committee was very keen to learn from the experiences of other regulators in dealing with registrants' health. During the meeting in July, the committee welcomed a representative from the Nursing and Midwifery Council who outlined the NMC's procedures and those of the NMC's predecessor, the UKCC, and shared some of their experience.

The committee agreed that as health is a new factor to consider when assessing the fitness to practise of registrants, that members of the Health committee would chair panels for hearings during the first year, in order to help with reviewing the processes and aid committee members' learning.

Over the course of the year, the membership of the committee changed as it welcomed two new members: Ros Levenson and John Camp, who replaced Anne Foster and John Lilleyman.

The committee wanted to tackle the issue of dealing fairly with registrants whose health and/or disability might affect their fitness to practise. They knew that this was a large issue that needed further work. Mary Crawford, the health committee chairman, with Rosemary Klem the chairman of the registration committee, organised a seminar for Council members.

The seminar took place on March 1st and included presentations from external speakers, for discussion of these issues, and workshops around a draft policy that was presented. The amended paper was presented to the health committee, and will form the basis of detailed guidance for a number of different audiences including applicants to be registered, registrants, education providers and doctors.

The committee reviewed the health cases that were being dealt with, all of which had involved interim orders in order to protect the public. In each case, an interim order had been necessary in order to protect the public while a full hearing had been arranged.

Mary Crawford
Chairman

Gerald Milch
Secretary

Non-Statutory committee reports

1 April 2003 to 31 March 2004

Registration Committee

The Registration Committee is a non-statutory committee of Council, to which it reports via the Education and Training Committee and was set up to aid the Committee in carrying out its work

The Committee's work is primarily concerned with matters that affect the registration process for UK, International and Grandparenting applicants.

The main issues addressed by the Committee include the following.

- Registrants' English language proficiency must equate to level eight of the International English Language Testing System for speech and language therapists and level seven for the other eleven professions regulated by the Council. The committee has subsequently considered, discussed and recommended a variety of alternative tests that applicants can take to demonstrate their English language proficiency to an equivalent level.
- The establishment of "referee assessors". There are cases where two assessors have assessed an application without reaching an agreed decision. In such cases the referee assessor reviews the application and makes a decision about the applicant's eligibility to gain entry to the register.
- The establishment of a review panel. In cases where an applicant's health reference form or character reference form contains information that may raise a question about their ability to practise safely, effectively and in accordance with the Standards of Conduct, Performance, and Ethics, the panel reviews the information to confirm that the information disclosed does not present a bar to entry to the register. The panel may request further information from the applicant to enable it to come to a decision.
- Applicants seeking to return to practice. The Committee has identified the requirements to be met by applicants seeking to return to practice. Such applicants must meet the HPC's Standards of Proficiency. Those who have been out of practice for up to two years will not have to meet any additional requirements in order to gain entry to the register. However, those who have been out of practice for between two and five years may have to undertake a minimum period of thirty days supervised practice and those who have been out of practice for five years or more will have to undertake a minimum period of sixty days supervised practice to bring their skills and knowledge up to current standards.

In addition to any period of supervised practice a person seeking to return to practice may also have to undertake further study; such study can be undertaken in a variety of ways.

The onus is on the person seeking to return to practice to determine what areas of study they need to undertake. Furthermore, the onus is also on the returner to find an appropriate practice environment where the period of supervised practice can be undertaken.

The Committee has set criteria which have to be met by those supervising the period of supervised practice. Firstly, the supervisor must be on the relevant part of the register; secondly, must have been in regulated practice for at least the previous three years and thirdly, not be subject to any fitness to practise proceedings or orders. In addition, the supervised practice must be within the supervisor's scope of practice.

The details for implementation of this process, including the preparation of associated guidelines, are being finalised.

- The establishment of requirements to be met by applicants for registration who have never been registered and whose qualification is five years or older. The requirements to be met by such applicants are similar to those to be met by applicants who have been out of practice for five years or more, namely they will have to undertake a period of supervised practice and additional study to bring their skills and knowledge up to current standards.

The Committee has considered and dealt with other issues concerning the registration of applicants. These include, among other things, applicants' proof of identity; availability of documents from applicants with refugee status; guidelines for assessors and for applicants about Tests of Competence and Periods of Adaptation; review of the new registration process for UK, International and Grandparenting applicants.

Under Article 12 of the Health Professions Order, the Council will be seeking to identify international courses which lead to comparable qualifications to those obtained in the UK. The outcome for applicants who have completed a particular course will be reviewed and, where a positive trend can be identified, that course will be presented to the Committee for endorsement as a course leading to a comparable qualification for the purposes of registration.

The Committee will shortly be starting this process by initially considering physiotherapy and radiography degree programmes. The intention is to eventually identify and recommend, where appropriate, courses that are equivalent to UK approved courses across all the professions regulated by the Council. This will be a project that the Committee will be working on over a long period of time.

Professor Rosemary Klem
Chairman

Lucinda Pilgrim
Secretary

Communications Committee

The 2003/2004 communications strategy agreed by the committee laid the foundations from which we can take HPC forward over the next 3-4 years. Important milestones were reached in a 12 month period which saw the Register open, our services come under increased scrutiny, our website quadruple in size and visits and our first ever advertising campaign designed and developed.

Changing a registration system that had been in place for 30 years on July 9th 2003 was a large challenge for the organisation and expectedly our service delivery came in for some deserved criticism as this was being implemented. While it is never nice to be criticised the true test of our organisation is how we react to this in the long run. Can we adapt our processes, work patterns, IT solutions and communications to deliver what people want, when they want it? The resounding answer is yes. The organisation has learnt a lot about the expectations of its registrants in particular since July and we have begun to adapt our services and communications focus to suit.

Customer service training has been implemented across the entire organisation and a focus group created to monitor and shape its future development. Under the old organisation no form of specialised training had ever been done in this area. In supporting the necessity for customer service provision within the organisation the Committee has set about changing the way the organisation deals with its external customers. It was the first point in last year's plan under 'internal communications' and will be a building block upon which we can build our organisation's reputation over the coming years. We plan to publish service levels in the future and publicly measure ourselves against these for all to see.

We have increased our media relations capabilities over the course of the last year. Our honeymoon period has come to an end however and we started to receive our first criticisms in the trade press since our inception in 2002. On a more positive note we are starting to get national coverage through the Daily Express and BBC Radio and online and in specific local newspapers covering fitness to practise hearings. From a communications perspective what we will learn from this is how to analyse our business after such criticism and put plans in place to ensure we are not exposed again in this area. It requires employee buy-in to the process and improved internal communications but just as starting customer service training was the key function for last year's communications strategy, developing an effective internal communications process is the key area for this year.

The website has been another notable success. We wanted to place HPC at the forefront in using the internet to communicate and there are now four times the amount of people visiting the

website as this time last year reflecting the increased content and information available. We had the website market researched in March and the feedback will now form our development plan for the coming year.

The first annual report and accounts were published in December of last year and good feedback has been received on its design and layout, with one organisation saying they believe we have set the standard for our sister organisations to follow. This year the report follows the same format and is being made available via the website www.hpc-uk.org/annualreport and on request.

Other publications produced were the twelve versions of the standards of proficiency (SOPs), which are now being used as benchmark documents in professions such as Dietetics. Along with the SOPs twenty five operating brochures, which included the '10 benefits of registration' brochure, were also all produced and distributed. We were particularly pleased with gaining the Crystal Mark from the Plain English campaign for both the Standards of Conduct, Performance and Ethics and the Standards of Proficiency for each profession. The Crystal Mark means our website is jargon free, clear and easy to understand.

Events play an integral part in helping us work collaboratively with our stakeholders. First hand views from the listening events are fed back into the business where possible and ideas are generated for the future. We want to increase the number of listening events that we hold over the next 12 months. Attendances continue to be good (130 people attended a listening event in Nottingham on 17th February 2004) and allied to the burgeoning conference programme continue to give HPC a platform from which to deliver and gather its key messages.

While much of 2003 was rightly spent communicating with registrants and beginning an internal communications process, 2004 will see us start to specifically target the public with a range of different activities. One of the major features of this will be the launch of our first ever advertising campaign. The campaign has a simple goal – to let people know who we are, what we do, and how to get in touch with us.

2003/2004 has seen us take our first steps under our own HPC rules and communications strategy. Much of the praise for the development of this must go to Ann Foster the former Chairman of the Communications Committee who left HPC in December 2003. Ann's drive and determination placed communications at the heart of the Council's planning and her groundwork will see us put in good stead for a number of years.

Jo Manning (2004)
Chairman

Ann Foster (2003)
Chairman

Chris Middleton
Secretary

Non-Statutory committee reports continued

1 April 2003 to 31 March 2004

Finance and Resources Committee

The Finance and Resources Committee comprises twelve members and met six times during the year, the majority of members attending at least four times. The Committee also sat once as a Remuneration Committee.

The primary role of the Committee is to monitor the finances of the organisation on behalf of Council, but its work also covers human resources and information technology. It also has responsibility for ensuring that financial and accounting systems are in place in order to meet the more stringent and necessary requirements of public accountability under the Order in Council.

During the year the Committee continued to build on the work it undertook in the HPC's first year of operation, when the Finance department introduced new robust accounting procedures, a new Chart of Accounts and a system of formal budgeting and reporting. Monthly management accounts are produced against the budget not only for the Committee but for the Executive Management Team and other budget managers, who run the day-to-day operations under policies determined by Council.

The financial procedures were set up under formal and comprehensive Standing Financial Instructions and a Financial Procedures Manual, documenting many of the day to day activities within the Finance Department is in place.

A draft budget for 2003/4 was produced prior to the start of the financial year. However as the HPC's fee income structure was not finally sanctioned until 9th July 2003, it was only after this date that the final budget was agreed and introduced. The budget is set within the framework of a rolling five year plan and it was always anticipated that a deficit would arise in both 2002/3 and 2003/4. This has proved to be the case but the budget for 2004/5 shows a healthy surplus which will go some way to reinstate the reserves diminished by the deficits in the first two years.

The delay in the introduction of revised fee rates resulted in the organisation requiring a temporary overdraft facility from its bankers, NatWest Bank PLC. A £1 million facility was put in place with the help of our lawyers, Bircham Dyson Bell and Ormerods. The position was accurately forecast by the Finance Department who have monitored the organisation's cash flow position on a day to day basis.

The Committee spent its early meetings reviewing the financial statements for the year ended 31st March 2003, which were audited by the external auditors, BDO Stoy Hayward LLP and the National Audit Office. We have to account as if we are a non-departmental public body of the Department of Health. However it is important to stress that we are still an independent body. The appointment of the Chief Executive as Accounting Officer was confirmed on 21st May 2003 and the Accounts Direction received at that time required us to revamp our accounts in line with the public sector. The National Audit

Office, in particular, was extremely helpful with guidance to enable us to complete this work.

The production of a risk assessment document was monitored by the Committee. This in turn is leading towards the adoption of a formal disaster recovery plan. The Audit Committee monitors the financial risks.

We are fortunate that the Department of Health has provided us with both capital and revenue grants to help us set up. In particular these have covered the introduction of our new IT system for registration, a revamp of our premises at Park House and 20 Stannary Street, Kennington, the public consultations, the production of booklets explaining what we do and how registrants must interact with us and the recruitment and training of partners. The Finance and Resources Committee has carefully monitored this expenditure and the bid for grants.

The Committee receives regular reports from our stockbrokers, Carr Sheppards Crosthwaite, who run our investment portfolio and the Committee has been pleased to see that the value of the portfolio recovered during the year. The organisation drew down cash from the portfolio in the early part of the year and the Committee will address the structure of the portfolio in the coming year. It also received an appraisal of the pension scheme run by the FPS Group and, even after the vagaries of the stock market in recent times, it was demonstrated that the scheme could meet its obligations in the foreseeable future.

Towards the end of the financial year, the Committee received and approved for sanction by Council a Budget for 2004/5.

Turning to human resources matters, the HR Director attends all meetings of the Committee. An Employee Handbook has been introduced and all members of staff have received training on the practices it contains. Much of the year has been taken up by the recruitment and training of partners and ensuring that sufficient employees are in place to carry out our processes, especially with regard to registrants. We will introduce a performance management system. The Committee reviewed the Chief Executive's recommendations when it sat as the Remuneration Committee in March. Proper pay scales, supported by Croner Reward, are in place.

