

A N N U A L R E P O R T

03

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essions

ncil



7:07am

Rriiinnggg!! Grumble.
Just 10 more minutes...



8:55am

Morning coffee!



8:35am

Clapham Common tube



Ewan Shears ☺
- International Registration Officer

8.55am: Ahhhhh... coffee!

9.00am: Read and respond to or act on any e-mails. Answer phone calls from applicants and agents, which continues frequently throughout the day.

9.42am: Write letters to people overseas applying to do speech and language therapy about their results – confirmed by e-mails. Several letters need replies by e-mail or personal phone calls.

11.35am: Read and respond to or act on post. Lots of new applications arrive. Send three complete applications to be copied.

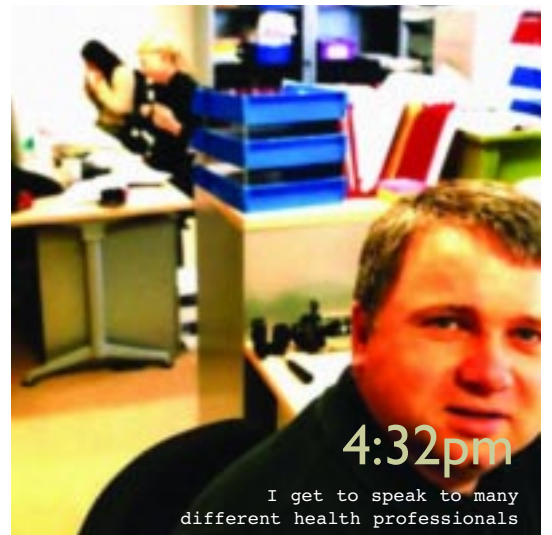
2.15pm: Process new applications and enter into 'contacts' database. Write two 'request for reference' letters for every applicant. Process two copied applications and send them to speech and language assessors, along with expense form and feedback form. All letters printed today sent to post at 3.15pm.

4.47pm: Phone call with assessor to discuss what an applicant needs to do who has been asked for further verification. Print letter to applicant and fax copy direct to applicant.



3:15pm

Processing new applications



4:32pm

I get to speak to many different health professionals

HPC annual report

1 April 2002 to 31 March 2003

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President's statement

I am very pleased to present the first annual report of the Health Professions Council (HPC). It has been a year of great achievement for us and one that we will look back on in years to come as the year when regulation of health professionals in the UK began to change for the better.

It still surprises me that it was only 17 April 2002 when we were first launched by the Health Minister, John Hutton MP in London. As a new organisation with a huge agenda, I think it is remarkable that I can sit and write now about a long list of achievements we have accomplished in such a short time.

We started our main tasks with a UK-wide consultation which took in 18 towns and cities across the UK and allowed us to meet over 4000 of our registrants and members of the public. We received comments from around 7600 individuals and organisations and posted out over 150,000 documents across the UK.

When I presented your feedback in Cardiff in December last year, I said that if people were looking for a set of rules and recommendations that pleased everyone across all of the 12 professions, they would be in for a disappointment. To some degree this is still true. However, I have been genuinely pleased by the overall positive reaction to our proposals that we received from our stakeholders. ('Stakeholders' means those organisations and people with an interest in what we do. This includes the professional bodies, organisations that deal with education, other regulators and individual members of the public.)



It has been a year of great achievement for us and one that we will look back on in years to come as the year when regulation of health professionals in the UK began to change for the better.

We then worked hard at turning these proposals and key decisions into rules that we could put to Parliament, along with various other recommendations. These included the list of protected titles and the issue of raising our fees to fit our new role (often a difficult issue).

These rules took a little longer to go through the parliamentary process than we expected. However, they have now been passed by the House of Commons and House of Lords, and they became legislation on 9 July 2003.

At the same time as putting our new rules into place, we continued our regulatory activities working under the Council for Professions Supplementary to Medicine (CPSM) rules. During this time we have seen over 5000 new health professionals come onto our Register which is excellent news for the profile of health professionals and for protecting the public.

We have also seen the number of complaints about registrants increase by about 25% over the past 12 months. However, the number of complaints that find their way through to formal disciplinary proceedings has stayed fairly steady and I believe this is due to our new structure.

We have thoroughly checked all the complaints that we have received. This means we are fulfilling our main role of protecting the public. I also believe that feedback from professionals and the public is vital for independent regulation to protect professionals from trivial complaints.

The people who register with us fund our work and this means we can operate independently. We can pay the costs of Council members and others who carry out tasks on our behalf using these fees. This means we can recruit more easily from across the professions and also from the public to help us with our work. We can now all benefit from the input of those with appropriate expertise from the private and public sectors. I am sure that the wide range of experience we can now draw on will pay huge dividends in our decision-making processes.

Legally, the only way we can fund regulation is by charging registrants fees. However, in return for these fees, you will see us working far more on your behalf. This is our commitment to you for the coming years. I believe we can offer you a robust, visible regulator that the public can trust, that will ultimately lead to a higher profile for all the professions we regulate.

As a result, we have designed this report to help you understand more about our work, some of the people that work behind the scenes here, and where we are planning to go over the next few months and years. There is the usual financial information showing our audited accounts at the back of the report but I sincerely hope that this report goes further and helps you to gain a better understanding of what we are able to offer the professions, and how we fulfil our remit of protecting the public. Thank you for taking the time to read through this document.

I look forward to hearing from many of you, or indeed meeting you as we go out and about across the UK with our listening events and attendance at professional conferences, over the course of the next year.



Professor Norma Brook
President

Chief Executive and Registrar's report

Taking over regulation from the Council for Professions Supplementary to Medicine (CPSM) we have decided on three important operational aims for this year.

- 1 We had to invest in our staff and systems.**
- 2 We had to produce documents of our processes and brochures which outlined the way in which we work and which include new standards of proficiency and conduct by which health professionals should operate.**
- 3 We had to set, monitor and publish service standards.**

Holding our consultation over the new rules was a good way to introduce ourselves to our stakeholders. We could hear, first hand, some of the views of the way legislation had previously been operated and your views on how we should function in the future. With 4000 people turning up to our 38 consultation events around the UK, and over 7600 people and organisations writing to us to express opinions – it was one of the most valuable exercises we could carry out.

Overall, people wanted us to make our organisation faster and more responsive and our registrants, in particular, wanted to see more value for their registration fees. To achieve this we had to invest in our processes and people. The IT system we took over could not give us the information or flexibility we needed. As a result, we have invested a lot of time in developing a new system that has involved input from all parts of the organisation. This system is still in its early stages but I am convinced it will help speed up the process of registration and allow those who use it to respond to our stakeholders far more quickly and efficiently.

However, an improved system and organisation can only be of benefit if you can contact us. We designed some of the immediate changes we made to the organisation to help in this area. Both registration departments (UK and International) opened longer hours and we introduced 'lo-cost' phone lines for people calling within the UK. We also introduced payment by credit and debit card and set up a 'user-assurance group' to set and monitor customer service.

We have produced documents explaining our new processes. These have been available since the new Register opened on 9 July 2003. You can download them from our website or we can send copies out by post.

Publishing our operating structure is part of our wider communications strategy. In this our first year, our priority has been to contact registrants and the public as much as possible. As I have already mentioned, the consultation gave us a good start. However, we are also holding a series of listening events and have carried out a number of market-research projects to help people better understand the way we work and give them the opportunity to feed back into our development. This will be an ongoing project and you will start to see the fruits of this over the next year.

While we have changed the structure of the organisation so we can meet our new set of aims, much of what we have done this year has centred around getting our new rules up and running. The interest we gained from our consultation gave us a good basis to develop a modern set of rules and with that a structure on which to put them into practice.

The various partners we have begun to work with as assessors or visitors are central to the new way we work. We held a UK-wide recruitment campaign for these positions and so far we have recruited around 250 people to work with us in carrying out our new duties. This input from health professionals, legal and medical advisors and a range of other professionals is vital if we are to succeed in achieving our goals of protecting the integrity of the professions and the public.

One of the biggest tasks we have carried out this year was to develop standards of proficiency for 12 different professions. Linked to the new standards of conduct, performance and ethics, these form the very heart of what we stand for. These are a set of standards which health professionals in the UK must prove that they are keeping to so that they can use a protected title. This proof is what differentiates regulated health professionals from the rest. We will work hard to promote this over the next few years.

As part of our ongoing work, we will develop further standards for new professions joining us. Having developed and set conditions under which new professions can apply to us to be regulated, we have received about 25 enquiries from different health professions. We have recommended to the Secretary of State that we should regulate operating department practitioners and applied psychologists.

Our final major piece of work in the past year has been developing the conditions for the 'test of competence' for our 'grandparenting' scheme. We have had interest from several thousand health professionals who want to apply to the Register through this scheme and we are now assessing their applications.

So you can see that it has been a busy year. However, we have only just begun a journey that will take several years to place us at the head of health regulation in this country. There is a lot more we can and will do but we have started out by getting our foundations right. From there we can begin to build a regulator that the health professions in this country truly deserve.



Marc Seale
Chief Executive and Registrar

Statutory committee reports

1 April 2002 to 31 March 2003

Education and Training Committee

We set up the Education and Training Committee (ETC) in shadow form in autumn 2001 and met three times before 31 March 2002. Professor Diane Waller was elected as Chairman and Eileen Thornton and Gordon Sutehall were elected as Vice-Chairmen.

The committee had two priorities in 2002-2003. These were developing the new powers and procedures of the Health Professions Order 2001 (HPO) and continuing to approve and assess courses under the old Council for Professions Supplementary to Medicine (CPSM) rules.

The committee approached both tasks with the aim of integrating their work with the Council's general development and by working with other stakeholders.

Some examples of the committee's work here included strategic decisions to:

- continue working with the professional bodies;
- rely on the requirements of good character and good health which the Conduct and Competence Committee have developed;
- draw on the existing Subject Benchmarks and other similar documents for the professions to give us an idea of the desired outcomes from approved course; and
- acknowledge value statements from the professional bodies on conditions and guidelines which we will publish.

The tasks for the committee to move into their new powers included:

- working with the Council and the Chief Executive on the consultation process;
- preparing standards of proficiency;
- preparing standards for education and training to meet the standards of proficiency (including the outcomes of approved programmes);
- preparing guidance for how programmes will be approved and monitored;
- consulting and working with colleagues such as the Allied Health Professions (AHP) project on 'Demonstrating Competence through Continuing Professional Development (CPD)'; and
- preparing a register of approved programmes, qualifications and institutions.

Continuing to run the procedures under the PSM Act involved picking up the work of all 12 of the former boards and of the former CPSM.

The main new theme emerging from this work was to link up with the UK Health Departments' modernising agendas in education and training. In this we were able to borrow on, and then work with, the AHP professional bodies who had been able to start their process earlier than the former CPSM had.

The committee worked with the departments of health in England, Northern Ireland, Scotland and Wales generally. They specifically worked with Health Professions Wales (HPW) to give evidence to the House of Commons Welsh Affairs Committee's pre-legislative inquiry into the NHS (Wales) Bill. The committee looked forward to also working with other devolved authorities.



The committee approached both tasks with the aim of integrating their work with the Council's general development and by working with other stakeholders.

However, the world did not stand still while the Education and Training Committee and the HPC developed their procedures. The committee was also involved in consultations on topics including:

- developing further Subject Benchmarks with the Quality Assurance Agency (QAA);
- developing new quality assurance frameworks with the QAA, Department of Health (DH) and Nursing and Midwifery Council (NMC);
- the NHS University;
- Health Professions Wales;
- the outcome of the six QAA 'prototype reviews' for health-funded provision in England;
- setting up NHS Education in Scotland;
- the future funding for 'Learning and Development' in the NHS in England;
- the future relationship between teaching and research; and
- the Government's White Paper on the future of higher education.

We will carry out a further consultation exercise with the health professions to create a CPD scheme.

Professor Diane Waller
Chairman

Dr Peter Burley
Secretary

Investigating Committee

The Health Professions Order 2001 (HPO) allows for four statutory committees to report to the Health Professions Council (HPC). The Investigating Committee is a statutory committee and one of three specific practice committees.

The committee operated in its shadow form during the first 'transitional period'. This was the period when we were still operating under the old Council for Professions Supplementary to Medicine (CPSM) rules. The transitional period ended on 8 July 2003.

At the first meeting of the Investigating Committee the members elected Neil Willis as Chairman and Morag MacKellar as Vice-Chairman. The committee's members are drawn from members of the Council who are not allowed to sit on the other two practice committees – the Conduct and Competence Committee and the Health Committee.

The Investigating Committee has met five times and has been busy interpreting the Health Professions Order (HPO) and creating the rules by which they will operate. Throughout this period HPC staff and legal experts provided much help. The committee was also actively involved in drafting documents for the consultation exercise in 2002.



