

## President's statement

**When I look back over the previous two annual reports I see an organisation going through great changes. The first report was full of enthusiasm for the task ahead. The Council was looking forward to enacting out the modern regulatory legislation that we had all been waiting so long for and the organisation was rising to the challenge. In the second report I see an organisation that had achieved a lot in a short space of time but was taking stock of where it had come from. The organisation at that stage had received some criticism from various parties during a difficult Christmas period and while it had implemented much of what the legislation required it to do ahead of schedule; a period of reflection and collaboration was required.**

As we come to the conclusion of the third year of operation under our own rules I now see an organisation that is fit for the future, and not to forget larger, as this was the year that 12 professions became 13.

Our focus changed this year from registration renewals to fulfilling our education and training obligations. After a short but fruitful consultation in June and July on the standards of education and training the first course approvals conducted under HPC rules took place in the autumn of 2004 and continues apace. We now have around 350 programmes to approve across the UK and this number increases with every new profession we take on board. We then undertook our biggest consultation yet on linking Continuing Professional Development (CPD) to renewal of registration.

At the end of the three month consultation, during which we held 42 events and saw over 6,500 health professionals, our proposals for allowing health professionals themselves to decide on the quantity and direction of their CPD, received general endorsement. We identified several areas, from the events and feedback received, where people wanted greater detail as well as offering new ideas on how we may approach things differently.

To address these issues fully it looks like, as I write this in April, the implementation of our CPD standards will take place (*date tbc*). By that stage we will have developed the requisite support packages that health professionals asked for during consultation and clarified some of the points where they wanted greater detail. I know the education department within HPC is working hard to build a structure that will support both our CPD and approvals processes and I thank them along with the PLG and two committees that have been at the core of developing our plans in this area.

While the consultation exercise was a long one that stretched the organisation on a number of fronts, it is this sort of interaction between the Council and health professionals that has been a cornerstone of our work over the past three years. Whether it be presenting to a handful of occupational therapists in Truro or to an audience of 450 at Hampden Park in Glasgow, the importance to HPC of hearing first hand what people have to say about us and the way we are approaching our task is fundamental to our success.

I remember a year or so ago visiting Nottingham and asking the audience of about 100 people to raise their hands if they had ever met or heard anyone from our predecessor the Council for Professions Supplementary to Medicine (CPSM). No hands went up, and I got the same response to the question when I asked it during the evening session. Since our inception I believe we will have seen and talked to over 15,000 health professionals and students across the UK face-to-face which represents almost 10% of the Register. This is something I am extremely pleased about and hope that Council continue with over the next few years.

The number of people on our Register increased this year by around 10,000 thanks to the addition of our first new profession, the operating department practitioners (ODPs). The ODPs were the first professions to knock on our door when the legislation allowing us to recommend professions for regulation came into being on July 9<sup>th</sup> 2003. After a successful consultation by the Department of Health they came on board officially in October 2004.

We expect over the next few years to see the addition of a number of other professions to the Register starting with the applied psychologists either towards the end of this calendar year or the beginning of next. Over forty aspirant professions have contacted us about potential registration and I feel it is reassuring for the public to know that so many professions want to become legally recognised and add their name to a publicly available Register.

These are just a few of the highlights from the last twelve months; a slight change in focus, a large consultative exercise and the addition of a thirteenth profession. In the space I have I don't have time to go into depth about the some of the sterling work carried out by our professional liaison groups in the field of health and disability guidance for applicants and HEI's, our first annual partners conference, an analysis of the increasing numbers of fitness to practise hearings under new rules and the training and recruitment of around 500 partners. Suffice to say I am proud of each and every one of these achievements and thank everyone involved.

July 8<sup>th</sup> 2005 will bring to an end not only the Grandparenting window for 12 of our 13 professions but also the tenure of the current Council. By the time you are reading this a new Council will be in place and charged with continuing the good work of the last 3.5 years.

It has been my pleasure to serve as President of the Health Professions Council during this time and I wanted to take this opportunity to thank my fellow members of Council for the hard work they have put in over the years to help establish to HPC as the most modern healthcare regulator in the UK.

I know a number of my colleagues are standing for re-election and may well form part of the new Council on the 11<sup>th</sup>, but I want to pay tribute to and thank especially those who have decided not to stand for re-election. They are;

**Registrant Members**

Mary Crawford, occupational therapist

Joanna Manning, paramedic

Clare McGartland, orthoptist

Stephen Wordsworth, operating department practitioner

Sandy Yule, radiographer

**Alternate Members**

Graham Beastall, clinical scientist

Rosemary Klem, radiographer

Ian Massey, prosthetist & orthotist

Gordon Sutehall, biomedical scientist

Jackie Stark, one of our lay members will also take the opportunity to step down on July 8<sup>th</sup> and I want to extend my gratitude and best wishes to Jackie along with the registered members.

Without the help and dedication of these people and the rest of Council we would not have learnt and achieved all that we have since April 2002. To those who are lucky enough to return via election I wish you all the best and feel convinced that with the set-up you have inherited you will be able to achieve as much, if not more, than the current Council has.

**Professor Norma Brook**

*President*

## **Chief Executive and Registrar's report**

**As the President's statement on the previous page alludes to, this year was one of good progress at HPC.**

*(Paragraph on financial information to be published when available)*

Having listened to some of the concerns from registrants and stakeholder groups about the way in which some of our initial processes were running, we set about a full scale re-engineering project to address them.

I am pleased to say that as a result of the project, HPC was awarded the ISO registration 9001:2000 which means we now operate our processes to an internationally recognised standard and from this we can truly start to build toward becoming the number one health regulator in the UK.

On top of building solid processes we have also re-engineered some of our departments to fit our increasing duties. I believe we are moving towards the type of organisation internally that will take us to where we want to be. With each year the management group gain more experience and our links with external organisations who have a wealth of knowledge in professional matters grows. Working closely with the Council the management team are constantly looking at ways to improve the organisation and our offerings.

I have been conscious that for an organisation such as ours, customer service has to be a key area of focus. It is also an area that health professionals tell us they want to see improvement in. Responding to this we have spent part of the last year developing customer service standards against which we will measure ourselves over the next 12 months. The aim is to improve our service delivery and also the experience people have when contacting HPC. This is the first time in either HPC's or our predecessor's history that attention has been focused on this area and I know the employees who developed them are keen to see them work. One immediate step that we are taking to help improve our delivery is to extend the opening hours of our registration departments. With renewals approaching again it is important that we address our peak business times. We believe that increasing our accessibility will help with this.

To do this we have had to better understand our business and the past 12 months have seen patterns of operation beginning to emerge for our organisation. By mapping the way renewals, registration, grandparenting/international, approvals and fitness to practise works, we are better able to forecast the demands that will be put on the organisation and react to them.

When we started out in 2003 there was very little information available to us. The systems and way we approached things were therefore the best efforts of myself and Council at the time. Much of what we did seems to have been right, but the information that we are now getting out of the business makes the decisions we make now and in the

future much more informed. I believe that registrants and the people who use their services will be much better served because of this.

The business part of the organisation would not work at all without a solid strategy behind it. To that end the committees have again worked tirelessly to ensure that myself and my management team have the support and guidance required to improve and develop procedures and ensure that the organisation is in a healthy state.

I know that quite a few of our Council members are stepping down at the next election and I would simply like to add my thanks to them for the support they have given me over the past three and a half years. I feel that they can look back on their time with us as being of great value and can be proud of the organisation they have helped set up. The challenges for us over the next year will be building upon the work they have done in their committees and professional liaison groups.

I then take the opportunity to present to you our third annual report and accounts which I hope you find of interest. I believe we are taking great strides in the right direction as I know Norma and the Council think too. Our year has been one of adaptation and steady forward momentum. I hope what you read in the committee reports and in the financial pages gives you confidence in the way the organisation is setting about its task of protecting the public.

**Marc Seale**

*Chief Executive and Registrar*

## **Statutory committee reports**

1 April 2004 to 31 March 2004

### **Education and Training Committee**

**The Education and Training Committee is one of the Council's four statutory committees. It has one of the largest remits of all the Council's committees and once again this was a very full year. There were five key tasks to deliver. The first was to establish the Council's Standards of Education and Training. The second was to replace the old CPSM Boards' approvals and monitoring processes with new processes which covered all 13 professions. The third was to prepare proposals for the Council's requirements, standards and guidance on continuing professional development (CPD). The fourth was to prepare for the inclusion of the operating department practitioners within the terms of the Health Professions Order 2001, which included preparing and submitting to the Council for its approval the Standards of Proficiency for the operating department practitioners, and ratifying the qualifications which meet these Standards and thus provide eligibility for registration. The fifth was to begin the task of preparing guidance to assist the interpretation of the Standards of Education and Training. All five tasks involved consultation with appropriate, interested parties.**

In 2003, the Committee had appointed three professional liaison groups (PLGs), the Standards of Education and Training, the Approvals and the CPD professional liaison groups, to prepare suitable proposals and consultation documents for submission to the Committee. Membership of the PLGs was drawn from both inside Council and outside, with the membership of each one providing expert opinion in each of the areas under discussion.

The PLGs for Standards of Education and Training and the approvals and monitoring process had both reported and produced their recommendations to the Committee in early 2004, and it was agreed that the consultation on both items be carried out together. This consultation began in late March 2004 and finished on 31<sup>st</sup> May 2004, and consultation events were held in six locations throughout the United Kingdom. The Standards of Education and Training are the over-arching guidance for education providers to ensure that their programmes enable those who successfully complete them to qualify for admission to the Register. They therefore set threshold standards whose aim is to be broad and enabling. These will be supplemented by guidance, which will be developed separately using the expertise of a range of relevant stakeholders. The approval and monitoring of education providers and programmes aims to produce a simple yet effective process whereby Council can fulfil its duty as outlined in the Order without overburdening education providers. Both the Standards of Education and Training and the new approvals and monitoring process were agreed, after suitable amendment to take into account the results of the consultation, by the Committee and Council in July 2004, and came into effect in September 2004.

