

Education and Training Committee, 10 June 2008

Post-registration qualifications – outcome from discussion meeting

Executive summary and recommendations

Introduction

A meeting was held on 26 February 2008 to discuss the area of post-registration qualifications in light of the White Paper recommendations and the Council's response to the review of non-medical regulation ("the Foster review").

This paper outlines the background to this area, provides a summary of the discussion at the meeting, highlights some points for discussion and identifies some possible next steps.

Decision

The Committee is invited to discuss the conclusions and recommendations on page 15.

Background information

None

Resource implications

None

Financial implications

None

Appendices

- Annotations of registers held by other regulators

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2008-05-21	a	POL	PPR	Post-registration qualifications - Education and Training Committee	Final DD: None	Public RD: None
				10062008 Final		

Date of paper

29 May 2008

Post-registration qualifications – outcomes from discussion meeting

Section one: Background

Introduction

The White Paper 'Trust, Assurance and Safety – The regulation of health professionals in the 21st Century' was published in February 2007 and made the following recommendation:

*'The Government agrees with the recommendation in 'The regulation of the non-medical healthcare professions' 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. In reviewing such arrangements, the Department of Health will ask the regulators what other changes could be made to provide better information for patients, the public and employers.'*¹

Indicative criteria

In our consultation response to 'The regulation of the non-medical healthcare professions', the Council made a number of comments about this area, including indicating some possible criteria for deciding which qualifications should and should not be annotated on the Register. 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.'

¹ Trust, Assurance and Safety – The Regulation of Health Professions in the 21st Century, p.78.

Legal context

Article 19 (6) of the Health Professions Order (“the Order”) 2001 provides that:

“In respect of additional qualifications which may be recorded on the Register the Council may establish standards of education and training and article 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)”

The rules and Order provide the Council with the powers to:

- record post-registration qualifications or additional competencies in the Register;
- approve post-registration qualifications for these purposes; and
- establish standards of education and training for post-registration entitlements.

Annotations of the Register

The Council currently annotates the Register to indicate where:

- a chiropodist / podiatrist has completed an approved programme enabling them to sell/ supply prescription only medicines (POM) and/or administer local anaesthetics (LA);
- a chiropodist / podiatrist, physiotherapist or radiographer has completed an approved programme enabling them to become a supplementary prescriber.

Those annotations are used as qualifying criteria in another enactment, the Prescription Only Medicines (Human Use) Order 1997, an order under the Medicines Act 1968.

The Council approves both pre-registration chiropody and podiatry programmes which contain the LA and POM components and stand alone, post-registration programmes.² The Council also approves programmes in supplementary prescribing (a purely post-registration entitlement).

Our approach

At its meeting on 5 October 2005, the Council agreed to establish a Professional Liaison Group (PLG) to look at the issue of post-registration qualifications. Since that decision, the Council’s work on this issue was delayed in light of the review undertaken by the UK Department of Health into the regulation of the non-medical professions and the subsequent government White Paper.

At its meeting on 27 September 2007, the Education and Training Committee agreed that, as the first stage in exploring this area, a discussion meeting should be held with relevant stakeholders to seek their views. Section two is a summary of the discussion at that meeting.

² The Council agreed that POM modules which form part of already approved pre-registration programmes can be approved for the purposes of direct entry, subject to an additional paper based assessment against SET 2 of the standards of education and training.

At its meeting on 13 December 2007, the Council ratified the Education and Training Committee's decision, and agreed that a Professional Liaison Group (PLG) was not necessary at this time.

The paper agreed by the Education and Training Committee and Council said that one of the possible next steps following the discussion meeting could be a consultation, incorporating draft criteria, which could assist in forming the Council's next steps.

Section two: Summary of the post-registration qualifications 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, and 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 may have less opportunity to develop.
9. Some benefits and disadvantages were identified:

The following possible benefits were identified.

Marking the Register would:

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

The following possible disadvantages were identified:

- There was a danger of unnecessarily restricting 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 is more than one body that represents 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 some professional bodies
4. Clinical scientists
 - Membership of the Royal College of Pathologists
5. Dietitians
 - The 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
 - Possible future extension of 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.

Section three: Summary and points for discussion

This section highlights some areas for further consideration in light of the discussion meeting.

Annotating the Register

Whilst there was overall agreement that the HPC should consider annotating the Register to indicate a greater range of post-registration qualifications are held, there were some important points raised that the Committee may wish to consider.

In particular, participants highlighted that, after the initial point of registration, registrants undertake a variety of education and training which includes formal study through Higher Education Institutions but also includes professional body qualifications, and the acquisition of additional skills and competence through a combination of in-service training and study.

The White paper identified three areas:

Post-registration qualifications may fall into a number of categories:

- *additional training resulting in a further award that adds to an individual's professional practice, experience and career development: these qualifications may be taken as part of continuing professional development (sometimes encouraged by the professional bodies), at the behest of the employer or through the personal choice of the individual. These can be seen as part of normal career enhancement and may not always directly change the scope of practice, but simply widen the knowledge and skill that a professional will bring to their role;*
- *those that can currently be recorded by the Health Professions Council and the Nursing and Midwifery Council as marks on the register, such as supplementary prescribing. These identify that an individual has obtained a further qualification currently approved by the regulator, which may be referred to in legislation as a requirement prior to undertaking a specific activity; and*
- *existing specialist qualifications undertaken by a variety of professionals, and directly related to the ability to practise at a significant level. This is usually identified at level 9 on the Skills for Health Career Framework, although sometimes at level 8. Currently, not all regulators record this award.*

For the purposes of considering an annotation of the Register, the Committee may wish to consider post-registration qualifications in the same way as existing post-registration programmes which lead to annotation of the Register. Therefore any post-registration qualification which is being considered for annotation of the Register would need to be a programme of education and training which leads to a named award.

