

Education and Training Committee, 5 June 2014

Annotation of the Register of podiatrists practising podiatric surgery

Executive summary and recommendations

### **Introduction**

In 2012, the Committee agreed to annotate (mark) the Register entries of podiatrists who hold qualifications in podiatric surgery.

This paper provides background to the annotation of the Register and podiatric surgery; describes progress made towards annotating these qualifications; and discusses some outstanding issues.

The Committee is invited to agree the next steps for progressing with this project. The Executive recommends that the Committee should agree to progress its intent to annotate by consulting on the draft standards for podiatric surgery already developed, and by subsequently approving the relevant qualifications prior to final decisions about annotation.

### **Decision**

The Committee is invited to:

- discuss this paper; and
- agree to progress option four on page 14.

### **Background information**

See paper.

### **Resource implications**

The resource implications include stakeholder engagement and those related to a future possible consultation on standards to support the annotation. These are accounted for in Policy and Standards Department planning for 2014-2015.

### **Financial implications**

There are no specific financial implications at this stage.

### **Appendices**

See paper.

**Date of paper**

27 May 2014

## **Annotation of the Register of podiatrists practising podiatric surgery**

### **1. Introduction**

1.1 At their meetings in March 2012 and May 2012, the Education and Training Committee ('the Committee') and the Council agreed in principle to annotate qualifications in podiatric surgery on the HCPC Register. This would mean the following.

- The HCPC would set standards (the equivalent of standards of proficiency and standards of education and training) for podiatric surgery training.
- The HCPC would approve programmes which deliver those standards leading to eligibility for the Register to be annotated.
- The HCPC would annotate the Register entries of podiatrists who have successfully completed those programmes.

1.2 In summer 2013, the Executive undertook work to develop draft standards for this area, hosting two meetings with relevant stakeholders (see section four). Since then, although meetings and correspondence with stakeholders have continued, this work has not been substantially progressed and the Register is not yet annotated.

1.3 This paper provides the background to the annotation of the Register and to annotation of qualifications in podiatric surgery. The paper outlines the next steps in completing this project, seeking a clear steer from the Committee regarding arrangements for the approval of existing programmes and annotation of the Register. This paper has been informed where relevant by recent legal advice sought by the Executive.

### **2. Annotation of the Register**

#### **About annotation of the Register**

2.1 We have powers to annotate or mark entries in the Register. These powers are set out in the Health and Social Work Professions Order 2001 ('the Order') and in the Health and Care Professions Council (Parts and Entries in the Register) Order of Council 2003.

2.2 These powers mean that we are able to 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.
- Set standards of proficiency (or their functional equivalent).

2.3 Each of the parts of the Register has at least one title which is protected in law. For example, 'Podiatrist' is a protected title that can only be used lawfully by someone registered with the HCPC as a chiropodist /podiatrist. For hearing aid dispensers, a 'function' or activity is also protected – only someone registered with the HCPC as a hearing aid dispenser is able to perform certain activities if they intend to supply a hearing aid by way of retail, sale or hire.

2.4 Whilst we have powers to annotate qualifications on our Register, and to decide how those annotations are described, we do not have powers to protect a title or function linked to that annotation. This would require a change in legislation and these decisions are therefore a matter for government.

### **Existing annotations of the Register**

2.5 To date, the Register has only been annotated where we are required to do so by legislation. We have annotated the Register where a registrant has successfully completed additional entitlements to supply, administer or prescribe medicines. We are required to do this by the Prescription Only Medicines (Human Use) Order 1997. Only someone who is annotated on the Register is legally able to perform these activities.

2.6 The existing Register annotations are as follows.

- **Prescription only medicines** (sell or supply from an exemption list): chiropodists / podiatrists.
- **Local anaesthetics** (administration from an exemption list, includes other prescription only medicines): chiropodists / podiatrists.
- **Supplementary prescribing**: chiropodists / podiatrists; physiotherapists; radiographers.

