

10 June 2021

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

Executive Summary

We have analysed the consultation responses following our public consultation to revise SET 1 for ODPs. Our proposal to increase SET1 for ODPs from Diploma of Higher Education to Degree-level was supported by the majority of respondents, with only 20% directly opposing this move and a smaller percentage only partly supporting.

The analysis document sets out the Executive’s proposal to cease accrediting programmes below degree-level which apply with the HCPC after 2 July 2021. It also explains the proposal that programmes delivered below the new threshold level will not be able to take on any new cohorts from 1 September 2024. We believe that this arrangement strikes the right balance between safeguarding service user safety and providing education providers, employers, and other stakeholders adequate time to plan for this transition.

The EQIA annexed to this coversheet pays specific attention to four countries issues which have been raised in previous papers submitted to ETC relating to SET 1 for ODPs. The annexed update document also explains the differences in ODP provision between Scotland on one hand and England and Wales on the other. While these differences exist, the engagements we have undertaken with Scottish stakeholders have helped to shape our implementation plan to effectively limit any anticipated negative impacts of increasing SET 1. Our update document includes a full discussion of stakeholder engagement to date on this specific issue.

Appendices	<ul style="list-style-type: none">• Appendix A: Update on public consultation on SET 1 for ODPs and initial stakeholder engagement• Appendix B: Consultation analysis on revising SET 1 for ODPs• Appendix C: Profile of pre-registration ODP programmes• Appendix D: Equality Impact Assessment ODP SET 1
Previous consideration	SMT by circulation
Decision	ETC is asked to recommend the paper and ODP SET 1 change to Council for approval.
Next steps	Presentation to Council in July 2021 and ongoing communication and stakeholder engagement work.

Strategic priority
Strategic priority 2: Promote high quality professional practice

Financial and
resource
implications
There are no additional resource or financial implications
associated with this work. The implementation of this change is
already factored into existing work plans.

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

1. Background to SET 1 for ODPs

- 1.1 The first of the standards of education and training ('SET 1') sets out the threshold level of qualification required for entry to the Register for each of the professions we regulate. SET 1 does this by specifying types of academic awards. The standard includes the term 'normally' as the HCPC's governing legislation requires the SETs to be established based upon the outcomes required to meet the standards of proficiency (SOPs).
- 1.2 In March 2018, we changed SET 1 for a profession for the first time; the education threshold for paramedics was increased from equivalent to Certificate of Higher Education to Bachelor degree with honours, following a public consultation.
- 1.3 Increasing the threshold for SET1 for ODPs is not a new matter. A 2014 paper to the HCPC's Education and Training Committee considered SET1 for ODPs and paramedics¹. This followed a position statement from the Council of Deans of Health which stated that "the changes to ODP practice, changes to the clinical environment and new expectations for future roles suggest that there is a strong case to move the educational threshold from DipHE to BSc (Hons) on the grounds of patient benefit."²
- 1.4 Since 2014, we have continued to monitor the profile of pre-registration ODP programmes. We consider the level at which providers offer programmes to be a useful proxy for assessment of the level and depth of training usually required to meet the SOPs. In June 2014, only 29% of ODP programmes were delivered above the threshold (at either BSc Hons or BSc level). Since then, the percentage of programmes delivered above the threshold has steadily increased to 54% in January 2018, 77% in June 2019 and, at the time of writing, 85% of 53 programmes.
- 1.5 The current threshold for ODPs is Diploma of Higher Education (Dip HE). This equates to Level 5 in the Framework for Higher Education Qualifications (England, Wales and Northern Ireland) and Level 8 in the Scottish Credit and Qualifications Framework.

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

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

- 1.6 The feedback from our initial stakeholder engagement led us to propose increasing the threshold in SET1 to BSc Honours or Level 6 in the Framework for Higher Education Qualifications (England, Wales and Northern Ireland) and Level 9-10 in the Scottish Credit and Qualifications Framework.
- 1.7 We have analysed the consultation responses following our public consultation to revise SET 1 for ODPs. Our proposal to increase SET1 for ODPs from Diploma of Higher Education to Degree-level was supported by the majority of respondents, with only 20% directly opposing this move and a smaller percentage only partly supporting.
- 1.8 The analysis document sets out our decision to cease accrediting programmes below degree-level which apply with the HCPC after 2 July 2021. It also explains the decision that programmes delivered below the new threshold level will not be able to take on any new cohorts from 1 September 2024. We believe that this arrangement strikes the right balance between safeguarding service user safety and providing education providers, employers, and other stakeholders adequate time to plan for this transition.
- 1.9 The EQIA annexed to this coversheet pays specific attention to four countries issues which have been raised in previous papers submitted to SMT relating to SET 1 for ODPs. We believe our implementation plan alongside our on-going engagements with stakeholders in Scotland will effectively limit any anticipated negative impacts of increasing SET 1.

2. Provision in Scotland

- 2.1 As mentioned in previous governance papers, the standout issue in this process is the provision of ODP education in Scotland.
- 2.2 ODP education in Scotland was previously provided by Glasgow Caledonian University at the BSc level, with its first intake in September 2012. GCU announced that they would have their final intake in 2017 citing various reasons including the university's interest in focusing on research and ensuring academic coherence among its programmes.
- 2.3 Provision of ODP education went out on tender and the University of West Scotland was selected but only on Diploma level. The UWS has a five-year SLA to train ODPs for the Scottish NHS and begun the second year of the SLA in academic year 2020/21. This would mean that the last cohort of the current SLA would start in September 2023.
- 2.4 UWS is the only provider of ODP education in Scotland. The SLA guarantees between 57-65 graduates a year and the students are generally directly employed by health boards in Scotland while they study. Students employed by health boards will earn NHS Agenda for Change band 4 or 5 salaries while some health boards instead offer students work on a staff bank until qualification. As there are no tuition fees in Scotland, the funding for this comes directly from the health boards themselves and is supplemented by grants from the Scottish Government.

3. Engagement with Scottish Stakeholders

- 3.1 Our survey of education providers in May 2020 highlighted differences between Scotland and the rest of the UK in the provision of ODP education. Since then we have had numerous discussions with stakeholders, with a special focus on stakeholders based in (or whose work focuses on) Scotland.
- 3.2 Through these meetings we have confirmed that there is appetite among key Scottish stakeholders for an increase to SET 1 for ODPs. These meetings have also highlighted potential barriers to implementation of an increase to SET 1 in Scotland which would have to be carefully addressed if an increase was approved.
- 3.3 While ODPs are AHPs in England this is not the case in Scotland. This means that ODPs do not fall under the Chief Health Professions Officer³ but instead under the Chief Nursing Officer. Were SET 1 to increase, ODPs would be brought up to the same education level of AHP colleagues and their exclusion from the AHP designation could present a challenge. Work by the Scottish government to consider ODP's AHP status as well as appointing an Education Lead for ODPs are ongoing.
- 3.4 Detailed discussion about these engagements and the steps we intend to take to work with Scottish stakeholders during any implementation period can be found in the consultation analysis document as well as our Equality Impact Assessment.

