

Item 5

MATTERS ARISING FROM THE MEETING ON 10 DECEMBER 2001 NOT REPORTED ELSEWHERE ON THE AGENDA

1. Members of the Committee as members or alternate members of Council will receive the minutes of the Council itself, the Conduct and Competence Committee and the Registration Committee. The discussions and decisions there run in parallel with the Committee's work, with particular reference to the tasks delegated to the Registration Committee (as confirmed by the Council on 10 December 2001) and the work on good health conduct and character being progressed by the Conduct and Competence Committee.

2. Functions' Analyses of (S)HPC's Tasks

Members asked for details of the (education and training) functions which have been carried out at CPSM and how they carried over to (S)HPC both specifically for functions not carrying over and in general terms. A specific schedule is attached and a general paper on this was endorsed by the Department of Health's HPC Implementation Group in the form of describing and tracking sections of the Professions Supplementary to Medicine Act, 1960. They are submitted to the Committee (Annex A) to discharge this request.

3. Person Specifications in the Order in Council (OIC)

At the last meeting members asked what personal qualifications were specified in the OIC for the various types of appointment at HPC. The relevant references in the OIC are listed at Annex B.

4. Allied Health Professions Forum (AHPF) CPD Project Steering Group

To report that the AHPF has welcomed the nomination of Ms Gill Pearson and Prof Tony Hazell to this steering group, and is now in direct discussion with them.

Educational Functions in the Professions Supplementary to Medicine Act not carried into the Health Professions Council (HPC) Order in Council (OIC)

1. Introduction

The Committee on 10 December 2001 asked for a report on those powers and functions under the PSM Act which cannot transfer to HPC because no provision exists in the OIC. This is work the HPC Implementation Group undertook on the April 2001 version of the OIC, and they identified three powers and explored the implications with UK Health Departments. The results of that work are set out below :-

2. Function (and PSM Act Section)

Comment

Each approved qualification to be supported by an identifiable, and specifically approved (final) examination (S. 4 (1))

This is a beneficial and long-sought after change to allow all types of assessment to be considered on their merits.

Power to run courses and set examinations and award qualifications (S. 4 (7)).

This power has been deliberately excluded from the OIC because it is not in compliance with the Human Rights Act, 1998, as an obvious conflict of interest.

It was an important reserve power for the Boards in the context of the education and training scene in the 1950s, but there are now viable alternatives to it. It does cause a major transitional issue for the two Boards which still use it, but work is in hand (which can only be between CPSM and the Privy Council under the PSM Act) to rectify the anomaly before 31 March 2002.

Duty to promote high standards of education and conduct. (S.1 (2) PSM Act)

UK Health Departments' view is that this is implicit in Part II S. 3(4), III S.5 (2), and elsewhere. CPSM always found this explicit duty of value, and its loss has been regretted.

<u>PSM Act Sections</u>	<u>Discharged at CPSM by</u>	<u>Comment/Change for HPC</u>	<u>OIC Section and Comment</u>
Section and Power			
1 (1) Description	(Supervising Govt. Dept.)		II 3.1 (NB title only)
* (2) Purpose of CPSM	Privy Council, Council, Boards, and Registrar	Restated in OIC in terms of public protection rather than professional excellence	II 3(2) – (4)
(3) Specific Purposes of Council at CPSM (including collecting and disbursing fee income)	Council	The purposes of CPSM Council and Boards vested in Council alone.	II 3(2) (3), 5(1) Sched. I. Pt I. 16 VIII 45
(4) Appointments to Council (see also first Schedule)	External appointing bodies		Sched. I. Pt I. 1 – 12
2 (1) (2) and (3) Power to create and maintain registers	* Boards (and not Council)	One Register, divided in Parts, kept by the Council	III 5 **
(4) and (5) Publication and format of Registers and general power to admit and retain names and for inspection of the Registers	* Boards (and not Council)	Wider and more explicit powers and discretion	III 6 – 8 **

* Sections or functions identified by J M Consulting as key areas for change

** Consultation in terms of II, 3 (14) required.

<u>Section and Power</u>	<u>Discharged at CPSM by</u>	<u>Comment/Change for HPC</u>	<u>OIC Section and Comment</u>
3 (1)Criteria for registration on basis of approved UK qualifications and payment of fees	* Boards and Privy Council	Now on a Council as opposed to Board basis	III, 9, 12 **
3 (2)Acquired rights (BMA Medical Auxiliary Regulations and " Ministers' Lists ") and grandparenting, and by payment of fees	Boards	It is understood there will be no Ministers' Lists for HPC	III 13 **
(3)Appeals procedures for grandparents against non-registration	Council	(NB. appeals procedure covers any refusal to register under HPC not just grandfathers)	VI 37
(4) Power to register applicants qualified outside the UK.	Boards		III, 12 (1) (b) (c), (2)
*4 (1)Power to approve, separately and specifically, education/ training institutions,	Boards only	(Section 4 is the most cumbersome and complex of all CPSM's procedures and parts have proved unworkable in practice)	IV, 15 (5) (c) **
courses, examinations, and qualifications as leading to eligibility for State Registration	Privy Council on the recommendation of the Boards (via the Council)	All forms of assessment can now be considered on their merits	IV, 15(5) (a - b) **
(2)Appeals procedure against refusal to make an approval under 4(1)	Council and Privy Council	Marginally simpler than the PSM Act	IV, 18 VI. 37

<u>PSM Act Sections</u>	<u>Discharged at CPSM by</u>	<u>Comment/Change for HPC</u>	<u>OIC Section and Comment</u>
(3)-(6) and (8)-(11) Procedures for withdrawal of approvals under 4(1) and appeals procedures against such decisions	Council and Privy Council		IV, 18**
(7) Boards' own power to run courses and examinations and award qualifications	Boards and approved by Privy Council	This power deliberately does not carry across from CPSM to HPC	n/a
*5(1)-(2), and (5) Power to monitor and re-approve existing provision approved under 4(1)	Boards		IV, 15**
(3) Provision to appoint visitors to courses.	Boards	(3)	IV. 16**
(4) Power to pay expenses to visitors	Council	(3)	IV. 16
*6. Protection of "indicative" title (by prosecution of offenders)	Boards (and Registrar)	The move to protection of common title by HPC is one of the major changes	III, 6(2) and 39(1) and (2).
7. Provision for removal from Register for fraudulent registration	Boards (and Registrar)		III, (2) **