- **Independent prescribing:** chiropracist / podiatrists; physiotherapists.<sup>1</sup>

## **Policy on annotation of the Register**

- 2.7 In 2012, the Committee and the Council agreed a policy statement on annotation of the Register – see appendix 1 to this paper. The statement was informed by the outcomes of a consultation held in 2010-2011 and substantial discussion by the Committee.
- 2.8 In general, we will only annotate the Register where we are legally required to do so, or in exceptional circumstances where we have evidence that annotation is necessary to protect the public and where we believe that annotating the Register is the only mechanism that could improve public protection.
- 2.9 The policy statement sets out that in most circumstances, existing systems are sufficient in order to manage any risks posed by registrants' extension of their practice and therefore additional regulatory action is not necessary. It is not our role to provide a list of all post-registration qualifications or training that a registrant may have completed.
- 2.10 In April 2014, the Law Commissions published their recommendations and draft legislation for reforming the regulatory bodies' legislation.<sup>2</sup> The Law Commissions concluded that the regulators should continue to have powers to annotate their registers, but recommended that 'there should be statutory criteria for additional annotations based on the test used by the Health and Care Professions Council'. Their full recommendation read as follows.

'The regulators should have powers to include additional qualifications in the public register but only if there is a risk to the public if the Register is not so annotated and such annotation is a proportionate and cost-effective response to the risks posed.' (Recommendation 40, page 86.)

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<sup>1</sup> For more information about the medicines and prescribing rights of registrants:

<http://www.hcpc-uk.org/aboutregistration/medicinesandprescribing/>

<sup>2</sup> Law Commission, Scottish Law Commission and Northern Ireland Law Commission (2014). Regulation of healthcare professionals. Regulation of social care professions in England.

[http://lawcommission.justice.gov.uk/docs/lc345\\_regulation\\_of\\_healthcare\\_professionals.pdf](http://lawcommission.justice.gov.uk/docs/lc345_regulation_of_healthcare_professionals.pdf)

### **3. Podiatrists practising podiatric surgery**

#### **What is podiatric surgery?**

- 3.1 Podiatric surgery is the surgical management of the bones, joints and soft tissues of the foot and its associated structures. Normally, surgery is performed as a day case procedure and often but not always under local anaesthetic. Conditions treated can include problems caused by bunions, arthritis, toe deformities and inflammation of the tissues of the foot.
- 3.2 This model of surgical care is well developed within the NHS in England, but is less developed in the other countries.

#### **Training in podiatric surgery**

- 3.3 Podiatrists<sup>3</sup> as part of their pre-registration education and training are taught to be able to carry out surgical procedures for skin and nail conditions. Podiatric surgery training significantly extends the podiatrist's scope of practice into a wider range of invasive procedures involving the foot.
- 3.4 In summary, a podiatrist qualifies to practise podiatric surgery by undertaking the following training.
  - An HCPC approved programme in chiropody and podiatry 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.<sup>4</sup>
  - Competitive entry to specialist Registrar training posts.
  - Normally a further three years of surgical training, leading to successful award of the Certificate of Completion of Podiatric Surgery Training (CCPST) by the College of Podiatry. This confers eligibility to apply for consultant posts within the NHS.

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<sup>3</sup> The part of the Register is 'chiropodists and podiatrists'. The titles 'chiropodist' and 'podiatrist' are interchangeable.

<sup>4</sup> The College of Podiatry undertakes the education activities previously undertaken by the professional body, the Society of Chiropodists and Podiatrists. This has been a relatively recent reorganisation. For convenience, this paper refers to the College when referring to the education of podiatrists practising podiatric surgery.

- 3.5 The College of Podiatry has estimated that there may be up to 100 holders of the CCPST (or predecessor qualifications) who may require annotation – but the exact figure that would be annotated could be affected by the number of members of the profession nearing retirement and those who no longer wish to practise in this area. The numbers of new holders of the CCPST is around three to four per annum.
- 3.6 In Scotland, NHS Education for Scotland have been developing a similar training route for podiatrists practising podiatric surgery. At the time of writing, a trainee had yet to commence the programme but this is anticipated in the autumn of 2014. There is ministerial support in Scotland for an integrated model of care.
- 3.7 In Northern Ireland, there is also clear ministerial commitment to moving towards an integrated care model that includes podiatrists practising podiatric surgery. We understand that there are no existing plans to develop a separate training route in Northern Ireland at this time.
- 3.8 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 (e.g. outside of an independent hospital), separate registration with the Care Quality Commission (CQC) as a service provider is a mandatory requirement.