4. Consultation decision and timeline

- 4.1 As set out in the consultation analysis document, the Executive proposes increasing SET 1 for ODPs to degree level.
- 4.2 If approved by Council, this would see the HCPC cease accrediting programmes below degree-level which apply with the HCPC after 2 July 2021 (the day immediately following Council). The decision to immediately stop accrediting new programmes (which had not already applied with the HCPC) is in line with a previous decision taken by Council on increasing SET 1 for paramedics.⁴
- 4.3 The rationale for this decision is anchored in public protection. We do not believe it is in the interests of public protection to allow new DipHE programmes to gain approval after our consultation has determined that these programmes do not demonstrate safe and effective practice.

³ The CHPO provides advice to Scottish Ministers and the Scottish Government on professional matters affecting all disciplines including education, training, workforce, regulation and role/service development as well as leading on policy for adult rehabilitation and falls prevention.

⁴ See <https://www.hcpc-uk.org/globalassets/meetings-attachments3/minutes/cou/2018/minutes-of-the-council-meeting-of-21-march-2018.pdf> from paragraph 11.ii.4

- 4.4 The Executive proposes that programmes delivered below the new threshold level will not be able to take on any new cohorts from 1 September 2024.

5. Immediate next steps

- 5.1 The Policy and Standards department will continue to work with Education to engage with stakeholders across the UK. These discussions will focus on our proposed timelines for implementation, mitigating any anticipated disruptions and explaining the support the HCPC will be able to provide during any implementation period.
- 5.2 Policy and Standards, Education and Communications will develop a communications plan which can be launched if Council approves these proposals. This plan will focus on assuring current ODPs, ODP students and employers that this change does not directly impact them. It will also ensure that the public safety rationale underpinning these decisions is clearly communicated to all stakeholders.
- 5.3 If the proposal is approved, the implementation process will be managed by the Education department.

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

Analysis of responses to the consultation on the revised threshold level of qualification for entry to the Register (SET 1) for Operating Department Practitioners and our decisions as a result.

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1. Introduction

About the consultation

- 1.1 We consulted between 25 January 2021 to 26 April 2021 on proposed changes to the threshold level of qualification for entry to the Register (SET 1) for Operating Department Practitioners.
- 1.2 We informed a range of stakeholders about the consultation including professional bodies, employers, and education and training providers. We also advertised the consultation on our website and on social media, as well as a news item on our website. Preceding the consultation, we engaged with various stakeholders directly, including education providers, professional bodies, employers and the Scottish Government.
- 1.3 We would like to thank all those who took the time to respond to the consultation. You can download the consultation document and a copy of this response document from our website at: <https://www.hcpc-uk.org/news-and-events/consultations/2021/consultation-on-a-revised-threshold-level-of-qualification-for-entry-to-the-register-set-1-for-odps/>

About us

- 1.4 The Health and Care Professions Council (HCPC) is a statutory regulator of healthcare and psychological professions governed by the Health Professions Order 2001. 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.
- 1.5 We currently regulate 15 health and care professions:
 - Arts therapists
 - Biomedical scientists
 - Chiropodists / podiatrists
 - Clinical scientists
 - Dietitians
 - Hearing aid dispensers
 - Occupational therapists
 - Operating department practitioners
 - Orthoptists
 - Paramedics

- Physiotherapists
- Practitioner psychologists
- Prosthetists / orthotists
- Radiographers
- Speech and language therapists

About this document

1.6 This document summarises the responses we received to the consultation.

- Section two explains how we handled and analysed the responses we received, providing some overall statistics from the responses.
- Section three provides an executive summary of the responses we received.
- Section four adopts a thematic approach and outlines the general comments we received on the draft guidance document.
- Section five outlines our responses to the comments received, and any changes we will make as a result.
- Section six lists the organisations which responded to the consultation.

1.7 In this document, 'we', 'us', and 'our' are references to the HCPC; 'you' or 'your' are references to respondents to the consultation.

2. Analysing your responses

2.1 We have analysed all the written and survey responses we received to the consultation.

Method of recording and analysis

2.2 The majority of respondents used our online survey tool to respond to the consultation. They self-selected whether their response was an individual or an organisation response, and, where answered, selected their response to each question (e.g. 'yes', 'no', 'partly', or 'don't know').

2.3 Where we received responses by email or by letter, we recorded each response in a similar format.

2.4 When deciding what information to include in this document, we assessed the frequency of the comments made and identified themes. This document summarises the common themes across all responses and indicates the frequency of arguments and comments made by respondents.

Quantitative analysis

2.5 We received 239 responses to the consultation. 212 responses (89%) were made by individuals and 27 (11%) were made on behalf of organisations. Of the 212 individual responses, 155 (73%) were HCPC registered professionals.

2.6 The tables below provide some indicative statistics for the answers to the consultation queries.

Table 1 – Breakdown of responses by question

	Yes	No	Partly	Don't know	No answer
Q1. Do you agree that SET 1 for ODPs should be increased from diploma level degree level (that is, a move from Level 5 to Level 6 for FHEQ and from Level 8 to Level 9/10 for SCQF)	162 (68%)	47 (20%)	26 (11%)	4 (2%)	0

Q2. If the threshold were to increase, what length of time would be needed to implement this change?	As soon as possible	51 (23%)
	1 year	20 (9%)
	2 years	41 (18%)
	3 years	48 (21%)
	4 years	14 (6%)
	5 years	19 (8%)
	Uncertain	28 (12%)
	6-10 years	5 (2%)
	No change*	13 (6%)

	Yes	No	Partly	Don't know	No answer
Q4. Do you consider there are any aspects of our proposals that could result in equality and diversity implications for groups or individuals	47 (20%)	140 (59%)	20 (8%)	27 (11%)	5 (2%)

Table 2 – Breakdown of responses by respondent type

	Individuals				Organisations			
	Yes	No	Partly	Don't know	Yes	No	Partly	Don't know
Q1	140 (66%)	43 (20%)	25 (12%)	4 (2%)	22 (81%)	4 (15%)	1 (4%)	0

