

<b>Council</b>
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**Date:** Tuesday 18 September 2012

**Time:** 10:30 am

**Venue:** The Council Chamber, Health and Care Professions Council, Park House,  
184 Kennington Park Road, London SE11 4BU

**Present:** Anna van der Gaag (Chair)  
Pradeep Agrawal  
Jennifer Beaumont  
Frank Burdett  
Mary Clark-Glass  
John Donaghy  
Sheila Drayton  
Julia Drown  
Richard Kennett  
Jeff Lucas (items 1-14)  
Morag MacKellar  
Arun Midha (items 1-13)  
Penelope Renwick  
Keith Ross  
Robert Templeton  
Joy Tweed  
Diane Waller

**In attendance:**

Ruth Cooper, PA to the Director of Operations  
Lizzie Dowd, Communications Officer  
Brendon Edmonds, Head of Educational Development  
Guy Gaskins, Director of IT  
Abigail Goringe, Director of Education  
Michael Guthrie, Director of Policy and Standards  
Louise Hart, Secretary to Council  
Richard Houghton, Head of Registration  
Kelly Johnson, Director of Fitness to Practise  
Hafiza Koroma, Scheduling Officer, FtP  
Jacqueline Ladds, Director of Communications  
Tim Moore, Interim Director of Finance  
Steve Rayner, Secretary to Committees  
Abdur Razzaq, Education Officer  
Greg Ross-Sampson, Director of Operations

Angela Scarlett Newcomen, Communications Officer  
Marc Seale, Chief Executive and Registrar  
Louise Shewey, Secretariat Team Administrator  
Charlotte Urwin, Policy Manager

**Item 1.12/141 Chair's welcome and introduction**

- 1.1 The Chair welcomed all members and observers to the meeting.
- 1.2 The Chair noted that this was the first meeting of the HCPC following the transfer of the register from the GSCC to the HCPC. The Chair, on behalf of the Council, wished to place on record her thanks to all employees for their contribution to the transfer project. It was noted that employees worked with commitment, professionalism and dedication.
- 1.3 The Chair welcomed Robert Templeton to his first meeting as a Council member, having taken up post as registrant member on 1 August 2012.
- 1.4 The Chair informed Council that Malcolm Cross had resigned from Council in August. The Chair wished to place on record her thanks for his contribution to the work of the Council and for his work on HCPC's Committees and PLG.

**Item 2.12/142 Apologies for absence**

- 2.1 Apologies for absence were received from Eileen Thornton.

**Item 3.12/143 Approval of agenda**

- 3.1 The Council approved the agenda.

**Item 4.12/144 Declaration of Members' Interests**

- 4.1 Keith Ross declared an interest under items 10 and 11 since his wife is a member of CHRE. Julia Drown declared an interest under item 11 since she is a member of the NMC Audit Committee.

**Item 5.12/145 Minutes of the Council meeting of 5 July 2012 (report ref:- HCPC98/12)**

- 5.1 The Council considered the minutes of the 77th meeting of the Health Professions Council.
- 5.2 The Council noted that the attendance record required an amendment since Penny Renwick was not present.

- 5.3 The Council agreed that the minutes should be confirmed as a correct record and signed by the Chair, subject to the amendment detailed under 5.2.

**Item 6.12/146 Matters arising (report ref:-HCPC99/12)**

- 6.1 The Council noted the action list as agreed at the last meeting.

**Item 7.12/147 Chair's report (report ref:- HCPC100/12)**

- 7.1 The Council received a report from the Chair.

- 7.2 During discussion, the following points were made:-

- The Universities UK Research Integrity Concordat launch held on 11 July was well attended by a wide range of stakeholders from the education sector. The Chief Executive of HEFCE had reported that it may be decided that future funding would be conditional upon signing up to the concordat. The Chair noted that she had written to the other healthcare regulators about a joint letter of support for the concordat;
- The Chair noted that since the last meeting of the Council, she had been involved in stakeholder events for social workers in England. Two areas of interest from social workers had been in relation to HCPC fees and the impact of being part of a multi-professional regulator;
- The Chair noted that the King's Fund Breakfast event entitled "Quality first: are we expecting too much from the regulator?" focussed mainly on the Care Quality Commission. The Kings Fund had published a short report on what regulators and others should be thinking about in advance of the publication of the Francis Inquiry. Three main points were made during the event: Firstly that professionals need to be empowered, that boards and leaders must create a culture of openness and, finally, that regulators have limits and should not be expected to provide all the solutions. The Chair noted that rather than providing an excuse for regulators by saying that they have limits, it would be better to focus on how regulators could become more robust in their endeavours;
- In response to a question about the meeting with the British Orthopaedic Association and the British Orthopaedic Foot and Ankle Society on 24 July, the Council noted that this was a preliminary meeting to provide them with information in relation to annotation of the register and an opportunity to signal to them