### **Annotation of podiatrists practising podiatric surgery**

- 3.9 At their meetings in March 2012 and May 2012, the Committee and the Council agreed in principle to annotate the Register. In its discussion, the Committee agreed that the practise of podiatric surgery was significantly beyond that of a podiatrist at entry to the Register, and, in particular, that annotation would build on existing systems by allowing independent oversight of training.
- 3.10 Annotation of the Register would improve the way in which risks are currently 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.

- 3.11 As now, the HCPC would be able to consider fitness to practise matters related to those practising in this area via the fitness to practise process.
- 3.12 The Committee has previously agreed that it would annotate at equivalent to the point of the award of the Certificate of Completion of Podiatric Surgery Training (CCPST) – i.e. the point of autonomous practise, where someone is eligible to be appointed as a consultant. (This is analogous to the point at which doctors are entered into the GMC's GP and specialist registers.) The Committee has previously agreed in principle that it would approve both the CCPST and the qualification being developed by NHS Education for Scotland.

### **Use of titles**

- 3.13 Podiatrists practising podiatric surgery have traditionally used the title 'podiatric surgeon' and many of those working within the NHS in England will be employed under titles such as 'Consultant Podiatric Surgeon'. We have previously understood that in Scotland the intention is that podiatrists who complete the proposed training programme will work for the NHS using the title 'Consultant Podiatrist in Podiatric Surgery'.
- 3.14 The use of the noun 'surgeon' has been the subject of some debate, correspondence to the HCPC and the GMC, and past media coverage. Some stakeholders, including members of the orthopaedic surgery community and some patient groups, are concerned about the use of this term by those who are not qualified medical doctors. The concern is that the title implies that the individual is medically qualified and there have been reports of patients who have said that they are unaware that the practitioner undertaking their surgery was not medically qualified.
- 3.15 In June and July 2013, the Committee and the Council agreed that the annotation, once implemented, should be described as 'podiatric surgery'. This is consistent with the other existing annotations – e.g. the annotation is for 'supplementary prescribing' not 'supplementary prescriber'. In its papers and correspondence on the topic, the Executive refers to 'podiatrists practising podiatric surgery' rather than to 'podiatric surgeons'.

#### **4. Progress towards annotation**

4.1 In order to annotate the Register, we need to do the following.

- Set standards for the annotation.
- Approve the education programme(s) linked to the annotation.
- Amend our registrations process and system to allow us to record the annotation.
- Communicate the annotation to stakeholders (including providing information about the annotation to members of the public accessing the online Register).

4.2 The following outlines progress made to date.

#### **Standards for annotation**

4.3 In the summer of 2013, two stakeholder meetings took place to help inform the development of standards for annotation. The stakeholders involved included the College of Podiatrists, NHS Education for Scotland (NES), the British Orthopaedic Foot and Ankle Society (BOFAS), the Royal College of Surgeons (RCS) and the General Medical Council (GMC). Members of the Executive and the Council, including the Chair, also participated.

4.4 The standards developed included two components.

- Standards of education and training. This followed a similar approach to developing the standards for prescribing, using the existing SETs and adapting them where necessary to reflect this context.
- Standards of proficiency – setting out the threshold understanding, knowledge and skills required at completion of podiatric surgery training.

4.5 A draft set of standards for consultation were developed and refined. The Executive has also written a draft consultation document. This is ready to be considered for approval by the Committee at a subsequent meeting, subject to the discussion at this meeting.

#### **Amendments to the registration system**

4.6 The Executive has recently completed a project to make changes to the registration system and online register in order to annotate the first chiropodists / podiatrists and physiotherapists qualified to act as independent prescribers.

- 4.7 As part of that upgrade work, amendments were also made to allow podiatrists practising podiatric surgery to be annotated. This functionality is currently hidden but can be deployed if / when annotation is introduced.

### **Communication**

- 4.8 The Executive and the Chair of Council have had numerous meetings with interested stakeholders since the decision to annotate was made. Some stakeholders in the orthopaedic surgery community continue to be concerned about the annotation, raising a variety of issues including about curricula and scope of practice; the robustness of existing clinical governance systems; revalidation and the robustness of regulation; and the necessity for protection of title or function.
- 4.9 In discussion to date, the Chair and the Executive have been clear that annotation would improve the status quo through publication of clear, specific standards and independent quality assurance of training programmes.