The Director of Information also attends the Committee and has produced a number of papers during the year. Matters covered have included the IT strategy, ISO accreditation, Data Protection and the Freedom of Information Act 2000, a detailed budget bid for enhancements and additions during 2004/5 and beyond and, finally, the IT Disaster Recovery Plan.

The Finance and Resources Committee has had a busy year but considers that we are healthy financially and has the resources in place to fulfill its obligations.

Colin Lea
Chairman

Paul Baker FCA
Secretary

Audit Committee

The Audit Committee, a sub-committee of the Finance and Resources Committee, met four times during the year.

The Committee is the primary link between the organisation and its external auditors, BDO Stoy Hayward LLP and the National Audit Office. It received detailed management letters from each party following the audit of the financial statements for the year ended 31st March 2003. It was pleasing to note that BDO Stoy Hayward LLP found no material matters on which to make an adverse report. Certain minor control matters have been strengthened during the year. The National Audit Office found a number of public accounting matters that had to be addressed and made some recommendations for the future particularly with regard to training the financial staff who have a commercial background.

The Audit Committee reviews the financial risks set out in the Risk Assessment and commissions the Internal Audit Division of BDO Stoy Hayward LLP (separately run from the external audit staff who work on our assignment) to undertake internal audit work on its behalf. The organisation is too small to have its own internal audit department: it would be costly. The Committee sought and received assurances that the payroll and the income generation operations were running satisfactorily.

The Committee was also latterly involved in agreeing the timetable for the production of the audited statutory accounts for the year ended 31st March 2004 and for determining the internal audit work to be undertaken during 2004/5.

Sandy Yule
Chairman

Paul Baker FCA
Secretary

Fitness to Practise hearings

1 April 2003 to 31 March 2004

Below is a list of all the Fitness to Practise hearings where the allegation against the registrant was 'well founded'. If a panel finds that an allegation is not well-founded, no further action is taken, and the hearing is not publicised. Hearings take place in public, and the results are published so that we can protect the public. Further information about all hearings that take place

under the new HPC rules is available on our website in the complaints and allegations section. In addition, more information about our fitness to practise process is available in our Fitness to Practise Annual Report 2003/2004. You can download this document from our website, or contact our offices to ask for a hard copy.

Profession	Registration number	Name	Date of hearing	Allegation	Outcome of hearing
CH	14060	Mr. G Jarvie	16/04/03	Failure to maintain state registration & falsely claiming state registration on application form	Judgement postponed for 2 years
CH	7910	Mr. J. McCarthy	21/07/03	Poor treatment	Struck off
CH	9177	Mr. R. Ross Parton	07/01/04	Incompetence	Suspended 1 year
CH	9177	Mr. D Leeson	25/03/04	Pursued a course of action amounting to harassment (conviction)	Struck off
CS	3167	Mr N Burgess	17/11/03	Theft (conviction)	Struck off
DT	6299	Mr. J Collier	17-18/06/03	Association with an inappropriate website	No further action
MLT	29403	Mr. B Thornton	26/06/04	Threatening and aggressive behaviour	No further action
MLT	33955	Mr. L Jones	12/05/04	Accessing pornographic material on the internet	No further action
MLT	35108	Mrs. B Nwabinele	27/11/03	Incompetence	No further action
MLT	31517	Mr. R Whitaker	03/02/04	Obtaining a job by deception (conviction)	Struck off
MLT	16653	Mr. P Carling	16/04/04	Indecent assault (conviction) 28 days in which to appeal	Struck off
OT	15610	Mr. A Charlesworth	26/09/03	Inappropriate relationship with a patient	Struck off
OT	27647	Ms. D Fitzgerald	26/02/04	Drink/drive (conviction)	Suspended for 1 year
OT	9548	Ms. I Dobbelaar	01/10/03	Unprofessional & inappropriate behaviour	Struck off
OT	33254	Mrs. G Krause	16/10/03	Incompetence	Caution 2 years
OT	23203	Mrs. J Hughes	31/10/03	Working for another employer whilst on sick leave	Caution 2 years
PH	42794	Ms. A Bhan	30/06/03	Incompetence	Struck off
PH	59447	Ms. T McConnell	23/06/03	Inappropriate treatment	No further action
PH	36867	Mr. G Mendy	28/11/03	Falsifying patient records	Caution 3 years & COP order 1 year
PH	45841	Mr. F Mayunga	05/12/03	Incompetence	COP 1 year
PH	42997	Mr. F Alade	04/02/04	Incompetence	Suspended 1 year
PH	23565	Mr. R Adams	05/04/04	Record keeping (suspended by overseas regulator)	Suspended 1 year
PH	31455	Ms. S Gill	05/04/04	Inappropriate borrowing of money from patients	Struck off
PO	214	Mr. D Holmes	13/11/03	Indecent assault (conviction)	Struck off
RA	28444	Mr. M Faheem	22/05/03	Gave inappropriate advice and acted in an inappropriate manner towards a patient. False information on application form	No further action
RA	21581	Ms. J Stephens	09/01/04	Poor work performance, unprofessional and unacceptable behaviour	Caution 1 year
RA	37455	Ms. R Haque	12/12/03	Falsifying employment records	Struck off
RA	22915	Ms T Bahia	01/08/03	Application for restoration to the register	Restored
RA	15554	Ms. I Carroll	01/08/03	Application for restoration to the register	Restored
SL	7520	Ms. C Reyburn	23/10/03	Poor record keeping	COP order 3 years
SL	2981	Dr. E Dean	24/04/03	Drunk on duty (resumed hearing)	No further action
SL	5914	Mr. J Osmond	15-19/03/04	Failure to meet professional standards. Poor case management and record keeping	COP order 18 months

COP *Condition of practise*

CH *Chiroprapist and podiatrist*

CS *Clinical scientist*

DT *Dietitian*

MLT *Medical laboratory technician (biomedical scientist)*

OT *Occupational therapist*

PH *Physiotherapist*

PO *Prosthetist and orthotist*

RA *Radiographer*

SLT *Speech and language therapist*

New Professions

One of the most important differences between HPC and its predecessor is that we can now take on additional health professions to the register. This is an exciting change to the way that we work, with the potential to increase the number of registrants as well as the number of professions who can gain from the benefits of statutory regulation with a multi-professional, independent regulator.

We published our criteria for new parts of the Register, guidance notes, application form and processes in April 2003, and have accepted applications from professions who want to be regulated by us since then.

The new professions process

The process involves four stages, but it is normally begun by an approach from a professional body who represent a new profession, and would like to be regulated by us.

Firstly, we hold a meeting with representatives from the aspirant profession to tell them about our role, our different committees, the partners that we use to help us do our job, and to let them know what will happen next if they do decide to apply to be regulated.

Secondly, if they do apply to us, we send them a letter acknowledging their application, and ask them to come and present their application at the next Council meeting.

Thirdly, a member of HPC staff who deals with new professions will go through the application, looking at all the documents submitted, to see whether it meets the Council's criteria for a new profession. We call this 'scoring' the application.

Finally, the Council will consider the application, based on the documents and evidence sent in, the scoring from the HPC staff, and the presentation given by members of the aspirant profession.

If the Council decides to recommend that the profession should be regulated, then the Chief Executive and Registrar will write to the Secretary of State for Health.

The Council's decision is only a recommendation and the final decision rests with the Secretary of State for Health. If they agree with the recommendation, a consultation will take place. Depending on the outcome of the consultation, they may then present legislation to Parliament to amend the Health Professions Order.

The Council has made recommendations to the Secretary of State for Health about the following applications:

April 2003	Operating department practitioners presented by the Association of Operating Department Practitioners
June 2003	Applied psychologists presented by the British Psychological Society
September 2003	Clinical perfusion scientists presented by the Society of Clinical Perfusion Scientists
October 2003	Clinical physiologists presented by the Clinical Physiologists Registration Council
March 2004	Dance movement therapists presented by the Association for Dance Movement Therapy UK

Numbers of new professions

As we went to press, we had met with representatives from over 30 professions, all of whom were interested in being regulated by HPC. Such interest in being part of the HPC is a positive endorsement of our work, but more importantly a strong message of support for the benefits to a profession of being independently regulated.



One of the most important differences between HPC and its predecessor is that we can now take on additional health professions to the register. This is an exciting change to the way that we work, with the potential to increase the number of registrants as well as the number of professions who can gain from the benefits of statutory regulation with a multi-professional, independent regulator.

The first new profession

We expect that the operating department practitioners (ODPs) will be the first new profession to join the Register, and we hope that they will join the Register later this year (2004). This will bring the number of professions on the Register to thirteen.

As we put this report together, we were recruiting partners from the operating department practitioner profession, and consulting on the Standards of Proficiency for the profession.

The structure of the Council

One factor that might limit the number of new professions is the structure of the Council. At the moment, we need a new Council member and lay member for each new profession, which could lead to the Council becoming so large that good decision making and proper discussion became difficult. With this in mind, we have consulted on the structure of the Register, considering options including grouping similar professions together. The results of the consultation will be published in August 2004.

The regulation of healthcare workers

There has been much speculation over the past year regarding the regulation of healthcare assistants. Healthcare support staff play a vital role in delivering healthcare, and many people feel that some form of regulation of these staff is necessary in order to protect the public. Some unions and representatives of healthcare workers are keen for recognition and regulation, including the protection of their professional titles.

The Department of Health is currently consulting on the regulation of healthcare workers in England and Wales and a separate, similar exercise is being undertaken by the Scottish Executive. The Department of Health has introduced a number of proposals but has indicated that their preferred option is that the HPC should regulate healthcare workers. We are holding a special Council meeting in June to discuss our response to the consultation. We will publish our response on our website.

The Department of Health consultation closes on the 2nd July 2004 and we anticipate recommendations will be made as a result of the consultation later this year.

Registrant figures over the last year

Profession	On 1 April 2003	On 1 April 2004
Arts therapists	1,992	2,048
Biomedical scientists	21,895	19,803
Chiropodists and podiatrists	9,013	10,264
Clinical scientists	3,408	3,450
Dieticians	5,782	6,070
Occupational therapists	24,576	24,191
Orthoptists	1,328	1,234
Paramedics	9,334	10,224
Physiotherapists	35,643	36,812
Prosthetists and orthotists	786	780
Radiographers	21,484	20,491
Speech and language therapists	8,900	9,467
Total:	144,141	144,834

The Council

Recruitment

After the second transition period (after July 2005), registrant and alternate members of the Council will be elected by the registrants from their own profession and the President will be elected by Council members. The Health Professions Order 2001 (HPO) states that nobody may serve more than three terms in a row.

Lay members are appointed by the Privy Council and may be reappointed. However, they have no automatic right to be reappointed. The Privy Council can appoint any extra or replacement lay members after advertising in the national press and by following guidance from the Office of the Commissioner for Public Appointments.

Ann Foster: resigned December 2003

John Lilleyman: resigned September 2003

Michael Collins: resigned October 2003

John Camp: Appointed December 2003

Ros Levenson: Appointed January 2004

Council Member Biographies

Norma Brook – President

Norma Brook was appointed as our President in May 2001. She is a qualified physiotherapist and is currently a self-employed consultant in physiotherapy and other professions allied to medicine. She was, until recently, Head of Division of Professions Allied to Medicine at the School of Health and Social Care, Sheffield Hallam University. She is a former Chairman of the Physiotherapists Board at the Council for Professions Supplementary to Medicine (CPSM).

Colin Lea – Vice-President

Colin Lea is a self-employed business and healthcare consultant, and a company director. A former Chairman and Vice-Chairman of West Glamorgan Family Health and District Health Services authorities, he also chairs independent review panels for the NHS and social services complaints. Colin is a magistrate and has a long and wide-ranging career in health, Social Services, education, housing, consumer and judicial organisations. He is Chairman of our Finance and Resources Committee.