that HCPC is looking forward to working with them as one of the many stakeholders on the development of the standards.

7.3 The Council noted the report.

**Item 8.12/148 Chief Executive's report (report ref:- HCPC101/12)**

8.1 The Council received a paper from the Executive.

8.2 During discussion, the following points were made:-

- The Chief Executive had met with the Chief Executive from CHRE who had informed him that CHRE would consider the report on cost effectiveness at their Council meeting on 26 September 2012;
- The report on Mid-Staffordshire would now be published at the end of this year;
- The Council noted that HCPC had introduced an apprenticeship scheme. The apprentice would be based in the registration department and would gain an NVQ level 2 qualification;
- This report detailed activity for the first four months of the current financial year and so did not include any activity in relation to social workers in England;
- For the current financial year, HCPC was underspent in relation to operational expenditure and ahead of schedule for capital expenditure;
- In response to a question on CHRE's cost effectiveness review, the Council noted that within the 2011 Command paper, regulators were directed to look at how costs could be reduced. The Department of Health commissioned CHRE to undertake a review and make cost comparisons between the regulators. It was anticipated that their findings could answer whether costs in relation to Fitness to Practise are profession-specific, whether sharing "back office" functions would reduce costs and whether costs could be reduced by merging regulators;
- In relation to a question about the meeting of the Higher Specialist Scientific Training Strategic Oversight Board, it was suggested that it may be useful for our biomedical scientist registrant member to attend in place of the Chief Executive on occasions;

- The Council noted that the Education and Training Committee, as part of the Directors report, would be receiving progress reports in relation to visits to social work programmes in England. Furthermore, the Council had previously agreed that a review of social work programme visits should be undertaken at the end of the 2012/2013 academic year. This paper would be considered by the Education and Training Committee and possibly Council;
- With reference to the statistics in relation to interim order panels in 2011-12 and 2012-13 set out on page 32, the Council noted that these figures were in line with forecast and didn't give rise to any concerns;
- In response to a question on when the Government were due to publish the consultation paper on herbal medicine, the Council noted that it was likely that this would be delayed further partly as a result of a change in Health Minister;
- The Council noted that the number of applicants for temporary registration had increased. Temporary registration did not offer the same level of protection to the public as full registration since HCPC could not check qualifications and had to accept a self-declaration from applicants. However, HCPC was part of a lobbying group which was looking at this issue and hoped to get clarification on the definition of temporary and occasional working. The Council noted that these registrants were only able to use the professional title used in their member state and in the language of the member state where they are registered;
- In relation to the issue of temporary registrants, it was noted that a pragmatic approach was taken in relation to Republic of Ireland registrants and HCPC registrants from Northern Ireland in cases for example where a paramedic from the Republic may respond to a call just inside Northern Ireland;
- The Council noted that no hearings had taken place during the Olympic period but this had not created any backlogs or issues since planning was always done on the basis of not holding hearings during that time.

8.3 The Council noted the report.

## Strategy and Policy

### **Item 9.12/149 Presentation by Professor Eileen Munro, Professor of Social Policy at the London School of Economics**

9.1 The Council received a presentation from Professor Eileen Munro. Professor Munro outlined the history of social work including the

evolution of training routes, the over emphasis in recent times on processes and IT systems and the challenges that lie ahead for the profession.

9.2 The Council were then given the opportunity to ask questions and these focussed on the Standards of Proficiency, the education providers offering social work courses and the complexity of how social workers were employed.

9.3 The Chair thanked Professor Munro for the presentation.

The Council took a short break at 11:55 and reconvened at 12:05.