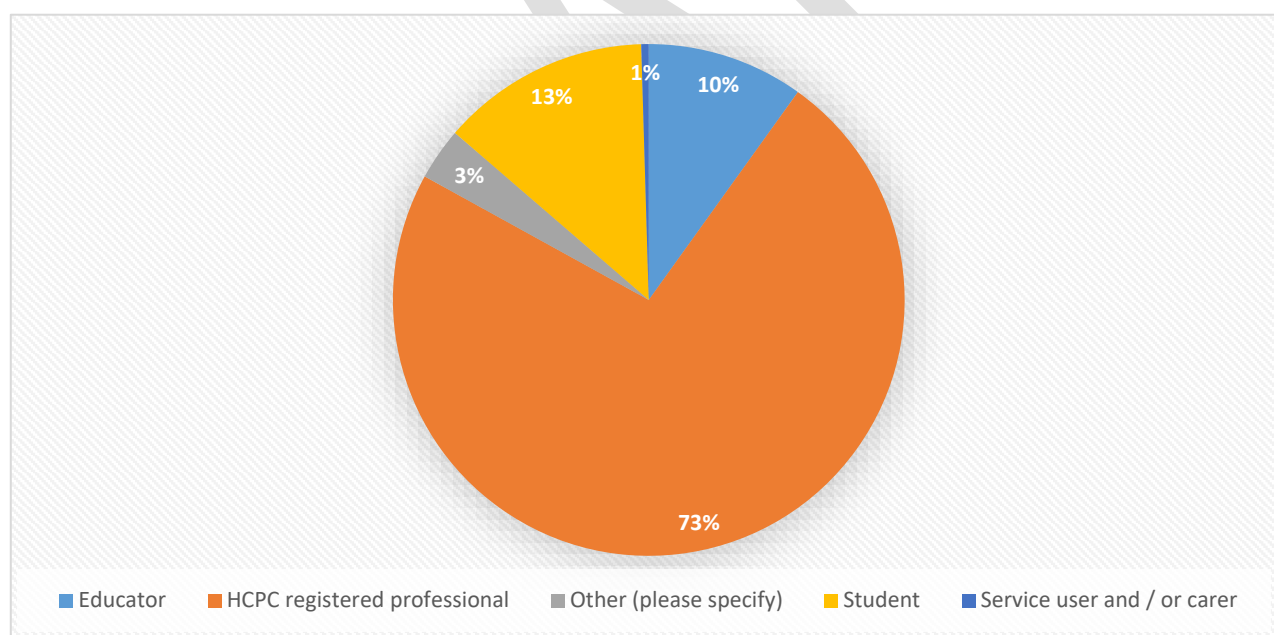
Q2. If the threshold were to increase, what length of time would be needed to implement this change?	Individuals	Organisations
	As soon as possible	42 (21%)
1 year	15 (8%)	5 (19%)
2 years	35 (18%)	6 (22%)
3 years	44 (22%)	4 (15%)
4 years	14 (7%)	0
5 years	17 (9%)	2 (7%)
Uncertain	28 (14%)	0
6-10 years	4 (2%)	1 (4%)
No change*	13 (7%)	0

	Individuals				Organisations			
	Yes	No	Partly	Don't Know	Yes	No	Partly	Don't Know
Q4.	42 (20%)	127 (60%)	16 (8%)	24 (11%)	5 (19%)	13 (48%)	4 (15%)	3 (11%)

- Percentages in the tables above have rounded to the nearest whole number and therefore may not add up to 100 per cent.
- Questions 3 and 5 invited comments or suggestions rather than 'yes' or 'no' answers and so have not been included in the above tables. A summary of responses to these questions can be found in section 4 of this document.

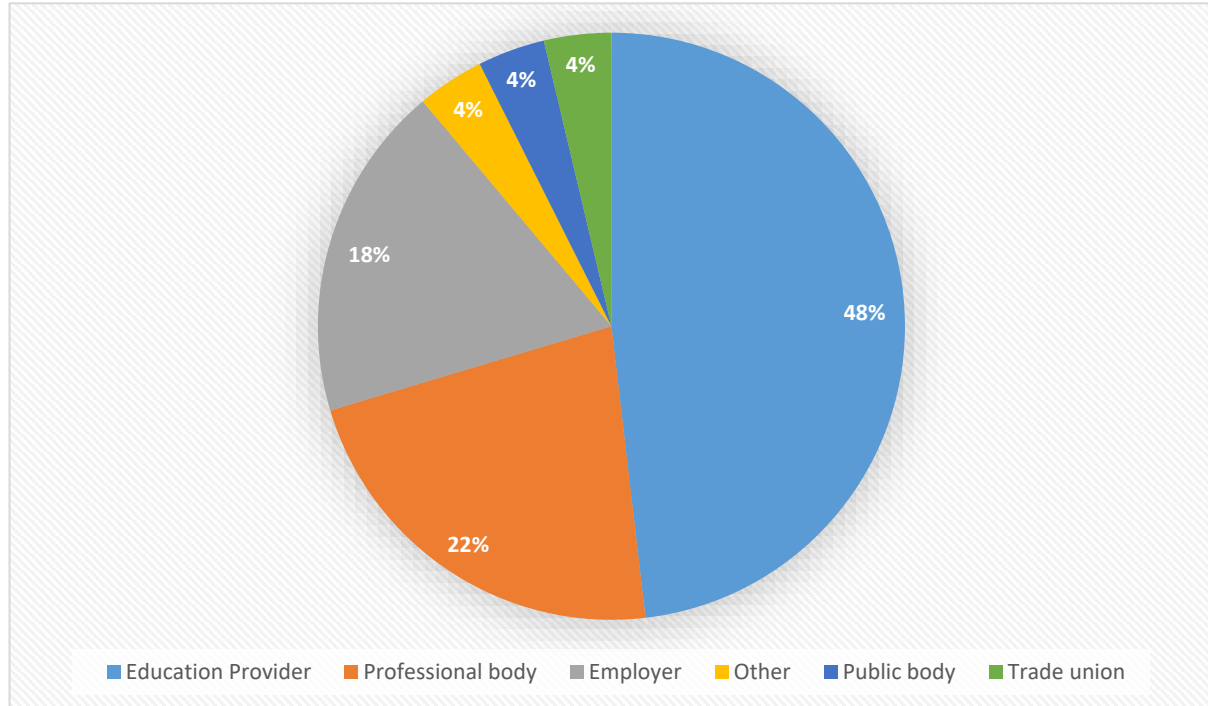
Graph 1 – Breakdown of individual respondents

Respondents were asked to select the category that best described them. The respondents who selected 'other' identified themselves as Registered Nurse, HCPC, Registered professional until 2020, NMC registered professional, Both HCPC registered and Educator, was registered and educator, Clinical Procurement Specialist, Learning and Development Manager and HCPC Registered professional.



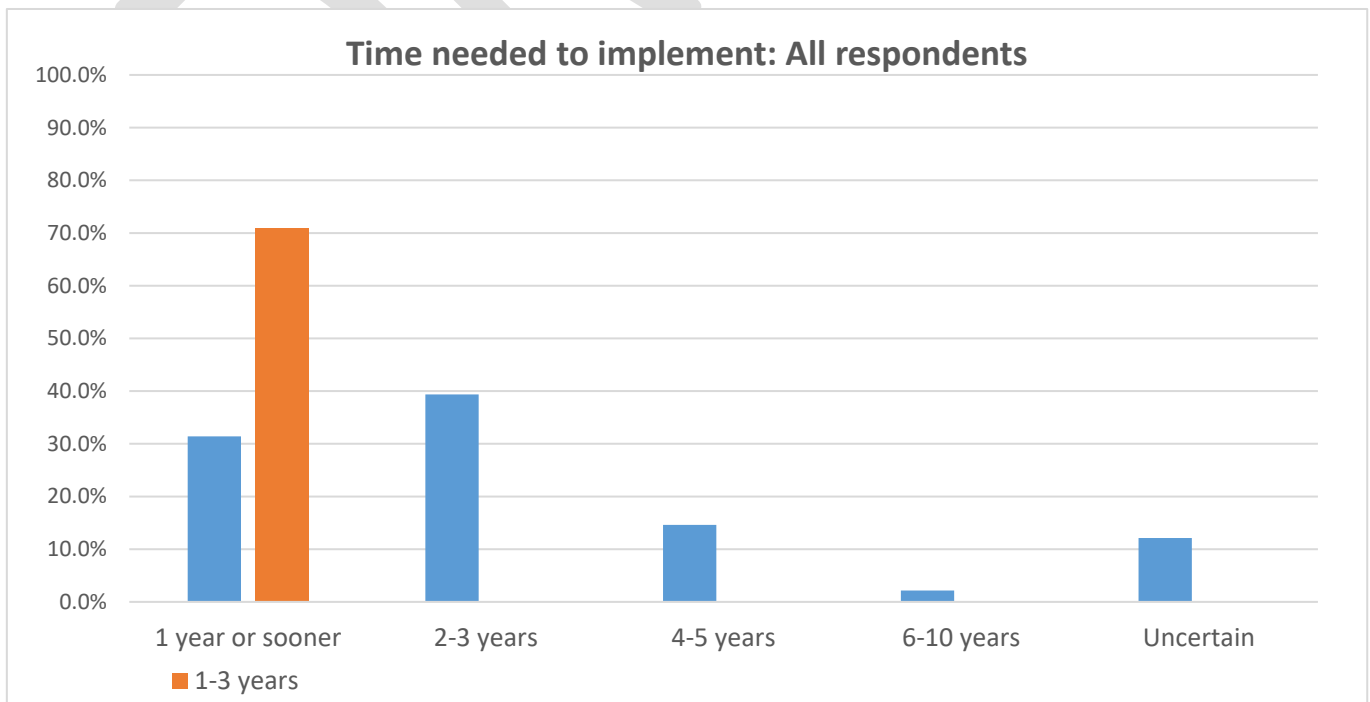
Graph 2 – Breakdown of organisation respondents

