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## Consultation on the revised threshold level of qualification for entry to the Register (SET 1) for Operating Department Practitioners

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### Executive Summary

Increasing the Register entry threshold for Operating Department Practitioners has been a consideration for the HCPC since 2014, and was recommended by the Council of Deans of Health in a 2013 [position statement](#).

Whilst evidence shows that the role of Operating Department Practitioners has developed, there is a considerable difference across the UK that requires careful consideration and consultation with stakeholders.

This paper proposes that the HCPC launches a consultation on revising the level of qualification for entry to the Register (SET 1) for Operating Department Practitioners

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Previous consideration	At its November 2020 meeting, the Education and Training Committee recommended the consultation documents to Council.
Decision	Council is invited to discuss these documents and approve the consultation for publication.
Next steps	If approved by Council, we will begin our consultation in January 2021.
Strategic priority	The strategic priorities set in 2018 are no longer current. We are developing a new strategy that we aim to confirm at the end of 2020.
Financial and resource implications	There are no additional resource or financial implications associated with this work. The increase to the threshold for ODP SET 1 is already factored into existing work plans.
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## Consultation on the revised threshold level of qualification for entry to the Register (SET 1) for Operating Department Practitioners

### 1. Introduction

1.1 The current threshold for ODPs is Diploma of Higher Education (Dip HE). This equates to Level 5 in the Framework for Higher Education Qualifications (England, Wales and Northern Ireland) and Level 8 in the Scottish Credit and Qualifications Framework. This consultation will proposed that that SET 1 for ODPs should be increased from diploma level to degree level (that is, a move from Level 5 to Level 6 for FHEQ and from Level 8 to Level 9/10 for SCQF).

### 2. Case for change

2.1 Our case for change is set out in the consultation documents. As a summary, our stakeholder engagement has highlighted the growth of the role of ODPs and their increasing complexity of these roles– particularly in England – and their support for increasing the threshold for SET 1. We receive a large number of enquiries from ODP registrants about their expanding scope of practise and have also seen ODPs being asked to perform a wide range of tasks during the response to COVID-19.

### 3. Four Country variance

3.1 The HCPC has monitored the position for ODPs over recent years, and at ETC in June 2020, we [presented findings](#) from a survey for education providers on the provision of ODP education and their support for increasing the threshold to BSc Hons. The survey made clear that there was a significant difference between providers in England and the single provider in Scotland, the University of West Scotland. The papers discuss the Scottish position in detail and highlight the pre-consultation discussion held with stakeholders.

3.2 We are mindful of the impact the proposal may have on a four-country level and our consultation survey will include specific questions to collect four country nationality about respondents to further inform the impact assessment of the proposals. The consultation will also seek information about the kinds of support we can provide to stakeholders if the increase is made.

### 4. Consultation timeframe

4.1 We propose taking the documents to public consultation from 18 January 2020 to 9 April 2020. The consultation analysis and, depending on the response, a proposal to change the SET 1 level will be presented to the Education and Training Committee in June and the Council in July 2020.

## **5. EDI**

5.1 An equality diversity and inclusion impact assessment has been undertaken to accompany the consultation. This can be found at appendix D.

## **6. Risk**

6.1 As discussed above education provision, workforce planning and funding mechanisms specific to Scotland mean that this proposal may have a different impact across the four nations. We are confident that stakeholder engagement before and after the public consultation will mitigate risk and ensure a uniform and beneficial approach across the UK.

6.2 Ensuring that the threshold level for entry to our Register is right and supports safe practice is important to our remit of protecting the public.

## **7. Appendices**

7.1 The following appendices are attached to this paper:

- Appendix A - Update on public consultation on SET 1 for Operating Department Practitioners and initial stakeholder engagement
- Appendix B – Profile of pre-registration ODP programmes (as of November 2020)
- Appendix C – Consultation document
- Appendix D – Equality and Diversity Impact Assessment

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3 December 2020

## **Update on public consultation on SET 1 for Operating Department Practitioners and initial stakeholder engagement**

At June ETC we presented findings from a survey for education providers on the provision of ODP education and their support for increasing the threshold for ODP education to Degree level. The survey made clear that there was a significant difference between providers in England and the single provider in Scotland, the University of West Scotland.

