

## **Education and Training Committee, 9 June 2011**

### **Outcomes of the consultation on our proposals for post-registration qualifications**

#### **Executive summary and recommendations**

##### **Introduction**

Post-registration qualifications are those which are undertaken by individuals once they are registered with us. We have powers to 'annotate' or mark post-registration qualifications on our Register to indicate that individuals have successfully completed the programme. At the moment, we only annotate post-registration qualifications on our Register where they relate to entitlements to supply, use or prescribe medicines.

We consulted between 1 November 2010 and 1 February 2011 on our proposals related to post-registration qualifications. The aim of the consultation was to help us to develop a clearly articulated policy on annotation of the Register and post-registration qualifications. Our consultation on post-registration qualifications was divided into two parts. The first part proposed some draft criteria that we would use to make decisions about whether or not to annotate a post-registration qualification on the Register. The second part asked stakeholders for their views on potentially annotating qualifications in neuropsychology and podiatric surgery on the Register.

The Committee is presented with a paper outlining the responses we received to the consultation and a paper outlining points for the Committee to discuss. The Committee's discussion will feed into a subsequent paper which will outline our conclusions following the consultation and provide a draft policy on our approach to annotation of the Register. The Committee will then be invited to make recommendations to Council on our approach to post-registration qualifications.

##### **Decision**

The Committee is invited to:

- discuss the attached papers; and
- make recommendations in response to the areas outlined in Sections 3 and 4 of the paper.

##### **Background information**

Post-registration qualifications have previously been considered by the Education and Training Committee on a number of occasions. This paper was discussed on 8 June 2010. The paper can be found here:

<http://www.hpc-uk.org/aboutus/committees/educationandtraining/index.asp?id=492>

## **Resource implications**

Depending upon the decisions by Committee and Council, there may be further resource implications for 2011-2012, when the policy on post-registration qualifications implemented. These would be incorporated within the relevant workplans for 2011-2012.

## **Financial implications**

Depending upon the decisions by Committee and Council,, there may be further financial implications for 2011-2012, when the policy on post-registration qualifications is implemented. These would be incorporated within the relevant budgets for 2011-2012.

## **Appendices**

None

## **Date of paper**

27 May 2011

## **Consultation on post-registration qualifications: Discussion paper**

### **1. Introduction**

#### **About this paper**

- 1.1 We consulted between 1 November 2010 and 1 February 2011 on our proposals related to post-registration qualifications. We have written a separate document summarising the responses we received to the consultation.
- 1.2 The broad principles which underpin our approach to post-registration qualifications and annotation of the Register have already been agreed by the Committee. The focus of the Committee's discussion is therefore on points drawn from the recent consultation. The Committee is invited to make recommendations on some discrete areas and to discuss other areas arising from the consultation.
- 1.3 The Committee's discussion will feed into a subsequent paper which will outline our conclusions following the consultation and provide a draft policy on our approach to annotation of the Register. The Committee will then be invited to make recommendations to Council on our approach to post-registration qualifications.
- 1.4 This paper is divided into five sections:
  - Section one provides an introduction to the paper, setting out our proposals within the consultation.
  - Section two explains the background to our proposals, including our approach to post-registration qualifications and also outlines the external policy context.
  - Section three identifies discrete areas within the broader topic of annotation of the Register that the Committee is invited to discuss and make recommendations on.
  - Section four outlines key points from the consultation that the Committee is invited to discuss.
  - Section five outlines general points around the implementation of a policy to annotate the Register.
- 1.5 'We' in this paper refers to the HPC. Where the Executive has made recommendations or proposals for the Committee to discuss these are clearly indicated.

## **Our proposals within the consultation**

- 1.6 Our consultation on post-registration qualifications was divided into two parts. The first part proposed some draft criteria that we would use to make decisions about whether or not to annotate a post-registration qualification on the Register. The second part asked stakeholders for their views on potentially annotating qualifications in neuropsychology and podiatric surgery on the Register.
- 1.7 We proposed that a qualification would only be annotated on the Register where:
- there was a clear risk to the public if the Register is not annotated;
  - the risk could be mitigated through annotation of the Register and could not be mitigated through other systems;
  - the post-registration qualification was necessary in order to carry out a particular function or role safely and effectively;
  - there was a link between the qualification in question and a particular function or professional title which could be defined and protected by the HPC; and
  - the post-registration qualification could only be accessed by statutorily regulated individuals.

## **Aims, benefits and outcomes of the consultation**

- 1.8 The consultation had two key aims. We wanted to seek the views of stakeholders on the criteria outlined above and on whether we should annotate either neuropsychology or podiatric surgery on the Register. By seeking the views of stakeholders we could ensure that the criteria we developed were appropriate and that any decision we made to annotate either qualification took account of the impact that annotation might have on practice and service delivery.
- 1.9 The consultation outcomes are likely to be the criteria which we would use to make decisions about whether we annotate a qualification on the Register. We want to develop criteria which will help us to make consistent decisions but which are not prescriptive and do not fetter our ability to make decisions on annotation. We also want to develop criteria which can be used to form the basis of a public policy on annotation.
- 1.10 Setting criteria and developing a policy on annotation of the Register bring clear benefits. Both the criteria and the policy would set out our approach in this area so that stakeholders could have a clear understanding of which qualifications might and might not be annotated on the Register.

## 2. Background

2.1 This section of the document provides background to the Committee's discussions. It outlines our powers in relation to annotation of the Register and sets out the external policy context relevant to these discussions.

### HPC and post-registration qualifications

#### The Health Professions Order

2.2 We have powers to annotate our Register. These powers are set out in the Health Professions Order 2001 ('the Order') and in the Health Professions Council (Parts and Entries in the Register) Order of Council 2003.<sup>1</sup>

2.3 Those Orders give us powers around post-registration qualifications. They are the power to:

- record post-registration qualifications or additional competencies in the Register;
- approve post-registration qualifications for these purposes;
- approve and establish standards of education and training for post-registration entitlements; and
- produce standards of proficiency or their functional equivalent.

#### Existing annotations of the Register

2.4 Currently we annotate our Register to indicate where a registrant has undertaken additional training around medicines and has obtained entitlements to supply, administer or prescribe these medicines. We are required to do this by legislation called 'The Prescriptions Only Medicines (Human Use) Order 1997'.

2.5 The Register is annotated where:

- A chiropodist / podiatrist, physiotherapist or radiographer has completed an approved programme enabling them to become a supplementary prescriber.
- A chiropodist / podiatrist has completed an approved programme allowing them to sell / supply prescription only medicines and / or administer local anaesthetics.

2.6 There is a clear link between the legislation, the annotation on the Register and a function or tasks which an individual carries out. For example, an individual cannot act as a supplementary prescriber unless they have both completed a supplementary prescribing programme and have had their entry on our Register annotated. Individuals who act as supplementary prescribers without doing this could be prosecuted.

2.7 We approve education programmes which deliver training in the areas covered by these annotations and set standards of proficiency for these annotations.

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<sup>1</sup> Those Orders can be found on our website here: <http://www.hpc-uk.org/publications/ruleslegislation/>. In particular Article 19 (6) of the Order says that we can set standards related to post-registration qualifications, whilst 2 (4) of the Parts Order allows us to annotate qualifications or additional competencies.

## External policy context

### Enabling Excellence

- 2.8 In February 2011 the Government published 'Enabling Excellence: Autonomy and Accountability for Healthcare Workers, Social Workers and Social Care Workers'.<sup>2</sup> The paper sets out government policy in relation to the regulation of healthcare workers, social workers and social care workers.
- 2.9 The government argue that professional regulation should be proportionate and effective, imposing the least cost and complexity whilst securing safety and confidence in the professions. The government emphasises that regulators should only take on new responsibilities or roles, including developing advanced practice registers, where there is '...robust evidence of significant additional protection or benefits to the public' (page 11, paragraph 2.8).
- 2.10 It is clear from Enabling Excellence that the government believes that regulation should be proportionate, cost-effective and with minimal complexity. We should consider these policy statements when making decisions about our approach to annotation of post-registration qualifications. In line with our guiding principles, any policy that we develop must be proportionate, cost-effective and easy for stakeholders to understand.

