

23 October 2020

Health and Care Professions Council response to the Department for Business, Energy and Industrial Strategy's consultation on The Recognition of Professional Qualifications and Regulation of Professions

1. About us

We welcome the opportunity to provide evidence to Government as it considers the future of the recognition of professional qualifications.

The Health and Care Professions Council (HCPC) is a statutory regulator of healthcare and psychological professions governed by the Health Professions Order 2001. We regulate the members of 15 professions. We maintain a register of professionals, set standards for entry to our register, approve education and training programmes for registration and deal with concerns where a professional may not be fit to practise. Our role is to protect the public.

2. Response to the consultation

Current Regulation of Professions

Question 1: Please tell us in which nation(s) you are a regulator of a profession

England • Wales • Scotland • Northern Ireland

All, we are a UK-wide regulator.

Question 2: Please state the sector(s) you regulate within.

Healthcare

Question 3: Please state the profession(s) you regulate.

The HCPC regulates 15 health and care professions in the UK. These are listed below and [on our website](#). Where we protect multiple titles within that profession, these are listed in brackets.

- Arts therapists (Art Psychotherapist, Art Therapist, Dramatherapist, Music therapist)
- Biomedical scientists
- Chiropodists / podiatrists
- Clinical scientists
- Dietitian (Dietician)

- Hearing aid dispensers
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists (Physical therapist)
- Practitioner psychologists (Practitioner psychologist, Registered psychologist, Clinical psychologist, Forensic psychologist, Counselling psychologist, Health psychologist, Educational psychologist, Occupational psychologist, Sport and exercise psychologist)
- Prosthetists / orthotists
- Radiographers (Radiographer, Diagnostic Radiographer, Therapeutic Radiographer)
- Speech and language therapists (Speech Therapist)

Question 4: Please outline the rationale for regulation within your sector.

Listed below are some non-exhaustive possible rationales for regulation you may like to consider in your answer. In each instance, please explain their importance to regulation within your sector

- *Protects public interest for environmental reasons*
- *Protects public safety for health reasons*
- *Value for money / protects taxpayer*
- *Enables professionals to charge more for their services*
- *Protects consumers from receiving a low quality of services*
- *Provides training*

Protects public safety for health reasons

The HCPC's purpose is to protect the public. That is the key reason we exist and underpins all our regulatory functions. The HCPC is governed by the Health Professions Order 2001. Article 3(4) of the Order states that the over-arching objective of the Council is 'the protection of the public'. Article (4A) states that this involves the pursuit of the following objectives:

- To protect, promote and maintain the health, safety and well-being of the public;
- To promote and maintain public confidence in the professions regulated;
- To promote and maintain proper professional standards and conduct for members of those professions.

We note the most relevant option available is 'protects public safety for health reasons'. We would however like to emphasise that we consider our public protection purpose to be wider than just health. For example, our regulatory remit would extend to harm committed outside the health sector, for example in a registrant's personal life, if it were likely to impact on the public's confidence in that health professional and the wider sector.

We also believe we have a key role to play in 'upstreaming' regulation, looking at issues as they arise in practice and trying to prevent harm from occurring before it escalates to a [fitness to practise \(FTP\) concern](#). To that end, we work with key

stakeholders including employers, education providers and [professional bodies](#) to identify problems in practice. We also commission independent research on topics like professionalism and how we can prevent harm occurring. This then leads us to develop guidance, online resources and webinars for our registrants to help them develop their practice. All this work plays a vital role in protecting public safety.

We also play a key role in influencing the content of the education and training of our healthcare professionals. We [approve education and training programmes](#) in the UK and set standards for education providers to meet. We also issue professional standards, known as the [standards of proficiency](#), which education providers have to ensure their students can meet at the point they join the Register. This is again underpinned by a need to protect the public, and these professional standards are set at the threshold for 'safe and effective practice'. We have not selected the option 'provides training' as we do not feel this sufficiently captures that role. However, we wanted this key function noted in our response.

In regards to value for money / protects taxpayer, we are entirely funded by our registrant's fees. We therefore do not receive money from the taxpayer more generally. As we are funded by our registrant's fees, it is very important that we operate in a cost effective way. This is particularly so as we regulate 15 different professions, and so all our regulatory processes are streamlined to suit all of our professions. We continue to strive to be an effective multi-professional regulator.

Question 5: Please outline any evidence you have on the consumer protection impacts provided by your regulations.

We are unclear what is meant by 'consumer protection impacts'. As above, the reason we regulate the professions that we do is to protect the public. Therefore we are not concerned with consumer protection in the traditional sense and we do not make decisions about our regulatory functions with consumer protection in mind.

Importantly, our fitness to practise function is unable to take action against consumer or customer service issues. Our focus is on a registrant's fitness to practise, and therefore we can only look into concerns about this.

However, through our fitness to practise process, we will consider concerns where an individual's experience placed the profession in a negative light, to the extent that it undermines the public's trust and confidence in the profession. This is because it could impact on public protection, by making that individual less confident in the profession and less likely to seek medical advice from them in the future. In the longer term, this could result in disengagement with the health sector and greater public harm through negative health outcomes.

International Recognition

The following questions focus on the route to recognition you offer for applicants with international qualifications.

Question 6: Please outline your process(es) of recognising someone with an international qualification. In your answer, please include details of how this

differs from the process of recognising a domestic applicant, the rationale for this/ the reasons why this is the case, and the costs of administering this route.

If you have different processes for different international routes (e.g. for candidates from the EU, USA, Australia, or due to any Mutual Recognition Agreements you hold), please include details on the differences between them.

The Health and Care Professions Council currently has the following application routes in place:

International

To be eligible to apply for registration [via the international route](#), applicants must have qualified in one of the relevant professions outside of the United Kingdom and European Union. International applicants are required to complete an International application form, which can be download from the HCPC website, and sent via post. As part of their application applicants must include a course information form. The course information form provides HCPC with details of theoretical and practical content of the courses that have successfully undertaken by the applicant.