The Order allows the Council, if it wishes, to require registrants to undertake CPD if they are to remain on the Register. If it does intend to make such a requirement, the Council must set Standards for CPD and give guidance on these Standards. The Council had already agreed in principle that CPD will be linked to the renewal of registration, arising from the results of its first consultation in 2002. The Committee had therefore asked the Continuing Professional Development PLG to produce a consultation paper, which sets out its proposals for draft Rules (which will need the approval of the Privy Council before they come into effect), its Standards for CPD and its Guidance to registrants on them. Consultation events were held in 23 different locations throughout the UK, with two identical meetings held in each location. The consultation began in September 2004 and ended at the beginning of December. The response was good and results are currently being processed. The Committee expects that its report will be published in July 2005.

Before operating department practitioners could be entered on the Council's Register, the Council was required to approve Standards of Proficiency which indicate the minimum standards at which they would be required to practise. It was also required to produce a list of qualifications and their respective education providers which meet these standards. The Committee has carried out both tasks on the Council's behalf, and the operating department practitioners' section of the Register is now open for application and registration. Further, the education providers of operating department practitioner programmes can now be included in the approvals and monitoring process.

The Committee has recently formed a Professional Liaison Group to draft a guidance document for Education Providers on the Standards of Education and Training. This Group is working with the professional bodies of the registrant groups and will be reporting to the Committee in June 2005, prior to a consultation with stakeholders in the Autumn.

**Eileen Thornton**  
*Chairman*

**Niamh O'Sullivan**  
*Secretary*

## **Investigating Committee**

**The Investigating Committee is one of the four statutory committees, and with the Conduct and Competence and Health Committees, is one of the three “practice committees”. The Committee is made up of Council members and one registered medical practitioner. The Health Professions Order says that when an allegation is received, the Investigating Committee will decide whether to refer the complaint on to a full hearing of the Health or Conduct and Competence Committees. The other role of the Investigating Committee is to investigate allegations that an entry has been made to the Register which is fraudulent or incorrect. These functions are carried out, in practice, by “panels” on behalf of the Committee. The panels are made up of registered health professionals and members of the public. The Committee meets to set the strategy and policy that determine how these panels run, and to assess their performance.**

The Committee has met four times as a normal Committee meeting and has reviewed the allegations heard by the Committee’s panels during the previous 12 months. In accordance with the Rules, the Investigating Committee will be imminently reviewing the ongoing education, training and attendance of its members for the previous 12 months and for the next 12 months.

In accordance with Article 19(1) of the Health Professions Order 2001 (“the Order”) *‘the members of each Practice Committee shall include registered professionals and other members, of whom at least one shall be a registered medical practitioner.’* The Health Professions Council has now formally appointed three registered medical practitioners, one for each of the practice committees. Dr Nigel Callaghan was appointed to the Investigating Committee on 1<sup>st</sup> February 2005, until 8<sup>th</sup> July 2005, when the term of current Council and Committees comes to an end. A new Council will take office on 11th July 2005 and the registered medical practitioner may be reappointed for two years as of that date.

The Committee considered the process by which panel Chairmen are appointed and training is provided. As a result of this discussion, a proposal was put to the Council that Council members should no longer act in the capacity of panel Chairmen, to ensure a clear separation of function. The Committee began discussion of the competency framework by which the performance of the fitness to practise panel Chairmen could be equitably assessed and suitable training provided.

The Committee discussed the use of preliminary meetings which can be held, if considered appropriate, before formal hearings. Initially, while the new fitness to practise procedures were first being implemented, these had been held before each hearing. The Committee, having sought the advice of its legal adviser, agreed that the Council would be recommended that this was now unnecessary and that such meetings should only be held in cases where there were procedural matters to be resolved. If a registrant asked for a preliminary meeting, they should be asked to give reasons.



Initially, as a temporary expedient, all allegations were “screened” by members of the Investigating Committee. The Committee considered carefully whether Screeners should be appointed by the Council, as it is entitled to do under the Order. However, upon the Committee’s advice, the Council has determined that Screeners will not be appointed for the time being. All allegations will be passed directly to Investigating Committee panels, on the grounds that, since allegations were first received under the Council’s own fitness to practise process in July 2003, almost no allegations were being ‘screened out’ and that it was in the interests of justice for all allegations to be considered by an Investigating Committee panel and that the process should not be bypassed.

The Committee continued to discuss the use of mediation. Under the Order, the practice committees may make use of mediators and the company Alternative Dispute Resolution has been employed to deal with cases which are considered suitable for mediation. However, so far, no case has been referred to mediation by the Committee’s panels.

The Committee considered self-referral by registrants. The Council’s document Standards of Conduct, Performance and Ethics states that, although normally the police will contact the Council about people claiming to be members of our professions who have been convicted or cautioned, registrants must also tell the Council if they have any important information about their conduct or competence, or about other registrants and health professionals they work with. In particular, they must let the Council know straight away if they are

- convicted of a criminal offence (other than a minor motoring offence) or accept a police caution;
- disciplined by any organisation responsible for regulating or licensing a health or social-care profession; or,
- suspended or placed under a practice restriction by an employer or similar organisation because of concerns about their conduct or competence.

Historically, self-referral cases had been processed, in the Council for Professions Supplementary to Medicine (CPSM) days, as “allegations”. The Committee took the view that this could not continue as it discouraged voluntary disclosure of convictions by registrants. In the Committee’s view, self-referrals should be treated in the first instance as character issues in a similar way to convictions and cautions which are disclosed in the course of an application for admission to, or renewal of, registration. At this stage they would therefore be a registration rather than fitness to practise matter. It will be made clear to registrants who refer such cases against themselves to the Council that the matter is going to be dealt with in this way, but with a warning that, if it appears that the registrant’s fitness to practise is called into question, the matter will be referred to the Investigating Committee, at which time the registrant will have the opportunity to comment. At that point the matter will become an allegation and using this approach will ensure that the registrant is given the opportunity to comment and has the same rights as any other registrant facing an allegation. The Committee recommended that the Education and Training Committee establish appropriate procedures by which a panel comprised of members of that Committee, or, if it thinks fit, the Registration Committee

may consider and report upon self-referrals. This matter has not yet been considered by the Education and Training Committee.

The Committee welcomed the creation of decision making checklists, which were noted as very useful aids in assisting both panel members and panel chairmen in the deliberation of fitness to practise proceedings.

**Neil Willis**  
*Chairman*

**Sophie Butcher (from September)**  
*Secretary*

## **Statutory committee reports** continued

1 April 2004 to 31 March 2005

### **Conduct and Competence Committee**

**The Conduct and Competence Committee is one of the four statutory committees, and with the Investigating and Health Committees, is one of the three “practice committees”. The Committee is made up of Council members and one registered medical practitioner. The Health Professions Order says that, if an allegation against a registrant concerns the registrant’s conduct (their behaviour, including any convictions) or their competence (their professional skills); the Conduct and Competence Committee may hold a hearing and decide whether it needs to take action in order to protect the public. It does this through panels. The panels are made up of registered health professionals and members of the public. The Committee meets to set the strategy and policy that determine how these panels run, and to assess their performance.**

The Committee has met five times as a normal Committee meeting. The Committee reviewed the allegations heard by the Committee’s panels during the previous 12 months, and the education, training, attendance and performance of its members and panel members. It has established a process by which it reviews the Standards of Conduct, Performance and Ethics each year, on behalf of the Council. It has also agreed that an audit process is required which tracks and assesses the overall effectiveness of the decision-making process currently undertaken by the fitness to practise panels.

The Committee considered the process by which panel Chairmen are appointed and training is provided. As a result of this discussion, a proposal was put to the Council that Council members should no longer act in the capacity of panel Chairmen, to ensure a clear separation of function. The Committee began discussion of the competency framework by which the performance of fitness to practise panel Chairmen could be equitably assessed and suitable training provided.

The Committee discussed the use of preliminary meetings which can be held, if considered appropriate, before formal hearings. Initially, while the new fitness to practise procedures were first being implemented, these had been held before each hearing. The Committee, having sought the advice of its legal adviser, agreed to recommend to the Council that this was now unnecessary and that such meetings should only be held in cases where there were procedural matters to be resolved. If a registrant asked for a preliminary meeting, they should be asked to give reasons.

The Committee revised the practice note given to fitness to practise panel members on sanctions. The Committee has also approved for recommendation to the Council, a practice note on the process which should be followed when an applicant applies for restoration to the register after being struck off.

As per Article 19(1) of the Health Professions Order 2001 (“the Order”) ‘*the members of each Practice Committee shall include registered professionals and other members, of whom at least one shall be a registered medical practitioner.*’ The Health Professions Council has now formally appointed three registered medical practitioners, one for each of the practice committees. Dr Gopal Sharma was appointed to the Conduct and Competence Committee on the 1<sup>st</sup> February 2005, until 8<sup>th</sup> July 2005, when the term of current Council and Committees comes to an end. A new Council will then take office on 11<sup>th</sup> July 2005 and the registered medical practitioner may be reappointed for two years as of that date.

Following the opening of the operating department practitioner (ODP) Register on 18<sup>th</sup> October 2004, the Privy Council appointed a registrant and alternate ODP member and a lay member to Council. The lay member who was appointed to Council, Mrs May Clark-Glass had also been appointed to the Conduct and Competence Committee.

**Sandy Yule**  
*Chairman*

**Sophie Butcher (from September)**  
*Secretary*

## Health Committee

**The Health Committee is one of the four statutory committees, and with the Investigating and Conduct and Competence Committees, is one of the three “practice committees”. The Committee is made up of Council members and one registered medical practitioner. The Health Professions Order says that, if an allegation is made suggesting a registrant is not fit to practise because of their health, the Health Committee may hold a hearing and decide whether it needs to take action in order to protect the public. It does this through panels. The panels are made up of registered health professionals and members of the public. The Committee meets to set the strategy and policy that determine how these panels run, and to assess their performance.**

The Committee has met four times as a normal Committee meeting. The Committee reviewed the allegations heard by the Committee’s panels during the previous 12 months. In accordance with the Rules, the Health Committee have discussed the need to review the education, training, attendance and performance of its members for the previous 12 months and for the next 12 months though this has not been formally looked at to date.

As per Article 19(1) of the Health Professions Order 2001 (“the Order”) *‘the members of each Practice Committee shall include registered professionals and other members, of whom at least one shall be a registered medical practitioner.’* The Health Professions Council has now formally appointed three registered medical practitioners, one to each of the practice committees. Dr Christine Kenny was appointed to the Health Committee on the 1<sup>st</sup> February 2005, until 8<sup>th</sup> July 2005, when the term of current Council and Committees comes to an end. A new Council will take office on 11th July 2005 and the registered medical practitioner may be reappointed for two years as of that date.

