Education and Training Committee – 10 March 2020

Review of the process to approve podiatric surgery programmes

Executive summary and recommendations

Introduction

This paper is intended to review the programme of work undertaken to approve podiatric surgery training programmes. It provides:

- background and context to the professional area;
- identifies and comments on the emerging themes from assessments of programmes; and
- provides the Executive's view on the overall results and specific outcomes of the programme of work.

Decision

- The Committee is asked to discuss this paper. No decision is required.

Background information

- Annotation of the Register – qualifications in podiatric surgery (Education and Training Committee, 8 March 2012)
- Annotation of the Register – qualifications in podiatric surgery (Council, 10 May 2012)

Resource implications

- None

Financial implications

- None

Date of paper

28 February 2020

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Contents

Introduction

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Section 1: Background and context

HCPC powers to annotate the Register

The HCPC has powers to annotate entries in the Register. These powers are set out in the Health and Social Work Professions Order 2001 ('the Order'), and mean that we can do the following:

- record post-registration qualifications or additional competencies in the Register;
- approve post-registration qualifications;
- set standards of education and training for post-registration qualifications; and
- set standards of proficiency (or their functional equivalent).

What is podiatric surgery?

Podiatric surgery is the surgical management of the bones, joints and soft tissues of the foot and associated structures. The conditions treated can include problems caused by bunions, arthritis, toe deformities and inflammation of the tissues of the foot.

In March 2012, the Committee agreed that the practise of podiatric surgery was significantly beyond that of a podiatrist at entry to the Register, and that the Register should be annotated[1]. They noted that in particular, annotation would build on existing systems by allowing independent oversight of training. In May 2012, Council agreed in principle to annotate the Register[2].

Annotation of the Register was intended to improve the way in which risks are managed for the following reasons:

- annotation would enable specific standards to be set for podiatric surgery training and practice;
- training programmes would be approved linked to the annotation, providing independent quality assurance;
- annotating the Register would provide information to members of the public about who had completed recognised, approved training in this area, supporting informed choices;
- the HCPC would be able to consider fitness to practise matters related to those practising in this area via the fitness to practise process.

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[1] Annotation of the Register – qualifications in podiatric surgery (Education and Training Committee, 8 March 2012)
[2] Annotation of the Register – qualifications in podiatric surgery (Council, 10 May 2012)

The annotation went live on 31 January 2020. We use the term 'podiatrist practising podiatric surgery' to describe a registered chiropodist / podiatrist who has completed a qualification in podiatric surgical practice and whose entry is annotated on the HCPC Register.

Pre-annotation expectations about training in podiatric surgery

As part of their pre-registration training, chiropodists / podiatrists are taught to be able to carry out surgical procedures for skin and nail conditions. Podiatric surgery training significantly extends a podiatrist's scope of practice into a wider range of invasive procedures involving the foot.

Prior to HCPC-approval of podiatric surgery programmes, a podiatrist would usually qualify to practise podiatric surgery by undertaking the following:

- an HCPC approved chiropodist / podiatrist programme, leading to eligibility to apply for registration (normally a three-year BSc degree with honours);
- at least one year's post-registration clinical practice;
- a Masters degree in the theory of podiatric surgery;
- a minimum of two years surgical training to achieve fellowship of the Faculty of Podiatric Surgery of the College of Podiatry (COP);
- competitive entry to specialist Registrar training posts; and
- normally a further three years of surgical training, leading to the successful award of the Certificate of Completion of Podiatric Surgery Training (CCPST) by the COP. This would confer eligibility to apply for consultant posts within the NHS.

Pre-annotation podiatric surgery workforce

Most podiatrists practising podiatric surgery work within the National Health Service (in England), with some working for independent healthcare providers and a small number practising privately. For those who practise privately in England (eg outside of an independent hospital), separate registration with the Care Quality Commission (CQC) as a service provider is a mandatory requirement.

One of the reasons for annotating the Register is to provide information to members of the public about those practitioners who have undertaken recognised, quality assured training, in order to better allow them to make informed choices.

Podiatric surgery is an existing extension to scope of practice, with an existing recognised training route, that has been in place for a significant number of years. There are therefore already in practise several podiatrists who will have completed training in the past and who will in many instances have been employed as consultants in the NHS in England for several years.

For any annotation to be meaningful, the Council decided that it would be necessary to annotate those podiatrists who have completed recognised training in the past. It was also necessary to put measures in place to ensure that someone who was part way through completion of the CCPST at the point that annotation was introduced would have mechanisms available to them to have their entry in the Register annotated when they finish.