## **5. Discussion of outstanding issues**

- 5.1 Since the work took place to develop standards for the annotation, this work has paused. This was in part due to the Executive considering some outstanding issues about how the annotation should be managed.
- 5.2 This section outlines the nature of and background to these outstanding issues and invites a clear steer from the Committee as to how this work should be managed going forward.

### **Approved programmes**

- 5.3 When the HCPC approves a new education and training programme, the education provider is required to give six months' notice so that a visit can be arranged. A visit is held and conditions set as appropriate. If those conditions are met, a panel of the Education and Training Committee confirms approval. The programme can recruit students during this process but cannot commence until approval is granted. Only students who commence and complete successfully a programme after the point at which it is approved will have eligibility to apply for registration. The HCPC does not run a system of retrospective approval.
- 5.4 When the HCPC regulates a profession for the first time, the names of those who are on a voluntary register or registers will normally transfer to the HCPC on the day the Register opens. For example, the names of those on the register maintained by the Association of Operating Department Practitioners (AODP) transferred to the Register when the operating department practitioner part of the Register was opened.
- 5.5 At that point, the Committee will normally agree to approve on a transitional basis all those programmes which led (historic routes) and which lead (currently open programmes) to voluntary registration. It will then agree arrangements for visiting open programmes to approve them against the SETs and confirm (or remove) on-going approval. The advantage of these arrangements is that it ensures, for example, that someone part way through a programme at the point statutory regulation is introduced, or who qualified in the past but who was not voluntarily registered, is eligible to apply for registration.

### **Annotating existing practitioners**

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

- 5.7 Podiatric surgery is an existing extension to scope of practice, with an existing training route, that has been in place for a significant number of years. There are therefore already in practise a number of 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 a number of years.
- 5.8 For any annotation to be meaningful, the Executive suggests that it would be necessary to annotate - via some mechanism - the Register entries of those podiatrists who have completed what has been recognised training in the past. It would also be necessary to put measures in place to ensure that someone who was part way through completion of the CCPST at the point that annotation is introduced would be eligible to have their entry in the Register annotated when they finish.
- 5.9 An alternative would be to annotate only those who commence and complete their surgical training after on-going approval by HCPC has been confirmed. The remainder could lawfully remain in practise, but could not be annotated on the Register. This might mean, however, that the value and meaning of the annotation to a member of the public would be diminished.
- 5.10 Further, recent legal advice sought from the Solicitor to Council has indicated that not annotating existing practitioners might lead to unintended detriment to these practitioners.
- ‘The annotation of podiatric surgery qualifications would have no legal impact on existing practitioners, as there would be no closure of title or any other restriction imposed upon those practitioners by the introduction of such an annotation. However, whilst that is the strict legal position, the introduction of such an annotation might have the unintended consequence of leading service users to assume that a person whose register entry lacked the annotation was not qualified to perform podiatric surgery.’
- 5.11 It should be noted that the ‘grandparenting’ process does not apply in this instance. Grandparenting is set out in the Health and Social Work Professions Order 2001 and applies when a profession is regulated for the first time. The purpose of the grandparenting process is to recognise the acquired rights of individuals in practise before statutory regulation is introduced, but who do not hold the qualifications normally required for registration. It is a time limited process, normally lasting two to three years. Once grandparenting has closed, the only way to become registered for a UK trained individual going forward is through having completed an approved programme.
- 5.12 As annotation relates to an existing profession, rather than to the regulation of a new profession, grandparenting does not apply in this instance. This position has been reconfirmed in recent legal advice.

## **Approving programmes for annotation**

- 5.13 At its meeting in September 2012, the Committee considered a paper from the Executive outlining the work required to move toward annotation. As part of that, the Executive discussed how the approval of qualifications would be managed.
- 5.14 At that point, the Committee agreed to the overall approach set out in the paper – that (at the level of principle) the CCPST and the equivalent programme in Scotland would be approved at the point of annotation, with approval visits taking place after the annotation has been implemented. This is analogous to some extent to the process introduced to manage registration of a new profession – see paragraphs 5.4 and 5.5. The paper anticipated that information about those who had completed the CCPST could be obtained from the College of Podiatrists in order to facilitate annotation. However, although the Committee agreed the overall approach, they did not agree to approve any programmes – i.e. they were not given the necessary information about current and previous qualifications in order for them to be formally approved.