Lay members

John Camp

John Camp practised as a barrister before being ordained as an Anglican priest. He was a psychiatric hospital chaplain for 13 years and has a qualification in forensic psychotherapy. He has held part-time judicial appointments since 1983 and currently hears appeals in immigration and asylum cases. He was Chairman of Wycombe Health Authority from 1982 to 1986 and has also served as a member of other NHS bodies, including the former Oxford Regional Health Authority and the Mental Health Act Commission. He has been honorary legal adviser to the British Medical Acupuncture Society since 1981 and is honorary clinical ethics advisor to St. Andrew's Hospital, Northampton.

Shaheen Chaudhry

Shaheen Chaudhry is a freelance trainer and advisor, and a race and cultural consultant. She is a non-executive director of North Bristol NHS Trust and a lay member of both the Commission for Health Improvement (CHI) and the Professional Conduct Committee of the General Medical Council (GMC). Shaheen has a great deal of experience of working in the health and voluntary sector.

Robert Clegg

Robert Clegg has recently retired as the Chief Executive of Rochdale Healthcare NHS Trust. He is Vice-Chair of the Board of Directors and former Secretary at Springhill Hospice Appeal Fund. He is actively involved in community activities in Rochdale including being a member of the Rochdale branch of the British Heart Foundation and the Rochdale and Pennine Region Young Farmers' Advisory Group.

Christine Farrell

Christine Farrell is an academic adviser to the Department of Health Policy Research Division. She has worked in research and service development, most lately at the King's Fund in London, and also as an advisor to the Secretary of State for Education. She has worked in a voluntary role in the NHS since 1974 and was a trustee and chair of a national charity providing health services from 1979 to 1995. For the past 10 years her work has focused on involving patients and the public in the NHS, and patient and professional views about cancer services.

John Harper

John Harper is Vice-Principal at The Robert Gordon University, Aberdeen, and former Dean of the Faculty of Health and Social Care. He is also a former member of the Scottish Executive NHS Modernisation Forum and of the CPSM.

Tony Hazell

Tony Hazell was, until recently, Assistant Principal, University of Wales Institute, Cardiff. He is Chair of the Velindre NHS Trust and is a member of the Quality Assurance Agency (QAA) Advisory Committee for Wales.

Ros Levenson

Ros Levenson is an independent policy consultant and researcher. She has worked on a range of health and social care issues for the King's Fund and a number of statutory and voluntary organisations and has published widely. Her particular interests are health inequalities and patient and public involvement. Ros's early career was in social work and social services training. Her interest in health service issues developed during 10 years as a community health council member and she later became Director of the Greater London Association of Community Health Councils - a post she held for 5 years. Ros is a non-executive director of an NHS Trust.

Lay members *continued***Jeffery Lucas**

Jeff Lucas is Pro-Vice-Chancellor, Learning and Teaching at the University of Bradford and previously the inaugural Dean of the School of Health Studies. He is a health service researcher and has evaluated a health action zone, how effective interprofessional education is in the health professions curriculum and the prototype QAA Academic Review process for NHS funded provision. Jeff has served on Cabinet Office committees for Health and Social Care, the NHS Executive Equal Opportunities Committee, is a non Executive Director of a Strategic Health Authority and he co-edits the British Journal of Clinical Governance.

Keith Ross

Keith Ross is a self-employed personnel and management consultant. He concentrates on human resources assignments and management roles mainly in the public sector – specifically in the health and education fields. Before becoming self-employed, Keith had a 20-year career in human resources roles in the Scottish Health Service and most recently was Director of Personnel for a Scottish Health Board and an acute NHS Trust. Keith is a 'Fitness to Practise' panel member of the Nursing and Midwifery Council. He is Deputy Chairman of our Conduct and Competence Committee and a member of the Finance and Resources Committee.

Jackie Stark

Jackie Stark is currently Director of Calderdale Shopmobility and Disability Minibus Association, Community Transport Calderdale and has been actively involved in the voluntary sector, both in a development and management role, for 25 years. She is a former chair of the Community Healthcare NHS Trust. She chairs the Single Regeneration Budget Board for Halifax and chairs various voluntary organisations, is the founder and former Trustee of the Talking Newspaper Association and Calderdale Community Foundation. She is a former lay member of CPSM.

Barbara Stuart

Barbara Stuart works as a Business Careers Adviser. She has previously worked in the private sector but more recently in the voluntary sector as Director of Operations of Lakeland Community Care Ltd. She is a Lay Magistrate in the Youth and Family Courts in Northern Ireland and has worked as a Lay Assessor with the Social Services Inspectorate of the DHPSS. A former carer, she is a member of the Management Committee of the local Alzheimer's Society and a helper with the Riding for Disabled Association.

Registrant members**Mary Crawford** – *occupational therapist*

Mary Crawford works independently – most of her work relates to mental health and therapy services. She has recently worked as a Director of Therapies, Rehabilitation and Learning Disabilities for a primary care trust. She is a member of the Department of Health Change Agent Team Expert groups and a reviewer for the Commission of Health Improvement (CHI). Mary is Chair of Turnstone Support, a not-for-profit provider of care services for people with learning disabilities and for vulnerable older people. She is also a board member of Parkside Housing Group. Mary is Chairman of our Health Committee.

Robert Jones – *physiotherapist*

Robert Jones is Therapy Services Manager, East Sussex Hospitals NHS Trust and an honorary fellow of the University of Brighton. In 2001 he completed a secondment to Commission for Health Improvement (CHI) as Allied Health Professions Advisor and is a CHI clinical governance reviewer. He is also a member of the Ways of Working Project Board of the NHS Information Authority. He is the Vice-President and a Fellow of the Chartered Society of Physiotherapy. Robert is a member of the University of Brighton Professional Doctorate Programme Board and he occasionally lectures at the university. He is a former member of the Physiotherapists Board at CPSM.

Morag MacKellar – *dietitian*

Morag MacKellar is Head of Nutrition and Dietetics, Forth Valley Primary Care NHS Trust, Deputy Chair of South Forth Valley Local Healthcare Co-operative and Public Health Nutritionist for NHS Forth Valley. She is also a member of the Community Planning Partnership Health Functional Group, Stirling Council, and Chair of the national multi-agency steering group Scottish Nutrition and Diet Resource Initiative. Morag contributes to a number of departmental and policy groups for the Scottish Executive. She is a former Chairman of the Dietitians Board at CPSM and previously Chair of the British Dietetic Association.

Joanna Manning – *paramedic*

Joanna Manning is Assistant Chief Ambulance Officer with West Country Ambulance Service NHS Trust. She is a member of the Chartered Institute of Personnel and Development (CIPD). She has specialised in managing human resources and is a member of our Conduct and Competence Committee as well as chairing the Communications Committee. Jo has 20 years' experience working in ambulance services nationally.

Clare McGartland – orthoptist

Clare McGartland has worked as an orthoptist for over 25 years. She is currently working as the Allied Health Professions Commissioner and Advisor to the Western Health and Social Services Board in Northern Ireland. Clare was an area orthoptist and had responsibility for acute and community orthoptics throughout the Western Health and Social Services Board. Clare is a former member of the Orthoptists Board at CPSM and was also a member of the Education Committee. She is now a member of our Health Committee and Communications Committee.

William Munro – orthotist

Willie Munro is Orthotic Director of Munro Bolton, Orthotics Ltd, a practice which supplies orthoses to hospitals in Scotland. He was a founding member of the British Association of Prosthetists and Orthotists and is Clinical Associate at the National Centre for Training & Education in Prosthetics and Orthotics at the University of Strathclyde. Willie is involved in community work in Glasgow and he is the former Vice-Chairman of the Prosthetists and Orthotists Board at CPSM.

John Old – clinical scientist

John Old is head of the National Haemoglobinopathy Reference Laboratory, Churchill Hospital, Oxford. John is a Council Member of the Royal College of Pathologists and is Chair of the panel of examiners in genetics for the College. He is also a National Assessor for appointing clinical scientists in molecular genetics. He is a former Chairman of the Clinical Scientists Board at CPSM. He has a longstanding scientific interest in the thalassaemias and has published more than 100 peer-reviewed papers on this subject

Pam Sabine – chiropodist and podiatrist

Pam Sabine is head of podiatry and chiropody services at the Castlepoint and Rochford Primary Care Trust and is past Chairman of the Society of Chiropodists and Podiatrists. Pam is actively involved in professional groups and is a former member of the Chiropodists Board at CPSM. She is a member of the South Essex diabetes strategy advisory group, diabetes leadership group, the trust clinical governance steering committee, and Executive committee.

Anna Van Der Gaag – speech and language therapist

Anna Van Der Gaag is a senior lecturer in the Department of Speech and Language Therapy at the University of Strathclyde. She was a founder member of the Royal College of Speech and Language Therapists Research Committee, a member of the Joint Therapies Research Group and is actively involved in various research and development initiatives in speech and language therapy. Anna has been a member of various advisory groups for the Medical Research Council, Department of Health, Kings Fund and the Royal College of Speech and Language Therapists.

Diane Waller – art therapist

Diane Waller is Professor of art psychotherapy at Goldsmiths College, University of London. She is Vice-President of the International Society for Expression and Art Therapy, a council member of the World Psychiatric Association's Section on Art and Psychiatry, Hon. President of the British Association of Art Therapists. Diane is a UKCP registered group analyst, and her research interests are in sociology of professions in UK and Europe, art and group psychotherapy, addiction and progressive illness. She has written several books on these subjects. Formerly Chair of the Arts Therapists Board at CPSM, and of our Education and Training Committee.

Neil Willis – biomedical scientist

Neil Willis is currently the Acute Medical Biochemistry Services Manager at the University Hospital of Wales, Cardiff. Neil has close links with the University of Wales Institute Cardiff and has lectured at home and abroad. Neil works closely with Health Professions Wales and is a member of the HPW CPD Advisory group. He is also a member of the HPC CPD Professional Liaison Group. He is Chairman of the Cardiff Medical Centre Sports and Social Club, and is a founder member of the Cardiff Medical Centre Sports and Social Club Children's Charity. Neil is a member of the Finance Committee, and Chairman of our Investigating Committee. He is a former MLT Board member at CPSM.

Sandy Yule – radiographer

Sandy Yule is radiology advisor and clinical governance manager at Cardiff and Vale NHS Trust. He is a member of the Disciplinary Board for the British Psychological Society and Secretary General of the International Society of Radiographers. Sandy is a Justice of the Peace and an observer on the Council of the Society and College of Radiographers of the United Kingdom. He is Chairman of our Conduct and Competence Committee.

Alternate members**Michael Barham – dramatherapist**

Michael Barham is Head of the School of Psychology and Therapeutic Studies at the University of Surrey Roehampton. He was a joint winner of a South West London NHS Excellence Award (2003), for his promotion of positive mental health. He is a former Chair of the British Association of Dramatherapists and Vice-Chair of the Arts Therapists Board at CPSM. He is a member of the Finance and Resources and Investigating Sub-Committees. His current research interests include professional issues and processes linked to the arts therapies and other psychotherapies, dramatherapy and theatre processes, and ethical issues in practice and research.

The Council continued

Alternate members continued

Graham Beastall – *clinical scientist*

Graham Beastall is Consultant Clinical Scientist in the Department of Clinical Biochemistry in the North Glasgow University Hospitals NHS Trust. He has a longstanding scientific interest in biochemical endocrinology and has published more than 150 peer-reviewed papers. Graham is a former member of the Clinical Scientist Board at CPSM and is currently Vice-President of the Royal College of Pathologists and Chair of their Standing Committee for Clinical Science. He is a former Chairman of the Association of Clinical Biochemists and Chairman of the UK NEQAS Steering Committee for Clinical Chemistry.

Helen Davis – *orthoptist*

Helen Davis is a Senior Lecturer in Orthoptics at the University of Sheffield, and has an honorary contract with the Sheffield Teaching Hospitals Trust. She is a former Chairman of the Orthoptists Board at CPSM.

Paul Frowen – *chiropodist and podiatrist*

Paul Frowen is Senior Lecturer, Head of The Wales Centre for Podiatric Studies School of Health and Social Sciences at University of Wales Institute, Cardiff. He is a former Vice-Chairman of the Chiropodists Board at CPSM, and is Joint Chair of the Chiropodists Pre-registration Education and Training Working Group. He was a member of the QAA Subject Benchmarking Group for Podiatry and a QAA Subject Specialist Reviewer.

