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MINUTES of the additional meeting of the Education and Training Committee held on Wednesday 28 May 2003 at the Franklin Wilkins Building, King's College London, Stamford Street, London SE1 9NN.

Present :

Prof. D. Waller (Chairing)
Mrs S. Chaudhry
Ms C. Farrell
Mr. P. Frowen
Prof. A. Hazell
Prof. R. Klem
Mr. C. Lea
Prof. C. Lloyd
Mr. G. Sutehall
Dr. A. van der Gaag

Also in Attendance

Dr. P. Burley, Secretary, ETC
Mr. J. Bracken (Bircham, Dyson Bell)
Mr. S. Hill (Newchurch Healthcare)
Mr. G. Milch, Director
Dr. J. Old, Council Member
Ms L. Pilgrim, Director
Mr. M. Seale, Chief Executive and Registrar
Mr. N. Willis, Council Member

From the Working Groups

Ms H. Tyler	–	Arts Therapies
Mr. A. Wainwright)	
Mr. D. Holmes	}	Biomedical Science
Mr. J. Fulthorpe)	
Ms P. Renwick)	
Mr. P. Graham	}	Chiropody
Mr. D. Ashcroft)	

Mr. M. Hallworth	–	Clinical Science
Ms S. Counter	–	Dietetics
Ms J. Skelton	–	Occupational Therapy
Ms G. Stephenson	–	Orthoptics
Dr. S.Gosling)	Physiotherapy
Ms J. Routledge)	
Ms A. Paterson	–	Radiography
Mr. M. Duckworth)	Speech and Language Therapy
Ms K. Williamson)	

ITEM 1 03/100 APOLOGIES FOR ABSENCE

Apologies were received from : Mr. G. Beastall, Prof. N. Brook, Ms. M. Collins, Miss H. Davis, Prof. J. Harper, Dr R. Kapur, Prof. J. Lucas, Mr. I. Massey, Ms G. Pearson, and Miss E. Thornton.

ITEM 2 03/101 APPROVAL OF THE AGENDA

On the recommendation of the Chairman,

It was

RESOLVED (1)

that the agenda be approved.

ITEM 3 03/102 MINUTES

It was agreed that the minutes of the ninth meeting of the Health Professions Council's Education and Training Committee held on 14 May 2003 be confirmed as a true record and signed by the Chairman, subject to them showing the actual appointment of the three chairs of the Professional Liaison Groups (PLG) as follows :

- Continuing Professional Development, Ms S. Thornton,
- Standards of Education and Training, Prof. C. Lloyd, and
- “ Approvals ”, Prof. N. Brook.

Action : PB and Chairman.

ITEM 4 03/103 MATTERS ARISING

Members drew attention to the timescales for the work of the PLGs. It was noted that the CPD PLG had a longer time frame than the others, and that this should be made more explicit.

Action : PB.

ITEM 5 03/104 STANDARDS OF PROFICIENCY

5.1 Background to the Discussion

5.1.1 The Chairman introduced the revised version of the paper (tabled at the meeting and circulated electronically prior it) and made the following points:

- it now included contributions not received in time for the meeting on 14 May 2003;
- the Committee would need to be guided by legal advice;
- where there were disputes about the professional content of the Standards the Committee should be led by the professional groups; and
- while the Standards needed to be stable during the grandparenting, they would be reviewed after two years in a process probably starting in a year's time.

It was agreed that one copy of the Standards per profession should be submitted from the profession for minor editorial changes while the meeting focused on larger issues of principle.

5.1.2 The Executive reported and clarified that :

- the second paragraph of the “ Introduction ” was new text drafted to reflect discussions on 14 May 2003;
- the current monochrome version showed the professional and the generic standards in different type faces;
- the final version would be fully paragraph numbered, and printed in colour for greater clarity it should also be posted on the web-site in a format where it would be intelligible if down-loaded in black and white;
- a letter would be sent to all Registrants notifying them of the changes to registration once the Rules were made – one change being the Standards of Proficiency becoming effective – but the Standards themselves would not be sent to all Registrants; and
- a copy of the Standards would be sent to all approved programmes.

5.1.3 Mr. Bracken clarified the legal basis for how the Standards had been prepared and presented and made the following points:

- the Health Professions Order did not give the Council the power to require Registrants to keep a portfolio or other running evidence of compliance with the Standards of Proficiency, so no reference could be made to this in the Standards themselves;
- where there was a clear issue of law, the Executive could not recommend wording which would be ultra vires;
- the Prescription Only Medicines (Human Use) Order 1997 was the one other piece of legislation specified in the Health Professions Order relevant to the Standards of Proficiency. The Council had no control over this legislation and had to draft the Standards to comply with it. This was a situation unique to Chiropody;
- the Standards had to cover both grandparenting and international applicants. They could not be pitched at a level where only existing Registrants and UK graduates could meet them;
- the HPC must exercise its powers reasonably. Drafting the Standards in such a way as to force existing Registrants to resign from the Register because they could not meet the Standards of Proficiency would not be reasonable;
- the difference between being able to “demonstrate” as opposed to “being aware of” different parts of the Standards was essential to protect the human rights of applicants and Registrants who could not realistically be expected to be able to demonstrate any given standard but should properly be aware of it if changing the scope or circumstances of their practice; and
- awareness of a standard could not be tested at admission to the Register but it could be tested if an allegation was made. The Standards had to be drafted for the purposes of admission to the Register in the knowledge of the inability to test at this stage.

