

**THE HEALTH PROFESSIONS COUNCIL**

Chief Executive and Registrar: Mr Marc Seale

Park House  
 184 Kennington Park Road  
 London SE11 4BU  
 Telephone: +44 (0)20 7840 9711  
 Fax: +44 (0)20 7840 9807  
 e-mail: *sophie.butcher@hpc-uk.org*

NOTES of the fifteenth meeting of the Investigating Committee held at **10:50a.m. on Friday 11<sup>th</sup> November 2005** at Park House, 184 Kennington Park Road, London, SE11 4BU.

Dr N Callaghan  
 Mrs D Haggerty  
 Mrs M MacKellar  
 Mr S Taylor

**IN ATTENDANCE:**

Ms S Butcher, Secretary to Committees  
 Miss K Johnson, Director, Fitness to Practise

**Item 8.05/102 ELECTION OF THE CHAIRMAN AND DEPUTY-CHAIRMAN**

- 1.1 The Investigating Committee received a paper from the Secretary to the Committee.
- 1.2 The Director of Fitness to Practise reported that the Investigating Committee meeting was inquorate again. The election of the Chairman and Deputy-Chairman would therefore be deferred to the next meeting. Mrs MacKellar was nominated as temporary Chairman so that the business of the meeting could proceed. Any decisions taken could not be formally ratified due to the inquoracy.
- 1.3 The Committee recommended that the President personally encouraged members to attend future meetings as these were of vital importance to the work as undertaken by the fitness to practise department and to the functioning of the organisation as a whole.

**Item 2.05/103 APOLOGIES FOR ABSENCE**

- 2.1 Apologies for absence were received from the following Investigating Committee members; Ms S Chaudhry, Mr R Clegg, Ms C Farrell, Mr W Munro and Professor D Waller.

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Title  
Investigating Committee Minutes  
11th November 2005

Status  
Final  
DD: None

Int. Aud.  
Public  
RD: None

**Item 3.05/104 APPROVAL OF AGENDA**

- 3.1 The Investigating Committee approved the agenda.

**Item 4.05/105 MINUTES**

- 4.1 It was agreed that the minutes of the thirteenth meeting of the Investigating Committee be confirmed as a true record and signed by the Chairman when elected at its next meeting subject to the following amendments:

7.12 It was agreed that the following sentence 'a 28 day right of observation' should be replaced with '28 days was given for registrants thereby providing them with the opportunity to respond'.

**Item 5.05/106 MATTERS ARISING**

- 5.1 There were no matters arising from the minutes as these had to be confirmed as a true and accurate record.

**Item 6.05/107 DIRECTOR OF FITNESS TO PRACTISE REPORT**

- 6.1 The Investigating Committee received the Director of Fitness to Practise Report.
- 6.2 The Director of Fitness to Practise provided a review of her departments work to date. The Committee noted that a lot of media interest had been received at HPC with regard to a paramedic whose case was recently heard and subsequently struck off the register. The story was later published in the Daily Mail, the Daily Telegraph and the Guardian. The committee noted that the department had also recently dealt with a very difficult case which involved a suicidal registrant. An interim order had been imposed. The committee noted that throughout the undertaking of this case the team was in contact with the Employee Assistance Programme who advised them on how to proceed and arranged counselling services if required for both staff members and the registrant. The fitness to practice team plan to undergo additional training to assist them in the effective management of such situations. This has been scheduled for January 2006.
- 6.3 The Committee noted that the number of allegations received by the department had increased in addition to the case to answer rate which had also risen from 45% last year to 55% currently.

