Education and Training Committee, 10 March 2010

Post-registration qualifications

Executive summary and recommendations

Introduction

Post-registration qualifications have previously been considered by the Committee on several occasions. At its meeting on 2 December 2008, the Committee asked the Executive to develop a policy on post-registration qualifications based on the Committee's previous discussions and prepare a paper for a future meeting. The Committee agreed that the Executive should take account of the report by the Department of Health working group on extending professional regulation.

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. At present, we only approve post-registration qualifications which extend scope of practice around the use of medicines, for example supplementary prescribing. We annotate these qualifications because we are legally required to do so.

This paper is divided into a number of sections. It provides a summary of the policy area and the Committee's previous discussion. It proposes criteria that could be used to make decisions about post-registration qualifications which should be annotated on the Register and identifies some areas that the Committee may want to discuss further. The paper also outlines key considerations around operational implementation and proposes a draft timetable.

Decision

The Committee is invited to:

- discuss the attached paper;
- agree draft criteria that can be used to decide whether a post-registration qualification should be annotated;
- agree that the Executive should draft a consultation document on the proposed criteria; and
- agree that the post-registration qualifications which are first considered for annotation (subject to public consultation) are those for podiatric surgery and neuropsychology.

Background information

Post-registration qualifications have previously been considered by the Committee on a number of occasions. The most recent discussion was on 2 December 2008. The paper can be found here: http://www.hpc-uk.org/assets/documents/10002587education_and_training_committee_20081202_enclosure05.pdf

Resource implications

The resource implications will be dependent upon the outcome of the Committee's discussion but might include:

- Writing further papers or consultation documents.
- Organising and running stakeholder meetings.
- Arranging the printing and mailing of a consultation document.

These resource implications are accounted for in the draft Policy and Standards Department and Education Department workplans for 2010-2011.

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

Financial implications

The financial implications will be dependent upon the outcome of the Committee's discussion but might include:

- Organising and running stakeholder meetings.
- Printing and mailing of a consultation document.

Depending upon the Committee's decisions and subsequent public consultation, there may be further financial implications for 2011-2012, when the policy on post-registration qualifications implemented. These would be incorporated within the relevant budgets for 2011-2012.

Appendices

- Appendix 1: Notes of discussion meeting held on 26 February 2008
- Appendix 2: Information on podiatric surgery and neuropsychology

Date of paper

22 February 2010

Post-registration qualifications

1. Introduction

1.1 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. At present, we only approve post-registration qualifications which extend scope of practice around the use of medicines, for example supplementary prescribing. We annotate these qualifications because we are legally required to do so.

1.2 Post-registration qualifications have previously been considered by the Committee on a number of occasions. This paper summarises the previous discussion and identifies proposals for taking the work forward. The proposals for future work include identifying criteria that could be used for making decisions about whether to approve post-registration qualifications and a draft timetable for taking the work forwards.

1.3 This paper is divided into seven further sections:

- Section two explains the policy background to post-registration qualifications, including information from government white papers.
- Section three summarises the Committee's previous discussion and engagement with stakeholders.
- Section four of this paper identifies proposed criteria that could be used for making decisions about the approval of post-registration qualifications and provides a rationale for the proposed criteria.
- Section five identifies key areas that the Committee may want to discuss.
- Section six provides information on two post-registration qualifications that the Executive believes are priorities for consideration by the Committee.
- Section seven summarises the logistical implications of the proposals.
- Section eight outlines the key decisions the Committee is being invited to take and proposes a draft timetable for taking the work forwards.

2. Background

2.1 This section provides some background information relevant to the external factors which shape and influence the policy agenda around post-

registration qualifications. This section also explains our powers in relation to post-registration qualifications, the qualifications we currently annotate and how complaints against registrants who have undertaken post-registration qualifications and are practising in advanced areas of practice are handled.

Trust, Assurance and Safety

2.2 In 2007, the Government published a white paper entitled 'Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century'. The White Paper made a number of recommendations about regulation, including on post-registration qualifications.

2.3 The White Paper said that for the non-medical health professions: '…post-registration qualifications should be recorded in the register where these are relevant to patient care, risk management and are at a level substantially beyond the requirements for basic registration.' Regulators were also asked to look at what other changes could be made to provide better information for patients, the public and employers when considering post-registration qualifications.[1]

Extending professional and occupational regulation

2.4 The Government established several working groups in response to recommendations within the White Paper. One of these, the Department of Health Extending Professional and Occupational Regulation working group, was set up to look at recommendations on extending the scope of professional and occupational regulation.

2.5 The working group's report establishes high level principles and a methodology which could be used to make decisions about extending regulation. Although these principles are proposed in relation to professional and occupational regulation, they are also relevant to considerations around post-registration qualifications.

2.6 The report identifies that the primary purpose of regulation is to ensure safe and effective care for individuals who require it and that regulation should take account of the wider matrix of regulation and governance systems in order to maximise benefit, whilst minimising duplication.[2]

2.7 The report identified that a key principle of regulation is that it should be proportionate to the risk to patients and public. The report 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.[3]

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[1] Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century, paragraph 6.12.

[2] Extending professional and occupational regulation: the report of the Working Group on Extending Professional Regulation (July 2009), page 7

[3] Extending professional and occupational regulation, page 8 and chapter 2

2.9 As part of the work analysing the risks posed, the Department of Health commissioned the development of a risk assessment tool for making decisions about the extension of regulation. We are currently awaiting publication of this risk assessment tool.

2.10 The working group recommended that regulation should also be proportionate, which means that other methods of regulation, such as voluntary regulation or licensing schemes should be considered alongside statutory regulation where appropriate.[4]

Advanced practice project

2.11 The Council for Healthcare Regulatory Excellence (CHRE) was commissioned by the Department of Health, on behalf of all four UK Health Departments, to provide advice on how regulators handle developments in professionals' practice after initial registration. In particular, the CHRE was invited to look at what was perceived to be 'advanced practice'.[5]

2.12 The CHRE concluded that much of what might be considered 'advanced practice' did not require additional statutory regulation. However, they recommended that regulators may need to consider taking action where a professional's scope of practice changes to such an extent that it is fundamentally different from that of initial registration. In addition, regulators may need to take action where the risks to patients of these roles are very different from those usually identified for the profession.

2.13 The CHRE identified that risks which emerge from an individual's professional practice as their scope of practice develops can be best identified and managed by professionals, teams in which they work and employers. Regulators can then act if there is a need to identify and enforce clear national standards to ensure that registrants are fit to practise and to protect the public.

2.14 The CHRE recognises that there is currently no 'systematic evidence' that professionals taking on new roles are not competent to do so and therefore pose a risk to patients. As a result, they recommend that before a regulatory body takes further intervention it should establish that its current regulatory systems are not adequately protecting the public and determine how it can overcome concerns in governance arrangements.[6]

2.15 The CHRE acknowledged that it is impossible for regulators to require evidence of qualifications or experience for every area of practice that an individual works within. Instead, regulators should only restrict a title or function to those with approved qualifications or experience where the public is at risk and where the existing system is not sufficient.

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[4] Extending professional and occupational regulation, page 9 and chapter 4

[5] Advanced practice: report to the four UK Health Departments
http://www.chre.org.uk/satellite/116/

[6] Advanced practice: report to the four UK Health Departments, paragraph 6.10.