Rosemary Klem – *radiographer*

Rosemary Klem is currently Head of the School of Radiography (Diagnostic & Radiotherapy), Faculty of Health and Community Care, University of Central England in Birmingham. She is a former Vice-Chairman of the Radiographers Board at CPSM and former Chair of the Joint Validation Committee of the College of Radiographers and Radiographers Board. Rosemary is currently Chairman of our Registration Committee.

Carol Lloyd – *occupational therapist*

Carol Lloyd is Subject Manager for Occupational Therapy and Programme Leader at the School of Education, Health and Sciences at the University of Derby. She is an external examiner at Brunel University and Canterbury Christchurch University College. She is also involved with the Trent Workforce Development Confederation and is a member of regional professional advisory groups.

Ian Massey – *prosthetist*

Ian Massey is currently employed by Chas A. Blatchford & Son Ltd, and is Prosthetic Manager for the centre at Cardiff and Swansea. He started in the profession in 1975, qualifying as a prosthetist in 1982. He has worked mainly in Cardiff centre. He is a former member for the Prosthetist and Orthotist Board at CPSM.

Jacqueline Pearce – *speech and language therapist*

Jacki Pearce is a Speech and Language Therapy Manager in Hertfordshire and has previously been an area manager, organising many other professional groups on a day-to-day basis. She has been a magistrate for the last 15 years, also in Hertfordshire, with a particular interest in family court matters, and has taken time out to complete a Masters in Health Law. She represents speech and language therapy managers from the eastern region on the Management Board of the Royal College of Speech and Language Therapy.

Gillian Pearson – *dietitian*

Gillian Pearson currently works as a return to practice coordinator at the University of Surrey, and has experience of working in the NHS and higher education, teaching on both undergraduate and postgraduate courses. She has been a dietetic manager of both community and acute hospital dietetic departments. Gillian is a former member of the Dietitians Board at CPSM, chairing the Education and Training Committee of the Board.

Gordon Sutehall – *biomedical scientist*

Gordon Sutehall is Principal Virologist at the Clinical Microbiology (Health Protection Agency) Laboratory, Addenbrooke's Hospital, Cambridge, where he has worked since 1978. He has worked in clinical virology for more than 30 years, and has been involved in teaching this subject to students at various universities and colleges for most of that time. He is the treasurer of the Institute of Biomedical Science, having previously developed a leading role in continuing professional development (CPD) for the Institute. Gordon is currently a member of the Government's Advisory Committee on Dangerous Pathogens.

Eileen Thornton – *physiotherapist*

Eileen Thornton is the Head of the School of Health Sciences at the University of Liverpool. She has been in physiotherapy education for a number of years. She has been involved with the Chartered Society of Physiotherapy, serving on and chairing many committees relating to pre-registration and post-registration education activities and registration and professional conduct functions.

Council and Committee meetings 2004 to 2005

Council or Committee	Dates
Council	Thursday 13 May 2004 Thursday 15 July 2004 Friday 16 July 2004 (Annual General Meeting) Tuesday 14 September 2004 Wednesday 6 October 2004 and Thursday 7 October 2004 'away day' Tuesday 7 December 2004 Wednesday 2 March 2005
Communications Committee	Monday 5 July 2005 Thursday 18 October 2004 Monday 28 February 2005
Conduct and Competence Committee	Tuesday 27 April 2004 Tuesday 22 June 2004 Tuesday 12 October 2004 Thursday 16 November 2004 Tuesday 15 February 2005
Education and Training Committee	Wednesday 28 April 2004 Wednesday 28 April 2004 Wednesday 23 June 2004 Wednesday 1 September 2004 Wednesday 13 October 2004 Wednesday 24 November 2004 Wednesday 16 February 2005 Wednesday 30 March 2005
Finance and Resources Committee	Thursday 29 April 2004 Thursday 24 June 2004 Tuesday 27 July 2004 Tuesday 21 September 2004 Tuesday 23 November 2004 Friday 11 February 2005
Health Committee	Wednesday 21 April 2004 Wednesday 21 April 2004 Wednesday 30 June 2004 Wednesday 22 September 2004 Thursday 25 November 2004 Wednesday 9 February 2005
Investigating Committee	Thursday 15 April 2004 Tuesday 29 June 2004 Thursday 23 September 2004 Thursday 11 November 2004 Thursday 10 February 2005
Registration Committee	Friday 14 May 2004 Tuesday 20 July 2004 Monday 13 September 2004 Thursday 4 November 2004 Tuesday 18 January 2005

Our website www.hpc-uk.org



Over the past twelve months the Communications department has been involved in developing the website further, adding more information to that which is already online, and making the resources easier to find and use.

We recognise that not everyone has internet access, and of course anyone with an interest in what we do can always request hard copies of our publications, or contact us by phone, fax or letter with any questions. That said, the website remains the most cost-effective and efficient way of making large amounts of information available to large numbers of people. The website is the best way of keeping up to date with our work, and what we are doing.

Our aims for the website

We aim to run a website that is comprehensive, clear, user-friendly, and sets a standard that other organisations will aspire towards. We want our website to offer all the information that our various stakeholder groups need, so that people can access information about us all the time, not just during office opening hours. We also want to make public information about how we work and what we do, and to make all documents publicly available unless there is a specific reason why they should remain confidential (for example, that they deal with a registrant's personal details). This is an important part of our commitment to being an open and transparent organisation.

Developing the site

To achieve our aims we will need to completely re-design the site over the coming year, and ensure that the new design is fully compliant with external measures of accessibility, including accessibility for people with disabilities.

Developing the site to achieve our aims will be an ongoing process that will require constant work – responding to developments in technology and changes to our work as well as to comments from individuals. Over the past year, several individual registrants have emailed comments on information that they found useful on our website, or on pages that were hard to find, or where the links were not clear. In many cases we have changed the site in response to these comments, and we let people know when we have done so.

More hits

As we have increased the quality of the information on the website, and the amount of information available, our ranking in search engines has increased, the number of other sites linking to us has increased dramatically, and hence so has the amount of traffic that the site has gained.

Updates to the site

The best way to keep up to date with changes and updates to the website is to go online and have a look around. However, below we outline a few of the areas and sections of the website that have seen particular changes since March 2003.

July 9th 2003

On July 9th 2003 we began operating under our new rules. This meant changing all of the website text to reflect the new HPC's processes, including uploading the new application forms and standards.

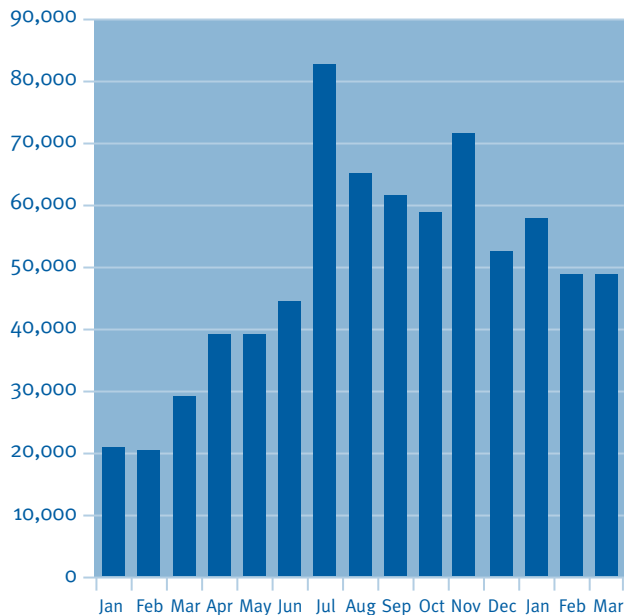
On a more prosaic note, we went through the whole site removing references to the old concept of 'state registration', and replacing this with information about the new protected professional titles.

Publications index

- www.hpc-uk.org/publications/index.htm

We published a large number of leaflets and standards documents to back up our new processes in July. We put them online in a new publications index. This allows you to sort the documents by type (legislation, standards, brochures, etc.), or by intended audience. You can also download each document either in PDF format, or in plain text, or (where available) in other languages.

Number of monthly visits to HPC Website



'Apply' section - www.hpc-uk.org/apply/index.htm

After we had put the forms online, we began to re-design the 'apply' section, to make it easier to use, and also to put more information online to help people to make their application. We re-structured the section to reflect the four different routes to registration: UK-approved course, grandparenting, international registration, and readmission. Each of these routes has a page where you can download the application pack, find out about the information you need to submit, find out how we will assess your application, when you will hear from us, and details for how you can contact the relevant department.

In addition, we have added information for people making an international application, including details of our requirements for proficiency in English, and information on translating documents, and refugee applications.

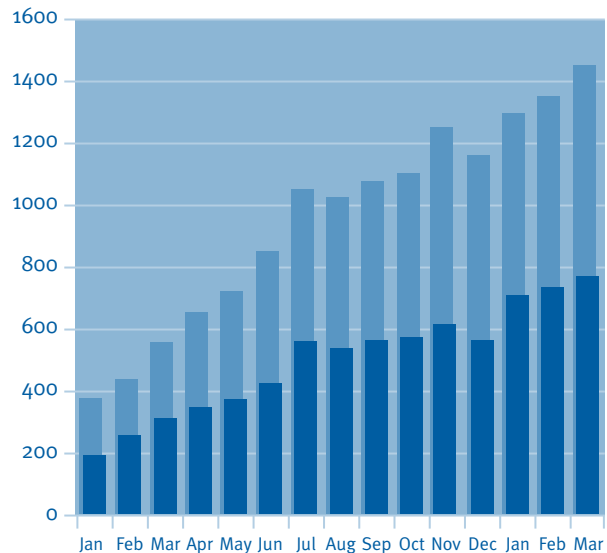
Registrants section re-design

- www.hpc-uk.org/registrants/index.htm

The 'registrants' section of the website contains information specifically for those currently on the Register. We had been adding information to this section on an ad-hoc basis, and had become aware that the volume of information was becoming unwieldy.

We therefore spent some time re-designing the registrants section, to divide up the information into sections on topics like 'meeting our standards', 'how you can get involved' and 'fees and payments'.

Distinct web pages & Websites linking to the HPC Website



One of the most important new sections is called 'renewing your registration' which is a complete online guide to the renewal process. Here, you can find information including dates for the new, two-year professional cycles, information about the new professional declaration which people must sign in order to renew, and details of the professions that are renewing at any one time. This section was developed in response to the kinds of queries and questions that registrants raised about the new renewals process, and we hope that it helps to explain the new process and make it straightforward.

Health regulation worldwide

- www.hpc-uk.org/worldwide/index.html

This brand new section of the site aims to provide an online resource about the regulation of healthcare professionals worldwide. We are collecting information on all the regulators that exist in all countries, and are storing this information online so that anyone who wishes to can access it.

We hope that this will be useful for several reasons: the first is that we do not believe this information exists in one place anywhere else. Another reason is that it can be very helpful to identify other regulators during fitness to practise proceedings, for example, if a health professional is registered in another country as well as here. This can help cut down on the very small number of rogue professionals who may move abroad in order to escape regulation.

Our website www.hpc-uk.org continued

Search facility

As we increased the amount of information online, we wanted to introduce a 'search' facility to the website, to make it easy for people to find the information they wanted.

But before we launched this, we needed to make sure that it would work properly, and give users of the site the most relevant pages and information.

We needed to find software that would work accurately with our existing web-pages, and we also needed to 'index' all the existing pages, to help people find what they want.

We know from the site statistics that since it has been launched, the search has been very well-used. In addition, we are sent copies of everything that is typed into the search engine, so we can use this to see what people are searching for, and what they come to our website in search of. With this information we can keep refining the search terms, and developing the information online, to try to ensure that we meet people's needs and expectations.



We aim to run a website that is comprehensive, clear, user-friendly, and sets a standard that other organisations will aspire towards.

Consultations

We launched a consultation on our Standards of Education and Training, and to accompany this we set up a new 'consultations' section of the website where we can post information about future, past and current consultations. In this section you can see details of any meetings, download a copy of the relevant consultation document, and contact the department who are running the consultation.

