

Executive Summary

This paper sets out the background to the Council for the Regulation of Health Care Professionals; some of the intentions, powers, and procedures around it; ministers' and senior officials' speculation about it; and HPC's possible work with it after it is set up in 2003.

COUNCIL FOR THE REGULATION OF HEALTH CARE PROFESSIONALS

The Council for the Regulation of Health Care Professionals (CRHCP) is due to be set up in 2003. It started as a proposal for a UK-wide Council of Health Regulators in the NHS Plan in summer 2000. In summer 2001 Professor Ian Kennedy's report on the Bristol Royal Infirmary strongly urged the creation of this Council, but under its present (changed) name.

In autumn 2001 DoH published a consultation paper which led to the proposals for CRHCP in the NHS Reform and Health and Social Care Professions Bill in November 2001. This Bill was debated over November 2001 – March 2002 and is awaiting Royal Assent.

The main purpose of CRHCP will be to seek to align the procedures of the health Statutory Regulatory Bodies (SRB). CRHCP is able to exploit the order-making powers in the Health Act 1999 to create this legislative alignment where needed.

CRHCP's membership will be wholly appointed by the Secretary of State but with one nominee from each appropriate SRB.

Its main role will be to make recommendations to the SRBs about their procedures. The reserve power to direct SRBs to change procedures now has to be confirmed by an Affirmative Resolution of both Houses of Parliament. This has allayed the fear that the Secretary of State could use CRHCP to over-ride decisions – and at any level of detail – taken by HPC or the other SRBs.

John Hutton MP stated at the HPC launch on 17 April 2002,

" Our goal is to improve the consistency and effectiveness of professionally led self-regulation. The new UK Council for the Regulation of Healthcare Professionals, together with the work of the National Care Standards Commission and the Commission for Health Improvement will all have an impact on the work of healthcare professional staff and therefore on the work of the HPC itself. In these new circumstances, a partnership approach, with the closest possible collaboration and communication will be essential. "

On 21 November 2001 Andrew Foster, Head of the Human Resources Division at DoH, answered a question about CRHCP's intentions and specified as an example that CRHCP could direct HPC to change its registration policy to allow more flexible practice across professional boundaries.

On 3 December 2001 Robin Heron, the head of the Regulatory Branch at DoH, described another function as being to act as a clearing house for new groups seeking regulation. CRHCP would decide if regulation is in the public interest, and, if so, what body should regulate the group. This would be a very helpful and beneficial development.

The greatest role, however, will be around consistency between SRBs on conduct proceedings where there has been a real cause for concern in recent years.

HPC (and CPSM) liaised with other bodies in the creation and debates over CRHCP. DoH has set up a reference team to advise it on setting up CRHCP. DoH will seek a nomination for CRHCP in due course and HPC will wish to exploit the benefits of CRHCP and work with it.