Applicants also are required to declare their proficiency in English. Applicants whose first language is not English and who are required to provide a language test certificate as evidence of their proficiency must ensure that it is, or is comparable to, IELTS level 7.0 with no element below 6.5 (or IELTS level 8.0 with no element below 7.5 for Speech and language therapists). Applicants must supply documents to confirm their identity and address.

Applications are scrutinised and checked for completeness including the verification of qualifications, employment and translated documents. HCPC will contact the applicant's education provider, any relevant regulatory or professional bodies and any professional referees to verify the information that has been provided.

Applications are then assessed against the Standards of Proficiency, which set out the threshold standards we consider necessary to protect the public (unique to each of our registered professions). Applicants are encouraged to read and understand the Standards of Proficiency for their chosen profession as their application will be assessed these.

Applications are assessed by two assessors from the part of the register to which they are applying to. The assessors compare education and training with the standards of proficiency. If shortfalls are identified the assessors will look to see if these Standards of Proficiency have been met through other relevant education, training or experience. At this point the assessor can recommend to:

- Accept the application – The assessors will recommend that you meet the standards of proficiency and are eligible for registration. Applicants will then need to pay the registration fee to become registered.
- Request further information from the applicant - If a decision cannot be reached based on the information in the application.

- Reject – If, after assessment, the applicant is not able to meet the standards of proficiency, HCPC will refuse admission to the Register. Applicants are able to appeal against this decision.
- Test of Competence - If after reviewing an application and any further information submitted there are still standards outstanding, depending on the number of standards, the applicant may be invited to undertake a test of competence. The test will normally be carried at the HCPCs offices in London.

We charge a scrutiny fee of £495 to cover our costs in processing applications for registration. This includes the costs involved in paying registration assessors, £81 per assessor, to assess each application, training assessors, processing further information from applicants, appeals against recommendation given by ETC and the resources involved in processing applications. Applicants will then need to pay the registration fee, £180, to become registered.

European Mutual Recognition (EMR)

To be eligible to apply [via EMR route](#) applicants must be fully qualified to practise their profession in one of the relevant European states. There is a presumption that applicants should be permitted to practise that profession in any other relevant European state once qualified. However, if there are substantial differences between the education, training and experience of the applicant and the requirements for the practice of that profession in the UK, the applicant may be asked to compensate for these differences.

Applicants applying via the EMR route must meet the following conditions:

- Be a citizen of a 'relevant European state' (an EEA Member State or Switzerland), or an exempt individual who is treated as citizen (e.g. by virtue of marriage).
- Be fully qualified to practise a relevant profession in a relevant European state (other than the UK) and, if the profession is not regulated in that state, to have practised there for at least one out of the last ten years.
- Have qualified in a relevant European state or hold qualifications obtained outside of the EEA or Switzerland which have been recognised in a relevant European state

A Relevant European State is a Member State of the European Union, the European Economic Area (EEA) State, or Switzerland.

The mutual recognition of professional qualifications is governed by the Directive 2005/36/EC. In the context of the professions HCPC regulate, this promotes free movement within the EU and aids the process of establishment. Applicants need to quote this directive when applying, appealing or submitting information.

Applicants are required to complete an EMR application form, which can be download from the HCPC website, and sent via post.

As part of their application applicants must include a course information form. The course information form provides HCPC with details of theoretical and practical content of the courses that have been successfully undertaken by the applicant.

Applications are scrutinised and checked for completeness including the verification of qualifications, employment, translated documents and rights to practice. HCPC will contact the applicant's education provider, any relevant regulatory or professional bodies and any professional referees to verify the information that has been provided. HCPC use the Internal Market Information System (IMI) as an online tool to facilitate and communicate with public authorities in the EU.

Applications are then assessed against the Standards of Proficiency, which set out the threshold standards we consider necessary to protect the public (unique to each of our registered professions). Applicants are encouraged to read and understand the Standards of Proficiency for their chosen profession as their application will be assessed these.

Applications are assessed by two assessors from the part of the register to which they are applying to. The assessors compare education and training with the standards of proficiency. If shortfalls are identified the assessors will look to see if these Standards of Proficiency have been met through other relevant education, training or experience. At this point the assessor can recommend to:

- Accept the application – The assessors will recommend that you meet the standards of proficiency and are eligible for registration. Applicants will then need to pay the registration fee, £180, to become registered.
- Request further information from the applicant - If a decision cannot be reached based on the information in the application.
- Compensation measures (adaptation period/ aptitude test) - If the assessment process identifies substantial differences between the applicants education, training and experience and those required to meet the standards of proficiency, HCPC will ask the applicant to undertake a compensation measure. This will be set as an adaptation period but with the option, if the applicant chooses, of taking an aptitude test instead.
An Aptitude test is a structured interview, or a practical examination, where the outstanding Standards of Proficiency are assessed by two assessors. The areas that the test cover and how the test should be undertaken is included in the applicant's record of assessment.
A period of adaptation is a period of supervised practise and / or academic training which allows an applicant with mutual recognition rights under the Professional Qualifications Directive (Directive 2005/36/EC) to reach the standard required to be registered with HCPC. If this period is successfully completed, an applicant can then be registered and practise their profession in the United Kingdom.

We charge a scrutiny fee of £495 to cover our costs in processing applications for registration. This includes the costs involved in paying registration assessors, £81 per assessor, to assess each application, training assessors, processing further information from applicants, appeals against recommendation given by ETC and the resources involved in processing applications. Applicants will then need to pay the registration fee, £180, to become registered.

Comparable Qualification

This is an alternative approach to scrutinising international applications for admission to the Register. HCPC maintains a list of comparable international qualifications, qualifications from the highest proportion of applications that have been received and assessed to be comparable to the Standards of Proficiency for the relevant profession.

The assessment of a qualification's comparability is based primarily upon the outcome of applications for admission to the HCPC register. The comparability process does not involve the detailed approval or monitoring of an educational programme, but the HCPC does keep the comparability of qualifications under review. At present, there are a total of 49 qualifications on the List. These qualifications cover two professions (physiotherapists and radiographers), and four countries (Australia, New Zealand, Ireland and Portugal).