<u>Section and Power</u>	<u>Discharged at CPSM by</u>	<u>Comment/Change for HPC</u>	<u>OIC Section and Comment</u>
*8. Establishment of Investigating and Disciplinary Committees and their terms of reference))))			
*9. Procedures for removal of names from Registers) appeal against striking off,) restoration to the Register,) and preparation of Statement) of Conduct)	Order of the Privy Council made) on the recommendation of the) Council and on the advice of the) Boards)	This is an area of such change that no comment here would be useful	Part V – but the prospective CRHCP may also have discretion here. **
10. Provisions for new Boards (up to a maximum of 12) to be established, existing Boards to be wound up, and existing Boards to merge or to split	Now repealed, but discharged by Council and Privy Council until 30/6/99 in consultation with the Boards	Cap of 12 professions now lifted.	III, 17**
11. Supervisory powers & exercised by the Privy 12. Council	Privy Council	Some functions will pass to HPC, some to Parliament(s), and some remain with PC as to be set out in OIC	Part VIII
13. Notice, extent, and & commencement 14. technicalities	Privy Council	(3)	Schedule 2

<u>Section and Power</u>	<u>Discharged at CPSM by</u>	<u>Comment/Change for HPC</u>	<u>OIC Section and Comment</u>
<u>First Schedule to the Act</u>			
*1-4 Constitution of Council and Boards (and appointments)	Ministers, external appointing and nominating bodies, and Council as specified		Schedule I Parts I and II
*5. Territorial and modality representation on Boards	Boards in election schemes	Territorial representation will be provided for registrant members of Council, but not modality representation. Territorial and modality representation in HPC infrastructure for future debate**	Schedule I, Part I, 2(c)
*6 Medical members	Medical Royal Colleges	not needed by HPC	n/a.
*7 Specific provisions for Dietitians Board	Council	not needed by HPC	n/a.
*8 Appointment (by various means) of non-representative Board members	Council	not needed by HPC	n/a.
*9 Legal status of CPSM	-		II, 3 (1)

<u>Section and Power</u>	<u>Discharged at CPSM by</u>	<u>Comment/Change for HPC</u>	<u>OIC Section and Comment</u>
10-11 Office holding on the Council and Boards	Privy Council as Supervising Gov. Dept.	To fall more to HPC but with PC remaining in supervision	Schedule I Part I, 4, 5, 9 – 11
12 Appointment of a Chairman of Council and associated provisions.	Privy Council	First " President " appointed by SoS, subsequently by HPC itself	Schedule I Part I 12, Schedule II 8
13-15 Other membership provisions	(as for 10-11)	(as for 10-11)	Schedule I Part I, 4, 5, 7, 8, 9
16. Power to appoint advisory committees	Council and all Boards	This is a power of much greater significance for HPC	II, 3 (12)**
17. Power to make Standing Orders	Council and all Boards	Powers greatly varied from PSM Act.	Schedule I Part I 13
18-19 Expenses regime for members	Council and all Boards		Schedule I Part I 16
20(1) Appointment of a Registrar	Council	First Registrar to be appointed by SoS, subsequently by HPC	III 4 (1) and Schedule II, 14 for first Registrar
(2) Boards' power to appoint own staff	Boards, but never used	n/a	n/a.
(3) Need for Treasury approval of any CPSM staff occupational pension scheme	Treasury, but now repealed	n/a, and no one knows why it was ever there in the Act	n/a.

<u>Section and Power</u>	<u>Discharged at CPSM by</u>	<u>Comment/Change for HPC</u>	<u>OIC Section and Comment</u>
<p>*21. Communications between Boards and Council and definitions of different types of member</p>	Registrar	n/a because HPC will not be a confederation of 37 independent bodies	n/a.
<p><u>* Second Schedule</u></p>	as for Sections 8 and 9 of PSM Act		Part V **
<p>1. Power to constitute and recommend that the Privy Council make Rules for Investigating Committees)</p>			
<p>2(1) Ditto for Disciplinary Committees)</p>			
<p>(3)-(6) Legal guidance for Disciplinary Committees)</p>			
<p><u>Rules (Made as Orders of Council)</u></p>	Privy Council	(N.B. : Re-admission to CPSM Registers only dealt with in Rules)	<u>All entries :</u> Part VIII, 13
Elections,	"		
Registration,	"		
Investigating,	"		
Disciplinary,	"		
Retirement, and	"		

	<u>Discharged at CPSM by</u>	<u>Comment/Change for HPC</u>	<u>OIC Section and Comment</u>
<p>Dozens of Orders linking PSM Act to other legislation</p>	<p>Health Ministers</p>	<p>For UK health Departments</p>	<p>Schedule 4</p>
<p><u>Legislation elsewhere linking to CPSM</u></p> <p>European Directives</p>	<p>DTI and DfES</p>	<p>These Directives override the OIC (because they are based on a Treaty) and HPC will need to conform to them</p>	<p>III (1) (b)</p>
<p>Home Office Circulars on conviction and accepted cautions</p>	<p>Home Office</p>	<p>Need for Circulars to be up-dated for HPC</p>	<p>Schedule 4</p>

	<u>Discharged at CPSM by</u>	<u>Comment/Change for HPC</u>	<u>OIC Section and Comment</u>
Admission to Register by demonstration of good health and good character	(The only relevant power for Boards (was to ask for evidence of good (conduct for re-admission to the (Register after an absence of 5+ (years) (((Major new activity	III, 5 (2) (6) **
Criteria for re-admission to Register	(((10 **
Establish and review (standards of) Ethics		This function currently falls to AHPF members	Part V, 21 (1) (a) **
Requirement to give reasons for Registration decisions		Implicit under PSM Act, explicit in OIC	Part III, 9 (6) and VI, 37
Inform and educate registrants and public) For discussion on the advice of) the Communications Committee))	II, 3 (13) **
Collaborate with other stakeholders			II, 3 (14) **
Establish, publish, and review " Standards of proficiency " and criteria for approval of courses, institutions, and consult with others		N.B. In Osteopaths and Chiropractors Acts	III, 5 (2) and Part IV**
Testing for competence in English		HPC would have no actual power or resources to do more than exhort here	III 12 (1) (iii), IV, 15 (5) (d)**

