

Council, 6 December 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.

This paper brings to the Council the outcomes of the consultation on our proposals for post-registration qualifications and a draft policy statement setting out our approach to annotation of the Register. These papers were discussed by Education and Training Committee at its meeting in November and were recommended to Council.

Decision

The Council is invited to discuss and agree:

- the text of the consultation responses document (subject to minor editing amendment); and
- the text of the policy statement.

Background information

Post-registration qualifications have previously been considered by the Council on a number of occasions. A paper was last presented on this topic at the Council meeting in July:

<http://www.hpc-uk.org/assets/documents/100035D9Enc24-postregistrationqualificationscoverpaper.pdf>

Resource implications

Depending upon Council's decisions, there may be further resource implications for 2012-2013, when the policy on annotation of the Register is implemented. These would be incorporated within the relevant workplan for 2012-2013.

Financial implications

Depending upon Council's decisions, there may be further financial implications for 2012-2013, when the policy on annotation of the Register is implemented. These would be incorporated within the relevant budgets for 2012-2013.

Appendices

- Appendix 1 – Responses to the consultation on our proposals for post-registration qualifications
- Appendix 2 – Policy statement on annotation of the HPC Register

Date of paper

24 November 2011

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

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FOR DISCUSSION BY COUNCIL 06122017

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 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.

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's registration with us by searching our on-line register: 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 We do not list a registrant's qualifications 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 Education providers deliver post-registration qualifications, which 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 sets out our responses to the comments we received and identifies how we will implement our proposals.
 - Section 7 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.

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, we have summarised the responses 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 we received each response and whether it the response 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 we received on or before 8 February 2011 but were unable to consider comments made in responses received after this date.) We received 22 responses from individuals and 74 from 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%) ¹	13 (14%) ²	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%)

¹ 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.

² 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 do 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 affected 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

- We should annotate podiatric surgery on the Register to protect the public. Podiatric surgeons have used the title within the NHS for a number of years and employers recognise the title. Annotation on the Register with a protected title or function would ensure that the practice was regulated in a proportionate way.
- We should not annotate podiatric surgery because the title 'podiatric surgeon' misleads the public into thinking that podiatric surgeons were medically qualified. Annotation would appear to be giving the professionals' credence and we lack 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 that should be considered when determining the levels of risk posed by post-registration qualifications.
- 5.16 However, some respondents suggested other factors that 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 if the resources were not managed effectively.

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.

FOR DISCUSSION BY COUNCIL 06/12/2011

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.
 - Education providers should decide who should be able to complete a post-registration qualification, drawing on relevant experience.
 - It is the regulator's responsibility to set entry requirements for registration, rather than post-registration qualifications. It is more appropriate for education providers to make this decision.
 - 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. Our comments and decisions

- 6.1 The following section sets out our response to the comments we received in the consultation and identifies areas for further action. We received a range of comments in response to our proposals, which we have carefully considered.

Annotation of the Register

- 6.2 On occasion, we are required by legislation to annotate our Register to show where a professional has successfully completed a post-registration qualification (as happens currently with entitlements to administer, prescribe or supply medicines). Where we annotate the Register, we can approve programmes and set standards linked to those annotations. In this way, we can improve public protection.
- 6.3 We also have powers to annotate the Register where we choose to do so. In general, we would decide to annotate the Register where there was evidence that existing systems were not managing the risks linked to a particular area of practice and where we believed that annotation would improve public protection. We asked stakeholders for their views on whether we annotate the Register on a discretionary basis and on the principles that we would use to make those decisions.
- 6.4 After the consultation closed, the government published a Command Paper setting out government policy in relation to the regulation of healthcare workers, social workers and social care workers.³ The government argued 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 advance practice registers, where there is '...robust evidence of significant additional protection or benefits to the public' (page 11, paragraph 2.8).
- 6.5 We have carefully considered the comments we received both in support of and against annotating the Register and the statements of government policy set out above. We are pleased that many respondents welcomed our proposals to take proportionate action to protect the public where registrants develop an extended scope of practice, significantly beyond their pre-registration education.
- 6.6 We believe that, in general, the risks posed by the practice of our registrants are already managed through existing systems, including their HPC registration. In most cases therefore, we do not need to develop a system of annotations for most areas of practice.

³ '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

Broad principles which underpin our approach

- 6.7 Stakeholders contact us infrequently with well-argued requests for us to annotate the Register. We do not currently have an agreed statement of policy setting out our approach to annotation of the Register.
- 6.8 In the consultation, we asked stakeholders for their views on draft criteria that we would use to help us to decide whether we annotate the Register. The criteria would then be incorporated within a publicly available policy statement setting out our approach to annotation. We are pleased that respondents welcomed the draft criteria set out in the consultation document.