The Committee considered the outcome of a seminar on health and disability which its Chairman, Mary Crawford and the Chairman of the Registration Committee, Prof. Rosemary Klem, had organised for 1<sup>st</sup> March 2004. A Health, Disability and Registration Professional Liaison Group was established in October 2004 and the Committee is working with the Group and the Registration Committee to prepare suitable advice for prospective students, prospective registrants and registrants.

In December, the Committee noted that it had received the first case that had been declared “not well founded”. Part of the evidence had been based upon a psychiatric report. Upon consideration, the registrant’s ability to practise was not found to be impaired. The Committee asked that independent psychiatric advice be sought as a matter of practice by the Council’s solicitors.

As health is a new issue the Committee agreed for the first year that a member of the Health Committee would Chair each Panel so that it was well informed when making decisions.

Mary Crawford  
*Chairman*

Sophie Butcher (from September)  
*Secretary*

## **Non-Statutory committee reports**

1 April 2004 to 31 March 2005

### **Registration Committee**

**The Registration Committee is a non-statutory sub-committee of the Education and Training Committee. Its work is concerned with matters that affect the registration process for UK, International and Grandparenting applicants.**

During this period the Committee has met five times. The Committee has continued to monitor the application and registration processes, and receives regular reports on these from the Registration Departments, as well as reports from the Fitness to Practise department on registration appeals.

The Committee has continued to consider the issue of English language competence. Registrants' English language proficiency must equate to level eight of the International Language Testing System for speech and language therapists and level seven for the other professions regulated by the Council, or the equivalent. The Committee has also given guidance on alternative measures of competence in English.

The Committee also discussed health and disability in relation to applications for registration. A Health, Disability and Registration Professional Liaison Group was established in October 2004 and the Committee is working with the Group and the Health Committee to prepare suitable advice for prospective students, prospective registrants and existing registrants.

The Committee has identified six countries from which the largest number of international applications are currently being received, namely Australia, New Zealand, Republic of Ireland, South Africa, India and the Philippines. It has agreed, under Article 12(2)(a) of the Health Professions Order, to identify international qualifications which are comparable to those which provide eligibility for registration in the United Kingdom. The outcome for applicants who have completed a specific course in a particular institution will be reviewed and, where a minimum of ten applicants with that qualification have been eligible for Registration, that qualification will be presented to the Committee for endorsement as a comparable qualification for the purposes of registration. This process is not about approving individuals for registration nor about approving courses per se; it is about establishing a list of comparable qualifications based on cumulative experience gained from repeated assessment, by the registration assessors, of the content of the course leading to a specific qualification. It should therefore greatly speed up the process of application and registration. Further, it covers only those qualifications which in themselves, without post-qualifying experience, are considered to meet the Standards of Proficiency and is thus likely to cover relatively new programmes only. This list of comparable qualifications and the process through which it is established will be subject to ongoing monitoring. An initial list of physiotherapy qualifications gained on completion of courses undertaken in particular years from named institutions has been agreed.

**Rosemary Klem**  
*Chairman*

**Lucinda Pilgrim (until February)**  
*Secretary*

**Colin Bendall (from March)**  
*Secretar*



## **Communications Committee**

Having set a strategy in 2002 which was to guide us for the next five years, the Committee took on the role of overseer this year allowing the Communications department to get on with fulfilling the actual plan.

This approach has paid off with a number of significant 'firsts' happening over the last 12 months, and the expectation of the Committee is that this will continue into the next year.

Key elements of the strategy to be fulfilled this year, were the start of engagement with the public, not only in the form of profile raising, but also engaging with patients and users to find out their views on regulation, and the set up and working of the Health Professions Council.

Our strategy over the first two years had strongly focussed on informing health professionals of our existence, and explaining to them the role of the regulator and the changes to the regulatory system. This year, while they remained a key audience, the Committee felt that attention should move to the people who use the services of these professionals.

For a small organisation to raise its profile across a UK wide audience is a real challenge. We engaged an advertising and design agency in Birmingham to design and place our adverts and we are the first health regulator to use this kind of advertising. A more detailed account can be found later in this report (*pxx*).

In engaging directly with the public, we decided to get a market research firm to invite over 100 people to Birmingham City Football Club to discuss how the HPC was approaching its task of protecting the public and of regulation in general. 102 people attended and gave us a real insight into some of the challenges they face in interacting with regulators and understanding our role.

The key points to come out of the day were that people trusted health professionals and expected them to be maintaining high standards of conduct and practice. They understood regulation as a concept but were not aware of who the specific regulators were or who they regulated. However, the existence of a regulator such as HPC was important to them and they were reassured by our existence. To that end they felt that communication was a key role of any health regulator and asked that we become more publicly visible. It gave us our first real insight into what the public felt about HPC. While we were reassured to know that they felt we were doing all the right things, it outlined to us the large task we have ahead in raising our profile to the extent where the vast majority of people have heard of us and know how to use us.

The Committee felt we should start to focus our communications onto another key audience, namely our partners. Partners work with HPC as visitors, registration assessors and fitness to practise panel members. By the beginning of 2005 the human resources department had recruited over 500 people to work on our behalf as partners and it had

become clear that we needed an event to draw them together, giving them a networking opportunity and making them feel part of HPC.

The Committee developed the idea of a Conference for partners and in September 2004 that idea came to fruition over the course of two days in Manchester. Over 250 partners gathered to hear more about the work of the HPC, discuss issues which have arisen during the course of their work with us and give comments on the future development of their role. From the feedback received by delegates it is clear that they valued the experience and our plan would be for HPC to hold one every 18 months to two years to reflect on the work done, change some of the processes used and look forward to the future.

In last years annual report the Committee talked about the importance of customer service to them and the organisation. The appointment of a full-time customer service manager was an important step in helping us realise our ambitions. The long awaited service standards are now operational among the customer facing departments of HPC. On-going training and mentoring will now be a regular feature of the work HPC staff undertake and represents a huge step in the right direction for an organisation such as ours. Measurement against these standards will help improve our service and professionalism and I know that their inception has been welcomed by Council and staff alike.

In looking ahead to the next year the Committee is starting to explore the arena of public affairs and policy. Policy is a new area for HPC with work having started on health and disability policy for educational institutions and applicants for which a Professional Liaison Group was established, as well as a new returners to practise policy to replace the one trialled over the past 12 months. In public affairs we will simply be looking to get the information HPC holds into the correct arenas, as after July 9<sup>th</sup> we will become the definitive author of statistics of people leaving and joining the profession.

Finally I just wanted to thank Jo Manning, Jackie Stark and Clare McGartland, all of whom have played an important part in the Committee over the past four years. All three have decided to stand down from HPC at this election and we wish them all well for the future. For those that return and to the new members who join us after election day then we look forward to them helping continue the good work the Committee and the department have started since 2001.

**Jo Manning**  
*Chairman*

**Chris Middleton**  
*Secretary*

## **Non-Statutory committee reports** continued

1 April 2004 to 31 March 2005

### **Finance and Resources Committee**

**The Finance and Resources Committee is comprised of twelve members and met seven times during the year, the majority of members attending at least five times. The Committee also sat once as the Remuneration Committee.**

The primary role of the committee is to monitor the finances of the organisation on behalf of Council but its work also covers Human Resources, Information and IT and Office Services. It also has responsibility for ensuring that appropriate and robust financial and accounting systems are in place.

During the year the Committee reviewed the various drafts of the financial statements for the year ending 31<sup>st</sup> March 2004, which eventually received clean audit opinions from the joint auditors and were laid before Parliament, the monthly management accounts which reported performance against budget throughout the year, the ongoing maintenance of the 5-year financial plan and the prospective budget for the year 2005/6. Quarterly valuations and commentaries received from the investment managers, Carr Sheppards Crosthwaite Limited, which showed a healthy increase in valuation through the year, were also reviewed.

The financial results for the year and comments thereon are shown elsewhere in this Annual Report but the committee noted that, whilst the income budget was attained, costs had overrun, especially on the consultation events, recruitment and training of partners and legal costs, in particular on fitness to practise hearings and registration appeals. Consequently the original budget was not met, although some funds were transferred to reserves. The committee recommended a reserves policy (to attain reserves equal to three month's operational costs) to Council and the policy has now been adopted.

The half-yearly production of a Risk Assessment Document was monitored by the Committee. The Audit Committee, a sub-committee of the Finance and Resources Committee, monitors the financial risks and reviews the detailed work of the external and internal auditors. It is likely to take over the whole of the monitoring of risk in the new year.

The Committee received departmental reports from all the relevant departmental managers.

Finance regularly reported on the cash situation which had improved considerably since the previous year. Negotiations took place with the bank to enhance interest rates by moving from a business reserve account to a special interest account and the organisation has also taken out a £1,000,000 cash bond on a three-monthly basis.

Various other projects were undertaken by Finance during the year. These included negotiating special terms for hotels through the organisation's travel agent, P & O Business Travel, assessing attendance allowance rates for members of Council and partners. There is an ongoing project with regard to business rates liability. Office Services was involved in various maintenance projects during the year, especially with regard to the front elevation of the building, air conditioning and some redecoration.

Human Resources kept the committee apprised with regard to the recruitment and training of new employees and partners. It also took on a bespoke software system and endeavoured to bring all its procedures up to date.

Information and IT reported regularly to the committee about ongoing work. This included assisting the organisation to attain ISO certification, setting up the registration system to take operating department practitioners onto the Register, preparing for the implementation of the Freedom of Information Act 2000 and developing databases and automated procedures for various departments. Significant planning work has taken place with regard to renewals, to take place in 2005 and in developing the IT Disaster Recovery Plan.

The committee has reviewed and approved the goals and objectives of all the departments that report to it. It reviewed the Chief Executive's payroll recommendations when it sat as the Remuneration Committee in March. Proper pay scales, on which we have been professionally advised, are in place.

The committee has also been reviewing the organisation's future accommodation requirements as it grows to take on more registrants.

Once again the Finance and Resources Committee has had a busy and challenging year. It is pleased that reserves are now increasing, albeit slowly, and that a budgeted surplus is planned for next year.