Applicants are required to complete an application form, which can be download from the HCPC website, and sent via post. Once received applications are identified as Comparable Qualification applications and scrutinised including the verification of qualifications, employment and translated documents. HCPC will contact the applicant's education provider, any relevant regulatory or professional bodies and any professional referees to verify the information that has been provided.

Applications are not assessed by two assessors from the part of the register to which applicants are applying to. The recommendation is that the standards of proficiency are met and the applicant is eligible for registration. Applicants will then need to pay the registration fee, £180, to become registered, in addition to the security fee international registrants are charged.

EPC (European Professional Card)

To be eligible to apply [via EPC route](#), physiotherapists must be fully qualified to practise their profession in one of the relevant European states.

EPC is an electronic procedure which makes it easier for physiotherapists within a relevant European states to transfer their professional rights between countries.

Using EPC for the purpose of establishment is a two-stage process. If an applicant wishes to use the EPC application route rather than making a paper application to HCPC, they would need to contact the competent authority in the country of their professional establishment. Applicants must use the Europa website to start the EPC application process.

Applications are received via the Internal Market Information System (IMI) this is an online tool that facilitates the exchange of information between public authorities involved in the practical implementation of EU law. IMI helps authorities to fulfil their cross-border administrative cooperation obligations in multiple Single Market policy areas.

Applications are scrutinised and checked for completeness including the verification of qualifications, employment, translated documents and rights to practice. HCPC will contact the applicant's education provider, any relevant regulatory or

professional bodies and any professional referees to verify the information that has been provided.

Applications are assessed by one assessor from the physiotherapy part of the register. The assessors compare education and training with the standards of proficiency.

There are several possible outcomes to the application assessment process:

- Recognition of professional qualifications - recommendation to accept for admission to the Register.
- Requirement to complete a compensation measure – the applicant may be asked to undertake an adaptation period in order to reach the standard required to be registered. As an alternative, applicants may request an Aptitude Test in place of the adaptation period. Two opportunities will be provided to take the test should the applicant decide to pursue this option.

If the assessment decision is the recognition of professional qualifications, in order to become registered, other checks, such as character and verification checks, must also be completed successfully.

We charge a scrutiny fee of £220 to cover our costs in processing applications for registration. This includes the costs involved in paying registration assessors, £81 per assessor, to assess each application, training assessors, processing further information from applicants, appeals against recommendation given by ETC and the resources involved in processing applications. Applicants will then need to pay the registration fee, £180, to become registered.

Visiting European professionals

Professionals established in the European Economic Area and Switzerland, practising in one of the professions we regulate, can make a declaration to [provide temporary and occasional services in the UK](#). We do not assess the professional knowledge and skills of these professionals against our standards of proficiency, so there are limitations on how they can practise whilst in the UK.

Professionals must not use any of the designated titles that are protected by HCPC, professionals can only use their home State professional title in a language of that State. Professionals cannot practise in the UK on an established basis, for example by taking a full-time permanent position. Applicants must either renew their declaration or apply for HCPC registration if they want to practise in the UK for more than one year.

Professional declarations are scrutinised and checked for completeness including the verification of qualifications, employment, translated documents and rights to practice. HCPC will contact the applicant's education provider, any relevant regulatory or professional bodies and any professional referees to verify the information that has been provided.

If the declaration is accepted it will be valid for up to one year but a further declaration may be made. Decisions on accepting declarations are made by HCPC

on a case-by-case basis, to ensure that services are being provided on a temporary and occasional basis. Once a declaration has been made, the person will be added to the HCPC Register on a temporary basis. No fee is associated with this process.

Grandparenting

Grandparenting is a historic time limited route of entry to the HCPC Register. The application route is a transitional period of registration and is necessary when introducing statutory (compulsory) registration. This happens when HCPC introduce regulation for the first time or if a profession is moving from a voluntary to a compulsory model of professional registration. During the transitional period, individuals not eligible to be members of the voluntary or state register can apply for registration. This period time limited therefore after this period only those who hold a qualification approved by the regulator can be registered.

During the transitional period individuals who do not hold an approved qualification, but who can demonstrate through their training and experience that they meet the Standards of Proficiency, can be registered.

Applicants are required to complete an application form, which can be download from the HCPC website, and sent via post. Once received applications are checked for completeness and scrutinised including verifying qualifications and employment history. HCPC may contact the applicant's education provider, any relevant regulatory or professional bodies and any professional referees to verify the information that has been provided.

There are two application routes for Grandparenting applications:

Route A – Applicants have to demonstrate that they had been practising their profession for a period of three out of the five years (or its part time equivalent) before the opening of the Register. They had to demonstrate that they have been practising lawfully, safely and effectively within the area or areas in which they practised (their 'scope of practice'). This route means that only experience and not qualifications can be assessed.

Route B – Applicants have to demonstrate that they have been in practice for less than three out of the five years before the opening of the Register (or its part time equivalent). They have to demonstrate that any education and training they had undertaken, as well as their experience, means that they meet all of the standards of proficiency. Assessment could take into account the qualifications and training undertaken by an applicant, in addition to their practice.

Applications are assessed by two assessors from the part of the register to which applicants are applying to. If shortfalls are identified the assessors will look to see if these Standards of Proficiency have been met through other relevant education, training or experience. At this point the assessor can recommend to:

- Accept the application – The assessors will recommend that you meet the standards of proficiency and are eligible for registration. Applicants will then need to pay the registration fee to become registered.

- Request further information from the applicant - If a decision cannot be reached based on the information in the application.
- Reject – If, after assessment, the applicant is not able to meet the standards of proficiency, HCPC will refuse admission to the Register. Applicants are able to appeal against this decision.