Indicative criteria

There was broad support for the indicative criteria which we outlined in our response to the Foster review. However, a number of important points were raised, most notably regarding public expectations and problems with protecting function.

The indicative criteria are reprinted below:

- *a clear link between the qualification in question, and a particular function or an occupational role which cannot be adequately and safely carried out within 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*
- *the necessity for either function or title to be restricted by marking the Register.*

In the existing post-registration qualifications which lead to annotation of the Register, there is a very clear link between the qualification and a function which cannot be adequately, safely, or legally carried out without the qualification, and annotation of the Register. The Council is required to annotate entitlements under medicines legislation.

There was overall concern about the restriction of function. A number of participants highlighted that the same tasks or roles might be undertaken by a variety of different professionals. They also wanted to ensure that any protection of function did not unnecessarily fetter the development of the professions. One participant said that our criteria should be less 'negative' and less 'restrictive' and should instead focus on providing clear information to the public.

The Committee may wish to consider that annotation of the Register may be problematic, if there is not a clear link between the qualification held and a function, occupational role or title. If this was the case, it may be difficult to explain to a member of the public the difference between a registrant who holds such a qualification and one who does not. Although annotating the Register would allow employers to see that a qualification was held, this could be verified via normal employment checks and, without a link to a function, occupational role or title, such an annotation may have little meaning for employers either.

Approval of post-registration qualifications

There was no overall agreement that there should be direct approval of post-registration qualifications.

Article 15 (5) of the Health Professions Order 2001 says:

In performing the function mentioned in paragraph (4)(b) the Committee may in particular, approve, or arrange with others to approve—

- (a) a course of education or training which the Committee is satisfied concerns or would confer on person completing it successfully the standards of proficiency mentioned in paragraph (1);*
- (b) qualifications which are granted following success in an examination, or some other appropriate assessment taken as part of an approved course of education and training;*
- (c) institutions which the Committee considers to be properly organised and equipped for conducting the whole or part of an approved course of education and training;*
- (d) such test of competence or knowledge of English as it may require.*

The purpose of approving a post-registration programme would be the same as a pre-registration programme – an assessment of whether the necessary standards are met. The Committee may wish to consider that it would be necessary for the Council to carry out that role itself, in order to ensure that appropriate decisions are taken impartially, and in the public interest. The Committee may wish to consider additionally that annotating the Register might be considered to be a tacit endorsement of a qualification and therefore an approval process against clear standards would be necessary.

The Committee is also invited to consider the likely cost and resource implications of approving post-registration education and training programmes, including the cost and resources involved in approval visits and subsequent monitoring.

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

There was general agreement that standards of proficiency were necessary in order to approve post-registration programmes. Such standards would articulate the threshold standards for safe and effective practice necessary to annotate the Register.

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 different qualifications were identified.

Section four: Conclusions

The Committee is invited to discuss the outcomes of the discussion meeting outlined in this paper. In particular:

- The potential benefits to public safety of marking the Register (if any).
- The usefulness of the draft criteria and how they might be re-drafted in light of the discussion at the meeting.

The Committee is further invited to discuss whether it considers that a formal consultation to gather views in this area would be helpful.

Ongoing timetable

If the Committee considers that a consultation would be a helpful next step, a consultation document will be brought to the Committee's next meeting in September 2008, and would be subsequently considered by the Council for ratification.

A consultation may then take place between October and December 2008 (dependent upon Council approval), with the results of the consultation being considered by the Committee in March 2009.

Appendix 1

Annotation of registers held by other regulators

- **General Medical Council**

Specialist registers indicate where a Doctor has undertaken specialist training approved by the Postgraduate Medical Education and Training Board (PMETB).

- **General Dental Council**

There are 12 specialist lists:

Oral surgery
Orthodontics
Paediatric dentistry
Endodontics
Peridontics
Prosthodontics
Restorative Dentistry
Dental Public Health
Oral Medicine
Oral Microbiology
Oral Pathology
Dental and Maxillofacial Radiology

Only those registrants' whose names appear on the specialist registers can call themselves a 'specialist'.

The General Dental Council is currently consulting on whether it should record qualifications on its Register.

- **Nursing and Midwifery Council**

The NMC only records those qualifications for which it sets a standard.

Degrees are not recordable on the Council's register, unless they are included as part of a package of qualifications, to indicate:

- that a registrant is eligible to practise as a teacher of nurses, midwives or specialist community public health nurses;
- that a registrant has achieved sufficient qualifications to enable them to register as a specialist community public health nurse, an advanced nurse practitioner, or to record an NMC-approved specialist practice.³

- **Royal Pharmaceutical Society of Great Britain (RPSGB)**

The RPSGB annotates the Register to indicate where a pharmacist is a supplementary or independent prescriber.

³ Nursing and Midwifery Council, A to Z of advice, www.hpc-uk.org.

- **Pharmaceutical Society of Northern Ireland (PSNI)**

The PSNI annotates the Register to indicate where a pharmacist is a supplementary or independent prescriber.

- **General Optical Council**

The General Optical Council annotates the Register to indicate where a number of different post-registration qualifications are held.

- **General Chiropractic Council (GOC) and General Osteopathic Council (GOsC)**

The GCC and GOsC do not currently annotate their Registers.