2.16 The report also argues that if a regulator does restrict a title or function, it 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. Where additional standards are necessary, they should be clearly linked to either a protected function or title.[7]

Call for information on distributed regulation

2.17 The CHRE has also recently been commissioned by the Department of Health to provide advice on how regulators respond to circumstances where health professionals extend their scope of practice to an area where the standards are set by another regulator or professional body.[8]

2.18 In their call for information, the CHRE identified that they were specifically looking at a model called 'distributed regulation'. The call for information defined 'distributed regulation' as when the primary regulator would continue to register the professional, but could seek advice from a relevant professional body to determine the standards which should be adhered to. Once these standards had been met, the register entry could be annotated accordingly.

2.19 The call for information identifies podiatric surgery as an example of when a registrant might be statutorily regulated, but their new role requires standards which are not traditionally set by their current regulator.

2.20 The CHRE suggest that under distributed regulation a podiatrist registered with the HPC wanting to undertake podiatric surgery would adhere to training and practice standards set in conjunction with the Faculty of Podiatric Surgery and the General Medical Council. The practitioner would remain registered with the HPC, but their register entry would be annotated once the required standards had been met. The HPC would investigate any fitness to practise issues, but might need to give due regard to professional advice and assistance from the GMC and the Faculty, if the matter involved the practitioner's surgical practice.[9]

2.21 The CHRE commented that the proposed model of distributed regulation had several benefits including the establishment of a more co-ordinated approach to the regulation of health professionals and a reduction in the burden and cost of regulation. They also identified several disadvantages, including potential confusion for embers of the public and additional complexity in the arrangements for statutory regulation.[10]

2.22 In our response we welcomed the call for regulators to consult with appropriate bodies when establishing standards. We must consult with

[7] Advanced practice: report to the four UK Health Departments, paragraph 7.4

[8] Distributed regulation: a call for information
http://www.chre.org.uk/_img/pics/library/100125_Discussion_Paper_FINAL.pdf

[9] Distributed regulation – a call for information, page 1 and 3

[10] Distributed regulation – a call for information, page 4

relevant stakeholders whenever we set standards or produce guidance. This allows us to seek appropriate input from other bodies (including those who might be involved in practice in a particular area), ensuring that the standards we set are fit for practice.

2.23 However, we argued in our response that it is important that we make the final decision about our own standards to ensure that they are appropriate and to maintain ownership of the standards. Where a regulator annotates its own register, then it must set its own standards for the annotation, rather than rely on standards set by another body. Thus, in the example of podiatric surgery, it is important that the standards used for any annotation of our Register are owned by us.

2.24 In our response we explained that annotations of a register may indicate that a registrant can practice in areas of advanced or specialised practice. Stakeholders, including service users and employers, could see the annotation as an endorsement from the regulator. It is therefore important when communicating with members of the public that there are clearly articulated standards managed by the regulator for that annotation. If the standards are not owned by the regulator, it could not be confident that the standards set were appropriate or that they ensured public protection.

2.25 We also identified a number of concerns about the proposed model of distributed regulation, particularly around clarity for members of the public and registrants on how the individuals falling within the remit of distributed regulation are registered.

2.26 The deadline for responses to the call for information was 15 February 2010. We are awaiting publication of the outcome of the call for information and will update the Committee as appropriate.

Council for Professions Supplementary to Medicine

2.27 Our predecessor, The Council for Professions Supplementary to Medicine (CPSM), previously annotated the Register.

2.28 Annotations were decided by each profession-specific board and registrants could often apply to have designatory letters entered in the Register, or to have other qualifications entered if considered by the Board to be relevant to their registration.

2.29 When we consulted on our future structure and functions whilst in shadow form, the consultation document said that information held on the CPSM Register but which did not relate to the parts of the Register set out in the consultation document would be kept but not made publicly available.[11]

2.30 The key decisions document following the consultation concluded:

[11] Health Professions Council, The Future – Paper for consultation www.hpc-uk.org/publications/consultations/index.asp?id=36

‘Subsections of the Register will be used to distinguish modalities of care, not skill levels. If the Council were to try to distinguish between skill levels, it would need to introduce a very large number of sub-sections for many of the Parts of the Register, and the Council thinks that would be confusing and unnecessary.’[12]

2.31 Consequently, when our Register opened in July 2003, it did not include any additional annotations or subsections (other than those necessary to meet other statutory requirements, as laid out below).

The Health Professions Order

2.32 We have powers to annotate the 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) Rules Order of Council 2003 (‘the Rules’).

2.33 Article 19 (6) of the Order says:

‘In respect of additional qualifications which may be recorded on the Register the Council may establish standards of education and training and articles 15(3) to (8) and articles 16 to 18 shall apply in respect of those standards as if they were standards established under article 15(1)(a)’

2.34 Rule 2 (4) of the Rules says:

‘The Council may also include such entries in the register as it considers appropriate to indicate that a registrant possesses any other qualification (whether or not it is an approved qualification) or competence in a particular field or at a particular level of practice.’

2.35 The Order and Rules give the Council 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

2.36 Currently the Register is annotated to indicate where a registrant has undertaken additional training around medicines and has obtained entitlements to use or prescribe these medicines. The Prescriptions Only Medicines (Human Use) Order 1997, places the requirement to annotate the Register on the HPC.

2.37 The Register is annotated where:

[12] Health Professions Council, Consultation Feedback – Key Decisions www.hpc-uk.org/publications/consultations/index.asp?id=36

- 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 (POM) and/or administer local anaesthetics (LA).

2.38 The standards of proficiency for chiropodists/podiatrists have recently been changed to make the ability to apply local anaesthesia techniques and to administer relevant prescription only medicines mandatory for all new entrants to the profession. These standards were previously optional and have been made mandatory because all UK approved programmes already included them in pre-registration training.

2.39 However, the annotation is still marked on the Register as not all chiropodists/podiatrists currently on the Register will have completed training in this area. In addition, we are required to annotate these medicines entitlements on the Register under The Prescriptions Only Medicines (Human Use) Order 1997.

2.40 There is a clear link between the annotation on the Register and function. For example, an individual cannot act as a supplementary prescriber unless they have both completed a supplementary prescribing programme and had their entry on the Register annotated. Individuals who act as supplementary prescribers without doing this could be prosecuted by the Medicines and Healthcare Products Regulatory Agency (MHRA).

Handling complaints against registrants in advanced areas of practice

2.41 We have previously considered complaints about registrants who have extended their scope of practice into specialised or advanced areas where they have undertaken additional post-registration qualifications. This includes physiotherapists undertaking acupuncture or podiatrists practising podiatric surgery.

2.42 All registrants must ensure that they have the skills, knowledge and experience necessary to practise safely and effectively in their particular scope of practice. When considering these complaints, panels may seek to understand how the registrant's practice has developed into their current scope of practice. This may include looking at the individual's post-registration training, knowledge and experience.

2.43 Panels have the power to consider expert evidence if this is considered relevant to the circumstances of the particular case. They may also wish to take into account standards or guidance produced by other organisations, if relevant, in determining whether our standards have been met. For example, this might include professional body or Department of Health guidance. However, any final decision made by the panel is based on the standards that we have set as the decision may impact the individual's registration with us.

2.44 The absence of standards published by us that relate to a particular specialist area (whether or not the area is annotated on the Register) does not prevent the investigation of cases involving registrants who have an extended scope of practice and in no way fetters our ability to take appropriate action to protect members of the public. For example, if a case was found, a panel might consider applying conditions to the registrant's registration to limit their practice in that area.