This document provides a background to the SET 1 threshold for ODPs and the early engagement we have undertaken with stakeholders. It also highlights some of the significant issues we foresee going forward and sets out the plans for the public consultation on this issue.

### **Background to SET 1 for ODPs**

The first of the standards of education and training ('SET 1') sets out the threshold level of qualification required for entry to the Register for each of the professions we regulate. SET 1 does this by specifying types of academic awards.

Increasing the threshold for SET1 for ODPs is not a new matter. A 2014 paper to the HCPC's Education and Training Committee considered SET1 for ODPs and paramedics<sup>1</sup>. This followed a position statement from the Council of Deans of Health which stated that "the changes to ODP practice, changes to the clinical environment and new expectations for future roles suggest that there is a strong case to move the educational threshold from DipHE to BSc (Hons) on the grounds of patient benefit."<sup>2</sup>

In March 2018, we changed SET 1 for a profession for the first time; the education threshold for paramedics was increased from equivalent to Certificate of Higher Education to Bachelor degree with honours, following a public consultation.

The current threshold for ODPs is Diploma of Higher Education (Dip HE). This equates to Level 5 in the Framework for Higher Education Qualifications (England, Wales and Northern Ireland) and Level 8 in the Scottish Credit and Qualifications Framework.

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<sup>1</sup> While the professions were considered together, at that stage, the SET1 for ODP was not considered for change as very few of the programmes were being offered at the level of BSc. when the HCPC proposed increasing SET 1 for paramedics in 2018, 82% of education programmes were being delivered at the proposed threshold.

<sup>2</sup> <http://www.councilofdeans.org.uk/wp-content/uploads/2013/10/ODP-BSc-Threshold-position-20131030-final1.pdf>

## **Provision in Scotland**

As mentioned in previous governance papers, the standout issue in this process is the provision of ODP education in Scotland.

ODP education in Scotland was previously provided by Glasgow Caledonian University at the BSc level, with its first intake in September 2012. GCU announced that they would have their final intake in 2017 citing various reasons including the university's interest in focusing on research and ensuring academic coherence among its programmes.

Provision of ODP education went out on tender and the University of West Scotland was selected but only on Diploma level. The UWS has a five-year SLA to train ODPs for the Scottish NHS and begun the second year of the SLA in academic year 2020/21. This would mean the last cohort of Diploma level ODPs would graduate in 2025.

UWS is the only provider of ODP education in Scotland. The SLA guarantees between 57-65 graduates a year and the students are generally directly employed by health boards in Scotland while they study. Students employed by health boards will earn NHS Agenda for Change band 4 or 5 salaries while some health boards instead offer students work on a staff bank until qualification. As there are no tuition fees in Scotland, the funding for this comes directly from the health boards themselves and is supplemented by grants from the Scottish Government.

## **Stakeholder engagement to date**

Following on from our survey with education providers in May, we have had numerous discussions with stakeholders, with a special focus on stakeholders based in (or whose work focuses on) Scotland.

We have spoken to the College of ODPs, Association for Perioperative Practice, University of Cardiff, NHS Scotland and College of Deans of Health. Sonya Lam (in her capacity as a Council member) has spoken to representatives of NHS Education Scotland and been in email contact with a representative of the Scottish government.

The Scottish government representative noted the discussion the HCPC was having around SET 1 but still had to consult internally before responding.

## **Support for increasing threshold**

### ***In England and Wales***

The vast majority of respondents in England and Wales are in favour of the move.

Almost all providers in England and Wales (there are no providers in Northern Ireland) are very supportive of the move to BSc Honours. The single provider in Wales (the University of Cardiff) already provides at BSc only (having previously offered Dip HE) and its programme enjoys support from the NHS in Wales and the Welsh government.

