

## Response to Facing the Facts, Shaping the Future - A draft health and care workforce strategy for England to 2027

March 2018

### 1. Introduction

- 1.1 The Professional Standards Authority for Health and Social Care promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and registration of people working in health and care. We are an independent body, accountable to the UK Parliament. More information about our work and the approach we take is available at [www.professionalstandards.org.uk](http://www.professionalstandards.org.uk)
- 1.2 As part of our work we:
- Oversee the nine health and care professional regulators and report annually to Parliament on their performance
  - Set standards for and accredit registers of practitioners working in health and care occupations not regulated by law
  - Conduct research and advise the four UK governments on improvements in regulation
  - Promote right-touch regulation and publish papers on regulatory policy and practice.
- 1.3 We welcome the opportunity to respond to Health Education England's (HEE) consultation on the draft health and care workforce strategy for England. We have offered general comments about challenges facing the English workforce and high-level observations related to professional regulation. We have also offered more detailed comments on some parts of the draft strategy.

### 2. Summary

- 2.1 We welcome the production of the first workforce strategy in the English health service for almost 25 years. It is a timely document as the health and care sector faces challenges such as an ageing population, rising cost of health technologies and growing consumer demand.
- 2.2 We noted in our report *Rethinking regulation*<sup>1</sup> that professionals' roles and the boundaries between them are changing in response to a range of factors including team based care and the need for providers to flex and adapt to changing circumstances. Current trends suggest that the workforce of the future may need to be more reliant on support roles (for example the nursing

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<sup>1</sup> Professional Standards Authority 2015, *Rethinking regulation*. Available at: <http://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/rethinking-regulation-2015.pdf> [Accessed: 23/03/2018]

associate role) and require increased flexibility and fluidity between roles and across disciplines.

- 2.3 We think this requires there to be a broadening of the workforce lens to take account of those working within social care and other sectors as well as a strong focus on interprofessional education. Employers will need an agile workforce to keep up with demands and are likely to continue to innovate and invent new roles. In recent years the number of roles has significantly expanded with 32 now statutorily regulated and scores of others being deployed, including those who are part of the assured workforce on Accredited registers<sup>2</sup>. We acknowledge that HEE's strategy takes account of the non-clinical workforce but would suggest it considers more explicitly the wider range of clinical and other practitioner roles that provide and supplement healthcare.
- 2.4 When considering the impact of regulation on the health and care workforce it is useful to reflect on the purpose of regulation. Regulation is solely about protecting the public. Regulation should not be used for other reasons, for example to enhance the professional status. This is because statutory regulation, whilst it is an important tool in protecting the public, can be inflexible, restrictive, expensive or even counterproductive if used inappropriately.
- 2.5 We support the draft strategy's sentiment, on page 93, that the UK's system of professional regulation for health and care is complex and outdated. The draft strategy mentions the four UK governments' consultation, *Promoting professionalism, reforming regulation*. We responded to this consultation earlier this year, outlining ways regulation can be improved.<sup>3</sup> Additionally, for a detailed analysis of issues with the current professional regulatory environment and solutions, we direct HEE towards *Right-touch reform*.<sup>4</sup> There we put forward proposals of reforming regulation which could enable the NHS in England to best make use of its workforce now and in the future. These include (but are not limited to):
- A common set of standards across all health and care occupations.
  - A proper risk assessment model to indicate which groups should be regulated and the most proportionate form of regulation
  - An approach to the quality assurance of education and training that is flexible enough to allow innovation to support workforce requirements and avoids duplication of regulatory activity.

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<sup>2</sup> There are 24 Accredited Registers as at 23 March 2018.

<sup>3</sup> Professional Standards Authority, 2018, *Response to government consultation – Promoting professionalism, reforming regulation*. Available at: [https://www.professionalstandards.org.uk/docs/default-source/publications/consultation-response/others-consultations/2018/professional-standards-authority-response-to-promoting-professionalism--reforming-regulation.pdf?sfvrsn=84937220\\_10](https://www.professionalstandards.org.uk/docs/default-source/publications/consultation-response/others-consultations/2018/professional-standards-authority-response-to-promoting-professionalism--reforming-regulation.pdf?sfvrsn=84937220_10) [Accessed 19/03/2018]

<sup>4</sup> Professional Standards Authority 2017, *Right-touch reform*. Available at: [https://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-reform-2017.pdf?sfvrsn=2e517320\\_5](https://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-reform-2017.pdf?sfvrsn=2e517320_5) [Accessed 19/03/2018]