- 6.4 The Committee noted that a meeting had taken place with the Council for Healthcare Regulatory Excellence (CHRE) regarding learning points to improve the decisions made by panels. CHRE had expressed concern over the fact that the determinations produced, particularly those from conduct and competence cases, lacked detail and had been unable to ascertain what the case history was leading up to the decision and order taken. The Director of Fitness to Practise had also recently attended meetings with AVMA – ‘Action Against Medical Accidents’ and POPAN ‘Prevention of Professional Abuse Network’.
- 6.5 The Director of Fitness to Practise reviewed the statistical information for the committee who noted that the department currently had 184 allegations within its remit. Chiropodists and Paramedics had received by far the highest number of allegations in comparison to the other professions which HPC regulated. The Committee recommended that it would be beneficial to identify the trends and reasoning behind why Paramedics as a profession received a higher than average proportion of cases to answer. For example, at least three to four cases of paramedics selling equipment on E-Bay had now been considered. The Committee noted that part of the rationale behind such behaviour may stem from the fact that Paramedics were put under a huge amount of stress especially by their line managers to meet NHS targets that frequently conflicted with their duty of care. This could sometimes lead to substance abuse and related behavioural problems. The Director of Fitness to Practise reported that she would provide data at the Committee’s April meeting looking at the patterns of decision around no cases to answer and cases to answer and the varied outcomes.

**Action: KJ**

**Item 7.05/108 DATES OF THE INVESTIGATING COMMITTEE MEETINGS 2006/2007**

- 7.1 The Investigating Committee were unable to approve the forthcoming dates scheduled for 2006/2007 as they were inquorate.

**Item 8.05/109 RESOLUTIONS TO ADOPT IF A PRACTICE COMMITTEE (HEALTH, INVESTIGATING OR CONDUCT AND COMPETENCE) REQUIRES TO HOLD A MEETING IN PRIVATE SESSION**

- 8.1 The Investigating Committee deferred this item to its next meeting as the topic merited further discussion when quoracy could be established.

**Item 9.05/110 REQUESTING PATIENT INFORMATION**

- 9.1 The Investigating Committee received a paper from the Director of Fitness to Practise to note.
- 9.2 The Committee noted that a practice note had been devised so to assist case managers in the undertaking of their work specifically when requesting patients records if identified as a necessary and appropriate additional piece of evidence to acquire. This was particularly relevant to allegations received by the Investigating Committee which may often involve medical records, competence cases or cases alleging misconduct in relation to clinical practice.
- 9.3 The Committee noted that the practice note had been reviewed by HPC lawyers and that in addition to the practice note a consent form had also been devised. The Committee recommended that this item be deferred to its next meeting for discussion/approval when quoracy could be established.

**Item 10.05/111 MAKING A COMPLAINT ABOUT A HEALTH PROFESSIONAL**

- 10.1 The Investigating Committee received a paper from the Director for Fitness to Practise to note.
- 10.2 The Director of Fitness to Practise reported that one of her Case Managers, Mr Guthrie had written the paper which she was presenting on his behalf. The Committee was in agreement that it would be beneficial to review this paper further so that any pertinent feedback could be given to assist in the development of this work.
- 10.3 The committee noted that the number of complaints received about a health professional had grown and therefore an effective operating procedure was required to help deal with this. To date only two cases had been considered where the complainant was a member of the public and was therefore indicative of the fact that procedures were required so to more robustly manage the information received. Two brochures had been devised '*Making a Complaint about a Health Professional*' and '*What happens if a complaint is made about me*' and were published in April 2005. When responding to a complaint from a member of the public, the Case Manager will now summarise what they consider to be the complainant's principal concerns. It was anticipated that this would effectively manage the registrant's outcome expectations.
- 10.4 The Director of Fitness to Practice reported that the Health Committee had already reviewed the paper and recommended that the sample letter be produced in plain English in accordance with all the other documents HPC

created. The committee was urged to submit any further comments they had to the Director of Fitness to Practice.

- 10.5 The Committee noted that one of the future plans was to develop a procedure for taking someone's complaint by telephone and that a standard complaints form had been devised for these purposes. The Committee agreed that it would be useful to include the following question: 'What would you like to see done to resolve the issue?' so that the complainant felt more integrated into the process as a whole. The Committee noted that the procedures in place were as open and transparent as possible however there was the facility for a complainant's identity to be kept anonymous in the first stages of an allegation being investigated. The spaces given on the form would be made bigger for ease of completion and would also be provided on the website.
- 10.6 The Committee recommended the piloting of this work via a focus group comprised of the public but not with an audience used to this sort of work such as public/patient groups. The Director of Fitness to Practice reported that she would liaise with the Director of Communications regarding how to go about making contact with public groups in the community and that the project would need to be appropriately budgeted for.

