

**THE HEALTH PROFESSIONS COUNCIL**

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MINUTES of the eighteenth meeting of the Investigating Committee held at **10:30a.m. on Thursday 14 September 2006** at Park House, 184 Kennington Park Road, London, SE11 4BU.

Miss M MacKellar (Chairman)  
 Dr N Callagan  
 Ms C Farrell (1.1- 6.1)  
 Mrs D Haggerty  
 Mr W Munro  
 Mr S Taylor

**IN ATTENDANCE:**

Miss S Butcher, Secretary to Committees  
 Mr M Guthrie, Policy Officer  
 Miss K Johnson, Director, Fitness to Practise  
 Miss M McNair McKinley, P.A. to the Director of Fitness to Practise  
 Miss E Seall, Manager, Fitness to Practise  
 Dr A van der Gaag, President

**Item 1.06/01 APOLOGIES FOR ABSENCE**

- 1.1 Apologies for absence were received from the following Committee members; Mrs S Chaudhry, Mr R Clegg and Professor D Waller.

**Item 2.06/02 APPROVAL OF AGENDA**

- 2.1 The Investigating Committee approved the agenda subject to an alteration of the ordering of papers so that item 7 could be taken before item 6, opening the meeting with a broad discussion about the Committees strategic role.

**Item 3.06/03 MINUTES OF THE INVESTIGATING COMMITTEE MEETING HELD ON WEDNESDAY 19 APRIL 2006**

- 3.1 It was agreed that the minutes of the seventeenth meeting of the Investigating Committee be confirmed as a true record subject to the

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2006-09-13	a	INV	MIN	Investigating Committee Minutes 14 September 2006	Final DD: None	Public RD: None

following correction at 3.06 so that it read 23 January 2006 and the word comparative replaced with comparison at 6.3 and be signed by the Chairman.

**Item 4.06/04 MATTERS ARISING**

- 4.1 The Committee noted that the review of fitness to practise trends and patterns would be undertaken shortly with the assistance of the ftp database.

**Item 5.06/05 CHAIRMAN'S REPORT**

- 5.1 The Chairman reported that she had been involved in the review of the Standards of Conduct, Performance and Ethics. The Chairman had also met with the Director of Fitness to Practise regarding the direction of the Committee and its forthcoming workload.

**Item 6.0.6/06 INVESTIGATING COMMITTEE STRATEGY**

- 6.1 The Committee discussed the Committee's strategy, identifying its short and long term objectives. (Please see notes attached).

**Item 7.06/07 DIRECTOR OF FITNESS TO PRACTISE REPORT**

- 7.1 The Committee received the Director of Fitness to Practise report.
- 7.2 The Committee noted that there had been a high number of cases where a striking off order was applied, notably within the paramedic profession. The Committee discussed the statistics that could be produced by the FTP database. The committee agreed it would be helpful to have statistics on the percentage of allegations compared to the total number on the relevant part of the register.

**Action: KJ – 16 November 2006**

- 7.3 The Committee noted that some allegations received had not been well founded and identified this as a potential area where the Committee could review the process by which the decision was taken to refer a case. The Committee also discussed the types of cases where an interim order was applied for. It was noted that the Director of Fitness to Practise would bring to Committee a paper with suggestions on the types of cases where an interim order should be applied for. A record number of allegations had been received in the month of August whilst the case to answer figures had also increased.

- 7.4 The Director of Fitness to Practise had been involved in a range of meetings with varying stakeholders. Currently meetings were being held with the ambulance trusts to discuss best practice for exchange of information.
- 7.5 The Committee noted that it would be helpful if a brief note was put against each of the cases and or meetings listed in the Director's report regarding who and what they concerned.

