

Standards of Proficiency and the Renewal of Registration

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Introduction

This note is by way of clarification of the comment in my report of January 2003 on safe and effective practice that “all registrants must continue to be able to meet the standards of proficiency required of a newly qualified practitioner in order to remain on the register.”

Renewal requirements

Article 10(2) of the Health Professions Order 2001 (the Order) requires every health professional, when renewing their registration, to:

- meets the conditions set out in Articles 9(2)(b) and (c) of the Order;
- meets any CPD requirements set under the Order; and
- if they have not practised since they were last registered, to complete any “top up” training specified under Article 19(3) of the Order.

Articles 9(2)(c) is simply the requirement to pay the prescribed renewal fee and therefore it is compliance with Article 9(2)(b) with which we are concerned here. That Article requires a person to satisfy the Education & Training Committee (ETC), which is responsible for the registration process, that:

“in accordance with the Council’s requirements mentioned in Article 5(2) that he is capable of safe and effective practice under the part of the register concerned”.

Article 5(2) in turn requires the Council to set:

“the standards of proficiency necessary to be admitted to the different parts of the register being the standards it considers necessary for safe and effective practice...”

and to prescribe:

“the good health and good character requirements” which establish that an applicant “is capable of safe and effective practice”.

Applying these requirements

The Order makes no provision for re-validation of health professionals when they renew their registration and thus a “lighter touch” regime is envisaged. In practice, the process is likely be self-policing to a large extent, requiring the applicant to sign a declaration to the effect that either:

- he or she is still currently in practice, has met any CPD requirements and meets the proficiency and health and character requirements, or
- he or she has not been in practice but meets all those requirements and has completed any “top up” training requirements.

As noted in previous reports, whether a person is practising as a health professional is a question of fact and those in education, management or research may be regarded as being in practice for this purpose.

In the same way that a person who on being first registered is assumed to meet the standards of proficiency by holding an approved qualification which attests to those standards, so a health professional’s declaration at renewal should be accepted as accurate unless there are good grounds to doubt it. The declaration should be made on a form which contains a warning that fraudulently procuring the renewal of a register entry is a criminal offence.

Obviously, the Council will wish to put some form of audit mechanism in place to verify that the renewal system is sufficiently robust, but the need to be “satisfied” that an existing practitioner continues to meet the standards of proficiency should not be an unduly onerous requirement. Once the CPD scheme is in existence, although it is not a measure of continuing competence, it will assist those who are in practice but perhaps not involved in the day to day treatment of patients to show that they meet the continuing competence requirement.

If there reasonable grounds to believe that a person has made an inaccurate declaration then further enquiries may be made and if that person cannot satisfy the ETC that they meet the standards of proficiency, then ultimately disciplinary proceedings or a criminal prosecution may follow.

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