We charge a scrutiny fee of £495 to cover our costs in processing applications for registration. This includes the costs involved in paying registration assessors, £81 per assessor, to assess each application, training assessors, processing further information from applicants, appeals against recommendation given by ETC and the resources involved in processing applications. Applicants will then need to pay the registration fee, £180, to become registered.

Domestic (UK) applicants and costs:

The majority of people we register for the first time [have successfully completed an UK approved programme](#). An approved programme is a UK programme of education and training that HCPC approve so that someone successfully completing that programme is eligible to apply to HCPC for registration. The cost involved is a non-refundable scrutiny fee of £63. This covers the costs HCPC incurs in processing applications. Applicants for registration who are newly qualified who apply by this route receive a 50% discount on their registration fees for the first two professional years of registration, as long as they apply within two years of completing their approved programme.

UK applicants must meet the Standards of Proficiency to gain registration with HCPC. As HCPC approve and monitor programmes within the UK, applicants from these approved programmes are able to apply to HCPC without having to demonstrate Standards of Proficiency separately. Completion of a UK approved programme means applicants have met the Standards of Proficiency. As a result of this administering cost the UK route is £63, compared to £495 for the international route.

International, EMR, EPC, Grandparenting and Visiting European professionals are able to apply for registration without a qualification approved by HCPC. HCPC looks at each application individually to decide whether the applicant has met HCPC's Standards of Proficiency and is able to practice safely. We charge a scrutiny fee to cover our costs in processing applications for registration. This includes the costs involved in paying registration assessors to assess each application, training assessors, processing further information from applicants, appeals against recommendation given by ETC and the resources involved in processing applications.

Question 7: Please outline any additional steps and their resource implications that you face in processing applicants with international qualifications?

For each International, EMR, EPC, Grandparenting and Visiting European professional application:

- HCPC contact each education provider via email to confirm qualification.
- HCPC contact each relevant regulatory or professional body and professional referees via email to confirm the information the applicant has submitted.
- Each application is individually assessed by assessors and a Record of Assessment is produced for the applicant. The assessors compare education and training with HCPC's Standards of Proficiency. Assessors are paid £81 per assessment.
- Assessors identify shortfalls in applications and request further information, and assess information when it submitted.
- Assessors are required to make recommendations based on the route of application:

International - Accept, Request further information, Test of competence, Reject

EMR - Accept, Request further information, Compensation measures (adaptation period/ aptitude test)

EPC - Accept, Request further information, Compensation measures (adaptation period/ aptitude test)

Grandparenting - Accept, Request further information, Compensation measures

Visiting European professional application – Accept or refuse.

- Records of Assessments are checked for compliance by HCPC and signed off.
- Facilitate an in-house test of competence with the assessors. Each assessor is paid £202 per day excluding expenses.

Question 8: With reference to any of the additional steps outlined above, what would you suggest are the priorities for the UK Government in considering future ways to recognise international qualifications? Please include any details on what an ideal system could look like, as well as how it could operate. Please consider what the priorities would be for the profession you regulate.

Of key importance to us is that HCPC retains its ability to set its own standards for the healthcare professions we regulate. Without an ability to keep our standards up to date, they will quickly cease to be fit for purpose and prevent us being able to effectively regulate our professions or protect the public.

At present, all international applicants are assessed against the HCPC's [Standards of proficiency](#). These standards set out what a registrant must be able to know, do

and understand at the point they join the Register. All UK education and training is approved by us, and so we have already assessed that they allow its graduates to meet the standards. For applicants applying from overseas, we assess their education and training against the standards.

We would have concerns with any change in this approach which might, for example, require us to engage other countries before changing our standards or match the standards required of other countries. Our concern is that could lead to us having to match the lowest standards set internationally. This would also prevent our standards aligning with the unique needs of the UK health and care sector or advancements our professions have recently made. For the same reasons, we would also have concerns about an automatic system of regulation where we would have to automatically consider a certain countries' education as comparable.

An additional challenge is that, for many of our healthcare professionals, their scope of practice and their regulatory status greatly varies internationally. For example, whilst paramedics in UK often are highly autonomous practitioners, increasingly working in a more advanced space (such as independently administering medicines, making autonomous healthcare decisions instead of simply taking someone to hospital), internationally this picture is very different. For other professions, their title is not protected overseas and so there is no regulatory oversight of the role.

We would also want to retain our current [English language requirements](#). This requires international applicants, where English is not their first language, to complete an IELTS English Language test to confirm they meet the required standard for their profession. For public protection reasons, we would like this to be retained.

We would be supportive of a system (equivalent to the current Internal Market Information System (IMI) or similar) to allow a more streamlined and clear form of communication between regulators across the EU/ World. IMI facilitates the exchange of information between HCPC and public authorities involved in the practical implementation of EU law. IMI also helps HCPC fulfil its administrative duty and assist in scrutinising applicants and applications by identifying our counterparts in other EEA countries and allowing for standardised content, questions, answers, and messages pre-translated in to the language of the receiver. IMI is also used when a member state wishes to broadcast information or alerts quickly and conveniently.

We would like to retain our ability to expand, where appropriate, the Comparable Qualification List. This would be an alternative approach to scrutinising international applications for admission to the Register. HCPC currently maintains a list of comparable international qualifications, qualifications from the highest proportion of applications that have been received and assessed to be comparable to the Standards of Proficiency for the relevant profession. The assessment of a qualification's comparability is based primarily upon the outcome of applications for admission to the HCPC register. The comparability process does not involve the detailed approval or monitoring of an educational programme, but the HCPC does keep the comparability of qualifications under review. We do note, however, that the Comparable Qualification List will not be suitable for all jurisdictions. This is because

in many parts of the world our professions are not regulated, and so there isn't a clear equivalent qualification that we can review and approve.

Question 9: Do you require legislation to give you powers to make changes to your international recognition routes?

This answer would depend on what changes we were being asked to make. We would need to seek further legal advice as and when changes were proposed.