## **Suitability for annotation**

- 5.15 In spring 2013, in the course of meeting with the College of Podiatrists, concerns were raised about the long term viability of the CCPST awarded by the College. In particular, it was questioned by the College's representative whether the qualification would meet the HCPC's standards of education and training. This raised concerns amongst the Executive about the standards and sustainability of the qualification. As a result this has raised doubts about how appropriate it would therefore be to annotate the entries in the Register of those who completed this qualification in the past.
- 5.16 In subsequent correspondence, the College clarified that it may be unlikely that the CCPST would meet the standards of education and training in full, as it has not been required to meet those standards in the past - and HCPC's standards for podiatric surgery have yet to be published in any event in order to allow that assessment to be made. The College further said that it would need to consider the long term viability of the programme in light of the publication of the equivalent of SETs.
- 5.17 The College has subsequently said that it is 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 standard going forward.

- 5.18 Given this, the Executive has explored with the College 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.
- 5.19 The College were asked to provide more information about this to inform the Committee's discussion at this meeting. Their proposal is appended at appendix 2 to this paper. The College is suggesting a portfolio assessment to verify the standard of existing practitioners and their suitability for annotation. This is suggested on the basis that a similar process was undertaken when the current certification arrangements were introduced.
- 5.20 The Committee will note that the College is suggesting a portfolio assessed by HCPC partners. Legal advice has confirmed that as annotation relates only to the recognition of qualifications 'there would be no obligation for the HCPC to operate any form of test or assessment'. However, that option would be available to us.
- 5.21 It should be noted that the 'sustainability' or 'long term viability' of the annotation was not included in the annotation policy statement. However, legal advice has confirmed that this is a legitimate consideration.

'The Order makes clear that annotated qualifications should indicate that registrants possess "competence in a particular field or at a particular level of practice". An annotation will not do so if there are doubts about a qualification's merits or continuing existence and any such doubts would need to be considered carefully. Annotation in such circumstances would be of little value in terms of public protection and may have the detrimental effect of undermining confidence in HCPC register annotations more generally.'

## 6. Options

- 6.1 The following outlines the possible options for the Committee in moving forward with this work, with the Executive's preferred option. They are not intended to be exhaustive of all the possible options or of the advantages or disadvantages of each option.

Description of option	Advantages and disadvantages
<p>1. The Committee recommends to the Council that the Register is not annotated, reversing its previous decision.</p>	<p><b>Advantages</b></p> <p>It would be open to the Committee to decide not to annotate the Register, given the information which suggests that the only relevant qualification may not meet the HCPC's standards. The Committee could take this option if it considered the new information about the existing qualification was sufficient to suggest that there is serious doubt about whether the original purpose of annotation can be achieved.</p> <p><b>Disadvantages</b></p> <p>The HCPC would not be able to realise the benefits that are anticipated from annotation, including setting standards and independent quality assurance of training.</p>
<p>2. The Committee decides to approve the CCPST at point of annotation and annotates the entries of all those existing holders in the Register. The CCPST is subsequently visited and approved against the standards for podiatric surgery (to be published).</p>	<p><b>Advantages</b></p> <p>This would recognise existing practitioners who are already registered with the HCPC and lawfully practising in this area with the qualification widely accepted as being necessary to do so. This would be analogous to some extent to previous decisions when the HCPC has regulated new professions.</p> <p><b>Disadvantages</b></p> <p>This option could call into question the integrity of the Register given the concerns previously described about the standard of the only relevant qualification.</p>