Fitness to practise - www.hpc-uk.org/legal/index.htm

As we began processing allegations against health professionals entirely under the new HPC rules, we decided that we needed a new, more modern way of publicising our work, and ensuring that we meet our duty to protect the public.

Part of this has been to establish an online record of all those cases heard under the new rules. Each time a case is well-founded, we post information online including the allegation, the panel's decision and direction (for example: striking off, or a caution), the transcript of the hearing, and a news release which is sent to the local press.

In addition, information about upcoming future hearings is posted online.

This section of the website is called 'complaints and allegations' as we thought that 'fitness to practise' might not be understood by all users of the website. It also contains information on how to make an allegation against a health professional, and how to contact us about our levels of customer service.

Your input

If you have any comments to make about the HPC website, either good or bad, please do get in contact with us on webmaster@hpc-uk.org

We welcome constructive feedback that will help us to make the site useful, and make the information that you need easily available.

Events

Events play an integral part in helping us work collaboratively with our stakeholders. Listening events continue to be well received and, allied to our active conference programme, give HPC a platform from which to deliver and gather its key messages.

Listening events

As part of our commitment to keep in regular contact with key stakeholder groups and to keep in touch with their views and requests, we have been hosting ongoing listening events around the UK. Comments and questions from these events are fed back into the business and incorporated into future HPC strategy where possible.

In the last year we held meetings in Jersey, Belfast, Llandudno and Nottingham. These have all been well-attended – 130 people came to the meetings in Nottingham in February 2004 – and we will be continuing this programme for the foreseeable future.

Conferences and exhibitions

Over the last year we exhibited at the following conferences.

- HR in the NHS Conference 2003, Birmingham
- The 14th International WCPT Congress (World Confederation for Physical Therapy) 2003, Barcelona
- Design for Living Life: College of Occupational Therapists 27th Annual Conference and Exhibition 2003, Glasgow
- CSP (Chartered Society of Physiotherapy) Congress 2003, Birmingham
- New Roles for Allied Health Professionals 2003, London
- Patient Safety 2004, Birmingham
- BAPO (British Association of Prosthetists and Orthotists) Tenth Annual Conference 2004, Birmingham

Listening events 2004 to 2005

Meetings scheduled for 2004 to 2005 are as follows.

Place	Date
Aberdeen	6 May 2004
Bournemouth	9 June 2004
Bristol	10 June 2004
Manchester	22 February 2005
Blackpool	23 February 2005

There will be two identical meetings on each day at 2 – 4pm and 7 – 9pm.

For more information and to reserve a place at any of the forthcoming meetings, please call 020 7840 9708 or e-mail events@hpc-uk.org

Conferences 2004 to 2005

In 2004 to 2005 we will be exhibiting at the following conferences.

Conference	Date
UNISON Annual Health Conference SECC, Glasgow	26 – 28 April 2004
Institute of Chiropodists and Podiatrists 2004 Conference and Trade Exhibition, Bedford	30 April – 1 May 2004
HR in the NHS, Birmingham	4 – 6 May 2004
The XIVth International Congress of Dietetics, 2003 Chicago	28 – 31 May 2004

For recent additions to this list please visit the events page on our website.

Council meeting attendance

Members	April 2003	June 2003	September 2003	October 2003*	December 2003	March 2004
Norma Brook	✓	✓	x	✓	✓	✓
John Camp						✓
Shaheen Chaudhry	x	✓	✓	✓	x	✓
Robert Clegg	✓	✓	✓	✓	✓	✓
Mary Crawford	✓	✓	x	✓	✓	✓
Carol Lloyd (A)			x	✓		
Christine Farrell	✓	✓	✓	✓	✓	✓
Ann Foster	✓	✓	✓	✓	✓	
John Harper	✓	✓	x	✓	✓	✓
Tony Hazell	x	✓	✓	✓	✓	✓
Robert Jones	✓	✓	x	✓	✓	x
Eileen Thornton (A)			✓	x		✓
Colin Lea	✓	✓	✓	✓	✓	✓
Ros Levenson						✓
John Lilleyman	x	✓	x			
Jeffery Lucas	x	x	✓	x	x	
Morag MacKellar	✓	✓	✓	✓	✓	✓
Gillian Pearson (A)						
Joanna Manning	x	✓	✓	✓	x	✓
Michael Collins (A)				x		
Clare McGartland	x	✓	✓	✓	✓	✓
Helen Davis (A)	✓			✓		
William Munro	x	✓	x	x	✓	✓
Ian Massey (A)	✓		x	✓		
John Old	✓	✓	x	x	✓	✓
Graham Beastall (A)			x	x		
Keith Ross	x	✓	✓	✓	✓	✓
Pam Sabine	✓	✓	✓	✓	✓	✓
Paul Frowen (A)						
Jacqueline Stark	x	✓	x	x	✓	✓
Barbara Stuart	✓	✓	x	✓	✓	✓
Anna Van Der Gaag	✓	✓	✓	✓	x	✓
Jacqueline Pearce (A)				✓		
Diane Waller	x	✓	x	x	✓	✓
Michael Barham (A)			x	✓		
Neil Willis	✓	✓	✓	✓	✓	✓
Gordon Sutehall (A)				✓		
Sandy Yule	x	✓	✓	✓	x	
Rosemary Klem (A)	✓			✓		

✓ Attended

x Apologies for absence received

(A) Alternate member

* October meeting all members invited to attend

Ann Foster: resigned December 2003

John Lilleyman: resigned September 2003

Michael Collins: resigned October 2003

John Camp: appointed December 2003

Ros Levenson: appointed January 2004

Committee meeting attendance

Communications Committee Attendance

Members	10 July 2003	20 November 2003	26 February 2004
Norma Brook	✓		
John Camp			✓
Colin Lea		✓	
Ros Levenson			✓
Ann Foster	✓	✓	
Morag MacKellar	✓	x	✓
Claire MacGartland	✓	x	x
Shaheen Chaudhry	✓	✓	✓
Jackie Stark	✓	✓	✓
Jo Manning	✓	✓	✓

✓ Attended
 x Apologies for absence received
 John Camp: from December 2003
 Ros Levenson: from January 2004

Ann Foster: until December 2003
 Norma Brook: until February 2004
 Colin Lea: until February 2004

Health Committee Attendance

Members	30 April 2003	16 July 2003	29 October 2003	28 January 2004
Mary Crawford	✓	✓	✓	✓
John Camp				✓
Ann Foster	✓	✓	✓	
Anna Van Der Gaag	✓	x	x	✓
Anthony Hazell	✓	✓	x	✓
Ros Levenson				✓
John Lileyman	✓	x		
Clare McGartland	✓	✓	x	x
John Old	x	x	x	✓
Jackie Stark	x	x	x	x

✓ Attended
 x Apologies for absence received
 John Camp: from December 2003
 Ros Levenson: from January 2004

John Lileyman: until September 2003
 Ann Foster: until December 2003

Finance and Resources Committee Attendance

Members	20 May 2003	22 July 2003	23 September 2003	20 November 2003	17 February 2004	17 March 2004
Michael Barham	✓	x	x	x	✓	x
Norma Brook	x	✓	x	x	x	✓
Robert Clegg	✓	✓	✓	x	x	✓
John Harper	x	✓	x	✓	x	x
Colin Lea	✓	✓	✓	✓	✓	✓
William Munro	x	x	x	✓	✓	✓
Daniel Ross	✓	✓	✓	✓	✓	✓
Keith Ross	✓	✓	✓	✓	✓	✓
Jackie Stark	✓	✓	x	✓	x	✓
Barbara Stuart	✓	✓	x	✓	✓	✓
Neil Willis	✓	✓	x	✓	x	✓
Sandy Yule	x	✓	✓	✓	x	✓

✓ Attended
 x Apologies for absence received

Committee meeting attendance continued

Education and Training Committee Attendance

Members	28 May 2003	30 July 2003	24 September 2003	19 November 2003	11 February 2004	24 March 2004
Graham Beastall	x	✓	✓	x	x	x
Norma Brook	✓	x	x	x	✓	
Michael Collins	x	x	x			
Shaheen Chaudhry	✓	✓	✓	✓	✓	✓
Helen Davis	✓	✓	✓	✓	✓	✓
Christine Farrell	✓	✓	✓	✓	✓	✓
Paul Frowen	✓	✓	✓	✓	✓	✓
John Harper	x	✓	✓	x	✓	x
Tony Hazell	✓	✓	x	✓	✓	✓
Raman Kapur	✓	✓	✓	✓	x	✓
Rosemary Klem	x	✓	✓	✓	✓	✓
Colin Lea	x	✓	x	x		
Carol Lloyd	✓	✓	✓	✓	x	x
Jeff Lucas	✓	✓	✓	✓		x
Ian Massey	x	x	x		x	x
Gill Pearson	✓	x	✓	✓	✓	✓
Gordon Sutehall	✓	✓	✓	✓	✓	✓
Eileen Thornton*	✓	✓	✓	✓	✓	✓
Anna Van Der Gaag	✓	x	✓	✓	✓	x
Diane Waller**	✓	✓	✓	✓	✓	✓

✓ Attended
 x Apologies for absence received
 * Chairman from February 2004
 ** Chairman until November 2003

Michael Collins: until October 2003
Norma Brook: until February 2004
Colin Lea: until February 2004

Investigating Committee Attendance

Members	8 May 2003	31 July 2003	12 November 2003	5 February 2004
Neil Willis	✓	✓	✓	✓
Michael Barham	x	✓	x	✓
Michael Collins	✓	x		
Christine Farrell	✓	✓	✓	✓
Paul Frowen	✓	✓	✓	x
Colin Lea	✓	✓	✓	✓
Morag MacKellar	✓	✓	x	✓
Willie Munro	✓	x	✓	x
Jackie Pearce	✓	✓	✓	✓
Gill Pearson	✓	x	✓	x

✓ Attended
 x Apologies for absence received

Michael Collins: until October 2003
Colin Lea: until February 2004

Audit Committee Attendance

Members 2003	20 May 2003	22 July 2003	20 November 2003	17 March 2004
Michael Barham				✓
Ann Foster	x	✓	✓	
Daniel Ross	✓	✓	✓	✓
Jackie Stark	✓	✓	✓	✓
Sandy Yule	x	✓	✓	✓

✓ Attended
 x Apologies for absence received

Ann Foster: until December 2003
Michael Barham: from January 2004

Conduct and Competence Committee Attendance

Members	22 July 2003	23 September 2003	20 November 2003	10 February 2004 Cancelled	23 March 2004
Sandy Yule	✓	✓	x	–	✓
Graham Beastall	✓	✓	✓	–	✓
Norma Brook	✓	x	x	–	
Robert Clegg	✓	✓	x	–	✓
Helen Davis	✓	✓	✓	–	✓
Robert Jones	x	x	x	–	x
Carol Lloyd	✓	✓	✓	–	✓
Jo Manning	✓	x	✓	–	✓
Keith Ross	✓	✓	x	–	x
Pam Sabine	x	✓	x	–	✓
Barbara Stuart	✓	x	x	–	✓
Gordon Sutehall	✓	✓	x	–	✓
✓ Attended x Apologies for absence received Norma Brook: until February 2004					

Registration Committee Attendance

Members	30 April 2003	15 July 2003	10 September 2003	24 September 2003	5 November 2003	28 January 2004	10 March 2004
Rosemary Klem	✓	✓	✓	✓	✓	✓	✓
Norma Brook	✓	✓	x	x	x	x	
Mary Crawford	✓	x	x	x	✓	✓	x
Paul Frowen	x	x	✓	✓	✓	x	✓
Robert Jones	✓	x	✓	x	✓	✓	x
Colin Lea	✓	x	✓	x	x	x	
Ian Massey					✓	✓	
Pam Sabine	✓	✓	x	✓	x	✓	✓
Gordon Sutehall	✓	✓	✓	✓	✓	✓	✓
Eileen Thornton	✓	✓	x	✓	x	x	x
Anna Van Der Gaag	✓	x	✓	✓	x	✓	✓
Diane Waller	x	x	x	✓	x	x	
✓ Attended x Apologies for absence received Diane Waller: from March 2004 Gordon Sutehall: from March 2004 Norma Brook: until February 2004 Colin Lea: until February 2004							

Glossary

COP	Condition of Practice
CPD	Continuing Professional Development
CPSM	Council for the Professions Supplementary to Medicine
GSCC	General Social Care Council
HPC	Health Professions Council
HPO	Health Professions Order (2001)
NMC	Nursing and Midwifery Council
OLR	Opinion Leader Research
PLG	Professional Liaison Group
SCPE	Standards of Conduct Performance and Ethics
SET	Standards of Education and Training
SOP	Standards of Proficiency



The five principles of good regulation

Proportionality

Regulators should only intervene when necessary. Remedies should be appropriate to the risk posed, and costs identified and minimised.

