

THE HEALTH PROFESSIONS COUNCIL

Chief Executive and Registrar: Mr Marc Seale

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MINUTES of the ninth meeting of the Health Professions Council held at **11.00am on Tuesday 21 January 2003** at Park House, Kennington Park Road, London, SE11 4BU

PRESENT: Professor Norma Brook (President)
Mrs S Chaudhry
Miss M Crawford
Ms C Farrell
Professor J Harper
Professor A Hazell
Dr R Jones
Professor Sir John Lilleyman
Miss M MacKellar
Mrs C McGartland
Ms J Manning
Mr W Munro
Dr J Old
Mr K Ross
Miss P Sabine
Mrs J Stark
Dr A Van Der Gaag
Professor D Waller
Mr N Willis
Mr A Yule

IN ATTENDANCE:

Mr P Baker, Finance Director
Mrs A Barnes, Director of Legal Services
Mr T Berrie, Director
Dr P Burley, Director of Education and Policy (Part)
Ms N O'Sullivan, Secretary to Council
Mr C Middleton, Director of Communications
Mr G Milch, Director
Miss L Pilgrim, Director
Miss D Thompson, Human Resources Director (Part)
Mr M Seale, Chief Executive and Registrar

Item 1.03/1 INTRODUCTION AND WELCOME

Professor Brook welcomed Ms C Holmes, Miss T Owen, Mrs R Mead and Ms R Sutton, Mr A Wainright, Miss G Woods non-Council members, who were attending the meeting.

Item 2.03/2 APOLOGIES FOR ABSENCE

Apologies for absence were received from the following Council members: Mr R Clegg, Miss A Foster, Professor J Lucas, Mr C Lea, Mrs B Stuart

Item 3.03/3 APPROVAL OF AGENDA

The Council agreed the agenda.

Item 4.03/4 MINUTES

It was agreed that the minutes of the eighth meeting of the Health Professions Council be confirmed as a true record and signed by the President.

Item 5.03/5 MATTERS ARISING

5.1 Item 5 - Minutes of the Finance and Resources Committee

5.1.1 Professor Brook reminded members that they should indicate their availability to attend a financial training day on Thursday 30 January 2003 as soon as possible.

5.2 Item 2 – Update to the Council on European Directives EEC/89/48 and 92/51

5.2.1 The Council noted that a copy of the letter to the European Commission and the reply to that letter from Mr J Stoodley had been included in the papers at agenda item 14.

5.3 Item 9 – Council Members Performance and Development Review System

5.3.1 Professor Brook thanked Ms Farrell for preparing a paper on Council objectives and the criteria for sound judgement. These had been circulated to Council members and a number of comments had been received. Those members who wished to make further comments were requested to do so as soon as possible.

5.3.2 Miss Thompson would be circulating a paper on the workings of the performance and development review system in the near future with a view to implementation in February 2003.

Action: DT

- 5.4 Consultation Papers Received Since the Last Meeting
- 5.4.1 Ms Farrell noted that she had studied the Department of Health consultation on the General Medical Practice and Specialist Medical Education Training and Qualifications Order 2003. She noted that this was a useful document but did not have any other major comments to make.
- 5.5 Item 5 – Minutes of the Communications Committee held on 18 November 2002
- 5.5.1 The Council noted that a letter had been sent to representatives in Northern Ireland suggesting an event to be held in 2003.
- 5.5.2 The Council also that Ms Manning had been invited to join the Communications Committee.
- 5.5.3 A booklet would be produced by the end of March 2003 which would contain the standing orders of all statutory and non-statutory committees.

Action: LP

Item 6.03/06 PRESENTATION FROM PROFESSOR SIR JOHN LILLEYMAN – CONTINUING PROFESSIONAL DEVELOPMENT

- 6.1 The Council received a presentation from Professor Sir John Lilleyman on the subject of Continuing Professional Development (CPD).
- 6.2 Professor Lilleyman had chaired the Academy of Medical Royal Colleges Directors of CPD Committee.
- 6.3 Professor Lilleyman noted that it had been very apparent during the consultation that Continuing Professional Development was a major cause for concern among registrants many of whom felt that it would be expensive and time-consuming.
- 6.4 The medical profession had six years experience of CPD and could share problems and successes with other professions. Medical Education was a continuing process of lifelong learning. Continuing Professional Development had emerged out of Continuing Medical Education and was an important tool in gaining and maintaining public confidence and underpinning clinical governance. Doctors were required to undertake CPD by the General Medical Council (GMC) and by their employer as part of their annual appraisal and under the rules of clinical governance.
- 6.5 The GMC tentative definition of CPD was that it was a continual process to allow doctors to develop attitudes, skills and knowledge to support standards of practice. A new feature of the scheme was that

doctors had to define, recognise and collect the evidence that they were undertaking CPD.