**Item 10.12/150 Council for Healthcare Regulatory Excellence (CHRE) performance review 2011-2012 (report ref:- HCPC102/12)**

10.1 The Council received a paper for discussion from the Executive.

10.2 The Council noted that, in June 2012, the CHRE had published its 2011 – 2012 performance review of the regulatory bodies, including its performance assessment of the HCPC. The paper discussed the outcomes of the 2011 – 2012 performance review, provided a summary and discussion of the CHRE's assessment of the HCPC's performance and highlighted other areas of interest.

10.3 The Council noted that fitness to practise continued to be a focus for the CHRE performance review. In keeping with previous papers considered by Council, the performance review content around fitness to practise was set out in a separate appendix to the paper.

10.4 The Council noted that the HCPC had received a positive performance review report for 2011-12. The CHRE had noted that the HCPC had 'continued to perform as an effective regulator across each of the regulatory functions for the diverse range of professions it regulates'. The CHRE had commented that this was particularly notable given the significant work HCPC had undertaken in preparation for the regulation of social workers in England and herbal medicine practitioners.

10.5 In discussion, the following points were made:-

- Concern was expressed over the language used throughout CHRE's review. It was felt that the language needed to be more direct and precise. In response, the Council noted that this had been previously raised with CHRE and their rationale was that the report was produced for the public and so the language used within the report needed to reflect that;
- The Council noted that this report was very positive from HCPC's perspective;

- A member of Council noted that it was good to see a robust response in relation to the suggestion of replacing investigating Committee panels with “Case Examiners;”
- In response to a question about managing an increasing number of Fitness to Practise complaints, the Council noted that the systems and processes used within the organisation were designed to accommodate growth. However, the HCPC were not seeing a growth in complaints comparable to the GMC and this could be attributed to the education providers delivering HCPC approved programmes developing professionalism as part of the curriculum. The Executive were also acutely aware of the need to ensure control of Fitness to Practise cases;
- The Council emphasised the need to not become complacent. In response, members’ attention was drawn to the detailed management information pack which is considered at every Council meeting. The Council noted that this contained operational and financial information as well as information on the culture of the organisation. This information was circulated to Council to provide assurance that the organisation was working well. The Council noted that they could request more information should they wish to see anything not already contained in the pack.

10.6 The Council noted the report.

**Item 11.12/151 CHRE Strategic Review of the Nursing and Midwifery Council (NMC) (report ref:- HCPC103/12)**

11.1 The Council received a paper for discussion from the Executive.

11.2 The Council noted that in July 2012, the CHRE had published its strategic review of the NMC. The review had been undertaken at the request of the Parliamentary Under Secretary of State for Health in light of concerns about the NMC’s performance. The paper reviewed the CHRE report and identified any actions for the HCPC.

11.3 The Council noted that the CHRE report had made a number of recommendations in relation to the NMC, which were overarching in nature and focused on a number of core areas:

- effectiveness, efficiency, quality and customer service;
- clear communication with stakeholders;
- leadership and organisational culture;
- good governance;
- financial management and reporting;
- management information; and

- investment in Information and Communication Technology (ICT) systems.

11.4 In discussion, the following points were made:-

- The suggestion was made that the HCPC could do some collaborative work with the NMC, particularly in relation to IT, project management and Fitness to Practise;
- Reference was made to 7.38 of CHRE's report which states "The NMC fails to make a clear link between the key assumptions on which the budget is based and the actual activity levels. Linking actual to budgeted activity and clearly showing the current performance would allow managers and the Council to see the early warning signs that budgets may be exceeded and for corrective action to be taken." The suggestion was made that HCPC could develop the management information to include budgeted versus actual in terms of telephone calls and education approval visits;
- The Council noted that the fundamental issue at the NMC was not necessarily the management information produced but more the culture within the organisation to tackle the issues. A successful regulator required four main building blocks, namely a strong, positive culture, good, sound governance arrangements, processes in place and adequate cash flow to ensure salaries could be paid. These building blocks all needed to work together with a system in place to check on these;
- The suggestion was made that there was an expectation placed upon regulators by CHRE to do things over and above their remit yet it was important to ensure that the regulators were fulfilling their primary purpose first;
- The Council noted that the Executive would be discussing HCPC's culture at the next offsite meeting which was taking place after the Council away day in Scotland;
- A member queried whether there was a point when CHRE had a role in declaring that the NMC had reached crisis point. In response, the Council noted that CHRE had stated that this was the last opportunity for NMC to turn themselves around;
- The Council noted that the HCPC, as a multi-professional regulator, does not have the issue of dealing with one single, powerful professional voice;
- The observation was made that dealing with the NMC is a very different experience and it feels as if they are a professional



body and their primary purpose is nurse protection not public protection;