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Annotating existing practitioners

The COP considered that it would be unlikely that the CCPST qualification would meet all of the HCPC's education standards in full, as it had not been required to meet those standards in the past. This raised doubts about how appropriate it would be to annotate the registration of those who completed this qualification in the past. The COP further noted that it would need to consider the long-term viability of the programme considering the publication of the HCPC's education standards.

When discussing how to annotate existing practitioners with the COP, we discussed the potential for them to deliver some kind of AP(E)L process which would verify the standard of existing practitioners to allow them to be annotated. The COP suggested a portfolio assessment to verify the standard of existing practitioners and their suitability for annotation. This was suggested on the basis that a similar process was undertaken when the current certification arrangements were introduced.

Through further discussions, the COP noted that it was committed to continuing to deliver the CCPST and to making any changes as may be required to ensure that it comes up to the required regulatory standard going forward.

Development of standards

In 2014, the Committee agreed that it would consult on and publish standards. In 2015, the standards for podiatric surgery were published. These standards have two purposes:

- They set out the systems and processes that an education provider delivering training in podiatric surgery must have in place in order to deliver the training safely and effectively.
- They also set out the knowledge, understanding and skills that a registered chiropodist / podiatrist must have when they complete their podiatric surgery training and which they must continue to meet once in practice.

As the Committee and Council previously agreed to set the point of annotation at the level of completion of the CCPST or its equivalent, the standards of proficiency were developed at this level. The standards were developed in partnership with a group of stakeholders.

Section 2: HCPC assessment of programmes

The Committee decided that it would not make a final decision about annotation (of existing practitioners or those newly qualified) until the HCPC visited proposed training programmes (including some way of annotating existing practitioners) and assessed them against the standards.

In 2015, we had applications to approve programmes at two education providers, one in England and one in Scotland. These programmes were both in existence as routes to practice prior to the HCPC's decision to annotate.

As this area of practice is advanced and specialised, there is a significant amount of learning and training undertaken by chiropodists / podiatrists to practise effectively. The programmes that were proposed to the HCPC for approval took learners at the point

that they started their 'further three years of surgical training'[3]. This meant that the proposed programmes had strict and exclusive admissions criteria, including undertaking theoretical components prior to commencing the programme of study that would lead to annotation.

Programme in Scotland

This programme was a joint programme owned and managed collaboratively between Queen Margaret University (QMU) and NHS Education for Scotland (NES).

Through the approval process, significant issues were identified with the programme meeting regulatory standards and expectations, and we decided that we would need to conduct a further visit to consider these issues. At this point, QMU and NES decided to stop the process, so they could reconsider how their proposal aligned to the HCPC standards.

This resulted in a new proposal coming solely from QMU (albeit with NES as a key partner), which we considered in the 2016-17 academic year. We set conditions to be met before this programme was approved, which the education provider met. This programme was approved for delivery from March 2017.

UK wide programme, including proposals to annotate the existing workforce

Initially, we worked with the COP on approving their proposed training programme. As a result of pre-visit discussions aimed to help the education provider to understand what meeting regulatory requirements would entail, the COP decided to not directly pursue approval of their programme.

Instead, the COP worked with the University of Huddersfield to develop a training programme, and a process to annotate the existing workforce. These programmes were supported by Health Education England (HEE).

Following assessment of these programme, we decided that they would need to meet conditions to gain approval. They were then were required to provide a second conditions response as not all issues had been addressed by the first. Our partner visitors then recommended that the programmes were not approved, as they considered that the conditions were not met through the second conditions response. The Committee then considered this recommendation, alongside information from the education provider, and decided that the conditions had been met, and that the programmes should be approved. These programmes were approved to run from January 2020 (training programme) and September 2020 (annotation programme).

[3] As referenced in the Pre-annotation expectations about training in podiatric surgery section of this paper

Section 3: Themes identified through assessments

The intention of this paper is not to go through programme level issues presented through the approval process is forensic detail. Rather, we have undertaken a thematic review of challenges faced in order to have programmes approved.

Working with stakeholders

This professional area is by nature complex. It has grown organically and is having a regulator retrospectively apply an annotation. Most stakeholders were new to working together, on working to HCPC requirements, and those requirements (the proficiency standards) were new in themselves.

This all led to challenges through the process, from a practical and assessment perspective. The HCPC Executive aimed to ensure a collaborative and supportive process when engaging with education providers proposing podiatric surgery programmes. However, it should be noted that the recent improvements to the approval process[4] were not in place at the time of any of the approval visits. Although it is not clear whether this had any direct impact on the assessments or outcomes, this led to a more ad hoc approach to support.