HEIs in England support the move to BSc and are concerned that failing to increase the standard runs the risk of losing existing capacity to provide BSc Hons provision as Diploma courses undercut longer and more expensive courses. One education provider responding to our survey noted: “[the] variance in levels / approaches created an unsustainable open market approach / competition between education providers and unclear service workforce strategies.”

### ***In Scotland***

There is support for the status quo in Scotland, this is partly due to workforce pressures on health boards in Scotland and the need for more ODPs to enter the workforce. While the UWS’s provision of Dip HE only is likely to be phased out in the future, this move is not yet planned for.

### ***From professional bodies***

The professional bodies (CODP and AfPP) are understandably in favour of the increase in threshold and have been calling for this for some time. The key reasons for the support include:

- The continued growth of the profession requires ODPs to learn the kind of research and analysis skills which are not available at Diploma level.
- BSc includes various skills such as leadership, intravenous drug administration, venepuncture and all gender catheterisation not included in the DipHE.
- The role of ODPs has evolved quickly and in England in particular, ODPs are being asked to work in complicated settings and practise many different skills. There is a concern that without increasing the education standard, the Diploma will not equip ODPs for the work that will be expected of them.
- These skills are reflected in the upcoming revised SOPs so a lower threshold could hold back potential ODPs learning and exercising skills now being put into use in England.
- In 2011, the CODP’s own curriculum set the threshold BSc (Hons) degree level in England, Wales and Northern Ireland and non-honours degree level provision in Scotland.

## **Significant issues going forward**

### ***Scottish workforce***

There are comparatively few ODPs working in Scotland (despite its smaller population, there are more ODPs registered in Wales than in Scotland). We will have to carefully consider how increasing SET 1 could impact on the provision of ODP education in Scotland and what support UWS may require in making the transition. Another possibility is UWS declining to offer a BSc programme which would require the provision to go out to tender for a new provider, who we would also need to be support.

### ***Funding***

We will have to carefully work on the issue of affordability for Scottish health boards and the Scottish government (who are ultimately responsible for the costs of longer programmes).

### ***Implementation period***

This issue has been ongoing for several years and prolonging uncertainty can be damaging for the provision of the ODP courses across the UK.

A further long delay is also not desirable given the arguments of the HCPC, professional bodies and others that the provision of ODP education at Dip HE level is not in keeping with the increasingly complex tasks an ODP undertakes.

### ***Interests of ODPs***

While we have only had limited engagement with ODPs during this pre-consultation window, we are confident that there is support for this move from professionals.

While workforce and other considerations in Scotland are significant, it is important that the concerns of ODPs are taken into account, especially their concerns about the professional development of their profession and their career progression. The fact that Scottish ODP education was tendered out at Dip HE level also means that, where ODPs who are practicing in Scotland have attained higher qualifications, the ability for health boards in Scotland to make use of those skills is currently limited.

### ***Next steps***

We are preparing for the launch of the consultation on January 25<sup>th</sup> which will run to April 26<sup>th</sup>.

We will work with colleagues in our Communications team to ensure that the rollout of the consultation reaches key groups we are trying to target and that our messaging on the issue is clearly delivered.

We are confident that the response to the consultation will provide us with the information we need to decide on the right time and implementation of the increased threshold for ODP SET 1.

We are also aware that the discussions going forward are likely to be politically sensitive. To this end, we have briefed John Barwick and Jacqueline Ladds on further direct engagement with the Scottish government and other high-level stakeholders in Scotland.