**Colin Lea**  
*Chairman*

**Paul Baker FCA**  
*Secretary*

## **Audit Committee**

**The Audit Committee, a sub-committee of the Finance and Resources Committee, met three times during the year.**

The Committee remains the primary link between the organisation and the joint external auditors, BDO Stoy Hayward LLP and the National Audit Office.

The Committee received detailed management letters from each auditor following the completion of the audit of the financial statements for the year ended 31 March 2004. Neither auditor made changes to the overall results of the organisation but advised us concerning various disclosure matters. Some minor internal control matters were brought to our attention and these have been addressed by the executive during the year. In particular it was not easy to audit certain aspects of the LISA registration system. This resulted in BDO Stoy Hayward needing to undertake additional manual work to prove income and deferred income figures. During 2004/5 additional computerised reporting structures have been put in place in order to overcome this problem.

The Internal Audit Department of BDO Stoy Hayward LLP is retained to perform an internal audit function for the HPC. This department is independent of the external audit function. During the year internal audit work was undertaken on purchases and payments. There were a number of matters where procedures could be enhanced and the majority of the recommendations received have now been implemented.

Internal audit work was also undertaken on the Human Resources department's systems. Unfortunately there were some areas where procedures and controls were deficient and the Human Resources department will be striving to rectify matters before a further audit is undertaken later in 2005.

Since the HPC was set up audit committee requirements have evolved and the National Audit Office facilitated a Self-Assessment Review Day, which was attended by all available members of the Committee together with members of the Finance and Resources Committee and the executive. It was agreed that the role of the Committee should be expanded to embrace overall risk and corporate governance, not just financial risks as at present, and that the committee should report in future directly to Council rather than be a sub-committee of the Finance and Resources Committee. This is likely to take place during 2005/6.

The Committee was involved in scheduling the planning and audit of the financial statements for the year ended 31 March 2005.

**Sandy Yule**  
*Chairman*

**Paul Baker FCA**  
*Secretary*

## **Non-Statutory committee reports** continued

1 April 2004 to 31 March 2005

### **Approvals Committee**

**The Approvals Committee was established in May 2004 as a non-statutory sub-committee of the Education and Training Committee. The primary purpose of the Committee is to oversee the development, implementation and ongoing review of the Council's procedures for the approval and monitoring of programmes and providers.**

Since its formation, the Committee has met on six occasions. The initial focus of attention has been the development of new operating procedures, co-ordinated and managed by HPC, and replacing those previously undertaken by Joint Validation Committees and Pre-registration Education and Training Working Groups for each profession. Following a national consultation exercise on the proposed principles, detailed procedures for the approvals of programmes and providers were developed, along with associated guidance documentation and visitor training programmes.

A number of approval events have now been conducted using the new procedures and a forward programme of events has been developed. Evaluation of the initial events led to further refinement to the operating procedures. Work is currently ongoing to develop the detailed procedures for the annual monitoring of programmes with a view to this being implemented in late 2005. Further training events for visitors are also scheduled to take place during the current year.

**Prof. John Harper** **Lucinda Pilgrim (until February)** **Colin Bendall (from March)**  
*Chairman* *Secretary* *Secretary*

## **Approvals Process**

**The Education and Policy department is currently undertaking approvals visits to Education Providers across the UK. By the end of June 2005 over 70 visits will have been completed. From September 2005 we expect to undertake approximately 100 visits during the course of the next academic year across all the professions.**

At the end of this current round of Approval Visits the department will undertake an analysis of the types of conditions and recommendations set at approvals visits. If trends appear across the Standards of Education and Training then this will be taken into account in the information given to Education Providers and HPC Visitors.

The Department is in the process of recruiting visitors for arts therapy, paramedic, biomedical science and ODP visits. A very successful visitor training day was held in April 2005 and an additional three training days have been planned for July, August and October 2005. The visitors' guidance documentation will be published in the Autumn 2005.

Guidance on the Standards of Education and Training is being developed for education providers to facilitate visits. This is being developed in consultation with professional bodies and with guidance from the HPC Professional Liaison Group. The Council is pleased to be working closely with the professional bodies in this regard.

A process for annual monitoring reports (AMR) is to be set up during the summer 2005. education providers will be contacted about AMR in October 2005 and we expect to receive first sets of AMR documentation in February/March 2006.

### **Aspirant Groups**

Under the Health Professions Order , 2001 the HPC is able to take on New professions for regulation. The Register initially opened with 12 professions in July 2003. Since then, the HPC has welcomed the operating department practitioners and made recommendations to the Secretary of State for Health for a further six professions. We expect that the next new profession to join the Register will be the applied psychologists. On 10 March 2005, the Department of Health published their consultation paper on the statutory regulation of applied psychology. The consultation concludes on 9 June and it is hoped that the applied psychologists will join the HPC Register in late 2005/early 2006.

To date, we have held discussions with over thirty aspirant groups. The professions we have recommended to date are:

Applied psychologists:	Presented by the British Psychological Society
Clinical physiologists:	Presented by the Clinical Physiologists Registration Council
Clinical technologists:	Presented by the Voluntary Register of Clinical Technologists

Clinical perfusionists: Presented by the Society of Clinical Perfusion Scientists  
Medical illustrators: Presented by the Institute of Medical Illustrators  
Dance movement therapists: Presented by the Association for Dance Movement  
Therapy UK

The maxillofacial prosthetists and technologists will be presenting to the Council at its June meeting where this profession will be considered for recommendation.

### **Continuing Professional Development**

The Health Professions Order (2001) allows the Council to require registrants to undertake continuing professional development (CPD) if they are to remain on the Register. The Council agreed in principle that CPD will be linked to the renewal of registration, arising from the results of its first consultation in 2002. Therefore, in September 2004 we produced a consultation paper which set out a number of proposals for draft Rules, Standards for CPD and guidance to registrants on them. We then held a number of consultation events at 23 different locations across the UK between September and December 2004.

Our consultation attracted a high level of interest and generated a large volume of responses, from organisations and individuals alike. We received almost 1,500 written responses and more than 6,500 individuals attended one of the 46 consultation events that we held throughout the UK. These two sources gave us a wealth of information, which we have used to shape our subsequent decisions.

We are in the process of finalising the Key Decisions document arising from the analysis of the consultation exercise for consideration by the Council at its meeting in July 2005.



## **Health, disability and registration**

**Work on issues around health, disability and registration first began in March 2004, when the Council held a discussion meeting for Council members and representatives of professional bodies.**

The Council has established an overall policy for how it will deal with issues around health, disability and registration. The full policy is available to download from our website, but several key points from the policy are below:

### **Key principles behind our work**

- Protecting the public

We were set up to protect the public. The protection of the public must therefore take precedence over other considerations when setting policy and strategy, and when making decisions about individuals.

- Professional self-regulation

The Council wishes to avoid unnecessary intrusion into matters which the registrant wants to keep private. As far as possible, we want to set up a system where a minimum of intervention is needed to protect the public, and where registrants actively participate in their own regulation, making professional opinions about their own fitness to practise and adjusting their practice accordingly.

- Outcomes not methods

All registrants must meet our Standards of Proficiency.

*How* those standards are met is not a matter for us, unless there is an alleged breach. This means that registrants can make adjustments to the way that they practise, and as long as they continue to meet our standards, they need not be concerned that they need to involve us in their continuing fitness to practise.

- Our expectations of all registrants

We expect all registrants to restrict or to adapt their practice where any factor (health, disability, conduct, or anything else) may affect their fitness to practise. This is a general expectation which applies to all registrants, not only those who consider themselves to have a health or disability issue, or who have alerted us to it.

- Registration and employment

There is a fundamental difference between being registered as a health professional and being employed as a health professional. It is very important that registration is never seen as a guarantee of employment. Fitness to practise is not a guarantee of the opportunity to practise, and it is not the same as fitness to work.

## **Managing fitness to practise**

The Council has drafted a document entitled 'Managing fitness to practise' which talks about the steps that registrants can take to manage their fitness to practise, to ensure that they keep to our standards, and that they can remain registered. This document is to provide more information for people on our Register who are concerned about their fitness to practise, and willing to take steps to ensure that the public is protected. This document will be consulted on later in 2005 before it is published.

## **Professional liaison group**

The Council agreed to set up a professional liaison group (PLG) to look at drafting more guidance on these issues. We set up a group which included Council members (professional and lay), representatives from professional bodies, from education, and from disability groups, to advise the Council.

The group agreed to draft two documents:

- 'Information about the health reference'; and
- 'Becoming a registered health professional'.

'Information about the health reference' will contain information for applicants to the Register about our health reference, and also information for doctors who are asked to complete the health reference for their patient.

'Becoming a registered health professional' will contain information for disabled people about becoming a health professional, and will also contain information for admissions staff working in approved courses, who deal with applications from people with disabilities.

Both of these documents will be the subject of a consultation before they are published. During the consultation we will seek input and ideas from a wide variety of stakeholders, we will publish the documents online, and we will take account of comments and ideas received when we amend the documents.

## **Meetings of the PLG**

<b>October 2004</b>	Discussion meeting: the group shared ideas about the HPC's approach, and the work that the group could undertake.
<b>February 2005</b>	Planning meeting: the group agreed a workplan, and had group discussions about the audiences for the documents, the queries raised, and the structure.

**Further planned meetings** (at the time of printing this document)

<b>April 2005</b>	First draft meeting: the group will discuss a first draft of each of the documents, and possible amendments / omissions / improvements
<b>June 2005</b>	Final draft meeting: the group will agree a final draft that they can recommend to the Council.

## Advertising



One of our adverts from the 2004/2005 campaign

### Background

In 2004, the Health Professions Council became the first health regulator to advertise. The aim of the adverts was to raise public awareness through three simple, key messages; who we are, what we do and how to contact us. Following considerable market research with members of the public, we realised that awareness about the HPC was very low; a direct advertising campaign was an ideal opportunity to begin raising awareness about the HPC and our function.

### Our aims

The main aim of our advertising campaign is to raise awareness amongst the public. The adverts were specifically designed to appeal to members of the public who had not previously heard of the Health Professions Council. The adverts are purely informative and use humour to convey a serious message about rogue practitioners and the risk they pose to the public. Our message was simple; who we are, what we do and how to get in touch.