- The Council noted that the Chair had met with the interim Chair of the NMC and one of the biggest issues is that there is a lack of trust and communication at the NMC;
- Some members of Council requested the Executive to reconsider the opportunity for a Q&A session before Council. In response, the Council noted that all meetings of Council were held in public but were not public meetings. The HCPC tried to communicate with stakeholders in authentic ways and this is done through the many stakeholder events and meetings that are undertaken all year round. However, when the Council is restructured and governance reviewed, consideration would be given to this.

11.5 The Council noted the report.

**Item 12.12/152 Winterbourne View Hospital Serious Case Review (report ref:- HCPC104/12)**

- 12.1 The Council received a paper for discussion/approval from the Executive.
- 12.2 The Council noted that in August 2012, South Gloucestershire Safeguarding Adults Board had published the serious case review on the abuse of patients at the Winterbourne View hospital. The paper outlined the recommendations from the serious case review report relevant to the HCPC and summarised the Care Quality Commission's (CQC's) arrangements for registered managers.
- 12.3 The Council noted that the report made a number of recommendations to strengthen commissioning, oversight and service regulation arrangements. Some recommendations directly referred to the role of the HCPC, in particular:
- the CQC should collaborate with the HCPC, 'plus the Sector Skills Councils for both Health and Care, in providing advice and guidance on the qualifications and continuing professional development requirements for Registered Managers and for the practitioners they supervise. It is of concern that managers registered to operate services across residential, nursing home, hospital and home care, are not required to be distinct registered professionals individually accountable through a governing body and code of ethics.'
  - the CQC and the HCPC 'should work together to describe in guidance what effective systems of clinical supervision look like

in hospitals for people with learning disabilities and autism. The guidance should identify the roles of registered managers and nominated individuals in developing such systems in practice.'

- 12.4 The Council agreed to instruct the Executive to begin initial discussions with the CQC about the recommendations.

**Item 13.12/153 Regulating the Adult Social Care Workforce in England (report ref:- HCPC105/12)**

- 13.1 The Council received a paper for discussion/approval from the Executive.
- 13.2 The Council noted that, in February 2011, the Command Paper 'Enabling excellence' had said that the Department of Health (DH) would work with the HCPC to explore the scope for establishing a voluntary register for adult social care workers in England. The paper invited the Council to agree the basis upon which the Executive should work with the DH in relation to this policy. It was planned that a draft policy statement would be considered at the next meeting of Council, informed by discussion at this meeting.
- 13.3 In discussion, the following points were made:-
- Concern was expressed in relation to domiciliary workers. These individuals are often employed by the most vulnerable people in society and it would be unrealistic to ask them to check a negative register and the identity of an individual before employing them;
  - There was concern that HCPC needed to do further work in relation to the Human Rights aspect of this proposal to ensure Article 8 of the Act, an individual's right to work, would not be contravened or loop holes found;
  - The Council noted that some further work needed to be done in relation to providing an appeal mechanism for this system and legislation was inevitably required in relation to this aspect of the Scheme;
  - Concern was expressed over the potential risks to HCPC's reputation in terms of its current role as a statutory regulator and the proposal to hold a negative register for adult social care workers;
  - There was some discussion about the statement under 3.19 and what it actually meant: "The HCPC as a statutory regulator will not establish voluntary registers without protection of title and/or a statutory link to the regulation of services." A member queried

whether protection of title alone would mitigate those risks associated with voluntary registers. After discussion, it was agreed that this statement be revised to read: "The HCPC is not minded to establish voluntary registers at this stage."

- There was broad support for the principles set out in the paper upon which the Executive should work with the Department of Health in relation to this policy. Further work needed to be done in relation to the issue of domiciliary workers as well as further details on how the proposed scheme would work in practice.