**Action: KJ – 16 November 2006**

**Item 8.06/08 FITNESS TO PRACTISE WORKPLAN AND PROCESS DOCUMENT**

- 8.1 The Committee received a paper from the Director of Fitness to Practise for discussion.
- 8.2 The Committee noted the Health Committee's recommendation to prioritise the key areas of the workplan.
- 8.3 The Committee noted that the focus to date in the FTP department had been the visible end of the process. Focus was now being moved to other areas of work. The development and training of ftp staff was an integral part of the workplan.
- 8.4 The ftp database was now functioning and linked a number of other HPC systems – including the partner database. There was now functionality for the random electronic selection of panel members. All ftp documentation could now be scanned to the database, aiding in disaster recovery planning. The ftp department was also due to be reviewed by the internal auditors.
- 8.5 The Committee discussed how the ftp statistics now needed to be translated into meaningful information and communicated to HPC's stakeholders. It was discussed whether the information on the website in relation to FTP cases was useful and appropriate. The workplan also included ensuring the FTP processes were clear and accessible.
- 8.6 The workplan highlighted the need to undertake a risk assessment of cases. This included allocation of cases to the appropriate case manager.
- 8.7 The Committee noted that the ftp budget had increased by 28% in 2006/2007. It also noted the agreement that was in place with Kingsley Napley in relation to costs of cases.

- 8.8 It was also noted that the workplan included reviewing the prosecutions policy, the health and character process and ensuring that the department was fully compliant with Data Protection and Freedom of Information Act requirements.
- 8.9 The Committee agreed the workplan needed timescales and priorities. This would be useful for the Committee's governance function.
- 8.10 The Committee agreed that part of its remit should be to review the terminology used in case transcripts of not well founded cases.
- 8.11 The Committee agreed that it should also review its communication strategy for the effective relay of ftp statistics into meaningful information for HPC's stakeholders.

**Item 9.06/09 STANDARDS OF CONDUCT, PERFORMANCE AND ETHICS REVIEW**

- 9.1 The Committee received a paper from the Policy Officer for discussion/approval.
- 9.2 The Committee noted that whilst all of the fitness to practise committees would feed into the review of the Standards of Conduct, Performance and Ethics (SCPE), the Conduct and Competence Committee had final approval before being recommended to Council.
- 9.3 The standards were set at a minimum threshold which catered for a wide range of registrants, taking into account the possibility of future changes in the law, technology and working practices.
- 9.4 Following a review of changes in current legislation it was found that no significant alterations were warranted to be made to the Standards. The existing standards were consistent with the principles agreed by the regulators in 2001. The overarching consensus was that the standards should be clearly defined with more detailed guidance provided in separate publications.
- 9.5 The Committee noted that the Conduct and Competence Committee would review the standards scope of use. The Standards of Proficiency (SOPs) already provided guidance on how changes in scope of practice and extended scopes were accommodated. The Committee was in agreement that the SCPE introduction should be written so that it was consistent with the SOPs introduction which clarified the way in which the standards could be met in line with those set out by the professional bodies.

- 9.6 The Committee noted that queries had been received regarding standard 4 of the current SCPE, in particular what was defined by a minor motoring offence and if it was an appropriate reference for inclusion.
- 9.7 The frequency and usage of the standards was analysed based on a number of misconduct cases as heard by the Conduct and Competence Committee. It was found that the standards were well used by panel members and supported by Panel Chairmen in the formulation of their final decision and Order and that no changes were proposed from this overview.
- 9.8 The Committee noted that the workplan had been revised to incorporate additional meetings at which the standards could be reviewed as the original number planned was quite limiting to allow for a full review to take place and incorporate all necessary updates.
- 9.9 The standards would be provided at the next meeting of the Investigating Committee with the comments as received by professional bodies and other stakeholders with their potential recommendations for change.

**Action: MG – 16 November 2006**

**Item 10.06/10 WITNESS QUESTIONNAIRE AND SERVICE LEVEL STANDARDS**

- 10.1 The Committee received a paper from the Director of Fitness to Practise for information.
- 10.2 The Committee noted that the fitness to practise department were currently engaged in reviewing the information that was provided to witnesses.
- 10.3 Furthermore, service level standards had been drafted to aid in ensuring effective communication.

**Item 11.06/11 ANY OTHER BUSINESS**

- 11.1 The President reported that a ‘Hard to Reach Seminar’ was being held on Friday 22 September 2006 and recommended that a member of the fitness to practise department attended.

**Action: KJ – 22 September 2006**

**Item 12.06/12 DATE AND TIME OF NEXT MEETING**

- 12.1 The next meeting of the Investigating Committee would be on Thursday 16 November 2006 at 11:00am.