Respondents were asked to select the category that best described them. The respondents who selected ‘other’ identified themselves as responding from the Chief Allied Health Professions Office.



Graph 3 – Breakdown of responses to Question 2

Respondents were asked to indicate what length of time would be needed to implement a change if the threshold were to increase.



3. Summary of responses

Changing SET 1 for Operating Department Practitioners

- 3.1 The majority of respondents (68%) supported increasing SET 1 for ODPs to degree level. Respondents in favour of this change argued that it was important for ODPs to have parity of education level with other HCPC registrants as well as Allied Health Professionals. These respondents also felt that increasing the threshold was a positive move to help future-proof the profession and an appropriate response to the increasingly complex roles of ODPs.
- 3.2 A minority of respondents (20%) did not support an increase. The main reasons raised by these respondents was that degree-level study was unnecessary and disconnected from the roles and responsibilities ODPs have. Other respondents focused on concerns that an increase in the education threshold would reduce the accessibility of the ODP profession and lead to a shortage of qualified ODPs entering the workforce.

Implementation

- 3.3 Respondents gave a wide range of timeframes for the implementation of a change to SET1 with a plurality (23%) supporting a timeframe of three years. A majority of 71% of respondents indicated support for implementation between immediately and three years' time.
- 3.4 A minority of respondents supported implementation in 4 years (7%) and 5 years (9%) and just 2% of respondents wanted to wait 6 or more years.

Equality and Diversity

- 3.5 A majority of 59% of respondents did not consider that a change to SET 1 could result in equality and diversity impacts for groups or individuals based on one or more of the protected characteristics defined by the Equality Act 2010 or equivalent Northern Irish legislation. These respondents argued there would be little negative impact as the majority of ODP courses are already delivered at the proposed threshold.
- 3.6 A minority of 20% of respondents did feel that some aspects of our proposal may have equality and diversity impacts. These respondents highlighted concerns that the proposal could negatively impact people on the protected grounds of age, disability, pregnancy, race, and sex. Respondents also discussed the negative impact to people based on socio-economic factors. In general, these responses related to concerns that an increase in the threshold would create barriers to entry which would disproportionately impact people with protected characteristics.

4. Thematic analysis of responses

- 4.1 This section provides an analysis of the responses we received, based on the common themes we identified.

Question 1: Do you agree that SET 1 for ODPs should be increased from diploma level to degree level?

- 4.2 The majority of respondents supported increasing the education threshold for ODPs from diploma to degree level with 68% (168) choosing 'yes'. Only 20% (47) selected 'no', indicating they did not support an increase to SET 1, while 11% (26) partly supported this move and 2% (4) said they didn't know.

Yes

- 4.3 Respondents who supported the increase raised several arguments, addressed below. 81% (22) of organisational respondents and 66% (140) of individuals chose this answer.

Parity

- 4.4 Parity with other health professionals was the single-most common theme among respondents, with 33 respondents specifically mentioning parity as an important reason for their support to increase the threshold.
- 4.5 Respondents referenced parity with other AHPs¹ and HCPC registrants, who all are already required to have at least a degree level education to enter the Register. Parity with other colleagues that ODPs work closely with, such as nurses, was also raised.
- 4.6 This point of parity is closely linked with theme of advancement or credibility discussed below.

Complexity and futureproofing

- 4.7 25 respondents discussed complexity of the ODP profession as a reason to increase the threshold. The theme of complexity had two sub-themes: first, that the roles of ODPs have already advanced and become more complex and therefore necessitate a higher education threshold. Second, that a higher threshold was necessary because of the trend of increased complexity within the profession and the desire for even further advancement of the profession in the future.

¹ ODPs are classified as AHPs in England but not in the rest of the UK. Where this document refers to 'other AHPs' or similar, this is a quote from a respondent.

- 4.8 More broadly than the profession itself, a respondent felt that the healthcare needs of the UK in general are becoming increasingly complex and will require highly qualified professionals able to work in multidisciplinary teams.
- 4.9 One respondent argued that the Diploma curriculum was “out of step” with the needs of the profession, especially relating to service user safety, service delivery and technological innovation.
- 4.10 Several respondents specifically mentioned how COVID-19 had accelerated the trend of increasing complexity as the scope of practice of many ODPs expanded to meet the demands of the pandemic.
- 4.11 The need for even further advancement of the profession was mentioned by respondents, especially any future expansion in medicines and prescribing rights. Respondents argued that further development of the profession would be contingent (in part) on an increased threshold.

Service user safety

- 4.12 The ability of ODPs to work safely in an increasingly complex role is closely linked to service-user safety and was expressly mentioned by seven respondents. Several of these respondents added that the skills earned in more rigorous academic courses would help ODPs perform in all aspects of their role and provide better care for service users. Respondents argued that this was especially true in an ODP’s ability to play a meaningful role in a multi-disciplinary healthcare team.
- 4.13 While not a direct impact on service user safety, several respondents felt that having two qualification routes can cause uncertainty for service users. One respondent suggested that when a service user knows that their professional is using the title ‘Operating Department Practitioner’ they do not know the level of education and training they have received. This is in contrast to many other professionals on the HCPC register whose use of a protected title immediately conveys the same baseline qualification as others using that title.

Credibility or esteem

- 4.14 Several respondents felt that roles of ODPs were already complex and that they have the skills and experience to further increase their scope of practice. However, achieving this in practice was hindered by negative perceptions of the ODP profession and their abilities, in part caused by the low entry threshold currently in place.
- 4.15 Respondents argued that having two qualification entry routes confused employers and that this confusion may hold back even those ODPs who qualified with a degree.

- 4.16 Two respondents argued that increasing the threshold could actually attract new candidates into the profession. They argued that the diploma option created a false impression about the role of ODPs which could dissuade potential candidates.

No

- 4.17 20% (47) of respondents answered 'no' to this question and 38 provided further comment.