	<u>Discharged at CPSM by</u>	<u>Comment/Change for HPC</u>	<u>OIC Section and Comment</u>
<u>Power</u>			
Using " best endeavours " to ensure students from a course from which approval has been withdrawn are placed elsewhere.	This is currently wholly an HEI responsibility. Where a Board has to become involved it is by using the power to set exams and award qualifications under S.4(7) of PSM Act		IV, 18 (8)**
Appointment of screeners	n/a	Wholly new function	Discretionary <u>not</u> mandatory V 23 – 24**
Mediation role to resolve " allegations " without formal proceedings	This would be ultra vires to the PSM Act and would be a conflict of interests nullifying any prospective proceedings	Would this still be a specific conflict of interests ?	V 24 (3) (d)**
Fitness to Practise Health Committee (and its functions)	Health issues have to be treated as infamous conduct at CPSM	NB. The good health and good character criteria will have been set by the Conduct and Competence Committee.	V 28**
Formal requirement to publish outcome of most HPC work		Most of CPSM's work is published either by legal requirement (eg. transcript of disciplinary hearings) or discretionally (eg. registration data, approved qualifications, Boards' activities, etc.	VIII 44 (and elsewhere)
Explicit ability of HMG to make loans and grants to HPC		CPSM has never been a publicly funded body. Any change of that status should be taken very seriously	VIII, 45

	<u>Discharged at CPSM by</u>	<u>Comment/Change for HPC</u>	<u>OIC Section and Comment</u>
<u>Power</u>			
Inquiry by Privy Council	Privy Council	This power is implicit in S 11 of the PSM Act	Part VIII, 47
Power to borrow		Welcome clarification of essential power	Schedule I Part I, 16 (2) (a)
Accountability to Privy Council in Parliament	Council and Privy Council	Change is in explicitness not function	Part VIII
Standards to be applied to members including powers to remove members from Council (including President)	External appointing bodies only, there were no internal powers	New activity	Schedule I Part I, 9, 12

	<u>Discharged at CPSM by</u>	<u>Comment/Change for HPC</u>	<u>OIC Section and Comment</u>
<p><u>Functions discharged under PSM Act not carrying over to HPC</u></p> <p>Need for each approved qualification to be supported by an identifiable, and specifically approved (final) examination</p> <p>Specific Treasury approval of staff occupational pension schemes</p> <p>Power to run courses and set examinations and award qualifications (S.4 (7)).</p> <p>Duty to promote high standards of education and conduct</p> <p><u>Discretions CPSM never exercised which HPC will be asked to</u></p> <p>Consideration of offices in all UK home countries</p> <p>Council\general\PSM Act Sections OIC</p>	<p>Privy Council on the recommendation of Boards</p> <p>(Treasury)</p> <p>Boards</p> <p>Council, Boards, and Registrar</p>	<p>This change strongly supported</p> <p>n/a</p>	<p>n/a</p> <p>n/a</p> <p>n/a</p> <p>III, 3 (3) does not provide for this, a power CPSM found exceptionally useful.</p> <p>To be addressed by the latest in the context of the election and appointments scheme **</p>

DRAFT FOR DISCUSSION

ESTABLISHING THE HEALTH PROFESSIONS COUNCIL

Project Overview : 28 November 2001

Shaded denotes items completed or on which no further actions needed at this stage

CHANGE MANAGEMENT PROJECT PLAN

TERMS OF REFERENCE : (REVISED)

THE IMPLEMENTATION GROUP FOR THE HEALTH PROFESSIONS COUNCIL WILL WORK IN PARTNERSHIP WITH THE DEPARTMENT OF HEALTH, THE SCOTTISH EXECUTIVE HEALTH DEPARTMENT, THE NATIONAL ASSEMBLY FOR WALES AND THE DEPARTMENT OF HEALTH, SOCIAL SERVICES, AND PUBLIC SAFETY IN NORTHERN IRELAND AND THE ALLIED HEALTH PROFESSIONS FORUM AS APPROPRIATE TO :

- CONSIDER AND RECOMMEND TO THE SHADOW HEALTH PROFESSIONS COUNCIL ORGANISATIONAL AND PROCEDURAL CHANGES REQUIRED TO SECURE CONTINUITY OF BUSINESS, AND AN EFFECTIVE HANDOVER FROM THE COUNCIL FOR PROFESSIONS SUPPLEMENTARY TO MEDICINE (CPSM) AND ITS BOARDS TO THE SUCCESSOR BODY;**
- OVERSEE THE IMPLEMENTATION UNTIL THE NEW ARRANGEMENTS ARE OPERATIONAL, IDENTIFYING RESOURCE IMPLICATIONS AND HAVING REGARD TO OPPORTUNITIES TO STREAMLINE PROCESSES AND STRUCTURES SO AS TO CONTAIN COSTS TO REGISTRANTS.**

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1.0 CREATION OF THE NEW ORDER

TASKS	ACTIONS	LEAD/ () PRIORITY	ASSUMPTIONS AND DEPENDANCIES	TIMESCALE	OUTCOMES
1.1 Laying and approving the Order	To process all the steps necessary to create the Order	DH	Parliamentary debate(s) to be scheduled for early autumn 2001	Autumn 2001	HPC formally established
	Three countries to timetable debates (or alternative arrangements) in devolved Parliaments/Assemblies	3 Government departments	Timetable to incorporate a three month period of consultation on the Draft Order	Consultation period completed	Full debate within overall timescale
	Formal approval of OIC	DH		December 2001	OIC in place

