

## Executive Summary and Recommendations

### Introduction

At the meeting held on 13<sup>th</sup> October 2004 the Education & Training Committee agreed to assess the S/NVQ qualification for Operating Department Practitioners against the HPC Standards of Proficiency (SOPs) for ODPs and, if it met those Standards, to accept them as approved qualifications. That approval would be open-ended, in the sense that the qualification would be accepted for so long as it met the current SOPs or continued to meet any revised SOPs.

Following the meeting, the Head of Non-Medical Regulation at the Department of Health, Ros Mead raised the issue of the length of time for acceptance of the qualification and perhaps that the Standards of Proficiency may be set too high (please refer to *appendix 1*).

The executive has since received this advice in response to Ros Mead's query:

"In response, the HPC has been advised that if, following assessment, it appears that the S/NVQ does not meet the SOPs then it may be possible that those SOPs have been set at too high a standard and they may need to be revised. A substantial proportion of the ODPs who transferred automatically are likely to have this or an earlier qualification and therefore, if the qualification does not meet the SOPs then presumably neither do they. Although those transferring from the voluntary to the statutory register were not required to "sign up" to the SOPs on automatic transfer, they will have to do so on their first renewal which will occur very shortly.

Clearly, at this stage HPC does not know whether the SOPs have been set at too high a level but, if that proves to be the case, the Council will need to revise its arrangements for bringing new professions into regulation to ensure that:

- (iii) the SOPs truly reflect what is *necessary* for safe and effective practice and, in particular, are not linked to what may be an arbitrary level of academic qualification;
- (iii) the SOPs are set at a level which reflects the typical knowledge and skill base of the majority of current practitioners;
- (iii) in consulting on the SOPs, comments are sought from education providers, employers and others in order to balance any attempt by the profession concerned to set the SOPs at "aspirational" levels; and

- (iv) where HPC is bringing into regulation a number of groups within the profession who may have varying standards of education, training or practice, that the SOPs reflect that variation (possibly by making some elements optional or recognising that only some practitioners will have certain skills which are beyond what is required for the SOPs).”

### **Decision**

- 1. The Committee must consider whether the S/NVQ qualifications meet the Standards of Proficiency.**

### **Background information**

None.

### **Resource implications**

None.

### **Financial implications**

None.

### **Background papers**

None.

### **Appendices**

*Appendix 1* Copy of e-mail from Ros Mead to HPC dated 18<sup>th</sup> October 2004

Copy of e-mail sent by Ros Mead on 18<sup>th</sup> October 2004 to:

Jonathan Bracken  
Marc Seale  
Eileen Thornton  
Anna van der Gaag  
Steve Wordsworth  
Fiona Nixon  
Cathy Savage

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It was agreed that HPC will assess the S/NVQ qualification against the HPC standards of proficiency for ODPs and if it meets those the approval of the S/NVQ qualification will be acceptable for as long as the SoP stand. Assuming this is 5 years or more the requirements of Article 9 (2)(a)(i) will be met just as they would be for any other holder of an HPC-approved qualification in whatever profession.

Alternatively if you think that 5 years is too long a period to accept qualifications because most will change in less than that time, then you should think about changing it to 2 years or 3 or whatever you think is a stable period, accepting that that will give you more work in assessing more applicants whose qualifications you will not be able to take for granted for as long - but it must be the same for all your professions and must apply to those already registered as well as those coming into regulation with HPC. This will require a change to Rule 6 in your Registration Rules. I assume though that HPC E&T Committee has already given time and thought to deciding on 5 years as a reasonable time in which to accept qualifications' validity. I think there is always going to be some loophole here, in that there will always be some scope for someone to rely on a qualification which is becoming out of date towards the end of whatever period you choose, so you should probably not be too inflexible about this. The point of 9(2)(a)(i) is to allow people a window of opportunity to do other sometimes unavoidable things before registering and starting to practise while the qualification remains valid and to avoid making the study for that qualification a waste of time and taxpayers' money; and also as a practical measure to cut down HPC's need for probably unnecessary assessment of applicants with relatively recent qualifications. It is not to deny people the reasonable right to rely on recent qualifications which may just be about to become obsolete, even in the name of patient safety - there has to be some leeway or the system would be impossible to operate unless people were forced to register immediately on qualifying whether or not they intended to practise straightaway (and if they did not they would fall foul of CPD requirements so might need to retrain anyway).

