

Council, 7 July 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 was considered by the Education and Training Committee at its meeting on 9 June. The Council will receive further papers on this topic at its meeting in October, so this paper is provided for information.

Decision

This paper is to note; no decision is required.

Background information

Post-registration qualifications have previously been considered by the Council on a number of occasions. The consultation paper was discussed on 14 October 2010. The paper can be found here:
www.hpc-uk.org/aboutus/committees/archive/index.asp?id=530

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 and 2012-2013

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 and 2012-2013

Appendices

None

Date of paper

23 June 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 2003.¹

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.

¹ 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'.² 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).³
- 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:

² '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

³ 'Advanced practice: report to the four UK Health Departments' 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

- 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'.⁴ 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.⁵ 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'.⁶ 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.

⁴ 'Right-touch regulation', CHRE 2010, http://www.chre.org.uk/_img/pics/library/100809_RTR_FINAL.pdf

⁵ 'Right-touch regulation', page 9, paragraph 3.7

⁶ '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.⁷ 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.⁸

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.⁹

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

⁷ 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

⁸ Extending professional and occupational regulation, page 8 and chapter 2

⁹ 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 £1,853.40.¹⁰ 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.

¹⁰ 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.