6.6 The Royal Colleges had implemented CPD schemes and provided guidance and an administrative framework to collect evidence and some form of quality assurance. The Royal Colleges issued guidance on areas which would be regarded as relevant CPD but the individual doctor was given the freedom to collect what they felt was relevant. CPD was based around a system of credits which were for the most part self-policed and self-audited. The Royal Colleges conducted random audits to check the evidence collected and if this was appropriate to the practice of the doctor concerned.

6.7 There were 8 central planks to good clinical care: These were as follows:

(i) Good Clinical Care

Be there and be conscientious

(ii) Maintaining Good Medical Practice

Keeping up to date

(iii) Teaching and Training

Making assessments/references

(iv) Relationships with Patients

Obtaining consent

Confidentiality

Communication

(v) Dealing with Problems

Badly Performing Colleagues

Complaints/litigation

(vi) Working with Colleagues

Team working

Cover Arrangements

(vii) Probity

Research

Conflicts of Interest

Money

(viii) Health

Danger to Patients

6.8 It was likely that the HPC's role in the implementation of CPD would be to take part in the quality assurance process. The HPC would probably work with the professional bodies in this. An area of

difficulty was the quality assurance of outcomes i.e. had CPD actually improved the registrants practice.

- 6.9 The Council noted that a major area of concern to registrants was that those who were not gaining clinical experience but who were working in other areas such as management or research would be struck off the register because they could not provide evidence of CPD in clinical practice.
- 6.10 A concern to Prosthetists and Orthotists was that those practicing in one area of their profession i.e. prosthetics or orthotists would be unable to provide evidence of CPD in the other area and would no longer be able to call themselves a Prosthetist or an Orthotist.
- 6.11 The Council noted that there was concern among registrants that those who wished to take a career break would be unable to keep up their CPD. It also noted that the Order in Council gave the HPC the power to require individuals wishing to come back onto the register to undertake a period of retraining.
- 6.12 The Council agreed the Education and Training Committee should establish a professional liaison group to consider CPD and to report back to the Council.

Action: ETC

Item 7. 03/07 PRESIDENT'S REPORT

- 7.1 Professor Brook noted that she had attended a number of statutory and non-statutory committee meetings.
- 7.2 A meeting had been held with the Chartered Society of Physiotherapy to discuss the issue of Joint Designated Authority. The Department of Trade and Industry had written to the HPC stating that the HPC was the only designated authority for considering applications from overseas applicants.
- 7.3 A meeting had been held with representatives of the S.M.A.E institute and the Institute of Chiropody.
- 7.4 Professor Brook noted that she had addressed the annual conference of the Society of Radiographers who had requested a reduced fee for part-time practitioners and had expressed concerns regarding CPD.
- 7.5 Professor Brook noted that a meeting had been held to discuss the establishment of a Joint Validation/Quality Assurance Committee between the HPC and the British Dietetic Association (BDA). Work was underway to develop this committee.

- 7.6 Finally Professor Brook noted that meetings had been held with a number of professions wishing to be regulated by the HPC.

Item 8.03/08 CHIEF EXECUTIVE'S REPORT

- 8.1 The Council received the January 2003 Chief Executive Operational Report.
- 8.2 Efforts were underway to fix a date for an event in Northern Ireland.
- 8.3 To date 897 applications had been received under the partner initiative. As yet no information was available on the breakdown of applications across the professions however Miss Thompson would make that information available by Monday 27 January 2003. It was predicted that a core group of partners would be in place by 1 April 2003, of which it was likely that the many would come from existing partners. The Council would be following the guidance laid down by the Commission for Public Appointments on the interviewing, training and assessment of partners. Council members would be involved in shortlisting and interviewing partners.
- 8.4 The Council noted that it would be useful to have an indication of dates to keep free for interviews as soon as possible.
- 8.5 The Council noted that certain provisions of the Health Professions Order 2001 had come into force on 22 January 2003 and that the working groups were now committees
- 8.6 The Council resolved that the present members of the investigating, health and conduct and competence working groups be appointed for the time being as members of the investigating, health and conduct and competence committee respectively.