Accountability

Regulators must be able to justify decisions, and be subject to public scrutiny.

Consistency

Government rules and standards must be joined up and implemented fairly.

Transparency

Regulators should be open, and keep regulations simple and user friendly.

Targeting

Regulation should be focused on the problem, and minimise side effects.

The Better Regulation Task Force is an independent body that advises Government on action to ensure that regulation and its enforcement agree with the five principles of good regulation. Their publication 'Principles of Good Regulation' was last revised in February 2003 and is available on their website at www.brtf.gov.uk

Government departments and independent regulators should use them when considering new proposals and evaluating existing regulations.

Financial statements

Year ended 31 March 2004

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Foreword to the financial statements

for the year ended 31 March 2004

The Council submits its second annual report together with the audited financial statements for the year ended 31 March 2004.

Members during the year

All Council members served throughout the year, except as shown below:

Professor Norma Brook, President
Mr Colin Lea, Vice President

Registrant members:

Miss Mary Crawford
Dr Robert Jones
Miss Morag MacKellar
Ms Joanna Manning
Mrs Clare McGartland
Mr William Munro
Dr John Old
Miss Pam Sabine
Dr Anna Van Der Gaag
Professor Diane Waller
Mr Neil Willis
Dr Alexander Yule OBE

Alternate members:

Mr Michael Barham
Dr Graham Beastall
Mr Michael Collins (resigned 16 October 2003)
Ms Helen Davis
Mr Paul Frowen
Professor Rosemary Klem
Professor Carol Lloyd
Mr Ian Massey
Mrs Jacqueline Pearce
Miss Gillian Pearson
Mr Gordon Sutehall
Miss Eileen Thornton

Lay members

The Revd John Camp (appointed 1 December 2003)
Mrs Shaheen Chaudry
Mr Robert Clegg
Ms Christine Farrell
Ms Ann Foster (resigned 31 December 2003)
Professor John Harper
Professor Anthony Hazell
Ms Ros Levenson (appointed 1 January 2004)
Professor Sir John Lilleyman (resigned 17 September 2003)
Professor Jeff Lucas
Mr Keith Ross
Mrs Jackie Stark
Mrs Barbara Stuart

The remaining vacancy is due to be filled shortly.

A Register of Interests in respect of all Council members is maintained. Access is available on the Council's internet site.

Method of appointment or election of Council members:

The Council currently comprises 37 members (the President and 12 other practitioner members, 12 lay members and 12 alternate members) appointed by the Privy Council in accordance with the transitional provisions in Schedule 2 to the Health Professions Order 2001. Once the transitional arrangements come to an end in a year's time, the Council will consist of 12 registrant members who are appointed on being elected under the Council's election scheme, 11 lay members who are appointed by the Privy Council and 12 alternate members appointed on being elected under the Council's election scheme. The numbers of registrant and alternate members (i.e. 12) is linked to the number of professions currently regulated by the Council. There is an alternate member for every registrant member, alternate members having the same functions as registrant members but are only able to vote if registrant members are not present. There must be at least one lay and registrant member for each home country within the United Kingdom.

The objectives of the Council

The Council, a body corporate, was set up on 1 April 2002 by the Health Professions Order 2001. The principal functions of the Council shall be to establish from time to time standards of education, training, conduct and performance for members of the relevant health professions and to ensure the maintenance of those standards. As part of its functions the Council maintains the register of members of the relevant health professions and its main objective in the exercise of its functions is to safeguard the health and well-being of persons using or needing the services of registrants.

Organisational structure

Four statutory committees exist to deal with the fitness to practise of professionals registered with the Council, investigating complaints and the establishment and monitoring of training and education standards. In addition, three non-statutory committees have been set up: the Finance and Resources Committee (to which an Audit and a Remuneration Committee report), the Registration Committee and the Communications Committee. All committees are chaired by a member of the Council.

The Council has the following departments under a Chief Executive and Registrar: Communications, Education and Training, Finance, Fitness to Practice, Human Resources, Information/IT, Office Services, Project Management, Registration (International and Grandparenting), Registration (UK) and Secretariat.

Review of activities and future developments

Full reports on the Council's and Committees' activities during the year are published elsewhere in this annual report.

Form of financial statements

In accordance with Section 46(i)(b) of the Health Professions Order 2001, the Financial Statements have been prepared in a form directed by the Privy Council in its Accounts Direction, which complies with the HM Treasury Guidance on the preparation of accounts for non-Departmental Public Bodies, as if the Council was a non-Departmental Public Body (NDPB) of the Department of Health.

Financial results

There was an operational deficit of expenditure over income of £597,201 (2003 - deficit £1,333,036) for the year, which is set out in these financial statements. Total recognised losses for the year totalled £564,455 (2003 - deficit £1,408,173) after crediting unrealised gains on investments of £Nil (2003 - losses £ (75,137)) and a revaluation surplus on the freehold land and buildings of £32,746 (2003 - £Nil). At 31 March 2004 reserves had reduced to £1,050,853 (2003 - £1,761,795).

Some income was received at the previous level (largely £22 per annum) until the Privy Council permitted a rise in fees to £60 per annum, in most cases with effect from 9 July 2003. Professions renewing after that date were charged at the higher rate. Investment income, including gains or losses on sale of investments, totalled £62,505 (2003 - £88,424).

A further revenue grant of £1,234,662 (2003 - £1,816,452) was received from the Department of Health to cover additional set-up costs of the organisation. £146,487 was withdrawn from the government grant reserve of £753,353 to fund the depreciation of the new computerised registration system, leaving a balance of £606,866.

The balance sheet of the organisation shows fixed assets totalling £4,388,822 (2003 - £4,014,055). Of this tangible fixed assets continue to be largely the freehold land and buildings (revalued upwards this year by £452,000) and the computerised registration system. The investment portfolio is managed by stockbrokers and was worth £1,203,107 (2003 - £1,322,147) at 31 March 2004. Cash at bank and on deposit rose to £2,407,980 (2003 - £712,593). There was deferred income of £5,064,591 (2003 - £2,238,563), being registration and renewal fees received in advance.

The result for the year and the current financial position are broadly in line with the Council's budget for the year to 31 March 2004 and the rolling 5-year plan. An operational surplus is anticipated for the year ending 31 March 2005, thus beginning to replenish the accumulated fund.

Potential Future Developments

Subject to the passing of the relevant legislation, the Council will add Operating Department Practitioners to its register later in 2004. The Department of Health is currently consulting on the regulation of healthcare assistants and has indicated that their preferred option is that the Council should regulate them.

Should this happen in due course, the size of the register and the Council's operation will increase significantly.

Better payment practice code

It is Council policy to observe the principles of the better payment practice code by settling all undisputed invoices within 30 days. By the end of the financial year this was being attained in most cases. Workloads prevented this from being monitored accurately through the year but a monitoring process will be introduced as soon as possible for the year ending 31 March 2005. No interest was paid during the year under the Late Payment of Commercial Debts (Interest) Act 1998.

Disabled employees and equal opportunities

The Council is an equal opportunities employer and provides employment opportunities and advancement of all suitably qualified persons regardless of age, sex, religion, ethnic origin, marital status, dependants, disability or political beliefs. The Council does not regard disablement as a bar to recruitment or advancement; selection is based upon the ability of the individual to do the job.

Employee involvement

The Council places considerable reliance on the involvement of its employees. It makes every effort to ensure that all staff are kept informed of the Council's plans and developments. The main channels of communication include regular all-staff meetings, fortnightly meetings of the Executive Management Team and e-mail.

Health and safety

The Council is committed to adhering to the Health and Safety at Work Act 1974 and other related UK and European requirements to ensure that staff and visitors enjoy the benefits of a safe environment.

Auditors

On 31 December 2003, BDO Stoy Hayward, the Council's Auditors, transferred its business to BDO Stoy Hayward LLP, a limited liability partnership incorporated under the Limited Liability Partnerships Act 2000. Accordingly BDO Stoy Hayward resigned as auditors on that date and the Council appointed BDO Stoy Hayward LLP as its successor. A resolution to appoint BDO Stoy Hayward LLP as auditors will be proposed at the next annual general meeting. The Comptroller and Auditor General also examines, certifies and reports on the annual accounts, as laid down in the Health Professions Order 2001.

By order of the Council

Professor Norma Brook

President

6 July 2004

Statement of responsibilities of the Council and its Chief Executive in respect of the accounts

The accounts are prepared in accordance with the Accounts Direction from the Privy Council which requires the accounts to be prepared in accordance with the HM Treasury Guidance on the keeping and preparation of accounts for non-Departmental Public Bodies.

The Health Professions Order 2001 requires that annual accounts are prepared and audited. The Council and the Chief Executive (as Accounting Officer) are responsible for the preparation and the approval of the accounts. In preparing those accounts they are required to:

- observe the applicable accounts direction issued by the Treasury;
- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- follow applicable accounting standards, subject to any material departures disclosed and explained in the accounts;
- prepare the accounts on the going concern basis unless it is inappropriate to assume that the Council will continue in business.

The Council and its Chief Executive are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Council and to enable them to ensure that the financial statements comply with the provision of the Health Professions Order 2001. They are also responsible for safeguarding the assets of the Council and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Accounting Officer for the Privy Council has appointed the Chief Executive as the Accounting Officer for the Council. His relevant responsibilities as Accounting Officer, including his responsibility for the propriety and regularity of the public finances and for the keeping of proper accounting records, are set out in the non-Departmental Public Bodies' Accounting Officer Memorandum issued by the Treasury and published in Government Accounting.

Accounting Officer's statement on internal control

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the Council's policies, aims and objectives, whilst safeguarding the Council's net assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Government Accounting.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the Council's policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place for the year ended 31 March 2004 and up to the date of approval of the annual report and accounts, and accords with Treasury guidance.

Capacity to handle risk

The Council vests the responsibility of its risk management process in its Executive Management Team, which is responsible for formulating methods of mitigating identified risks and for formulating a business continuity plan. Members of the Executive Management Team are trained in risk assessment with new managers undergoing appropriate induction training. Managers are also responsible for ensuring that their staff are fully briefed and trained where necessary.

The risk and control framework

Current risks have been evaluated and appraised as to possibility of occurrence. This is an ongoing process and all risks are appraised at least every six months. Where risks are considered to be high or medium risks, the organisation strives to find ways to reducing the risks.

It is based on a framework of regular management information, administrative procedures including the segregation of duties, and a system of accountability. In particular, it includes:

- Consideration of the Council's strategic objectives in reacting to change brought about by UK legislation and other external pressures;
- Reviewing operating procedures particularly with regard to having the right infrastructure in place, including staff being properly briefed and trained in order to maintain and improve service standards;
- Ensuring that corporate governance best practice, as appropriate to the Council, is maintained and updated to meet changing requirements;
- Comprehensive budgeting and forecasting systems with an annual budget and ongoing 5-year plan which is reviewed and agreed by the Council;
- Regular reviews by the Finance and Resources Committee of monthly and annual financial performance against forecasts;
- Setting targets to measure financial and other performance, including individual goals and objectives for departments and managers;
- Clearly defined procedures for the authorisation and control of revenue and expenditure;
- Operating within the dictates of the Standing Financial Instructions and Financial Procedures Manual;
- Clear documentation of all operating procedures, moving towards ISO accreditation.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors and the work of the executive managers within the organisation who have responsibility for the development and maintenance of the internal control framework and comments made by the external auditors in their management letters and other reports. I have been advised of the implications of the result of my review of the effectiveness of the system of internal control by the Council, the Audit Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Finance and Resources Committee reviews the risk assessment twice a year. This is backed up by audit work, both external and internal, the results of which are reported to the Audit Committee annually. Weaknesses are immediately addressed and reviewed again during the next audit process.