Degree level unnecessary

- 4.18 15 respondents argued that a degree was not necessary for ODPs and that the DipHE provided sufficient training to enter into the profession
- 4.19 Among the 15 respondents, there was frequent reference to the value of skills learned on the job rather than being taught at a university setting. Suggestions were also made that a degree should only be necessary for those seeking advanced practice roles or management ODP roles and that this could be an optional course of further study.
- 4.20 Several respondents noted that the DipHE had been sufficient for many years and that they personally either achieved or worked with several DipHE graduates and that they were skilled at their job.
- 4.21 Some respondents argued that the profession's training has already become too focused on academics, to the detriment of students learning important, practical skills. Of these responses, four respondents specifically mentioned that increasing to degree level would further dilute the essential 'hands on' nature of the profession.
- 4.22 These respondents also argued that making the qualification more academic could also exclude potential students who had many of the skills essential to being an ODP but did not achieve at a high enough academic level to study at degree level.

Degree is disconnected from current ODP roles

- 4.23 Several respondents highlighted the profession's current medical rights; in particular that they do not have prescribing rights or the ability to administer under Patient General Directives (PGDs), unlike other professions. These respondents argued that ODPs would have to invest more in their education to earn a degree without any guarantee of receiving the entitlements of other AHPs who also qualify at degree level.
- 4.24 Linked to this is the parity argument between ODPs and nursing, which was also made by respondents in favour of the move to degree level. Some

argued that increasing the level would move ODPs closer to nurses in qualifications but still lagging very far behind in scope, responsibility and esteem.

- 4.25 One of the arguments made by these respondents was that, given the lack of entitlements and limited esteem, the ODP profession incentivises students to enter it by providing a DipHE entryway. They argue that without this incentive, skilled students may otherwise enter a nursing career over an ODP one, owing to the similar entry requirements but increased scope and esteem offered by nursing.

Workforce pressures and exclusion

- 4.26 Four respondents raised concerns about degree level dissuading new students from joining and exacerbating a shortage of ODPs in the workforce.
- 4.27 These respondents argued that the increased costs of programmes for students and the higher entry requirements for degree programmes could reduce the overall number of people who choose to study to become ODPs.
- 4.28 Added to this, respondents were concerned that a disproportionate number of those who could be dissuaded from applying to an ODP programme would be people who had not had high academic achievements.
- 4.29 Two respondents were also concerned about a 'fallow year' which can occur when education changes are made without proper planning. This was especially highlighted in Scotland where it was presumed that a move to degree level would close Scotland's only ODP programme.
- 4.30 Linked to the argument about a degree being 'too academic', two respondents felt that the focus on 'hands on' work instead of academic work is something that attracts certain ODP candidates into the profession and that this appeal would be lost with a move to degree level.

Retraining

- 4.31 Some respondents were of the view that raising the threshold could de-value the qualifications and experience of registrants already working, who did not have a degree.
- 4.32 A smaller number of respondents were concerned by the incorrect assumption that current registrants with diploma level training could be de-registered or have to undertake further education in order to maintain their registration.

Partly

- 4.33 Of the 26 (11%) respondents who answered 'partly' for this question, 25 were responding to the survey in their individual capacity. Many of the comments connected to these answers recognised the value or the need to increase the threshold but either had caveats or mixed feelings.

Retraining

- 4.34 Eight comments related to the misconception that increasing the threshold would require ODPs who entered the register without a degree to obtain one in order to remain on the Register. This was the most common comment with this answer.

Degree is disconnected from current ODP roles

- 4.35 Seven respondents did not fully support increasing the threshold over concerns that the degree would be too focused on academics, to the detriment of practical skills. Similar to points raised by respondents who answered 'no', these respondents suggested that the degree did not pay sufficient attention to practical skills.
- 4.36 Three other respondents approached this from a recognition perspective. This argument suggests that it would not benefit ODPs to have the proposed higher level of education as ODPs would still not receive expanded roles or entitlements.
- 4.37 Two respondents argued that degree level was not necessary for ODPs to be able to practise safely – citing the large number of the ODP workforce who currently perform their roles without a degree
- 4.38 Other respondents under this answer focused on the how the degree would lack value because the ODP profession is itself undervalued. These respondents suggested that the roles of ODPs would not expand based on a degree and so extra effort and expense of obtaining one would not be beneficial.

Focus on CPD

- 4.39 Five respondents supported generally increasing the skill and expertise of ODPs, but argued that the additional skills covered in the degree should be offered to ODPs through CPD and on-the-job training rather than through mandating degree-level.

Exclusion and workforce

- 4.40 Five of the responses spoke to the possible exclusion of promising candidates who would not meet the academic needs of a degree. They argued that this was exclusionary but that it would also be detrimental to recruitment and place further pressure on the ODP workforce.

Don't Know

- 4.41 Four respondents answered 'Don't Know' to this question. The responses highlighted:
- The suitability of DipHE training and questioned the benefit to service users from a degree.
 - The need for more funding support for ODP students
 - The usefulness of the DipHE as an entryway to the profession
 - The uncertainty from a Scottish respondent about the standing of the ODP profession within Scotland, especially it is not considered an AHP in Scotland.

Q2 If the threshold were to increase, what length of time would be needed to implement this change?

- 4.42 Question two allowed respondents to suggest a length of time for implementation of the proposed change and to provide any further comments.
- 4.43 Where a respondent did not provide a timeframe and their answer to this question only indicated that they did not want the threshold to change, their answer was not included in the percentages explained in this section. Regardless of a respondent's answer to Question one, so long as they provided a timeframe in Question two, it has been included in this analysis.
- 4.44 Where respondents gave an answer of two different years (1-2 years, for example) we chose the higher of the numbers. Where respondents answered with a range (1-3 years, for example) we chose the median answer or rounded up to the nearest whole number.

As soon as possible

- 4.45 22.5% (20) of respondents wanted implementation "as soon as possible". Three of these respondents who provided further information cited the high number of programmes which were already delivered at degree level as an argument in favour of fast implementation.

Within three years

- 4.46 A significant majority of respondents (70.9%) supported implementation within the next three years (shown by the orange bar in graph 3 on page seven).
- 4.47 The following themes emerged from respondents who felt that a change should be made within three years.

Provision for current students

- 4.48 The most common comment to question two as a whole related to provision for current students and courses at the DipHE level. These respondents

suggested that the implementation should happen in a way which allows any student on a DipHE programme to complete their course.

- 4.49 There were 13 respondents who raised some version of this concern as a caveat to their suggestion for a speedy implementation of an increased threshold.
- 4.50 Linked to this, two other respondents specifically warned against provision which could create a gap in students graduating (a so-called 'fallow year').

High number of BSc courses

- 4.51 11 respondents argued that there are a high number of ODP courses which are already provided at degree level. This meant that increasing the threshold would have minimal impact on the majority of Higher Education Institutions, and so could be implemented in the next few years.

Capacity of Higher Education Institutions

- 4.52 Six respondents commented on the capacity of Higher Education Institutions to make the necessary changes as an important factor to take into account. These comments focused on any staffing or facility changes which the institutions would have to make.

4 – 10 years

- 4.53 14.6% of respondents would support a change in the next four to five years while only 2.2% would want to wait between six and ten years.