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TASKS	ACTIONS	LEAD/ () PRIORITY	ASSUMPTIONS AND DEPENDANCIES	TIMESCALE	OUTCOMES
2.3 Induction of SHPC members/ alternates	Programme of induction and development of new HPC members to be prepared	Implementation Group		Ongoing through 2001	Cohesive and confident Council prepared for challenges ahead
	Follow up workshop with facilitator	President (1)	To enable more detailed development of SHPC as corporate body	Autumn 2001	Further identification of skills and strengths of Council members, individual and collective

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TASKS	ACTIONS	LEAD/ () PRIORITY	ASSUMPTIONS AND DEPENDANCIES	TIMESCALE	OUTCOMES
<p>2.4 General</p>	<p>Preparations made for support to Shadow Council and for business processes to continue</p> <p>Introductory business meeting to be arranged for Shadow Council</p> <p>Establish a working relationship with the Shadow Council</p> <p>Prepare a schedule of work for Shadow Council and outline agenda for the Shadow Council</p>	<p>DH/ Implementation Group/CPSM</p> <p>President/ CPSM</p> <p>Implementation Group and Shadow Council</p> <p>Implementation Group and Shadow Council</p>	<p>Continuing importance of the business processes and the need to ensure that the Shadow Council is able to continue to support the business processes</p> <p>Continuing importance of the business processes and the need to ensure that the Shadow Council is able to continue to support the business processes</p> <p>Continuing importance of the business processes and the need to ensure that the Shadow Council is able to continue to support the business processes</p> <p>Continuing importance of the business processes and the need to ensure that the Shadow Council is able to continue to support the business processes</p>	<p>Continuing</p> <p>Completed July 2009</p> <p>Completed July 2009</p>	<p>Smooth transition of ongoing business through Shadow into HPC</p> <p>Shadow Council presented with a agenda of work and preparation</p>

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3.0 REGULATING FUNCTIONS TRANSFERRING FROM CPSM TO HPC

TASKS	ACTIONS	LEAD/ () PRIORITY	ASSUMPTIONS AND DEPENDANCIES	TIMESCALE	OUTCOMES
3.1 Develop a portfolio of existing Rules and identify priorities for revision	<p>Identify Rules requiring amendment</p> <p>Establish priority and process for framing any necessary subordinate Orders and Rules (including any pattern of consultation)</p> <p>Shadow Council to determine formal process for presentation of new Orders or Rules</p>	<p>CPSM</p> <p>Implementation Group</p> <p>Shadow Council</p> <p>Shadow Council</p>	<p>Need for debate within IG to confirm wording and intention of draft OIC in respect of Rules, Orders of Council and Orders in Council</p> <p>Existing Rules to be maintained under HPC until revised Orders or Rules formally approved</p>	<p>Completed</p> <p>For presentation to early Shadow Council meeting</p> <p>From commencement of Shadow Council</p>	<p>New Orders or Rules ultimately promulgated by HPC. Introduced with stakeholders fully informed and appropriately involved</p>

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TASKS	ACTIONS	LEAD/ () PRIORITY	ASSUMPTIONS AND DEPENDANCIES	TIMESCALE	OUTCOMES
3.2 Registration					
Confirm process and arrangements for transfer of Registers to HPC	To determine what data kept and extent of publication	SHPC, in consultation with professional bodies (1)	For consultation with professional bodies Need to establish agreed flexibility on "parts" of Register Need to achieve consistency with other Regulatory bodies	For agreement by March 2002	Agreed and understood format for Register.
To determine range of protected titles	HPC to initiate consultation on protected titles, to take account of specific language requirements (eg Welsh translations)	SHPC, in consultation with prof. Bodies and employers (1)	Draft Order is permissive, allowing HPC discretion over protected titles Confirmation of protected titles is crucial for range of registration issues	Early priority, to allow other implications for registration to follow	Protected titles identified and agreed
	To confirm standards for entry for state registration and training	SHPC, with appropriate consultation (1)	For consultation with HEIs, professions, Boards, devolved administrations, employers etc	For agreement by ? March 2002	Entry standards confirmed and codified
	Arrangement for registration of overseas applicants	SHPC (2)	No separate action perceived for CPSM at this stage	For confirmation by March 2002	
	To establish and agree terms of grandfathering scheme	SHPC, with appropriate consultation (1)	Need for appropriate engagement of currently unregistered sector	For agreement by ? Summer 2002	Grandfathering scheme in place

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TASKS	ACTIONS	LEAD/ () PRIORITY	ASSUMPTIONS AND DEPENDANCIES	TIMESCALE	OUTCOMES
Establishing fee structure	Document of "standards/proficiency" to be entered on the Register	SHPC, with appropriate consultation (1)	CPSM actively engaged in subject benchmarking, which will significantly inform development of this document.	To be confirmed by ? March 2002	
	Arrangements to test knowledge, competence in English	SHPC (2)	There are no current arrangements under auspices of CPSM	To be confirmed by 7 March 2002	
	To confirm fee levels for forthcoming period	Finance Committee (1)	Recent fee increase already approved to reflect establishment of HPC. Any fee increase subject to Privy Council approval	To be confirmed by March 2002	Fee structure agreed and confirmed.
	Other financial transfers	CPSM (1)	All existing assets, liabilities and contractual obligations will transfer from CPSM to HPC	To be completed by March 2002	

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TASKS	ACTIONS	LEAD/ () PRIORITY	ASSUMPTIONS AND DEPENDANCIES	TIMESCALE	OUTCOMES
3.3 Professional conduct and health	Assess volume of caseload, current and anticipated	CPSM (current) Implementation Group (anticipated) (1)	Existing arrangements for current cases to be maintained until new Rules established and agreed following appropriate consultation (It may be impossible to assess accurately future volume as an implementation/transitional issue)	For presentation to early meeting of Shadow Council	New Rules and processes in place, with clarity and appropriate involvement for all stakeholders
Procedures surrounding conduct and competence	Consider scale and priority of new Rules needed under the auspices of the HPC To establish a future committee to review conduct and competence cases	SHPC (1) SHPC (1)	Current cases and those arising before 1st Dec 02 to be determined under CPSM rules	Completed	Committee appointed to conduct and competence cases established and in place
	To consult on criteria for "good health and character" (?along with standards for education and training)	SHPC (1)			
	To prepare and consult on future roles for conduct and competence cases, including development of performance measures	SHPC, with appropriate consultation (1)	New rules to be approved by Privy Council	New rules to be in place by March 2002 (DN: is this achievable?)	New rules established, agreed and promulgated