## CHRE Commissions

### Advanced practice and distributed regulation projects

- 2.11 The Council for Healthcare Regulatory Excellence (CHRE) have published several reports which are specifically relevant to our work on post-registration qualifications and annotation of the Register. This includes a report on advanced practice (published July 2009) and a report on distributed regulation (published July 2010).<sup>3</sup>
- 2.12 Advanced practice was conceptualised as registrants practising in areas not traditionally associated with their professions. 'Distributed regulation' was suggested as a mechanism for managing situations where registrants extend their practice into areas where other regulators or professional bodies set standards. It was proposed that the regulator which regulates the individual would seek input from other bodies to determine the standards which should be set.
- 2.13 The following conclusions from both reports are relevant to our approach:

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<sup>2</sup> 'Enabling Excellence: Autonomy and Accountability for Healthcare Workers, Social Workers and Social Care Workers', Department of Health 2011, [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_124359](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124359)

<sup>3</sup> 'Advanced practice: report to the four UK Health Departments' [http://www.chre.org.uk/\\_img/pics/library/090709\\_Advanced\\_Practice\\_report\\_FINAL.pdf](http://www.chre.org.uk/_img/pics/library/090709_Advanced_Practice_report_FINAL.pdf)  
Managing extended practice – Is there a place for 'distributed regulation', [http://www.chre.org.uk/\\_img/pics/library/100705\\_Managing\\_Extended\\_Practice\\_Report\\_FINAL2.pdf](http://www.chre.org.uk/_img/pics/library/100705_Managing_Extended_Practice_Report_FINAL2.pdf)

- Most 'advanced practice' did not require additional statutory regulation and there was no 'systematic evidence' that professionals taking on new roles are not competent to do so and therefore pose a risk to patients.
- The risks which emerge from an individual's professional practice as their scope of practice develops can be best identified and managed by professionals, the teams in which they work and employers.
- Regulators should only take action where their current regulatory systems are not adequately protecting the public and if there is a need to identify and enforce clear national standards. This might include where a registrant's scope of practice changes to such an extent that it is fundamentally different from that of initial registration.
- The regulator could annotate their register or hold special lists to take account of situations where registrants extend their practice and pose greater risks to the public or require additional standards of proficiency. However, annotations should only happen on an exceptional basis.
- Where additional standards are necessary, they should be clearly linked to either a protected function or title.
- Where a title or function is restricted, the regulator must ensure that it has a satisfactory mechanism for assuring the quality of the qualifications required to demonstrate competence, so that the integrity of the register is maintained.

## Right-touch regulation

- 2.14 In August 2010, the CHRE published 'Right-touch regulation'.<sup>4</sup> The CHRE define right-touch regulation as being '...based on a proper evaluation of risk, is proportionate and outcome focussed; it creates a framework in which professionalism can flourish and organisations can be excellent' (page 8, 3.1).
- 2.15 The concept of 'right-touch regulation' is very much focussed on evaluation of risk. Risk within the healthcare sector is managed by individuals, teams, employers and regulators. Regulation should not act in response to every concern or question of safety; instead responsibility for managing risk should be shared between all those involved.<sup>5</sup> These principles can be applied to our approach to post-registration qualifications and annotation of the Register. This includes the emphasis on regulation being proportionate and outcome focussed.
- 2.16 The CHRE believe propose an eight step methodology for ensuring that regulation is 'right-touch'.<sup>6</sup> By following this methodology regulators can ensure that the costs of regulation are worth the benefits that regulation can bring. The eight steps are:
1. Identify the problem to be resolved before identifying the solution.

<sup>4</sup> 'Right-touch regulation', CHRE 2010, [http://www.chre.org.uk/\\_img/pics/library/100809\\_RTR\\_FINAL.pdf](http://www.chre.org.uk/_img/pics/library/100809_RTR_FINAL.pdf)

<sup>5</sup> 'Right-touch regulation', page 9, paragraph 3.7

<sup>6</sup> 'Right-touch regulation', pages 10-12, paragraphs 4.1 – 4.8

2. Quantify the risks associated with the problem.
3. Get as close to the problem as possible – look at the context of the problem.
4. Focus on the outcome – improving public protection.
5. Use regulation only when necessary.
6. Keep the solution simple so that it can be clearly understood.
7. Check the impact of the solution, including whether it will have unforeseen consequences.
8. Review the solution and revise where appropriate.

2.17 This eight step methodology has not been directly applied in this paper as the project on annotation of the Register has already developed considerably beyond initiation. However, the underlying principles around identifying the purpose, benefits and outcomes of any decision to extend regulation have been incorporated in this paper.

### **Summary of the external policy context**

2.18 Many of the points made in Enabling Excellence and the CHRE commissions are relevant to the Committee's discussion on its approach to annotation of post-registration qualifications on the Register. This includes the points that:

- regulators should only act where that action is necessary to improve public protection;
- actions taken should be proportionate and based on the risks posed; and
- actions taken should be cost-effective and clearly communicated to members of the public.

2.19 It is important that we are mindful of the external policy context when we consider our approach to post-registration qualifications. The following sections identify points for decision and discussion drawing upon this context to help to inform the Committee's decision making.



### **3. Decisions following the consultation**

- 3.1 This section invites the Committee to make preliminary recommendations about some areas within the broader topic of post-registration qualifications and annotation of the Register.

#### **Proportionality and cost-effectiveness**

- 3.2 One of the key considerations outlined in Section 2 above is that the actions taken by regulators should at all times be proportionate and risk-based. This principle extends to managing situations where registrants extend their practice into areas beyond the traditional scope of practice for their particular profession.
- 3.3 Post-registration qualifications are completed by individuals who are already statutorily regulated and are working within the requirements of the statutory regulator. It is important therefore that any additional steps we take to manage the risks caused by their practice recognise this context.
- 3.4 In our consultation document we explained how we currently regulate registrants practising in advanced areas of practice accessed by completing post-registration qualifications. Although we do not set standards specifically for their particular area of practice, the standards that we set would still apply to registrants practising in those areas. In the vast majority of situations therefore, the regulator does not need to take additional action because the risks are already managed through the existing systems, including the regulatory structure.
- 3.5 In a small number of cases, it may be possible to improve public protection in a specific area by annotating a qualification. Annotating a qualification allows us to set standards and approve education programmes linked to that qualification. However, it is important that the actions taken are always proportionate, recognising that the individuals are statutorily regulated.

#### **Recommendation**

- 3.6 One of the outcomes of this consultation will be a clearly articulated policy on annotating post-registration qualifications. The Executive recommends that the principles of proportionality and cost-effectiveness are clearly articulated within the policy statement.

#### **Annotation only in exceptional circumstances**

- 3.7 The CHRE argue in their commissions that qualifications should only be annotated on the register in exceptional circumstances. As outlined above, most areas of advanced practice accessed by completing post-registration qualifications can be managed by regulators through their own systems or the broader systems within which the registrant works.
- 3.8 Annotating only in exceptional circumstances also supports the principles outlined above about the importance of cost-effectiveness and proportionality.

- 3.9 In the consultation document we supported these principles and set out that we would only annotate qualifications in exceptional circumstances. We believe that the role of the regulator is to set standards for practice and identify discrete areas where additional standards may be necessary. It is not for the regulator to provide a list of all post-registration qualifications or training which a registrant may have completed. Instead, professional bodies can provide lists of members who have undertaken additional training or specialised in particular areas of practice as part of their role in promoting the profession.
- 3.10 However, some respondents believed that our approach related to post-registration qualifications more broadly and that we would annotate any post-registration qualification completed by a registrant. Alternatively, other respondents argued that it was not necessary to annotate any post-registration qualifications on the Register because the individuals completing the qualifications were already registered. It is therefore important that we clearly articulate the purpose of annotations and the situations in which we would and would not annotate a qualification.

### **Recommendation**

- 3.11 The Executive recommends that the final policy clearly sets out that we would only annotate the Register in exceptional circumstances, where it is necessary for public protection. This will help us to develop a clearly articulated policy which can be used to explain why the majority of post-registration qualifications completed by registrants would not be annotated on the Register.