Provision for current students

- 4.54 This theme was raised by five respondents and as with other respondents, concerns about provision to allow DipHE students to complete their course if they are enrolled during the implementation period.
- 4.55 One respondent specifically referred to the University of West Scotland's Service Level Agreement (a five-year contract to train ODPs at DipHE level for the NHS in Scotland) and argued that implementation would have to take this obligation into account.

Impact of COVID-19

- 4.56 Three respondents noted that any implementation period would have to take COVID-19 into account. One respondent suggested that the implementation period of five years should only begin once services have returned to normal following the pandemic.

Funding

- 4.57 Two respondents mentioned funding as a barrier to implementation in their comments. These respondents noted that implementation should be

contingent on funding being available to help with the costs of longer courses. This applied to students as well as the Higher Education Institutions which may need support to make this change.

Uncertain

- 4.58 The small minority of respondents (12.8%) who indicated they were uncertain about the timescale touched on similar themes to other respondents. These were: provision for current students (five comments), capacity of Higher Education Institutions (3 comments), the impact of COVID-19 (two comments) and funding issues (2 comments).

Question 3: If the threshold were to increase, what support do you think the HCPC should provide to:

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

- 4.59 Respondents were asked what support the HCPC should provide to a range of stakeholders in the event the threshold were to increase. The answers below are separated into the stakeholder groups provided in the survey.

- 4.60 Many respondents gave answers suggesting what these bodies should do (rather than how the HCPC could assist these bodies in a transition). While the HCPC cannot act on these specific suggestions, they will inform later discussion with these stakeholders at implementation.

ODP professional bodies

- 4.61 146 respondents provided an answer for section a.
- 4.62 The most common suggestion was advice and guidance from the HCPC which clearly set out the expectations on registrants should the threshold to increase. 24 comments focused on this theme and included the following suggestions:
- reassurance to current ODPs about their roles;
 - a clear explanation of the HCPC's rationale for the threshold change;
 - the value added by the degree; and
 - timelines which would allow all stakeholders to plan accordingly.

- 4.63 The second most common (with 23 comments) related to collaboration and clear communication from the HCPC. This included outreach to registrants in the form of webinars or other events.
- 4.64 13 respondents suggested that the HCPC should do more to lobby on behalf of the ODP profession and to support professional bodies in this work. These respondents especially focused on parity with other healthcare workers, an expansion of prescribing rights and generally increasing the esteem of the profession. Four separate respondents referred to the HCPC working to secure more funding for ODP education. The respondents suggested that this extra funding would be necessary for education providers who need to adapt their programmes and to create a pool of funding to allow aspirant ODPs to access degree-level courses.
- 4.65 More support for CPD, top-up education or mentoring for ODP registrants was mentioned by eight respondents. This overlapped with seven other comments relating to specific work to protect the interests of ODPs who have graduated below degree level and included references to grandfathering, for example.
- 4.66 Six respondents called on the HCPC to work more closely with professional bodies and especially with the College of ODPs to assist registrants. Several of these comments specifically mentioned HCPC support for the curriculum developed by the CODP.

Education providers

- 4.67 156 respondents provided comments about the assistance the HCPC should offer to education providers.
- 4.68 Given the HCPC's mandate, it is not surprising that most common theme (with 50 comments) related to the role of providing clear guidance and communicating expectations. The respondents argued the HCPC should specifically focus on ensuring that curricula met high standards and that students were assured that programmes met the same standards across the UK.
- 4.69 14 respondents requested the HCPC provide a clear timeline for the transition to degree level only provision and ensure that this timeline allowed all stakeholders to adapt to this change with the minimal disruption.
- 4.70 12 respondents suggested that the HCPC should produce specific information or organise events which would provide advice and guidance to education providers and students and clearly communicate the rationale for any change.
- 4.71 As with the previous question, funding was an issue raised by 11 respondents. This referred to securing funding for education providers to

transition (including expand their programmes where necessary) and funding to help students meet the increased costs of a degree course.

- 4.72 11 respondents suggested the HCPC needs to assist education providers in increasing the number of top-up, CPD and bridging courses they offer to enable ODP registrants who voluntarily wish to increase their skills once the threshold increases.
- 4.73 Nine respondents called on the HCPC to continue with the work done by our Education Department to set standards for education providers and to monitor compliance with these standards. This included comments relating to a streamlined re-accreditation process for programmes and ensuring that the SETs are met by monitoring education providers against high standards. Three respondents specifically mentioned the number of skilled staff on these programmes needing to be increased.
- 4.74 6 respondents related to support registrants would expect from education providers. This included providing more flexible learning in terms of location and types of courses and also by increasing the number of intakes.

Employers

- 4.75 143 respondents provided answers relating to employers.
- 4.76 The most common response (28 comments) called on the HCPC to educate employers about the skills of the ODP workforce and playing a supportive role to enable the ODP profession to gain parity with their AHP colleagues (especially nurses). While many of these 28 respondents suggested a lobbying role outside of the HCPC's mandate, they also spoke to a more neutral role in educating employers about the benefits of degree-level qualifications and assuring them that their ODPs without a degree remained fit to practise.
- 4.77 17 respondents argued that the HCPC should encourage employers to create an environment which supported training for ODPs. These respondents suggested employers should provide more opportunities for ODP to upskill while on the job through accreditation of CPD, allowance for studying and other opportunities.

Prospective students

- 4.78 144 respondents provided comments related to prospective students.
- 4.79 The most common response (31 comments) related to the provision of clear information and guidance for prospective students about any change and any impact on them. Closely linked, seven respondents asked the HCPC to provide assurances to students on DipHE programmes and to ensure that

prospective students fully understand the changes that would come with an increased threshold.

- 4.80 20 respondents stated that the HCPC must make clear the value of the degree for prospective students. Linked to this, another nine respondents said that the HCPC must clearly set out the rationale for this change and the goals of such a change.
- 4.81 16 respondents related to additional funding for students either in the form of bursaries or in paid placements while studying. Many of these calls for funding did not actually relate to students but to qualified ODPs wanting to access additional training or to top-up to degree level. While the issue of funding is outside of the HCPC's mandate, these calls demonstrate a strong appetite from ODPs to access further education and training opportunities. This is also reflected in four comments arguing the HCPC should assist with access to training opportunities.
- 4.82 Eight respondents dealt with the issue of parity and esteem of the ODP profession with calls to assist ODPs in increasing prescribing rights.

Prospective applicants

- 4.83 113 respondents provided responses to this question.
- 4.84 As with other stakeholder groups, the most common request (53 comments) related to the HCPC providing clear information and guidance for prospective applicants about the HCPC's expectations.
- 4.85 15 respondents specifically asked for the HCPC to provide information which set out the rationale for the ODP profession moving to degree-only and to highlight the value of the degree.
- 4.86 10 respondents related to assistance with securing funding for those applicants wishing to access further education and training opportunities. Linked to this, five other respondents wanted simplified access to training and learning opportunities for already-qualified ODPs.
- 4.87 Seven respondents asked for prospective applicants to be given more advice about their future careers and around the kind of career progression and opportunities they should expect.
- 4.88 As in the questions for other stakeholders, five respondents called for more assistance to help the ODP profession advance and to broaden opportunities for ODPs (including through increased prescribing rights).