As we have said, the main function of the HPC is to protect the public. The Investigating Committee will play a central role in making sure that all registrants maintain professional standards at all times.

The second transitional period, which started when the Register opened on 9 July 2003, will see the Investigating Committee operating under the new rules which Parliament approved. The new rules mean that the Investigating Committee deals directly with people who have been incorrectly or fraudulently entered on to the Register. Allegations may come directly from members of the public, employers or from the Council itself through the Chief Executive and Registrar. The Council is also informed of criminal convictions and cautions. The Investigating Committee may refer allegations to the Conduct and Competence Committee or to the Health Committee for them to consider.

We expect the number of complaints to increase gradually. Firstly, this is because we have to make sure that all our procedures are clear and known to registrants and members of the public. Secondly, this is because we have removed the requirement for a member of the public to complain through a statutory declaration. This was seen by some to be an unnecessary barrier to those who wanted to complain.



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Neil Willis
Chairman

Anne Barnes
Secretary

Statutory committee reports continued

1 April 2002 to 31 March 2003

Conduct and Competence Committee

The committee spent its first year on its draft documents.

- **The Health Professions Council's (HPC) 'Standards of Conduct, Performance and Ethics' for all those who are registered with the Council and prospective registrants.**
- **The first draft of the rules for the new committee, which was then taken over by the Council's lawyers for discussion with relevant government officials.**
- **A fuller document, which sets out their own procedures and those in the Health Professions Order 2001 (HPO) and the rules.**
- **A short leaflet for the public on the committee's future role and work.**

We included the draft standards and draft rules in the Council's consultation document.

Also, the committee discussed with the Registration Committee ways in which people applying to be on the Register for the first time and those who want to return to the Register will have to show they are of good character and in good health.

Once the rules became law on 9 July 2003, the committee set up panels to look into any allegations they received. (An 'allegation' is a formal accusation made in writing against a registrant by anyone.) The committee will deal with all allegations other than those relating to health. The old boards' disciplinary committees had only two alternatives when allegations were well founded. They could strike the registrant off the Register or not. The committee now have several options. They can look at the wide variety of allegations made and assess them in ways appropriate to the kind of allegation made.

The following are the kind of cases the committee will be considering.

- **Competence cases** – where someone is questioning a registrant's ability to practise competently.
- **Conduct cases** – where a registrant is accused of misconduct.
- **Conviction cases** – where a registrant has been convicted of a criminal offence or accepted a police caution. This will include convictions outside of the UK where the offences are recognised as such in English law.
- Cases involving decisions by other regulators about whether a registrant is fit to practise.

After carrying out the necessary investigations and preparation, these cases will be heard by a panel of the committee. Registrants will then have the chance to be heard and to put their case.

The committee's job is not to punish, but to consider whether a registrant is fit to practise. When we say that someone is fit to practise, we mean that they have the skills, knowledge,

character and health to do their job safely and effectively. We also mean we trust them to act legally. If it is not clear whether a registrant is fit to practise, the committee will consider what steps have to be taken to protect the public. The emphasis will be to investigate, take action and resolve the situation. The panel will decide whether the registrant has fallen short of what the Council expect and, if so, to what extent and why. If registrants are not practising to the Council's standards, the committee will consider whether it is possible for them to get back to doing so. The committee needs to do this in a way that protects the public. In all cases registrants will have the right to be heard.



When we say that someone is fit to practise, we mean that they have the skills, knowledge, character and health to do their job safely and effectively.

If an allegation is well founded, the committee's panel can take one of the following steps.

- Decide that it is not appropriate to take further action.
- Refer the case for mediation, in line with the Council's procedures.
- Make a caution order, formally cautioning the registrant and making a note on the Register for a set period of between one and five years.
- Impose conditions of practice which the registrant must meet for a set period of no more than three years.
- Suspend the registrant for a set period of no more than one year.
- Strike the registrant off the Register.

However, particularly for allegations relating to competence, the committee hopes that in many cases they can reach a satisfactory resolution without needing to hold a formal hearing.

Finally, the committee must advise the Council on standards of conduct, performance and ethics, and make sure that members of the committee and its panels receive appropriate education and training.

Dr Sandy Yule
Chairman

Thomas Berrie
Secretary

Health Committee

As part of the main function of protecting the public, the Health Professions Order 2001 (HPO) says, by law, that the Health Professions Council (HPC) must, through a Health Committee, consider allegations about whether registrants are fit to practise in terms of their physical or mental health. The fact that a registrant may not be in the best of health is not in itself an allegation which can be supported.

This is a totally new development in regulating the 12 professions the HPC cover. The former boards could only deal with allegations of 'infamous conduct in a professional respect'. While there were undoubtedly a few instances in the past of considering registrants who were ill, by creating the Health Committee we will be able to properly consider registrants whose fitness to practise is impaired by their health. Allegations may come from any source – colleagues, employers, patients or clients, or other organisations. We will investigate all allegations where the registrant may not meet the standard of personal health needed to practise.

The HPO sets out the procedures for considering allegations and the various decisions that the committee (or a panel set up for the purpose) may come to in arriving at the most appropriate action.

As considering allegations of ill-health is a new development, the committee cannot at the moment, predict how many registrants they (or their panels) may have to consider. However, like the Conduct and Competence Committee, if they need to set up a hearing, it must be held in the UK country where the registrant has his or her registered address. All proceedings must be carried out without a delay.

The current Health Committee includes nine members of Council and includes registrant and lay members. It must also include a registered medical practitioner. If a hearing is necessary, the panels must include:

- a registrant from the same part of the Register as the registrant concerned;
- at least one registered medical practitioner; and
- at least one lay member.

The committee has decided that they will aim to make sure that each member gains experience of chairing hearings.

Wherever possible, we will avoid anything that seems an overly formal or legalistic approach. This is because any allegation as to the deterioration in a registrant's ability to practise due to their physical or mental health should not be seen in any way as criminal.

The Health Committee can receive cases to consider from a range of sources – the Council, the Investigating Committee or the Conduct and Competence Committee. If a registrant has been struck off due to ill health, the committee will also consider his or her application to go back on the Register.

If the Health Committee considers that the allegations about a registrant's physical or mental health are well founded, they may refer the matter for mediation. The committee may of course decide that, though the allegations are well founded, they do not need to take any further action. The committee can decide that, upon investigation, the allegations do not relate to a registrant's physical or mental fitness to practise and can refer the matter back to the Conduct and Competence Committee.

The HPO is specific about the final decisions or orders that the Health Committee can make if the allegations are well founded. Only in extreme cases can the committee strike a registrant off the Register and only after the registrant has been suspended for two years. All orders may be varied, replaced or revoked (withdrawn).

If the Health Committee believes they need to protect the public or it is otherwise in the public interest or in the interests of the person concerned, they may make an interim order to suspend registration or impose conditions on that person. An interim order is made before a full hearing can take place. The Health Committee can hear allegations made about the person concerned whether or not they were in the UK or at a time when the person concerned was not a registrant.

The Health Committee's rules mean they must let the person concerned know about their decision, their reasons for reaching that decision and, where appropriate, the right of appeal. Appeals from any order (other than an interim order) or the Health Committee's decision can only be made to the appropriate court of law within 28 days from the date on which notice of the order or decision is served on the person concerned.

The Health Committee will hear any application from someone who wants to go back on the Register. However, the committee will have to be satisfied that the circumstances that led to the allegations being brought in the first place have been sorted out.

Mary Crawford
Chairman

Gerald Milch
Secretary

Disciplinary hearings

1 April 2002 to 31 March 2003

Profession	Registration number	Name	Date of hearing	Description of charge	Outcome of hearing
CH	11714	S Coe	28 January 2003	Falsified time sheets	Struck off 28 February 2003
CH	7910	P Green	13 March 2003	Failure to reveal a conviction and false employment information	Struck off 14 April 2003
CH	13043	J Richardson	26 September 2002	Theft and false accounting	Judgement postponed for two years
DT	5868	A Eizadi	25 November 2002	Incompetence	Struck off 30 December 2002
DT	3856	M McVean	5- 6 February 2003	Poor record keeping	Struck off 7 March 2003
MLT	33627	C Bromley	28 March 2003	Poor performance	Struck off 2 May 2003
MLT MLT	11690 36118	G Dobbs J Shepherd	12 August 2002	Carried out unauthorised test and tried to cover up. Breaching patient confidentiality and failure to take appropriate action	No further action
MLT	38908	S Lanham	21 October 2002	Dangerous driving	No further action
MLT	41582	N McMaster	24 September 2002	Misuse of PC and accessing inappropriate material	No further action
MLT	39297	M McNally	20-21 June 2002	Working without state registration and incompetence	Struck off 24 July 2002
MLT	8108	D Milward	3 October 2002	Negligence and falsifying test results	Struck off 5 November 2002
MLT	38887	I Parker	27 March 2003	Drink driving	Struck off 29 April 2003
MLT	17608	S Steen	5 December 2002	Manslaughter and possession of a class-A drug	Struck off 7 January 2003
MLT	39238	I N Witt	23 September 2002	Authorised an incorrect result and incompatibility of cross matches	Struck off 28 October 2002
OT	20646	S Bremner	10-11 February 2003	Poor record-keeping	No further action
OT	18908	G Forrest	16 July 2002	Failed to achieve and maintain standards	No further action
OT	24772	P Fortune	15 November 2002	Incompetence	No further action
OT	21481	S Marriott	3-4 December 2002	Incompetence	No further action
PA	3121	K Chaloner	12 December 2002	Gross neglect of patient care	Struck off 28 February 2003
PA	9041	S Collier	24 March 2003	Neglect of normal precautions for security of property, at work under influence of drugs and breaching health and safety regulations	Name to be removed from Register (appeal pending)
PA PA	4491 561	D Hallinon A Huggins	4 February 2003	Inadequate patient care	No further action
PA	6144	J Watson	20 November 2002	Poor performance	No further action
PH	40002	A Abidoye	20 March 2003	Inappropriate use of patient information	No further action
PH	32754	S Darlington	11 November 2003	Resisting or obstructing a constable and pursuing a course of action which amounted to harassment	Struck off 12 December 2002
PH	45711	T Nehru	27-28 February 2003	Incompetence	Struck off 1 April 2002
PO	731	R Allen	15 July 2002	Arranging a money transfer by deception	Struck off 16 August 2002
PO	42	J Lewis	4-8 November 2002	Sexual harassment	Struck off 6 December 2002
RA	22915	T Bahia	23 July 2002	Falsely claimed to hold a qualification	Struck off 24 September 2002
RA	38656	K Balogun	29 January 2003	Fraudulent application	No further action
RA	32256	G Fitzgerald	12 July 2002	Accessing inappropriate material on the internet while on duty	Judgement postponed for two years
RA	16454	P Harris	24 February 2003	Sexual harassment	Struck off 28 March 2003
SLT	2981	E Dean	22 October 2002	Drunk on duty	Judgement postponed for six months
SLT	5298	H McCullagh	16 December 2002	Destruction of patient records and incomplete record-keeping	Struck off 20 January 2003
SLT	5424	S Stocks	28-29 November 2002	Failure to maintain professional standards and poor record-keeping	Struck off 2 January 2003

CH *Chiropodist and podiatrist*
 DT *Dietitian*
 MLT *Medical laboratory technician (biomedical scientist)*
 OT *Occupational therapist*
 PA *Paramedic*
 PH *Physiotherapist*
 PO *Prosthetist and orthotist*
 RA *Radiographer*
 SLT *Speech and language therapist*

New professions

In the summer of 2002 we consulted on how we should assess new professions who want to be registered. This resulted in us developing 10 criteria and we published these in December 2002. We started accepting applications from interested groups from June 2003. We use an assessment in two parts as the main way in which we make a decision to recommend the applicant to the Secretary of State and how the group should be regulated.

Part A of the assessment

We will first assess whether an occupation is eligible for regulation. Only those occupations involving at least one of the following activities will be eligible.

- Invasive procedures.
- Clinical intervention which could cause harm.
- Unsupervised professionals using their own judgement which can substantially affect patient health or welfare.

In general, we will regulate health workers who are:

- not otherwise supervised;
- practising autonomously (under their own authority);
- making professional and independent judgements on treatment; and
- taking full responsibility for their actions.

Part B of the assessment

The 10 criteria each have equal weight. Each occupation which wants to be regulated will have to:

- 1 cover a discrete area of activity displaying some homogeneity;
- 2 apply a defined body of knowledge;
- 3 practise based on evidence of efficacy;
- 4 have at least one established professional body which accounts for a significant proportion of that occupational group;
- 5 operate a voluntary register;
- 6 have defined routes of entry to the profession;
- 7 have independently assessed entry qualifications;
- 8 have standards in relation to conduct, performance and ethics;
- 9 have disciplinary procedures to enforce those standards; and
- 10 be committed to continuing professional development (CPD)".