5.1.4 The discussion was structured to deal with the Introduction and general principles first, work through the 12 profession-specific parts, and comment on issues relating to the generic standards as they arose.

5.1.5 It was noted that the Committee’s role was to “advise the Council” on the Standards (Part IV, 14 of the Order). While the final decision was the Council’s, the Committee was expected to submit complete and agreed advice to it. The Standards as agreed at this meeting would be forwarded to the Council for its meeting on 4 June 2003.

5.2 **Introduction and general Principles**

5.2.1 In discussion Mr. Bracken’s advice was accepted and a large number of corrections to and amendments of the Introduction were agreed. These are shown in the appended revised introduction.

- 5.2.2 It was accepted that many comments submitted to the Executive had properly been omitted because they duplicated other parts of the Standards elsewhere.
- 5.2.3 It was agreed to seek to redraft as much of the text as possible to avoid using negatives.
- 5.2.4 The Committee agreed that the relationship between Standards of Proficiency and approaches to CPD and demonstration of continued competence was an important issue but not one for the preparation of Standards of Proficiency. It should be remitted to the CPD PLG.

Action : PB.

5.3 **Generic Standards**

Changes were agreed arising from discussion. They are shown on the appended version of the generic standards.

5.4 **Arts Therapies**

Agreed.

5.5 **Biomedical Science**

Agreed subject to minor editorial changes.

5.6 **Chiropody**

- 5.6.1 Mr. Frowen expressed concern and disappointment over the need to exclude reference to calculations of safe dosages of medicines.
- 5.6.2 Mr. Frowen and the members of the Chiropodists working group represented that using local analgesia in surgical procedures – and being in possession of a Local Analgesia (LA) certificate under the prescription Only Medicines (Human Use) Order, 1997 – was an essential requirement of modern practice and suggested it was an anomaly that 400 existing Registrants, who mostly qualified before 1972, did not possess LA certificates. They suggested that if LA certification was removed from the Standards it could create the possibility of the Committee being forced to approve a programme which did not lead to those successfully completing it being eligible for the Certificate.
- 5.6.3 The Committee noted the very strong views expressed.

- 5.6.4 Mr. Bracken explained that the Prescription Only Medicines (POMs) Order explicitly provided for Chiropodists on the HPC Register to obtain a separate certificate of competence in the administration of LA and therefore envisaged Chiropodists being on the register but without LA skills. The Health Professions Order did not give the HPC the power to compel Registrants to obtain an LA Certificate. The HPC had to take into account the interests both of the 400 Registrants lacking LA skills and of the grandfathering applicants who, by definition, should not have been able to obtain LA Certificates. He added that not specifying LA skills as a mandatory Standard did not mean that they could not form part of the Standards of Education and Training.
- 5.6.5 Mr. Seale stated that all Registrants had to confine themselves to their scope of practice. The HPC could, and would, take action against any Registrant alleged to be using local analgesia without an LA Certificate.
- 5.6.6 It was agreed to address these concerns in the profession-specific Standards by adding a rider to them :
- restating the need for all Registrants to limit their scope of practice to areas where they were appropriately educated, trained, and experienced; and
 - stating that, so far as it was within the HPC’s powers, local analgesia skills would become a mandatory requirement for all Registrants at some point in the future.
- 5.6.7 It was also agreed :
- to keep this topic in mind in the already scheduled review of the Standards noted in 5.1.1 above;
 - to investigate the role the eventual CPD scheme could play in facilitating this extension of the Standards;
 - to submit a paper on this to the Council; and
 - to ask the Council in due course to respond to the prospective Department of Health consultation paper on Prescribing Rights (which would cover LA certification) to seek appropriate amendment to the POMs Order.

Action : PB.

5.7 **Clinical Science**

- 5.7.1 A number of editorial changes were agreed.
- 5.7.2 It was agreed in this one instance to add as a rider to the generic Standards specific to Clinical Science that an ability to undertake “ fundamental research ” was needed.

5.8 **Dietetics**

The Committee endorsed a number of minor editorial changes subject to Ms Counter consulting with other colleagues on the working group.

5.9 **Occupational Therapy**

The Committee accepted a number of minor editorial changes.

5.10 **Orthoptics**

The Committee accepted a change to the Standard relating to ophthalmic diseases subject to Ms Stephenson consulting with other colleagues on the working group.

5.11 **Paramedicine**

Previous agreement to the Standards was noted.

5.12 **Physiotherapy**

A number of previous requests for elaboration of profession-specific Standards were resubmitted. It was agreed that they be considered if they did not repeat existing text.

5.13 **Prosthetics and Orthotics**

Previous agreement to the Standards was noted.

ITEM 6 03/105 CLOSURE OF MEETING

The formal meeting closed at this point in the discussion but those members still present agreed to continue the discussion and that their advice was to be recorded.

RESUMED DISCUSSION OF ITEM 5

5.14 **Radiography**

Minor editorial changes were discussed.

5.15 **Speech & Language Therapy**

Minor editorial changes were discussed.

ITEM 7 03/106 DATE OF NEXT MEETING

The next scheduled meeting would be at 10.30 am on 30 July 2003 in Park House.

CHAIRMAN

HPC\Minutes\Draft minutes of additional meeting of ETC on 28 May 2003