Post-registration qualifications and annotation of the Register

- 6.9 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.
- 6.10 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 post-registration qualifications. A small number of respondents believed that our proposal to annotate qualifications alone, rather than other learning, contradicted our inclusive approach to CPD.
- 6.11 In the consultation document, we defined a post-registration qualification as one that registrants undertake once they are registered with us and which 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.
- 6.12 We recognise the value of post-registration learning and the benefits that it can bring to a registrant's practice. Our CPD requirements support post-registration learning. However, for the purposes of annotation on the Register we can only annotate those qualifications that 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.
- 6.13 We will rename the policy 'annotation of the Register' to provide greater clarity to stakeholders about the purpose.

Annotating in exceptional circumstances

- 6.14 Some respondents argued that it would be inappropriate to annotate a large number of qualifications on the Register. However, other

respondents argued that we should annotate more qualifications on the Register to provide information to members of the public. In the consultation document, we argued that we should only annotate the Register in exceptional circumstances. We will ensure that our draft criteria make clear that we would only consider annotating the Register in exceptional circumstances.

Approach to risk

- 6.15 In the consultation document, we argued that we would only annotate the Register where annotation would address a clear risk to the public that existing systems were not currently managing. We are pleased that respondents welcomed our risk-based approach.
- 6.16 A number of respondents raised concerns about how we conceptualise or assess the levels of risk posed by practice in a particular area. We recognise that there is no one formula for making decisions about regulation based on the risks posed by practice in a particular area and that decisions about risk can be subjective. Nor is there one kind of evidence that would clearly show that the existing systems do not manage risks effectively.
- 6.17 We have considered the comments we received and believe that decisions made about risk should be reasonable, appropriate and informed by best practice and evidence. Those decisions should have reference to a number of different ways of conceptualising risk including the methodology suggested within the Council for Healthcare Regulatory Excellence 'Right-touch regulation' report as well as information from the Extending Professional Regulation working group report.⁴

Annotation and protected titles or functions

- 6.18 We asked stakeholders whether we should make a policy decision to annotate only where there was a link between the qualification and a protected title or function. Some respondents agreed that the link was essential so that only appropriately qualified individuals were practising in particular areas. Other respondents argued that we should have a more flexible approach or that we should only annotate qualifications and should not seek legal change to protect a title or function at all.
- 6.19 We are aware that Enabling Excellence 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.
- 6.20 We have powers to annotate qualifications on our Register. However, protecting a title or function associated with that annotation is a decision for government. If we decided to annotate a qualification, we could

⁴ 'Right touch regulation' Council for Regulatory Excellence, 2010
www.chre.org.uk/_img/pics/library/100809_RTR_FINAL.pdf
'Extending professional and occupational regulation: the report of the Working Group on Extending Professional Regulation' Department of Health, 2009
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_102824

recommend that a particular title or function linked to that annotation was protected, but we do not have powers to protect that title or function ourselves.

- 6.21 Annotation of the Register can improve public protection by allowing us to set standards and approve educational programmes linked to areas of practice substantially beyond existing registration requirements. Annotation also gives employers and members of the public information that 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 (although it may be a number of years before the title or function is protected).

Neuropsychology and podiatric surgery

- 6.22 In the consultation, we asked stakeholders for their views on whether we should consider annotating podiatric surgery and neuropsychology on our Register. Stakeholders expressed strongly held views both in support of and against annotating either qualification.
- 6.23 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.
- 6.24 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, some respondents did raise concerns that annotation would prevent individuals from continuing to practise and offering services to the public.
- 6.25 We will consider the responses we received in relation to annotating these two qualifications separately.

Conclusions/recommendations

- 6.26 Following our consideration of the consultation comments, we recommend that in general, we should only annotate the Register where we are legally required to do so. However, in exceptional circumstances, we may annotate the Register where we consider that:
- there is 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;
 - annotation is a proportionate and cost-effective response to the risks posed;
 - the qualification annotated on the Register is necessary in order to carry out a particular role or function safely and effectively; and
 - generally we would prefer the qualification to be linked to a particular title or function which is protected by law.

- 6.27 Where we exercise our powers to annotate the Register, we will annotate the Register first and then seek government agreement to protect a title or function.
- 6.28 We will prepare and publish a policy statement setting out our approach to annotation of the Register.
- 6.29 We will consider the annotation of specific qualifications once our approach to annotation of the Register has been agreed.