If the S/NVQ does not meet the SoP then everyone has a problem - HPC will have registered many ODPs from the AODP register whom it does not believe competent against its own standards. If this does turn out to be the case the way round this will be to revisit the SoP quickly to see and make optional what is being required which most current registrants cannot meet.

This is exactly what HPC did to accommodate chiropractors and will need to be prepared to do for all new groups coming into registration.

I must say I had not realised that the problem was that HPC had not already assessed the qualification against the SoP and perhaps more importantly may have set SoP too high for current qualifications to meet the m. So I hope it will be in order for me to suggest some ground rules for new professions' qualifications to be approved, or else we will have this problem every time a new profession joins HPC. These are based on what HPC did to accommodate chiropractors, so should be worth your consideration.

- (1) Recognise that with any group coming into statutory regulation for the first time there may be an issue of bringing together either two or more groups within the profession with different standards of practice and training, or that the current qualification may be in the process of being altered or upgraded ready for statutory regulation.
- (2) Set standards of proficiency which apply to the majority of current practitioners, so that inclusion on the HPC register covers as many practitioners as possible without significantly lowering standards. To do this you will need input from employers, education providers and service users or representatives as well as the profession itself.
- (3) Once practitioners are on the Register they will be required to meet CPD requirements. Remember and reiterate to professional bodies acting for new groups that HPC's role for patient safety is to set threshold standards reflecting what current practitioners do now, while professional bodies set higher, aspirational standards as their role is to develop the profession further for the future. If necessary, make some elements of SoP optional. This allows wider inclusion on the Register to begin with, but also allows HPC to explore over time with employers and education-funders as well as professional bodies the practical need for higher or wider standards.
- (4) Having set the standards, if possible assess all current qualifications likely to be held by a significant number of current practitioners, including those about to start and those about to finish, against the standards. All should be able to meet them, and some may exceed them.

The only ones which may not should be those which became obsolete some time ago. Any practitioner relying on those will either be voluntarily registered and in recent practice which should have provided for update of skills, so eligible for automatic transfer, or else will apply under 9(2)(a)(ii) and be assessed for the need for top-up training. Or it is possible some may apply under grandparenting.

- (5) Approve all qualifications which meet the standards. For the record, it was not DH's suggestion that ODP qualifications should be approved for a limited period only - we just pointed out that they needed to count as approved at least for as long as anyone might rely on them under HPC's registration rules. Our view is that once a qualification is approved it remains approved until it becomes obsolete.

By definition it cannot become obsolete until after the requirements of 9(2)(a)(i) and the corresponding HPC registration rule 6 have run out, even if the SoP have changed or are changing meanwhile. If you treat it otherwise you run the risk of judicial review since you would not be applying your own rules. It may also be worth reminding Council members that there is no absolute academic minimum level to be met by professions coming into statutory regulation by HPC. Standards of proficiency should reflect what is actually needed for safe and effective practice, and that will differ from profession to profession. I am guessing here (sorry if I'm wrong) that some Council members, or possibly some HPC staff too, may have felt uncomfortable that anyone could be judged professionally competent if they held only a S/NVQ since all your other professions hold either a diploma or degree or in some cases postgraduate qualifications as well. But this is completely irrelevant to current ODP practice, for which the basis of training is S/NVQ or diploma. It may be similarly irrelevant to some healthcare scientist groups and others joining HPC in the next few years.

Ros

New Regulation Projects Manager