

THE HEALTH PROFESSIONS COUNCIL

Chief Executive and Registrar: Mr Marc Seale

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MINUTES of the fifteenth meeting of the Health Committee held at **11a.m. on Wednesday 12th April 2006** at Park House, 184 Kennington Park Road, London, SE11 4BU.

Professor T Hazell (Chairman)
 Mr O Altay
 Mr M Davies
 Mrs S Drayton
 Dr C Kenny
 Ms R Levenson
 Mrs J Pearce

IN ATTENDANCE:

Mr J Bryant, Hearings Officer
 Ms S Butcher, Secretary to Committees
 Miss K Johnson, Director, Fitness to Practise
 Ms R Tripp, Acting Director of Policy & Standards

Item 1.06/11 WELCOME AND INTRODUCTION

1.1 The Chairman welcomed Mr J Bryant to the meeting who had recently been recruited as a Hearings Officer for the Fitness to Practise department. He was in attendance as part of his training. The Committee noted that it was the Hearings Officers job to fix all of the hearings, arrange witness support and clerk the hearings.

1.2 The Chairman welcomed Ms R Tripp to the meeting .

Item 2.06/12 APOLOGIES FOR ABSENCE

2.1 Two apologies for absence were received from the following committee members; Mrs P Blackburn and Mrs A Turner.

Item 3.06/13 APPROVAL OF AGENDA

3.1 The Health Committee approved the agenda.

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**Item 4.06/14 MINUTES OF THE HEALTH COMMITTEE MEETING HELD
ON MONDAY 16TH JANUARY 2006**

- 4.1 It was agreed that the minutes of the fifteenth meeting of the Health Committee be confirmed as a true record and signed by the Chairman.

Item 5.06/15 MATTERS ARISING/ACTIONS LIST

5.1 Item 5.2.3 – Ratification process – approval of resolutions without meetings

- 5.1.1 The Secretary to the Committee clarified that the fitness to practise committees were now able to ratify documents electronically.

5.3 Item 8.6 – The Standards of Proficiency and the health reference

- 5.1.2 The Chairman reported that he had highlighted the concerns raised by the Committee to the Secretary of the Education and Training Committee regarding students who met the standards of proficiency and who were refused registration due to their health reference. This matter was not addressed at the recent Education and Training Committee meeting as the Chief Executive had not received or been made aware of any such complaints. If complaints of this nature were received, the Chief Executive wanted to reassure members that these would be dealt with as expeditiously as possible.

- 5.1.3 The Committee recommended that the professional liaison group (PLG) currently reviewing the standards of proficiency (SoPs) considered this matter further. The Committee noted that the SoPs were more directly concerned with the professional skills of health professionals and the minimum standards expected so to safeguard their effective practice. It was anticipated that matters of health would be more effectively dealt with elsewhere. The Secretary to the Committee would alert the Chairman of the SoPs PLG of the Health Committee's desire for the group to address the relationship between the standards and the health of a practitioner.

Action: SB (25th April 2006, next meeting of the SoPs PLG)

5.4 Item 8.7 – Bichard Inquiry

- 5.1.4 The Director of Fitness to Practise updated the Committee on the recommendations of the Bichard Inquiry. The intention of the Safeguarding vulnerable groups Bill was to set up an independent barring board .. The committee noted the potential impact of the bill on HPC. The Committee noted that the implications of the bill would require further debate in Council.

Item 6.06/16 CHAIRMAN'S REPORT

- 6.1 The Chairman reported that he had recently attended a conference; 'Human Rights – Transforming Services' hosted by the Social Care Institute for Excellence (SCIE) and the Disability Rights Commission (DRC), with support from the British Institute for Human Rights and Doughty Street Chambers. The President had asked him to attend in his capacity as the Health Committee Chairman. The principles of human rights legislation, cases where law had challenged services, and the development of new policies as a direct result of legislation were all matters under consideration. The Chairman reported that it was an important reminder to bear these issues in mind when Council were implementing policy. The Committee noted for their information that all relevant papers from the conference could be accessed via the Social Care Institute for Excellence (SCIE) website; <http://www.scie.org.uk/>.

Item 7.06/17 DIRECTOR OF FITNESS TO PRACTISE REPORT

- 7.1 The Committee received the Director of Fitness to Practise Report.
- 7.2 The Committee noted that the case to answer rate was increasing. A review day had taken place for legal assessors and panel chairs had taken place on 7th March 2006. The review day focused on decision making. There were two High Court case appeals outstanding.
- 7.3 The Committee noted that two hearings officers and a case manager had been appointed.
- 7.4 The Committee agreed that it would be useful if further information could be collated on the number of ftp cases that got remitted back to other healthcare regulators. The Committee noted that this particular issue had also been debated by the Council and was anticipated that the Council for Healthcare Regulatory Excellence (CHRE) would provide this level of detail in a standard report released to all of its relevant stakeholders.