**Action: KJ**

- 10.7 The Committee also recommended that a glossary of terminologies specific to HPC and fitness to practise themes be provided as it was not necessarily clear what the definition of 'case to answer' was when relayed to the lay public.
- 10.8 The Committee agreed that it would be very beneficial if reference was made to support organisations such as the Citizens Advice Bureau (CAB). Other support organisations also needed to be identified as people may wish to seek additional advice when making a clinical complaint. The Committee noted that the Director of Fitness to Practice would be attending an NHS conference that Thursday regarding managing complaints effectively and was hoped therefore that some useful information could be obtained from this event for integration into the HPC processes currently operated.
- 10.9 The facility to record conversations had also been implemented as the fitness to practice team have had to manage some very difficult and challenging conversations in the past in relation to the cases with which they dealt.

**Item 11.05/112 REPORTING A CONCERN TO THE HEALTH PROFESSIONS COUNCIL**

- 11.1 The Investigating Committee received a paper from the Secretary to the Committees to note.
- 11.2 The Committee noted that as part of the ongoing development work in the Fitness to Practice department, consideration has been given to the implementation of a form to help people to report a concern about a Health Professional to the HPC. Emotive terminologies had been removed such as ‘complaint’ and ‘allegation’ and replaced with words such as ‘concern’. The Committee recommended the inclusion of the statement that ‘The use of this form is not compulsory.’ All amendments would be incorporated and presented at it’s next meeting for approval.

**Action: KJ**

**Item 12.05/113 INTRODUCTION TO THE CASE MANAGEMENT STRATEGY**

- 12.1 The Investigating Committee received a paper to note from the Director of Fitness to Practise for discussion/approval.
- 12.2 The Committee noted that this paper represented the first stages towards the production of a Fitness to Practise Benchbook. Registrants were increasingly seeking representation at their hearings which resulted in hearings often being adjourned on the first day. This had obvious cost implications for the HPC and therefore a set of ‘default’ directions had been created so that the needs of hearings could be identified at a much earlier stage. All three fitness to practise committees would be asked to approve the standard directions that would ensure that HPC was meeting its requirements to conduct fitness to practise proceedings as expeditiously as possible. The committee noted that the panels could vary or supplement the default directions as necessary.
- 12.3 The committee noted that the Health Committee had expressed concern over the length of time given (42 days) before the date fixed for the hearing of the case, serve on the health professional a copy of the documents which the Council intends to rely upon at the hearing and expressed concern at the length of this and whether it would represent a significant delay in the processing of documentation. and whether it would represent a significant delay in the processing of documentation.

**Item 13.05/114 HPC PERFORMANCE APPRAISAL SYSTEM FOR PANEL MEMBERS AND PANEL CHAIRS**

- 13.1 The Investigating Committee deferred this item to its next meeting as the topic merited further discussion when quoracy could be established. The Committee noted however that the introduction of an appraisal system for panel members would be very beneficial and looked forward to seeing this being implemented. The final paper was anticipated to go to Council for its approval at the meeting in March 2006.

**Item 14.05/115 CASE TO ANSWER REFERRAL FORM FOR PANEL CHAIRMEN**

- 14.1 The Committee noted that a case to answer referral form for panel chairmen had been devised to assist in the decision making process. This had proven to be a very useful aid in the undertaking of fitness to practise cases.

**Item 15.05/116 ANY OTHER BUSINESS**

- 15.1 There was no other business.

**Item 16.05/117 DATE AND TIME OF NEXT MEETING**

- 16.1 The next meeting of the Investigating Committee would be on Monday 23<sup>rd</sup> January 2006.





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