- 2.6 We have an interest in how emerging roles, such as nursing associates and medical associate professions (MAPs), are regulated. The tool we have developed, which we outlined in our paper *Right-touch assurance*, is intended to be used to assess the risk of harm presented by different health and care occupations.<sup>5</sup> This will then help to indicate what form of assurance is needed to manage the risk of harm to patients and service users arising from the practice of an occupation. We suggest that this methodology and its principles may be useful in determining the future regulatory status of emerging roles mentioned in the draft strategy. The recent four country consultation on reform of professional regulation, which the consultation document highlights, called for views on a role for the Authority in advising the UK governments on which groups of healthcare professionals should be regulated.
- 2.7 We note that the draft strategy does not include discussion of the assured workforce, despite Government policy supporting assured registration. Workforce pressures might be eased by intelligent use of practitioners providing services such as counselling and psychotherapy, public health, healthcare scientists, sports rehabilitators and foot care practitioners that are on our Accredited registers<sup>6</sup>. This is a workforce of approximately 80,000 practitioners, covering 54 occupations, the most recent inclusions being the life sciences and clinical physiologists.

### 3. Detailed comments

#### Purpose of regulation

- 3.1 We disagree with the reasoning on page 40 that regulation of nursing associates is important in order to assign the nursing associate occupation with the 'status it deserves'. This misunderstands the purpose of regulation. The purpose of regulation is to minimise harm to the public. Decisions on the use of regulation, including which health and care occupations need to be statutorily regulated, should be based on a thorough assessment of risk of harm rather than for other reasons such as to enhance professional status. Government policy remains that statutory regulation for unregulated occupations will only be considered when there is a clear case based on risk of harm to the public and where assured registration is not considered sufficient to manage this risk.<sup>7</sup>

#### Credentialing

- 3.2 The draft document mentions two types of credentialing. To our knowledge, there are three types of credentialing. The types of credentialing are HEE

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<sup>5</sup> Professional Standards Authority, 2016, *Right-touch assurance: a methodology for assessing and assuring occupational risk of harm*. Available at: [https://www.professionalstandards.org.uk/docs/default-source/publications/right-touch-assurance---a-methodology-for-assessing-and-assuring-occupational-risk-of-harm-\(october-2016\).pdf?sfvrsn=0](https://www.professionalstandards.org.uk/docs/default-source/publications/right-touch-assurance---a-methodology-for-assessing-and-assuring-occupational-risk-of-harm-(october-2016).pdf?sfvrsn=0) [Accessed 19/03/2018]

<sup>6</sup> See: <http://www.professionalstandards.org.uk/what-we-do/accredited-registers/find-a-register>

<sup>7</sup> Department of Health, 2011, *Enabling Excellence*, p.18. Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216580/dh\\_124374.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216580/dh_124374.pdf) [Accessed 19/03/2018]

multi-professional credentialing, medical credentialing and the Academy for Healthcare Science's (AHS) credentialing register. We discuss all three below.

- On page 91 in the draft strategy, HEE describes the possibility of developing its own credentialing method which would allow all regulated healthcare professionals the opportunity to extend their practice in various areas
- The General Medical Council's credentialing proposal is described on page 101 of the draft workforce strategy as the process whereby key elements of training are identified to 'allow a doctor to change specialties or increase their range of practice much quicker than starting a new specialty education programme'
- The final type of credentialing we have encountered is the AHCS' Credentialing Register for the life science industry. This register admits company representatives from the industry who trade with and provide services to the NHS, and who may engage with NHS staff and patients directly. The Academy stated the credentialing register is intended to ensure that the NHS, and other healthcare providers, have a quality assured form of recognition for external representatives, so they can access appropriate areas within clinical settings.

3.3 It would be helpful to learn further details about HEE's credentialing proposals, and how this is intended to fit with professional regulatory requirements. It would also be good to learn more about the intended benefits of this proposal and how they represent an improvement in the process of practitioners' extending their practice. We are pleased that HEE will be exploring the issue with professional regulators.

3.4 Whilst extended roles can deliver benefits for patients and the public and enable health services to respond flexibly to the increasing pressures they face, it is important that any risks to public protection are appropriately managed. We have produced advice on managing extended practice which may be useful for Health Education England to refer to when considering the development of a multi-professional system of credentialing.<sup>8</sup>

### Emerging roles

3.5 We value the potential of emerging roles, such as MAPs, to help the workforce in England to meet increased and more complex demand. In order for these emerging roles to best fulfil their potential the appropriate level of regulatory assurance is important. We suggested in our response to the Department of Health and Social Care's consultation on regulation of MAPs that further analysis is required to establish the most appropriate way forward for the MAPs and we would be able to advise the Department on this issue.<sup>9</sup>

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<sup>8</sup> Professional Standards Authority 2010, *Managing Extended Practice*. Available at: [https://www.professionalstandards.org.uk/docs/default-source/publications/advice-to-ministers/managing-extended-practice-2010.pdf?sfvrsn=88c77f20\\_8](https://www.professionalstandards.org.uk/docs/default-source/publications/advice-to-ministers/managing-extended-practice-2010.pdf?sfvrsn=88c77f20_8) [Accessed:23/03/2018]