## Profile of pre-registration operating department practitioner programmes

Figures correct as 23/11/20

**Table 1: All open approved programmes by type of award**

Type of award	Number of programmes	
Bachelors	0	0%
Bachelors with Honours	42	82%
Diploma of Higher Education	9	18%
<b>Total</b>	<b>51</b>	

**Table 2: All approved programmes by level of award<sup>1</sup>**

Level of award	Number of programmes	
Level 6/9/10	42	82%
Level 5/8	9	18%
<b>Total</b>	<b>51</b>	

**Table 3: All approved programmes by type of award and country**

Type of award	England	Scotland	Wales	NI
Bachelors	0	0	0	0
Bachelors with Honours	41	0	1	0
Diploma of Higher Education	8	1	0	0
<b>Total</b>	<b>49</b>	<b>1</b>	<b>1</b>	<b>0</b>

**Table 4: Summary of proposed new programmes by type of award\***

Type of award	Number of programmes	
Bachelors with Honours	6	100%
Bachelors	0	0%
Diploma of Higher Education	0	0%
<b>Total</b>	<b>6</b>	

\* All proposed programmes are in England

**Table 5: Summary of provision by provider and level**

Type of award	Number of providers	
Level 6/9/10 provision only	19	70%
Level 5/8 provision only	2	8%
Mixture of level 6 and 5 provision	6	22%
<b>Total</b>	<b>27</b>	

<sup>1</sup> Levels are from the Framework for Higher Education Qualifications and then after '/' the Scottish Credit and Qualifications Framework. Level 4/7 includes Certificates of Higher Education; Level 5/8 Diplomas of Higher Education and Foundation degrees; level 6/9/10 Bachelor's degrees.

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## 1. Introduction

### About this consultation

- 1.1 This consultation seeks the views of stakeholders on a revised threshold level of qualification for entry to the Register (SET 1) for Operating Department Practitioners (ODPs).
- 1.2 This document explains the current level for SET 1 for ODPs as well as the process for assessing the threshold and the argument for raising it.
- 1.3 The consultation will be of particular interest to HCPC registrants, professionals applying to be on the register, professional bodies, employers, education providers and stakeholders, legal representatives, and service users and carers.
- 1.4 The consultation will run from 25 January 2021 to 26 April 2021.

### About this document

- 1.5 This document is divided into 4 sections.
  - **Section 1** introduces the document.
  - **Section 2** provides background to the current threshold for SET 1 as well as outlining the discussions surrounding the threshold since 2014.
  - **Section 3** explains the consultation proposal and questions.
  - **Section 4** sets out the next steps following the consultation.

### About us

- 1.6 HCPC is a regulator and was set up to protect the public. To do this, we keep a Register of professionals who meet our standards for their professional skills and behaviour. Individuals on our Register are called 'registrants', while those applying to be on the register are called 'applicants'.
- 1.7 We currently regulate 15 professions.
  - Arts therapists
  - Biomedical scientists
  - Chiropodists / podiatrists
  - Clinical scientists
  - Dietitians
  - Hearing aid dispensers
  - Occupational therapists

- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Practitioner psychologists
- Prosthetists / orthotists
- Radiographers
- Speech and language therapists

## 2. Background

### Background for SET 1

- 2.1 The first of the standards of education and training ('SET 1') sets out the threshold level of qualification normally required for entry to the Register for each of the professions we regulate. SET 1 does this by specifying types of academic awards.
- 2.2 The standard includes the term 'normally' as the HCPC's governing legislation requires the SETs to be established based upon the outcomes required to meet the standards of proficiency (SOPs).
- 2.3 The SETs and the SOPs are closely interlinked. The SOPs set out the standards required for safe and effective practice and the SETs outline what is necessary to achieve the SOPs. An increase in the threshold level of SET 1 would need to be justified on the basis that the level was necessary to deliver the SOPs.
- 2.4 We therefore consider whether the threshold level should be adjusted on a profession by profession basis, when we have evidence that the education and training needed to meet the SOPs needs to be changed in order to ensure that entrants to the register are capable of safe and effective practice. In assessing this, we will consider how a profession has developed over time, and the depth and complexity of education and training required to meet the SOPs.
- 2.5 A change in the content of the SOPs is not necessarily required to change SET 1. The SOPs are outcomes based and therefore can be delivered at a range of levels. It is the role of an education provider, assessed through the HCPC's education approval and monitoring processes, to ensure education provision equips graduating students with the skills and knowledge to practise safely and effectively, in line with the SOPs. A change in SET 1 may therefore indicate a change to the extent and degree of knowledge required to meet the SOPs, providing a step up in a profession's required level of knowledge and training without a significant change in content.