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TASKS	ACTIONS	LEAD/ SUPPORT	ASSUMPTIONS AND DEPENDANCIES	TIMESCALE	OUTCOMES
3.4 Policy and Standard setting	To determine need for, scope and source of "screeners"	SHPC (2)	To be determined in conjunction with rules for conduct and competence cases. For decision in principle by SHPC before any tasks can be identified	To be confirmed by March 2002	
Develop a portfolio of appropriate guidance and standards	Relevant current documentation identified and transferred to HPC	CPSM/ Implementation Group	The discretion of the HPC to amend, update etc. is unfettered To take account of implications of proposed Council of Health Regulators for conduct issues	By Autumn 2001	Portfolio available for hand over to the Shadow Council
Definition of purpose	Established standards of proficiency in education, training, conduct and performance	SHPC, with appropriate advice (HEIs, professional bodies etc) (1)	Mission statement already included in draft "Order"	By March 2002 at the latest	Wide and consistent understanding of HPC purpose by stakeholders
Distinguishing best practice	To identify elements of best practice from range of current activity undertaken by CPSM and its Boards	SHPC, with advice from CPSM	The Induction Conference highlighted a need to understand different ways in which current practice has developed within different professions	Ongoing during induction process	Best practice identified for dissemination, where appropriate

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TASKS	ACTIONS	LEAD/ SUPPORT	ASSUMPTIONS AND DEPENDANCIES	TIMESCALE	OUTCOMES
3.5 Education	To review position on educational issues for standard setting	SHPC (1)	To take account of QAA subject-benchmarking exercise and new Academic Review procedures to codify standards	To align with prototype new reviews, Autumn 2001	
Resolution of clinical scientists/MLT awards issue	To regularise approval for courses currently run by Boards	SHPC/CPSM, with reference to Privy Council	Outstanding issue involving particular CPSM Boards to be settled. DH to advise on options	To be in order by March 2002	Clinical scientist/MLT awards fully legitimised
Education and training/ Quality Assurance	Memorandum of understanding between HPC and <u>all</u> the UK governments and professional bodies	SHPC (1)		To be in place by March 2002	Quality Assurance arrangements established and agreed
	To establish criteria for nominations	SHPC (1)			
	To confirm role and functions of statutory Education Committee	SHPC (1)	Needs to be correlated with discussion on the Professional Advisory structure	Urgent, for consideration at early HPC business meeting	Statutory Education Committee in place

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4.0 HUMAN RESOURCE IMPLICATIONS OF CHANGE

TASKS	ACTIONS	LEAD/ () PRIORITY	ASSUMPTIONS AND DEPENDANCIES	TIMESCALE	OUTCOMES
4.1 Budgets Overall assessment of financial implications	Preparation of outline budgets for HPC (which will effectively be continuation of CPSM budget until HPC infrastructure is clearer)	DH/CPSM/ Implementation Group	Shadow Council costs to fall to NHS Executive Fee income already reviewed to take account of move to HPC Cannot be finalised until HPC infrastructure identified	By March 2002	Draft papers available for consideration by Shadow Council
4.2 Staff To confirm staff transfer arrangements	Put in place formal arrangements for transfer of staff from CPSM to HPC Identify additional staff needed for new tasks	CPSM SHPC	TUPE applies to current CPSM staff Need to clarify infrastructure for gathering of profession-specific advice	By formal establishment of HPC	All staff treated with dignity and respect, including full information and appropriate consultation

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5.0 ORGANISATIONAL DEVELOPMENT INCLUDING COMMUNICATIONS

TASKS	ACTIONS	LEAD/ () PRIORITY	ASSUMPTIONS AND DEPENDANCIES	TIMESCALE	OUTCOMES
5.1 Organisational development Establish Committee structure of HPC, including powers of delegation	To determine the form and structure of professional advisory machinery	SHPC/01	Dependent on statutory prescription of CQC	Completed	Stable and clearly defined committee structure in place
	To confirm individual membership of all committees	SHPC/01	Assumes some element of co-opting of members	Completed	All committees structured and agreed by end of March 2002 with full engagement
	To determine the form and structure of professional advisory machinery	SHPC, in consultation with professional bodies, Boards etc (1)	Need for detailed discussion with professional bodies Initial options and possible scope being considered by working group of Shadow Council	To be in place by March 2002 For further discussion by Shadow Council	
	To confirm the form of separate Registration Committee and Embedding of the Regulatory and Training Committee	SHPC	Issues considered in context of overall HPC committee structure	Completed	Stable and clearly defined committee structure in place

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TASKS	ACTIONS	LEAD/ () PRIORITY	ASSUMPTIONS AND DEPENDANCIES	TIMESCALE	OUTCOMES
Preparation of standing orders and standing financial instructions	Draft documents to be prepared for discussion and confirmation	SHPC	To take account of "Nolan" principles	To be in place by March 2002 at the latest	A robust set of standing orders and Standing financial instructions
Business planning and organisational development	Development of full organisational structure	SHPC	To take account of existing skills and organisation of current CPSM staff	To be in place by March 2002 at the latest	Agreed staffing structure and initial business plan agreed
5.2 Communications	<p>Develop arrangements to communicate change to all stakeholders both within and outside the NHS</p> <p>Possible establishment of Communications Committee</p> <p>Preparation of draft communications strategy and consideration of timetable</p>	<p>SHPC</p> <p>SHPC</p> <p>Communicatns. Committee</p>	<p>Initial sub-group formed</p> <p>Initial sub-group formed</p> <p>To be completed and ready for implementation at an agreed date prior to vesting</p>	<p>Completed</p> <p>Completed</p> <p>External advice to be engaged in early autumn</p>	<p>All stakeholders (including the general public) aware of degree and impact of change implicit in establishment of HPC</p>