<p>3. The Committee decides to continue with annotating the Register, implementing the process proposed by the College of Podiatry (see appendix 2) for annotating existing practitioners who hold the CCPST or predecessor qualifications.</p>	<p><b>Advantages</b></p> <p>Would put in place a process for recognising those in practise and may mitigate some of the potential concerns outlined in this paper, consistent with maintaining the integrity of the Register.</p> <p><b>Disadvantages</b></p> <p>The proposed model would involve HCPC partners assessing portfolios of information. This is a deviation from current practice – where entry or annotation of the Register is via programmes or assessments delivered by other organisations, and then approved by the HCPC against its standards. There could be the potential for logistical issues in finding sufficient numbers of appropriately qualified partners who could undertake the assessment.</p>
<p>4. The Committee decides to progress its intent to annotate the register, consulting on the standards for podiatric surgery.</p> <p>However, it decides that it will not make a final decision about annotation (of existing practitioners or those newly qualified) until it has visited the training programme(s) and assessed them against the standards.</p> <p><b>This is the Executive’s preferred option</b></p>	<p><b>Advantages</b></p> <p>This approach would recognise that sustainability / viability of the annotation going forward is an important consideration. The Committee would be able to make a more informed decision about annotation overall. Publishing standards would allow education providers to have a clear understanding of the HCPC’s requirements.</p> <p><b>Disadvantages</b></p> <p>This approach would mean some delay in the first registrant being annotated, as no practitioners would be annotated until a subsequent decision by the Committee.</p>

## **7. Decision**

- 7.1 This paper seeks a 'clear steer' from the Committee to inform progression of this project.
- 7.2 The Committee is invited to:
- discuss this paper; and
  - agree to progress option four.
- 7.3 If the Committee was minded to progress option four, the Executive would return to the Committee's September 2014 meeting with a draft consultation document and draft standards for consultation, and an indicative timetable for the rest of this project.

## **Policy statement on annotation of the Register**

- 1.1 We are the Health and Care Professions Council (the HCPC). This policy statement sets out our broad approach to annotation of our Register. We have written this policy statement drawing on information we gathered following a public consultation.
- 1.2 In general, we will only annotate the Register where we are legally required to do so or in exceptional circumstances where we have evidence that annotation is necessary to protect the public and where we believe that annotating the Register is the only mechanism that could improve public protection.
- 1.3 This statement does not apply to situations where we are legally required to annotate the Register.
- 1.4 We have discretionary powers to annotate the Register. This statement does not limit our discretion to annotate the Register. Instead, we will have regard to the principles set out in this statement when making decisions about whether or not we annotate our Register.
- 1.5 Please contact the Policy and Standards Department ([policy@hcpc-uk.org](mailto:policy@hcpc-uk.org)) if you have any questions about this statement.

## **About annotation of the Register**

- 1.6 We have powers to annotate our Register.<sup>1</sup> We annotate our Register to indicate where a registrant (someone on our Register) has undertaken additional training around medicines and has obtained entitlements to supply, administer or prescribe these medicines. We are required to do this by legislation called 'The Prescriptions Only Medicines (Human Use) Order 1997'. We therefore only currently annotate the Register where there is a legal requirement to do so.
- 1.7 In each of these cases, individuals can only practice in a particular area if they have the annotation on our Register. For example, a physiotherapist can only act as a supplementary prescriber if they have completed the appropriate training and have their entry on our Register annotated.
- 1.8 We annotate qualifications on the Register. The term 'qualifications' does not only mean those formal qualifications delivered by higher education institutions, but instead means any type of learning which has an assessment process at the end. The assessment process means that the provider can check that the registrant has the necessary skills and we can be confident that the individual

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<sup>1</sup> These powers are set out in the Health and Social Work Professions Order 2001 ('the Order') and in the Health and Care Professions Council (Parts and Entries in the Register) Order of Council 2003 [www.hcpc-uk.org/publications/ruleslegislation/](http://www.hcpc-uk.org/publications/ruleslegislation/).

has successfully attained a package of skills and knowledge meaning that we can annotate their entry in the Register.

## **Broad principles on annotation of the Register**

- 2.1 We believe that in most cases, existing systems, including our standards and processes, manage the risks posed by our registrants' practice. We do not therefore need to take additional action to manage those risks.
- 2.2 In general, we will only annotate the Register where we are legally required to do so or in exceptional circumstances where there is evidence that we can improve public protection in a specific area by annotating a qualification.
- 2.3 Annotating the Register means that we can set standards for a particular area of practice and approve the education programmes delivering training linked to that area of practice. We would consider annotating the Register where:
- there is a clear risk to the public if the Register is not annotated and the risk could not be mitigated through other systems;
  - annotation is a proportionate and cost-effective response to the risks posed;
  - the qualification annotated on the Register is necessary in order to carry out a particular role or function safely and effectively; and
  - preferably there is a link between the qualification and a particular title or function which is protected by law.
- 2.4 Protection of titles and functions is a matter for government and where we consider that it is appropriate, we may proceed with annotation and then seek government approval for the protection of the associated title or function.
- 2.5 Our rationale for setting out these broad principles is set out below.

