

**Unconfirmed****THE HEALTH PROFESSIONS COUNCIL**

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MINUTES of the fourteenth meeting of the Health Committee held at **11a.m. on Monday 7<sup>th</sup> November 2005** at Park House, 184 Kennington Park Road, London, SE11 4BU.

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

**IN ATTENDANCE:**

Mr J Bracken, Parliamentary Agent, Bircham Dyson Bell  
 Ms S Butcher, Secretary to Committees  
 Miss K Johnson, Director, Fitness to Practise  
 Miss L McKell, Partners Manager  
 Mr M Seale, Chief Executive and Registrar

**Item 1.05/98 INTRODUCTION AND WELCOME**

- 1.1 The Chairman asked both the committee and staff to introduce themselves as this was Mrs Drayton and Mrs Blackburn's first Health Committee meeting.

**Item 2.05/99 APOLOGIES FOR ABSENCE**

- 2.1 One apology for absence was received from the following committee member; Mrs A Turner.

**Item 3.05/100 APPROVAL OF AGENDA**

- 3.1 The Health Committee approved the agenda.

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**Item 4.05/101 MINUTES OF THE HEALTH COMMITTEE MEETING HELD ON WEDNESDAY 7<sup>TH</sup> SEPTEMBER 2005**

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

**Item 5.05/102 MATTERS ARISING**

- 5.1 Item 7.16 – Director of Fitness to Practise Report  
 5.1.2 The Committee noted that all of the practise notes had been copied for members' information and were available at today's meeting.

**Item 6.05/103 DIRECTOR OF FITNESS TO PRACTISE REPORT**

- 6.1 The Health Committee received the Director of Fitness to Practise Report.
- 6.2 The Director of Fitness to Practise provided a review of her departments work to date. The Committee noted that a lot of media interest had been received at HPC with regard to a paramedic whose case was recently heard and subsequently struck off the register. The Committee noted that the department had also recently dealt with a very difficult case which involved a suicidal registrant. An interim order had been imposed. The Committee noted that throughout the undertaking of this case the team was in contact with the Employee Assistance Programme who advised them on how to proceed and arranged counselling services if required for both staff members and the registrant. The Fitness to Practise team plan to undergo additional training to assist them in the effective management of such situations. This has been scheduled for January 2006.
- 6.3 The Committee noted that the number of allegations received by the department had increased in addition to the case to answer rate which had also risen from 45% last year to 55% currently.
- 6.4 The Committee noted that a meeting had taken place with the Council for Healthcare Regulatory Excellence (CHRE) regarding learning points to improve the decisions made by panels. The Director of Fitness to Practise provided the definitions of the following organisations for the committee's information with which meetings had also recently taken place; AVMA – 'Action Against Medical Accidents' and POPAN – 'Prevention of Professional Abuse Network'. A meeting had been held with the Healthcare Commission to discuss how to deal with lay complainants.
- 6.5 The Director of Fitness to Practise reviewed the statistical information for the committee who noted that chiropodists and paramedics received by far the highest number of allegations. The Committee discussed the implications of this data and whether for example chiropodists received a

higher than average percentage of allegations due to the sheer volume of chiropractors registered. The Committee agreed that a review of the long term trends was required at some point in the future to be able to identify whether the data was truly representative.

- 6.6 The Committee noted that it took an average of 9 months to process a case, upon receipt of an allegation to its conclusion and was estimated to take at least 3-4 months for case materials to be considered at the initial Investigating Committee stage. The type of case work being received was noted to be increasing in its complexity and was indicative of a growing public confidence in the HPC who were consequently submitting more allegations. The Committee discussed the merits of undertaking a cross-comparison between the HPC and the other 8 healthcare regulators so to review trends and noted that at Council's next meeting in December 2005 a paper would be presented from the Foster Review identifying such themes. The Committee discussed the fact that fitness to practise procedures will need to be reviewed imminently so that its work could continue to be carried out effectively.

**Item 7.05/103 DATES OF THE HEALTH COMMITTEE MEETINGS 2006/2007**

- 7.1 The Health Committee received a paper from the Secretary to the Committee to note.
- 7.2 The Committee noted that the Chairman had approved the proposed dates of the Health Committee meetings for 2006/2007 and therefore this paper was to note.
- 7.3 The Chairman alerted the committee to the fact that some of the committee meetings in the future may need to be cancelled when it became evident that agenda items were limited. The next meeting scheduled for 16<sup>th</sup> January 2006 may therefore not take place. This would be kept under review and a decision taken before the next Council meeting in December 2005. The Committee noted that a practice committee was obliged to meet at least two times each year at such places, times and dates as the Chairman may determine.

**Item 8.05/104 RESOLUTIONS TO ADOPT IF A PRACTICE COMMITTEE (HEALTH, INVESTIGATING OR CONDUCT AND COMPETENCE) REQUIRES TO HOLD A MEETING IN PRIVATE SESSION**

- 8.1 The Health Committee received a paper from the Secretary to the Committee for discussion/approval.