We will generally only assess professions to see whether to recommend them for regulation, if the professions have themselves applied to us to be regulated.

However, we have legal powers to make recommendations even if a profession has not applied if we felt this were necessary to protect the public.

So far we have received interest from about 25 professions. A number are ready to send us an application.

The process is that the organisation or profession wanting to be regulated meets with our representatives to explore the application process. They then have to send us a formal application by writing down how they meet each of the 10 criteria. This must be supported by written proof which the Council will consider at the next appropriate meeting. The Council also need to see a summary of one page to show how each criteria is being met. The organisation or profession wanting to be regulated must also show the Council a presentation. At the same time, they should contact the Department for Non-Medical Regulation at the Department of Health (DH) to set the process in motion in terms of their involvement.

If we make a positive recommendation to the Secretary of State that we should regulate a profession, the next step is a public consultation which is overseen by the DH. The DH will also advise on the legal requirements and, by consulting us, draft the necessary amending legislation. The legislation is then debated by both Houses of Parliament.

Cathy Savage

Director, New Professions

Registrant figures over the last year

Profession	On 1 April 2002	On 1 April 2003
Arts therapists	1,903	1,992
Chiropodists and podiatrists	8,810	9,013
Clinical scientists	3,323	3,408
Dietitians	5,469	5,782
Biomedical scientists	21,541	21,895
Occupational therapists	23,238	24,576
Orthoptists	1,304	1,328
Prosthetists and orthotists	763	786
Paramedics	8,778	9,334
Physiotherapists	34,035	35,643
Radiographers	20,655	21,484
Speech and language therapists	8,035	8,900
Total:	137,854	144,141

The Council

Recruitment

After the second transitional period (after July 2005), registrant and alternate members will be elected by the registrants from their own profession and the President will be elected by Council members. The Health Professions Order 2001 (HPO) states that nobody may serve more than three terms in a row.

Lay members can be reappointed if their performance is satisfactory. However, they have no automatic right to be reappointed. The Privy Council can appoint any extra or replacement lay members after advertising in the national press and by following guidance from the Office of the Commissioner for Public Appointments.

Laurence Hughes, alternated prosthetist and orthotist member, resigned in April 2002. He was replaced by Ian Massey in June 2002.

Biographies

Professor Norma Brook – *President*

Norma Brook was appointed as our President in May 2001. She is a qualified physiotherapist and is currently a self-employed consultant in physiotherapy and other professions allied to medicine. She was, until recently, Head of Division of Professions Allied to Medicine at the School of Health and Social Care, Sheffield Hallam University. She is a former Chairman of the Physiotherapists Board at the Council for Professions Supplementary to Medicine (CPSM).

Colin Lea – *Vice-President*

Colin Lea is a self-employed business and healthcare consultant, and a company director. A former Chairman and Vice-Chairman of West Glamorgan Family Health and District Health Services authorities, he also chairs independent review panels for the NHS and social services complaints. Colin is a magistrate and has a long and wide-ranging career in health, social services, education, housing, consumer and judicial organisations. He is Chairman of our Finance and Resources Committee.

Lay members

Shaheen Chaudhry

Shaheen Chaudhry is a freelance trainer and advisor, and a race and cultural consultant. She is a non-executive director of North Bristol NHS Trust and a lay member of both the Commission for Health Improvement (CHI) and the Professional Conduct Committee of the General Medical Council (GMC). Shaheen has a great deal of experience of working in the health and voluntary sector.

Robert Clegg

Robert Clegg has recently retired as the Chief Executive of Rochdale Healthcare NHS Trust. He is Vice-Chair of the Board of Directors and former Secretary at Springhill Hospice Appeal Fund. He is actively involved in community activities in Rochdale including being a member of the Rochdale branch of the British Heart Foundation and the Rochdale and Pennine Region Young Farmers' Advisory Group.

Christine Farrell

Christine Farrell is an academic adviser to the Department of Health Policy Research Division. She has worked in research and service development, most lately at the King's Fund in London, and also as an advisor to the Secretary of State for Education. She has worked in a voluntary role in the NHS since 1974 and was a trustee and chair of a national charity providing health services from 1979 to 1995. For the past 10 years her work has focused on involving patients and the public in the NHS, and patient and professional views about cancer services.

Ann Foster

Ann Foster is a self-employed consumer affairs consultant and was formerly a director of the Scottish Consumer Council. From 1995 to 1998 she was a non-executive Director of the Scottish Ambulance Service NHS Trust. She is currently Vice-Chair of the consumer panel of the Financial Services Authority, and a member of Postwatch – the consumer council for postal services. Ann is Chairman of our Communications Committee.

Professor John Harper

John Harper is Vice-Principal at The Robert Gordon University, Aberdeen, and Dean of the Faculty of Health and Social Care. He is a former member of the Scottish Executive NHS Modernisation Forum and of the CPSM.

Professor Tony Hazell

Tony Hazell is Assistant Principal, University of Wales Institute, Cardiff, and is also Chair of the Velindre NHS Trust. He is a member of the Quality Assurance Agency (QAA) Advisory Committee for Wales.

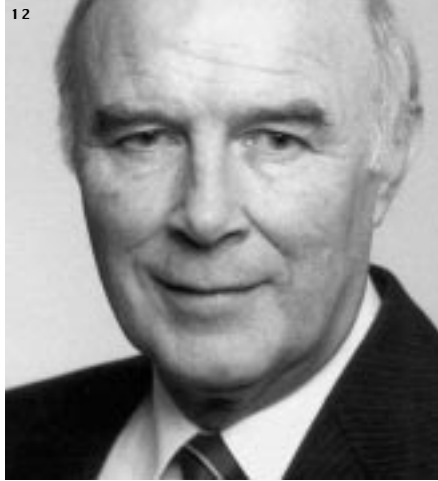
Professor Sir John Lilleyman

John Lilleyman is Professor of Paediatric Oncology at St Bartholomew's and the Royal London School of Medicine. He used to be President of the Royal College of Pathologists and the UK Association of Clinical Pathologists. He is actively involved in a number of professional organisations and is Chairman of the Medical Research Council Leukaemia Trials Steering Committee. He was a medical member of the CPSM.

Professor Jeffery Lucas

Jeff Lucas is Pro-Vice-Chancellor, Learning and Teaching at the University of Bradford and previously the inaugural Dean of the School of Health Studies. He is a researcher in the health service and has evaluated a health action zone, how effective interprofessional education is in the health professions curriculum and the prototype QAA Academic Review process for NHS funded provision. Jeff has served on Cabinet Office committees for Health and Social Care, the NHS Executive Equal Opportunities Committee and he co-edits the British Journal of Clinical Governance.

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- 1 Professor Tony Hazell
- 2 Christine Farrell
- 3 Professor Jeffery Lucas
- 4 Professor John Harper
- 5 Colin Lea and Norma Brook
- 6 Shaheen Chaudhry
- 7 Professor Sir John Lilleyman
- 8 Council meeting
- 9 Robert Clegg
- 10 Ann Foster
- 11 Norma Brook
- 12 Colin Lea



- 1 Council meeting
- 2 Dr John Old
- 3 Council meeting
- 4 Dr Robert Jones
- 5 Morag MacKellar
- 6 Keith Ross
- 7 Clare McGartland
- 8 Barbara Stuart
- 9 Joanna Manning
- 10 Mary Crawford
- 11 Jackie Stark
- 12 William Munro



The Council continued

Lay members continued

Keith Ross

Keith Ross is a self-employed personnel and management consultant. He concentrates on human resources assignments and management roles mainly in the public sector – specifically in the health and education fields. Before becoming self-employed, Keith had a 20-year career in human resources roles in the Scottish Health Service and most recently was Director of Personnel for a Scottish Health Board and an acute NHS Trust. Keith is a ‘Fitness to Practise’ panel member of the Nursing and Midwifery Council. He is Deputy Chairman of our Conduct and Competence Committee.

Jackie Stark

Jackie Stark is currently Director of Calderdale Shopmobility and Disability Minibus Association, Community Transport Calderdale and has been actively involved in the voluntary sector, both in a development and management role, for 25 years. She is a former chair of the Community Healthcare NHS Trust. She chairs the Single Regeneration Budget Board for Halifax and chairs various voluntary organisations, is the founder and former Trustee of the Talking Newspaper Association and Calderdale Community Foundation. She is a former lay member of CPSM.

Barbara Stuart

Barbara Stuart works for the Northern Ireland Business Education Partnership as a Business Careers Advisor. She has previously worked in the private sector but more recently in the voluntary sector as Director of Operations of Lakeland Community Care Ltd. She is a magistrate in the Family and Juvenile Courts and a lay assessor with the Social Services Inspectorate of the DHPSS, Northern Ireland. A former carer, she is a member of the Management Committee of the local Alzheimer’s Society and a helper with the Riding for the Disabled Association.

Registrant members

Mary Crawford – *occupational therapist*

Mary Crawford works independently – most of her work relates to mental health and therapy services. She has recently worked as a Director of Therapies, Rehabilitation and Learning Disabilities for a primary care trust. She is a member of the Department of Health Change Agent Team Expert groups and a reviewer for the Commission of Health Improvement (CHI). Mary is Chair of Turnstone Support, a not-for-profit provider of care services for people with learning disabilities and for vulnerable older people. She is also a board member of Parkside Housing Group. Mary is Chairman of our Health Committee.

Dr Robert Jones – *physiotherapist*

Robert Jones is Therapy Services Manager, East Sussex Hospitals NHS Trust and an honorary fellow of the University of Brighton. In 2001 he completed a secondment to Commission for Health Improvement (CHI) as Allied Health Professions Advisor and is a CHI clinical governance reviewer. He is also a member of the Ways of Working Project Board of the NHS Information Authority.

He is the Vice-President and a Fellow of the Chartered Society of Physiotherapy. Robert is a member of the University of Brighton Professional Doctorate Programme Board and he occasionally lectures at the university. He is a former member of the Physiotherapists Board at CPSM.

Morag MacKellar – *dietitian*

Morag MacKellar is Head of Nutrition and Dietetics, Forth Valley Primary Care NHS Trust, Deputy Chair of South Forth Valley Local Healthcare Co-operative and Public Health Nutritionist for NHS Forth Valley. She is also a member of the strategic group for Integrated Learning Communities, Falkirk Council, and Chair of the national multi-agency steering group Scottish Nutrition and Diet Resource Initiative. Morag contributes to a number of departmental and policy groups for the Scottish Executive. She is a former Chairman of the Dietitians Board at CPSM and previously Chair of the British Dietetic Association.

Joanna Manning – *paramedic*

Jo Manning is Assistant Chief Ambulance Officer with West Country Ambulance Service NHS Trust. She is a member of the Chartered Institute of Personnel and Development (CIPD). She has specialised in managing human resources and is a member of our Conduct and Competence Committee as well as the Communications Committee. She also chairs the Paramedic Education and Training Sub Committee. Jo has 20 years’ experience working in ambulance services nationally.

Clare McGartland – *orthoptist*

Clare McGartland has worked as an orthoptist for over 25 years. She is currently working as the Allied Health Professions Commissioner and Advisor to the Western Health and Social Services Board in Northern Ireland. Clare was an area orthoptist and had responsibility for acute and community orthoptics throughout the Western Health and Social Services Board. Clare is a former member of the Orthoptists Board at CPSM and was also a member of the Education Committee. She is now a member of our Health Committee and Communications Committee.

William Munro – *orthotist*

Willie Munro is Orthotic Director of Munro Bolton, Orthotics Ltd, a practice which supplies orthoses to hospitals in Scotland. He was a founding member of the British Association of Prosthetists and Orthotists and is Clinical Associate at the National Centre for Training & Education in Prosthetics and Orthotics at the University of Strathclyde. Willie is involved in community work in Glasgow and he is the former Vice-Chairman of the Prosthetists and Orthotists Board at CPSM.

Dr John Old – *clinical scientist*

John Old is head of the National Haemoglobinopathy Reference Laboratory, Churchill Hospital, Oxford. He is also Chair of the panel of examiners in genetics for the Royal College of Pathologists and National Assessor for appointing clinical scientists in genetics. He is a former Chairman of the Clinical Scientists Board at CPSM.

The Council continued

Registrant members continued

Pam Sabine – *chiropodist and podiatrist*

Pam Sabine is head of podiatry and chiropody services at the Castlepoint and Rochford Primary Care Trust and is past Chairman of the Society of Chiropodists and Podiatrists. Pam is actively involved in professional groups and is a former member of the Chiropodists Board at CPSM. She is a member of the South Essex diabetes strategy advisory group, diabetes leadership group, the trust clinical governance steering committee, and Executive committee.