### **Annotation only in exceptional circumstances**

- 2.6 We believe that the role of the regulator is to set standards for practice and identify discrete areas where additional standards may be necessary. It is not our role to provide a list of all post-registration qualifications or training which a registrant may have completed.
- 2.7 We will therefore only annotate the Register **in exceptional circumstances**.

### **Proportionality and cost-effectiveness**

- 2.8 Annotation, as a mark on our Register, only applies to professionals already registered and subject to our standards. Any decision to annotate the Register should be a proportionate and cost-effective action, to minimise the burden on registrants.

### **Annotation and risk**

- 2.9 We will only annotate a qualification on the Register where there is a clear risk to the public if we did not annotate and if we could mitigate the risk through annotation and not through other processes.

- 2.10 We recognise that decisions about risk can be subjective and that it can sometimes be difficult to make decisions about the levels of risk posed. There is no one formula for making decisions about regulation based on the risks posed by practice in a particular area. Decisions made about risk should be reasonable, appropriate and informed by best practice but there is no absolute way of defining these decisions.
- 2.11 However, assessments of risk can draw on a number of factors including:
- the nature of the intervention;
  - the environment within which the intervention is carried out; and
  - existing mechanisms for managing the risks posed by the intervention.

### **The link between annotation and an area of practice**

- 2.12 Annotations show where a registrant has completed specific qualification and where the registrant is therefore able to practise in a particular area. Therefore, there needs to be a clear link between the qualification and either a particular function or role. It should only be possible to undertake that function or role after completing the qualification that we annotate on the Register.
- 2.13 Some qualifications, whilst necessary for a particular role and required by an employer, are not necessarily relevant to public safety. In those cases, there is a distinction to be drawn between our requirements as a regulator setting national standards for practice in a profession and the requirements made by an employer for a particular role.
- 2.14 Normally, we would prefer to exercise our powers to annotate the Register only where there is a defined title or function that could be protected by law, so that only those who meet the necessary standards are able to practise in a particular area.
- 2.15 Protection of a title or function requires a change in the law and such decisions are a matter for government and not for us. We can make decisions about which qualifications to annotate but can only recommend to government that a particular title or function associated with that qualification is protected by law.



## **HCPC Annotation in Podiatric Surgery**

### **Proposals to support the annotation of existing podiatric surgeons via a system of accredited prior and experiential learning.**

Preface:

This protocol has been produced in response to a request from the HCPC President, Dr Anna van der Gaag. As the HCPC moves towards the annotation of podiatric surgery, protocols need to be developed to enable current podiatrists practising podiatric surgery to be considered for annotation on the register once the standards have been adopted by the HCPC. It is proposed that podiatrists who can produce evidence that they meet the new Standards will be able to apply for annotation by the submission of appropriate evidence of prior training, current surgical practice, and up to date CPD activity.

This proposal is designed to support applications from podiatrists who currently hold the professional qualification of completion of training in podiatric surgery previously issued by the College of Podiatry<sup>1</sup> on completion of their system of surgical training.

The College of Podiatry recognises that applications from other podiatric organisations, both within the UK and further afield, may be submitted for consideration. The College is only able to provide proposals which reflect its own system of training and qualifications, and it is recognised that the HCPC may need different arrangements to consider applications from other organisations.

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<sup>1</sup> The College of Podiatry, 'the College' is a registered charity and embraces all current education and training activity which formerly came under the aegis of the Society of Chiropractors and Podiatrists, 'The Society'. Throughout this document references to either the Society or the College reflect the terminology used at that particular point in time.

## Background

Podiatrists have been performing podiatric surgery for over 30 years in the UK. In the early years, the scope of practice and the number of practitioners was somewhat limited. The then Council for Professions Supplementary to Medicine played no role in regulating the surgical arm of the profession.