Item 9.03/09 REGULATION OF NEW PROFESSIONS BY THE HPC

- 9.1 The Council received a paper from the Executive.
- 9.2 The Council noted that Article 3 (17) of the Health Professions Order 2001 required the HPC to make a recommendation to the Secretary of State concerning any profession which in its opinion should be regulated. The HPC was also required to give guidance on the criteria to be taken into account in determining whether a profession should be regulated.
- 9.3 There were two ways in which a profession could be regulated. It would be regulated as a separate profession or as a separate part of a profession which was already regulated by the HPC. The Council would decide which was appropriate for each profession.

- 9.4 An application form and guidance notes were therefore being drafted by the Executive for use by professions seeking to be regulated by the HPC. This would be presented to the Council meeting on 7 March 2003 for review and approval.
- 9.5 It was suggested that a Council member should act as a mentor for each profession seeking to come into regulation. The role of the mentor would be to guide the applicant through the application process and to provide relevant information regarding the HPC. A mentor could be either a registrant or lay member.
- 9.6 The Council agreed the process outlined in the paper.
- 9.7 The Council agreed to invite a Council member to act as a mentor for the Operating Department Practitioners.
- 9.8 The Council noted that Professor Waller had volunteered to act as a mentor for the Psychologists and that Mr Willis had volunteered to act as a mentor for the Operating Department Practitioners.

Item 10.03/10 THE CERTIFICATE OF COMPETENCE FOR INTERNATIONALLY TRAINED MEDICAL LABORATORY TECHNICIANS

- 10.1 The Council received a paper from the Executive.
- 10.2 From 1 April 2002 the Institute of Biomedical Science (IBMS) was given the power by the Privy Council to issue Certificates of Competence to UK applicants. This followed an initial assessment of an applicant's educational qualifications, a defined period of training in an approved laboratory, completion of a log book and the passing of an oral examination at the end of the training period.
- 10.3 A Professional Liaison Group meeting was held on 3 December 2002 to explore the possibility of the IBMS undertaking a similar process for international applicants as they currently did for UK applicants.
- 10.4 The Council expressed concern that the proposed change would create a situation whereby the procedure for medical laboratory technicians applying from overseas would differ from that used for other professions.
- 10.5 The Council agreed that the procedure for the registration of internationally trained applicants should remain unchanged.

Item 11.03/11 STANDARDS OF PROFICIENCY FOR SAFE AND EFFECTIVE PRACTICE

- 11.1 The Council received a paper from the Executive.

- 11.2 Mr Bracken noted that the Health Professions Order 2001 required common standards of proficiency for safe and effective practice to be set for each part of the register. Therefore regardless of how a person came to the HPC seeking registration he or she must be able to meet the minimum standard for safe and effective practice of that profession, or establish that they have practised safely and effectively, before being admitted to the register.
- 11.3 Mr Bracken agreed to clarify the statement contained in the final paragraph that 'as safe and effective practice requirement was an admission standard which related to clinical competence, all registrants must continue to be able to meet the standards of proficiency required of a newly qualified practitioner in order to remain on the register' and to present a paper to the 7 March 2003 meeting of Council regarding this issue.

Action: JB

Item 12.03/12 REPORT ON PROFESSIONAL INDEMNITY INSURANCE

- 12.1 The Council received a paper from the Executive.
- 12.2 The Council noted that the new Nursing and Midwifery Council had informed the Council that it had received a legal opinion that there should be a clause in their Statement of Good Character, Conduct and Health that nurses, midwives and health visitors should have professional indemnity insurance.
- 12.3 The Nursing and Midwifery Council had decided to include this as an advisory item in the Statement.
- 12.4 Following the recommendation of the Conduct and Competence Implementation Working Party the Council agreed that an item on professional indemnity should not be included in the Statement of Good Character, Conduct and Health. The Council also agreed that registrants be strongly advised in accompanying explanatory leaflets, to obtain such insurance, and that the public, in the appropriate explanatory leaflets and brochures, be advised to satisfy themselves, when they were considering consulting or seeking treatment from practitioners in private practice registered with the Council, that these registrants be so covered.

Item 13.03/13 STATEMENT OF GOOD CHARACTER, CONDUCT AND HEALTH

- 13.1 The Council received a paper from the Executive.