Marc Seale

*Chief Executive and Registrar
Accounting Officer*

6 July 2004

Report of the Independent Auditors

We certify that we have audited the financial statements on pages 36 to 47 in accordance with Section 46(2) of the Health Professions Order 2001. These financial statements have been prepared under the historic cost convention as modified by the revaluation of certain fixed assets and the accounting policies set out on page 40.

Respective responsibilities of the Council, the Chief Executive and the Auditors

As described on page 32, the Council and the Chief Executive are responsible for the preparation of the financial statements in accordance with the Health Professions Order 2001 and Privy Council directions made thereunder, and for ensuring the regularity of financial transactions. The Council and its Chief Executive are also responsible for the preparation of the other contents of the Annual Report. Our responsibilities, as independent auditors, are established by statute and we have regard to the standards and guidance issued by the Auditing Practices Board and the ethical guidance applicable to the auditing profession.

We report our opinion as to whether the financial statements give a true and fair view and are properly prepared in accordance with Section 46(1)(b) of the Health Professions Order 2001 and Privy Council directions made thereunder, and whether in all material respects the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them. We also report if, in our opinion, the Foreword is not consistent with the financial statements, if the Council has not kept proper accounting records, or if we have not received all the information and explanations we require for our audit.

We read the other information contained in the Annual Report and consider whether it is consistent with the audited financial statements. We consider the implications for our certificate if we become aware of any apparent misstatements or material inconsistencies with the financial statements.

We review whether the statement on page 33 reflects the Council's compliance with Treasury's guidance on the Statement on Internal Control. We report if it does not meet the requirements specified by the Treasury or if the statement is misleading or inconsistent with other information we are aware of from our audit of the financial statements. We are not required to consider, nor have we considered, whether the Accounting Officer's Statement on Internal Control covers all risks and controls. We are also not required to form an opinion on the effectiveness of the Council's corporate governance procedures or its risk and control procedures.

Basis of audit opinion

We conducted our audit in accordance with United Kingdom Auditing Standards issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts, disclosures and regularity of financial transactions included in the financial statements. It also includes an assessment of the significant estimates and judgements made by the Council and Chief Executive in the preparation of the financial statements, and of whether the accounting policies are appropriate to the Council's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by error, or by fraud or other irregularity and that, in all material respects, the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them. In forming our opinion we have also evaluated the overall adequacy of the presentation of information in the financial statements.

Opinion

In our opinion:

- The financial statements give a true and fair view of the state of affairs of the Health Professions Council at 31 March 2004 and of the deficit, total recognised gains and losses and cash flows for the year then ended and have been properly prepared in accordance with Section 46(1)(b) of the Health Professions Order 2001 and directions made thereunder by the Privy Council; and
- In all material respects the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

We have no observations to make on these financial statements.

BDO Stoy Hayward LLP

Chartered Accountants and Registered Auditors

Epsom, Surrey
England
6 July 2004

The Certificate and report of the Comptroller and Auditor General to the Houses of Parliament

I certify that I have audited the financial statements on pages 36 to 47 in accordance with Section 46(5) of the Health Professions Order 2001. These financial statements have been prepared under the historic cost convention as modified by the revaluation of certain fixed assets and the accounting policies set out on page 40.

Respective responsibilities of the Council, the Chief Executive and the Auditor

As described on page 32, the Council and the Chief Executive are responsible for the preparation of the financial statements in accordance with the Health Professions Order 2001 and Privy Council directions made thereunder, and for ensuring the regularity of financial transactions. The Council and its Chief Executive are also responsible for the preparation of the other contents of the Annual Report. My responsibilities, as independent auditor, are established by statute and I have regard to the standards and guidance issued by the Auditing Practices Board and the ethical guidance applicable to the auditing profession.

I report my opinion as to whether the financial statements give a true and fair view and are properly prepared in accordance with Section 46(1)(b) of the Health Professions Order 2001 and Privy Council directions made thereunder, and whether in all material respects the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them. I also report if, in my opinion, the Foreword is not consistent with the financial statements, if the Council has not kept proper accounting records, or if I have not received all the information and explanations I require for my audit.

I read the other information contained in the Annual Report and consider whether it is consistent with the audited financial statements. I consider the implications for my certificate if I become aware of any apparent misstatements or material inconsistencies with the financial statements.

I review whether the statement on page 33 reflects the Council's compliance with Treasury's guidance on the Statement on Internal Control. We report if it does not meet the requirements specified by the Treasury or if the statement is misleading or inconsistent with other information we are aware of from my audit of the financial statements. I am not required to consider, nor have I considered, whether the Accounting Officer's Statement on Internal Control covers all risks and controls. I am also not required to form an opinion on the effectiveness of the Council's corporate governance procedures or its risk and control procedures.

Basis of audit opinion

I conducted my audit in accordance with United Kingdom Auditing Standards issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts, disclosures and regularity of financial transactions included in the financial statements. It also includes an assessment of the significant estimates and judgements made by the Council and Chief Executive in the preparation of the financial statements, and of whether the accounting policies are appropriate to the Council's circumstances, consistently applied and adequately disclosed.

I planned and performed my audit so as to obtain all the information and explanations which I considered necessary in order to provide me with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by error, or by fraud or other irregularity and that, in all material respects, the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them. In forming my opinion I have also evaluated the overall adequacy of the presentation of information in the financial statements.

Opinion

In my opinion:

- The financial statements give a true and fair view of the state of affairs of the Health Professions Council at 31 March 2004 and of the deficit, total recognised gains and losses and cash flows for the year then ended and have been properly prepared in accordance with Section 46(1)(b) of the Health Professions Order 2001 and directions made thereunder by the Privy Council; and
- In all material respects the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

I have no observations to make on these financial statements.

John Bourn

Comptroller and Auditor General

National Audit Office
157-197 Buckingham Palace Road
London SW1W 9SP
7 July 2004

Income and expenditure account

for the year ended 31 March 2004

	Note	2004 £	2003 Restated £
Income			
Fee income			
Registration fees		318,479	185,624
Readmission fees		86,650	88,916
Renewal fees		4,288,921	3,018,594
Pre-registration fees		889,975	709,020
Total fee income	2	5,584,025	4,002,154
Grant income - Department of Health		1,381,149	1,816,452
Total income		6,965,174	5,818,606
Expenditure			
Payroll costs	3	2,323,116	2,094,185
Staff travelling and subsistence		91,279	47,767
Council and committee expenses		382,977	434,265
Property services		1,033,841	742,511
Office services		743,145	588,075
Computer services		552,236	269,621
Partners (assessors and other professionals)		955,016	426,005
Legal expenses		938,797	830,868
Communications		608,882	623,380
Consultation events		-	359,548
Other expenses		669,786	384,486
Total expenditure	4	8,299,075	6,800,711
Deficit of expenditure over income after operational costs		(1,333,901)	(982,105)
Investment income	5	61,670	93,052
Gain/(loss) on disposal of investments		835	(4,628)
Write back of unrealised gains on investments / 2003 losses	6/10	254,941	(439,355)
Write back of surplus on revaluation of freehold land and buildings	9	419,254	-
Notional costs	7	(39,751)	(125,353)
Deficit of expenditure over income after notional costs and investment income		(636,952)	(1,458,389)
Reversal of notional costs		39,751	125,353
Deficit of expenditure over income	8	(597,201)	(1,333,036)

All amounts relate to continuing activities.

The notes on pages 40 to 47 form part of these financial statements.

Statement of total recognised gains and losses

for the year ended 31 March 2004

	2004	2003
Note	£	<i>Restated</i> £
Deficit of expenditure over income	(597,201)	(1,333,036)
Surplus on revaluation of freehold land and buildings	9 32,746	-
Unrealised (losses) on investments	10 -	(75,137)
Total recognised losses for the year	(564,455)	(1,408,173)

The notes on pages 40 to 47 form part of these financial statements.

Balance sheet

as at 31 March 2004

	Note	2004 £	2003 £
Fixed assets			
Tangible fixed assets	9	3,185,715	2,691,908
Investments	10	1,203,107	1,322,147
		4,388,822	4,014,055
Current assets			
Debtors	11	193,013	807,347
Cash at bank and on deposit		2,407,980	712,593
		2,600,993	1,519,940
Creditors: amounts falling due within one year	12	874,371	1,533,637
Deferred income	13	5,064,591	2,238,563
		5,938,962	3,772,200
Net current liabilities		(3,337,969)	(2,252,260)
Total Assets Less Current Liabilities		1,050,853	1,761,795
Represented by:			
Government Grant Reserve	14	606,866	753,353
Accumulated fund			
Revaluation reserve		32,746	-
General funds		411,241	1,008,442
	15	443,987	1,008,442
		1,050,853	1,761,795

Approved on behalf of the Council on 6 July 2004 and signed on its behalf:

Professor Norma Brook

President

Marc Seale

*Chief Executive and Registrar
Accounting Officer*

The notes on pages 40 to 47 form part of these financial statements.

Cash flow statement

as at 31 March 2004

	Note	2004 £	2003 £
Net cash inflow/(outflow) from operating activities	20	1,764,507	(462,625)
Returns on investment and servicing of finance			
Interest received		3,490	18,655
Income from investments		58,180	74,397
		61,670	93,052
Capital expenditure and financial investment			
Purchase of tangible fixed assets		(513,618)	(1,294,917)
Sale of tangible fixed assets		8,012	-
Purchase of investments		(51,600)	(197,909)
Sale of investments		426,416	502,654
Net cash outflow for capital expenditure and servicing of finance		(130,790)	(990,172)
Financing			
Capital grant received		-	753,353
Increase/(decrease) in cash		1,695,387	(606,392)

The notes on pages 40 to 47 form part of these financial statements.

Notes forming part of the financial statements

for the year ended 31 March 2004

1. Accounting policies

Basis of preparation

These financial statements have been prepared under the historical cost convention modified to account for the revaluation of fixed assets at their value to the business by reference to their current costs and in accordance with applicable accounting standards.

Consolidation

The financial statements consolidate the financial position and results of the Council and its wholly-owned subsidiary the Professions Supplementary to Medicine Charitable Trust. The financial statements of the charitable trust are consolidated under the acquisition method of accounting. No separate income and expenditure account for the Council alone is presented, as the results of the charitable trust are shown in note 16. No balance sheet for the Council alone is presented as all of the assets and liabilities of the group are held by the Council.

Capitalisation of fixed assets

Individual assets costing £1,000 or more are capitalised and subsequently depreciated. Items costing less than £1,000 are written off to the income and expenditure account in the year of acquisition.

Depreciation

Depreciation is provided to write off the cost or valuation, less estimated residual values, of all fixed assets, over their expected useful lives. It is calculated at the following rates:

Freehold buildings	- 2% per annum (over 50 years)
Office furniture and equipment	- 25% per annum (over 4 years)
Computer equipment	- 25% per annum (over 4 years)
Registration system software	- 33% per annum (over 3 years)

Grant income and expenditure

All revenue grants receivable are included in the income and expenditure account when the expense has been incurred. All costs relating to the refurbishment of freehold buildings have been expensed in the income and expenditure account on the basis that these costs do not necessarily enhance the value of the properties. Grants received in respect of the registration system software have been taken to the Government Grant Reserve, which is applied over the useful life of the software.

Fee income

Fee income, comprising registration fees and renewal fees, is recognised on an accruals basis according to the period it relates.

Investment income

Bank deposit interest is credited on a received basis. Dividends and interest on fixed interest securities are recognised when due.

Investments

Investments are listed on a recognised stock exchange and are at market value at the balance sheet date.

Computer software

Computer software, other than the registration system software, is charged to the Income and Expenditure Account in the year of acquisition.

Pensions

Contributions to the FlexiPlan defined contribution pension scheme (see Note 16) are charged to the income and expenditure accounts in the year in which they become payable. The assets of the scheme are held separately from those of the Council in an independently administered fund.