13.4 The Council agreed the following statements:

- the HCPC had not changed its decisions to recommend that various aspirant groups should be statutory regulated;
- the HCPC is not minded to establish voluntary registers at this stage; and
- a 'negative register' for adult social care workers in England should be explored further, alongside the regulation of registered managers of care homes, subject to the Government funding the cost of this work.

**Item 14.12/154 Transfer of regulatory functions from the General Social Care Council to HCPC (report ref:- HCPC106/12)**

14.1 The Council received a paper for discussion from the Executive.

14.2 In accordance with the decision of Council to be kept informed of ongoing work relating to the transfer of regulatory functions from the GSCC to the HCPC, a standard item had been put on the agenda of every meeting of Council. The transfer of regulatory functions had taken place on 1 August 2012 and a verbal report on the transfer was made.

14.3 The Council noted the following points:-

- HCPC successfully opened the register of social workers in England on 1 August 2012 and this profession was now in their renewal period;
- One issue raised by registrants was that they had previously paid the GSCC and were now expected to pay HCPC;
- Social work education programmes were now on the website;

- The open Fitness to Practise Cases which had been transferred from the GSCC had now been reviewed and entered into the HCPC system;
- The name change project had now been completed;
- The “Meet the HCPC” events specifically focussing on social workers in England had been very well attended;
- The new complaints received in relation to social workers was broadly in line with the forecast;
- The first batch of complaints transferred from the GSCC would be considered by the Investigating Committee panel next week;
- The Registration department were currently dealing with approximately 1000 calls per day.

14.4 The Council noted the update.

**Item 15.12/155 Consultation on standards for prescribing (report ref:- HCPC107/12)**

- 15.1 The Council received a paper for discussion/approval from the Executive.
- 15.2 The Council noted that chiropodists/podiatrists, physiotherapists and radiographers could all currently complete post-registration training to become supplementary prescribers. In July 2012, the Department of Health had announced that medicines legislation would be changed to allow appropriately trained chiropodists/podiatrists and physiotherapists to become independent prescribers.
- 15.3 The Council noted that, as the regulator, HCPC would have to set standards for independent prescribing and approve the training that chiropodists/podiatrists and physiotherapists must complete to become independent prescribers. Once chiropodists/podiatrists and physiotherapists had completed that training, HCPC would annotate their entry on the Register to show they have completed that training. The consultation document attached to the paper set out the proposed standards for prescribing. HCPC would use these standards to approve training in prescribing, to set out the competencies we expect of prescribers and, if necessary, to consider concerns raised about their prescribing practice.
- 15.4 The Council noted that the Education and Training Committee had discussed the paper at its meeting on 13 September 2012. The

Committee had recommended that the Council approve the consultation document and draft standards for prescribing.

15.5 In discussion, the following points were made:-

- Some work would need to be done on how the HCPC managed those physiotherapists and chiropodists who had previously undertaken supplementary prescribing training and assumed that there would be the option to “grandparent” into independent prescribing;
- The Council noted that it was anticipated that the supplementary prescribing pathway for chiropodists/podiatrists and physiotherapists would now be phased out.

15.6 The Council:

- agreed that a consultation should be held on standards for prescribing; and
- approved the consultation document attached to the paper (subject to minor editing amendments and any changes arising from the Council’s discussion).

**Item 16.12/156 New readmission application form (report ref:- HCPC 108/12)**

16.1 The Council received a paper for discussion/approval from the Executive.

16.2 The Council noted that registrants who wished to return to the Register after lapsing following a renewal period or as a result of non-payment were required to complete a nine-page readmission application form and submit supporting documentation. It was proposed that when registration lapsing letters were sent to registrants, they should be asked to complete a new two-sided readmission application form, which would be pre-printed with the registrant’s name and address. Applicants would be required to provide a completed character reference form and certified evidence of any change of name (if applicable).

16.3 The Council noted that, as the HCPC would be sending the new form to individuals who had recently lapsed at their last known address, no proof of identity would be requested as the new readmission application would only be accepted one month from the date of lapsing. Following expiry of this time applicants would be directed to use the existing readmission application form, which could be downloaded from the HCPC website.