2.45 Often, registrants have accessed areas of advanced practice through experience and training not delivered as post-registration qualifications. In these circumstances, it would not be possible to quality assure their experience and training, nor to set standards.

2.46 However, occasionally registrants may have undertaken post-registration qualifications which we have not quality assured ourselves and where we have not set standards. Whilst, as outlined above, this does not prevent us from taking action, it may sometimes raise broader concerns about public protection.

Annotations of registers held by other regulators

2.47 Several regulators, including the General Medical Council (GMC) and the General Dental Council (GDC) hold specialist registers which are linked to post-registration training and discrete areas of practice. Both the GMC and GDC specialist registers have a clear link between the training, entry in the specialist register and eligibility to apply for particular roles. For example, only individuals on one of the GDC's specialist registers can call themselves a specialist and access certain roles.

2.48 The General Optical Council annotates their register to indicate a number of post-registration qualifications and to identify specialist areas of practice. There are some specialist areas where there is a direct link between the qualification, its entry on the Register, and a particular function. Dispensing opticians with the Contact Lens Specialty are qualified to assess whether contact lenses meet the needs of a patient. They can fit and supply a patient with one or more contact lenses and provide aftercare.

2.49 In each of the examples of annotations undertaken by other regulators there is a clear link between post-registration training, an annotation and either access to a particular role or a specified function.

3. Previous discussions

3.1 This section provides a summary of the discussions at previous Committee meetings and an outline of the points raised at a stakeholder discussion meeting in February 2008.

Stakeholder discussion meeting

3.2 The HPC organised a discussion meeting on 26 February 2008 with relevant stakeholders to talk about post-registration qualifications.

Attendees included members of professional bodies, HPC visitors, Education and Training Committee members and HPC employees.

3.3 The discussion can be summarised as follows:

- There was overall agreement at the meeting that the HPC should annotate the Register to indicate where a greater range of post-registration qualifications are held.
- There was no overall agreement about whether post-registration qualifications should be directly approved by the HPC or whether other arrangements were more appropriate.
- There was agreement that the standards of proficiency would be necessary for approving post-registration qualifications but that such an approach would need to build on existing standards and frameworks.
- The meeting identified and discussed a number of roles and their potential suitability for annotation of the Register.

3.4 Since the discussion meeting the Executive have had a number of meetings with stakeholders, including professional bodies, where post-registration qualifications have been discussed.

3.5 A copy of the notes from the discussion meeting is appended to this paper as appendix 1.

Education and Training Committee Meetings

3.6 The Committee has discussed post-registration qualifications on a number of occasions. This includes meetings on 10 June and 2 December 2008.

3.7 The Committee considered a paper from the Executive on 10 June 2008 outlining the outcomes of the February discussion meeting. Discussion included the following points:

- How meaningful would it be for the public and registrants to annotate the Register?
- What risk to public protection would be addressed by annotating the Register?
- Would annotation restrict functions and therefore prevent the development of the professions?
- Post registration training does not necessarily lead to the award of a qualification.
- Any decision to annotate the Register carries with it financial and resource implications.
- Annotations could contribute towards providing better information to members of the public.

3.8 At its meeting in June, the Committee agreed that the Executive should undertake further research on post-registration qualifications and that a paper should be brought back to the Committee once the conclusions of the professional liaison group on continuing fitness to practise were known.

3.9 The Committee further discussed post-registration qualifications at its meeting on 2 December 2008. In discussion, the Committee agreed these broad principles on post-registration qualifications:

- any policy on post-registration qualifications should apply to all the professions currently regulated by the HPC and any professions which might be regulated in the future;
- the Register should only be annotated to show post-registration qualifications in exceptional circumstances, i.e. only where annotation would improve protection of the public and where a qualification permitted a registrant to significantly extend their scope of practice; and
- the HPC should directly approve post-registration programmes which lead to annotation of the Register, although this would have financial and resource implications for the Education Department.

3.8 It was agreed at the December meeting that the Executive would bring a further paper to the Committee once the outcome of the Department of Health working group on extending professional regulation was known. The Executive was asked to develop a policy on the basis of the discussion above, taking into account the wider policy context.

4. Policy on post-registration qualifications

4.1 The Committee has previously asked the Executive to develop a policy on post-registration qualifications. This section is intended to build on the information provided above to stimulate discussion which will inform the development of a policy on post-registration qualifications.

Overarching policy considerations

4.2 The Executive proposes that the policy on post-registration qualifications should include some clear criteria which can be used to decide which post-registration qualifications we approve and lead to annotations on the Register. The criteria and subsequent policy would also provide clarity for stakeholders and help to build understanding of why some qualifications are annotated.

4.3 Conversely, the criteria could also be used to make decisions on and provide a rationale why a post-registration qualification should not be annotated on the Register. The Committee has previously agreed that qualifications should only be annotated in exceptional circumstances and therefore there may be qualifications which we decide not to annotate on the Register. This could include qualifications without a clear link to a particular role or function or alternatively qualifications which are not relevant to public safety, such as qualifications in management skills.

4.4 The Committee has previously agreed that qualifications should only be annotated on the Register in exceptional circumstances. It is therefore important that any policy on post-registration qualifications is consistent with this decision and that this is clearly identified within the policy.

4.5 Any criteria and policy on post-registration qualifications must apply across all the professions that we currently regulate. In addition, it should have

regard to professions which may be regulated in the future. The criteria should therefore be encompassing whilst clearly defining our position on post-registration qualifications and annotations of the Register.

4.6 At present, we only annotate the Register where we are required to do so in order to comply with the legislation. The proposals around post-registration qualifications could mean we annotate qualifications on the Register where there is no legal requirement to do so, but it is necessary for public protection. It is therefore important that any criteria developed are robust and provide sufficient explanation of why certain post-registration qualifications are annotated on the Register.

Previously proposed criteria

4.6 In 2006, the Government consulted on the regulation of the non-medical healthcare professions, prior to the publication of 'Trust, Assurance and Safety'. In our response to the review, we identified some criteria which could be used to decide whether the Register should be marked.

4.7 We said:

'We believe that there should be clear, published criteria for marking the Register, since there will evidently be qualifications that are relevant to registration, and those which are not. […]

We anticipate that such criteria could include:

- a clear link between the qualification in question and a particular function or an occupational role which cannot be adequately and safely carried out without the qualification;
- a risk of harm to the public if the Register is not marked;
- a clear identification of how the identified risk would be mitigated by the Register being marked; and
- the necessity for either function or title to be restricted by marking the Register'[13]

4.8 These criteria were discussed at the February 2008 stakeholder discussion meeting. There was overall agreement with the criteria outlined in the document, with some reservations. These were around whether the criteria should focus on giving more information to members of the public, rather than on 'restriction of practice'.

4.9 The criteria identified in our response to the review have been used as the basis for the criteria proposed by the Executive below.

Risk to the public

[13] Health Professions Council response to the review of the regulation of the non-medical healthcare professionals
http://www.hpc-uk.org/aboutus/consultations/external/index.asp?id=38

4.10 One of the five principles of better regulation is ‘proportionality’, i.e. that regulators should only intervene when it is necessary. This principle was echoed in both the White Paper and the Extending Professional and Occupational Regulation working group report. In particular, both expressed that regulators should only take action where the risks to the public could not be managed sufficiently through existing governance arrangements.

4.11 The Committee has previously discussed the link between post-registration qualifications and risk to the public. In particular, the Committee has discussed how and whether approval of post-registration qualifications and annotation on the Register can reduce risk to the public.