In the late 1990's the Society of Chiropractors and Podiatrists and the Podiatry Association, the two bodies training podiatric surgeons at the time, amalgamated and developed a unified system of surgical training that contained appropriate clinical and surgical education and rigorous assessment strategies which reflected the developments in podiatric surgical practice on the foot and its associated structures. The current system of training and the assessment strategy still reflect the aims and objectives of that original programme; it has been updated on several occasions but has always resulted in the development of highly trained podiatric surgeons who provide high quality, safe and effective practice to many thousands of patients every year.

Current and previous versions of the training programme provided a multi-staged approach to surgical training. Assessments at different stages were developed to ensure candidates were able to demonstrate the acquisition of the appropriate clinical and surgical skills which underpin podiatric surgical practice. This approach is continued in the College's current framework and can be closely mapped the draft Standards of Proficiency developed for podiatric surgery by the Health and Care Professions Council.

Fellowship originally represented the final major step on the continuum of surgical training; at this stage the majority of the HCPC's Standards are addressed. However, over ten years ago, the Society recognised that Fellowship results in the production of a sound surgical practitioner who is able to practice within a team context; but that further practice is required to provide further experience to prepare them for true independent practice and team leadership in consultant or equivalent roles.

This final stage allows the senior trainee to practise with more freedom applying the required knowledge and skills within an established team, furthering their development which continues to be recorded in their portfolio in a supportive environment enabling them to mature as a Podiatric Surgeon with the wealth of experience required to lead service provision in the future.

This final stage parallels that used in other surgical disciplines and emulates the Certificate of Completion of Surgical Training qualification used by the various Royal Medical Colleges. It was introduced by the Society in 2002, when it was then referred to as the "Statement of Completion of Higher Training in Podiatric Surgery" but is now referred to as the "Certificate of Completion in Podiatric Surgical Training" or CCPST clearly to identify that this is related specifically to the Podiatric Profession

When it was introduced, many existing Fellows of the Surgical Faculty held consultant posts or equivalent and were considered for the award on the basis of their surgical profile. Since this time however, CCPST has only been awarded on completion of appropriate further post Fellowship surgical practice, generally validated by the lead clinician for the team who is a Society approved trainer and supported with the submission of a surgical log of experience to the College for consideration. It is thus

reasonable to consider that provided suitable evidence of current surgical practice can be provided by the applicant, all existing Fellows of the Surgical Faculty of the College of Podiatry holding CCPST or the earlier Statement of Completion of Higher Training in Podiatric Surgery, should be considered favourably for annotation on the HCPC register. Such an approach would recognise the previous training clinical and surgical practice of the applicant which reflects the Standards of Proficiency for Podiatric Surgeons approved by the HCPC once finally approved.

The Society has been the only organisation involved in podiatric surgical training to date. The Society awards the CCPST qualification to Fellows who were able to demonstrate an appropriate portfolio of surgical practice. As a general rule Fellows working in a surgical unit at least 2 – 3 days a week would be in a position to apply for CCPST after approximately 2 – 3 years of further experience, but it should be noted at all times that the time scale is flexible as volume and complexity of surgery also plays a major part in a podiatric surgeons development. CCPST has been used by the professional body as one of their key requirements in the selection process for recruitment to Consultant level appointments in the NHS and it would seem appropriate for the HCPC to consider this award as the gatekeeper for annotation provided the applicant can demonstrate that their practice is current. With this in mind, the College would make the following proposal to the HCPC for their consideration.

## Proposal

Current podiatric surgeons should be considered for annotation on the Register by submitting a portfolio of evidence which demonstrates that they fulfil all the following criteria.

1. Demonstrate that they hold an existing Certificate of Completion issued by The Society of Chiropractors and Podiatrists
2. Demonstrate the award of Fellowship of the Surgical Faculty
3. Provide evidence of current and appropriate CPD over the past 2 years
4. Provide evidence of IRMER training and certification
5. Provide evidence of appraisal
6. Provide evidence of current membership of The Society of Chiropractors and Podiatrists
7. Provide evidence of current registration with the HCPC as podiatrists (direct from the register)
8. Provide evidence of POM's annotation (direct from the register)
9. Provide evidence of LA annotation (direct from the register)
10. Provide evidence of current practice and audit to demonstrate safe and effective current practice.

Such evidence could be considered by partners by the HCPC