- 16.4 The Council noted that the paper had been agreed by the Education and Training Committee on 13 September 2012.
- 16.5 Two suggested amendments were made to the application form. Firstly, that the word “hospital” should be removed from the line where applicants were required to state their work address. Secondly, applicants were asked in two places to declare whether they had any physical or mental health condition that would impair their fitness to practise. The suggestion was made that one of these should be removed. The Council concurred with both amendments subject to confirming that there was no legal reason why applicants made this health declaration in two places.
- 16.6 The Council approved the new readmission application form, subject to the amendments detailed under 16.5.

At 13:30hrs, with the meeting having been convened for three hours in total, Council agreed to suspend Standing Order No. 13 in order that the rest of the business could be transacted that day.

**Item 17.12/157 Policy for travel by air (report ref:- HCPC109/12)**

- 17.1 The Council received a paper for discussion/approval from the Executive.
- 17.2 The Council noted that the HCPC’s expenses policies for travel by air provided that all air travel undertaken must be in standard class with the exception of journeys exceeding 5 hours, where the cost of a premium economy ticket (or equivalent for those carriers that do not have premium economy) would be reimbursed. A number of changes to the policy were proposed and had been recommended to the Council by the Finance and Resources Committee on 11 September 2012.
- 17.3 The Council noted that the proposed changes were as follows:
- standard class when the duration of the single airline flight was less than five hours. If the single journey comprised more than one airline flight, standard class tickets must be used for the different flights if the combined air travel time was less than five hours;
  - premium economy tickets may be used when the duration of a single airline flight was longer than five hours but less than eight hours. If premium economy tickets are unavailable, standard class tickets must be used;
  - business class tickets may be used when the duration of a single airline flight was longer than eight hours. If business class tickets are unavailable, premium economy tickets may be used.

- 17.4 The Council noted that, in a typical financial year, the proposed change would result in the purchase of three to five return business class tickets, with an additional net cost of approximately £6,000 to £10,000.
- 17.5 The Council agreed that the policy should be amended to make it clear that it applied to the duration of single journeys, which could include two flights, as opposed to single flights.
- 17.6 The Council approved the new travel policy.

**Item 18.12/158 Committee appointments (report ref:- HCPC110/12)**

- 18.1 The Council received a paper for discussion/approval from the Executive.
- 18.2 The Council noted that, in July 2012, two Council members had resigned from their position as Council members, namely Deep Sagar and Malcolm Cross. The Executive had written to the Privy Council in August to seek permission to carry those vacancies on Council on the basis that the Council is due to be restructured in 2013, and it was anticipated that the Council would be reduced to between 8 and 12 members.
- 18.3 The Committee noted that, in order to ensure quoracy at Committee meetings, appointments should be made to Committees and no vacancies carried. The Executive had written to all Council members requesting expressions of interest for the vacancies with a view to submitting recommendations to Council at the September meeting. The Secretary to Council and the Chair of Council had considered the expressions of interest and recommended that the following appointments be made until July 2013 (to end at the same time as the appointments made by Council in July 2012): -

Audit Committee: Julia Drown

Education and Training Committee (Lay position): Sheila Drayton

Finance and Resources Committee: Pradeep Agrawal

Fitness to Practise Committee: Richard Kennett and Joy Tweed

- 18.4 The Council agreed the appointments listed in paragraph 18.3 for the period to July 2013.

**Item 19.12/159 Appointment to the Modernising Scientific Careers Oversight Board (report ref:- HCPC111/12)**

- 19.1 The Council received a paper for discussion/approval from the Executive.

- 19.2 The Council noted that, since July 2011, Arun Midha had represented the HPC (and now the HCPC) on the Modernising Scientific Careers (MSC) Implementation Group in Wales. This group was chaired by the Chief Scientific Adviser (health) and the group included educational, trade union, clinical and NHS management representation. The group oversaw the development of education and training programmes in Wales and the modernisation of the scientific workforce to reflect the opportunities available in MSC. Owing to the changing emphasis in terms of the MSC work, it had been agreed that an implementation management group should be established and that the implementation group become the Oversight Board. HCPC had been asked to make an appointment to the Board.
- 19.3 The Council noted that, in accordance with the Scheme of Delegation, an appointment to outside bodies to represent Council was a matter reserved for Council. On the basis of Arun Midha's work to date on the project, it was recommended that Council approve the appointment of Arun Midha to the Wales Modernising Scientific Careers Oversight Board.
- 19.4 The Council agreed:
- (1) the appointment of Arun Midha to the Wales Modernising Scientific Careers Oversight Board;
  - (2) that Arun Midha be requested to provide to Council updates on the work of the group.