<sup>9</sup> Professional Standards Authority, 2017, *Response to consultation on the regulation of medical associate professions in the UK*. Available at: <https://www.professionalstandards.org.uk/docs/default->

- 3.6 In our consultation response, we highlighted that statutory regulation is not always an appropriate form of assurance as it tends to inflexibility and may have a range of unintended consequences both for the profession and the workforce more broadly. We noted that the Government's current position remains that statutory regulation should only be considered if other means of assurance, such as assured registration, are not sufficient.
- 3.7 As the list on page 39 shows, the roles grouped together as MAPs vary widely both in scope, the type and risk of harm to the public as well as the level of assurance they are already subject to. For example, Surgical Care Practitioners (SCPs) and Advanced Critical Care Practitioners (ACCPs) are already required to be registered healthcare professionals in order to carry out the role. There is also variation over whether those within the MAPs group operate as autonomous professionals. There appears to be a tension between calls to regulate a profession due to the stated need for individuals to exercise autonomy in decision making and the desire to require regulated individuals to continue to be accountable.
- 3.8 We recommend that our Right-touch assurance methodology be used when making decisions about the appropriate level of assurance for an emerging role. Right-touch assurance was created to indicate what form of assurance is needed to manage the risk of harm to patients and service users arising from the practice of an occupation. It was also created to ensure that advice of assurance was provided independently of those with an interest in statutory regulation. We discuss the application of Right-touch assurance to MAPs in more detail in our response to the Government's consultation the regulation of medical associate professions in the UK.<sup>10</sup>

### Assured workforce

- 3.9 The draft strategy makes little mention of the assured workforce despite the fact that it remains the Government position that '[assured registration] will provide greater flexibility and give the public and local employers greater control and responsibility for how they assure themselves about the quality of staff.'<sup>11</sup>
- 3.10 The Authority oversees the Accredited Registers programme for organisations which hold voluntary registers of practitioners who are not regulated by law. Registers are assessed to ensure that they meet our standards. Practitioners on Accredited registers including counsellors, sports therapists, public health practitioners, complementary therapists and foot health practitioners amongst many others. The scheme offers assurance to the public as well as employers,

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[source/publications/consultation-response/others-consultations/2017/professional-standards-authority-response---regulation-of-medical-associate-professions.pdf?sfvrsn=16717320\\_8](https://www.professionalstandards.org.uk/docs/default-source/publications/consultation-response/others-consultations/2017/professional-standards-authority-response---regulation-of-medical-associate-professions.pdf?sfvrsn=16717320_8) [Accessed 19/03/2018]

<sup>10</sup> See footnote 8 and the methodology itself at:

[https://www.professionalstandards.org.uk/docs/default-source/publications/right-touch-assurance---a-methodology-for-assessing-and-assuring-occupational-risk-of-harm-\(october-2016\).pdf?sfvrsn=0](https://www.professionalstandards.org.uk/docs/default-source/publications/right-touch-assurance---a-methodology-for-assessing-and-assuring-occupational-risk-of-harm-(october-2016).pdf?sfvrsn=0)

<sup>11</sup> Department of Health, 2011, *Enabling Excellence*, p.18. Available at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216580/dh\\_124374.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216580/dh_124374.pdf) [Accessed 19/03/2018]

commissioners or GPs who may wish to refer patients on, about the practitioners on these registers.

- 3.11 Better use of the broad expertise of assured practitioners could be a means for addressing workforce shortages. Assured practitioners already deliver, support and supplement NHS and care services. With changing models of healthcare, they are well placed to support the transformation of our health and care services to meet future challenges.
- 3.12 Mental health services are a particular area where assured practitioners could play a greater role. We were disappointed not to see a more explicit reference to the potential of the assured workforce including counsellors and psychotherapists in the recently published mental health workforce strategy. Another area is public health; the untapped potential of the assured workforce to help tackle public health objectives was highlighted in a recent report produced by the Authority and the Royal Society for Public Health.<sup>12</sup>

#### 4. Further information

- 4.1 Please get in touch if you would like to discuss any aspect of this response in further detail. You can contact us at:

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<sup>12</sup> *Untapped resources: accredited registers in the wider workforce*. Available at: [https://www.professionalstandards.org.uk/docs/default-source/publications/untapped-resources---accredited-registers-in-the-wider-workforce-november-2017.pdf?sfvrsn=2067320\\_0](https://www.professionalstandards.org.uk/docs/default-source/publications/untapped-resources---accredited-registers-in-the-wider-workforce-november-2017.pdf?sfvrsn=2067320_0) [Accessed 20/03/2018]