### July 9<sup>th</sup> 2005

This date has always been a key issue in our advertisement development. The transitional period or ‘Grandparenting’ closes for 12 of the 13 professions regulated by the HPC and we saw this is a unique opportunity to base the pre-July campaign around. Our message has gradually become more serious in the build up to the deadline which we hoped would appeal to the public and alert any people still using a professional title who were not registered.

### **Mediums**

Our target audience was identified as being women with children as they are most likely to make their families health decisions. Another key audience is the elderly as they are more likely to use the services of private practitioners. We identified a number of key titles that would best reach our target audience. Adverts appeared in titles such as Asda Magazine, Boots Health and Beauty, Sainsbury's Magazine, Zest, Top Sante and Saga Magazine. Adverts also appeared in a number of sports titles. We also ran a four week campaign from October to November on Saga FM that broadcasts to over 1.2 million listeners per week in the West and East Midlands, Glasgow and on the digital network.

We also began advertising on yell.com. A banner appears if a member of the public searches for a health professional for example 'dietitian' or 'physiotherapist'. The advert encourages them to check their health professional is registered by directing them to our website.

### **Audience Reached**

We reached over twenty million people with our adverts in 2004/2005.

The feedback we have received from members of the public and stakeholders has been positive and encouraging. An increasing number of health professionals are requesting public information leaflets and posters, particularly those working in private practice which is helping us to get our message across to patients about regulation and protected titles.

### **Forthcoming Advertising**

Due to budget constraints we are unable to advertise on television; however we are hoping over the next year to expand to buses and tubes to advertise and to further explore radio opportunities. We will also be mailing posters to doctor's surgeries so that the public will see our adverts when they are most receptive to messages about health and wellbeing.

To see our print adverts and listen to our radio adverts please see the HPC website:  
[www.hpc-uk.org](http://www.hpc-uk.org)

## Our website [www.hpc-uk.org](http://www.hpc-uk.org)

Over the past twelve months the Communications department has been involved in further developing the HPC website and in developing the new website to be launched in May 2005.

The website remains the most cost-effective and efficient way of making large amounts of information available to large numbers of people, and we have consistently utilised the website as a tool to communicate news quickly and effectively to our registrants and stakeholders. The website is the best way of keeping up to date with our work, and what we are doing.

### 24 hour access

We want to make sure that all the information stakeholders require is available on-line so people don't have to wait until our office opens to find the information they require. We also want to make public information about what we do, and who we are available outside office hours.

### New website



Later this year we will be launching our new website. This has been designed based on feedback received during market research conducted with registrants and members of the public. The new site will be more user friendly, contain more information and be easier to maintain.

To achieve our aims we needed to completely re-design the site, and ensure that the new design is fully compliant with external measures of accessibility, including accessibility for people with disabilities.

### Accessibility

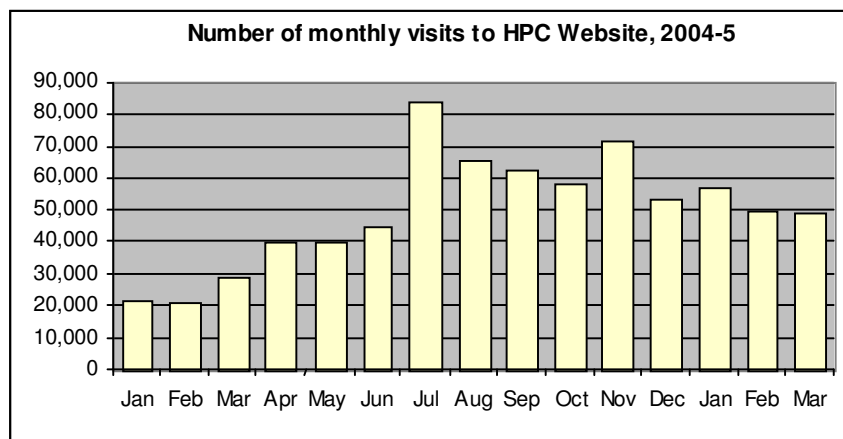
The new website will be designed to be as accessible as possible.

To make the website easy to view, we have designed it in accordance with guidelines laid down by the Web Accessibility Initiative (WAI) and the Royal National Institute for the Blind (RNIB).

Measures we have taken to ensure accessibility

- using meaningful ALT text for all images to provide descriptive text
- using descriptive hyperlink text
- avoiding the use of frames, which are difficult for special browsers to interpret
- using an easy-to-see web colour scheme
- using an easier to read non-serif font type, size and colour.

The number of people visiting the HPC website each month:



### **Publications index - [www.hpc-uk.org/publications/](http://www.hpc-uk.org/publications/)**

All our publications are available on-line. They are available to download in plain text or as a PDF. Some are available in alternative languages. We only print a limited number of publications each year so we try to encourage people to print off their own copies from the website.

### **'Apply' section - [www.hpc-uk.org/apply/](http://www.hpc-uk.org/apply/)**

All our forms are available on-line along with extensive guidance about how to complete your application.

### **Fitness to practise - [www.hpc-uk.org/complaints/](http://www.hpc-uk.org/complaints/)**

Each time a case is well-founded, we post information online including the allegation, the panel's decision and direction (for example: striking off, or a caution), the transcript of the hearing, and a news release which is sent to the local press.

In addition, information about upcoming future hearings is posted online.

This section of the website is called 'complaints' as we thought that 'fitness to practise' might not be understood by all users of the website. It also contains information on how to make an allegation against a health professional, and how to contact us about our levels of customer service.

## Health regulation worldwide



This section of the HPC website attempts to list in one place all relevant bodies involved in the regulation of health professionals, throughout the world. This is an ambitious and ongoing piece of work, which depends as much on visitors to the site emailing in information as it does on HPC Council members' information, and staff research.

During the past year, this unique resource has been moved from 'static' web pages onto a database format. This means the information stored about each organisation is easier to sort and search, easier for us to maintain, and easier for the user to access.

The site only lists the web addresses of regulators and professional bodies; it does not list postal addresses or telephone numbers. This means that the information can be kept accurate and up-to-date with a minimum of resources. Information about health regulators across the globe can be required by many people, from health professionals who want to practise outside the UK, to other regulators who want to know whether their applicant has ever been struck off by another regulator. We hope that this area of the site will continue to grow, and to be a source of useful information to visitors to our website.

### Future issues

We hope to have on-line renewals and application forms available in the near future allowing people to renew their registration and apply to be registered 24 hours a day, 7 days a week. We may also develop a private registrants section, making it easier for registrants and the public to determine what information is relevant to them.

### Your input

If you have any comments to make about the HPC website, either good or bad, please get in contact with us at [webmaster@hpc-uk.org](mailto:webmaster@hpc-uk.org)



We welcome constructive feedback that will help us to make the site useful, and make the information that you need easily available.

## **Customer Service**

**Throughout the past year, customer service at the Health Professions Council (HPC) has progressed rapidly. The two new major developments in this area are the customer service database, and the implementation of customer service standards initially in the registration departments, and then to the whole organisation by mid 2005.**

### **Customer Service Standards**

The HPC recognises the importance of its registrants and values the relationship it has with both internal and external customers. In an effort to maintain and continuously improve the quality of these relationships, organisational customer service standards have been set.

These are a powerful way of shaping the image our stakeholders have of the organisation, and a clear indicator for each HPC employee as to what level of service they should be achieving, or aiming to achieve. Customer service standards help us show evidence of service consistency and reliability, and ensure all our customers feel they are being treated in the same way.

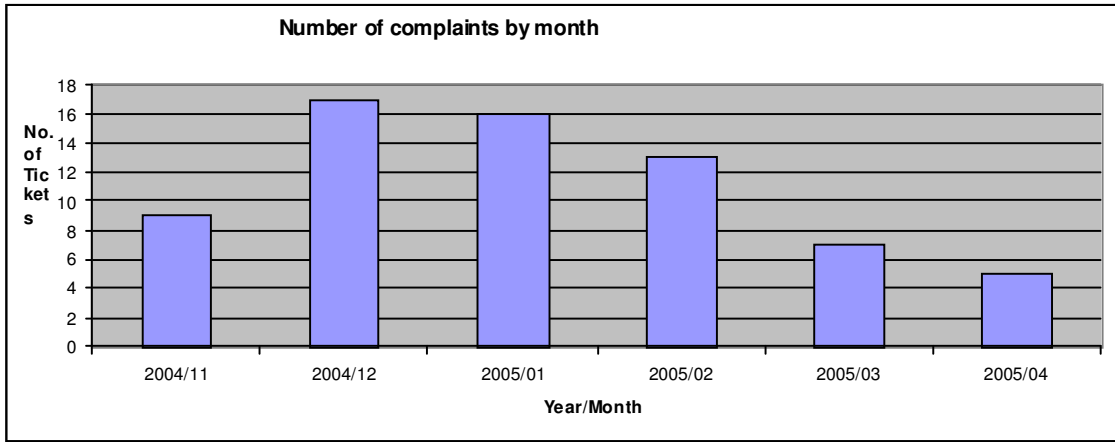
To achieve the highest level of customer service possible, customer service standards are vital in measuring how well each employee meets the level of service to which we aspire. With the introduction of these standards across the whole organisation, we can pinpoint exact training needs across departments, as well as on an individual basis.

### **Customer service database**

Over the past year, many changes and developments have taken place in this area of the organisation. One major development is the implementation of a customer service database. This allows all correspondence to be tracked as soon as it reaches the HPC, until a response is sent out. This means that we can check whether our service level agreements are being achieved, whilst also having one central database, where all the complaints and positive feedback can be stored, and referred back to at any point.

Using charts produced from the database (see example below), we can identify the major problem areas in the organisation and which department they may be occurring in, as well as the 'type' of problems.

As you can see from the following diagram, the new database allows us to track the number of complaints we receive each month, as well as identifying any peaks and troughs in the number of complaints received. Other information extracted from the database can pinpoint specific 'problem' areas; at this stage it is the task of the customer service manager and relevant departments involved, to work out how to solve the problem with a long term solution that will help the business run more effectively, and reduce the number of complaints received from our customers.



A Chart showing the number of complaints received per month from November 2004.