Dr Anna Van Der Gaag – *speech and language therapist*

Anna Van Der Gaag is a senior lecturer in the Department of Speech and Language Therapy at the University of Strathclyde. She was a founder member of the Royal College of Speech and Language Therapists Research Committee, a member of the Joint Therapies Research Group and is actively involved in various research and development initiatives in speech and language therapy. Anna has been a member of various advisory groups for the Medical Research Council, Department of Health, Kings Fund and the Royal College of Speech and Language Therapists.

Professor Diane Waller – *art therapist*

Diane Waller is Professor of art psychotherapy at Goldsmiths College, University of London. She is Vice-President of the International Society for Expression and Art Therapy, a member of the Council of World Psychiatric Association Section on Art and Psychiatry, and Honorary President of the British Association of Art Therapists. Diane's research interests are in sociology of professions in UK and Europe, art and group psychotherapy, addiction and progressive illness. She has written several books on these subjects. Formerly Chair of the Arts Therapists Board at CPSM, she now chairs our Education and Training Committee.

Neil Willis – *medical laboratory technician (biomedical scientist)*

Neil Willis is currently the Acute Medical Biochemistry Services Manager at the University Hospital of Wales, Cardiff. Neil has close links with the University of Wales Institute, Cardiff and has lectured at home and abroad. He is Chairman of the Cardiff Medical Centre Sports and Social Club, and is a founder member of the Cardiff Medical Centre Sports and Social Club Children's Charity. Neil is Chairman of the Professional Liaison Group for Biomedical Scientists, and Chairman of our Investigating Committee. He is a former MLT Board member at CPSM.

Dr Sandy Yule OBE – *radiographer*

Sandy Yule is radiology advisor and clinical governance manager at Cardiff and Vale NHS Trust. He is a member of the Disciplinary Board for the British Psychological Society and Secretary General of the International Society of Radiographers. Sandy is a Justice of the Peace and an observer on the Council of the Society and College of Radiographers of the United Kingdom. He is Chairman of our Conduct and Competence Committee.

Alternate members

Michael Barham – *dramatherapist*

Michael Barham is Head of the School of Psychology and Therapeutic Studies at the University of Surrey Roehampton. He is a registered process supervisor. He is a former Chair of the British Association of Dramatherapists and is the former Vice-Chair of the Arts Therapists Board at CPSM. He is a member of Putney and Roehampton Mental Health Forum and his current research interests include professional issues and processes linked to the arts therapies and other psychotherapies, dramatherapy and theatre processes, and ethical issues in practice and research.

Dr Graham Beastall – *clinical scientist*

Graham Beastall is Consultant Clinical Scientist in the Department of Clinical Biochemistry in the North Glasgow University Hospitals NHS Trust. He has a longstanding scientific interest in biochemical endocrinology and has published more than 150 peer-reviewed papers. Graham is a former member of the Clinical Scientist Board at CPSM and is currently Vice-President of the Royal College of Pathologists and Chair of their Standing Committee for Clinical Science. He is a former Chairman of the Association of Clinical Biochemists, and is also a Director of Clinical Pathology Accreditation (UK) Ltd and Chairman of the UK NEQAS Steering Committee for Clinical Chemistry.

Michael Collins – *paramedic*

Mike Collins is the National Training Manager for the Welsh Ambulance Services NHS Trust, with over 20 years' experience in the ambulance service, leading to the development of the National Ambulance Training College for Wales. He was appointed Honorary Lecturer to the University of Wales (Swansea), which recognised his contribution in setting up a BSc in pre-hospital care.

Helen Davis – *orthoptist*

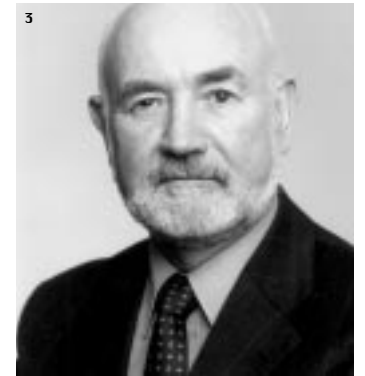
Helen Davis is a Senior Lecturer in Orthoptics at the University of Sheffield, and has an honorary contract with the Sheffield Teaching Hospitals Trust. She is a former Chairman of the Orthoptists Board at CPSM.

Paul Frowen – *chiropodist and podiatrist*

Paul Frowen is Senior Lecturer, Head of The Wales Centre for Podiatric Studies School of Health and Social Sciences at University of Wales Institute, Cardiff. He is a former Vice-Chairman of the Chiropodists Board at CPSM, and is Joint Chair of the Chiropodists Pre-registration Education and Training Working Group. He was a member of the QAA Subject Benchmarking Group for Podiatry and a QAA Subject Specialist Reviewer.

Professor Rosemary Klem – *radiographer*

Rosemary Klem is currently Head of the School of Radiography (diagnostic & radiotherapy), Faculty of Health and Community Care, University of Central England in Birmingham. She is a former Vice-Chairman of the Radiographers Board at CPSM and former Chair of the Joint Validation Committee of the College of Radiographers and Radiographers Board. Rosemary was a member of the QAA Subject Benchmarking Group for Radiography and is currently Chairman of our Registration Committee.



- 1 Neil Willis at Council meeting
- 2 Rosemary Klem
- 3 Dr Sandy Yule
- 4 Michael Collins
- 5 Professor Diane Waller
- 6 Dr Anna Van der Gaag
- 7 Paul Frowen
- 8 Pam Sabine
- 9 Dr Graham Beastall
- 10 Council meeting
- 11 Helen Davis
- 12 Michael Barham
- 13 Neil Willis





- 1 Council meeting
- 2 Marc Seale and Norma Brook
- 3 Ian Massey
- 4 Eileen Thornton
- 5 Council meeting
- 6 Gill Pearson
- 7 Gordon Sutehall
- 8 Jacqueline Pearce
- 9 Professor Carol Lloyd

The Council continued

Alternate members continued

Professor Carol Lloyd – occupational therapist

Carol Lloyd is Subject Manager for Occupational Therapy and Programme Leader at the School of Health and Community Studies at the University of Derby. She is an external examiner at Brunel University and Canterbury Christchurch University College. She is also involved with the Workforce Development Confederation and a member of regional professional advisory groups.

Ian Massey – prosthetist

Ian Massey is currently employed by Chas A. Blatchford & Son Ltd, and is Prosthetic Manager for the centre at Cardiff and Swansea. He started in the profession in 1975, qualifying as a prosthetist in 1982. He has worked mainly in Cardiff centre. He is a former member for the Prosthetist and Orthotist Board at CPSM.

Jacqueline Pearce – speech and language therapist

Jacki Pearce is a Speech and Language Therapy Manager in Hertfordshire and has previously been an area manager, organising many other professional groups on a day-to-day basis. She has been a magistrate for the last 15 years, also in Hertfordshire, with a particular interest in family court matters, and has taken time out to complete a Masters in Health Law. She represents speech and language therapy managers from the eastern region on the Management Board of the Royal College of Speech and Language Therapy.

Gillian Pearson – dietitian

Gillian Pearson currently works as a clinical dietitian in the NHS, and has experience of working in the NHS and higher education, teaching on both undergraduate and postgraduate courses. She has been a dietetic manager of both community and acute hospital dietetic departments. Gillian is a former member of the Dietitians Board at CPSM, chairing the Education and Training Committee of the Board.

Gordon Sutehall – medical laboratory technician (biomedical scientist)

Gordon Sutehall is Principal Virologist at the Clinical Microbiology (Health Protection Agency) Laboratory, Addenbrooke's Hospital, Cambridge, where he has worked since 1978. He has worked in clinical virology for more than 30 years, and has been involved in teaching this subject to students at various universities and colleges for most of that time. He is the treasurer of the Institute of Biomedical Science, having previously developed a leading role in continuing professional development (CPD) for the Institute. Gordon is currently a member of the Government's Advisory Committee on Dangerous Pathogens.

Eileen Thornton – physiotherapist

Eileen Thornton is the Head of the School of Health Sciences at the University of Liverpool. She has been in physiotherapy education for a number of years. She has been involved with the Chartered Society of Physiotherapy, serving on and chairing many committees relating to pre-registration and post-registration education activities and registration and professional conduct functions.

Niamh O'Sullivan

Secretary to Council

Council meetings 2003 to 2004

Council or Committee	Dates
Council	2 April 2003 4 June 2003 17 September 2003 8 and 9 October 2003 (meeting and Council training) 11 December 2003 2 March 2004
Communications Committee	10 July 2003 20 November 2003
Conduct and Competence Committee	22 July 2003 23 September 2003 20 November 2003 12 February 2004 17 March 2004
Education and Training Committee	14 May 2003 28 May 2003 30 July 2003 24 September 2003 19 November 2003 11 February 2004 24 March 2004
Finance and Resources Committee	20 May 2003 22 July 2003 23 September 2003 20 November 2003 12 February 2004 17 March 2004
Health Committee	30 April 2003 16 July 2003 29 October 2003 28 January 2004
Investigating Committee	8 May 2003 31 July 2003 12 November 2003 5 February 2004
Registration Committee	30 April 2003 15 July 2003 10 September 2003 5 November 2003

Our website www.hpc-uk.org



Our website is a vital part of our communication strategy. Publishing information online is a cost-effective way of making large amounts of information available to large numbers of people.

For example, in April 2003 there were over 39,000 visits to our website. If we sent out this volume of hard copies, it would be an expensive use of registrants' fees. Publishing online means that we can use our resources elsewhere. This offers registrants better value for money. Also, online information can be updated as needed – day by day, and even sometimes hour by hour.

A vital part of our commitment to making us an open organisation which takes responsibility for its actions lies in putting as much information online as possible. Whether you are a Council member, a member of the public, a registrant, or a government minister, you can log onto our website and read the minutes of Council and committee meetings, news releases, online copies of the publications we produce, application forms, standards and much more information about how we are run. If you think that there is information missing from the site, or if you have any feedback about the website, we are always glad to receive it.

The online register

One of the most important features of the website is the online register. Anyone with access to the internet can check the registration of a health professional. When you use the online register, you need to know the profession of the person whose registration you want to check, and also either their surname or their registration number.

The online register displays the registrant's name, registration number, and general area where they practice. It does not display home addresses.

Website developments

Over the past year the website has undergone many changes. Below, we outline just a few of these. Naturally, the best way to see how the site is developing is to go online, and have a look around.

Committee and Council section

Under the new design of these two sections, each committee has its own page where you can find out the members of the committee, contact the committee secretary, and read the minutes of the meetings. In the Council section, as well as details of past minutes, each Council member has their own page with their photograph, a brief biography, and their 'register of interests'.

Registrants' section

This section contains information specifically for those currently on the Register. It contains, for example, a list of the professional year-end dates (the dates on which each profession renews their registration), information about claiming tax back on your registration fees, information about our fees, a downloadable direct debit form, registration renewal form and a link to the online register.

The register of approved courses

The UK courses which we approve are also now available online. Brief details of all courses are on a webpage. You can find full details of all courses in html, pdf or rich-text format.

Of course, if you do not have access to the internet, you can still find out more about any aspect of our organisation by phone or e-mail, or in writing. We will send out hard copies of our documents if asked.

Nevertheless, as our website grows and develops further over the next year, the easiest way to find out more about us, and to get information about us, is to get online, and log onto www.hpc-uk.org

Events

Consultation events

As part of the process of setting up our rules and procedures, we held 38 consultation events at 19 venues throughout the UK over the summer of 2002. We held two meetings each day, one in the afternoon and one in the evening, to allow as many people as possible to go. Those who attended included representatives from all our stakeholder groups, with most being our registrants. We published two versions of the consultation document in July 2002, and we sent the condensed version to all our registrants.

Interest in the meetings was overwhelming. Over 4000 people came. The biggest audiences were in Liverpool, Edinburgh, Glasgow and central London, which all attracted well over 300 people. Leeds, Birmingham, Brighton, Norwich and Salisbury were also well-attended days. A panel of Council members and Marc Seale, our Chief Executive and Registrar, answered questions on all topics from the Council election process to continuing professional development (CPD), from fees to new professions joining the Register, and from protection of title to the 'grandparenting' process. There was also an opportunity to speak to panel members after the meeting for more in-depth discussions.

At the end of the consultation process, once we had collected and considered all comments and responses, we held a feedback meeting in Cardiff on 9 December 2002. Jane Hutt AM, Welsh Assembly Government Minister for Health and Social Services presented to an audience of our stakeholders. We distributed the newly published 'Your Responses' document and released a preview of the 'Key Decisions' document.