Ownership

Many of the conditions set for the first version of the programme in Scotland linked to ownership of the programme, particularly who was responsible for specific areas of and overall delivery. How Queen Margaret University (QMU) and NHS Education Scotland (NES) would work together on the programme, and who had overall responsibility was at times defined in the documentation, but was not well understood by the stakeholders present at the approval visit. This issue was central, and needed unpicking from all levels of the programme, including delivery, practice-based learning, management, and governance. Programme ownership needed a fundamental rethink, which was the primary reason that the first version of this programme withdrew from the process. When the programme was presented again by QMU as the sole education provider, many of the major ownership issues had been worked through. Although there were still some remaining issues, these were more operational (for example who would be involved in applicant selection, and how communication relating to specific aspects of the programme would work).

The COP supported the development of the UK wide training route through the University of Huddersfield. The COP were not intended to be formally involved in the delivery of this programme, but sometimes their involvement in helping to set the programme became confusing while assessing it. Some parts of the programme were based on the COP's discontinued route (for example, the curriculum and how placement arrangements worked), and so references were made to out of date processes and outside organisations that were not involved in programme delivery. There were also instances where the COP would provide direct support to the ongoing running of the programme. Here, lines became blurred about who was making

[4] For example, structured evidence and information gathering at an early stage, working with providers at specific points in the process to address queries and to explain our requirements.

decisions about aspects of the programme, such as auditing of practice-based learning, and ensuring practice staff were appropriately qualified. These issues were worked through in conditions responses, and the programme was able to align to our standards. The issue with ownership here was linked to the readiness of this programme (discussed in more detail later in this section).

Reliance on the medical training model

The first version of the programme in Scotland referred to General Medical Council (GMC) requirements and examinations. The programme (which was running at the time of assessment) was based on a medical model of training, which is supported by the GMC's quality assurance approach. This approach includes the GMC working directly with medical schools, postgraduate bodies, local education providers, and Royal Colleges and faculties in a wide programme of quality assurance, holding different organisations responsible for different aspects of training. HCPC's quality assurance model is different, with our focus entirely on the education provider and programme. We ensure that the education provider is responsible for and appropriately manages all aspects of training. The misunderstanding of the HCPC's regulatory model led to gaps in quality assurance, which were assumed by the programme to be covered by the regulator. When this programme was brought back, these issues had been addressed.

Informality of arrangements for practice-based learning

Linked to the issues about reliance on the medical training and quality assurance model, the first version of the programme in Scotland did not have arrangements in place to quality assure or manage the practice-based learning elements of the programme. This issue impacted on many of the standards linked to practice-based learning, as the education provider could not demonstrate how they were responsible for quality assurance or audit of practice-based learning. In the second version of this programme, similarly to the issues relating to ownership, issues relating to practice-based learning became less fundamental and more operational (for example formality of feedback mechanisms to improve the programme, and how gaps in placement staff knowledge would be filled).

Reliance on a previous qualification to demonstrate theoretical knowledge

Both programmes required completion of a specific prior qualification (a Masters degree in the theory of podiatric surgery), which would form the foundation of the theoretical knowledge required by the programme of training. Whereas this requirement can align to meeting our regulatory standards, we need to be confident that the education provider takes reasonable assurances that this prior learning sets up individuals to undertake the programme seeking approval. If effective scrutiny of prior learning does not take place, there is a risk that trainees would not have the underpinning theoretical knowledge required to undertake the programme. For these programmes, trainees are in practice-based learning environments for most of their training. Therefore, ensuring that admissions policies were sound was essential for maintaining public protection.

For the UK wide training programme, the reliance on a prior qualification led to some issues with the integration of theory and practice, as we could not see how certain practice experience would be integrated back into academic learning.

Readiness to interact with the HCPC process

For the UK wide programmes, linked to the questions about ownership, some practical aspects of the programme had not been worked through to the extent required for us to be satisfied that the standards were met. These particularly related to the detail of how the programme would run, for example the virtual learning environment (VLE) (which due to the majority of the programme taking place in the practice environment formed a significant part of the programme's delivery) was not fully developed at the time of the visit. There were also aspects of the programme that were in place, but related HCPC requirements (including the level of detail required) were not understood by the education provider. For example, the curriculum was in place, but was not mapped to the proficiency standards in the granular level of detail required for us to make an assessment. These kinds of issues may have been ironed out before the documentary submission if the recent improvements to the approval process were in place at the time. In this case, the education provider was able to address these issues through the process.