## **Events**

**Events play an important part in ensuring continuing and positive dialogue between HPC and our stakeholders. Last year was our busiest year yet for events, including a nationwide consultation on CPD and our inaugural partners conference as well as continuing both our listening event programme and attendance at a variety of external conferences.**

### **CPD Consultation Events**

During the Autumn of 2004, we held 46 events over 10 weeks at 23 venues across the UK. These events consisted of a presentation on our proposals for CPD followed by a 90 minute Q&A session to a panel of Council members. We had a phenomenal response to these events and nearly 7,000 people attending, providing varied and detailed feedback to the consultation.

### **Listening events**

These events are designed to give registrants and the public the opportunity to see and hear first hand how the HPC is progressing and give feedback on how we can improve. Over the last 12 months we have run 10 events at 5 different locations nationwide. In 2004 we visited Aberdeen, Bournemouth and Bristol, and in February 2005 we held events in Manchester and Blackpool. These events were all well attended and covered a wide variety of topics. Popular areas of interest have included CPD, queries over scope of practice and registration and growing interest in what we are doing to prevent the misuse of protected titles. Comments and feedback we receive at these events plays a significant role when developing future HPC strategy and regulation of health professionals.

### **Partners' conference**

Over 250 partners attended our first partners conference in September 2004, at the Palace Hotel in Manchester. The aim of the conference was to introduce partners to the workings and work of HPC whilst strengthening their relationship with HPC. The conference was very positive and we hope to continue holding this type of event every two years.

### **Annual general meeting**

HPC's AGM will be held at the Oval Cricket ground on Friday 8<sup>th</sup> July. This will follow on from the present Council's last meeting on Thursday 7<sup>th</sup> July.

### **Registration seminars**

We held a series of events at universities around the UK aimed at programme leaders for approved courses. They were designed to explain in detail the process for UK graduates to apply to be registered with the HPC. These seminars have proved very helpful in increasing understanding of HPC's processes amongst education providers and applicants, and aim to make the application process simpler and more efficient. We received positive feedback from these events in 2004 and are planning to hold a total of 8 more events in April and May, this year.

### **External conferences and exhibitions**

We have exhibited at the following conferences over the last 12 months:

26<sup>th</sup>-28<sup>th</sup> April 2004

UNISON Annual Health Conference, SECC, Glasgow

30<sup>th</sup> April – 1<sup>st</sup> May 2004

Institute of Chiropractors & Podiatrists 2004 Conference and Trade Exhibition,  
Moathouse Hotel, Bedford

4<sup>th</sup> - 6<sup>th</sup> May 2004

HR in the NHS, ICC, Birmingham

28<sup>th</sup> -31<sup>st</sup> May 2004

The XIVth International Congress of Dietetics, 2004

### **Conferences and Exhibitions 2005-2006**

Over the next 12 months we will be exhibiting at the following conferences:

19<sup>th</sup> – 21<sup>st</sup> April 2005

AODP (Association of Operating Department Practitioners) Conference & Exhibition  
2005, MICC, Manchester

11<sup>th</sup>-13<sup>th</sup> May 2005

HR in the NHS, ICC, Birmingham

21<sup>st</sup> - 23<sup>rd</sup> June 2005

The Trading Standards Institute's Annual Conference & Exhibition, Metropole Hotel,  
Brighton

26 – 28<sup>th</sup> September 2005

Biomedical Science Exhibition, The Congress of The Institute of Biomedical Science,  
ICC, Birmingham

Please see our website for more details

*Link to follow*

### **Listening events 2005-2006**

We will be holding the following meetings over the next 12 months:

*(to be confirmed before publication)*

September 2005

York

Hull

November 2005

Stirling  
Inverness (with video broadcast)

February 2006  
Cardiff  
Aberystwyth

In each location, there will be two identical meetings, the first from 2-4pm and the second from 6-8pm.

If you would like to reserve a place at any of the above events, please email [events@hpc-uk.org](mailto:events@hpc-uk.org) or call 0207 840 9708

Please see the website for more details

<http://www.hpc-uk.org/mediaandevents/events/listening/>

## **The Council**

### **Recruitment**

**After the Second transitional period (this July), 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 are appointed by the Privy Council and may be reappointed. 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.

There is one registrant member of Council from each of the 13 professions and each Registrant Member has an alternate. There are 13 Lay members. Registrant and Lay member representation has to come from each of the 4 home countries.

### **Terms of Office**

The term of office for Council members is usually four years. However, the term of office for the period following the first elections will be of a length to be specified by the Privy Council. The Privy Council has made its decision as follows:-

#### **Registrant Council Members**

Election in 2005 to hold office until 2006 (one year)

Physiotherapists, occupational therapists, radiographers

Election in 2005 to hold office until 2007 (two years)

Biomedical scientists, paramedics, chiropractors and podiatrists

Election in 2005 to hold office until 2008 (three years)

Speech and language therapists, operating department practitioners and dietitians

Election in 2005 to hold office until 2009 (four years)

Clinical scientists, arts therapists, orthoptists, prosthetists and orthotists

#### **Alternate Council Members**

The term of office of alternate Council members will be four years.

Thereafter the term of office of all Council members will be four years.

## **Council Member Biographies**

### **Norma Brook** President of the Council and President of the HPC

Norma Brook was appointed as our President in May 2001. She is a qualified physiotherapist and is currently a self-employed consultant in physiotherapy, other professions allied to medicine and multiprofessional education. She was previously Head of Division of Professions Allied to Medicine in the School of Health and Social Care at Sheffield Hallam University. Her experience in physiotherapy education has been utilised in her role as a Quality Assurance Agency (QAA) assessor and she has taken a consultative role in Benchmarking for Physiotherapy and multiprofessional education. She is currently Physiotherapy education advisor to the Royal College of Surgeons in Ireland and an external examiner in Physiotherapy at the University of Coventry. She was previously Chair of the Physiotherapists Board and a member Council of the Council for Professions Supplementary to Medicine (CPSM). She was awarded a Fellowship of the Chartered Society of Physiotherapy in 1995 for her contribution to the development of Physiotherapy education and her expertise in connective tissue manipulation. Recently she was awarded three honorary degrees, Doctor of Education by Robert Gordon University and Doctor of Science by the University of East Anglia and Doctor of University by Sheffield Hallam University.

### **Colin Lea** Lay Member & Vice-President of the HPC

Colin Lea is a self-employed business and healthcare consultant and a company Chairman/Director. A former Chairman and Vice-Chairman of West Glamorgan Family Health and District Health Authorities respectively, he also chairs Independent Review Panels for the NHS and Social Services complaints. He sits on the Lord Chancellor's Appeals Service (Disability Living Allowance Appeals) and The Consumer Council for Postal Services (Postwatch Wales). He is the independent Chairman of the Code of Conduct Panel for the Royal Pharmaceutical Society of Great Britain. He is a Magistrate and has long and extensive public service in health, social services, education, housing, consumer and judicial organizations.

## **Lay Members**

### **John Camp**

John Camp is a barrister. He gave up his legal practice to become an Anglican priest and served for 13 years as a psychiatric hospital chaplain. He has a qualification in forensic psychotherapy. He has held part-time judicial appointments since 1983 and is currently an immigration judge. He is a non-executive director of Northamptonshire Healthcare NHS Trust, having earlier chaired Wycombe Health Authority and been a member of the Oxford Regional Health Authority and the Mental Health Act Commission. He has taught clinical ethics and is an honorary member of the British Medical Acupuncture Society.

### **Shaheen Chaudhry**

Shaheen is a freelance Diversity and Equality consultant. She has worked in the Voluntary, Private and the Public Sector for over 20 years. Her focus of work has been to



raise awareness of the needs of the Black and Ethnic Minority communities using the health services and to provide training to service providers to enable them to provide an effective and equal service for all. Since 1992, she has been a Bristol Magistrate and has been actively involved with the Race Equality Council. She is former Non-Executive Director of North Bristol NHS Trust (1996-2004), and has been actively involved in local Organisations in her capacity as a Chair. At present, she is a Council member of the General Optical Council, a lay member of the Healthcare Commission and an associate member of the General Medical Council.

### **Mary Clark-Glass**

Mary Clark-Glass was formerly a lecturer in law and broadcaster in Belfast; she has been involved in equality/human rights issues since the 1970's. Head of the Equal Opportunities Commission for Northern Ireland 1984-92, a Human Rights Commissioner 1990-1994, former member of the probation board for Northern Ireland, she also served as a Commissioner on the Commission for Racial Equality for N. Ireland. Mary is currently a GMC associate, a member of the GDC's Fitness to Practice Committee and a non-executive director of the Royal Group of Hospitals, Belfast. Mary has been involved with Victim Support since the 1980's and an elected National Trustee since 1998.

### **Robert Clegg**

Robert Clegg was previously employed as the Chief Executive of Rochdale Healthcare NHS Trust. He is Vice-Chair of the Board of Directors and former Secretary at Springhill Hospice. He is actively involved in the local community in Rochdale and is a member of the local authority Council, representing Wardle and West Littleborough. Robert is a member of the board of Hopwood Hall College (local tertiary college) and an active Rotarian.

### **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.

### **John Harper**

John Harper is Vice-Principal at The Robert Gordon University, Aberdeen, with specific responsibility for Academic Quality Assurance and Enhancement, and former Dean of the Faculty of Health and Social Care. He is also a former member of the Scottish Executive NHS Modernisation Forum and of the CPSM.

### **Tony Hazell**

Tony Hazell began his professional career as a Probation Officer in Nottingham. He then spent almost 30 years in higher education completing his academic career as Assistant Principal, University of Wales Institute, Cardiff. Since June 2001 he has been Chair of

the Velindre NHS Trust. The Trust is based in Cardiff but provides a range of specialist services across the whole of Wales.

### **Ros Levenson**

Ros Levenson is an independent policy consultant and researcher. She has worked on a range of health and social care issues for the King's Fund and a number of statutory and voluntary organisations and has published widely. Her particular interests are health inequalities and patient and public involvement. Ros's early career was in social work and social services training. Her interest in health service issues developed during 10 years as a community health council member and she later became Director of the Greater London Association of Community Health Councils - a post she held for 5 years. Ros is a non-executive director of an NHS Trust.

### **Jeffery Lucas**

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

### **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 and a member of the Finance and Resources Committee.

### **Jacqueline 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 as a Business Careers Advisor for the Western Education and Library Board in Northern Ireland. 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 Lay Magistrate in the Youth and Family Courts in Northern Ireland

and has worked as a Lay Assessor with the Social Services Inspectorate of the DHPSS. A former carer, she is a member of the Management Committee of the local Alzheimer's Society and a helper with the Riding for 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.