## Background to proposed changes to SET 1 for ODPs

- 2.6 The current threshold for ODPs is Diploma of Higher Education (Dip HE). This equates to Level 5 in the Framework for Higher Education Qualifications (England, Wales and Northern Ireland) and Level 8 in the Scottish Credit and Qualifications Framework.
- 2.7 Increasing the threshold for SET1 for ODPs is not a new matter. A 2014 paper to the HCPC's Education and Training Committee considered SET1 for ODPs and paramedics<sup>1</sup>. This followed a position statement from the Council of Deans of Health which stated that "the changes to ODP practice, changes to the clinical environment and new expectations for future roles suggest that there is a strong case to move the educational threshold from DipHE to BSc (Hons) on the grounds of patient benefit."<sup>2</sup>
- 2.8 Our stakeholder engagements have highlighted the increasing advanced practise within the ODP profession and the growth of their roles – particularly in England. We receive a significant number of enquiries from ODP registrants about their expanding scope of practise and have also seen ODPs being asked to perform a wide range of tasks during the response to COVID-19.
- 2.9 While the complexity of the roles of ODPs has been a key part of the information we have received from stakeholders, we are aware that the roles ODPs fulfil and the needs of healthcare systems are different across the four nations.
- 2.10 Since 2014, we have continued to monitor the profile of pre-registration ODP programmes. We consider the level at which providers offer programmes to be a useful proxy for assessment of the level and depth of training usually required to meet the SOPs. In June 2014, only 29% of ODP programmes were delivered above the threshold (at either BSc Hons or BSc level). Since then, the percentage of programmes delivered above the threshold has steadily increased to 54% in January 2018, 77% in June 2019 and, at the time of writing, 82% of 51 programmes. Of these, two education providers have diploma level provision only and the remaining deliver mixed diploma / degree level training. All proposed new programmes will be delivered above the threshold.
- 2.11 We have also received submissions from key stakeholders, both in engagement on this project and in our consultation on the standards of proficiency, about the level of training that can be delivered at diploma level now being insufficient to meet the SOPs. For example DipHE programmes do

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<sup>1</sup> While the professions were considered together, at that stage, the SET1 for ODP was not considered for change as very few of the programmes were being offered at the level of BSc. when the HCPC proposed increasing SET 1 for paramedics in 2018, 82% of education programmes were being delivered at the proposed threshold.

<sup>2</sup> <http://www.councilofdeans.org.uk/wp-content/uploads/2013/10/ODP-BSc-Threshold-position-20131030-final1.pdf>

not cover aspects like all gender catheterisation and venepuncture which would be included in BSc programmes, and which are generally accepted as requirements for ODPs now..

## **Background to our proposals**

- 2.12 The feedback from our stakeholders, together with the other information presented in this consultation, leads us to propose increasing the threshold in SET1 to BSc Honours or Level 6 in the Framework for Higher Education Qualifications (England, Wales and Northern Ireland) and Level 9-10 in the Scottish Credit and Qualifications Framework.
- 2.13 Early stakeholder engagement has made clear that this proposal may have different impacts across the four nations. In this case, Scotland may be specifically impacted as it currently has a single provider and it offers the DipHE programme. Our consultation aims to gather as much information as possible about the proposed changes and the steps we can take to mitigate impacts. Our consultation questions will also be gathering more information about respondents so that we can view the responses both as a UK-wide regulator but also with a commitment to viewing the responses from each of the four nations.
- 2.14 If the consultation was strongly in favour of the proposed increase, and the proposal to increase the threshold goes forward, the HCPC would work with all stakeholders on an implementation timeframe which continues to protect service users, allows providers to manage their programmes, and allows employers to plan their workforce needs.
- 2.15 Regardless of the outcome, we will continue to work with stakeholders across the UK to ensure that the highest standards of patient safety are maintained and that we move forward in a way which benefits all four nations.