**Health Professions Council**  
**Investigating Committee – 16<sup>th</sup> November 2006**

**Strategy Discussion**

**Introduction**

At the last meeting of the Investigating Committee, the Committee discussed the strategy and the direction of the Committee. The information that follows are the notes made by the Committee.

The Committee particularly focused its discussion on its monitoring and review function, and considered the number of Fitness to Practise Committees. All of the below notes will form part of the development of the fitness to practise workplan for 2007/2008.

**Monitoring and Reviewing**

It was felt that a high-level analysis of cases that have been considered would assist the committee in producing, reviewing and developing guidelines for the panels that made case to answer decisions.

The Committee also discussed looking at the trends which related to the professions of the registrants considered by fitness to practise panels, and also trends in the decision making. This information would both aid consistency in decision making and identify areas which were frequently considered.

However, the Committee did identify that it was important to discuss what would be done with the outcome of the trends analysis when it was produced.

The committee identified the following areas as important:

- linking with the communications strategy in order to communicate lessons learnt (including communicating areas of concern to employers and to registrants;
- consistency in decision making;
- a trends analysis was also important to ensure public and patient confidence, and engender trust in the regulatory process;
- ensuring that the panels acting on behalf of the committee address the evidential test. This is key to ensuring consistency and fairness in decision making; and
- providing clearer information on what cases are employer rather than regulatory matters.

The Committee also discussed the use of internal tools when undertaking its monitoring function. The tools identified were as follows:

- issues identified through the HPC's ISO registration; and
- challenges identified via case management, operational areas or in the allegations process.

It was discussed whether the Director of Fitness to Practise's report should be used to identify case management concerns.

In relation to case management issues, the committee discussed how it was important to monitor Fitness to Practise case management issues, and for the Committee to be assured that operational case management problems are properly addressed.

It had already been identified that work needed to be done to further improve the accessibility of the fitness to practise process.

### **Protection of Title**

The Committee discussed the need to continually review this function and whether there were recurring issues that needed to be addressed

### **One Fitness to Practise Committee**

The Committee discussed the practicalities of the existence of three separate fitness to practise committees and proposed a joint meeting of all three fitness to practise committees to discuss matters of mutual concern.

### **Decision**

This document forms part of the minutes of the meeting that took place on 14<sup>th</sup> September 2006. No decision is required

### **Background information**

The functions of the Investigating Committee are set out in Article 27 of the Health Professions Order 2001 and in The Health Profession Council (Practice Committees) (Constitution) Rules Order of Council 2003

The review of the prosecutions policy is in the Fitness to Practise work plan as previously seen by all three Fitness to Practise Committees.

The three fitness to practise committees received a paper in September 2005 on the role of Fitness to Practise Panels.

The trends analysis will form part of the work plan for 2007/2008 and will be considered in-line with the budget plan for that year.

### **Resource implications**

Undertaking such a trends analysis will have a high time and resource impact on the fitness to practise department. It is important to ensure that such an analysis does not negatively impact the day-to-day operational demands of the Fitness to Practise department.

### **Financial implications**

### **Appendices**

Article 27 of the Health Professions Order 2001  
The Health Profession Council (Practice Committees) (Constitution) Rules Order of Council 2003

### **Date of paper**

2<sup>nd</sup> November 2006





# **The Health Professions Council (Practice Committees) (Constitution) Rules 2003**

## **CONSOLIDATED TEXT**

**incorporating amendments made up to  
1<sup>st</sup> January 2006**

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## **THE HEALTH PROFESSIONS COUNCIL (PRACTICE COMMITTEES) (CONSTITUTION) RULES 2003**

The Health Professions Council, in exercise of its powers under paragraph 18 of Schedule 1 to the Health Professions Order 2001 and of all other powers enabling it in that behalf and after consulting in accordance with article 41(3) of that Order, hereby makes the following rules:

### **Citation and commencement**

1. These Rules may be cited as the Health Professions Council (Practice Committees) (Constitution) Rules 2003 and shall come into force on 23rd May 2003.

### **Interpretation**

2. In these Rules "the Order" means the Health Professions Order 2001.

...

### **Membership**

3. The members of a Practice Committee shall be appointed by the Council in accordance with paragraph 19 of Schedule 1 to the Order and a Practice Committee shall consist of not less than nine members.