### **Robert Jones** Physiotherapist

Robert Jones is Head of Therapy Services, East Sussex Hospitals NHS Trust and an honorary fellow of the University of Brighton and fellow of the Chartered Society of Physiotherapy. In 2001 he completed a secondment to Commission for Health Improvement (CHI) as Allied Health Professions Advisor and is a Healthcare Commission Reviewer. He is also a member of the Ways of Working Project Board of the NHS Information Authority, a member of the Health, Disability and Registration Professional Liaison Group and Governor of Moorfields Eye Hospital and. He is a former Chairman of the Chartered Society of Physiotherapy and recently completed his term as Vice-President. Robert was 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. He is a Modernisation Agency Associate and has lectured widely on service improvement and modernisation in the Allied Health Professions and was a participant in the NHS Clinical Strategists Programme which took place at INSEAD, France in 2003/2004 with whom he is still working on the development of teaching cases.

### **Morag Mackellar** Dietitian

Morag MacKellar is Head of Nutrition and Dietetics, Forth Valley Primary Care NHS Trust, and Public Health Nutritionist for NHS Forth Valley. She is also a member of the Community Planning Partnership Health Functional Group, Stirling 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 and is a member of the recently formed Scottish Food and Health Council. She is a former Chairman of the Dietitians Board at CPSM and previously Chair of the British Dietetic Association and has been elected a Fellow of the BDA in recognition of her work.

### **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 chairing the Communications 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** Prosthetist & 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.

**John Old** Clinical Scientist

John Old is head of the National Haemoglobinopathy Reference Laboratory, Churchill Hospital, Oxford, and is a Reader in Haematology at the University of Oxford. He is a member of the Board of Directors of Clinical Pathology Accreditation (UK) Ltd, a member of the Special Scientific Advisory Group for the UK NEQAS Steering Committee for General Haematology and a member of the Laboratory Subgroup Committee of the NHS Sickle Cell & Thalassaemia Screening Programme. He is a former Chairman of the Clinical Scientists Board at CPSM and a former Council member of the Royal College of Pathologists. He has a longstanding scientific interest in the thalassaemias and has published more than 100 peer-reviewed papers on this subject

**Pamela Sabine** Podiatrist / Chiropodist

Pam Sabine is head of Podiatry and Podiatric Surgery at the Castlepoint and Rochford Primary Care Trust, a Podiatric Surgeon and is past Chairman of the Society of Chiropodists and Podiatrists. Pam is also a Chair Reveiwer and an AHP Forum representative on the DOH Steering Group for the HPC. 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.

**Anna Van Der Gaag** Speech & Language Therapist

Anna Van Der Gaag is a self employed consultant and Honorary Research Fellow in the Faculty of Medicine, University of Glasgow. She has been actively involved in research

and development initiatives in speech and language therapy for more than two decades. Her current research work includes user involvement in decision making, e-learning in post graduate education and improving communication between primary care practitioners and people with communication disabilities. 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.

**Diane Waller** Arts 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 council member of the World Psychiatric Association's Section on Art and Psychiatry, Hon. President of the British Association of Art Therapists. Diane is a UKCP registered group analyst, and her research interests and several authored books are on the sociology of professions in UK and Europe, addiction and progressive illness. She has served on RAE Panel 11 and chaired the Arts Therapists Subject Benchmarking group for QAA. Formerly Chair of the Arts Therapists Board at CPSM, and of our Education and Training Committee.

**Neil Willis** 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.

**Stephen Wordsworth** Operating Department Practitioner

Stephen Wordsworth is a senior lecturer in the Faculty of Health and Community Studies at the University of Central England. He has been a qualified operating department practitioner for 15 years and has been heavily involved in a range of curriculum development initiatives for much of that time. Whilst as a professional body council member for the Association of Operating Department Practitioners (AODP) he has acted as the Deputy Director of Education and chair of the curriculum review development group. Stephen has also acted as a specialist ODP advisor for a number of HE institutions and as recently completed QAA training for Major Review of Healthcare Programmes.

**Alexander Yule** Radiographer

Sandy Yule is Secretary General of the International Society of Radiographers and Radiological Technologists which is a non Governmental Organisation. Sandy is a member of the Disciplinary Board for the British Psychological Society and a Justice of the Peace in Cardiff. He attends as an observer at the Council of the Society and College of Radiographers of the United Kingdom and also attends the annual Assembly of the World Health Organisation held in Geneva.

## **Alternate Members**

### **Michael Barham** Arts Therapist

Michael Barham is Dean of Human and Life Sciences at Roehampton University. He was the joint winner of a South West London NHS Excellence Award (2003), for his promotion of positive mental health. He is a former Chair of the British Association of Dramatherapists and Vice-Chair of the Arts Therapists Board at CPSM. He is a member of the Finance and Resources and Investigating Sub-Committees and a member of the Audit Committee. His current research interests include professional issues and processes linked to the arts therapies and other psychotherapies, dramatherapy and theatre processes, and ethical and methodological issues in practice and research.

### **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 Chairman of the UK NEQAS Steering Committee for Clinical Chemistry.

### **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/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.

### **Rosemary Klem** Radiographer

Rosemary Klem is currently Professor of Radiography and 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 is currently Chairman of our Registration Committee.

### **Carol Lloyd** Occupational Therapist

Carol Lloyd was Subject Manager for Occupational Therapy and Programme Leader at the School of Education, Health and Sciences at the University of Derby until September 2004. She is an external examiner at Brunel University and Canterbury Christchurch University College. She is a QAA Reviewer for Major Review and is also involved in Programme Approvals. Carol has also recently been awarded an Emeritus Professorship.

**Ian Massey** Prosthetist & Orthotist

Ian Massey is currently employed by Chas A. Blatchford & Son Ltd, and is Prosthetic Manager for their service centre at Cardiff. 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.

**Alan Mount** Operating Department Practitioner

Alan is Professional Lead / Senior Lecturer in ODP Studies, based within the Faculty of Health at Canterbury Christ Church University College. Alan has a long history within the peri-operative field, both as a practitioner and as an educator. He was appointed in February 2002 to the Association of Operating Department Practitioners (AODP) Board. He has also been involved with the development of the new standards of proficiency, scope of practice and subject benchmarks for ODP in accordance with the transfer to the HPC. More recently he was awarded the Association of Operating Department Practitioners Fellowship for outstanding service to the ODP profession.

**Jacqueline Pearce** Speech & 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 was a magistrate for 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 has represented speech and language therapy managers from the eastern region on the Management Board of the Royal College of Speech and Language Therapy. In East and North Herts, Jacki has a particular interest in encouraging SLTs to return to practice and in setting up support systems to enable them to gain confidence and the necessary competencies.

**Gillian Pearson** Dietitian

Gillian Pearson currently works as a return to practice coordinator at the University of Surrey, 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** 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 President-Elect 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.

**David Whitmore** Paramedic

David Whitmore works at the London Ambulance Service NHS Trust, he has been working in the ambulance service for nearly 25 years. He is currently the Senior Clinical Advisor to the Medical Director LAS. David was a member of the paramedics board for the Council of Professions Supplementary to Medicine before being appointed as a Partner with the Health Professions Council. David's other achievements include assisting in the development of the first full and part time BSc (Hons) degree courses to incorporate both an academic award and the national paramedic award. David has assisted in several large scale operations (including Princess Diana's funeral) and has experienced a high number of major incidents including 9 terrorist bombings.



## Council and Committee meetings 2005 to 2006

<b>Date</b>	<b>Meeting</b>
12 <sup>th</sup> April 2005	Registration Committee
14 <sup>th</sup> April 2005	Health Committee
18 <sup>th</sup> April 2005	Investigating Committee
19 <sup>th</sup> April 2005	Conduct and Competence Committee
28 <sup>th</sup> April 2005	Finance and Resources Committee
4 <sup>th</sup> May 2005	Communications Committee
12 <sup>th</sup> May 2005	Council
17 <sup>th</sup> May 2005	Approvals Committee
24 <sup>th</sup> May 2005	Communications
14 <sup>th</sup> June 2005	Education and Training Committee
23 <sup>rd</sup> June 2005	Audit Committee
23 <sup>rd</sup> June 2005	Finance and Resources Committee
7 <sup>th</sup> July 2005	Council (last meeting)
8 <sup>th</sup> July 2005	Annual General Meeting
12 <sup>th</sup> July 2005	Council (first meeting)
18 <sup>th</sup> July 2005	Council
29 <sup>th</sup> July 2005	Finance and Resources Committee
5 <sup>th</sup> September 2005	Registration Committee
7 <sup>th</sup> September 2005	Health Committee
8 <sup>th</sup> September 2005	Investigating Committee
9 <sup>th</sup> September 2005	Approvals Committee
13 <sup>th</sup> September 2005	Council
19 <sup>th</sup> September 2005	Conduct and Competence Committee
20 <sup>th</sup> September 2005	Finance and Resources Committee
29 <sup>th</sup> September 2005	Education and Training Committee
5 <sup>th</sup> October 2005	Council
27 <sup>th</sup> October 2005	Communications Committee
7 <sup>th</sup> November 2005	Health Committee
11 <sup>th</sup> November 2005	Investigating Committee
16 <sup>th</sup> November 2005	Conduct and Competence Committee
21 <sup>st</sup> November 2005	Audit Committee
21 <sup>st</sup> November 2005	Finance and Resources Committee
22 <sup>nd</sup> November 2005	Approvals Committee
28 <sup>th</sup> November 2005	Registration Committee
6 <sup>th</sup> December 2005	Council
15 <sup>th</sup> December 2005	Education and Training Committee
16 <sup>th</sup> January 2006	Health Committee
23 <sup>rd</sup> January 2006	Investigating Committee
25 <sup>th</sup> January 2006	Conduct and Competence Committee
8 <sup>th</sup> February 2006	Finance and Resources Committee
22 <sup>nd</sup> February 2006	Registration Committee
27 <sup>th</sup> February 2006	Communications Committee

1 <sup>st</sup> March 2006	Council
2 <sup>nd</sup> March 2006	Approvals Committee
22 <sup>nd</sup> March 2006	Audit Committee
22 <sup>nd</sup> March 2006	Finance and Resources Committee
29 <sup>th</sup> March 2006	Education and Training Committee