Registrants

- 4.89 The most common requested HCPC support for registrants was reassurance that the change to the SET 1 threshold will not impact current registrants. This comment appeared 46 times and suggested that the HCPC achieve this by issuing consistent and clear communication to registrants specifically on this issue.
- 4.90 40 respondents mentioned information and guidance to registrants as the support the HCPC should provide. While the comments were often generic calls for information and guidance, there was also a call for guidance on how this change could specifically impact on registrants. 10 of these comments specifically suggested the rationale for this decision be made clear in any information sent to registrants.
- 4.91 The next most common theme, with 38 comments, related to support to access top-up education for registered ODPs. This included the HCPC providing a supportive environment and providing information where possible. One comment specifically mentioned the value of mentorship for registered ODPs who were interested in upskilling on the job. Five of the 38 comments specifically mentioned help with access to funding for ODPs wanting to access education and training opportunities.
- 4.92 Like other questions, the issue of support for the profession, its expansion and its parity with other AHP professions was a common theme. 10 comments related to this, with two of these comments directly mentioning prescribing rights.
- 4.93 Four respondents generically mentioned time and support for ODPs during any transition.
- 4.94 Finally, four respondents asked for support relating to supervision and working with students. ODPs who practise without a degree asked for information and guidance about providing supervision to students or newly qualified ODPs who would have a higher-level academic qualification to them.

Government

- 4.95 The most frequent response (34 comments) related to support to Governments was around increasing the esteem and recognition of the ODP profession as well as support for its improvement. Respondents frequently mentioned parity with AHP or nursing colleagues and the need to increase medicine entitlements for the profession. These responses often suggested that this is something the HCPC should advocate for in its contact with the relevant UK Governments.
- 4.96 20 respondents called for general information and advice about any impacts the threshold increase may have.

- 4.97 Nine respondents specifically called for information from the HCPC to make clear the rationale for the decision to increase the threshold.
- 4.98 Eight respondents said funding was the issue that needed the most attention, including more support for practising ODPs for further education and increasing pay.
- 4.99 Four respondents called for close co-operation between the governments in Westminster, Wales and Scotland and to ensure that no country would take a different approach to the implementation of the threshold.
- 4.100 One respondent specifically called for the Scottish government to support ODP education providers in Scotland.

Others

- 4.101 Only 59 respondents provided a comment for this section. All of these comments were a restatement of one of the other stakeholder groups and therefore will not be repeated here.

Question 4: Do you consider there are any aspects of our proposals that could result in equality and diversity implications?

Overview of responses

- 4.102 239 respondents provided an answer for Question 4 (with five not answering) and 94 of those who answered also left a comment.
- 4.103 The majority of respondents (58%) answered 'no' to this question, indicating that they did not consider that there are any equality and diversity implications resulting from our proposals. Around a fifth of respondents (19.8%) answered 'yes', while 11.2% selected 'Don't Know', and 7.8% responded 'partly', suggesting that they believed at least some implications could arise.

No

- 4.104 A majority of individual respondents (59.2%) answered 'no' to this question. This compares to a slightly lower number of organisations (53.3%), though this still represents the majority of organisational responses. 28 respondents provided comments along with their answer of 'no'.
- 4.105 The most common theme (represented by nine respondents) questioned why our proposal would have any material impact as most programmes are already delivered at the proposed entry threshold and almost all other AHP courses were currently at or above this level.
- 4.106 Of the nine, three also mentioned the potential benefits our proposal could bring. For example, one respondent highlighted that this would align the

education thresholds for ODPs with other allied health professionals, which could help strengthen their position within the NHS. Another respondent felt that increasing the threshold would make individuals more prepared for the demands of the role when they graduate.

- 4.107 Though in favour of the proposed change, several respondents qualified their answer in some way. Four respondents identified that a person's socio-economic status may impact their ability to undertake a bachelor's degree. For example, one respondent felt that this could actively discourage individuals with less financial support from applying.
- 4.108 Three respondents argued that if any discriminatory effect was caused by increasing the threshold that this would be addressed by the existing EDI policies of HEIs.
- 4.109 Two other respondents agreed that mitigation measures are in place in HEIs but suggested that measures to increase access to funding for students (bursaries and apprenticeship programmes) should be strengthened to reduce the chance of negative impacts of increasing the threshold. Other suggestions for further support included:
- improved access routes into the profession;
 - improved courses by HEIs;
 - degree apprenticeships; and
 - widening participation schemes by HEIs.
- 4.110 One respondent highlighted that those with a physical disability may have difficulty accessing the course. It was however recognised that this problem was inherent to the ODP role due to its physical requirements, rather than stemming from our proposal specifically. The respondent went on to relay the need to issue educational standards for the acceptance of students onto the programme, which must be standardised across the UK four nations. They also stressed the need for support for students with learning disabilities.

Yes

- 4.111 Around a fifth of individuals (20.2%) felt that our proposals could result in equality and diversity implications, while 16.7% of organisations also felt that they would.
- 4.112 In general, those who chose 'yes' did so because they argued that increasing the entry level to Degree would make it more difficult for people to enter the ODP profession. All of the comments below argue that moving from DipHE to Degree will create a barrier to access the ODP profession and then go on to specify the groups of people that respondents felt would be especially negatively impacted by this barrier.

Age

- 4.113 The most common EDI concern was related to age, with 24 respondents specifically mentioning it.
- 4.114 The respondents argued that the degree programme would involve increases in the length and tuition cost of the programme and extend the period of time when students would have reduced or no income. They argued that these would disproportionately negatively impact mature students who were more likely to have less flexibility because of their caring or financial obligations compared to younger students.
- 4.115 Drawing from their own experience, one individual explained that the two-year length of the diploma was a significant driving factor for them undertaking the course, due to their caring responsibilities.
- 4.116 In responses to question 4, there was again a misunderstanding of the implications of increasing the threshold for SET 1. This is because six of the 24 respondents which mentioned age did so because of the perceived impact on existing ODP registrants needing to upskill to degree level and the belief that this would impact older registrants who were more likely to have qualified below the new threshold.
- 4.117 Three of respondents made suggestions on how to mitigate concerns about funding and course length, such as introducing degree level apprenticeship programmes, and by additional funding for prospective students.
- 4.118 Three respondents identified the higher entry threshold as a particular barrier for older applicants, who may not have the appropriate academic qualifications for a degree programme but have built up experience and skills in other roles. One respondent suggested that this issue could be averted by allowing individuals with practical experience the opportunity to apply, with a supporting letter from their employer. They could also be supported in their first year of education to meet the required academic level.

Socio-economic Status

- 4.119 Another recurring theme was the impact our proposal could have on those of lower socio-economic backgrounds being able to access ODP education. This was mentioned by seven respondents.
- 4.120 While socio-economic factors are not a protected characteristic under the law, many of the responses which mention socio-economic factors also discuss how these factors have a strong link with protected characteristics like race (see below).
- 4.121 Similar to comments relating to age, these respondents argued that the increased length, tuition cost and loss of income which a Degree programme would involve would disproportionately impact people based on their socio-

economic status. One respondent specifically felt the change could dissuade those from lower-economic backgrounds or lower banding within the NHS from applying, particularly if the change was implemented quickly and not staggered.