4.12 An assessment of risk and how risk is mitigated can be a subjective decision. However, there are a number of sources of information which can be used to identify the levels of risk posed by a particular intervention or role.

4.13 For example, the Extending Professional and Occupational Regulation working group report proposed a number of potential factors to consider when both identifying the level of risks posed by moving into a new practice and also considering whether those risks can be managed through the existing regulatory framework. The factors include the type of intervention, where the intervention takes place and the level of supervision.

4.14 Our new professions process also sets criteria which could be used to assess the potential risk. The new professions process is used to identify professions that we believe should be statutorily regulated. Part of the assessment process for these professions includes identifying the risks posed by the profession. The guidance notes state that professions will only be considered eligible for regulation if they involve at least one of these activities:

- invasive procedures;
- clinical intervention with the potential for harm; or
- exercise of judgement by unsupervised professionals which can substantially impact on patient health or welfare.[14]

The criteria identified in the new professions process guidance can be helpful when thinking about risk, particularly when considered along the other factors identified above.

4.15 Post-registration qualifications are by their very nature undertaken by individuals who are already statutorily registered. As the CHRE report on advanced practice identified, when most registrants move into areas of advanced practice, there is no need for additional regulation as they can be incorporated within the existing standards set by the regulator.

[14] Guidance for occupations considering applying for regulation by the Health Professions Council http://www.hpc-uk.org/aboutregistration/newprofessions/forms/

4.16 A similar principle would apply to most areas of practice that registrants access through completing post-registration qualifications. The regulator would still be able to incorporate that move into new areas of practice within the existing standards.

4.17 However, there will be occasions when a registrant's area of practice changes so much that it cannot be incorporated within the existing standards or governance arrangements. Alternatively, a regulator may decide to set standards for a new area of practice where it identifies competencies that are required for that area of practice and which are not taught within pre-registration training. In these cases, it may be appropriate to develop a system of annotations so that only individuals who meet the necessary standards are able to carry out particular functions or use certain titles.

4.18 Thus, regulators should annotate the register when it is necessary to do so to protect the public. Consideration should be given to whether the risks posed can be mitigated using other systems such as governance arrangements or the existing regulatory framework. When this is not possible, annotation of the register could be considered.

4.19 In line with the principle of proportionality in making regulatory decisions, there also needs to be evidence that the risk to the public can be mitigated through annotation of the Register. This could be because only individuals with an annotation demonstrating that they meet the necessary standards would be able to access a protected title or function. If it is not possible to mitigate that risk through the annotation, then alternative systems would need to be considered.

4.20 We have previously considered complaints against registrants practising in areas of advanced practice for which they have undertaken post-registration training, for example physiotherapists undertaking acupuncture or podiatrists undertaking podiatric surgery (see paragraphs 2.41 – 2.45 above). Panels have the power to consider expert evidence or to take into account standards or guidance produced by other organisations.

4.21 The absence of standards published by us that relate to a particular specialist area does not prevent the investigation of cases involving registrants who have an extended scope of practice and in no way fetters our ability to take appropriate action to protect members of the public.

4.22 However, there may be occasions when the risks posed cannot be mitigated through these processes. When a regulator annotates qualifications (and may also protect titles or functions associated with the annotation) this means that the regulator can quality assure the training associated with the qualification, set standards for that qualification and provide information to the public.

4.23 Where qualifications are not annotated it is not possible to quality assure training or set standards for practice in these areas. This would not usually cause problems where the risk to be managed is low or where the area of

practice does not have a clearly defined post-registration qualification which could be annotated. However, where the risks posed cannot be managed through existing systems it is then appropriate for the regulator to consider whether to annotate the qualification and restrict the title or function to those who hold the annotation.

4.24 The Executive proposes that the following criteria could be used when making decisions about annotating the Register:

- evidence of a clear risk to the public if the Register is not annotated
- evidence that the risk could be mitigated through annotation of the Register

Information for the public

4.25 Stakeholders, including members of the public and employers, are encouraged to check the HPC Register to ensure that the professional they are seeing or employing is HPC registered. Thus, the Register plays a very important role in providing information about registrants.

4. 26 The information available publicly includes where a registrant has an annotation related to medicines entitlements, such as the ability to act as a supplementary prescriber. However, a registrant's qualifications are not publicly available.

4.27 It is important that there is clarity for members of the public about the purpose of any annotation on the Register and the link between the annotation and the registrant's area of practice. Annotations may be seen to imply that there is a difference in quality of practice between those who are annotated and those who are not. Thus, there needs to be a link between the qualification held, the annotation and the function, role or title.

4.28 There also needs to be a clear rationale for members of the public about why some qualifications are annotated on the Register and others are not. To maintain the clarity of the Register, it will be important to ensure that there is not a plethora of annotations which could potentially confuse members of the public.

4.29 To reduce duplication, the Committee could consider whether the qualification is recorded elsewhere on another register. For example, the Chartered Society of Physiotherapy records details of where a physiotherapist's practice has moved into areas beyond their pre-registration qualification, such as the use of acupuncture.

4.30 Where the qualifications are recorded on another register, the Committee would need to consider whether it was appropriate to annotate the HPC Register as well or whether this would cause unnecessary duplication. This principle would also apply where the qualification is approved and recorded by another organisation.

4.31 There would also need to be clarity for members of the public in the titles that are protected. When protecting professional titles it is important to

protect commonly used and commonly understood titles which can be easily recognised by members of the public.

4.32 Concerns have previously been expressed about a lack of clarity in the use of the title ‘podiatric surgeon’, most recently in a BBC London news item.[15] It has been argued that the use of the title ‘surgeon’ might confuse members of the public into thinking that the podiatric surgeon was medically qualified. However, it is important to recognise that the titles ‘Consultant Podiatric Surgeon’ and ‘Specialist Registrar in Podiatric Surgery’ have been used by podiatrists with post-registration training in surgery working in the NHS for over 10 years.

4.33 The Executive proposes the following criteria could be used for making decisions about annotating the Register:

- evidence of a need to communicate the annotation to members of the public and that consideration has been given to whether the qualification is recorded elsewhere

Qualifications and experience

4.34 The Committee has previously recognised that the learning that registrants undertake after registration is broader than just post-registration qualifications. There are many different routes that a registrant may follow in order to extend their practice beyond their pre-registration training. Learning may be experienced based or may result in an outcome which is not a formally recognised qualification.

4.35 However, the Committee has also identified that, when approaching annotation of the Register, it is difficult to go beyond post-registration qualifications. This is because annotation of the Register relies on being able to identify a set of competences and being able to test that the individual achieves these before the Register is annotated. This process requires a validation process of some kind, for example via completion of a programme or examination.

4.36 When deciding which qualifications should be approved and then annotated on the Register, consideration must be given to the risks to the public. However, care needs to be taken to identify areas of practice which can only be accessed by completing a post-registration qualification. Experiential learning can be incorporated within the qualification, but the need for validation to ensure that an individual meets the standards means that individuals should not be able to practice in the particular area on the basis of experience alone. In addition, it should not be possible for individuals who have not completed pre-registration training to be able to access the post-registration qualifications.

4.37 As a result, there needs to be a clear link between the qualification and either a particular function or a role within the profession. These are not interchangeable and would need to be clearly identified. On each occasion the relevant function or title would need to be identified and subject to

[15] http://news.bbc.co.uk/local/london/hi/tv_and_radio/newsid_8400000/8400189.stm

discussion and consultation. It should also not be possible to practice in the particular area without holding the necessary qualification.