## **3. Consultation questions**

- 3.1 The HCPC welcomes your response to this consultation. We have listed some consultation questions below. These questions are not exhaustive, and we would also welcome your comments on any related issue. Please provide reasons alongside your answers where possible.
  - Q1. Do you agree that SET 1 for ODPs should be increased from diploma level degree level (that is, a move from Level 5 to Level 6 for FHEQ and from Level 8 to Level 9/10 for SCQF) Please provide comments.
  - Q2. If the threshold were to increase, what length of time would be needed to implement this change?
  - Q3. If the threshold were to increase, what support do you think the HCPC should provide to:

- a. ODP professional bodies
- b. Education Providers
- c. Employers
- d. Students
- e. Prospective applicants
- f. The UK government and the Devolved Administrations
- g. Any other stakeholders

Q4. Do you consider there are any aspects of our proposals that could result in equality and diversity implications for groups or individuals based on one or more of the following protected characteristics, as defined by the Equality Act 2010 and equivalent Northern Irish legislation<sup>3</sup>? If yes, please explain what could be done to change this.

We would particularly be interested in any reflections on how different groups may be disproportionately impacted by closing off the Diploma Higher Education pathway into the ODP profession.

- Age
- Disability
- Gender reassignment
- Marriage and Civil Partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Q5. Do you have any other comments about the SET 1 threshold for ODPs?

### How to respond to the consultation

3.2 The consultation closes on 16 April 2021. We look forward to receiving your comments.

3.3 You can respond to this consultation in one of the following ways:

- By completing our easy-to-use online survey:

**LINK**

- By emailing us at: [consultation@hcpc-uk.org](mailto:consultation@hcpc-uk.org)

- By writing to us at:

Consultation on Guidance on Health and Character  
Policy and Standards Department  
The Health and Care Professions Council  
Park House

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<sup>3</sup> <http://www.equalityni.org/Footer-Links/Legislation>

184-186 Kennington Park Road  
London  
SE11 4BU

- 3.4 Please note, due to COVID-19, the organisation is partly working from home and so post is not checked frequently. If you are able to respond by email or online survey, we would encourage you to do so.
- 3.5 Please note that we do not normally accept responses by telephone or in person. We ask that consultation responses are made in writing to ensure that we can accurately record what the respondent would like to say. However, if you are unable to respond in writing please contact us on +44 (0)20 7840 9815 to discuss any reasonable adjustments which would help you to respond.
- 3.6 Please note that, due to COVID-19, this telephone line is not staffed. However, you will be able to leave a message for the team to review and get back to you as soon as possible.
- 3.7 **Please contact us to request a copy of this document in an alternative format, or in Welsh.**
- 3.8 If you would prefer we do not make your response public, please indicate this when you respond.

#### **4. Next steps**

- 4.1 Once the consultation period has finished, we will analyse the responses we have received. We will then publish a document detailing the comments received and explaining the decisions we have taken as a result, including any further amendments needed. This will be available on our website.

## Equality Reflection (Level 1)

For background information on how to complete this form, read **Appendix 1**. Delete **guidance text** as you complete the form. Guidance text is suggested (not required) content.

### Section 1: Project overview

**Project title: Revised threshold level of qualification for entry to the Register (SET 1) for Operating Department Practitioners**

**Version:**

**Previous approved versions:**

#### What are the intended outcomes of this work?

To seek the views of stakeholders on a revised threshold level of qualification for entry to the Register (SET 1) for Operating Department Practitioners (ODPs). This would increase the threshold from a Diploma of Higher Education to a BSc Honours.

#### Who will be affected?

- the public, including service users and colleagues in health and care;
- registrants and potential registrants, including students or trainees;
- education and training providers, and;
- health and care providers, professional bodies and consumer groups

### Section 2: Key EDI information

The following are protected characteristics under the Equality Act 2010.