Not requiring the annotation programme to meet standards related to practice-based learning

As part of the visit to the UK wide programmes, the visitors assessed whether the annotation programme could be exempted from practice placement standards. After scrutiny, visitors concluded that the programme could be exempted as:

- the education provider demonstrated through the documentary submission and discussions at the visit that it is not a taught programme;
- no additional training could be undertaken once candidates had been admitted to the programme, and no advice or guidance would be provided by the education provider which could constitute a learning plan
- the assessment of candidates is completely retrospective; and
- applicants to the programme must have worked in an appropriate surgical training environment, which will be demonstrated through the admissions process.

The Committee agreed to this approach, which shows that the HCPC's standards were applied flexibly, and as appropriate to the situation.

Portfolio assessment for the annotation programme

For the annotation programme, there were certain competencies that the visitors considered could not be effectively assessed via a portfolio assessment. These related to specific surgical skills, and was a fundamental issue for the visitors in accepting the proposed approach by the education provider.

In making their decision about whether to approve this programme, the Committee considered that the intention of this assessment was to provide a mechanism to assess podiatrists currently practising podiatric surgery to access an annotation on their HCPC registration record, rather than to establish clinical competence for the first time. Therefore, requiring observed practice as part of the programme was not required to meet the standard. They also noted that entrance to the programme requires fellowship of the professional body, which in itself involved observed practise, and that candidates currently practice in highly regulated environments, and evidence of this needs to be provided through the portfolio. The Committee therefore decided this approach to assessment was not a barrier to the programme being approved.

Visitor requirements not matching HCPC requirements

For the UK wide programme, there were certain elements where the visitors applied a high threshold for being satisfied with the education provider's approach to meeting the standards. The rationale for this was broadly consistent in principle with the nature and complexity of training being delivered. However, the application of this approach led the visitors to set requirements that went beyond the original conditions they had set during the process. It also meant at times requiring a level of evidence beyond what would normally be expected as reasonable, even when factoring in the nature of training being assessed.

For the annotation programme, the visitors required the same level of assessment to be undertaken for those already in practice to those practising for the first time. This was despite the education provider having developed a robust portfolio assessment, which included information about ongoing practice in highly regulated environments. Importantly, the visitors' position on this matter was also fundamentally at odds with the Committee's intention regarding the annotation route:

- that it should provide a reasonable and proportionate measure of an individuals' ability to meet the relevant proficiency standards, as a requirement to receive the annotation;
- and in doing so, bring a registrant group, that was already practising in a high-risk area, under a further regulatory envelope, to increase the regulator's powers and therefore enhance protection of the public.

The visitors recommended that both UK wide programmes should not be approved as they considered conditions were not met, but the Committee decided to approve them, primarily for the following reasons:

- the visitor's outstanding issues were not related to the original condition;
- issues were related to standards that had previously been met;
- podiatric surgery programmes do not required a higher level of assurance than other HCPC approved programmes;
- information provided by the education provider had exceeded the level usually required to meet HCPC standards at a threshold level; and
- HCPC monitoring processes would pick up any issues with how the programme was running.

The programmes being approved by the Committee, although against the recommendation of the visitors, shows good governance. The Committee was able to come an independent view on complex issues, and make reasoned decisions with the evidence presented to them.

Section 4: Results and outcomes

The landscape of training to become a podiatrist practising podiatric surgery has not changed significantly, at least at face value. The requirements to commence the training programmes remain the same, and applicants are still supported in the same way by their employer. There also continues to be a training route in Scotland, with the

qualification awarded by the same institution. A route in England is also still in existence, and although the education provider is different, the previous awarding institution (the professional body) still provides support to this training route.

With the Committee's decision to annotate the Register, our interventions have improved the quality of training, and this is prior to the annotation going live. If we assume that alignment to our standards makes for better programmes, our assessments and requirements have required significant improvements, which have been made by education providers (as noted through section 3). There were areas where we did not require improvements, however in undertaking the assessment, we can provide greater clarity to the wider public about the quality of the training arrangements. As we have undertaken detailed and robust assessments of the approved programmes against our standards, we can now take confidence that the approach of each training route ensures delivery of the proficiency standards. This means that everyone who completes an approved programme is fit for the annotation.

Ensuring that the existing workforce is annotated improves public confidence in the annotation. Following our assessment and the Committee's decision, we can be confident that there is a robust and proportionate route to annotate existing practitioners. This route is not overly burdensome for individuals, but will apply a reasonable level of scrutiny to ensure that the annotation is only given to those with an appropriate level of knowledge and skills.

Broadly, bringing this group into regulation specific to the role will allow the HCPC to ensure training is of a high standard, and to take action specific to related proficiency standards. The approval assessments have ensured that appropriate training routes are in place to allow individuals to become annotated.

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