4.38 As outlined above, the post-registration qualification must be necessary in order to carry out a particular role or function safely and effectively. However, there are some qualifications which, whilst necessary for a particular role and required by an employer, are not necessarily relevant to public safety. For example, an employer may ask a registrant managing a department to undertake qualifications in management. Alternatively, a registrant may undertake qualifications which have no practical application but provide further theory related to the practice of their profession.

4.39 In these cases, there is a distinction to be drawn between the requirements made by an employer for a particular role and the requirements of a regulator setting national standards for practice. Whilst the qualification may be important for a particular role, it is not necessary for the regulator to annotate the qualification or set standards for the qualification because it is not relevant to public protection.

4.40 The Executive proposes the following criteria could be used for making decisions about annotating the Register:

- the post-registration qualification must be necessary in order to carry out a particular function or role safely and effectively

Annotations and protected functions or titles

4.41 Currently, the annotations on the Register indicate where a registrant has completed an approved programme which, along with the annotation, means that they can undertake certain protected functions. There is therefore a clear link between the qualification, the annotation and the functions that can be carried out.

4.42 At present, annotations on the Register therefore require the identification of areas of practice where only an appropriately qualified individual can practice. This principle is consistent with the statements on risk outlined above, in that the regulator identifies areas of practice where the risk cannot be mitigated sufficiently and takes action to mitigate the risk itself.

4.43 The annotation would therefore carry a protected function or title. A protected function or title which can only be accessed by an individual with the appropriate annotation is a model which has both advantages and disadvantages.

4.44 A protected function or title would mean that there was a clear distinction for stakeholders about the purpose of the annotation and what it denotes. Someone who did not possess the qualification or meet the standards required for the annotation would be unable to use that protected title or undertake that specific role.

4.45 This would in turn ensure that there was a clear distinction between those registrants who are annotated and those who are not. For those individuals who had demonstrated additional competence in a particular

area they would be able to access a protected title or undertake a particular function.

4.46 However, there are also disadvantages with such a system. Some stakeholders at the discussion meeting expressed concerns that a protected function might restrict practice. Protected functions also require clear definition so that practitioners are not unnecessarily brought within the remit of the function and thereby regulation.

4.47 Protecting professional titles also has disadvantages, in that individuals can evade the legislation by practising under a different title. It also depends upon identifying commonly used professional titles which are only used by those working within the particular area of practice which requires the annotation.

4.48 Individuals undertaking these post-registration qualifications are already HPC registered, meeting the standards for their profession. Annotation on the basis of post-registration qualifications limits access to certain titles or functions to those who have the necessary qualifications. This means that any decision about annotation needs to be taken in light of the risks posed and a recognition that the regulator may need to set additional standards for particular areas of practice.

4.49 The Committee may want to consider whether it is appropriate to annotate a post-registration qualification on the Register without protecting a title or function as well. This would have benefits over the current situation in that the qualification would be recognised by the regulator, it would be marked on the Register and the qualification could be quality assured against standards set by the regulator.

4.50 However, there are also disadvantages associated with annotating post-registration qualifications on the Register without protecting a title or function. This approach could potentially cause confusion for members of the public around the purpose of the annotation and might result in a proliferation of annotations as education providers increasingly approached us to ask for annotation of the Register to mark the qualifications they offered.

4.51 Where the qualification is annotated on the Register without the protected function or title, this still means that the qualification meets the standards we set. This system offers flexibility when it is not possible to protect a title or function, perhaps because of overlap with the use of a title by other professions or the work of other professions.

4.52 There are also other considerations around protecting titles or functions. When protecting professional titles, it is important to protect those which are widely recognised and commonly used. It is equally important to ensure that the proposed protected title does not bring into regulation individuals who do not need to be registered. When a function is protected, they identify discrete acts which can be easily defined within the profession. As with decisions about protected titles, a protected function should not bring into regulation those who do not need to be regulated. It

is therefore important that when a title or function is protected, proper consideration is given to the impact of that decision, whilst being mindful of the need for public protection

4.53 The Executive proposes the following criteria could be used for making decisions about annotating the Register:

- a clear link between the qualification in question and a particular function or professional title which could be defined and protected by the HPC

Exclusivity

4.54 Post-registration qualifications are undertaken by those who are already registered. It is therefore important that any post-registration qualification which is annotated on the Register can only be accessed by individuals who are already working within a regulated profession. Otherwise, there may be confusion about the purpose of the qualification and the need to annotate it on the HPC Register.

4.55 Some post-registration training may be available to professions which are not registered by the HPC. For example, some supplementary prescribing programmes are also available to nurses as well as physiotherapists and chiropodists / podiatrists. Most post-registration qualifications that we might approve would only be accessed by HPC registrants. However, it is important that this criteria offers flexibility to approve post-registration qualifications which can be accessed by other professionals where appropriate.

4.56 The Executive proposes the following criteria could be used for making decisions about annotating the Register:

- any post-registration qualifications annotated on the HPC Register should only be accessed by statutorily regulated individuals

5. Discussion

5.1 This section draws on the information provided in other sections to highlight some issues that the Committee may want to discuss. This section is not designed to be exhaustive but to stimulate discussion.

Annotation of qualifications and protected functions or titles

5.2 The criteria outlined above include a clear link between the post-registration qualification and a title or function which we could protect. Currently the Register is annotated to indicate where a registrant has undertaken additional training around medicines and has obtained entitlements to use or prescribe these medicines. As a result, there are protected functions which only registrants with the annotations are able to carry out.

5.3 The Committee has previously discussed whether we should annotate qualifications and protect functions or titles associated with the

qualification, or whether the qualification should be annotated without a function or title protected.

5.4 The advantages and disadvantages associated with this approach have been discussed above in paragraphs 4.41 – 4.52.

5.5 Before moving on to discuss the proposed criteria, the Committee is invited to discuss whether it would be possible or meaningful to annotate a qualification on the Register without also protecting a professional title or function.

Proposed criteria

5.6 In the section above, the Executive proposed the following criteria could be used for making decisions about post-registration qualifications and annotations on the Register:

- evidence of a clear risk to the public if the Register is not annotated;
- evidence that the risk could be mitigated through annotation of the Register;
- evidence of a need to communicate the annotation to members of the public and that consideration has been given as to whether the qualification is recorded elsewhere;
- the post-registration qualification must be necessary in order to carry out a particular function or role safely and effectively;
- a clear link between the qualification in question and a particular function or professional title which could be defined and protected by the HPC; and
- any post-registration qualifications annotated on the Register should only be accessed by statutorily regulated individuals.

The Committee is invited to discuss and agree the criteria identified above. The criteria would then be used by the Executive as the basis for a public consultation document

Guidance or explanation of the criteria

5.7 The criteria will be used to decide whether a post-registration qualification should be approved by the HPC. The Committee is invited to consider whether it would be appropriate for the Executive to produce guidance or information to explain the criteria. This could follow a similar structure to the new professions process guidance. An example is given below:

- Evidence of a clear risk to the public if the Register is not annotated.

Evidence of risk could include invasive procedures, clinical intervention with the potential for harm or exercise of judgement by unsupervised professionals which can substantially impact on patient health or welfare. Other factors that might determine the evidence of risk include the level of training provided to the individual and where the intervention takes place. Evidence of how the risk is currently being mitigated could also be provided.