However, the HCPC currently has wide ranging powers to allow HCPC to register anyone who has undertaken training outside the UK on a comparability basis. This therefore could allow for the HCPC to consider EEA applications on this basis. Adaptation periods and aptitude tests would disappear in that scenario, but a test of competence would still be possible and adaptation could be replaced with advice from the HCPC as to what an applicant would need to do in order to meet any shortfalls.

Question 10: What level of dialogue do you maintain with your international counterparts? Please outline the benefits and challenges to cooperation. Please also outline if you are a member of any international networks of regulators, what they are and your experience with them.

We maintain a decent level of dialogue with other regulators. The benefits of this is mostly to resolve registrant/ policy queries.

We are represented on the Board of Directors of INPTRA – the international network of physiotherapy regulatory authorities. We also work closely with CLEAR (Council for Licensure, Enforcement & Regulation).

Question 11: What are your priorities for supporting UK professionals on your register to have access to their profession in other countries? Please outline any Government support that would help.

We have taken 'access to their profession in other countries' to mean professionals being able to practice in their profession overseas.

We are supportive of our registrant's practising in other countries. The UK health sector and patients hugely benefit from internationally trained health professionals who come to practice in the UK, and we are only supportive in facilitating this exchange.

We currently issue guidance on how registrants can practice overseas [on our website](#). We can provide registrants with a certificate confirming their professional status where required to practice overseas. In Europe, this takes the form of a European Certificate of Current Professional Status.

However, in terms of setting priorities or providing greater support, as a statutory regulator with a focus on UK practice, we are not best placed to take this forward. We support UK professionals looking to move to other countries through the processes listed above, but otherwise do not have any initiatives to support this.

We would instead encourage the UK Government to engage with the [professional bodies for our professions](#), who represent the profession's we regulate and their interests. The UK Government also needs to engage members of the professions, including students currently training on UK programmes, to understand the appetite for overseas practice.

Question 12: Do you have any provisions for the recognition of professional qualifications held by refugees residing in the UK? If yes, please detail what these are and why you have implemented these provisions. If no, please detail why not.

There are no provisions for the recognition of professional qualifications held by refugees that differ from the normal process for applicants. The only measure we do offer is that refugees are not required to pay the international scrutiny fee (£495).

The scrutiny fee is the fee we charge to cover our costs in processing applications for registration. This includes the costs involved in paying registration assessors to assess each application and the resources involved in processing and scrutinising applications. For example, the resources involved in undertaking checks to make sure that the documentation we receive is authentic and the information we have been given is accurate.

Developing Professional Standards and Regulation

The following questions focus on how you develop your UK professional standards.

Question 13: Please describe the process by which UK professionals gain qualifications to enter the profession, including detail on the types of education and training they must undergo and how long it takes to complete them.

We regulate 15 professions and set a normative qualification which is expected for entry to the register. These are expressed as recognised UK higher education qualifications which range from Foundation degrees and Diplomas through to Doctorates. The level of training required reflects the complexity and depth to which education is normally delivered. The duration of these qualifications varies generally between 2-4 years, in accordance with the level of learning. Qualifications must be approved by HCPC prior to any cohorts undertaking it. We operate an approval process to assess qualifications alignment to the [education standards](#) we set. These standards set out a framework which spans the key elements of education delivery: admissions processes, programme governance and management, curriculum, practice-based learning and assessment. Once approved, qualifications must satisfy our regular monitoring requirements to remain approved. These monitoring processes are primarily designed to assess ongoing risk to our standards being met.

Question 14: Please describe the process you offer for professionals who have gained the relevant UK qualifications to be brought onto your register.

We require professionals (from UK approved programmes) to submit an application form with supporting documents and declarations. Qualifications are verified and confirmed by the awarding university.

An 'approved programme' is a UK programme of education and training that we approve so that someone successfully completing that programme is eligible to apply to us for registration. We sometimes refer to this as the 'UK approved course' route.

The non-refundable scrutiny fee is currently £63. This covers the costs we incur in processing applications. Applicants for registration who are newly qualified who apply by this route receive a 50 per cent discount on their registration fees for the first two professional years of registration, as long as they apply within two years of completing their approved programme. The registration fee per year is £90. Applicants are required to complete an application form, pay the required fee, provide copies of two appropriate documents to confirm identity and relevant return to practice forms, if applicable.

Question 15: How often do you review your processes and standards? In your answer, please describe both formal and informal ways this is carried out (e.g. via consultancy, membership surveys) and include detail of any changes you have recently made based to this process.

The HCPC reviews its standards and guidance roughly every five years. This includes our standards for professionals and education providers, but also the guidance that underpins some of our registration processes such as returning to practice and health and character declarations. Each review takes at least two years, and usually takes the form of:

- **Pre-emptive stakeholder engagement**, with relevant organisations. Depending on the type of standards this might include [professional bodies](#), employers, service user representative groups and education providers. We use this engagement to identify where changes are required, which focuses the remainder of the review.
- **Evidence gathering**. We often commission independent research in advance of a review, to develop an evidence base for our proposals. This may take the form of a literature review, or the research might target key groups to establish their opinion, such as registrants or members of the public.
- **Public consultation**. Any review of our standards or guidance will require a public consultation. This is held for 12 weeks and gives all stakeholder the opportunity to review our proposals and provide feedback.
- **Consultation analysis**. Following a public consultation, we will analyse the consultation responses we've received and use these to inform our final decision making. This document is published alongside our final decisions.
- **Implementation**. We support the wider sector in the roll out of new standards and guidance. Education providers, for example, are expected to embed these into their new curriculums so their graduates can meet the new standards. Registrants also may need to make changes to their practice to ensure they can still meet the standards.

Similarly, whenever we make changes to our processes which requires a change to our Rules, we will consult on this. This includes fees reviews, detailed below on Question 20, but may also include what types of evidence we accept and in what format. Most recently, we consulted on changes to our FTP rules to allow hearings to take place virtually and for us to send out correspondence by email, in light of COVID-19.

Outside of the five year review period, we can review our processes on an ad hoc basis. This is driven by an assessment of need, for example following the findings of public inquiry, stakeholder feedback or changes internally that mean the review needs to be brought forward.