### **Annotation of the Register and post-registration qualifications**

- 3.12 In the consultation document, we defined a post-registration qualification as one which registrants undertake once they are registered with us which also contains a validation process. The term 'qualifications' does not only mean those formal qualifications delivered by higher education institutions, but instead means any type of learning which has an assessment process at the end. The assessment process means that the provider can check that the registrant has the necessary skills and we can be confident that the individual has successfully attained a package of skills and knowledge meaning that their entry in the Register can be annotated.
- 3.13 A number of respondents to the consultation argued that the focus on formal qualifications was limiting and did not recognise the diversity of options for post-registration learning and development. Several respondents argued that we should explore options for giving appropriate recognition to assessed post-registration development, rather than just qualifications.
- 3.14 Some respondents seem to have believed that we were developing a broader policy in relation to post-registration education, rather than a policy about annotation of specific situations involving post-registration qualifications. Our continuing professional development (CPD) requirements ask registrants to undertake learning activities which are relevant to their current or future practice. Learning activities are defined as any activity from which a registrant learns or develops; it is not limited to formal qualifications.

A small number of respondents believed that our proposal to annotate qualifications alone, rather than other learning, contradicted our inclusive approach to CPD.

- 3.15 As outlined above, annotation of the Register allows us to set standards for that qualification and approve education programmes which deliver the qualification. The education provider's assessment process ensures that only those who meet the standards successfully complete the programme and are therefore eligible to have their qualification annotated on the Register. If there was no formal assessment process, we could not guarantee that the individual who completes the training has gained the knowledge and skills package which could then be annotated on the Register.
- 3.16 We recognise the value of post-registration learning and the benefits that it can bring to a registrant's practice. Post-registration learning is more broadly supported by our requirements in relation to CPD. However, for the purposes of annotation on the Register we can only annotate those qualifications which have an assessment process to check that the individual completing the programme meets the standards we have set. It would not therefore be appropriate to annotate CPD on our Register, nor would annotation of CPD be consistent with our broader approach to annotation of the Register.
- 3.17 We have already indicated that we will only annotate qualifications in exceptional circumstances. It is possible that the term 'post-registration qualifications' suggests that we will take a broader approach to post-registration education rather than focussing on whether we annotate a qualification on the Register.
- 3.18 We currently annotate entitlements to administer local anaesthetic and supply prescription only medicines for chiropodists/podiatrists. Pre-registration programmes for chiropodists/podiatrists now include training on each of these entitlements. This means that individuals who successfully complete these programmes are annotated with these entitlements on entry to the Register. These annotations therefore happen not just as a result of post-registration education but also at entry to the Register.

## **Recommendation**

- 3.19 The Executive recommends that the final policy produced from this consultation should set out our approach to 'annotation of the Register' rather than 'post-registration qualifications'. This would provide greater clarity for stakeholders about the purpose of the policy and support the general principle that we should only annotate the Register in exceptional circumstances.

## 4. Discussion points

4.1 This section outlines key points from the consultation that the Committee is invited to discuss. It is not intended to be exhaustive and the Committee is invited to discuss any other matters drawn from the responses to the consultation.

### The link between annotation and risk

4.2 In the consultation document we set out criteria for making decisions about whether a qualification should be annotated on the Register. These criteria are set out in paragraph 1.7 of this paper.

4.3 Amongst the other criteria, we proposed that a qualification would only be annotated on the Register where there was a clear risk to the public if the Register was not annotated and if the risk could be mitigated through annotation of the Register and not through other processes. This approach is consistent with the Committee's previous discussions that qualifications should only be annotated in exceptional circumstances.

4.4 In the consultation document we suggested two different ways of assessing the risks posed by practice in an area linked to a post-registration qualification. One way of assessing risk was developed by the Department of Health Extending Professional and Occupational Regulation working group.<sup>7</sup> They identified key factors when assessing the risks posed. These include:

- the type of intervention;
- where the intervention takes place;
- the level of supervision;
- the quality of education, training and appraisal of individuals; and
- the level of experience of the individual carrying out the intervention.<sup>8</sup>

4.5 We set up a new professions process which we used to help us make decisions about whether a profession should be recommended for statutory regulation. That process included criteria for assessing potential risk which can be summarised as:

- invasive procedures;
- interventions with the potential for harm; or
- exercise of judgement which can substantially impact on health or welfare.<sup>9</sup>

4.6 The new professions process has now been closed, although the criteria outlined above are still relevant to making decisions about risk.

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<sup>7</sup> Extending professional and occupational regulation: the report of the Working Group on Extending Professional Regulation (July 2009)  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_102824](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_102824)

<sup>8</sup> Extending professional and occupational regulation, page 8 and chapter 2

<sup>9</sup> Guidance for occupations considering applying for regulation by the Health Professions Council  
<http://www.hpc-uk.org/aboutregistration/newprofessions/forms/>

- 4.7 Respondents to the consultation generally agreed that we make decisions about annotating qualifications on the Register on the basis of the risks posed by practising in the area linked to the qualification. However, some respondents raised concerns about how we would make decisions about risk and whether the factors we suggested were appropriate for making decisions about risk.
- 4.8 We recognise that decisions about risk can be subjective and that it can sometimes be difficult to make decisions about the levels of risk posed. There is no one formula for making decisions about regulation based on the risks posed by practice in a particular area. Decisions made about risk should be reasonable, appropriate and informed by best practice but there is no absolute way of defining these decisions.
- 4.9 Decisions about risk should also be made on a case-by-case basis. The CHRE argue in 'Right touch regulation' (paragraphs 2.14 -2.17) that decisions about risks posed should take account of the broader context within which the practice takes place. This includes looking at the other systems (such as clinical governance arrangements) that are designed to manage risks linked to practice.
- 4.10 It is important therefore, that our approach to risk should be flexible. It might be appropriate to draw upon elements of the three different approaches to risk outlined above. In this way, we can take account of both the type of practice and the context within which the practice takes place.

### **Points for discussion**

- Are there any other factors which should be considered when making decisions about risk?
- Should we apply the factors identified above to help make decisions about risk?

### **Protecting a title or function**

- 4.11 At the moment, the only qualifications which we annotate on the Register are those we are required by law to annotate and which are linked to a protected function (see paragraphs 2.4 – 2.7).
- 4.12 We are now considering taking a more proactive approach in annotating other qualifications, on an exceptional basis, where the risks posed by practice in a particular area are not managed through existing systems. We have the opportunity to shape our approach to annotation of these qualifications, within the powers laid out in the Health Professions Order 2001.
- 4.13 In the consultation document we asked respondents whether we should make a policy decision only to annotate a qualification where we could also protect a title or function linked to that qualification. The Committee previously agreed that in most cases where we annotate a qualification, the title or function associated with that annotation should be a protected by law, so that only those who meet the necessary standards are able to practise in

a particular area. This approach would be consistent with the arguments made by CHRE.

- 4.14 As outlined in paragraphs 2.2 – 2.3, we have powers to annotate post-registration qualifications on the Register. However, protecting a title or function associated with that annotation is a decision for government. If the Council decided to annotate a qualification they could recommend that a particular title or function was linked to that annotation and protected, but the Council does not itself have powers to protect that title or function.
- 4.15 As decisions about protecting a title or function are made by government, it is important that we take account of statements of government policy outlined above (2.8 -2.10). This includes the statement within 'Enabling Excellence' that regulation should be proportionate, cost-effective and demonstrate improved public protection. Enabling Excellence also makes clear that additional legislation to protect titles or functions linked to annotation of the Register may be unlikely in the short to medium term.
- 4.16 There are advantages and disadvantages associated with either annotating a qualification and protecting a title or function or annotating a qualification alone. The majority of respondents agreed that we should make a policy decision only to annotate where we could also protect a title or function, subject to government approval. However, other respondents argued that we should retain a flexible approach and sometimes annotate a qualification without protecting a title or function.
- 4.17 Protecting a title or function requires a change in our legislation which is a government decision. As a result, even if we decided to annotate a qualification, it may take a period of time before there is a protected title or function associated with that qualification.
- 4.18 Annotation of the Register can improve public protection by allowing us to set standards and approve educational programmes linked to advanced practice. Annotation also gives employers and members of the public information which can aid informed choices. Therefore, there may be advantages in annotating the qualification first and then seeking government agreement to protect a title or function associated with that qualification.
- 4.19 If we followed this approach it may be a number of years before the government passes the necessary legislation to protect a title or function. In the meantime, unlike other annotations of the Register around medicines entitlements, there would be no link between these annotations and a protected title or function. Registrants would therefore be able to continue to practise in areas normally accessed by these qualifications, even if they had not completed the appropriate qualification.
- 4.20 The benefits of this annotation are outlined above but this model of annotation could potentially cause confusion for stakeholders about the purpose and nature of the annotation. If we were to adopt this approach, we would need to provide clear information for stakeholders about both the annotation and our recommendation that a title or function should eventually be protected.