DRAFT FOR DISCUSSION

TASKS	ACTIONS	LEAD/ () PRIORITY	ASSUMPTIONS AND DEPENDANCIES	TIMESCALE	OUTCOMES
Premises, IT support and services	Construction of comprehensive internet web site	CPSM/SHPC (1)	To develop site already established by CPSM	To be in place by March 2002	Attractive and effective web site established
	To confirm logo and domain name	SHPC (1)	To take account of protective action already taken by CPSM to secure as far as is predictable all the relevant contexts in which the name/initials Health Professions Council could be used.	Urgent, for consideration at early HPC business meeting	Logo and domain name confirmed
	Provision and conversion of premises	CPSM (1)	Will show more effectiveness of Park House as HPC office base for future	Completed	Accommodation more appropriate to HPC requirements
	Upgrade to meet current and anticipated demands	CPSM (1)	For the investment subject to requirements of HPC, to establish terms of configuration of Register	Upgrade completed during 2001	IT equipment and support systems to meet HPC requirements
	Service contracts amended	CPSM (1)	To cover all routine service contracts (eg. electricity)	To take effect at 1 April 2002	

DRAFT FOR DISCUSSION

TASKS	ACTIONS	LEAD/ () PRIORITY	ASSUMPTIONS AND DEPENDANCIES	TIMESCALE	OUTCOMES
5.3 General					
Pattern of working	For stable dates and framework for initial meeting	SHPC/CI	Initial series of meetings set	Completed	Programme of meetings for SHPC/CI
Pattern of UK representation	To determine how to meet concerns of UK Home Countries and take account of significantly different policy developments	SHPC	A wish to look imaginatively at this issue was apparent at the Induction Conference	Early priority for consideration, if not resolution, by March 2002	Reassurance to registrants in all four countries that their interests and concerns are recognised

Person Specifications in the OIC for Appointments to Statutory and non-statutory Committees

EXECUTIVE SUMMARY

This paper extracts from the OIC all the references to personal and other qualifications needed for appointment at HPC in the capacities of:

- lay and registrant Council/Statutory Committee members (and alternates),
- externally appointed member of a non-statutory committee, and
- visitor to education and training providers.

These requirements must be included in HPC's and ETC's appointments procedures in due course.

Person Specifications for Service at the Health Professions Council (HPC) laid down in the Order in Council (OIC)

The following is a list of references relevant to personal specifications and conduct in the OIC covering appointments as Council or Committee members or as visitors. In equity, the same criteria would expect to be applied to non-statutory appointments where not already a requirement in the OIC.

Registrant Appointments

Any person nominated or appointed as a registrant must be on the Register at HPC to meet that definition (Part III 9 (2) (c)). (NB a lapsed or struck-off registrant cannot meet the definition of " lay " for the purposes of appointments (Schedule I, Part I.3)).

Any registrant member must meet the general requirements of :

- safe and effective practice (Part III.5 (2) (a) (b), 9 (2) (b)),
- good health and good character (Part III.5 (2) (b) and 10 (2),
- " CPD " requirements (Part III. 10 (2)).

(Issues around lapse or renewal of registration have no bearing here because a break in registration would immediately end membership at HPC. Re-paying the registration fee could not constitute a re-appointment process).

Schedule I, Part II, 2 requires that a registrant standing for election to HPC,

- " (i) shall be registered in the part of the register for which he seeks election . . . ;
- (ii) lives or works wholly or mainly in the United Kingdom;
- (iii) is not the subject of any allegation, investigation or proceedings concerning his fitness to practise; and
- (iv) is wholly or mainly engaged in the practice, teaching or management of the profession in respect of which he is registered and seeks election or in research in those fields; "

Under Schedule I Part I 9 (2) a registrant member ceases to hold office if s/he ceases to meet the qualifications they held at election.

Lay Members

The criteria for lay members in Schedule I, Part 3 are that they are, " persons who are not and never have been on the register or any of the registers kept under the 1960 Act and who have such qualifications, interests and experience as, in the opinion of the Privy Council, will be of value to the Council in the performance of its functions. "

Under Schedule I Part I 9 (2) a lay member ceases to hold office if s/he ceases to meet the qualifications they held at appointment.

Appointments to the Education and Training Committee

In addition to the other criteria above, Schedule I, Part II, 2 states for the Education and Training Committee (for Council member / alternate appointments and others) :

- " (a) the Chairman of the Committee to be a member of the Council;
- (b) the majority of members of the Committee to have such qualifications and experience in relation to the provision, funding or assessment of professional education and training as the Council considers will be of value to the Committee in the performance of its functions; "

Appointment (lay or registrant) of non-Council Members / Alternates to Non-Statutory Committees

Schedule I, Part I, 14 (1) – (2) states,

" 14. – (1) In appointing non-Council members to any committee set up under article 3(12) the Council shall have regard, where appropriate and subject to the other provisions of this Order, to the guidance issued by the Commissioner for Public Appointments.

(2) The Council shall ensure that such members of the committee who are not Council members shall have such qualifications, interest or experience as, in the opinion of the Council, are relevant to the field with which the committee is mainly concerned.

(3) The majority of members of a professional advisory committee shall be members of the profession concerned and the Chairman shall be a Council member. "

Standards and Procedures

Under Schedule I, 13(1) the Council must in due course establish. "

- (b) the procedure at meetings; [and]
- (c) standards for the education and training, attendance and performance of members. "

These would in equity then need to be consistent across all bodies within HPC.

Visitors

Part IV 16 (b) states, " Visitors shall be selected with due regard to the profession with which the education and training they are to report on is concerned and at least one of the visitors shall be registered in that part of the register which relates to that profession. "

This means that at least a proportion of visitors must be registrants, and therefore meet all the requirements set out in that context.

Conflicts of Interest and Commissioner for Public Appointments

There are appropriate references and provisions for these in various contexts in the OICs. These are external requirements of which HPC will need to keep itself informed. Avoiding conflicts of interest has always been an integral part of CPSM procedures.

Equivalent Specifications in Cognate Bodies

There are a number of cognate bodies with whom HPC will need to work and where, specifically, the criteria for their " reviewers " and for HPC's visitors ought to be consistent.