Our re-launch event – 9 April 2003

We held the official launch of the Health Professions Council (HPC) on 9 April 2003 at the Edinburgh International Conference Centre. Parliamentary Under Secretary of State at the Scotland Office, Anne McGuire MP, helped launch the organisation and the brochures outlining our new rules and procedures. Those who attended included health professionals, representatives from professional bodies and journals, educational institutions, government departments, employers of health professionals, plus members of our Council.

Listening events 2003 to 2004

We will be hosting ongoing listening events around the UK to make sure we keep in regular contact with key stakeholder groups and to keep in touch with their views and requests.

Listening events scheduled for 2003 to 2004 are as follows.

Place	Date
Jersey	24 April 2003
Belfast	19 June 2003
Llandudno	4 November 2003
Nottingham	17 February 2004
Aberdeen	6 May 2004

For more information and to reserve a place at any of these meetings, please call 020 7840 9708 or 020 7840 9760 or e-mail events@hpc-uk.org

Conferences 2003 to 2004

We will be exhibiting at the conferences listed below.

Conference	Date
HR in the NHS Conference 2003 <i>Birmingham</i>	2 - 3 June 2003
The 14th International WCPT Congress (World Confederation for Physical Therapy) <i>Barcelona</i>	7 - 12 June 2003
Design for Living Life: College of Occupational Therapists 27th Annual Conference and Exhibition <i>Glasgow</i>	9 - 11 July 2003
Chartered Society of Physiotherapy (CSP) Congress <i>Birmingham</i>	17-19 October 2003

For recent additions to this list please visit the events page on our website.

Attendance at Council meetings

Members	April 2002	May 2002	June 2002	July 2002	September 2002	October 2002*	November 2002	December 2002	January 2003	March 2003
Michael Barham (A)			✓		x	✓				
Dr Graham Beastall (A)	✓					✓				
Professor Norma Brook	✓	✓	x	✓	x	✓	✓	✓	✓	✓
Shaheen Chaudhry	✓	x	x	✓	✓	✓	✓	✓	✓	✓
Robert Clegg	✓	✓	✓	✓	✓	✓	x	✓	x	x
Michael Collins (A)			x	x		x				
Mary Crawford	✓	✓	x	✓	x	✓	x	✓	✓	✓
Helen Davis (A)	✓		✓		✓	x	✓	✓		
Christine Farrell	✓	✓	✓	✓	✓	✓	✓	✓	✓	x
Ann Foster	✓	x	✓	✓	✓	✓	✓	✓	x	✓
Paul Frowen (A)						✓				
Professor John Harper	✓	x	✓	✓	x	✓	x	x	✓	✓
Professor Tony Hazell	✓	x	✓	✓	x	x	x	✓	✓	✓
Dr Robert Jones	✓	x	✓	✓	x	✓	✓	✓	✓	x
Professor Rosemary Klem (A)		✓			✓	x				
Colin Lea	✓	✓	✓	x	✓	✓	✓	✓	x	✓
Professor Sir John Lilleyman	✓	✓	✓	✓	x	✓	✓	✓	✓	✓
Professor Carol Lloyd (A)			✓		✓	✓	✓			
Professor Jeffery Lucas	✓	x	x	x	✓	✓	✓	x	x	✓
Morag MacKellar	✓	✓	✓	✓	x	✓	✓	✓	✓	✓
Joanna Manning	✓	x	x	x	✓	✓	✓	x	✓	✓
Ian Massey (A) - Appointed June 2002				x	x	✓	✓	✓		
Clare McGartland	x	✓	x	✓	x	✓	x	x	✓	✓
William Munro	✓	✓	✓	x	x	x	x	x	✓	✓
Dr John Old	x	✓	✓	✓	✓	x	✓	✓	✓	✓
Jacqueline Pearce (A)	✓	x				✓	x			x
Gillian Pearson (A)					✓	x				
Keith Ross	✓	✓	✓	x	✓	✓	✓	✓	✓	✓
Pam Sabine	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jackie Stark	✓	✓	x	x	✓	x	x	✓	✓	✓
Barbara Stuart	✓	✓	✓	✓	x	✓	✓	✓	x	✓
Gordon Sutehall (A)						✓				
Eileen Thornton (A)		x			x	✓				
Dr Anna Van Der Gaag	x	x	✓	✓	✓	✓	x	✓	✓	x
Professor Diane Waller	✓	✓	x	✓	x	✓	✓	✓	✓	x
Neil Willis	✓	✓	✓	✓	✓	✓	✓	x	✓	✓
Dr Sandy Yule	✓	x	✓	✓	x	x	✓	✓	✓	✓

✓ Attended
 x Apologies for absence received
 (A) Alternate member
 * For the October meeting we invited everyone to attend

Attendance at committee meetings

Attendance at Communications Committee meetings

Members	22 April 2002	27 May 2002	6 August 2002	27 September 2002	18 November 2002	18 February 2003
Ann Foster - <i>Chairman</i>	✓	✓	✓	✓	✓	✓
Shaheen Chaudhry	✓	✓	✓	✓	✓	✓
Morag MacKellar	x	✓	✓	x	x	✓
Joanna Manning - <i>Appointed November 2002</i>						x
Clare McGartland	✓	✓	✓	x	x	✓
Jackie Stark	✓	✓	x	✓	x	✓
✓ <i>Attended</i> x <i>Apologies for absence received</i>						

Attendance at Conduct and Competence Committee meetings

Members	14 May 2002	13 June 2002	28 November 2002	7 January 2003	20 February 2003	19 March 2003
Dr Sandy Yule - <i>Chairman</i>	x	✓	✓	✓	✓	✓
Dr Graham Beastall	✓	x	✓	x	x	x
Robert Clegg	✓	✓	x	✓	✓	✓
Helen Davis	✓	✓	x	✓	✓	x
Dr Robert Jones	x	✓	✓	x	✓	✓
Professor Carol Lloyd - <i>Appointed November 2002</i>			x	✓	✓	x
Joanna Manning	x	x	✓	✓	x	x
Keith Ross	✓	✓	✓	✓	✓	✓
Pam Sabine	x	✓	x	✓	✓	x
Barbara Stuart	✓	✓	x	✓	x	✓
Gordon Sutehall	✓	✓	x	✓	✓	x
Eileen Thornton - <i>Resigned June 2002</i>	✓	x				
✓ <i>Attended</i> x <i>Apologies for absence received</i>						

Attendance at Health Committee meetings

Members	14 May 2002	27 September 2002	19 December 2002
Mary Crawford - <i>Chairman</i>	✓	✓	✓
Ann Foster	x	✓	✓
Professor Tony Hazell	x	x	✓
Professor Sir John Lilleyman	✓	✓	✓
Clare McGartland	✓	x	x
Dr John Old	✓	x	x
Jackie Stark	✓	✓	x
Dr Anna Van Der Gaag	x	x	x
Professor Diane Waller	✓	x	x
✓ <i>Attended</i> x <i>Apologies for absence received</i>			

Attendance at committee meetings continued

Attendance at Education and Training Committee meetings

Members	1 May 2002	22 May 2002	3 July 2002	16 October 2002	12 November 2002	27 November 2002	12 February 2002	26 March 2003
Professor Diane Waller - <i>Chairman</i>	✓	✓	✓	✓	✓	✓	✓	✓
Dr Graham Beastall	✓	x	x	✓	x	x	x	
Shaheen Chaudhry	✓	✓	✓	✓	✓	✓	✓	x
Michael Collins	✓	x	✓	✓	x	x	x	✓
Helen Davis	✓	✓	x	✓	✓	✓	x	✓
Christine Farrell	✓	x	✓	x	✓	✓	✓	✓
Paul Frowen	✓	✓	✓	✓	✓	x	✓	✓
Professor John Harper	x	✓	✓	x	✓	x	✓	x
Professor Tony Hazell	x	x	x	x	x	x	x	✓
Laurence Hughes - <i>Resigned May 2002</i>	x							
Raman Kapur - <i>Appointed November 2003</i>							✓	✓
Professor Rosemary Klem	x	✓	x	✓	✓	✓	✓	✓
Professor Carol Lloyd		✓	✓	✓	✓		✓	✓
Professor Jeffery Lucas	x	x	✓	✓	✓	✓	x	x
Ian Massey - <i>Appointed July 2002</i>				✓	x	✓	✓	✓
Gillian Pearson	✓	✓	x	✓	✓	✓	✓	✓
Gordon Sutehall	x	✓	✓	x	✓	x	✓	✓
Eileen Thornton	✓	x	✓	✓	x	x	✓	✓
Dr Anna Van Der Gaag	✓	✓	✓	x	✓	✓	✓	✓
✓ <i>Attended</i>								
x <i>Apologies for absence received</i>								

Attendance at Finance and Resources Committee meetings

Members	30 April 2002	30 May 2002	10 June 2002*	27 June 2002	24 September 2002	29 October 2002	26 November 2002	13 February 2003	19 March 2003
Colin Lea - <i>Chairman</i>	✓	✓	✓	✓	✓	✓	✓	✓	✓
Michael Barham	✓	✓	✓	✓	✓	x	✓	x	✓
Robert Clegg	x	x	✓	x	✓	x	✓	✓	✓
Professor John Harper	x	x	x	x	✓	x	x	✓	x
William Munro	✓	x	x	✓	✓	x	✓	✓	x
Daniel Ross - <i>Financial Advisor</i>	✓	✓	x	x	✓	✓	✓	✓	✓
Keith Ross	✓	✓	x	✓	✓	✓	✓	✓	✓
Jackie Stark	x	x	x	x	✓	✓	✓	✓	✓
Barbara Stuart	✓	✓	✓	✓	✓	✓	✓	✓	✓
Neil Willis	✓	✓	✓	✓	✓	✓	✓	x	✓
Dr Sandy Yule	✓	✓	✓	x	x	✓	✓	✓	✓
✓ <i>Attended</i>									
x <i>Apologies for absence received</i>									
* <i>Reconvened meeting of 30 May 2002</i>									

Attendance at Audit Committee meetings

Members	19 March 2003
Sandy Yule - <i>Chairman</i>	✓
Ann Foster	✓
Daniel Ross - <i>Financial Advisor</i>	✓
Jackie Stark	✓
✓ <i>Attended</i>	

Attendance at Investigating Committee meetings

Members	10 April 2002	9 May 2002	11 June 2002	1 October 2002	13 January 2003
Neil Willis - <i>Chairman</i>	✓	✓	✓	✓	✓
Michael Barham	✓	✓	✓	✓	x
Michael Collins	✓	✓	x	x	✓
Christine Farrell	✓	✓	x	x	✓
Paul Frowen	✓	✓	x	x	x
Morag MacKellar	✓	x	✓	✓	✓
William Munro	x	x	✓	x	✓
Jacqueline Pearce	x	✓	x	✓	✓
Gillian Pearson	✓	x	x	✓	✓
✓ <i>Attended</i> x <i>Apologies for absence received</i>					

Attendance at Registration Committee meetings

Members	5 April 2002	8 May 2002	14 June 2002	19 July 2002	25 September 2002	12 November 2002	29 January 2003
Professor Rosemary Klem - <i>Chairman</i>	✓	✓	✓	✓	✓	✓	x
Mary Crawford	✓	x	x	✓	✓	x	✓
Paul Frowen	✓	✓	✓	✓	✓	✓	✓
Dr Robert Jones	x	✓	x	x	✓	x	✓
Ian Massey - <i>Appointed November 2002</i>							✓
Pam Sabine	✓	✓	✓	✓	✓	✓	✓
Eileen Thornton	x	x	x	✓	x	x	✓
Dr Anna Van Der Gaag	x	x		x	✓	x	✓
✓ <i>Attended</i> x <i>Apologies for absence received</i>							

Attendance at Consultation Steering Group meetings

Members	23 April 2002	7 May 2002	21 May 2002	10 June 2002	11 September 2002	20 November 2002
Professor Norma Brook - <i>Chairman</i>	✓	✓	✓	x	x	✓
Mary Crawford	x	✓	x	x	x	x
Ann Foster	✓	✓	✓	✓	✓	✓
Professor Rosemary Klem	✓	✓	x	✓	✓	x
Colin Lea	✓	✓	✓	✓	✓	x
Morag MacKellar	x	✓	x	x	x	✓
Barbara Stuart	✓	✓	✓	✓	✓	x
Professor Diane Waller	x	x	✓	x	x	x
Neil Willis	✓	✓	x	✓	✓	✓
Dr Sandy Yule	✓	x	x	✓	✓	x
✓ <i>Attended</i> x <i>Apologies for absence received</i>						

We ended the Consultation Steering Group in November 2002 when their work came to an end.



The five principles of good regulation

Proportionality

Regulators should only intervene when necessary. Remedies should be appropriate to the risk posed, and costs identified and minimised.

Accountability

Regulators must be able to justify decisions, and be subject to public scrutiny.