Other changes to our processes may not require as formal stakeholder engagement, depending on the significance of the changes. For example, we are currently mid-way through a review of our Registration system. This review will allow us to process renewals and eventually applications entirely online.

More significant changes to our processes are however limited by our legislation. The Department of Health and Social Care is currently reviewing professional healthcare regulation and seeking to change our legislation to improve our processes and allow for more flexibility in the future (Regulatory Reform).

Question 16: Thinking about key changes that have been made to your qualification processes, what has been the cause for this change?

Below are some non-exhaustive possible options to consider in your answer.

- *Legislative change*
- *Findings from own internal review*
- *Feedback from consumers*
- *Feedback from professionals*

We undertake regular reviews of our quality assurance processes to ensure they remain fit for purpose. These can be broadly summarised as:

- Internal review of business processes
- Compliance and quality audits
- Annual review of outcomes achieved
- Thematic reviews of process outcomes in relation to particular trends within the education sector (e.g. apprenticeships in England, podiatric surgery)
- Biennial survey of education providers to obtain feedback on processes and standards
- Feedback from registrants directly involved in programme approval decision making
- Governance and oversight from Education and Training Committee.

We also engage periodically with the wider sector to inform our quality assurance approach. Our most recent engagement was held in 2019 with Deans of Allied Health and professional bodies. A working was established to review the current model and set out a future direction based on changes in the operating environment over the past decade. This engagement has prompted a shift in focus and investment to become more risk-based and data driven in our approach to quality assurance. We are currently preparing to implement a new quality assurance model

in January 2021 through a series of pilots. We are aiming to fully implement the model from September 2021 onwards. Whilst the functions around approval and monitoring will continue to be performed in line with our legislative requirements, the way this is carried out will be different in keeping with being more risk based and data driven.

To date, there has been little legislative change which has impacted the current quality assurance model. Regulatory Reform proposals in the UK will make the operation of regulatory quality assurance more streamlined, through greater flexibility for regulators to set Rules in relation to approval and withdrawal / non-approval processes.

Question 17: Do you feel that the current standards you set, against which applicants are assessed to enter onto the register, are a fair reflection of the level of skill, training, education, and experience required to practise their profession? Please explain your answer.

We are confident that the standards we set are a fair reflection of the skill, training, education and experience required to practise. Our previous responses, particularly question 15, have detailed the volume of work that goes into keeping our standards up to date. Engagement with our key professionals, and regular reviews, allow us to be confident that these standards remain up to date and remain effective to protect the public.

It is important to highlight that our standards have a distinct regulatory function, setting out the threshold for safe and effective practice. This means our main focus is on pre-registration education and training (with the exception of some high risk areas of practice like prescribing). Therefore our standards do not currently detail the training needed to advance practice, or develop specialisms in a particular area. Instead, our current standards require registrants to keep within their scope of practice, by only practising within the limit of their skills, knowledge and experience. This means registrants should seek out further training and support when they want to extend their scope of practice or enter a new role. That said, [our current Advanced Practice project](#) is reviewing the patient safety risks associated with advanced practice to determine what, if any, additional regulatory actions the HCPC might need to take.

Also important to note is our standards are not the only resource setting out what is expected of registrants and their practice. Professional bodies also set curriculums for their professions and set best practice guidance that supports registrants throughout practice. Organisations like Health Education England or NHS Education Scotland also provide much more detailed guidance on expectations regarding training and education for professional's looking to go into particular areas or specialisms.

Question 18: Please detail any principles of regulation you follow (e.g. proportionality and transparency) and how you uphold them, and whether they support you in your duties as a regulator.

The HCPC's current vision and values can be found in [our Corporate Strategy 2016-2020](#). Our values are a set of guiding principles which reflect both the social context in which the organisation operates and its aim to deliver effective and efficient regulation. These are:

- Transparency
- Collaboration
- Responsiveness
- Value for money
- High quality service

The HCPC is currently consulting on its proposed [Corporate Strategy 2021-26](#). This sets out our new values. These are:

- Fair – being honest, open and transparent.
- Compassionate – treating people with respect, empathy and care.
- Inclusive – collaborating with others and valuing diversity.
- Enterprising – being resourceful and creative, seeking opportunities to innovate and drive efficiency.

Underpinning these values is our purpose, to uphold the highest standards in the professions we regulate so that we protect the public and inspire their confidence. More detail on how we propose to achieve this is set out in the draft Strategy. It includes the delivery of six key strategies.

The values are embedded in our day to day work, informing all employees what is expected of them and how to conduct their work. Our Senior Management Team, Council and its Committees have overall oversight for the values and ensuring they are reflected in our work. We also link back to the values in our projects and in assessing employee conduct through performance reviews.

Question 19: Please detail any requirements you may place on the professionals you regulate and why they are necessary. If you do not impose any requirements, please justify your reasons for not doing so.

Registrants are required to meet our standards. These are:

- The [Standards of conduct, performance and ethics](#). These set out in broad terms our expectations for registrants conduct and behaviour. They apply at all times.
- The [Standards of proficiency](#) for their particular profession. They set out what a registrant must be able to know, do and understand at the point they join the Register. Registrants must continue to meet these as far as they relate to their scope of practice.
- The [Standards of Continuing Professional Development](#). These outline our expectations for registrants continuing professional development.

Every 2 years all registrants must complete a professional declaration (confirming they continue to meet the [Standards of conduct, performance and ethics](#), [Standards of proficiency](#) and [CPD standards](#)).

We also require applicants to make a health and character declaration before entry on to the register. More information is set out in our [Guidance on Health and Character](#).

All registrants must keep up and maintain their [CPD](#) (continuing professional development). This is a record of a registrants learning and development over the previous 2 years ensuring skills and knowledge are up to date. When each profession renews, we randomly select 2.5% of registrants from each profession and ask them to submit their CPD profile for audit.