5.8 The above statement is intended as an example only. If the Committee agreed that it would be appropriate to produce guidance to explain the criteria, the Executive could provide guidance in line with the Committee's final decisions on the criteria.

6. Podiatric surgery and neuropsychology

6.1 The Executive has identified two areas of practice with related post-registration qualifications which the Committee may want to prioritise for consideration for annotation on the Register. These are podiatric surgery and neuropsychology.

6.2 This section provides brief information about the two areas of practice and why they are considered to be post-registration qualifications. Further information about areas of practice, training routes and how the risks associated with practice are currently managed can be found in appendix 2, which is attached to this paper.

6.3 Podiatric surgery has previously been discussed by the Committee on several occasions. Discussion has centred on recognition that the CPSM previously annotated qualifications on its register (see paragraphs 2.27 to 2.31 above), concerns that the public were not sufficiently protected without the annotation and that the absence of an annotation potentially hampered the practice of podiatric surgeons.

6.4 Training in podiatric surgery is provided as a post-registration qualification. After completion of their pre-registration training, graduate podiatrists must complete a minimum 1 year post registration year before commencing a Masters degree course in the Theory of Podiatric Surgery. Successful completion of this programme then allows an individual to apply for a training post within podiatric surgery.

6.5 Training in neuropsychology is also considered a post-registration qualification. When the Department of Health consulted on the proposed statutory regulation of practitioner psychologists, they said that in the UK training as a clinical or educational psychologist was a '…prerequisite for the post-registration neuropsychology training'.[16]

6.6 In their report summarising responses to the consultation, the Department again stated that the route to practising in the UK as a neuropsychologist was not via a separate pre-registration education training programme but as a '…specialist additional qualification'. They argued that it would be up to the HPC to recognise the post-registration qualification in neuropsychology by annotating the individual's entry in the register. They

[16] Health Care and Associated Professions (Miscellaneous Amendments and Practitioners Psychologists) No 2 Order 2008: a paper for consultation, page 17
http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_081518

added that it was '…the Administrations' view is that this is how neuropsychologists' competence and training should be recognised'.[17]

6.7 To undertake training in neuropsychology within the UK individuals must have training as either a clinical or educational psychologist. It is therefore a post-registration qualification in the UK. We have received representations from neuropsychologists who are concerned that the current situation does not sufficiently protect the public.

6.8 Both qualifications are considered to be post-registration qualifications and therefore could be annotated on the Register. In both cases, there is a clear link between the qualification and a particular role or function. For example, individuals must have a qualification in podiatric surgery in order to work as a podiatric surgeon.

6.9 Both qualifications meet the draft criteria that the Executive have proposed in section four and five above and therefore can be priorities for consideration by the Committee for annotation.

6.10 In both cases, there is evidence that practice in the area poses a potential risk of harm the public. Podiatric surgery involves invasive surgical procedures which are often carried out under local anaesthetic. Neuropsychologists have contact with vulnerable individuals and are exercising their professional judgement with the potential for harm.

6.11 There is evidence that there is a need to communicate the annotation to members of the public. For example, concerns have previously been expressed that there is currently no mechanism for members of the public to check that a podiatric surgeon has the necessary qualifications on the HPC Register. Similar concerns have been raised for neuropsychologists in that there is currently no way for individuals to check on the HPC Register that the neuropsychologist has the necessary qualifications.

6.12 The qualifications are also necessary to carry out a particular function or role and are clearly linked to the function or professional title which could be defined. In the case of podiatric surgery, the qualification in podiatric surgery is recognised within the NHS and most individuals will have this qualification. As we do not approve the qualification however, there may be some podiatric surgeons practising without the qualification. A Similar situation would apply to neuropsychologists.

6.13 Both the qualifications in neuropsychology and podiatric surgery can only be accessed by individuals who are already within statutory regulation as registration with us is an entry requirement for the qualification.

6.14 As the post-registration qualifications meet the proposed criteria, the Executive proposes that the qualifications should be considered by the Committee for public consultation on a potential annotation. If the

[17] Health Care and Associated Professions (Miscellaneous Amendments and Practitioners Psychologists) Order 2009: consultation report, pages 11-12
http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_095923

Committee agreed, the public consultation on the proposals on post-registration qualifications would contain proposals for annotation of these qualifications.

7. Operational implementation and resource implications

7.1 This section outlines how the policy on post-registration qualifications could be implemented and some of the resources necessary to implement the policy. It is not intended to be exhaustive, but to highlight key operational concerns.

7.2 Approval of post-registration qualifications, annotations of the Register and protecting titles or functions all have resource implications and would require the establishment of a cross-departmental project team to oversee implementation.

7.3 The Committee has been asked to consider whether we should only annotate a post-registration qualification or whether we should also link that annotation with access to a protected title or function. The resource implications are different depending upon which approach is adopted as the latter option involves legislative change, whereas an annotation on the Register without a protected title or function would not.

7.4 The Committee has previously agreed that we should approve post-registration qualifications which lead to annotation on our Register. This allows us to quality-assure the process and maintain ownership of the standards or their functional equivalent. Approval of post-registration qualifications would require the establishment of standards of proficiency (or their functional equivalent) to approve them against. Production of the standards of proficiency would include a public consultation on the proposed standards and liaison work with the appropriate stakeholders. The education provider would also need to be approved through our approval process.

7.5 Annotation of the Register would require amendments to the systems used to manage the Register and amendments to the on-line Register. It would also require publicly available information about the purpose of the annotation and what it meant for the registrant’s practice.

7.6 If a title or function were also protected, there would need to be a change to the Order. This would require government agreement on the proposals and time in order to draft and consult on the necessary legislation. In addition, there would also need to be a grandparenting period to allow individuals who use a protected title or carry out a function and do not have an approved qualification to apply for registration.

7.7 Any policy on post-registration qualifications would have to be delivered across the UK. As a result, operational implementation would have to consider any differences in training, context or practice in the home countries.

7.8 Having considered the resource implications, it is important that any decision made on post-registration qualifications is one based on the risks posed and the importance of public protection.

8. Decisions and proposed timetable

8.1 The Committee is invited to discuss this paper. In particular, the Committee is invited to:

- discuss whether we should annotate qualifications and protect titles or functions associated with the qualification, or whether the qualification should be annotated without a protected function or title;
- discuss the draft criteria proposed in section 4 and 5; and
- discuss whether it would be helpful for the Executive to produce guidance on the criteria.

8.2 Subject to agreement by Committee of the proposed criteria and the proposals that podiatric surgery and neuropsychology qualifications should be considered for annotation on the Register, the Executive suggests the following timetable to take the work forwards.

8.3 The Executive proposes that further work be undertaken to produce a policy statement, criteria and guidance, subject to the Committee's discussion. This work would be used to create a consultation document and would be brought back to the subsequent Committee meeting in June.

8.4 Under the Health Professions Order, the Council must consult before producing standards or guidance. This would incorporate the proposals around post-registration qualifications.

8.5 The Executive suggests the following timetable based on the approach outlined above:

Consultation paper	ETC June 2010
Consultation paper	Council July 2010
Consultation	August – October 2010
Outcome of consultation	ETC and Council December 2010 or March 2011
Operational implementation	2011/2012 onwards

8.6 There would also be ongoing stakeholder liaison work undertaken alongside the timetable above. This would include liaison with relevant professional bodies, government departments and other stakeholders.

Appendix 1: Summary of the stakeholder discussion meeting held on 26 February 2008.