### **Chairman**

4. The Council shall appoint from among its members a Chairman for each Practice Committee, and may appoint another member of the Committee to be its Deputy Chairman to act as chairman in the Chairman's absence.

### **Tenure**

5. - (1) *A member of a Practice Committee shall serve—*

*(a) for a period of two years; or*

*(b) if he is also a member of the Council, until any earlier date on which he ceases to be a member of the Council.<sup>2</sup>*

(2) A member of a Practice Committee may resign at any time by notice in writing addressed to the Registrar.

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<sup>1</sup> deleted by the Health Professions Council (Practice Committees and Registration) (Amendment) Rules 2005, rule 3(1)

<sup>2</sup> substituted by the Health Professions Council (Practice Committees and Registration) (Amendment) Rules 2005, rule 3(2)

(3) The Council may remove a person from office as a member of a Practice Committee

- (a) for a serious and persistent deficiency in his attendance, conduct or performance at meetings of the Committee;
- (b) if he is a member of the Committee by virtue of his being a registered professional and he:
  - (i) ceases to be wholly or mainly engaged in the practice, teaching or management of the relevant profession or in research in those fields, or
  - (ii) ceases to be registered in the part of the register relating to that profession; or
- (c) if he is a member of the Committee by virtue of his being a registered medical practitioner and he ceases to be so registered.

### **Vacancies**

6. Where a person ceases to be a member of a Practice Committee the Council may fill the vacancy and the person appointed shall serve for the remainder of the term of the member he has replaced.

### **Standards for members**

7. - (1) A member of a Practice Committee shall—

- (a) attend all meetings of the Committee unless there is good reason for him being unable to do so;
- (b) prepare for any meeting of the Committee by reading the agenda and any papers issued by the Committee or the Council which are relevant to any subject to be considered at that meeting; and
- (c) if he will not be attending a meeting of the Committee, take all reasonable steps to give advance warning of his absence to the Chairman.

(2) A member of a Practice Committee shall undertake education and training provided or organised by the Council from time to time so that he is properly informed about his responsibilities and, in particular, shall receive training in—

- (a) the functions of the Council, and the role of the Committee and its place in the work of the Council;
- (b) the effective conduct of proceedings by the Committee; and
- (c) the discharge by the Committee of its functions under Part V of the Order (fitness to practise) including the principles of natural justice, human rights and Community law.

## Meetings

8. - (1) A Practice Committee shall meet at least *twice*<sup>3</sup> each year at such places, times and dates as the Chairman may determine.

(2) The quorum for a meeting of a Practice Committee shall be five.

(3) At least once in every year a Practice Committee shall meet—

- (a) to review the allegations heard by the Committee during the previous 12 months;
- (b) to review the education, training, attendance and performance of its members during that period;
- (c) to consider the education and training requirements for its members for the following 12 months and make recommendations to the Council; and
- (d) in the case of the Conduct and Competence Committee, to review the standards of conduct, performance and ethics established by the Council under article 21(1)(a) of the Order.

(4) Subject to the provisions of the Order and these or any other rules made under it a Practice Committee may regulate its own procedure.

(5) *A resolution may be unanimously approved in writing whether or not electronically.*<sup>4</sup>

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<sup>3</sup> substituted by the Health Professions Council (Practice Committees and Registration) (Amendment) Rules 2005, rule 3(3)(a)

<sup>4</sup> inserted by the Health Professions Council (Practice Committees and Registration) (Amendment) Rules 2005, rule 3(3)(b)

The Conduct and Competence Committee

27. The Conduct and Competence Committee shall -

(a) having consulted the other Practice Committees as it thinks appropriate, advise the Council (whether on the Council's request or otherwise) on -

(i) the performance of the Council's functions in relation to standards of conduct, performance and ethics expected of registrants and prospective registrants,

(ii) requirements as to good character and good health to be met by registrants and prospective registrants, and

(iii) the protection of the public from people whose fitness to practise is impaired; and

(b) consider -

(i) any allegation referred to it by the Council, Screeners, the Investigating Committee or the Health Committee, and

(ii) any application for restoration referred to it by the Registrar.