- 8.2 The Committee noted that there was currently no provision made in the Rules for Practice Committees' meetings to be held in private. For all other committees this was provided for in their Standing Orders. The Council could not make Standing Orders for the Practice Committees, which had the power (provided in the Rules) to regulate their own proceedings. It was devised as a point of good governance.
- 8.3 The Committee noted that this provision was necessary if Panels of the Investigating Committee conducted 'case to answer' proceedings in private, if the Investigating Committee decided to review such cases this must in turn be carried out in a private meeting. The Committee noted that Article 6 of the Human Rights Act applied here.
- 8.4 The Committee noted that this was a power of the Council rather than an obligation as the information about cases was in the public domain.
- 8.5 The Health Committee approved the resolutions to adopt if a practice committee agreed to move in private session.

#### **Item 9.05/105 MAKING A COMPLAINT ABOUT A HEALTH PROFESSIONAL**

- 9.1 The Health Committee received a paper from the Director of Fitness to Practise for discussion/approval.
- 9.2 The Director of Fitness to Practise reported that one of her Case Manager's, Mr Guthrie had written the paper which she was presenting on his behalf.
- 9.3 The Committee noted that the number of complaints received about a health professional had grown and therefore an effective operating procedure was required to help deal with this. Two brochures had therefore been devised '*Making a Complaint about a Health Professional*' and '*What happens if a Complaint is made about me*' and were published in April 2005. When responding to a complaint from a member of the public, the Case Manager would now summarise what they considered to be the complainant's principal concerns. This was anticipated to effectively manage the registrant's outcome expectations. Three complainants from members of the public were referred to hearings in October 2005.
- 9.4 The Committee noted that one of the future plans was to develop a procedure for taking some complaints by telephone. The Committee discussed what support was therefore available for the public whose first language was not English and noted that a company called 'Language Line' had been contacted who offered a translation service. The Committee noted that the sample letter was to be produced in plain

English in accordance with all the other documents HPC created. The Committee noted that it would be useful to include in the letter a date by which the fitness to practise department would require a reply. The Chairman proposed that committee members e-mailed all relevant comments to the Director of Fitness to Practise as soon as possible so that all feedback could be incorporated. The Committee agreed that it would be very beneficial if reference was made to support organisations such as the Citizens Advice Bureau (CAB). Other support organisations also needed to be identified.

**Action: KJ**

- 9.5 The Health Committee approved the paper subject to the amendments as listed above.

**Item 10.05/106 REPORTING A CONCERN TO THE HEALTH PROFESSIONS COUNCIL**

- 10.1 The Health Committee received a paper from the Director of Fitness to Practise for discussion/approval.
- 10.2 The Committee noted that as part of the ongoing development work in the Fitness to Practise department, consideration has been given to the implementation of a form to help people to report a concern about a Health Professional to the HPC. The form would be added to the complaints section of the HPC website and would additionally be sent with relevant correspondence.
- 10.3 The Committee approved the form to report a concern to the HPC.

**Item 11.05/107 INTRODUCTION TO THE CASE MANAGEMENT STRATEGY**

- 11.1 The Health Committee received a paper from the Director of Fitness to Practise for discussion/approval.
- 11.2 The Committee noted that this paper represented the first stages towards the production of a Fitness to Practise Benchbook. Preliminary meetings of panels for hearings were abolished by Council last year. A set of default directions had therefore been created so that the needs of hearings could be identified at a much earlier stage. All three fitness to practise committees would be asked to approve the standard directions that would apply automatically as 'default' directions in every case and would help to ensure that HPC was meeting its requirements to conduct fitness to practise proceedings as expeditiously as possible. The Committee noted that the panels could vary or supplement the default directions as necessary.

- 11.3 The Committee discussed the first standard direction which stated that the Council shall, no later than 42 days before the date fixed for the hearing of the case; serve on the health professional a copy of the documents which the Council intended to rely upon at the hearing. The Committee expressed concern at the length of this and whether it would represent a significant delay in the processing of documentation. The Committee noted that the panel had the power to change the 42 day period as stated and that Council were a party to these proceedings. The Committee noted that the provision of 42 days had been given as it provided the right amount of time in which to adequately prepare and review all of the case materials. The Committee noted that if they reduced this time period a cost penalty could be incurred for not ensuring that all case materials had been sufficiently prepared or made available. Statistics from court cases indicated that 97% of people tended to comply with standard directives issued and should therefore not pose a problem.
- 11.4 The Committee noted that HPC did everything in its power to ensure that registrants received a fair hearing. The implementation of the standard directives would therefore only serve to support the fitness to practise procedures further. The Committee noted that whilst some registrants were not professionally represented the legal advisor who was present at all hearings would always assist panels in the thorough assessment of the case materials before them to ensure that all procedures were properly carried out with the registrant in mind at all times.
- 11.5 The Chairman recommended that it would be beneficial for committee members to attend a fitness to practise hearing. They would not be able to participate as a panel member but as a public observer. In particular committee members would benefit from attending Conduct and Competence hearings and vice versa. The Committee noted that this had been discussed at a previous health committee meeting. All members agreed that this should now be looked into especially to build upon the knowledge and experience of those new committee members that had recently been elected. The Committee confirmed that induction training was provided for all of the new Council members in June.
- 11.6 The Committee approved the standard directives as part of the wider approach to building upon the case management strategy.