Attendees were divided into groups and asked to discuss five questions. This summary is structured around each of those questions.

Should the HPC annotate the Register to indicate where a greater range of post-registration qualifications are held?

There was overall agreement that the HPC should annotate the Register to indicate where post-registration qualifications are held, but with some reservations. The following points were raised:

1. Risk is important – a 'step change' in practice means greater risk, which in turn suggests that the Register should be annotated.

2. Are we only looking at named awards? What is the definition of a qualification? Education and training undertaken by registrants included self-directed study, professional body delivered programmes, as well as programmes delivered by Higher Education Institutions (HEIs).

3. Should we be looking beyond 'qualifications' and think instead about the acquisition of skills and competencies?

4. A recognition that a significant amount of profession specific work would need to be done. A recognition also that the area of post-registration qualifications is the domain of the professional body, an area that doesn't necessarily affect public protection.

5. Situations sometimes arose where an employee is asked to undertake tasks which they feel would be dangerous to service users given their training. However, it was also suggested that the standards of conduct, performance and ethics already gave clear information on these types of situation.

6. Clinical governance and other frameworks exist to mitigate risk in any event.

7. The issue of registrants undertaking advanced practitioner roles was raised. Some participants said that the titles used by such practitioners could be confusing to members of the public.

8. We need to think about any possible impact on independent practitioners who have less opportunity to develop.

9. Some benefits and disadvantages were identified:

Benefits: The following benefits were identified:

Marking the Register would:

- recognise expertise;
- provide reassure to service users; and
- ensure comparable standards across education and training providers which would mitigate risk.

Disadvantages: The following disadvantages were identified:

- There was a danger of restricting unnecessarily the practice of other competent professionals.
- Any proliferation of titles could be confusing to members of the public.
- Marking the register could create elitism which could be detrimental to service users.
- We needed to avoid unnecessary restriction of practice.

10. There was recognition that professionals across different regulators often perform the same functions.

How appropriate are the indicative criteria? Are there any additional criteria?

There was overall agreement with the indicative criteria, with some reservations. The following points were raised:

1. We needed to look beyond ‘formal qualifications’.

2. One participant said that the criteria, as currently written, could be seen as negative and might be developed further. The criteria should focus more on effective practice and giving more information to the public, taking into account public expectations.

3. We needed a simple process which could accommodate change and cost effectiveness.

4. There should be less focus on restriction, more on recognition of expertise.

5. There were problems with restricting function as different professions often performed the same tasks.

Should post-registration qualifications be directly approved by HPC (as for pre-registration programmes?) If not, how else might they be approved?

There was no overall agreement that there should be direct approval of post-registration qualifications. The following points were made:

1. Direct approval might be necessary to ensure consistent application of standards. Problems could arise with delegation of responsibility.

2. There was recognition that, in some areas, there was more than one body that represented the interests of the profession.

3. Other suggestions were that the HPC should enter into partnership working arrangements with the professional bodies but should 'rubber stamp' the approval.

4. A point was raised about removing annotations if, over time, the area had become embedded in pre-registration education and training.

Should HPC produce standards of proficiency for use in approving post-registration qualifications?

There was overall consensus that standards would be necessary but that the HPC would need to build on existing standards, frameworks and external reference points– e.g. Quality Assurance Agency and professional body standards and frameworks. The following points were made:

1. There was overall agreement that the generic/ profession-specific structure of the existing standards of proficiency should be retained.

2. The relationship of the threshold standards to the standards for advanced levels of practice would need to be explored.

3. Some qualifications change your role but do not increase the risk to members of the public.

4. The implications for failing to meet standards needed to be looked at.

5. It was reiterated that public protection and risk to members of the public should be the primary consideration.

What existing post-registration qualifications are there and how far do they meet the indicative criteria? Should they be annotated on the HPC Register and if so, why?

A number of qualifications or roles were identified. These included:

1. Practitioner Psychologists
    - Psychologists who specialise in psychotherapy
    - Clinical neuropsychologists

2. Chiropodists and podiatrists
    - Fellowship of Podiatric Surgery
    - Advanced qualification in foot health care

3. Art, music and drama therapists
    - Lists of approved supervisors held by professional bodies

4. Clinical scientists
    - Membership of the Royal College of Pathologists

5. Dietitians
    - British Dietetic Association are putting together a case for some extension of prescribing rights or exemptions from the Medicines Act for dietitians

6. Paramedics
    - Paramedic Practitioner (sometimes known as Emergency Care Practitioner)
    - Critical Care Paramedic
    - Forthcoming consultation on extending non-medical prescribing to paramedics

7. Occupational therapists
    - Approval as an Approved Mental Health Professional

8. Operating Department Practitioners
    - Advanced surgical care practitioner

This is not intended as an exhaustive list.

Attendees

Representatives from the following organisations attended the meeting:

Association for Perioperative Practice
Association of Clinical Scientists
British Association of Art Therapists
British Association of Drama therapists
British Dietetic Association
British and Irish Orthoptic Society
British Paramedic Association
British Psychological Society
Chartered Society of Physiotherapy
College of Occupational Therapists
Council of Deans
Institute of Biomedical Science
Institute of Chiropodists and Podiatrists
Neuropsychologists UK
Royal College of Speech and Language Therapists
Society and College of Radiographers
Scottish Government Health Directorate
Society of Chiropodists and Podiatrists

Three HPC visitors, three members of the HPC Council and 6 members of staff also attended.

Appendix 2: Information on podiatric surgery and neuropsychology

This appendix provides the Committee with further information on two post-registration qualifications that the Executive proposes should be priorities for consideration as qualifications which lead to annotations on the Register.

Podiatric surgery has previously been discussed by the Committee on several occasions in the context of post-registration qualifications. The Department of Health has identified neuropsychology as a post-registration qualification for practitioner psychologists which could be annotated on the HPC Register.[1]

Podiatric surgery

What is podiatric surgery?

The following is the definition of podiatric surgery taken from the website of The Society of Chiropodists and Podiatrists website:

'Podiatric Surgery is the surgical treatment of the foot and its associated structures. It is carried out by a Podiatric Surgeon, usually as a day case procedure and often under local anaesthetic. A Podiatric Surgeon manages bone, joint and soft tissue disorders.'[2]

Many foot problems do not require surgical treatment. However, where a condition is persistently painful or where the foot is deformed, surgery may be the best treatment. Podiatrists may treat a number of problems including bunions, arthritic conditions or damage to the joints in the arch of the foot, corns and bone spurs. In some of these cases patients may respond best to non-surgical treatment, whilst in others surgery may be required.

Training to be a podiatric surgeon

A person normally qualifies as podiatric surgeon via the following route:

- HPC approved pre-registration bachelors degree leading to HPC registration as a chiropodists / podiatrist.
- A minimum of one year post-registration practice.
- A masters programme in the theory of podiatric surgery.
- A minimum of two years surgery training following completion of the qualification.

[1] Health Care and Associated Professions (Miscellaneous Amendments and Practitioners Psychologists) No 2 Order 2008: a paper for consultation, page 17 http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_081518

[2] The Society of Chiropodists and Podiatrists, http://www.feetforlife.org/foot_health/surgery.html

- Successful completion of the two years surgery training leads to Fellowship of the Society of Chiropodists and Podiatrists Faculty of Podiatric Surgery.