- **Age:** children, younger and older people
- **Disability:** physical and mental health conditions. Think: 'invisible disabilities'
- **Gender reassignment:** includes individuals at all stages of transition
- **Race:** includes nationality, citizenship, ethnic or national origins.
- **Religion or belief:** religious and philosophical beliefs, including lack of belief
- **Sex:** gender; men, women and non-binary identities
- **Sexual orientation:** heterosexual, lesbian, gay, bi-sexual and other orientations
- **Pregnancy and maternity:** people who are pregnant, expecting a baby, up to 26 weeks post-natal or breastfeeding
- **Marriage and civil partnerships:** all unions, including same-sex

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## Section 3: Reflective Summary

Describe any possible impacts to groups or individuals with the characteristics listed at section 2 that may arise from this work. You may also consider connected issues or characteristics such as socio-economic group, area inequality, income, resident status and other barriers to access.

### **What do you consider to be the possible EDI implications of this work?**

#### **Explain how you have come to these conclusions.**

#### **Age** (includes children, young people and older people)

We believe that there will be low impact based on the characteristic of age. At writing we do not have sufficient evidence to argue that increase SET1 will have a positive or negative impact based on this characteristic.

Unfortunately, the HCPC does not keep data on the students of approved programmes. Our consultation will ask respondents to provide information about any differential impact based on age.

#### **Disability** (includes physical and mental health conditions. Remember 'invisible disabilities')

We believe that changes to SET 1 may have a low impact on people living with physical and mental health conditions. As a group which experiences significant discrimination in workplace settings, we are aware that any changes to the SET 1 threshold are likely to impact them.

Disability may negatively impact upon ability to access and respond to the consultation, where they have difficulties using computers or the web pages. To make the website easy to view, we have designed it in accordance with guidelines laid down by the Web Accessibility Initiative (WAI) and we strive, wherever possible, to conform to 'Double-A' standards. Should anyone require assistance in renewing online, reasonable adjustments will be made where appropriate, in line with the HCPC's reasonable adjustments policy.

#### **Sex** (includes men and women)

We believe that there will be low impact based on this characteristic. We will specifically target the consultation process towards groups we want to ensure we receive feedback from. While we will encourage inputs from all stakeholders, we are particularly interested in how proposed changes to the programme will impact on men and women with caring responsibilities and whether the sex of students influences the programme they choose to study.

#### **Four countries diversity**

A key part of our early consultation on this work related to the impact across the four nations. While there was significant support for increasing the threshold for ODP SET1 among respondents in England, respondents in Scotland were strongly opposed.

Scotland has concerns that the increase to BSc only provision could impact negatively on its workforce planning because of the increased length of a BSc programme. The funding mechanism in Scotland also means that health boards and the Scottish Government will have

to secure the additional funding required for the longer BSc programme compared to the Dip HE programme they currently fund.

While some Scottish stakeholders have noted concerns about the negative impact of increasing the threshold, some stakeholders in England have also noted a negative impact of continuing the status quo.

HEIs have argued that allowing the Dip HE to continue has jeopardises the sustainability of their own BSc programmes and would allow some providers to 'undercut' the more expensive and rigorous BSc programme.

Professional associations (UK-wide) argue that the status quo has a negative impact for their members in England. They argue that the development of the profession, especially in England, places new challenges of ODPs and their ways of working. They feel that, without an increased and standardised minimum threshold, the further development and professionalisation of the ODP profession will be impeded.

Our consultation will ask respondents which country they are based in and this information will enable us to understand how ODPs, HEIs, employers and other stakeholders across the four nations view the increased threshold proposal. Our SMT is also engaging with representatives of the Scottish government ahead of the formal consultation process which will begin in January 2021. The purpose of this engagement is to understand the position of the Scottish government and how the HCPC and other stakeholders in Scotland can work to mitigate negative impacts of the proposed change.