Two examples are the Quality Assurance Agency (QAA) and the Commission for Health Improvement (CHI). QAA's specifications for Academic Reviewers are appended as are CHI's eligibility criteria for reviewers.

Enc.

Annex A - Academic Reviewers

Introduction

1 The Agency operates an equal opportunities policy. All applicants will be considered on the basis of their ability to meet the specifications outlined below. The Agency evaluates the performance of all reviewers, using feedback from review visits.

2 There are three types of academic reviewer used by the Agency:

- subject specialist reviewers, with current teaching experience in the discipline concerned, or experience of relevant professional or occupational practice;
- review coordinators, who lead subject review teams, and have extensive experience of quality assurance and programme approval in higher education, usually gained by working with such procedures in more than one discipline;
- institutional reviewers, who hold, or have recently held, senior management positions in higher education institutions.

Qualities required in all reviewers

3 Effective reviewers will possess the following qualities:

- demonstrable commitment to the principles of quality assurance in HE;
- an enquiring and sceptical disposition;
- powers of analysis and sound judgement;
- personal authority and presence coupled with the ability to act as an effective team member;
- good time management skills including experience of chairing meetings;
- the ability to make appropriate judgements in the context of complex institutions different from their own;
- experience of organisation and management, particularly in relation to teaching and learning matters;
- high standard of oral and written communication, preferably with experience of writing formal reports to published deadlines.

4 In addition, reviewers are expected to have a clear knowledge and understanding of the Agency's whole review process, a reasonable acquaintance with all published sections of the *Code of practice*, and a detailed working knowledge of those sections of the *Code* that are the subject of regular consideration in reviews.

Recruitment, training and role of subject specialist reviewers

5 Subject specialist reviewers are recruited by the Agency from individuals nominated by institutions or other organisations and from individuals who reply to advertisements. The Agency prefers to recruit reviewers who are available for the entire review period, but will also consider shorter involvement under some circumstances. Reviewers are recruited and trained to ensure that they are capable of carrying out their duties effectively. In particular, subject specialist reviewers who undertake reviews should:

- possess the knowledge and skills set out in detail below;
- have completed successfully the Agency's training programme;
- ensure that they are available for the whole period of a review for which they have been selected;
- normally be available for up to three reviews per year.

6 Training of reviewers is carried out on behalf of the Agency by means of two-day residential courses. The Agency will pay all travel and subsistence expenses incurred by reviewers, in line with its published travel and subsistence arrangements. It will not pay fees to reviewers for attendance at training courses.

7 The Agency publishes a register of subject specialist reviewers and makes this available to all institutions. The primary purpose of the register is to show, for each reviewer, the main areas of teaching and learning that s/he is qualified to review. For this purpose, the Agency uses the Joint Academic Coding System (JACS), established by HESA and UCAS for use by both organisations from 2002. As far as possible, the Agency ensures that the combined experience and expertise of the reviewers on its register reflects the range of the provision on offer across the HE sector.

8 The key purpose of acting as a subject specialist reviewer is to contribute to the maintenance and enhancement of standards in higher education by reporting to the Agency on the standards and quality of the academic programmes scrutinised during subject reviews. Subject specialist reviewers are expected to agree individual timetables of activity with the review coordinator, with a view to making the most effective contribution to the review. The responsibilities of reviewers include:

- reading and analysing the self-evaluation prepared by the institution and any other documentation sent in advance of a review;
- participating in visits to the subject provider in order to gather, share, test and verify evidence;
- making judgements on the academic standards achieved and the quality of the learning opportunities provided;
- contributing to and commenting on the compilation of the report of the review.

The Agency not only tries to ensure that the particular experience of individual reviewers is relevant to the reviews they undertake, but that, over time, each reviewer works in a variety of teams scrutinising a range of institutions.

9 Subject specialists review and evaluate the self-evaluation provided for the subject, with particular emphasis on curricular contents and their suitability for achieving the programme outcomes.

10 Subject specialists review and evaluate the assessment processes designed for the programmes and determine whether they are suitable to assess programme outcomes as stated in the programme specifications.

11 Subject specialists judge the overall standards for subjects and the procedures associated with their maintenance and enhancement.

12 Subject specialists review and evaluate overall student achievement, including progression to employment; the contribution made to student achievement by the quality of teaching; opportunities for learning; academic support intended to ensure effective progression of students; and learning resources and their deployment (including staffing).

13 Finally, subject specialists contribute to the compilation of a report to the Agency. Each subject specialist will be expected to prepare material for the various sections of the report and may be expected to contribute

to the writing.

Knowledge and skills required of subject specialist reviewers

14 To carry out the role outlined above, for each review subject specialists will need to demonstrate:

Experience, knowledge and understanding of HE

- at least five years' experience of providing teaching and learning in higher education or, in the case of industrially- or professionally-based reviewers, familiarity with higher education teaching and learning;
- familiarity with academic support strategies and the functions of academic tutorials;
- experience of examining (and preferably external examining);
- knowledge of the quality assurance processes employed by institutions providing higher education;

Knowledge and understanding within the subject area

- knowledge of the subject benchmark information produced for programmes within the relevant subject area;
- familiarity with the subject matter of the self-evaluation and the programme specifications written for the subject area;
- familiarity with comparable programmes and standards of awards in other institutions;
- understanding of external examiners' reports and internal documentation;
- understanding of programme entry requirements and ability to interpret progression statistics for each stage of the programmes, including withdrawal, transfer and failure rates;
- understanding of programme learning objectives;
- familiarity with destinations data and employment statistics;

Skills

- ability to conduct meetings and interviews with staff;
- ability to conduct meetings with a range of current and former groups of students;
- ability to write succinctly and coherently;
- ability to meet exacting timescales and deadlines;
- ability to work effectively as a member of a team.

Recruitment, training and role of review coordinators

15 Review coordinators are also recruited from individuals nominated by institutions or other organisations, and from individuals who reply to advertisements. They may be seconded from institutions or independent consultancies. All must possess extensive experience of HE and of the assurance of standards and quality. They will be expected to perform a number of duties, of which managing reviews and writing reports are the major responsibilities. Opportunities to contribute to other activities such as editing reports, training subject specialist reviewers and producing subject overview reports may also be available.