### Council meeting attendance

Members	May 2004	July 2004	September 2004	October 2004*	December 2004	February 2005*	March 2005
Norma Brook	X	√	√	√	X	√	√
John Camp	√	√	√	√	√	√	X
Shaheen Chaudhry	√(part)	√	X	√	√	√	X
Mary Clark-Glass						√	X
Robert Clegg	√	X	√	√	√	√(part)	√
Mary Crawford	√	X	X	X	√	X	X
Carol Lloyd (A)			√	X		√	
Christine Farrell	√	√	√	√	X	√	√
John Harper	√	√	√(part)	√	X		
Tony Hazell	√	√	√	√	√	√	√
Robert Jones	X	X	√	X	√	√	X
Eileen Thornton (A)	√	√		X			X
Colin Lea	√	X	√	√	√	√	X
Ros Levenson	√	√	√	√	√	√	X
Jefferey Lucas	X	X	√	X	X	√	
Morag MacKellar	√	√	X	√	√	√	√
Gillian Pearson (A)			√	X			
Joanna Manning	√	√	X	X	X	X	X
David Whitmore (A)			√	X	√	√	√
Clare McGartland	X	X	√	X	X	√	
Helen Davis	√			X	X	√	

(A)							
William Munro	X	√	√	√	√	√	
Ian Massey (A)				X		√	
John Old	√	√	√	√	√	√	√
Graham Beastall (A)				√		√	X
Keith Ross	√	X	√	√	X	X	√
Pam Sabine	X	√	X	√	X	√	√
Paul Frowen (A)	√				√	√	√
Jacqueline Stark	√	X	X	X	X	X	X
Barbara Stuart	√	√	√	√	√	√	X
Anna Van Der Gaag	X	X	√	√	√	√	X
Jacqueline Pearce (A)				√			
Diane Waller	√	√	X	√	√	√	
Michael Barham (A)						√	
Neil Willis	√	√	√	√	√	√	√
Gordon Sutehall (A)				√		√	
Stephen Wordsworth						√	√
Alan Mount (A)						√	
Sandy Yule	√	√	√	√	√	X	√
Rosemary Klem (A)				√			

√ Attended

x Apologies received for absence

(A) Alternate member

\* October meeting all members invited to attend

\* February meeting all members invited to attend

David Whitmore (A): appointed August 2004

Mary Clark-Glass: appointed December 2004

Stephen Wordsworth: appointed December 2004

Alan Mount (A) : appointed December 2004

## Committee meeting attendance

### Approvals Committee Attendance

Member	May 2004	June 2004	July 2004	September 2004	November 2004	February 2005
John Harper	√	√	√	X	√	√
Norma Brook	√	X	X	√	√	√(part)
Shaheen Chaudhry	√	√	√	√		√
Paul Frowen	√	√	X	√	X	√
Tony Hazell	√	√	√	X	X	√
Carol Lloyd	√	√	X	√	√	√
Gill Pearson	√	√	√	√	√	√
Pam Sabine	√	X	√	√	√	√
Barbara Stuart	√	√(part)	√	√	√	√
Eileen Thornton	√	√	√	√	X	X
Diane Waller	√	X	√	√	√	X
David Whitmore					√	√

√ Attended

X Apologies for absence received

David Whitmore: from August 2004

### **Audit Committee attendance**

Member	24th June 2004	23rd November 2004	23rd March 2005
Michael Barham	√	√	√
Daniel Ross	√	√	√
Jackie Stark	√	X	X
Sandy Yule	X	√	√

√ Attended

X Apologies for absence received

0 Not on Committee

### Communications Committee attendance

Member	5 <sup>th</sup> July 2004	28 <sup>th</sup> October 2004 <i>Cancelled</i>	28 <sup>th</sup> February 2005	4 <sup>th</sup> May 2005 (for 2004 / 5)
Jo Manning	√		X	X
Jackie Stark	X		X	X
John Camp	√		√	X
Shaheen Chaudhry	X		√	√
Ros Levenson	√		√	√
Morag MacKellar	√		X	√
Clare McGartland	√		X	√

√ Attended

X Apologies for absence received

0 Not on Committee

### Conduct and Competence Committee attendance

Members	April 2004	June 2004	October 2004	November 2004	February 2005
Sandy Yule	√	X	√	√	√
Graham Beastall	X	√(part)	X	X	
Mary Clark-Glass					X
Robert Clegg	√	X	X	√	√
Helen Davis	√	√	√	X	√
Rob Jones	√	X	X	√	
Carol Lloyd	X	√	√	√	√
Jo Manning	X	√	X	X	X
Keith Ross	√	√	√	√	√
Pam Sabine	√	X	X	X	√
Dr Gopal Sharma					X
Barbara Stuart	X	√	X	X	√
Gordon Sutehall	√	√(part)	√	√	√

√ Attended

x Apologies for absence received

Graham Beastall: until January 2005

Rob Jones: until January 2005

Mary Clark-Glass: from December 2004

Dr Gopal Sharma Registered Medical Professional: from January 2005



### Education and Training Committee Attendance

Members	April 2004	June 2004	July 2004	September 2004	October 2004	November 2004	February 2005	March 2005
Eileen Thornton	√	√	√	√	√	√	X	√
Graham Beastall		√	X	√	X	√	X	X
Shaheen Chaudhry	√	√	√	√	√	√	√	X
Helen Davis	√	√	X	√	√	√	√	√
Christine Farrell	√	X	√	√	√	√	X	√
Paul Frowen	√	√	√	√	√	√	√	√
John Harper	√	X	√	√	√	X	X	√
Tony Hazell	√	X	√	√	√	√	√	√
Raman Kapur	X	√		X	X	X	√	X
Rosemary Klem	√	√	X	√(part)	√	√	√	√
Carol Lloyd	√	√	X	√	√	√	√	X
Jeff Lucas	X	√	X	√	√	X	X	X
Ian Massey	X	X	X	X	X	√	√	X
Gill Pearson	X	X	√	√	√	√	X	√
Gordon Sutehall	√	√	√	√	√	√	√	√
Anna Van Der Gaag	√	√	X	√	√	√	√	√
Diane Waller	X	X	√	√	√	X	√	√
David Whitmore				√	√	√	√	√
Stephen Wordsworth							√	X

√ Attended

x Apologies for absence received

Stephen Wordsworth: from December 2004.

David Whitmore: from August 2004

### Finance and Resources Committee attendance

Member	29th April 2004	24th June 2004	27 July 2004	21 September 2004	23 November 2004	11 February 2005	23 March 2005
Michael Barham	√	√	√	X	X	√	√
Norma Brook	√	X	√	√	√	X	√
Robert Clegg	√	X	X	X	√	X	√
John Harper	X	X	X	X	√	X	√
Colin Lea	√	√	√	√	√	√	√
William Munro	X	X	X	X	√	X	X
Daniel Ross	√	X	√	√	√	√	√
Keith Ross	√	√	X	√	X	√	√
Jackie Stark	X	√	X	X	X	X	X
Barbara Stuart	√	√	√	√	X	√	√
Neil Willis	√	√	√	√	√	√	X
Sandy Yule	√	X	√	√	√	√	√

√ Attended

x Apologies for absence received

### Health Committee attendance

Members	April 2004	June 2004 (meeting cancelled)	September 2004	December 2004	February 2005
Mary Crawford	√		√	√	X
John Camp	√		√	X	√
Tony Hazell	√		√	√	X
Dr Christine Kenny					√
Ros Levenson	√		√	X	√
Clare McGartland	X		√	X	X
John Old	√		√	X	√
Jackie Stark	√		X	X	X
Diane Waller	X		√	X	√
Anna Van Der Gaag	√		√	√	√

√ Attended

x Apologies received for absence

Dr Christine Kenny Registered Medical Professional: from January 2005

### Investigating Committee attendance

Members	April 2004	June 2004 (meeting cancelled)	September 2004	November 2004	February 2005
Neil Willis	√		√	√	√
Michael Barham	√		√	X	√
Dr Nigel Callaghan					√
Shaheen Chaudhry					
Christine Farrell	√		√	X	X
Paul Frowen	√		√	√	√
Colin Lea	√		√	X	√
Jeff Lucas					
Morag MacKellar	√(part)		√	√	√
William Munro	X		X	√	X
Jacki Pearce	√		√	√	X
Gill Pearson	X		X	√	
David Whitmore			√	√	

√ Attended

x Apologies for absence received

Gill Pearson: until December 2004

David Whitmore: until December 2004

Shaheen Chaudhry: from March 2005

Jeff Lucas: from March 2005

Dr Nigel Callaghan Registered Medical Professional: from January 2005

### Registration Committee attendance

Member	March 2004	May 2004	July 2004	September 2004	November 2004	January 2005
Rosemary Klem	√	√	√	X	√	√(part)
Shaheen Chaudhry			√	X	√	√
Mary Crawford	X	√	X	X	√(part)	√
Paul Frowen	√	X	X	√	√	√
Robert Jones	X	X	X	√	X	X
Ian Massey		X	X	X	X	X
Alan Mount						X
Pam Sabine	√	√	√	√	X	√
Gordon Sutehall	√	√	√	√	√	√
Eileen Thornton	X	X	√	X	X	X
Anna Van Der Gaag	√	X	X	√	X	√

√ Attended

X Apologies for absence received

Alan Mount: from December 2004

## **Glossary**

<b>CPD</b>	<b>Continuing Professional Development</b>
<b>CPSM</b>	<b>Council for the Professions Supplementary to Medicine</b>
<b>GSCC</b>	<b>General Social Care Council</b>
<b>HPC</b>	<b>Health Professions Council</b>
<b>HPO</b>	<b>Health Professions Order (2001)</b>
<b>NMC</b>	<b>Nursing and Midwifery Council</b>
<b>PLG</b>	<b>Professional Liason Group</b>
<b>SCPE</b>	<b>Standards of Coduct, Performance and Ethics</b>
<b>SET</b>	<b>Standards of Education and Training</b>
<b>SOP</b>	<b>Standards of Proficiency</b>

## **The five principles of good regulation**

### **Proportionality**

Regulators should only intervene when necessary. Remedies should be appropriate to the risks 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.bruf.gov.uk\*\*](http://www.bruf.gov.uk)

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

## **Financial Statements**

*To follow*





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