We require registrants to have a [professional indemnity arrangement](#) in place as a condition of their registration with HCPC. When registering, we ask registrants to make a professional declaration to confirm that they have (or will have) one in place and that it provides the appropriate level of cover. The level of cover will be appropriate to a registrant's practice, taking into account the nature and extent of its risks. It will be sufficient to meet any liability that may be incurred if a successful claim is brought against a registrant.

Question 20: Please describe the process by which you determine your application fees. Please set out any principles or guidelines you adhere to when determining fee amounts.

Unlike some other healthcare regulators, by law the HCPC is required to publically consult whenever it proposes to change its fees. This includes both the fees to apply to join the Register and its renewal fees which registrants pay every two years to remain on the Register.

Changes in the fees require amendment to the Health and Care Professions Council (Registration and Fees) Rules Order of Council 2003. This requires approval from the Privy Council, before the laying in the UK and Scottish Parliaments. They are considered at Committee level and via the negative affirmative procedure (i.e. an affirmative vote is not required). The Rules can be 'preyed' against by parliamentarians – this can lead to committee level discussion and a vote on whether the Rules should be annulled.

Decisions to increase our fees are led by our Council. As an organisation entirely funded by our registrant's fees, this is on the basis of financial analysis provided by our Finance Department. This assesses when additional funding for the organisation will be required, in order for us to continue to deliver our statutory obligations.

Any decision to increase our fees will be taken following stakeholder engagement and a public consultation. This includes engagement with the UK Governments, legal advisors, the Privy Council and professional bodies.

We have internal guidance on our fees rise process. This sets out that, when presenting a fee increase, there must be:

- A clear explanation and justification for why the fees are changing. This includes our efforts in containing costs as well as the drivers (e.g. inflation, fitness to practise, operational transformation) necessitating the fee rise.

- If agreed, any change in the renewal fee would only affect existing registrants when they next renew their registration. Any change to this fee therefore takes two full years before it has full effect. The consultation document should set out clearly the dates when the proposed new renewal fee is planned to apply to existing registrants in each profession.

Any consultation to change our fees is widely communicated to registrants and stakeholders. Under the Order, we are also required to 'consult' the members of our Education and Training Committee before varying fees (Article 7(1)).

Feedback that comes out of our consultation is analysed and presented to Council. The consultation analysis is published in the public domain. This is then used to inform our decision-making regarding any final decision to increase the fees.

Question 21: Please detail any changes that you are considering for your sector to ensure the profession you regulate stays relevant to current challenges. Does current regulation allow for you to make these changes?

The HCPC constantly strives to improve its regulatory functions and to ensure that these remain up to date and relevant to current practice. For example, our standards and guidance are reviewed at least every five years to ensure they remain up to date and reflect current practice. We also from time to time review our regulatory functions. For example, in January 2019, we introduced a [new Threshold Policy](#) for Fitness to Practise. This changed how we consider concerns coming into the Fitness to Practise process and how we make decisions regarding if we should undertake a full investigation. We also drastically [changed our registration processes during the COVID-19 pandemic](#) to create temporary registers and allow registrants to apply by email.

However, the ability for us to deliver changes and improvements to our regulatory functions is often limited by our legislation. The HCPC is set up by the Health Professions Order 2001. We also have a number of Rules which outline a number of our processes.

The Department of Health and Social Care is currently leading on Regulatory Reform. This looks at the professional healthcare regulators and how we operate and looks to make legislative changes to allow for new processes in areas such as Fitness to Practise. It is important that BEIS is linked up with DHSC on this work, and any proposals stemming from this call to evidence do not contradict existing work in this area.

The HCPC is currently determining what legal changes we would like to make through the DHSC's review. At a strategic level, our priorities are to have reformed legislation which:

- places a greater emphasis on supporting professionalism, while continuing to take proportionate action to manage concerns about a minority of professionals;
- provides greater autonomy to set our own operating processes and procedures, including rule making powers, to enable us to be agile

when responding changes to the environment in which our registrants operate;

- ensures broadly equivalent powers to ensure consistency;
- has effective and modern governance underpinned by openness and transparency;
- ensures registrant's rights remain protected; and
- maintains the public protection imperative.

More detail of our priorities can be found in [our Chief Executive's September report](#) to our Council, on page 6.

As well as that list, we would also like to have the power to make our annotations legally enforceable. Currently, we have the power to annotate the Register to show a registrant has certain additional training in high risk areas. These currently are for prescribing and podiatric surgery.

Question 22: Please detail any steps you take to help make sure that your standards and processes are adaptive, support innovation and promote social mobility.

We use a range of methods to ensure that our standards and processes are adaptive, support innovation and promote social mobility. More detail about how we review our standards and processes is set out in Question 15.

In particular, we are adaptive by working closely with our professions to understand changes in practice and reflect these through the standards.

As our purpose is public protection, our standards are threshold, meaning they set out the minimum standards for safe and effective practice. This means our standards do not limit innovation in the sector, nor are our standards prescriptive in how they can be met. We are very supportive of our registrants innovating their practice, provided this is done safely and in a way which aligns with our standards.

Regarding social mobility, for all reviews of our standards or processes we must complete an Equality Impact Assessment. This prompts us to reflect on the impact of our proposals on the protected characteristics. We also reflect on other identified groups, which might include people from different socio-economic backgrounds.

The work HCPC is doing [in relation to Equality, Diversity and Inclusion](#) should allow us to do greater work in this area. More details are set out in Question 24 and 27.

Continuous Professional Development

Question 23: Please detail any continuous professional development that is required for professionals to remain on your register. Please include detail on how often this should take place, in what form, as well as the benefits of adhering and consequences of not adhering to these requirements.

We set [CPD standards](#) which registrants must meet. Every time a registrant renews their registration, they must confirm that they have met these standards and if

selected for audit must provide evidence of their CPD activities including evidence to show that CPD activities are a mixture of learning activities and are relevant to their work.