## Points for discussion

- Should we make a policy decision only to annotate where we can protect a title or function?
- Should we take a pragmatic approach to annotating qualifications so that we annotate first and then seek government approval to protect a title or function or should we only annotate once the title or function is protected?

## Annotation of qualifications in podiatric surgery and neuropsychology

- 4.21 The consultation document sought the views of stakeholders on whether we should annotate qualifications in podiatric surgery and neuropsychology on the Register. There were strongly held views both in support of and against annotating either qualification.
- 4.22 Arguments in support of annotating either neuropsychology or podiatric surgery focussed on the benefits that annotation would bring in terms of improvements to public protection. These benefits are similar to those set out above (see paragraph 3.5). In addition, annotation would help to ensure that only appropriately qualified individuals practised in certain areas that posed additional risks to the public.
- 4.23 In relation to podiatric surgery, the most frequently expressed concern was that the title 'podiatric surgeon' might confuse members of the public and implied that the professionals were medically qualified, which they were not. Respondents argued that if HPC annotated the qualification and protected the title 'podiatric surgeon' it would continue to confuse members of the public. Equally, it is important to recognise that the title 'podiatric surgeon' has been widely used by employers and service providers for a number of years
- 4.24 We have previously said that where we will annotate a qualification we also believe that we should protect a title or function associated with that annotation. Concerns about whether or not the protected title should be 'podiatric surgeon' are therefore important. However, decisions about which title or function are protected are ultimately made by government as part of the process of drafting legislation. As a result, issues of which title should be protected should be separated from decisions about whether or not the qualification should be annotated on the Register in the first place.
- 4.25 In relation to neuropsychology, the most frequently expressed concern was that annotation would adversely affect individual practitioners. Some respondents argued that annotation would stop individuals who did not have the British Psychological Society qualification in neuropsychology from practising, even if they could demonstrate that they had been practising safely and effectively for a number of years.
- 4.26 We must also consider whether annotation of these qualifications is consistent with the external policy context set out in section 2. Both 'Enabling Excellence' and the CHRE commissions make clear that regulators should take steps which are risk-based and proportionate. When looking at annotation of the Register for either podiatric surgery or

neuropsychology we must be clear about the problem that we are trying to solve, the risks that we are trying to mitigate and that annotation of the Register is the right response.

- 4.27 As outlined above (see paragraphs 4.8 – 4.10), decisions about the risks posed by practice are subjective. Looking at the criteria we have proposed to make decisions about risk, the risks posed by practice in podiatric surgery are different to those posed by practice in neuropsychology. For example, whilst all podiatric surgeons will be registered as podiatrists, it is likely that some neuropsychologists are not registered as practitioner psychologists as there is no legal requirement for them to do so. Neuropsychologists and podiatric surgeons can work in either the public or private sector, with different governance arrangements supporting their practice. However, the Executive believes that a case could be made for annotating both neuropsychology and podiatric surgery on the Register.

### **Points for discussion**

- Should we annotate the qualifications on the Register?
- Would annotation of the Register for either podiatric surgery or neuropsychology bring 'significant benefit' to the public as outlined in Enabling Excellence? If so, how?

### **The impact of annotation on service provision and delivery**

- 4.28 When we make decisions about annotating qualifications on the Register it is important that we are aware not only of the impact that annotation might have on individual professionals, but the broader impact on service provision and service delivery.
- 4.29 Most respondents to the consultation did not raise concerns about the impact of our proposals on service provision or delivery. Those who supported our proposals to annotate either qualification felt that it would improve support service provision and delivery by improving the quality of services provided. However, respondents who argued against annotating neuropsychology raised concerns that annotation would prevent individuals from practising and thereby lead to a reduction in services offered.
- 4.30 In addition to considering the impact on service delivery, we must also be mindful of whether annotating a qualification is feasible across the four countries. Again, most respondents felt that it would be feasible to annotate the qualifications across the four countries. However, we are aware that there is a lack of podiatric surgery training options within Scotland and that NHS Education for Scotland is looking to develop a sustainable training model for podiatric surgery.

### **Points for discussion**

- Do the benefits of annotation exceed the impact that annotation might have on service provision or delivery?
- Is it feasible to annotate these qualifications given the four country situation?



## 5. Implementation

- 5.1 There are a number of challenges associated with implementing a policy on annotation of the Register. Annotating the Register has a significant operational impact across a number of departments.
- 5.2 This section outlines some general points about implementation of a policy on annotation. However, questions of implementation are not addressed in detail. Subject to the Committee's discussion on policy and principle further work would be undertaken and additional papers brought to the Committee.
- 5.3 'Enabling Excellence' makes clear that the government believes that regulators should be cost-effective and that the actions that they take should be the least costly. Our role as a regulator is to protect the public. Therefore, the decisions that we make about annotation of the Register must be made with public protection in mind.

### Financial and resource implications

- 5.4 Currently we annotate our Register to indicate where a registrant has undertaken additional training around medicines and has obtained entitlements to supply, administer or prescribe these medicines. In addition to annotating the qualifications on the Register, we also approve the education programmes which deliver the qualifications and set standards for the area of practice.
- 5.5 If we annotated additional qualifications on the Register we probably would also approve those education programmes and set standards for practice in that area. There are resource and financial implications associated with approving education programmes and setting standards. For example, in the financial year 2010-2011 the mean cost of an approval visit was £1,853.40.<sup>10</sup> The process of setting standards involves public consultation and agreement by the Committee and Council which can take up to a year.
- 5.6 As outlined above, decisions about annotating post-registration qualifications on the Register should be made on the basis of what is necessary for public protection. We can manage the resource implications of our decisions in this area by ensuring that our approach is proportionate, risk-based and cost-effective.

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<sup>10</sup> It should be noted that this is the mean cost of a visit, including visits that took 1 day, 2 days and 3 days so the range of costs associated with visits varies greatly. This figure covers visitor and staff expenses and visitor fees. It does not include the salary costs for staff.

## Responses to the consultation on our proposals for post-registration qualifications

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# 1. Introduction

## About the consultation

- 1.1 We consulted between 1 November 2010 and 1 February 2011 on our proposals related to post-registration qualifications.
- 1.2 Post-registration qualifications are those which individuals undertake once they are registered with us. They often allow registrants to extend their scope of practice into areas not covered by their initial pre-registration training. In some circumstances we are required by law to 'annotate' or mark post-registration qualifications on our Register so that members of the public or employers can check that an individual has the necessary qualification.
- 1.3 The consultation had two key parts. Firstly, we consulted on criteria that we will use to decide whether we annotate a post-registration qualification on our Register. We sought the views of stakeholders to assist us in shaping the draft criteria which we will use to make decisions about whether a qualification is annotated.
- 1.4 Secondly, we asked stakeholders for their views of stakeholders on potentially annotating qualifications in neuropsychology and podiatric surgery on our Registers.
- 1.5 We sent a copy of the consultation document to around 400 stakeholders including professional bodies and education and training providers, and advertised the consultation on our website.
- 1.6 We would like to thank all those who took the time to respond to the consultation document. You can download the consultation document and a copy of this response analysis document from our website: [www.hpc-uk.org/aboutus/consultations/closed](http://www.hpc-uk.org/aboutus/consultations/closed).

