

**Report on Consultations Received at HPC since the Preparation of the last Agenda**

<u>Title</u>	<u>Date for Response</u>	<u>Comment / Recommendation</u>
NMC : Local Supervising Authority Standards	14 August 2003	This related only to midwifery practice issues, no response was appropriate.
Skills for Health (the Skills Sector Council for health) Consultation on the Development of Standards/ Competences for the Practice of Public Health / Health Improvement	26 September 2003	This consultation is about the equivalence of Standards of Proficiency but for already qualified practitioners of public health in the public sector. It deals with (aspirational) workplace practice in specific employment sectors, but not with basic standards for safe and effective practice. The authors suggest that the HPC may not have the expertise to comment on the basis of its statutory remit, but that the document may be of great interest to the Professional Liaison Groups (PLG) developing Standards of Education and Training and Continuing Professional Development. It is proposed to refer it to these PLGs.
General Medical Council (GMC) : New Arrangements for Registration and Licensure	10 October 2003	The proposals in this paper are based on a range of statutory powers (eg. " revalidation " and " conditional registration ") enjoyed by the GMC but not the HPC. The analysis of conduct and competence issues, however, may be of great interest to the Conduct and Competence Committee. It is proposed to refer it to that Committee.
Department of Health " Making Amends "	17 October 2003	This is about introducing a no-fault compensation scheme in the NHS for cases of medical negligence. It may form part of the context for the Conduct and Competence Committee's consideration of some cases in due course, and can be referred to that Committee.

<p>Medicines and Healthcare Products Regulatory Agency : " Sale, supply and Administration of Medicines by Allied Health Professionals under Patient Group Directions "</p>	<p>30 September 2003</p>	<p>Separate agenda item.</p>
<p>Medicines and Healthcare Products Regulatory Agency : Administration of Medicines by Ambulance Paramedics : Amendment to the Prescription only Medicines (Human Use) Order, 1997</p>	<p>11 November 2003</p>	<p>Mr M. Collins advises that this is, " a non-controversial logical development for Paramedics. I am also of the view that it will still be at the discretion of each Ambulance Trust, as to whether or not they introduce these additional medicines (as is the case currently, with the other medicines outlined within the paper, and would suggest that it would be appropriate to just bring this to the attention of the Council, for information. " The proposal is to be supported.</p>
<p>Welsh Assembly Government : the Constitution and Membership of Health Professions Wales</p>	<p>31 October 2003</p>	<p>The HPC's (statutory) status in this exercise is being clarified. Section 20 of the Health Professions Order may make any comment or involvement a conflict of interests.</p>
<p>Disability Rights Commission consultation on : New Codes of Practice for . . . . . Qualifications Bodies</p>	<p>30 November 2003</p>	<p>See attached comments</p>

Department of Health :  
Enhancing Public Protection :  
Proposals for the Statutory  
Regulation of Operating  
Department Practitioners

14 November 2003

This paper turns the HPC's recommendation for ODPs to become a new Part of the Register into concrete proposals for a " Section 60 " Order in 2004. It is as expected and also covers some other loose ends from the Health Professions Order and the Rules (eg. on protected titles). Overall, the proposals are more of an operational matter for the Executive than a policy matter for Council.

## DISABILITY RIGHTS COMMISSION, DRAFT CODE OF PRACTICE FOR TRADE ORGANISATIONS AND QUALIFICATIONS BODIES

Comments are invited on this draft code by 30 November 2003. The HPC has been aware of this Code since January 2003 and been briefed on it by the Disability Rights Commission (DRC).

The statutory regulators are defined as “qualifications bodies” because entry on a Register is the qualification for practising the regulated profession (and access to the protected title for the HPC).

The Code would make it, “...unlawful for a qualifications body to discriminate against a disabled person” in terms of access to the profession, or to harass or victimise disabled people once on the Register. It defines discrimination as “less favourable treatment” than would be given to non-disabled people. It also requires qualifications bodies to make “reasonable adjustments” to procedures and requirements in favour of disabled people.

The Code, however, would then allow for “justifications” for less favourable treatment in appropriate circumstances, which are set out in Chapter 6 of the Code. The proper implementation of the fitness for practice and health provisions of the Health Professions Order, 2001, would be just such a “justification”.

The Council may like to bear in mind that judgements on applicants’ and registrants’ health must under the Order be made by registered medical practitioners. The majority of applicants come onto the Register via approved UK programmes in UK institutions, which are also “Qualifications Bodies”. They will already have treated disabled people in compliance with the Code. These institutions (and the placement providers and the Allied Health Professional Bodies) have an outstanding track record of helping disabled people to enter the professions and making “reasonable adjustments” in the delivery of education and training. The Council has already committed itself to act reasonably and proportionally here (and in all other areas).

One last point to bear in mind is that the Code would work on the basis of full prior disclosure by disabled people. Applicants and registrants will not be able to challenge fitness for practice decisions on the grounds of a previously undisclosed disability.

**HPC\Agendas\Cover HPC papers received since last meeting**