**Item 20.12/160 Minutes of the Finance and Resources Committee held on 19 June 2012 (report ref:- HCPC112/12)**

- 20.1 The Council received a paper for approval from the Executive.
- 20.2 The Council approved the recommendations therein.

**Item 21.12/161 Minutes of the Audit Committee held on 21 June 2012 (report ref:- HCPC113/12)**

- 21.1 The Council received a paper for approval from the Executive.
- 21.2 The Council approved the recommendations therein.

**Item 22.12/162 Minutes of the Finance and Resources Committee held on 19 July 2012 (report ref:- HCPC114/12)**

- 22.1 The Council received a paper for approval from the Executive.
- 22.2 The Council approved the recommendations therein.



The Council noted the following papers:-

**Item 23.12/163 Memorandum of Understanding (report ref:- HCPC115/12)**

**Item 24.12/164 Reports from Council representatives at external meetings (report ref:- HCPC116/12)**

**Item 25.12/165 Authorisation and Nomination scheme (report ref:- HCPC117/12)**

**Item 26.12/166 Any other business**

26.1 There was no other business.

**Item 27.12/167 Date and time of next meeting**

27.1 The next meeting of the Council would be held at 1:00 pm on Thursday 18 October (Lodge on Loch Lomond, Scotland).

**Item 28.12/168 Resolution**

The Council agreed to adopt the following resolution:-

'The Council hereby resolves that the remainder of the meeting shall be held in private, because the matters being discussed relate to the following;

- (a) information relating to a registrant, former registrant or application for registration;
- (b) information relating to an employee or office holder, former employee or applicant for any post or office;
- (c) the terms of, or expenditure under, a tender or contract for the purchase or supply of goods or services or the acquisition or disposal of property;
- (d) negotiations or consultation concerning labour relations between the Council and its employees;
- (e) any issue relating to legal proceedings which are being contemplated or instituted by or against the Council;
- (f) action being taken to prevent or detect crime to prosecute offenders;
- (g) the source of information given to the Council in confidence; or
- (h) any other matter which, in the opinion of the Chair, is confidential or the public disclosure of which would prejudice the effective discharge of the Council's functions.'

Item	Reason for Exclusion
29	d, e, g, h
30	d

31	c
32	b, c, d, e
33	c, d, h
34	c, d

**Item 29.12/169 Minutes of the private part of the Council meeting held on 5 July 2012 (report ref:- HCPC118/12)**

29.1 The Council considered and agreed the minutes of the private part of the Council meeting held on 5 July 2012.

**Item 30.12/170 Transfer of regulatory functions from General Social Care Council to HCPC (report ref:- HCPC119/12)**

30.1 The Council noted the update in relation to the transfer of regulatory functions from the General Social Care Council to HCPC.

**Item 31.12/171 Office accommodation (report ref:- HCPC120/12)**

31.1 The Council approved a lease for office accommodation.

**Item 32.12/172 Minutes of the private part of the Finance and Resources Committee held on 19 June 2012 (report ref:- HCPC121/12)**

32.1 The Council received a paper for approval from the Executive.

32.2 The Council approved the recommendations therein.

**Item 33.12/173 Minutes of the private part of the Audit Committee held on 21 June 2012 (report ref:- HCPC122/12)**

33.1 The Council received a paper for approval from the Executive.

33.2 The Council approved the recommendations therein.

**Item 34.12/174 Minutes of the private part of the Finance and Resources Committee held on 19 July 2012 (report ref:- HCPC123/12)**

34.1 The Council received a paper for approval from the Executive.

34.2 The Council approved the recommendations therein.

**Item 35.12/175 Any other business for consideration in private**

35.1 There were no other items for consideration in private.

Chair: .....

Date: .....

..

Unconfirmed