## About us

- 1.7 We are the Health Professions Council (HPC). We are a regulator and our job is to protect the health and wellbeing of people who use the services of the professionals registered with us.
- 1.8 To protect the public, we set standards professionals must meet. Our standards cover the professionals' education and training, behaviour, professional skills, and their health. We publish a Register of professionals who meet our standards. Professionals on our Register are called 'registrants'. If registrants do not meet our standards, we can take action against them which may include removing them from the Register so they can no longer practise.
- 1.9 Members of the public can check that a registrant is registered with us by searching our on-line register: [hpcheck.org](http://hpcheck.org). The following information is publicly available:

- the registrant's name;
- their registration number;
- the area where they work; and
- the dates they are registered from and to.

1.10 A registrant's qualifications are not listed on the website. However, in some circumstances, we 'annotate' a registrant's entry on the Register to indicate that they have completed a post-registration qualification. We currently annotate qualifications related to entitlements to use medicines as we are required by law to do so.

1.11 The post-registration qualifications are offered by education providers and incorporate theory and practice. The term 'qualifications' does not only refer to formal qualifications delivered by higher education institutions. Instead, we mean any type of learning which has an assessment process at the end. The assessment process means that the provider can check that the registrant has the necessary skills. The learning could be delivered through a higher education institution or through another accrediting organisation.

## About this document

1.12 This document summarises the responses we received to the consultation. The document is divided into the following sections:

- Section 2 explains how we handled and analysed the responses we received, providing some overall statistics from the responses.
- Section 3 provides a summary of the responses.
- Section 4 summarises the general comments we received in response to the consultation
- Section 5 outlines the comments we received in relation to specific questions within the consultation.
- Section 6 lists the organisations which responded to the consultation.

1.13 In this document, 'you' or 'your' is a reference to respondents to the consultation, 'we', 'us' and 'our' are references to the HPC.

## Next steps

1.14 We have used the comments we received to produce a separate discussion paper for our Education and Training Committee to consider.

1.15 Once that discussion paper has been considered we will look at the steps we will take in response to the consultation. This could include producing a statement on our policy in relation to annotating post-registration qualifications and work on possibly annotating neuropsychology and/or podiatric surgery.

## 2. Analysing your responses

- 2.1 Now the consultation has ended, we have analysed all the responses we received. While we cannot include all of the responses in this document, an overall summary can be found in section 3.

### Method of recording and analysis

- 2.2 We used the following process in recording and analysing your comments.
- We recorded each response to the consultation, noting the date each response was received and whether it was submitted on behalf of an organisation or by an individual;
  - We also recorded whether the person or organisation agreed or disagreed with each question;
  - We read each response and noted the comments received against each of the consultation questions, and recorded any general comments;
  - Finally, we analysed all the responses.
- 2.3 When deciding what information to include in this document, we assessed the frequency of the comments made and identified themes. This document summarises the common themes across all responses, and indicates the frequency of arguments and comments made by respondents.

### Quantitative analysis

- 2.4 We received 96 responses to the consultation document. (We have included and taken into account late responses to the consultation if they were received on or before 8 February 2011 but were unable to consider comments made in responses received after this date.) 22 responses were made by individuals and 74 were made on behalf of organisations.
- 2.5 The table below provides some indicative statistics for the answers to the consultation questions. Please note: some respondents did not clearly indicate the question to which they were responding, or responded more generally. In these cases their responses have been classified under general comments unless it was possible to classify their responses elsewhere.
- 2.6 Question 9 asked respondents whether the qualifications in podiatric surgery or neuropsychology should be annotated. Some respondents answered in relation to one qualification whilst others answered in relation to both. Those respondents who did not answer this specific question but made a general response with their views on annotation of either qualification have also been included. This has been identified below.
- 2.7 Three questions did not lend themselves to quantitative analysis (questions 11-13) and so are not included within the table below.
- 2.8 Percentages in the table have been rounded up to the nearest whole number.

## Quantitative results

Question	Yes	No	Don't know	No answer
1) Do you agree that the criteria proposed are necessary to make decisions about annotating post-registration qualifications?	73 (76%)	3 (3%)	1 (1%)	19 (19%)
2) Do you agree with the additional information that is provided?	61 (64%)	3 (3%)	5 (5%)	27 (28%)
3) Do you agree with the proposed wording of the criteria and additional information?	61 (64%)	3 (3%)	6 (6%)	26 (27%)
4) Do you agree with our approach to risk as outlined in these criteria?	55 (57%)	7 (7%)	9 (9%)	25 (26%)
5) Are there any other factors which should be considered when determining risk?	37 (38%)	24 (25%)	5 (5%)	30 (31%)
6) Do you agree that there should be evidence that the post-registration qualification must be essential to carry out a particular role?	63 (66%)	0 (0%)	8 (8%)	25 (26%)
7) Should we make a policy decision to annotate only where there is a link between a qualification and a protected title or function?	47 (49%)	6 (6%)	17 (18%)	26 (27%)
8) Do you agree with our approach to access to the post-registration qualification?	50 (52%)	7 (7%)	10 (10%)	29 (30%)
9) Do you agree we should annotate these qualifications?	53 (55%) <sup>1</sup>	13 (14%) <sup>2</sup>	9 (9%)	21 (22%)
10) Do you agree that we should seek legislative change to protect a title or function?	50 (52%)	8 (8%)	9 (9%)	29 (30%)

<sup>1</sup> 42 respondents replied to say that we should annotate podiatric surgery. 40 respondents agreed that we should annotate neuropsychology. Some respondents replied in relation to one qualification, others in relation to both.

<sup>2</sup> 7 respondents disagreed with annotating podiatric surgery, 6 respondents disagreed with annotating neuropsychology. No respondents replied in relation to both qualifications.

### **3. Summary of comments**

3.1 The following is a high-level summary of comments we received during the consultation. Please see section 4 and 5 for more detailed comments.

#### **Annotating post-registration qualifications on the Register**

- 3.2 The Register should be annotated because it would:
- improve public protection as the HPC could set standards and quality assure education programmes; and
  - provide more information to the public.
- 3.3 The Register should not be annotated because:
- those who might have their entry on the Register annotated were already registered; and
  - annotation might prevent some registrants from continuing to practise.

#### **Draft criteria for making decisions about annotating post-registration qualifications**

- 3.4 The draft criteria as currently drafted should be used because:
- they would ensure that decisions were made on the basis of risk; and
  - the criteria would provide a clear framework for making those decisions.
- 3.5 The criteria as currently drafted should not be used because:
- they do not emphasise that the Register would be annotated in exceptional circumstances only; and
  - there is insufficient clarity within the criteria about what is meant by 'risk'.

#### **Annotating podiatric surgery and neuropsychology**

- 3.6 Podiatric surgery should be annotated on the Register because:
- the HPC could then set standards for practice; and
  - only appropriately trained individuals could then practice as podiatric surgeons.
- 3.7 Podiatric surgery should not be annotated because:
- the title 'podiatric surgeon' is potentially confusing to the public; and
  - podiatric surgeons did not have the appropriate training to carry out surgery.
- 3.8 Neuropsychology should be annotated on the Register because:
- the HPC could then set standards for practice; and
  - only appropriately trained individuals could then practice as neuropsychologists.
- 3.9 Neuropsychology should not be annotated on the Register because:
- many individuals who did not have the specific qualification but were currently practising would be prevented from practising; and
  - it would have an adverse impact on service provision.



## 4. General comments

- 4.1 This section outlines general comments made in response to the consultation. This includes responses to question 13 of the consultation document 'Do you have any other comments on any of our proposals?'. The general comments made by respondents are grouped under specific headings.

### Overarching comments

- Many respondents argued that the HPC should take proportionate action to protect the public where registrants develop an extended scope of practice, significantly beyond their pre-registration education and training. A decision to annotate a qualification on the Register would allow the HPC to set standards and ensure the quality of education and training for a particular qualification.
- However, other respondents argued that it was inappropriate for HPC to take action in relation to post-registration qualifications. Some argued that our proposals would unfairly limit practice and service development. Other respondents argued that the HPC could better protect the public through its existing procedures such as regular updating of the standards that it sets and strong quality assurance mechanisms for pre-registration education and training.
- A number of other qualifications could be annotated on the Register, for example emergency care practitioners and approved mental health professionals.