16 Because of the relative complexity of the review coordinator role, the individuals recruited will undergo a longer induction and training process than that provided for subject specialist reviewers. Induction into the review method will include attendance at, and participation in, at least one subject specialist reviewer training course, as well as attendance at workshops and conferences arranged by the Agency. The Agency will pay all travel and subsistence expenses incurred by review coordinators during induction and training, in line with the Agency's published arrangements. Fees will also be paid for review coordinator induction and training.

17 Review coordinators should normally be available to manage up to eight reviews per year. Reviews take place throughout the academic year and are variable in length. Review coordinators will need to organise their time, and to reach agreement with their teams of reviewers, about the pattern of review activities in such a way as to ensure effective use of the time available.

18 All subject reviews consist of four main activities:

- preparation for subject review;
- visits to the subject provider;
- analysis of documentary evidence;
- report writing.

The review coordinator is responsible for maintaining an overview of the range and balance of these activities, and for helping the subject specialist reviewers to apportion their time effectively. The achievement of an appropriate balance between the various activities requires planning in advance of, and coordination throughout, the review; above all, it must enable the team to develop a robust evidence base on which to make judgements.

Knowledge and skills required of review coordinators

19 In order to carry out their role, review coordinators will need to demonstrate:

Knowledge and understanding of HE

- recent knowledge and understanding of current issues;
- awareness of current teaching methods and curricula;
- knowledge and understanding of the assurance of standards and quality;
- experience of liaison with senior management and staff at other levels;

Skills

- ability to manage small teams (with experience either in HE or in industry);
- ability to work within tight timescales and to strict deadlines;
- ability to lead a team of experts;
- ability to communicate effectively in face-to-face interaction;
- ability to produce clear and succinct reports to time;
- experience of word processing.

20 The essential qualities outlined above might be reinforced by experience of a wide range of teaching in HE and by experience of programme accreditation by professional or statutory bodies, programme approval or validation events, quality audits, quality assessment/subject review or educational inspection.

Recruitment, training and role of institutional reviewers

21 Institutional reviewers are selected both from applicants nominated by institutions and from self-nominees.

22 Reviewers are appointed for a period of three years, and may be invited to continue for a further period. During the period of appointment, reviewers may be asked to undertake up to nine review activities. No reviewer will be expected to undertake more than three activities in any year, but the Agency cannot guarantee to offer a particular number of reviews during a three-year appointment.

23 A training programme is provided by the Agency, which includes an opportunity to observe part of a review in progress. The Agency will pay all travel and subsistence expenses incurred by reviewers, in line with its published travel and subsistence arrangements. It will not pay fees to reviewers for attendance at training programmes.

24 The responsibilities of reviewers include:

- reading and analysing self-evaluations prepared by institutions and any other documentation sent in

- advance of reviews;
- participating in briefing meetings;
 - participating in visits to institutions in order to gather, share, test and verify evidence;
 - making judgements on institutions' management of academic standards and quality;
 - contributing to and commenting on compilation of the review report;
 - attending reviewers' briefing and training meetings.

Knowledge and skills required of institutional reviewers

25 Selection is undertaken by the Agency with the intention of ensuring that reviewers:

- are knowledgeable about HE institutions;
- have wide experience of academic management and quality assurance;
- can readily assimilate a large amount of disparate information;
- can analyse and make reliable judgements about complex arrangements;
- can hold discussions at a high level about strategic and operational approaches;
- have personal credibility with senior managers and heads of HE institutions.


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Eligibility Criteria for Reviewers

- 1. Medical** Must be a registered medical practitioner – Consultant / Specialist Registrar / Associate Medical Specialist/GP with managerial experience at Trust or Director level.
NB. Locum GP's can only be used in the year after a substantive post

- 2. Nurses / Midwives / Health Visitors** Must be UKCC registered
Broad clinical experience i.e. not a background in single specialism such as diabetes. At least three years management experience at ward / department / unit / locality level.

- 3. Allied Health Professionals** Must be on the appropriate professional register.
Broad clinical experience.
At least three years management experience at departmental or other equivalent level.

- 4. Public Health Specialist** Director of Public Health, Assistant Director, Consultant, Senior Specialist or equivalent

- 5. Management** Senior managers with at least three years NHS, general management experience at departmental directorate level or above. This may include support services managers who are not clinical professionals.

- 6. Clinical Staff in Higher Education Institutions** As well as meeting the criteria above (1,2,3&4) relating to their profession, they must be able to demonstrate how they maintain contact with as well as their skills and knowledge base re clinical practice.

- 7. Managerial Staff working in Higher Education** As well as meeting the criteria above (5), they must be able to demonstrate how they maintain contact with as well as their knowledge of NHS management.

8. Lay Members of the public (including users of the NHS and their carers) who have not held a managerial or clinical position in the NHS or have been a health professional. Retired NHS staff or those taking a break in service cannot qualify in the category.

9. Hospital Chaplains An individual of any faith with at least three years experience of service to the NHS.

10. HR Personnel Human Resource Directors and experienced Assistant Directors of Human resource management working in a NHS Trust

11. Non Executive Directors (including Chairmen / CHC Officers) An individual with at least three years service to the NHS.

Note

- a. No one can be employed as a reviewer who is subject to investigatory or disciplinary procedures.
 - b. Clinicians in the following categories are eligible to be reviewers, provided they are on the relevant professional register, have the experience outlined in one of (1 to 4) above and demonstrate how they maintain contact with, as well as their skills and knowledge of, clinical practice:
 - i. retired clinical staff or those who have taken a break in service and who have had a regular working arrangement with the NHS – there are no age or retirement criteria
 - ii. clinicians who have regular working arrangements with the NHS (other than as management or training and development consultants)
 - c. Managers whose experience qualifies them under category 5 above are eligible to be reviewers for up to one year after they leave the NHS, provided they are not working as management or training consultants
 - d. Management or training and development consultants cannot become a CHI reviewer because of the potential for a conflict of interest
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