Fellowship of the Faculty of Podiatric Surgery is recognised by employers in the NHS and elsewhere as a requirement for positions as a podiatric surgeon. Someone successfully passing the requirements above is eligible to apply for specialist registrar in podiatric surgery posts in the NHS.

The masters programme in the theory of podiatric surgery is joint validated by the Royal College of Surgeons, Edinburgh. It includes modules in anatomy, physiology, medicine and pathology, podiatric biomechanics and diagnostic imaging. It is currently taught at three education providers.

The two year training post involves the candidate rotating through NHS podiatric surgery departments under the supervision of an NHS consultant podiatric surgeon. Candidates undertake the training alongside completing the masters in the theory of podiatric surgery.

Consultant podiatric surgeons

Further training is required in order to be eligible for Consultant Podiatric Surgeon posts. The training from start to becoming a consultant is approximately 10 years or more. There is therefore a distinction between completion of the qualification conferring fellowship of the Society and becoming a Consultant Podiatric Surgeon.

In order to become a Consultant Podiatric Surgeon, an individual must complete a three year Specialist Registrar post and submit a log book to the Faculty of Podiatric surgery for the award of the Certificate of Completion in Podiatric Surgical Training (CCPST). The CCPST then allows individuals to apply for consultant podiatric surgery posts.

Employment

Podiatric surgeons work both within the NHS and in private practice in private hospitals and elsewhere. There are also a number of podiatric surgery units led by Consultant Podiatric Surgeons. Consultant podiatric surgeon is a title which has been used by the NHS for at least ten years. There is some inconsistency in employment over the home countries, as Scotland had, as of December 2009, no podiatric surgeons employed within the NHS.

Existing governance and regulation arrangements

As outlined above, all podiatric surgeons will be registered with the HPC as a podiatrist and therefore subject to the standards that HPC sets. This includes the requirement that they must only work in the areas of practice where they have the skills, knowledge and experience to practise safely. All podiatric surgeons working within the NHS are expected to adhere to the NHS’s standards and clinical governance frameworks.

Podiatric surgeons are now subject to inspection by the Care Quality Commission (CQC). This is because the Private and Voluntary Health Care (England) Amendment Regulations 2008 have changed the definition of an 'independent hospital' for the purposes of registration under the Care Standards Act 2000. This means that private podiatry practises carrying out podiatric surgery can be inspected by the CQC.

All surgical procedures carried out by a health professional are considered 'regulated activity' which must be registered with the CQC. This excludes:

- Minor nail bed procedures on the foot by a healthcare professional (for example, a podiatrist) under local anaesthesia.
- Minor surgery under local anaesthesia, often referred to as 'lumps and bumps' and comprising curettage, cautery or cryocautery of warts, verrucae and other skin lesions, carried out by a doctor or, if they are on the foot, by any healthcare professional.

This means that podiatric surgeons who are working in private practice would be required to register with CQC (those working within the NHS would already be registered through their employer) and meet the standards met by CQC.

The Society of Chiropodists and Podiatrists has an on-line facility which allows members of the public to find a HPC registered podiatrist who is qualified as a podiatric surgeon and is a member of the Society's Faculty of Podiatric Medicine.

However, as identified above there may be some podiatric surgeons who are practising without the podiatric surgery qualification. In addition, stakeholders have raised concerns about the absence of standards and quality assurance by the HPC and the potential risk to the public.

Neuropsychology

What is neuropsychology?

The following is the British Psychological Society's (BPS) definition of Neuropsychology.

'Neuropsychology is concerned with the assessment and rehabilitation of people with brain injury or other neurological disease. Neuropsychologists work with people of all ages with neurological problems, which might include traumatic brain injury, stroke, toxic and metabolic disorders, tumours and neuro-degenerative diseases.'[3]

Training in neuropsychology

The BPS runs two qualifications in neuropsychology. One qualification is in adult clinical neuropsychology whilst the other is in paediatric clinical neuropsychology.

Individuals who want to undertake the adult clinical neuropsychology qualification must demonstrate that they:

[3] The British Psychological Society, http://www.bps.org.uk/careers/society_qual/clin_neuro.cfm

- have acquired the Graduate Basis for Chartered Membership (GBC) with the British Psychological Society; and
- are registered as a Clinical Psychologist with the Health Professions Council (HPC).

Individuals who want to undertake the paediatric clinical neuropsychology qualification must demonstrate that they:

- have acquired the Graduate Basis for Chartered Membership (GBC) with the British Psychological Society; and
- are registered as a Clinical Psychologist or as an Educational Psychologist with the Health Professions Council (HPC).

Qualifications in neuropsychology

The BPS offers the Practitioner Full Membership Qualification (PFMQ) which accords eligibility for Practitioner Full Membership of the Division of Neuropsychology.

The objective of the qualification is to establish a standard of practice in clinical neuropsychology which will assure possession of the essential skills and underpinning knowledge for the expert and professional application of psychology in this field.

Candidates must elect to undertake the Membership Qualification in one of its two forms (either adult or paediatric clinical neuropsychology) or they may opt to work towards both disciplines via dual qualification.

The BPS offers an independent route which is based on gaining experience within a suitable role with appropriate supervision from a chartered psychologist. Alternatively, individuals can complete qualifications in neuropsychology. Several education providers run qualifications. They are:

- University of Glasgow, PGDip/MSc in Clinical Neuropsychology;
- Institute of Psychiatry, PGDip in Applied Clinical Neuropsychology;
- University of Nottingham, PGDip/MSc in Clinical Neuropsychology; and
- University College London, PGDip/MSc in Clinical Paediatric Neuropsychology.

Successful completion of the PGDip qualifications offered above meet the underpinning knowledge requirements for Practitioner Full Membership of the Division of Neuropsychology. Successful completion of the MSc programme fulfils both the underpinning knowledge and the research requirements for Practitioner Full Membership of the Division of Neuropsychology. The research requirements can include a research report and a research log.

Employment

Neuropsychologists are employed both within the public and private sector in a variety of areas including the NHS, rehabilitation centres and community services. They are often working with the early effects of trauma, neurosurgery

and neurological disease. When working in rehabilitation centres they often work within a multidisciplinary team which aims to maximise recovery and minimise disability.

Existing governance and regulation arrangements

Many neuropsychologists may already be registered with the HPC as either clinical psychologists or educational psychologists. They would therefore be subject to the same requirements as podiatric surgeons to practise only where they have the skills, knowledge and experience to practise safely.

Alternatively, they may have a qualification which would enable them to register in either domain but choose not to do so as they are working as a neuropsychologist and therefore not using a protected title. They are likely however, to be members of the Division of Neuropsychology run through the BPS and would therefore be subject to those standards.

Neuropsychologists working within the NHS would also be subject to the NHS's standards and clinical governance frameworks.

Members of the public interested in finding a neuropsychologist can search the BPS' list of members of the Division of Neuropsychology. The BPS is currently exploring establishing a voluntary register for neuropsychology. The Committee will be kept updated on progress in this area.

However, not all individuals working as a neuropsychologist within the UK will be registered as a clinical or educational psychologist or members of the BPS Division of Neuropsychology. It is recognised that some neuropsychologists who have trained overseas do not have training which covers the full range of competences for clinical or educational psychologists and therefore have a reduced scope of practice.[4] In addition, stakeholders have raised concerns about the lack of standards or quality assurance by the HPC and the potential impact on public protection.

[4] Health Care and Associated Professions (Miscellaneous Amendments and Practitioners Psychologists) Order 2009: consultation report, pages 11-12
http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_095923