### Annotating podiatric surgery and neuropsychology

- 4.2 A number of responses to the consultation were based on whether or not the respondent agreed that we should annotate neuropsychology or podiatric surgery. Their views on annotation of either qualification then impacted on their responses to a number of other questions within the consultation. As a result, their responses are summarised here but also indicated under relevant questions where appropriate.

### The regulation of podiatric surgery

- Some respondents argued that it was vital that podiatric surgery was annotated on the Register and that the title had been used by within the NHS for a number of years and was a recognised title for employers. Annotation on the Register with a protected title or function would ensure that the practice was regulated in a proportionate way.
- However, others raised concerns about regulating podiatric surgery. Some were worried that title 'podiatric surgeon', mislead the public into thinking that podiatric surgeons were medically qualified. Others suggested that the HPC should not annotate the qualification at all because it would appear to be giving the professionals' credence and the HPC lacked the necessary experience to ensure that the training was appropriate.

## **The regulation of neuropsychology**

- Neuropsychology should be treated as a separate division of practitioner psychology rather than as an annotation. Otherwise the annotation process will restrict practice and prevent individuals who do not have the BPS qualifications from practising.
- Neuropsychologists work with vulnerable individuals and require specialist training which is in addition to the pre-registration training provided to practise as either a clinical or educational psychologist. It is essential that the HPC annotates the qualification and sets standards for the practice of neuropsychology.

## **Annotation only in exceptional circumstances**

- Post-registration qualifications should only be annotated on the Register in exceptional circumstances. These exceptional circumstances are where the risks posed by practice are not managed through existing governance arrangements and it is proportionate for the regulator to set additional standards for that area of practice.
- Annotating a large number of qualifications on the Register could be confusing for members of the public and for employers. It is therefore important that Registers are only annotated on an exceptional basis.

## **The role of professional bodies**

- Professional bodies play an important role in supporting education and training after registration. This includes the delivery of education programmes and producing guidance on best practice in particular areas. Respondents commented that it was important that professional bodies were properly consulted before any qualifications were annotated on the Register.
- HPC should play a role in ensuring that other mechanisms, such as professional body accreditation, used for post-registration practice meet the appropriate standards. Alternatively, these other mechanisms should be indicated on our website so that the public is fully informed.

## **Clarity for members of the public**

- Service users need clarity about the titles that professionals practise under. It is therefore important that any titles used can be clearly understood by members of the public and explanatory information should be provided where appropriate.
- Annotating some qualifications on the Register may lead members of the public to think that registrants with annotations are 'better' or less risky in their practice than registrants without annotations. In addition, annotations may cause resentment within multi-professional teams.

- There are already a number of annotations on the Register for podiatrists related to medicines supply and administration. Instead of an additional annotation for podiatric surgery, the HPC should set up a separate sub-register of podiatric surgeons.

## **Mechanism for deciding on and maintaining annotations**

- There may be other post-registration qualifications which should be annotated on the Register. The HPC should therefore have a clear process which sets out how professions can apply for annotation of a post-registration qualification on the Register.
- Some areas of practice currently only accessed by completing a post-registration qualification may eventually be incorporated within pre-registration education. The HPC's approach to post-registration qualifications and annotation of the Register must not limit pre-registration education from developing into new areas previously covered by post-registration education in response to needs.
- Annotation of the Register indicates that a registrant has completed a post-registration qualification. The HPC should ensure that registrants with annotations regularly demonstrate their on-going competence or regular continuing professional development in the area of practice related to the annotation. In addition, where registrants move to new areas of practice which are not related to a post-registration qualification, they should have their annotation removed.

## **Post-registration learning and development**

- In the consultation we defined a post-registration qualification as one which registrants undertake once they are registered with us which also contains a validation process. The term 'validation' was seen as excluding broader types of programme recognition, such as accreditation by a professional body or training delivered by an employer.
- Respondents argued that the focus on formal qualifications was limiting and does not recognise the diversity of options for post-registration learning and development. The HPC should therefore explore options for giving appropriate recognition to assessed post-registration development, rather than just qualifications. This could use a similar model to that used by the medical profession, where the royal colleges define and provide the structure for professional development in specialist areas.

## **Resource implications**

- It was important in this current economic climate that the annotation process did not impose additional cost burdens on registrants, either in terms of the registration fee or if registrants were required to undertake additional training.

## **5. Comments in response to specific questions**

- 5.1 This section contains comments made in response to specific questions within the consultation document.
- 5.2 The questions within the consultation document covered both parts of the consultation.
- 5.3 The first group of questions asked respondents for their comments on the criteria that we were proposing to use to make decisions about whether we should annotate a qualification.
- 5.4 The second group of questions sought feedback on possibly annotating neuropsychology and podiatric surgery on our Register.

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## Questions about the draft criteria

### 1. Do you agree that the criteria proposed are necessary to make decisions about annotating post-registration qualifications?

- 5.5 The majority of respondents agreed that the criteria proposed were necessary to make decisions about annotating post-registration qualifications. Respondents agreed with the principle that the Register should be annotated only where there was a significant risk to the public and it could be managed through annotation. The principle of only annotating in exceptional circumstances would ensure that only a small number of qualifications were annotated and ensure that the actions taken were appropriate.
- 5.6 However, other respondents raised concerns that the criteria did not sufficiently emphasise that the HPC will only annotate qualifications in exceptional circumstances.
- 5.7 A small number of respondents proposed additional criteria:
- Annotation would support the development of a career framework, for example that for social workers being developed by the Social Work Reform Board
  - Annotation indicates where the registrant has completed appropriate training which is necessary to practise in an area which is not currently covered within pre-registration training and is unlikely to be in the future
  - Annotation would help public understanding of the training, skills and experience of those annotated – thereby supporting public decision making
  - Training must incorporate theory and practice and learning must be assessed by an appropriate process

### 2. Do you agree with the additional information that is provided?

- 5.8 The majority of respondents agreed that the additional information which supported each proposed criterion was appropriate.
- 5.9 Some respondents suggested that the additional information should recognise the role that professional bodies play in contributing to the regulatory processes.

### 3. Do you agree with the proposed wording of the criteria and additional information?

- 5.10 The majority of respondents agreed with the proposed wording of the criteria and the additional information. Some respondents commented that definitions should be provided of key terms such as 'risk', 'harm' and 'qualification'.

#### **4. Do you agree with our approach to risk as outlined in these criteria?**

- 5.11 The majority of respondents agreed with our approach to risk as outlined within the criteria. Respondents supported a risk-based approach as such an approach would help to ensure that qualifications were annotated on an exceptional basis only. In addition, annotating on this basis would be proportionate and reduce the regulatory burden where possible.
- 5.12 However, some respondents argued that it was inappropriate to use the criteria set out in the new professions process for making decisions on risk posed. The following reasons were given:
- Some professions already regulated met all three criteria on a daily basis – did this mean that additional regulation was necessary?
  - The criteria are currently used to make decisions about whether a profession should be regulated. Where the profession was regulated the risks identified in these criteria were already managed through regulatory processes.
  - The criteria were too simplistic and some of the phrasing, for example, ‘exercise of judgement which can substantially impact on health’ was unclear.
- 5.13 Several respondents raised broader questions about how we would make decisions in relation to levels of risk posed. This included questions about the evidence for risk and how we will make sure that decisions are made appropriately and consistently.
- 5.14 Some respondents argued that annotating qualifications on the Register could affect how the public considered the risks posed by health professionals. The public might decide that if we did not annotate a qualification there were no risks associated with practice in that area. Alternatively, annotation might lend credence to qualifications which were not supported by an evidence base.