- 13.2 The Council agreed the statement subject to a number of minor amendments and a change to the layout and numbering of the document.

Action: TB

Item 14.03/14 PARTNERSHIP WORKING ARRANGEMENTS (ENGLAND)

- 14.1 The Council received a paper from the Executive.
- 14.2 The Council noted that the Department of Health (DH) had been working with higher education, the professional bodies, the Workforce Development Confederations and the Nursing and Midwifery Council for some time to facilitate a more streamlined approach to the approval and monitoring of DH funded education and training provision in England. (Equivalent initiatives were being pursued in the other UK countries, but are at different stages of development).
- 14.3 The Department of Health was asking for a joint letter to be signed by itself and the two regulatory bodies (HPC and NMC) committing themselves publicly for their part to engage in the proposed arrangements.
- 14.4 The Council agreed that Professor Brook sign the proposed letter.

Action: NB

**Item 15.03/15 UPDATE TO THE COUNCIL ON EUROPEAN DIRECTIVES
EEC 89/48 AND 92/51**

- 15.1 The Council received a paper from the Executive.

**Item 16.03/16 MINUTES OF THE CONDUCT AND COMPETENCE
IMPLEMENTATION WORKING PARTY HELD ON
28 NOVEMBER 2002**

- 16.1 The Council received the minutes of the Conduct and Competence Implementation Working Party held on 28 November 2002.

**Item 17.03/17 MINUTES OF THE CONDUCT AND COMPETENCE
IMPLEMENTATION WORKING PARTY HELD ON 7
JANUARY 2003**

- 17.1 The Council received the minutes of the Conduct and Competence Implementation Working Party held on 7 January 2003.

- 17.2 The Council requested the Secretary of the Conduct and Competence Committee to keep copies of the codes of conduct issued by the professional bodies for all the professions regulated by the HPC.

Action: TB

Item 18.03/18 MINUTES OF THE HEALTH IMPLEMENTATION WORKING PARTY HELD ON 19 DECEMBER 2002

The Council received the minutes of the Health Implementation Working Party held on 19 December 2002.

Item 19.03/19 REPORT ON R V DISCIPLINARY COMMITTEE OF THE CHIROPODISTS BOARD EX PARTE HEALTH PROFESSIONS COUNCIL 2002

- 19.1 The Council received a report.
- 19.2 The Council congratulated Mr Caplan on his success in conducting the review.

Item 20.03/20 ANY OTHER BUSINESS

- 20.1 Miss Crawford raised the issue of communication between the HPC and the professional bodies. The professional bodies felt that they could contribute to the work of the HPC and felt that contact at Chief Executive to Chief Executive level was extremely important.
- 20.2 Professor Brook noted that since the abolition of the Boards contact with the professional bodies was on a less formal basis. Professional Liaison Groups would be set up as necessary. These could include membership from the professional bodies and would provide advice on strategic issues such as continuing professional development (CPD).
- 20.3 Professor Brook noted that Council and committee meetings were open and that representatives of the professional bodies were very welcome to attend.
- 20.4 With regard to concerns being expressed that the payment of fees to visitors representing the HPC would make it difficult for the professional bodies to recruit visitors, Professor Brook noted that any payments made would be by way of allowances and not fees.
- 20.5 The Council noted that a member of the Executive had been appointed as a point of contact with each professional body. In the future the Chief Executive of the HPC planned to spend 40% of his time on communication issues and however contact could not always take place at Chief Executive level.

- 20.6 The Council noted that the role of registrant and lay members on Council was to ensure that Council took informed decisions about the professions it regulated but that they had a duty to contribute to the proceedings with an open mind, not simply espousing the views of those they represented but properly directing themselves and coming to their own view consistent with the Council's statutory functions and objectives.
- 20.7 The Council agreed that the Secretary would circulate a list of which directors dealt with which professions.

Action: NO'S

Item 21.03/21 DATE AND TIME OF NEXT MEETING

- 21.1 The next meeting of the Council would be held at 11am on Friday 7 March 2003.
- 21.2 Further meetings would be held on the following dates:

Wednesday 2 April 2003 (11am)

Wednesday 4 June 2003 (11am)

Wednesday 17 September 2003 (11am)

Wednesday 8 October 2003 and Thursday 9 October 2003 - 'away day' – (start time tba)

Thursday 11 December 2003 (start time tba)

Tuesday 2 March 2004 (11am)