Consistency

Government rules and standards must be joined up and implemented fairly.

Transparency

Regulators should be open, and keep regulations simple and user friendly.

Targeting

Regulation should be focused on the problem, and minimise side effects.

The Better Regulation Task Force is an independent body that advises Government on action to ensure that regulation and its enforcement agree with the five principles of good regulation. Their publication 'Principles of Good Regulation' was last revised in February 2003 and is available on their website at www.brtf.gov.uk

Government departments and independent regulators should use them when considering new proposals and evaluating existing regulations.

Financial statements

Year ended 31 March 2003

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Report of the Council

for the year ended 31 March 2003

The Council submit their first report together with the audited financial statements for the year ended 31 March 2003.

Members during the year

All Council members were appointed on 1 April 2002 and served throughout the year, except as shown below:

Professor Norma Brook, *President*

Colin Lea, *Vice-President*

Shaheen Chaudry

Robert Clegg

Mary Crawford

Christine Farrell

Ann Foster

Professor John Harper

Professor Anthony Hazell

Dr Robert Jones

Professor Sir John Lilleyman

Professor Jeff Lucas

Morag MacKellar

Joanna Manning

Clare McGartland

William Munro

Dr John Old

Keith Ross

Pam Sabine

Jackie Stark

Barbara Stuart

Dr Anna Van Der Gaag

Professor Diane Waller

Neil Willis

Dr Alexander Yule OBE

Alternates:

Michael Barham

Dr Graham Beastall

Michael Collins

Helen Davis

Paul Frowen

Lawrence Hughes (resigned 24 April 2002)

Professor Rosemary Klem

Professor Carol Lloyd

Ian Massey (appointed 12 June 2002)

Jacqueline Pearce

Gillian Pearson

Gordon Sutehall

Eileen Thornton

Method of appointment or election of Council members

The Council currently comprises 37 members (the President and 12 other practitioner members, 12 lay members and 12 alternate members) appointed by the Privy Council in accordance with the transitional provisions in Schedule 2 to the Health Professions Order 2001. Once the transitional arrangements come to an end in two years' time, the Council will consist of 12 registrant members who are appointed on being elected under the Council's election scheme, 11 lay members who are appointed by the Privy Council and 12 alternate members appointed on being elected under the Council's election scheme. The numbers of registrant and alternate members (i.e. 12) is linked to the number of professions currently regulated by the Council. There is an alternate member for every registrant member, alternate members having the same functions as registrant members but are only able to vote if registrant members are not present. There must be at least one lay and registrant member for each home country within the United Kingdom.

The objectives of the Council

The Council was set up on 1 April 2002 by the Health Professions Order 2001. As part of its functions the Council maintains the register of members of the relevant health professions and its main objective in the exercise of its functions is to safeguard the health and well-being of persons using or needing the services of registrants.

The Council replaces the old Council for Professions Supplementary to Medicine (CPSM) and its boards.

Organisational structure

Four statutory committees have been set up to deal with the fitness to practise of professionals registered with the Council, investigating complaints and the establishment and monitoring of training and education standards. In addition, three non-statutory committees have been set up: the Finance and Resources Committee (to which an Audit and a Remuneration Committee reports), the Registration Committee and the Communications Committee. All committees are chaired by a member of the Council.

The Council has the following departments under a Chief Executive and Registrar: Communications, Directors, Education and Policy, Finance, Human Resources, Information Technology, Legal Services, Office Services, Project Management, Registration (UK), Registration (International and Grandparenting) and Secretary to Council.

Review of activities and future developments

A full report on the Council's activities during the year is published in the annual report.

Form of financial statements

The Financial Statements have been prepared in a form directed by the Privy Council which complies with the HM Treasury Guidance on the preparation of accounts for non-Departmental Public Bodies, as if the Council was a non-Departmental Public Body (NDPB) of the Department of Health. The results and balance sheet of CPSM for the year ended 31 March 2002 are shown, as required by FRS 6 – Accounting for acquisitions and mergers. The scale and nature of the operations undertaken by the Council are very different from those undertaken by CPSM and comparisons between the two years may not always be useful to those reviewing these financial statements.

Financial results

The Council commenced operations on 1 April 2002 and acquired the activities, assets and liabilities of CPSM at that date. The net assets taken over totalled £3,845,311 but a change in the policy of income recognition from a cash received basis to one of apportioning income over the period to which it relates required a reduction to £2,416,615.

There was an operational deficit of expenditure over income of £893,681 for this first year which is set out in these financial statements. Total recognised losses for the year totalled £1,408,173 after charging unrealised losses on investments of £514,492. At 31 March 2003 reserves had reduced to £1,761,795.

Fee income was received at the level previously charged by CPSM (largely £22 per annum). Following a consultation process which took place during the year, the Privy Council permitted a rise in fees to £60 per annum in most cases with effect from 9 July 2003. Investment income net of realised losses on sales of investments totalled £88,424. More would have been received but £500,000 was withdrawn from the investment portfolio to support revenue expenditure.

A revenue grant of £1,816,452 was received from the Department of Health to cover most of the initial set-up costs of the new organisation. These covered costs relating to the refurbishment of the office building, communications, the consultation exercise, specific legal work in relation to establishing the rules and procedures of the new organisation and other administrative costs. A capital grant of £753,353 was also received to fund the creation of a new computerised registration system. This is held in the balance sheet until the system is fully operational in the new financial year and depreciated.

The balance sheet of the organisation shows fixed assets totalling £4,014,055. Of this tangible fixed assets are largely the freehold land and buildings and the computerised registration system. The investment portfolio is managed by stockbrokers and was worth £1,322,147 at 31 March 2003. Net current assets included deferred income of £2,238,563, being registration and retention fees received in advance.

The financial position is much as was expected after one year. A further deficit is anticipated for the year ending 31 March 2004 but thereafter, it is anticipated that operational surpluses will be attained, replenishing the reserves to reasonable levels.

Better payment practice code

It is Council policy to observe the principles of the better payment practice code by settling all undisputed invoices within 30 days. Procedures are being set up to monitor performance.

Disabled employees and equal opportunities

The Council is an equal opportunities employer and provides employment opportunities and advancement of all suitably qualified persons regardless of age, sex, religion, ethnic origin, marital status, dependants, disability or political beliefs. The Council does not regard disablement as a bar to recruitment or advancement; selection is based upon the ability of the individual to do the job.

Employee involvement

The Council places considerable reliance on the involvement of its employees. It makes every effort to ensure that all staff are kept informed of the Council's plans and developments. The main channels of communication include regular all-staff meetings, weekly meetings of the Executive Management Team and e-mail.

Health and safety

The Council is committed to adhering to the Health and Safety at Work Act 1974 and other related UK and European requirements to ensure that staff and visitors enjoy the benefits of a safe environment.

Auditors

BDO Stoy Hayward were appointed as the first auditors to the Council. BDO Stoy Hayward have expressed their willingness to continue in office. The Comptroller and Auditor General also examines, certifies and reports on the annual accounts, as laid down in the Health Professions Order 2001.

By order of the Council

Professor Norma Brook

President

10 July 2003

Statement of responsibilities of the Council and its Chief Executive in respect of the accounts

The accounts are prepared in accordance with the Accounts Direction from the Privy Council which requires the accounts to be prepared in accordance with the HM Treasury Guidance on the keeping and preparation of accounts for non-Departmental Public Bodies.

The Health Professions Order 2001 requires that annual accounts are prepared and audited. The Council and the Chief Executive (as Accounting Officer) are responsible for the preparation and the approval of the accounts. In preparing those accounts they are required to:

- observe the applicable accounts direction issued by the Treasury;
- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- follow applicable accounting standards, subject to any material departures disclosed and explained in the accounts.
- prepare the accounts on the going concern basis unless it is inappropriate to assume that the Council will continue in business.

The Council and its Chief Executive are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Council and to enable them to ensure that the financial statements comply with the provision of the Health Professions Order 2001. They are also responsible for safeguarding the assets of the Council and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Accounting Officer for the Privy Council has appointed the Chief Executive as the Accounting Officer for the Council. His relevant responsibilities as Accounting Officer, including his responsibility for the propriety and regularity of the public finances and for the keeping of proper accounting records, are set out in the non-Departmental Public Bodies' Accounting Officer Memorandum issued by the Treasury and published in Government Accounting.

Accounting Officer's statement on internal control

As Accounting Officer, I have responsibility for maintaining proper financial systems and procedures of control, including internal audit, and for securing propriety, regularity and value for money in the use of the Council's resources.

I am responsible for ensuring that the system of internal controls is designed to deliver the stewardship of funds and the safeguarding of the Council's assets. Standards of internal control are kept under constant review, through the work of the Finance and Resources Committee and its sub-committee, the Audit Committee. The system can provide only reasonable and not absolute assurance that assets are safeguarded, transactions authorised and properly recorded, and that material errors or irregularities are either prevented or would be detected within a timely period.

The system of internal control is based on an ongoing process designed to identify the principal risks to the aims and objectives of the Council, to evaluate the nature and extent of those risks and to manage them effectively and efficiently. It is also based on a framework of regular management information, administrative procedures including the segregation of duties, and a system of delegation and accountability. In particular, it includes:

- Comprehensive budgeting systems with an annual budget which is reviewed and agreed by the Council;
- Regular reviews by the Finance and Resources Committee of monthly and annual financial performance against forecasts;
- Setting targets to measure financial and other performance;
- Clearly defined procedures for the authorisation and control of revenue and capital expenditure. The only exception to this was the lack of a formalised tendering process which, subsequent to the year end, is now being addressed with appropriate systems and controls being put in place.

The Council is establishing an Internal Audit function, undertaken by the internal audit division of the external auditors and controlled by the Audit Committee. The Committee has reviewed the statement of risks shortly to be submitted to the Privy Council and which will be reviewed at least annually. The programme of internal audit work will in future be defined based on the identified risks.

My review of the effectiveness of the system of internal control is based on the work of the executive management team within the organisation and in future on the work of the internal audit function, both of whom have responsibility for the development and maintenance of the internal control framework and comments made by the external auditors in their management letter and other reports.

Marc Seale

*Chief Executive and Registrar
Accounting Officer*

10 July 2003

Report of the Independent Auditors

We certify that we have examined the financial statements on pages 32 to 43 in accordance with Section 46(2) of the Health Professions Order 2001. These financial statements have been prepared under the historic cost convention as modified by the revaluation of certain fixed assets and the accounting policies set out on page 36.

Respective responsibilities of the Council, the Chief Executive and the Auditor

As described on page 28 the Council and the Chief Executive are responsible for the preparation of the financial statements and for ensuring the regularity of financial transactions. The HPC and its Chief Executive are also responsible for the preparation of other contents of the Annual Report. Our responsibilities, as independent auditors, are established by statute and guided by the Auditing Practices Board and the auditing profession's ethical guidance.

We report our opinion as to whether the financial statements give a true and fair view and are properly prepared in accordance with Section 46(1)(b) of the Health Professions Order 2001 and Privy Council directions made thereunder, and whether in all material respects the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them. We also report if, in our opinion, the Foreword is not consistent with the financial statements, if the Council has not kept proper accounting records, or if we have not received all the information and explanations we require for our examination.

We review whether the statement on page 29 reflects the Council's compliance with the Treasury's guidance, "Corporate Governance: Statement on Internal Control". We report if it does not meet the requirements for disclosure specified by the Treasury or if the statement is misleading or inconsistent with other information we are aware of from our examination of the financial statements.

Our report has been prepared pursuant to the requirements of the Health Professions Order 2001 and for no other purpose. No person is entitled to rely on this report unless such a person is a person entitled to rely upon this report by virtue of and for the purpose of the Health Professions Order 2001 or has been expressly authorised to do so by our prior written consent. Save as above, we do not accept responsibility for this report to any other person or for any other purpose and we hereby expressly disclaim any and all such liability.

Basis of audit opinion

We conducted our review in accordance with the United Kingdom Auditing Standards issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts, disclosures and regularity of financial transactions included in the financial statements. It also includes an assessment of the significant estimates and judgements made by the Council in the preparation of the financial statements, and of whether the accounting policies are appropriate to the Council's circumstances, consistently applied and adequately disclosed.

We planned and performed our examination so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by error, or by fraud or other irregularity and that, in all material respects, the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them. In forming our opinion we also considered the overall adequacy of the presentation of information in the financial statements.

Opinion

In our opinion:

- The financial statements give a true and fair view of the state of affairs of the Health Professions Council at 31 March 2003 and of its income and expenditure and cash flow for the year then ended and have been properly prepared in accordance with Section 46(1)(b) of the Health Professions Order 2001 and directions made thereunder by the Privy Council; and
- In all material respects the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

We have no observations to make on these financial statements.