## 5. Are there any other factors which should be considered when determining risk?

- 5.15 Most respondents did not highlight any other factors which should be considered when determining the levels of risk posed by post-registration qualifications.
- 5.16 However, some respondents suggested other factors which needed to be considered when determining risks:
- Different levels of accountability, governance arrangements, supervision and support for registrants undertaking specialised practice. This included concerns about private or solo practice.
  - The environment in which registrants may work, which may sometimes be difficult or challenging.
  - Risks posed by failure to act or treat when the action is necessary to prevent harm.
  - The length of time between completion of the qualification and when the individual practised in the role associated with that qualification. If the gap was lengthy, then the individual needed to undertake CPD to ensure they remained fit to practise.
  - In addition to the physical risks associated with practice, the potential for psychological or emotional harm should also be considered.
- 5.17 Two organisations commented on our suggestion that one way of identifying the risks posed by practice was to consider whether the particular role involved 'invasive procedures'. One organisation commented that invasive procedures are broad ranging and not always of high risk, so it was important that the risks associated with invasive procedures were considered within the broader context. Another organisation commented that the emphasis on invasive procedures suggested that non-invasive procedures could not do harm, which was incorrect.
- 5.18 In our consultation document, we stated that qualifications which are required by an employer but are not relevant to public safety, such as qualifications in management, should not be annotated on the Register. One organisation argued that we should reconsider the risks associated with those sorts of qualifications as the requirements for a particular post may relate strongly to risk. The organisation gave the example of the management of resources, which might pose a risk to the public and would impact on the organisation's exercise of clinical governance.

## **6. Do you agree that there should be evidence that the post-registration qualification must be essential to carry out a particular role?**

- 5.19 Many respondents agreed that there should be evidence that a post-registration qualification is essential to carry out a particular role before it is annotated on the Register. Respondents gave the following reasons:
- Annotation of the Register is an important issue, post-registration qualifications should only be annotated if they are essential to carry out a particular role and where it is necessary for HPC to do so.
  - Annotating lots of qualifications might cause confusion for members of the public about different levels of experience and might be used as a way of demonstrating professional status. The role of the regulator is not to promote one registrant over another or to be involved in arguments over professional status.
- 5.20 Some respondents raised concerns that only annotating qualifications on the Register where they were essential to carry out a particular role might mean that other professions would argue that their qualifications should also be annotated. Annotating a number of qualifications on the Register would be costly, inappropriate and might unfairly limit practice in particular areas. As a result, it was important that the HPC was clear about the situations in which it would annotate a qualification on the Register.
- 5.21 Two organisations commented that if a qualification was annotated on the Register because it was linked to a particular role, the need to annotate the qualification disappeared if the registrant changed roles or moved into a new area of practice.
- 5.22 One organisation suggested that there might be benefits to annotating qualifications which were not specifically linked to a title or role. These sorts of annotations might encourage registrants to take advantage of post-registration training and enhance the status of those who have undertaken the training.



## **7. Should we make a policy decision to annotate only where there is a link between a qualification and a protected title or function?**

- 5.23 Respondents gave the following reasons for agreeing that we should make a policy decision to annotate only where there is a link between a qualification and a protected title or function:
- Without the qualification being linked to a particular title or function it would not be possible to monitor and check that a registrant had the necessary knowledge and skills to carry out that role.
  - It would be easier to communicate the purpose of the annotation to members of the public if there was a clear link between the qualification and a title or function.
  - Linking a qualification to a particular title or function would help to clarify the scope of practice for some registrants, as they would know that they could only use a particular title or carry out a function if they had the relevant additional qualification.
  - Without a link between the qualification and title or function there is no need for the regulator to annotate because the qualification is not necessary for practice.
  - Annotating qualifications without linking to a particular function or title means that the annotation is there to mark professional status, rather than protect the public.
  - If we annotated a qualification without linking it to a protected title or function, other individuals would still be able to practise in that area without the appropriate qualification.
- 5.24 Where respondents agreed that there should be a link, most supported protecting a title rather than a function. Protecting a title rather than a function was seen to be a more flexible approach, which could be clearly communicated to members of the public.
- 5.25 A small number of respondents argued that it would be more appropriate to link a post-registration qualification to a protected function. Concerns were raised that variety in job titles might mean that it was problematic to identify a particular job title to link to a qualification or we might need to protect several titles to ensure that all those who completed the qualification could then use the relevant title associated with that post-registration qualification.
- 5.26 However, a number of respondents argued that we should not make a policy decision only to annotate where we could also protect a title or function. Some respondents argued that we should maintain a flexible approach so that we would sometimes annotate and protect a title or function, but we might on other occasions only annotate the qualification itself.
- 5.27 Other respondents argued that we should only annotate qualifications and not link the qualification to a protected title or function at all. This argument was made particularly in relation to neuropsychology, where concerns were raised that linking the qualification to a title would prevent individuals who qualified through different routes from practising.

- 5.28 Respondents disagreed with the proposal for the following reasons:
- Annotating a qualification with associated protected title or function might only benefit particular professional interests rather than protecting the public.
  - Many healthcare professionals work in multidisciplinary teams and find that roles within the teams are increasingly overlapping. As a result, it would be difficult to define a function or identify a title which could be protected without bringing other individuals into statutory regulation unnecessarily.
  - Protecting a title or function requires a change in legislation, which requires a government decision and may therefore take time to implement. If we decided only to annotate the qualification, we could do so within our existing legislation and therefore there would be no unnecessary delay.
  - Protecting additional titles or functions might cause more confusion for members of the public without any additional protection for the public. Alternatively, it might have an adverse impact on the delivery of high-quality, accessible services.

## 8. Do you agree with our approach to access to the post-registration qualification?

- 5.29 The majority of respondents agreed that we should only annotate post-registration qualifications on the Register where the qualification can only be accessed by individuals already within statutory regulation. Respondents commented that this was a proportionate and consistent approach which would provide clear information for the public.
- 5.30 Several respondents highlighted the importance of HPC liaising with other regulators to ensure a consistent approach to post-registration qualifications, particularly where those qualifications are undertaken by professions not regulated by the HPC. It was equally important that our decisions in annotating the Register did not prevent other professionals not registered with us from completing those qualifications.
- 5.31 However, some respondents argued that it would not be appropriate for HPC to decide only to annotate qualifications which could be accessed by statutorily regulated individuals. The following reasons were given:
- Depending upon the qualification, it may not be possible to restrict access to qualifications to statutorily regulated individuals.
  - The area of practice accessed by a post-registration qualification would also have a protected title or function linked to it. This means it would not be necessary to limit annotations to qualifications which could be undertaken by currently regulated individuals.
  - Regulator's responsibility is to set entry requirements for registration, rather than post-registration qualifications. It is more appropriate for education providers to make this decision.
  - Education providers would be best placed to decide who should be able to complete a post-registration qualification, drawing on relevant experience.
  - Some individuals who are not practising under a protected title may want to access part or all of a post-registration qualification.
  - Some post-registration training which leads to annotation on the Register could offer benefits to the practice of unregulated individuals. If the HPC took this approach, it would prevent those qualifications from being annotated, even if the qualification met the other criteria.
  - Our approach might mean that we would have to hold records for other regulated individuals who were not registered by us but had completed a post-registration qualification we annotated. This could lead to individuals being dual registered unnecessarily.
  - This approach would not let the HPC manage the risks posed by individuals practising in areas which weren't only undertaken by statutorily regulated individuals. However, practice in those areas could still pose significant risk.

## Questions about annotating neuropsychology and podiatric surgery

### 9. Do you agree we should annotate these qualifications?

- 5.32 Respondents agreed that we should annotate neuropsychology and podiatric surgery on the Register. They gave similar reasons for annotating either qualification:
- Annotation would allow the regulator to do more to manage the risks posed by practice in a particular area.
  - The qualifications meet the criteria that we are proposing to use in deciding whether we annotate a qualification.
  - HPC could then set standards for practice in that area which registrants would have to meet, this would improve public protection.
  - Annotation would provide increased information for members of the public and professionals about registrants who had extended scopes of practice.
  - Both neuropsychology and podiatric surgery require additional specific training which is not provided at a pre-registration level. The additional training needs to be recognised and approved by HPC, it would only be possible to do this if HPC annotated the qualification.
- 5.33 A number of respondents disagreed with our proposals to annotate the Register with either qualification:
- Neither qualification met the criteria we were developing to make decisions about annotating the Register. In particular, there was insufficient evidence provided of the risks posed by practice in either area which the regulator needed to mitigate.
  - The qualifications could only be accessed by individuals who were already regulated so it was unnecessary to introduce additional regulation.
  - Most individuals practising as either neuropsychologists or podiatric surgeons were already working within the NHS and therefore subject to existing clinical governance arrangements.
- 5.34 Some respondents argued that we should not annotate podiatric surgery. Their arguments were linked to concerns they expressed around the use of the title 'podiatric surgeon' and a perceived lack of clarity for members of the public.
- 5.35 Some respondents argued that we should not annotate neuropsychology. These respondents were concerned that annotating neuropsychology might limit practice by preventing individuals who do not have the qualifications offered by the BPS from practising.

