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Thank you for your further letter of 10 May to Jeremy Hunt on behalf of your constituent Mr Mark Russell of 94 Woodlands Road, Lytham St Annes FY8 1DA about the Health and Care Professions Council (HCPC) and non-regulated practitioners.

I am sure you will appreciate that I cannot comment on an individual case, especially one that has been referred to the criminal case review commission. The Government nonetheless takes the protection of patients and the public very seriously. It is important that the public have confidence in practitioners working in health and care sectors.

As you are aware, the HCPC regulates the podiatry profession, and 'podiatrist' is a 'designated title'. The HCPC has a statutory duty in law to protect the public, and one of its principal means of achieving this is by ensuring the integrity of its register. Each of the professions regulated by the HCPC has one or more designated titles, which are protected by law. Anyone who uses one of these titles must be on the HCPC's register. A person who is not registered and who misuses a designated title is breaking the law and may be prosecuted.

Under Article 39(1) of the Health and Social Work Professions Order 2001, it is a criminal offence for a person with intent to deceive, whether clearly or by implication, to claim that they are on the HCPC register, use a designated title protected by the Order to which they are not entitled, or claim falsely that they have qualifications in a profession regulated by the HCPC.

The words 'by implication' may mean that an offence is committed even if the designated title is not used directly, such as when an unregistered person describes the service they provide as 'chiropody' or 'podiatry'. Ultimately, it is the responsibility of the courts to determine whether such an offence has been committed. Further information on the protections offered by the HCPC can be found on the HCPC website at www.hcpc-uk.org by clicking on 'concerns'.

The Government takes the issue of practitioners who are not registered with the HCPC or one of the other health and care regulators, but who continue to work illegally using a protected title, very seriously. It is right that the HCPC and other regulators pursue such cases, and the Government supports them in this important work to maintain public confidence in the professions they regulate. I would recommend that anyone made aware of a practitioner contravening the HCPC's legislation contacts the HCPC in the first instance, so that it can investigate and, where appropriate, take action.

Regarding the cases Mr Russell refers to, a number of measures are in place for the registration and management of sex offenders who pose a risk of harm. Certain sex offenders are required to notify the police of personal information such as their name, address and bank and credit card details, and to update the police whenever this information changes. The police record of this information is commonly referred to as the 'sex offenders register'. The notification requirements are imposed for a fixed or indefinite period, depending on the sentence received. The penalties for breaching notification requirements range from a fine to imprisonment for up to five years.

In addition, Sexual Harm Prevention Orders and Sexual Risk Orders are civil orders available to manage sex offenders and those who pose a risk of harm. These orders can place a range of restrictions on individuals depending on the nature of the case, such as limiting their internet use, preventing travel abroad or undertaking certain forms of employment such as working with children. The penalties for breaching these orders range from a fine to imprisonment for up to five years.

The HCPC is overseen by the Professional Standards Authority (PSA), whose role includes assessing the performance of the regulators against its Standards of Good Regulation. The PSA is the body responsible for overseeing the work of the nine statutory bodies that regulate health professionals in the UK, including the HCPC. The PSA reviews the regulators' performance, and audits and scrutinises their decisions about whether people on their registers are fit to practise. The PSA does not currently have the legal power to investigate complaints about regulators, as section 28 of the National Health Service Reform and Health Care Professions Act 2002 has not been included in regulations, but it does use feedback of the nature you have provided to inform its audits and performance review process.

Both the HCPC and the PSA are independent of the Department of Health and Social Care. They are accountable to Parliament, through the Privy Council, for the way in which they carry out their responsibilities. The Privy Council has broad powers to direct these bodies where they fail to perform a statutory function, and to instigate an enquiry where appropriate. In addition, the Health Select Committee can choose to hold an annual accountability hearing with the HCPC or the PSA if it considers it necessary. Accordingly, there are a variety of measures in place to hold the HCPC to account and ensure that it is fulfilling its primary purpose of protecting patients and the public in the UK through effective and proportionate regulation of healthcare professionals.

We are committed to supporting the development of a modern health and care workforce that provides safe, accessible and high-quality care for patients and service users. Although we have no plans in place at this time to extend professional regulation to other healthcare practitioners, we are currently considering options for deciding the right level of regulatory oversight for professional groups. This follows our *Promoting Professionalism, Reforming Regulation* public consultation, which closed on 23 January. Details can be found on the Government website at www.gov.uk by searching for 'promoting professionalism reforming regulation'. We will publish a full response to this consultation in due course.

I hope this reply is helpful.

Your ever
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STEVE BARCLAY