BDO Stoy Hayward

Chartered Accountants and Registered Auditors

Epsom, Surrey
England
11 July 2003

Certificate and report of the Comptroller and Auditor General to the Houses of Parliament

I certify that I have examined the financial statements on pages 32 to 43 in accordance with Section 46(5) of the Health Professions Order 2001. These financial statements have been prepared under the historic cost convention as modified by the revaluation of certain fixed assets and the accounting policies set out on page 36.

Respective responsibilities of the Council, the Chief Executive and the Auditor

As described on page 28 the Council and the Chief Executive are responsible for the preparation of the financial statements and for ensuring the regularity of financial transactions. The Council and its Chief Executive are also responsible for the preparation of other contents of the Annual Report. My responsibilities, as independent auditor, are established by statute and guided by the Auditing Practices Board and the auditing profession's ethical guidance.

I report my opinion as to whether the financial statements give a true and fair view and are properly prepared in accordance with Section 46(1)(b) of the Health Professions Order 2001 and Privy Council directions made thereunder, and whether in all material respects the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them. I also report if, in my opinion, the Foreword is not consistent with the financial statements, if the Council has not kept proper accounting records, or if I have not received all the information and explanations I require for my examination.

I read the other information contained in the Annual Report and consider whether it is consistent with the audited financial statements. I consider the implications for my certificate if I become aware of any apparent misstatements or material inconsistencies with the financial statements.

I review whether the statement on page 29 reflects the Council's compliance with the Treasury's guidance, "Corporate Governance: Statement on Internal Control". I report if it does not meet the requirements for disclosure specified by the Treasury, or if the statement is misleading or inconsistent with other information I am aware of from my examination of the financial statements.

Basis of audit opinion

I conducted my review in accordance with the United Kingdom Auditing Standards issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts, disclosures and regularity of financial transactions included in the financial statements. It also includes an assessment of the significant estimates and judgements made by the Council in the preparation of the financial statements, and of whether the accounting policies are appropriate to the Council's circumstances, consistently applied and adequately disclosed.

I planned and performed my examination so as to obtain all the information and explanations which I considered necessary in order to provide me with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by error, or by fraud or other irregularity and that, in all material respects, the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them. In forming my opinion I also considered the overall adequacy of the presentation of information in the financial statements.

Opinion

In my opinion:

- The financial statements give a true and fair view of the state of affairs of the Health Professions Council at 31 March 2003 and of its deficit and cash flow for the year then ended and have been properly prepared in accordance with Section 46(1)(b) of the Health Professions Order 2001 and directions made thereunder by the Privy Council; and
- In all material respects the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

I have no observations to make on these financial statements.

John Bourn

Comptroller and Auditor General

National Audit Office
157-197 Buckingham Palace Road
London SW1W 9SP
14 July 2003

Income and expenditure account

for the year ended 31 March 2003

	Note	2003 £	CPSM as restated 2002 £
Income			
Fee income			
Registration fees		185,624	180,150
Restoration fees		88,916	89,726
Retention fees		3,018,594	2,617,633
Pre-registration fees		709,020	573,425
Total fee income	2	4,002,154	3,460,934
Investment income	3	93,052	110,531
Loss on disposal of investments		(4,628)	(49,729)
Grant income - Department of Health		1,816,452	-
Total income		5,907,030	3,521,736
Expenditure			
Payroll costs	4	2,094,185	1,541,197
Staff travelling and subsistence		47,767	21,501
Council and committee expenses		434,265	181,594
Property services		742,511	168,697
Office services		588,075	489,226
Computer services		269,621	232,981
Partners (assessors and other professionals)		426,005	488,681
Legal expenses		830,868	328,377
Communications		623,380	72,420
Consultation events		359,548	-
Other expenses		384,486	67,872
Total expenditure	5	6,800,711	3,592,546
Notional costs	6	125,353	155,217
Deficit of expenditure over income after notional costs		(1,019,034)	(226,027)
Reversal of notional costs		125,353	155,217
Deficit of expenditure over income	7	(893,681)	(70,810)

All amounts relate to continuing activities.

The notes on pages 36 to 43 form part of these financial statements.

Statement of total recognised gains and losses

for the year ended 31 March 2003

	Note	2003 £	CPSM as restated 2002 £
Deficit of expenditure over income	7	(893,681)	(70,810)
Unrealised losses on investments	8	(514,492)	(71,897)
Deficit on revaluation of freehold land and buildings		-	(197,960)
Total recognised losses for the year		(1,408,173)	(340,667)

The notes on pages 36 to 43 form part of these financial statements.

Balance sheet

as at 31 March 2003

	Note	2003 £	CPSM as restated 2002 £
Fixed assets			
Tangible fixed assets	8	2,691,908	1,564,026
Investments	9	1,322,147	2,146,012
		4,014,055	3,710,038
Current assets			
Debtors	10	807,347	58,158
Cash at bank and on deposit		712,593	1,318,985
		1,519,940	1,377,143
Creditors: amounts falling due within one year	11	1,533,637	549,859
Deferred income	12	2,238,563	2,120,707
		3,772,200	2,670,566
Net current liabilities		(2,252,260)	(1,293,423)
Net assets		1,761,795	2,416,615
Represented by:			
Government Grant Reserve	13	753,353	-
Accumulated fund	14	1,008,442	2,416,615
		1,761,795	2,416,615

Approved by the Council on 10 July 2003 and signed on its behalf:

Professor Norma Brook

President

Marc Seale

Chief Executive and Registrar

The notes on pages 36 to 43 form part of these financial statements.

Cash flow statement

as at 31 March 2003

	2003	CPSM as restated 2002
Note	£	£
Reconciliation of deficit of expenditure over income to net cash inflow from operating activities		
Deficit of expenditure over income	(893,681)	(70,810)
Depreciation of tangible fixed assets	167,035	105,418
Loss on disposal of fixed assets	-	4,832
Investment income	(93,052)	(110,531)
(Increase)/Decrease in debtors	(749,189)	28,484
Increase in creditors	983,778	316,584
Increase in deferred income	117,856	335,237
Net cash(outflow)/inflow from operating activities	(467,253)	609,214
Cash flow statement		
Net cash (outflow)/inflow from operating activities	(467,253)	609,214
Returns on investment and servicing of finance		
Investment Income	93,052	110,531
Capital expenditure and financial investment		
Purchase of tangible fixed assets	(1,294,917)	(807,421)
Sale of tangible fixed assets	-	17,728
Purchase of investments	(197,909)	(496,649)
Sale of investments	507,282	435,287
Net cash outflow for capital expenditure and servicing of finance	(985,544)	(851,055)
Financing		
Capital grant received	753,353	-
Decrease in cash	(606,392)	(131,310)
Reconciliation of net cash flow to movement in net funds		
Decrease in cash in the year and net funds at 31 March 2003	(606,392)	(131,310)

The notes on pages 36 to 43 form part of these financial statements.

Notes forming part of the financial statements

for the year ended 31 March 2003

1. Accounting policies

Basis of preparation

These financial statements have been prepared under the historical cost convention modified to account for the revaluation of fixed assets at their value to the business by reference to their current costs.

Consolidation

The Health Professions Council ("Council") acquired the assets and liabilities of the Council for Professions Supplementary to Medicine (CPSM). The transfer of the assets and liabilities of CPSM to the Council has been accounted for in these financial statements by way of merger accounting as prescribed by FRS6 - *Accounting for Acquisitions and Mergers*.

The financial statements consolidate the financial position and results of the Council and its wholly-owned subsidiary the Professions Supplementary to Medicine Charitable Trust. The financial statements of the charitable trust are consolidated under the acquisition method of accounting. No separate income and expenditure account for the Council alone is presented, as the results of the charitable trust are shown in note 16. No balance sheet for the Council alone is presented as all of the assets and liabilities of the group are held by the Council.

Depreciation

Depreciation is provided to write off the cost or valuation, less estimated residual values, of all fixed assets, over their expected useful lives. It is calculated at the following rates:

Freehold buildings	- 2% per annum (over 50 years)
Office furniture and equipment	- 25% per annum (over 4 years)
Computer equipment	- 25% per annum (over 4 years)
Registration system software	- 33% per annum (over 3 years)

Grant income and expenditure

All grants receivable are included in the income and expenditure account when the expense has been incurred. All costs relating to the refurbishment of freehold buildings have been expensed in the income and expenditure account on the basis that these costs do not necessarily enhance the value of the properties.

Fee income

Fee income, comprising registration fees and retention fees, is recognised on an accruals basis according to the period it relates.

Investment income

Bank deposit interest is credited on a received basis. Dividends and interest on fixed interest securities are recognised when due.

Investments

Investments are listed on a recognised stock exchange and are at market value at the balance sheet date.

Computer software

Computer software, other than the registration system software, is charged to the Income and Expenditure Account in the year of acquisition.

Pensions

Contributions to the Flexiplan defined contribution pension scheme (see Note 15) are charged to the income and expenditure accounts in the year in which they become payable. The assets of the scheme are held separately from those of the Council in an independently administered fund.

Value Added Tax

The Council is not registered for value added tax. All costs incurred are expensed in the income and expenditure account.

2. Fee income (by profession)

		CPSM as restated
	2003	2002
	£	£
Arts Therapists	47,934	42,635
Chiropodists	214,786	192,532
Clinical Scientists	89,204	87,332
Dietitians	165,080	152,868
Medical Laboratory Scientific Officers	570,516	497,250
Orthoptists	31,179	28,197
Occupational Therapists	673,570	650,919
Paramedics	221,732	197,900
Physiotherapists	1,072,579	807,064
Prosthetists and Orthotists	18,997	17,509
Radiographers	643,952	552,341
Speech and Language Therapists	252,625	234,387
	4,002,154	3,460,934

3. Investment income

		CPSM as restated
	2003	2002
	£	£
Bank deposit interest	11,227	27,296
Investment deposit interest	7,428	7,522
Fixed interest securities	21,294	26,849
Quoted UK equities	53,103	48,864
	93,052	110,531

4. Payroll costs

		CPSM as restated
	2003	2002
	£	£
Wages and salaries	1,407,410	1,067,015
Social security costs	137,770	99,811
Pension costs	152,856	150,057
Other payroll expense including recruitment and temporary staff	396,149	224,314
	2,094,185	1,541,197

The average weekly number of employees was 51 (2002 - 47).

Council members do not receive any remuneration for their services but receive an attendance allowance. Such allowances, totalling £188,537 (2002 - £Nil), were paid to 20 (2002 - Nil) members during the year.

The Chief Executive and Registrar's total remuneration was £118,668. This includes pension contributions paid by the Council of £16,168. The Chief Executive and Registrar is an ordinary member of the Flexiplan 1 Pension Scheme (see note 15) and his total targeted final salary benefit is £1,708. His age was 49.

No other senior staff salaries are disclosed as decision making is vested in the Council members.

Notes forming part of the financial statements

for the year ended 31 March 2003

5. Expenditure

	Staff costs	Other costs	2003	CPSM as restated 2002
	£	£	£	£
President	-	48,636	48,636	-
Council	60,366	160,629	220,995	101,949
Chief Executive and Registrar	166,777	17,958	184,735	346,325
Education and Policy	94,595	98,126	192,721	70,807
Operations	801,457	19,324	820,781	505,102
Directors	209,276	65,604	274,880	252,172
IT Department	189,529	286,678	476,207	390,526
Finance	164,412	159,840	324,252	247,355
Administration	137,971	1,374,497	1,512,468	768,182
Legal Services	67,112	868,822	935,934	370,523
Human Resources	121,593	140,139	261,732	12,123
Communications	81,097	1,000,259	1,081,356	72,920
Committees & Working Groups	-	466,014	466,014	454,562
	2,094,185	4,706,526	6,800,711	3,592,546

6. Notional costs

	2003	CPSM as restated 2002
	£	£
Cost of Capital	125,353	155,217

Notional cost of capital is calculated as 6% of the average capital employed by the Council in the year.