## **10. Do you agree that we should seek legislative change to protect a title or function? If so, what title or function should be protected?**

- 5.36 The majority of respondents agreed that we should seek legislative change to protect either a title or function associated with podiatric surgery or neuropsychology. It was argued that protecting a title or function alongside annotating the Register would provide greater clarity to members of the public about the purpose of the annotation.
- 5.37 Of those who agreed that we should seek legislative change, most preferred to protect a professional title rather than function. It was recognised that protecting a professional title for both neuropsychology and podiatric surgery was a more flexible system and allowed practice to develop within a profession. In addition, as HPC regulation was based on protecting professional titles, it was appropriate to continue with that model.
- 5.38 A small number of respondents suggested that we should protect both title and function. One respondent suggested this model as a way of preventing registrants from avoiding the need to complete a post-registration qualification by carrying out the same tasks under a different title.
- 5.39 The majority of respondents argued that we should protect a title for neuropsychology rather than a function. It was argued that there was significant overlap between the functions carried out by neuropsychologists and those by other psychologists. Protecting a function would mean that other psychologists might have to register unnecessarily but this could be prevented if a title alone was protected.
- 5.40 Those who argued we should protect a title proposed that we should protect the title 'clinical neuropsychologist'. This title was proposed because it would mean that neuropsychologists working solely in research and education would not have to register unnecessarily.
- 5.41 However, a small number of respondents argued that we should only annotate the qualification without protecting a title or function. This was because neuropsychologists were likely to be registered already with HPC and it was not necessary to protect an additional title. In addition, annotating the qualification without a protected title or function would mean that individuals who had not completed the qualification but were already practising as neuropsychologists could continue to practice.
- 5.42 As with neuropsychology, most respondents argued that it would be preferable to protect a title rather than function if podiatric surgery was annotated. Some respondents proposed that we should protect 'podiatric surgeon' as the title was already used within the NHS. However, other respondents proposed 'podiatrist in surgery', 'surgical podiatrist' or 'podiatrist in surgical podiatry' because they were concerned that the title 'podiatric surgeon' was confusing to the public as it implied that the registrant was medically trained.

## **11. What would be the impact of annotating these qualifications on public protection, service provision and other areas?**

- 5.43 Respondents recognised that annotating either podiatric surgery or neuropsychology would have an impact on public protection, service provision and other areas.
- 5.44 The majority of respondents argued that annotating these qualifications would have a positive impact because it would:
- increase public protection and public confidence by ensuring that individuals have the appropriate training;
  - allow the HPC to set specific standards for practice in that area which would ensure consistency in practice;
  - allow the HPC to quality assure education related to the annotated qualifications;
  - give employers more information to support appropriate recruitment; and
  - reduce the risk that inappropriately trained registrants practice in very advanced areas.
- 5.45 However, some respondents argued broadly that annotating any qualifications would have a negative impact because it would:
- limit employers' options to develop a flexible, responsive workforce;
  - limit development and innovation within practice;
  - create discrepancies in multi-professional teams where some registrants had annotations but others within the same team did not; and
  - lead to increased costs for registrants if they wanted to develop their practice into areas associated with an annotation.
- 5.46 In addition, those respondents who argued against annotating either neuropsychology or podiatric surgery raised specific concerns about the impact of annotation. This included concerns that annotation:
- would create a monopoly for certain education providers;
  - reduce the number of professionals able to provide services;
  - might prevent other psychologists from working in neuropsychology; and
  - would create more confusion over whether or not podiatric surgeons were appropriately qualified to carry out surgery.

## **12. How feasible would it be to annotate these qualifications? Do they reflect the situation, including service provision, within the four countries?**

- 5.47 The majority of respondents did not raise any concerns about the feasibility of annotating podiatric surgery or neuropsychology on the Register. Respondents highlighted that the qualifications in podiatric surgery and neuropsychology already existed so annotating these qualifications would not impose an additional burden on registrants. In addition, annotation would support and sometimes improve service provision by ensuring that appropriately trained individuals were delivering services.
- 5.48 However, respondents who disagreed with annotating podiatric surgery or neuropsychology raised concerns about the feasibility of annotation and the impact on service provision. Respondents argued that:
- annotation would mean that only individuals with a particular qualification could practise in a specific area, this would reduce the number of professionals able to provide services;
  - annotation would prevent those who have qualified overseas from coming to the UK (this argument was made in relation to neuropsychology);
  - the qualifications, particularly podiatric surgery, were not delivered uniformly across the UK so it would be difficult for some individuals to gain the qualification; and
  - employers or registrants would have to pay to complete these qualifications which would be difficult in the current economic climate.

## 6. List of respondents

All Wales NHS Physiotherapy Managers Committee  
All Wales Speech and Language Therapy Managers Committee  
Allied Health Professions' Forum  
Aneurin Bevan Community Health Council  
Association for Clinical Biochemistry  
Association for Perioperative Practice  
Association of Clinical Embryologists  
Betsi Cadwaladr University Health Board  
Board of Community Health Councils in Wales  
British Orthopaedic Foot and Ankle Society  
British Association for Counselling and Psychotherapy  
British Blood Transfusion Society  
British Dietetic Association  
British Medical Association  
British Orthopaedic Association  
British Society of Hearing Aid Audiologists  
BSc(Hons) Occupational Therapy final year students, Cardiff University  
Cardiff University, School of Healthcare Studies  
Care Quality Commission  
Chartered Society of Physiotherapy  
Council for Healthcare Regulatory Excellence  
College of Occupational Therapists  
College of Operating Department Practitioners  
College of Paramedics  
Council of Deans of Health  
General Medical Council  
General Social Care Council  
Heart of England Foundation Trust  
Institute of Biomedical Science  
Institute of Physics and Engineering in Medicine  
Isle of Man Health Services AHP Managers  
Neuropsychologists UK  
NHS Dumfries & Galloway  
NHS Education for Scotland  
NHS Fife  
NHS Grampian  
NHS Highland  
NHS North West  
NHS Yorkshire and the Humber  
Noble's Hospital, Braddan, Isle of Man  
North West Ambulance Service NHS Trust  
Northern Ireland Ambulance Service  
Northern Trust Brain Injury Service  
ODP and Paramedic Programmes, University of Plymouth  
Physiotherapy Service, NHS Grampian  
Podiatry Programme Leader's Association



Royal College of General Practitioners  
Royal Pharmaceutical Society  
School of Health and Social Care, Teesside University, Middlesbrough  
School of Health, Community and Education Studies, Northumbria University  
Sheffield Children's NHS Foundation Trust  
South East Coast Ambulance Service NHS Trust  
The Association for Perioperative Practice  
The British Psychological Society  
The College of Podiatric Surgeons  
The College of Social Work  
The Institute of Chiropodists and Podiatrists  
The Patients Association  
The Royal College of Radiologists  
The Royal College of Speech and Language Therapists  
The Royal College of Surgeons of England  
The Royal College of Surgeons Patient Liaison Group  
The Society and College of Radiographers  
The Society of Chiropodists and Podiatrists  
The Society of Sports Therapists  
UK Council for Psychotherapy  
UK Health Departments (England, Wales, Scotland and Northern Ireland)  
UNISON  
University of Brighton  
University of Nottingham  
University of the West of England, Psychology Department  
Welsh Medical Committee; North Wales Medical Advisory Group  
Youth Access