FOR DISCUSSION BY COUNCIL 06122017

7. 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

Policy statement on annotation of the Register

Introduction

- 1.1 We are the Health Professions Council (the HPC). This policy statement sets out our broad approach to annotation of our Register. We have written this policy statement drawing on information we gathered following a public consultation.
- 1.2 In general, we will only annotate the Register where we are legally required to do so or in exceptional circumstances where we have evidence that annotation is necessary to protect the public and where we believe that annotating the Register is the only mechanism that could improve public protection.
- 1.3 This statement does not apply to situations where we are legally required to annotate the Register.
- 1.4 We have discretionary powers to annotate the Register. This statement does not limit our discretion to annotate the Register. Instead, we will have regard to the principles set out in this statement when making decisions about whether or not we annotate our Register.
- 1.5 Please contact the Policy and Standards department (policy@hpc-uk.org) if you have any questions about this statement.

About annotation of the Register

- 1.6 We have powers to annotate our Register.¹ We annotate our Register to indicate where a registrant (someone on our Register) 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'. We therefore only currently annotate the Register where there is a legal requirement to do so.
- 1.7 In each of these cases, individuals can only practice in a particular area if they have the annotation on our Register. For example, a physiotherapist can only act as a supplementary prescriber if they have completed the appropriate training and have their entry on our Register annotated.
- 1.8 We annotate qualifications on the Register. The term 'qualifications' does not only mean those formal qualifications delivered by higher education

¹ 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 www.hpc-uk.org/publications/ruleslegislation/.

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 we can annotate their entry in the Register.

Broad principles on annotation of the Register

- 2.1 We believe that in most cases, existing systems, including our standards and processes, manage the risks posed by our registrants' practice. We do not therefore need to take additional action to manage those risks.
- 2.2 In general, we will only annotate the Register where we are legally required to do so or in exceptional circumstances where there is evidence that we can improve public protection in a specific area by annotating a qualification.
- 2.3 Annotating the Register means that we can set standards for a particular area of practice and approve the education programmes delivering training linked to that area of practice. We would consider annotating the Register where:
 - there is a clear risk to the public if the Register is not annotated and the risk could not be mitigated through other systems;
 - annotation is a proportionate and cost-effective response to the risks posed;
 - the qualification annotated on the Register is necessary in order to carry out a particular role or function safely and effectively; and
 - preferably there is a link between the qualification and a particular title or function which is protected by law.
- 2.4 Protection of titles and functions is a matter for government and where we consider that it is appropriate, we may proceed with annotation and then seek government approval for the protection of the associated title or function.
- 2.5 Our rationale for setting out these broad principles is set out below.

Annotation only in exceptional circumstances

- 2.6 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 our role to provide a list of all post-registration qualifications or training which a registrant may have completed.
- 2.7 We will therefore only annotate the Register **in exceptional circumstances**.

Proportionality and cost-effectiveness

- 2.8 Annotation, as a mark on our Register, only applies to professionals already registered and subject to our standards. Any decision to annotate the Register should be a proportionate and cost-effective action, to minimise the burden on registrants.

Annotation and risk

- 2.9 We will only annotate a qualification on the Register where there is a clear risk to the public if we did not annotate and if we could mitigate the risk through annotation and not through other processes.
- 2.10 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.
- 2.11 However, assessments of risk can draw on a number of factors including:
- the nature of the intervention;
 - the environment within which the intervention is carried out; and
 - existing mechanisms for managing the risks posed by the intervention.

The link between annotation and an area of practice

- 2.12 Annotations show where a registrant has completed specific qualification and where the registrant is therefore able to practise in a particular area. Therefore, there needs to be a clear link between the qualification and either a particular function or role. It should only be possible to undertake that function or role after completing the qualification that we annotate on the Register.
- 2.13 Some qualifications, whilst necessary for a particular role and required by an employer, are not necessarily relevant to public safety. In those cases, there is a distinction to be drawn between our requirements as a regulator setting national standards for practice in a profession and the requirements made by an employer for a particular role.
- 2.14 Normally, we would prefer to exercise our powers to annotate the Register only where there is a defined title or function that could be protected by law, so that only those who meet the necessary standards are able to practise in a particular area.
- 2.16 Protection of a title or function requires a change in the law and such decisions are a matter for government and not for us. We can make decisions about which qualifications to annotate but can only recommend to government that a particular title or function associated with that qualification is protected by law.