7. Deficit of expenditure over income

	2003	CPSM as restated 2002
	£	£
This is stated after charging:		
Depreciation	167,035	105,418
Auditors' remuneration		
- audit fees	15,925	8,588
- other fees	48,065	8,021

8. Tangible fixed assets

	Freehold land and buildings	Office furniture and equipment	Computer equipment	Registration system software (under development)	Total
	£	£	£	£	£
Cost or valuation					
At 1 April 2002	1,300,000	95,367	579,635	-	1,975,002
Additions	-	191,109	120,610	983,198	1,294,917
Disposals	-	(29,991)	(195,755)	-	(225,746)
At 31 March 2003	1,300,000	256,485	504,490	983,198	3,044,173
Depreciation					
At 1 April 2002	8,667	44,997	357,312	-	410,976
Charge for the year	26,000	35,995	105,040	-	167,035
Disposals	-	(29,991)	(195,755)	-	(225,746)
At 31 March 2003	34,667	51,001	266,597	-	352,265
NET BOOK VALUE					
At 31 March 2003	1,265,333	205,484	237,893	983,198	2,691,908
Net book value					
At 31 March 2002	1,291,333	50,370	222,323	-	1,564,026

The freehold property at Park House, 184 Kennington Park Road, London, SE11 4BU and also comprising 20 Stannary Street was valued at 5 December 2001 on the basis of Existing Use Value as defined by the Royal Institution of Chartered Surveyors, Appraisal and Valuation Manual, at the sum of £1,300,000. The valuation was prepared by Drivers Jonas, Chartered Surveyors, of Suffolk Street, London who acted as independent valuers. The historic cost of the property was £1,659,254 (2002: £1,659,254) and accumulated depreciation based on cost was £212,523 (2002: £179,338).

Although it is the Council's policy to apply Modified Historic Cost Accounting in line with our Accounts Direction, full Modified Historic Cost Accounting has not been implemented for this year. This is due to the fact that the effect of revaluing assets will make no material difference to the results for the year or the financial position at the year end. This will not however be the case in the longer term and this premise will be reassessed annually.

Notes forming part of the financial statements

for the year ended 31 March 2003

9. Investments

	2003 £	CPSM as restated 2002 £
Listed as at 1 April 2002	2,146,012	2,156,547
Additions	197,909	496,649
Disposals	(507,282)	(435,287)
	1,836,639	2,217,909
Unrealised losses on investments	(514,492)	(71,897)
At 31 March 2003	1,322,147	2,146,012
Historical cost value at 31 March 2003	1,761,502	2,088,322

All listed investments are managed on a pooled basis by a professional manager on behalf of the Council and UK held investments are listed on the London Stock Exchange.

The following investment represents more than 5% of the total held investment portfolio valuation: 7,783 Glaxo SmithKline Ordinary 25p

10. Debtors

	2003 £	CPSM as restated 2002 £
Other debtors	705,954	10,729
Prepayments	101,393	47,429
	807,347	58,158

All amounts shown under debtors fall due for payment within one year.

11. Creditors: amounts falling due within one year

	2003 £	CPSM as restated 2002 £
Taxation and social security	49,623	103,131
Other creditors and accruals	1,484,014	446,728
	1,533,637	549,859

12. Deferred income

	2003 £	CPSM as restated 2002 £
Registration fees in advance	63,982	21,301
Retention fees in advance	2,174,581	2,099,406
	2,238,563	2,120,707

13. Government grant reserve

	2003 £	CPSM as restated 2002 £
Capital grant receivable - Department of Health	753,353	-

14. Accumulated fund

	2003 £
At 1 March 2002 (as restated)	2,416,615
Deficit of expenditure over income for the year	(893,681)
Unrealised losses on investments	(514,492)
At 31 March 2003	1,008,442

15. Pension funding arrangements

The Council has pension obligations to both present and former staff. These are met by the operation of The Council for Professions Supplementary to Medicine Retirement Benefits Scheme and contributions to the FlexiPlan 1 Scheme operated by FPS Trustee Company Limited ("FlexiPlan").

The first scheme was closed in June 1995 and has no active members. On 28 March 2002 all members of the Scheme were served with a statutory notice of closure. The benefits are secured by insurance policies issued by The Scottish Life Assurance Society. The last actuarial valuation as at 23 April 2001, showed that the assets of the fund were sufficient to meet the future requirements of the scheme.

FlexiPlan is a money purchase scheme which offers a targeted final salary benefit. It is a multi-employer scheme and, as such, is exempt from the full disclosure requirements of FRS 17 as each employer is unable to identify its share of the underlying assets and liabilities.

Notes forming part of the financial statements

for the year ended 31 March 2003

16. The Professions Supplementary to Medicine Charitable Trust

Health Professions Council controls the Professions Supplementary to Medicine Charitable Trust which is Registered Charity No. 313795. The Trust's financial results for the year are as follows:

	2003 £	CPSM as restated 2002 £
Statement of Financial Activities		
Incoming Resources	352,001	345,912
Resources Expended	(352,001)	(345,912)
Net Incoming Resources for the year	-	-
Balance Sheet		
Current Assets	100	100
Accumulated Fund	100	100

17. Acquisition

On 1 April 2002, the Health Professions Council (HPC) acquired the activities, assets and liabilities of the Council for Professions Supplementary to Medicine (CPSM).

The transfer of the activities, assets and liabilities of CPSM to HPC has been accounted for in these HPC financial statements by way of merger accounting as prescribed by FRS6 - *Accounting for acquisitions and mergers*.

This treatment has resulted in the disclosure of the comparatives of the predecessor entity in these financial statements. Therefore the closing accumulated fund of CPSM became the opening accumulated fund of HPC as at 1 April 2002.

HPC accounts for its subscription income on an accruals basis. However, CPSM had previously accounted for its subscription income on a cash basis. In order for the financial statements to remain consistent, the published net assets of CPSM has been reduced by £1,428,697 to reflect this accounting policy change.

The comparative figures, designated as those of CPSM, have been shown restated to reflect the change in accounting policy.

18. Cash management policy

Cash is held in a business reserve account with the bankers, except uncleared funds which remain in a current account until cleared. Surplus funds are invested in term deposits with the bank for periods not exceeding one week. Given the amounts on deposit and the short periods involved, there is no significant interest rate risk. The Council is not exposed to either currency, liquidity or credit risk.

The Council has only short-term debtors or creditors and has therefore taken advantage of the exemption to disclose their risk profiles.

19. Capital commitments

	2003 £	CPSM 2002 £
Authorised and contracted for	236,396	-

20. Related party transactions

The Council's Sponsoring Department is the Privy Council, with which no transactions took place. The main entity with which the Council has dealt during the year was the Department of Health. Grants have been received and are disclosed in these financial statements. There have been no transactions with Council members except as disclosed in note 4.

Corporate information

Bankers

National Westminster Bank PLC
Walworth Road Branch
PO Box 3171
290 Walworth Road
London SE17 3RQ

Investment Advisors

Carr Sheppards Crosthwaite Limited
2 Gresham Street
London EC2V 7QN

Chief Executive and Registrar

Mr Marc J Seale
Park House
184 Kennington Park Road
London SE11 4BU

Auditors

BDO Stoy Hayward
Emerald House
East Street
Epsom
Surrey KT17 1HS

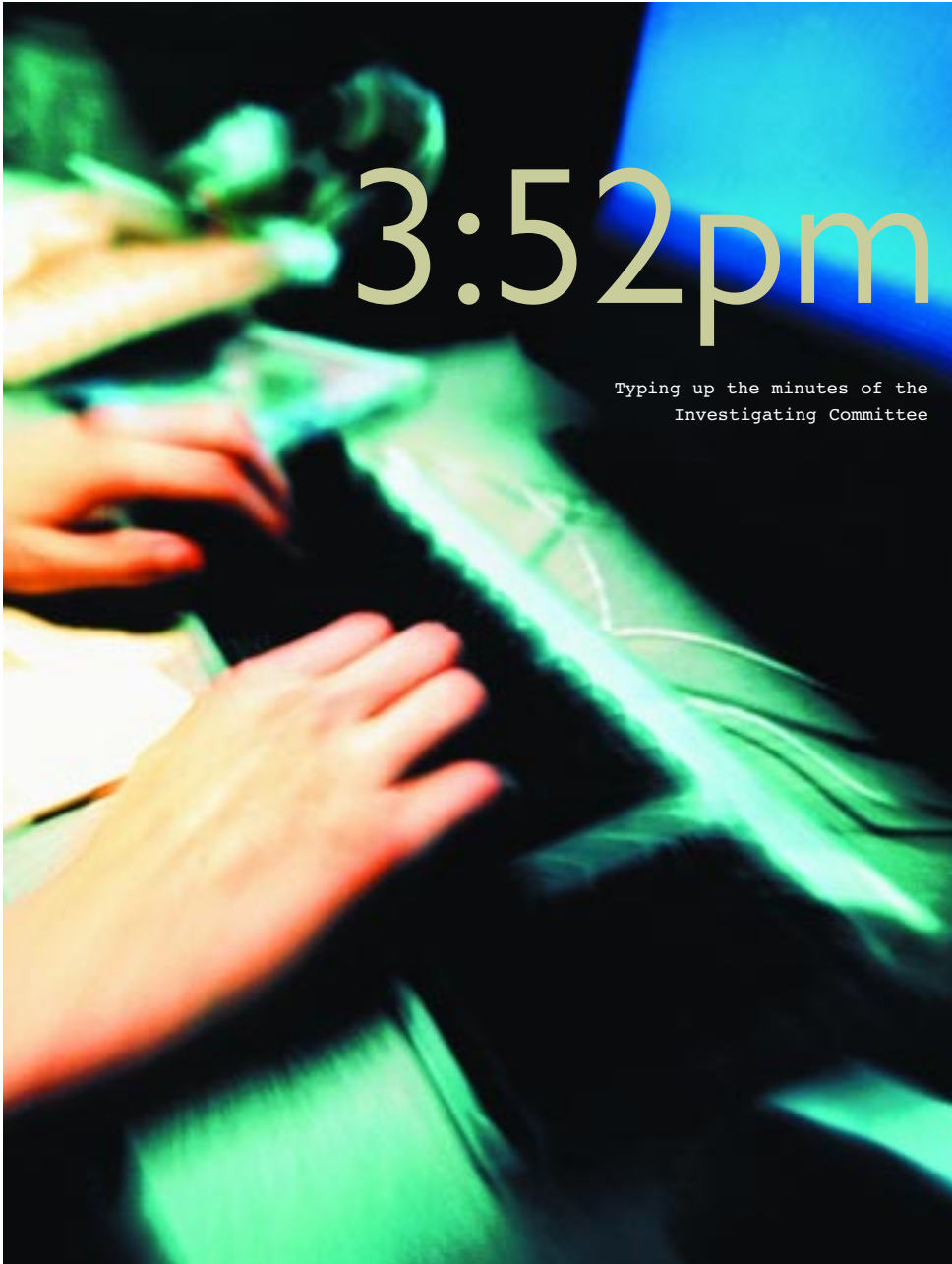
The Comptroller and Auditor General
National Audit Office
157-197 Buckingham Palace Road
London SW1W 9SP

Solicitors

Kingsley Napley
Knight's Quarter
14 St John's Lane
London EC1M 4AJ

Bircham Dyson Bell
50 Broadway
London SW1H 0BL

Ormerods
Green Dragon House
64-70 High Street
Croydon
Surrey CR0 9XN



8.30am: Write letters and respond to e-mails.

11.00am - 1.15pm: Attend Conduct and Competence Committee meeting.

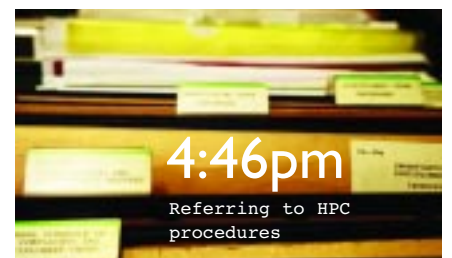
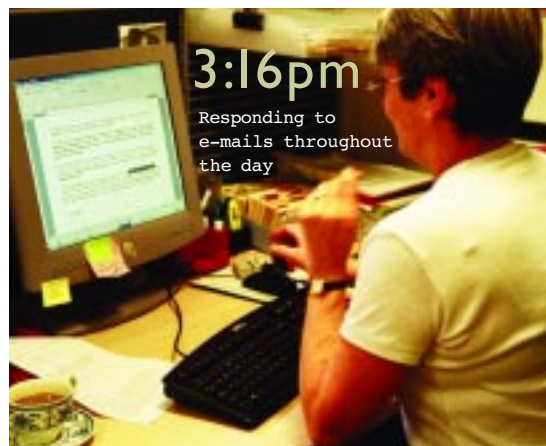
1.30pm: Prepare Investigating Committee report for annual report in liaison with the committee Chairman, Neil Willis.

2.00pm: Update disciplinary database.

2.45pm: Receive fax seeking to postpone an imminent hearing, telephone Chairman of Disciplinary Committee to seek his agreement to postpone the hearing. When he agrees, I notify the committee, shorthand writer, legal assessor, press and professional body in writing of the postponement with confirmation to the Council's solicitor.

3.35pm: Prepare to type up minutes of yesterday's Investigating Committee onwards meeting, where four out of five cases were referred to the Disciplinary Committee; contents of the four referred cases are copied and forwarded to the Council's solicitor.

In between, I answer telephone calls, return messages and respond to e-mails I receive throughout the day.



hpc

health
professions
council

head
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