Item 8.06/18 FITNESS TO PRACTISE ANNUAL REPORT 2006

- 8.1 The Committee received a paper from the Director of Fitness to Practice for discussion/approval.
- 8.2 The Committee noted that Article 44(1) of the Health Professions Order stated that 'The Council shall publish at least once in each calendar year a statistical report indicating the efficiency and effectiveness of the arrangements it has put into place to protect the public'. The Committee noted that the Fitness to Practise Chairmen and Deputy Chairmen had already met on the 3rd March 2006 and discussed the appropriate content

and structure of the report. The Committee agreed that any typographical errors should be communicated to the Director of Fitness to Practise via e-mail by no later than Monday 18th April 2006.

ACTION: (Health Committee members)

- 8.3 The Committee's attention was drawn to three main sub-sections of the report; firstly p36 – 'Health Committee'. The Committee agreed that it was not immediately obvious what 'postthrombotic syndrome' was and asked for further clarification to be provided.
- 8.4 p43 – 'Review hearings'. The Committee agreed that it would be useful if additional information was provided on what training activities individuals undertook who had been suspended and then came back into practice. An additional paragraph would be included detailing such cases and the specific conditions of practice imposed.
- 8.5 The Committee noted that the list of names provided on page 45 occasionally included titles where they had not been given before and agreed for the purposes of consistency that all titles were removed.
- 8.6 p52 – 'Conclusion'. The Committee agreed that the increased complexity in the nature of cases dealt with and escalating costs had been communicated well but that further elaboration was required on the fact that the main priority of the HPC was to protect the public.
- 8.7 The Committee discussed the effectiveness and relevance of the list of cases and names provided in the report and whether they could be moved to the appendix. It was a reminder that the list could also be accessed via the HPC website. The Committee noted that in the first ever ftp report produced an employer had identified one of his employees on the list of people who had been struck off when he was not aware of this previously and was therefore considered to be an invaluable source of information. The Committee agreed that it would be beneficial if additional reference was included to the fact that the cost of cases was funded directly by its registrants. A cost analysis was currently being undertaken on the total costs of case administration, from legal fees to catering provisions, the figures for which would be made available later on in the year.
- 8.8 The Committee discussed whether a more generic process could be applied to the assessment of allegations when similarities in case types occurred. This was not possible as each allegation had to be considered on its own merits but was agreed that this issue would be brought to the attention of Council when modifications to the HPO 2001 were requested.

ACTION: Chairman, Tony Hazell (Council meeting 11th May 2006)

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- 8.9 The Committee thanked the Director of Fitness to Practise for all of her hard work on the ftp annual report.

Item 9.06/19 ARTICLE 30 OF THE HEALTH PROFESSIONS ORDER 2001

- 9.1 The Committee received a paper from the Director of Fitness to Practice for discussion/approval.
- 9.2 The Committee noted that legal advice had been sought about when a striking off order could be made when a suspension order, which was imposed in respect of a competence or health allegations were reviewed under Article 30 of the Health Professions Order 2001.
- 9.3 The Committee noted that suspension and conditions of practice orders must be reviewed before they expired, applications could also be made at other times to vary, replace or revoke an existing order. The practice Committee's powers were however limited to making an order which could have been made at the time the original order was made as provided in Article 29(6). The power therefore to make a striking off order in respect of a competence or health allegation only becomes available when a further allegation was made. The Committee noted that this did not constitute double jeopardy as the new allegation would relate to events and circumstances that were linked to, but occurred after, the previous decision.
- 9.4 The Committee noted that in cases where competence or health was a factor but where the registrant's behaviour amounted to misconduct – for example, being aware that health or competence was failing but continuing to practice in reckless or wilful disregard to the impact on patients – HPC would need to ensure that allegations were framed appropriately so that the option of striking off was available at the outset.
- 9.5 The Committee noted that it would also be possible to reduce the number of competence and health cases in which a second, striking off, allegation would need to be pursued if registrants who were subject to a suspension order could remove themselves from the register voluntarily. A practice committee could revoke a suspension order in a case where the registrant asked it to do so, provided that he or she immediately applied for removal from the register and, on the facts, there was no risk to the public (for example, where a registrant in failing health who was suspended wished to retire).

Item 10.06/20 ANNUAL REVIEW OF ACTIONS TAKEN 11TH JULY 2005 – 7TH JULY 2006

- 10.1 The Committee received a paper from the Secretary to the Committee to note.
- 10.2 The Committee noted the actions which had been taken throughout the period 11th July 2005 – 7th July 2006 and agreed that the review was useful in considering the work it had undertaken.

Item 11.06/21 ANY OTHER BUSINESS

- 11.1 There was one item of any other business.
- 11.2 The Chairman reported that Mrs R Levenson had regrettably decided to step down as lay member on the Council and that this was her last Health Committee meeting. The Chairman thanked her on behalf of the Committee for her invaluable contributions to its work as a whole and wished her the very best for the future.

Item 12.06/22 DATE AND TIME OF NEXT MEETING

- 12.1 The next meeting of the Health Committee will be held at 10:30am on Thursday 7th September 2006.

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