We [randomly audit](#) the CPD activities of 2.5% of the professionals from that profession. The professionals chosen for audit must submit a profile which explains how their CPD activities meet standards and provide evidence to show that they have undertaken the activities described in their profile. These profiles are assessed by CPD assessors from the professions we regulate, who will decide if the profile meets the CPD standards. We provide examples of [sample profiles on our website](#).

Our approach to CPD is flexible enough to take account of the range of different health and care professionals registered with us, different working roles and learning needs and variation in registrants' access to certain types of CPD. We do not set a number of hours or points that have to be completed and we do not approve or endorse any CPD activities. Instead we want registrants to identify development needs and choose appropriate activities to help meet them. We are more interested in the outcomes of learning and how this has benefited the registrant and the service users.

More information about CPD can be found in our [CPD Guidance](#).

Diversity and Inclusion

Question 24: Do you collect data on the diversity of both your UK and international applications? For example, on gender or ethnic background.

We collect/hold limited categories of data for the whole register (our register data), including: application route (UK, International or Grandparenting); gender; age; and of course, by profession. Please see [this page](#) on our website for the 'snapshot' of our register that we regularly publish.

Applicants are not asked to provide further information on their protected characteristics, such as ethnic background. Registrants are encouraged to complete a survey that details their gender, ethnic background and country of origin.

Overall, the HCPC needs to garner a more holistic and transparent picture of the EDI profile of its registrants, employees, and partners as a whole, in order to identify and take action to address any potential discrimination, harassment, and/or unconscious/conscious bias. We must first gain this (current) picture of the profile of our registrants before we are able to begin analysing the impact of our regulation on our registrants in relation to their EDI characteristics and understanding how the demographics are evolving through time.

In December 2019 we launched our first annual, voluntary survey of our registrants to establish a stronger base of data on registrant EDI information. The responses to the survey mean we hold contemporaneous EDI data for 5% of the Register. We are commissioning an external research team to further assess the data, identify any gaps and provide expertise on analysing the data effectively to meet our aims. We are currently reviewing the research team's draft report. We plan to use the

commissioned analyses to inform a report which the HCPC will draft and publish in late 2020/early 2021.

Question 25: Please outline any steps you take to eliminate unconscious bias from your recognition process.

To eliminate unconscious bias from the assessment process, we remove Personal Identifiable Information (PII) from the application pack before we ask our assessors to assess. This includes proof of address, passport copy, and any PII that isn't required for assessment.

Assessors are also required to complete EDI training as part of their induction. We will also soon be rolling out EDI refresher training every two years via eLearning. This will include training on unconscious bias.

Question 26: Please outline any steps you take to support job creation in the profession you regulate.

The HCPC's role, as a regulator, is to protect the public. We therefore do not have a workforce planning or job creation role. However, we do recognise that our regulatory functions may impact on these areas and so support the sector, particularly through the sharing of data, wherever we can.

In particular, we provide data to the Migration Advisory Committee's shortage occupation list. We are looking to improve our ability to hold and collect data, through our new Insight and Intelligence function (to be created this year).

Members of SMT are also present on the following groups, who have influence over the approach the AHP workforce approach:

- AHP Strategic Oversight Forum.
- AHP In to Action Board.

Our Chief Executive also liaises with key groups to ensure we provide positive impacts to workforce planning matters where appropriate.

We work with employers to support them in managing workforce issues. For example, in 2014 the London Ambulance Service (LAS) advised us that they would be undertaking a recruitment campaign to recruit internationally qualified paramedics, primarily from Australia and New Zealand, to fill vacant positions. In order to facilitate this exercise we secured a Department of Health and Social Care (DHSC (the Department of Health at that time) grant to enable us to resource processing all newly received international applications as promptly as possible.

The Policy and Standards department liaises closely with AHP leads and directors across the four countries to ensure we work collaboratively to tackle workforce issues. In particular, in developing our new Insight and Intelligence function, we have worked closely with the AHP lead for Health Education England and the Associate Director for Allied Health for NHS Education for Scotland. This is with a view to ensuring our data collection and intelligence gathering supports robust workforce planning. As we input in to the upgrades to our Registration and Fitness to Practise

systems, we have been mindful of the needs of external stakeholders, and we have endeavored to future-proof our data collection to meet ongoing requirements.

The Policy and Standards department seeks to learn from best practice models across the world, and through our attendance at international conferences, we have established links to international leaders in data-informed workforce planning. The New Zealand Ministry of Health has developed an extremely sophisticated and internationally recognised modelling system to 'help ensure the health workforce is well trained, appropriately configured, and able to address the future health needs of New Zealanders'. In developing our new Insight and Intelligence function, our ambition is to emulate this model as far as possible, whilst taking account of financial and resource constraints.

For more detailed insights into job creation for our registrants, the UK Government will need to approach the [professional bodies for our professions](#). They represent their professions and therefore lobby for and promote their professions in the development of future roles and services.

Question 27: Please outline any steps you take to attract a diverse workforce to the profession you regulate.

We are committed to doing all that we can to enhance diversity within the professions that we regulate and recognise that we are on a journey and should do a lot more in this important area. We have recently [reviewed and reformed our approach to EDI as a regulator](#) and employer, to modernise and strengthen our ability to drive forward our EDI Agenda. For example, we are working with our registrant members of our newly established EDI Forum to explore ways in which we can support improvements to the career pathway for the professions we regulate, to ensure greater diversity and equity of opportunity within and across the professions. The detail of this will be covered in our first EDI Strategy 2021-2026 and accompanying EDI action plan 2021, but will likely include closely working with professional bodies and higher education institutions as part of our education quality assurance process to identify and remove any unnecessary barriers.

Additional Information

Question 28: Please detail any other information or evidence that you think we should take into consideration during this Call for Evidence.

It is very important that public protection underpins any future regulation and mutual recognition of healthcare professionals. The UK's standards are evidence based and developed through stakeholder engagement to assess what is required for our health and care sector. It is vital this is not undercut by any trade negotiations, which may otherwise see mutual recognition as a trading tool.

As ever, we would welcome continued dialogue with BEIS and the UK Government as proposals and future trade deals in this area develop.