#### **Item 12.05/108 HPC PERFORMANCE APPRAISAL SYSTEM FOR PANEL MEMBERS AND PANEL CHAIRS**

- 12.1 The Health Committee received a paper from the Partners Manager to note.

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- 12.2 The Committee noted that a performance appraisal system was to be implemented for all HPC Partners in 2006. The appraisal procedure would ensure that HPC was providing a high quality of service so that public interest was upheld in all decisions reached by Partners. The procedure would highlight areas for improvement in Partners' Performance and identify areas for improvement in HPC's training and processes. The Committee noted that the system was not devised to highlight complaints about partners and that there was already an effective procedure in place for this. The Committee noted that the appraisal system for panel members was currently in a draft format and would be reviewed by the Executive Management Team, HPC's legal advisor and an HR lawyer so to ensure that there was no inherent bias. Comprehensive support notes would be provided with the documentation. The Committee noted that it was likely that the final version would be put before all of the fitness to practise committees January 2006 meetings after which approval would be sought from Council at its meeting in March 2006. The performance appraisal system for Visitors was now ready for the Approvals and Registration Committee's approval at their meetings in November 2005. The Committee noted that as the appraisal system for panel members would need approval before March the anticipated cancellation of the Health Committee's meeting scheduled for January was now not likely as a meeting was required if only to approve this very important piece of work.
- 12.3 The Committee noted that a peer appraisal system for panel chairs would also be produced whereby one panel chair appraised another panel chair. The Committee noted that the only cost incurred for this would be the attendance fee. The Committee noted that if this system did identify any poor performers the partners' complaints system would be implemented. The partners' complaints system had at this stage only been approved internally by the Executive Management Team but approval would be sought imminently at Council's meeting in December 2005. The Committee noted that it was a very straightforward system which required all complaints to be put in writing.

**Action: LM**

- 12.4 The Committee discussed those partners who had not yet been utilised by the HPC. The committee noted that the partners' usage was very much driven by the fitness to practise caseload and would vary according to which profession the registrant whose hearing was being heard came from. There were currently 500 partners out of which 286 partners' contracts would come to an end between March – July 2006 and was therefore envisaged that partner usage would be evenly distributed. The Committee agreed that in order for a fair assessment to take place a minimum

requirement should be established that a partner must have participated in at least two cases previously.

- 12.5 The Committee noted that the work in progress was very promising and agreed that the usage of partners and their appraisal systems should be subject to review in six months time. The Committee agreed that Professor Hazell in his capacity as Chairman of the Health Committee reported to Council at its next meeting in December on the appraisal system being developed for partners and that this would most likely be approved by Council in March 2006.

### **Item 13.05/109 ANY OTHER BUSINESS**

- 13.1 There was one matter of any other business that was raised by Mr Bracken, Parliamentary Agent. The Secretary to the Committee and the Chairman were not made aware of this item prior to the meeting.
- 13.2 The Committee noted that they had each been provided with a set of practise notes for their information, these would be incorporated into the fitness to practise benchbook currently being devised and would also be made available on the HPC website.
- 13.3 The Committee's attention was particularly drawn to the sanctions practise note that was to be turned into a policy document for Council. This would be sent to all of the fitness to practise committee's for their approval in due course. This measure was to be taken due to the implications posed by the Council for Healthcare Regulatory Excellence (CHRE) in the assessment of HPC's fitness to practise procedures so to ensure that hearings were not found unduly lenient. A number of other healthcare regulators had also taken similar precautionary steps.
- 13.4 The Committee discussed the 'Equal Treatment' practice note which only made reference to colour differences as a measure of diversity. The Committee were in agreement that diversity was defined by a whole host of other differences to which reference should be made. The Committee noted that such documents needed to be constantly reviewed and would e-mail their comments to the Director of Fitness to Practise. All of the practice notes and training notes were to be updated in the next six months. The Committee agreed that it would be advantageous if this work could be carried out in parallel to the policy currently being devised by HPC for Ethnic Monitoring. A paper was to be submitted to Council in March 2006 on this matter.

**Action: KJ**

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**Item 14.05/110 DATE AND TIME OF NEXT MEETING**

- 14.1 The next meeting of the Health Committee that was scheduled at 11.a.m. on Monday 16<sup>th</sup> January 2006 was to be confirmed by the Chairman of the Health Committee following discussion with relevant HPC staff.

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