Value Added Tax

The Council is not registered for value added tax. All costs incurred are expensed in the income and expenditure account.

2. Fee income (by profession)

	2004 £	2003 £
Arts Therapists	50,212	47,934
Biomedical Scientists	815,752	570,516
Chiropodists and Podiatrists	530,568	214,786
Clinical Scientists	167,050	89,204
Dietitians	168,557	165,080
Occupational Therapists	1,063,266	673,570
Orthoptists	56,677	31,179
Paramedics	451,332	221,732
Physiotherapists	1,105,885	1,072,579
Prosthetists and Orthotists	34,299	18,997
Radiographers	702,022	643,952
Speech and Language Therapists	438,405	252,625
	5,584,025	4,002,154

3. Payroll costs

	2004 £	2003 £
Wages and salaries	1,546,351	1,407,410
Social security costs	169,436	137,770
Pension costs	197,942	152,856
Other payroll expense including recruitment and temporary staff	409,387	396,149
	2,323,116	2,094,185

The average number of employees (full time equivalents) during the year was as follows:

	2004	2003
Chief Executive's Department	2	3
Communications	4	1
Directors	-	6
Education and Training	4	1
Finance	4	4
Fitness to Practise	3	2
Human Resources	2	1
Information/IT	1	3
Office Services	4	5
Project Management	1	1
Registration (International and Grandparenting)	13	8
Registration (UK)	14	15
Secretariat	3	1
	55	51

Council members do not receive any remuneration for their services but receive an attendance allowance. Such allowances, totalling £199,888 (2003 - £188,537), were paid to 29 (2003 - 20) members during the year.

The Chief Executive and Registrar's total remuneration was £127,550 (2003: £118,668). This includes pension contributions paid by the Council of £20,019 (2003: £16,168). The Chief Executive and Registrar is an ordinary member of the FlexiPlan 1 Pension Scheme (see note 16) and his total accrued target pension is £3,366 per annum (2003: £1,531 per annum). His total pensions capital is £38,999 (2003: £17,337) His age was 50.

No other senior staff salaries are disclosed as decision making is vested in the Council members.

Notes forming part of the financial statements

for the year ended 31 March 2004

4. Expenditure

	Staff costs £	Other costs £	2004 £	2003 £
President	-	41,744	41,744	48,636
Council	85,692	152,681	238,373	220,995
Chief Executive and Registrar	177,409	24,716	202,125	184,735
Education and Policy	195,451	400,950	596,401	192,721
Registration	859,192	459,792	1,318,984	820,781
Directors	141,849	237,383	379,232	274,880
IT Department	225,058	591,964	817,022	476,207
Finance	165,870	165,469	331,339	324,252
Administration	143,837	1,833,679	1,977,516	1,512,468
Fitness to Practise	84,437	1,092,105	1,176,542	935,934
Human Resources	93,248	337,117	430,365	261,732
Communications	151,073	638,359	789,432	1,081,356
Committees & Working Groups	-	-	-	466,014
	2,323,116	5,975,959	8,299,075	6,800,711

5. Investment income

	2004 £	2003 £
Bank deposit interest	1,998	11,227
Investment deposit interest	1,492	7,428
Fixed interest securities	12,852	21,294
Quoted UK equities	45,328	53,103
	61,670	93,052

6. Write back of unrealised gains on investments/2003 losses

The statement of recognised gains and losses showed a write down of unrealised losses on investments of £514,492 in the financial statements for the year ended 31 March 2003. Of this £439,355 reflected a write down below original cost. This should have been charged to the income and expenditure account in previous years and the comparatives in these accounts reflect this adjustment.

7. Notional costs

	2004 £	2003 £
Cost of Capital	39,751	125,353

Notional cost of capital is calculated as 3.5% (2003: 6.0%) of the average capital employed by the Council in the year.

8. Deficit of expenditure over income

	2004 £	2003 £
This is stated after charging:		
Depreciation	463,799	167,035
Auditors' remuneration		
- external audit	24,525	15,925
- internal audit	7,535	7,225
- taxation advice	11,266	15,025
- other	12,750	25,815

Other costs shown above include £24,016 for non-audit services: BDO Stoy Hayward LLP £23,016 (£11,266 taxation advice, £4,112 for the Professions Supplementary to Medicine Charitable Trust, £7,050 for compliance work for public sector accounting and £588 for Council members' liability advice) and the Comptroller and Auditor General £1,000 in respect of public sector accounting advice.

9. Tangible fixed assets

	Freehold land and buildings £	Office furniture and equipment £	Computer equipment £	Registration system software £	Total £
Cost or valuation					
At 1 April 2003	1,300,000	256,485	504,490	983,198	3,044,173
Revaluation	400,000	-	-	-	400,000
Additions	-	70,151	14,470	428,997	513,618
Disposals	-	-	(10,756)	-	(10,756)
At 31 March 2004	1,700,000	326,636	508,204	1,412,195	3,947,035
Depreciation					
At 1 April 2003	34,667	51,001	266,597	-	352,265
Revaluation	(52,000)	-	-	-	(52,000)
Charge for the year	25,333	75,796	88,077	274,593	463,799
Disposals	-	-	(2,744)	-	(2,744)
At 31 March 2004	8,000	126,797	351,930	274,593	761,320
NET BOOK VALUE					
At 31 March 2004	1,692,000	199,839	156,274	1,137,602	3,185,715
Net book value					
At 31 March 2003	1,265,333	205,484	237,893	983,198	2,691,908

The freehold property at Park House, 184 Kennington Park Road, London, SE11 4BU and also comprising 20 Stannary Street was valued at 5 December 2003 on the basis of Existing Use Value as defined by the Royal Institution of Chartered Surveyors, Appraisal and Valuation Standards, at the sum of £1,700,000. The valuation was prepared by Drivers Jonas, Chartered Surveyors, of Grosvenor Street, London who acted as independent valuers.

The historic cost of the property was £1,659,254 (2003: £1,659,254) and accumulated depreciation based on cost was £245,708 (2003: £212,523).

Although it is the Council's policy to apply Modified Historic Cost Accounting in line with our Accounts Direction, full Modified Historic Cost Accounting has not been implemented again this year. This is due to the fact that the effect of revaluing assets will make no material difference to the results for the year or the financial position at the year end. This may not be the case in the longer term and this premise will be reassessed annually.

Notes forming part of the financial statements

for the year ended 31 March 2004

10. Investments	2004 £	2003 £
Listed as at 1 April 2003	1,322,147	2,146,012
Additions	51,600	197,909
Disposals	(425,581)	(507,282)
	948,166	1,836,639
Unrealised gains / (losses) on investments	254,941	(514,492)
At 31 March 2004	1,203,107	1,322,147
Historical cost value at 31 March 2004	1,287,053	1,761,502

All listed investments are managed on a pooled basis by a professional manager on behalf of the Council and UK held investments are listed on the London Stock Exchange. No investments represent more than 5% of the total investment portfolio valuation.

11. Debtors	2004 £	2003 £
Other debtors	76,083	705,954
Prepayments	116,930	101,393
	193,013	807,347

All amounts shown under debtors fall due for payment within one year.

12. Creditors: amounts falling due within one year	2004 £	2003 £
Taxation and social security	53,333	49,623
Other creditors and accruals	821,038	1,484,014
	874,371	1,533,637

During the year the Council arranged an overdraft facility of £1,000,000 secured on the freehold land and buildings. This facility was not being used at 31 March 2004. It will be reviewed on 30 June 2004

13. Deferred income	2004 £	2003 £
Registration fees in advance	80,667	63,982
Renewal fees in advance	4,983,924	2,174,581
	5,064,591	2,238,563

14. Government grant reserve

	2004 £	2003 £
At 1 March 2003	753,353	-
Received in the year	-	753,353
Applied in the year	(146,487)	-
At 31 March 2004	606,866	753,353

15. Accumulated fund

	Revaluation reserve £	General funds £	2004 £
At 1 March 2003	-	1,008,442	1,008,442
Deficit of expenditure over income for the year	-	(597,201)	(597,201)
Surplus on revaluation of land and buildings	32,746	-	32,746
At 31 March 2004	32,746	411,241	443,987

16. Pension funding arrangements

The Council has pension obligations to both present and former staff. These are met by the operation of The Council for Professions Supplementary to Medicine Retirement Benefits Scheme and contributions to the FlexiPlan 1 Scheme operated by FPS Trustee Company Limited ("FlexiPlan").

The first scheme was closed in June 1995 and has no active members. On 28 March 2002 all members of the Scheme were served with a statutory notice of closure. The benefits are secured by insurance policies issued by The Scottish Life Assurance Society. The last actuarial valuation as at 23 April 2001, showed that the assets of the fund were sufficient to meet the future requirements of the scheme.

FlexiPlan is a money purchase scheme which offers a targeted final salary benefit. It is a multi-employer scheme and, as such, is exempt from the full disclosure requirements of FRS 17 as each employer is unable to identify its share of the underlying assets and liabilities.

Notes forming part of the financial statements

for the year ended 31 March 2004

17. The Professions Supplementary to Medicine Charitable Trust

The Council controls the Professions Supplementary to Medicine Charitable Trust which is Registered Charity No. 313795 and which operates at the same premises as the Council. The Trust's financial results for the year are as follows:

	2004 £	2003 £
Statement of Financial Activities		
Incoming Resources	302,171	352,001
Resources Expended	(302,171)	(352,001)
Net Incoming Resources for the year	-	-
Balance Sheet		
Current Assets	100	100
Accumulated Fund	100	100

18. Capital commitments

	2004 £	2003 £
Authorised and contracted for	-	236,396

19. Related party transactions

The Council's Sponsoring Department is the Privy Council, with which no transactions took place. The main entity with which the Council has dealt during the year was the Department of Health. Grants have been received and are disclosed in these financial statements. There have been no transactions with Council members except as disclosed in note 4.

20. Reconciliation of deficit of expenditure over income to net cash flow from operating activities

	2004 £	2003 £
Deficit of expenditure over income	(1,333,901)	(982,105)
Depreciation of tangible fixed assets	463,799	167,035
Grant income released from reserves	(146,487)	-
Decrease/(increase) in debtors	614,334	(749,189)
(Decrease)/increase in creditors	(659,266)	983,778
Increase in deferred income	2,826,028	117,856
Net cash inflow/(outflow) from operating activities	1,764,507	(462,625)

21. Reconciliation of net cash flow to movement in net funds

	2004 £	2003 £
Increase/(decrease) in cash in the year	1,695,387	(606,392)
Movement in net funds in the year	1,695,387	(606,392)
Opening net funds	712,593	1,318,985
Closing net funds	2,407,980	712,593

22. Analysis of net funds

	Opening Balance £	Cash Flow £	Closing Balance £
Cash at bank and on deposit	712,593	1,695,387	2,407,980

23. FRS 13 Financial instruments

FRS 13, Derivatives and Other Financial Instruments, requires disclosure of the role which financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. Because of the largely non-trading nature of its activities and the way in which it is financed, the Health Professions Council is not exposed to the degree of financial risk faced by business entities. Moreover, financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which FRS 13 mainly applies. Financial assets and liabilities are generated by day-to-day operational activities and are not held to change the risks facing the Council in undertaking its activities.

As permitted by FRS 13, debtors and creditors which mature or become payable within twelve months from the balance sheet date have been omitted from the currency profile.

Currency and liquidity risk

The Council currently has no borrowings and relies primarily on fees and Department of Health grants for its cash requirements and is therefore not exposed to liquidity risk. All material assets and liabilities are denominated in sterling, so it is not exposed to currency risk.

Interest rate risk

Registrants pay fees in advance for up to two years. Surplus funds are held as follows to maximise returns:

Business reserve - all unused funds are transferred from the Council's current account to business reserve account every night to maximise interest.

Money market - surplus funds are held for fixed short-term periods earning a fixed interest rate.

Investment fund - at 31 March 2004 fixed interest investments accounted for 23% of the fund and generate a yield of 6.5%. The remainder of the fund is invested in equities, where there is always a known risk of diminution in value.

The Finance and Resources Committee reviews interest rates on potential borrowings although during the year the Council was not exposed to significant interest rate risk.

Corporate information

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Chief Executive and Registrar

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