We have gathered the above evidence by engaging with various stakeholders including:

- Direct contact with education providers in England, Scotland and Wales (there is currently no education provider for the ODP programme in Northern Ireland).
- Council member Sonya Lam held discussions with representatives of NHS Education Scotland (NES) and this information was fed back into our document.
- representatives of the CODP and AfPP which included their representatives either based in or working on issues relating to Scotland.
- Representatives of Public Health England.
- Internal discussions with the Education team.

We also made use of a survey, responded to by the 14 education providers in England, Scotland and Wales who offer the Dip HE (this includes those who offer both the Dip HE and the BSc level). The survey included questions relating to

- the appetite for a move from Dip HE to BSc only provision.
- the estimated time it would take for providers to make this change.
- any issues (workforce or other) that education providers foresaw if they made this change.
- what support education providers would need in order to make this change.

Analysis of this short survey initially highlighted the different concerns of education providers and employers based in Scotland and those based in England and was the driver of the other early consultation work discussed above.



## Section 2: Welsh Language Scheme

### **How might this project engage our commitments under the Welsh Language Scheme?**

We do not believe this project will engage with our Welsh language scheme. We have invited respondents to request the consultation document in Welsh and will welcome responses in Welsh.

## Section 4: Action plan

Summarise the key actions required to improve the project plan based on any gaps, challenges and opportunities you have identified through this reflection.

In developing your action plan, consider:

- **How will the project eliminate discrimination, harassment and victimisation?**
- **How will the project advance equality of opportunity?**
- **How will the project promote good relations between groups?**
- **How will you monitor equality impacts arising from this work going forwards?**

## Summary of action plan

- Promote ability to request alternative formats of consultation and HCPC to make reasonable adjustments
- EDI and proportionality questions in the consultation
- Review the EIA following consultation feedback
- Work with communications team to target key groups who have experience in the areas we want more information in. For example, we would like to understand how the current ODP education provision is being used by mature students and students with caring responsibilities.
- EDI section in consultation analysis

Our consultation will ask respondents which country they are based in and we hope that this information will enable us to understand how ODPs, HEIs, employers and other stakeholders across the four nations view the increased threshold proposal. Our SMT is also engaging with representatives of the Scottish government ahead of the formal consultation process which will begin in January 2021. The purpose of this engagement is to understand the position of the Scottish government and how the HCPC and other stakeholders in Scotland can work to mitigate negative impacts of the proposed change.

Engagement with wide range of stakeholders (including service user groups) and on a range of formats (not just social media and the website). While it is uncertain what level of COVID-19 restrictions will be in place across the UK during the consultation period, we will be engaging stakeholders using tools such as Zoom as well as more traditional methods where possible.

**You may choose to use the action plan template in the EDI Impact Assessment document (for new or major projects or policies) to develop specific action points.**



EDI should be an ongoing consideration throughout any project.

Where EDI issues are raised after this reflection and action plan have been agreed, you should make a note and update this document if necessary.

**Any project identified as unlawfully discriminatory must not be progressed.**

**Reflection completed by: Matthew Clayton**

**Date: 19.10.2020**

**Reflection approved by: Olivia Bird**

**Date: 19.10.2020**

## Appendix 1: How to complete this form

This form is intended for use in **minor or updating** projects. It is designed to consider the 9 protected characteristics set out in the Equality Act 2010. It is therefore important that you complete every section of the form.

You should consider and document **positive and negative** impacts which might result from the proposed project. Impacts might be **indirect**. If you consider that there will be **no impact** to groups or individuals with a particular protected characteristic, this **should still be documented**.

The EDI reflection is not intended as a 'tick box' exercise. Instead, it offers a tool to help you embed equality, diversity and inclusion throughout your work planning and delivery. We encourage you to consult with colleagues, stakeholders and where possible, people with protected characteristics as part of this process.

For more guidance and information, please refer to the **Equality impact assessment guidance** document.

Should you have any queries or suggestions, please contact the Policy and Standards team on 0207 840 9815 or [policy@hcpc-uk.org](mailto:policy@hcpc-uk.org). Your EDI Manager is Katherine Timms.