- 4.122 Drawing on their own experience, one respondent disclosed that they would not have been able to support themselves for an additional year and would have therefore been unable to undertake the course. This respondent stated that the ODP role does not justify the additional time or cost of degree-level study, and that two years was sufficient.
- 4.123 The importance of financial support was raised by three respondents. Two highlighted the financial difficulty resulting from no bursary/grant being available. While one respondent suggested that we must further examine the financial implications for students, to ensure there is sufficient support to allow those with families to study.
- 4.124 One organisation also noted concerns about the cost of this change, and how this would impact on the wider ODP community. This respondent highlighted that other professionals that have been through similar upskilling processes were able to access national funding to support this activity, and that similar support should be provided to ODPs. The respondent argued that this will be particularly important given the post-COVID theatre recovery work which was needed.

Disability

- 4.125 Three respondents felt that our proposal could have a disproportionate impact on individuals with learning disabilities such as dyslexia or dyspraxia. This was on the basis that those with learning disabilities (who may otherwise be good candidates to become ODPs) would not be able to meet the academic requirements for Degree level study.
- 4.126 One respondent suggested that the timeframe for removing the diploma will need to be of length, to enable students with disabilities the time to finish their studies. They also suggested introducing an appeals system to account for any difficulties experienced with the change.
- 4.127 Though not specifically related to our proposal, another respondent identified the wider barriers that those with physical disabilities face, due to the physical demands of the role.
- 4.128 Two respondents made comments related to a misunderstanding that our proposal would require registered ODPs to return to study to increase their qualification from diploma to degree level. They felt that employers would not provide disabled registrants with funding or the time to up-skill.

Pregnancy

4.129 Three respondents identified potential barriers to those that are pregnant. Like age and socio-economic status, these arguments suggest that increasing to Degree level would create an additional barrier and that this would have a disproportionate negative impact for pregnant women.

4.130 While closely linked to the characteristic of 'sex' below, pregnancy would also cover the time needed by new parents to care for a child.

Race

4.131 One respondent argued that the additional tuition fees would place the degree out of reach for certain race groups, on the basis that they will typically have lower socio-economic status.

4.132 One respondent argued that increasing the threshold could disproportionately affect those from BAME backgrounds specifically.

Sex

4.133 The relationship between sex and caring responsibilities was also recognised with respondents noting that women were highly likely to have more caring responsibilities and would therefore disproportionately be impacted by a longer and more expensive course, potentially reducing the number of women joining the profession.

4.134 One respondent highlighted that increasing the level of qualification could disproportionately impact men, as they are less likely to undertake degree level study than women.

4.135 One respondent highlighted the difficulty young mothers will experience in balancing childcare and part-time work in order to make the course feasible, and that those without robust support systems may be unable to access the course.

Other comments

4.136 Other concerns, though not necessarily related to protected characteristics, include:

- That barriers already exist for potential applicants in Northern Ireland as there is no ODP training establishments or educational courses available in Northern Ireland.

Don't know

4.137 11.4% of individual respondents answered that they don't know, while a slightly lower number of organisations responded this way (10%). Of these, the majority decided not to provide further comment. However, five qualified

their answer in some way, indicating that they are in fact aware of certain barriers.

- 4.138 Two respondents raised concerns that our proposals may disproportionately impact individuals of lower socio-economic status. This was on the basis that those that are either socially or economically disadvantaged may be less likely to achieve the marks required for the degree. However, one respondent did suggest that this issue could be mitigated through the Degree Apprenticeship route into the profession.
- 4.139 Similarly, another respondent highlighted that the entry threshold could exclude individuals that don't meet the higher grades required, who would have otherwise been eligible. This was a particular concern for existing staff, who may want to progress through training. This respondent therefore highlighted the need for access courses or 'top-up' courses.
- 4.140 One respondent felt that raising the entry level to the profession was inappropriate, as it fails to take account the diverse backgrounds, circumstance and needs of potential applicants. They highlighted that the additional year of a degree course may be unrealistic, particularly for more mature students and those with family commitments. They also felt that the additional pressure of studying at a higher level could have an impact on those with learning disabilities.
- 4.141 Another respondent used this question to reassert the need for HCPC to undertake a full equality impact assessment of the change to degree-level programmes only.

Partly

- 4.142 13.3% of organisations felt that our proposals could partly result in barriers to access. Comparatively, only 7.0% of individuals responded in this way. These responses centred on similar issues identified by those that responded yes.

Age

- 4.143 The most common EDI concern related to age, which was raised by seven respondents.
- 4.144 As with those that responded yes, this was on the basis that the additional time commitment, cost and loss of income associated with the degree course could be a barrier for mature students entering the profession.
- 4.145 One respondent suggested that the degree could be part-time, to assist applicants with childcare responsibilities to access the course.

Disability

4.146 Three respondents felt that our proposal has the potential to disproportionately impact those with a disability. One respondent explained that those with learning disabilities such as dyslexia may feel daunted at the prospect of degree study, while another felt that disabled people may need additional time to complete the degree.

Socio-economic Status

4.147 Though not a protected characteristic, three respondents identified that a degree may not be accessible to those of lower socio-economic status/with less disposable income, due to the additional time commitment and costs associated with the degree. The two-year diploma was instead identified as a much more affordable and manageable option.

4.148 Two respondents identified financial implications as a particular issue for those with dependents. One respondent felt that this would particularly impact women, on the assumption that they will be more likely to assume caring responsibilities and will be unable to afford the additional year not earning.

Pregnancy

4.149 Two respondents felt that our proposal has the potential to impact pregnant women, on the basis that those with caring responsibilities may find it difficult to manage the additional pressures of a degree programme and complete the course on time. One respondent highlighted the difficulty of finishing the course on top of a job, which points to the existence of additional financial pressures experienced by this group.

Sex

4.150 One respondent felt that our proposal could disproportionately impact males, on the basis that they are typically less likely to obtain the qualifications required for degree level study.

Other comments

4.151 Though not a protected characteristic, a few respondents felt that increasing the entry threshold would place the profession out of reach for those unable to meet the higher entry requirements. This led one respondent to suggest that experiential learning and experience should be taken into account, while another stressed that supporting existing staff into apprenticeship routes should also be a priority.

4.152 More generally, two respondents identified the need for a robust approval process when assessing educational courses provided. One felt that our approval process will need to place a greater focus on equality of access, including financial help and adjustments to course structures/placements for those with disabilities. They also identified the need to ensure courses and placements are aligned/consistent.

4.153 The same respondent cautioned that care should be taken to not disenfranchise existing registrants. They also highlight that further thought will be needed about the baseline requirements for registration. For example, whether these requirements will include the curriculum developed by the College of Operating Department Practitioners in 2011, and how this might engage the current SETs.

4.154 Another respondent felt that this could create particular barriers for individuals based in Scotland, on the basis that the demographic and geography of Scotland will make it difficult to deliver on only one educational site. It was cautioned that this could lead to no ODP training in Scotland.

Question 5: Do you have any other comments about the SET 1 threshold for ODPs?

4.155 37.6% of respondents left a comment on this optional question.

4.156 Most respondents used this opportunity to reiterate comments that were expressed in earlier questions, as well as to restate their general stance on the proposed SET1 increase. As these arguments have been captured in this response, they have not been repeated here.

Promoting Evidence-Based Practice & Clinical Research

4.157 A few respondents noted that a move to degree-level threshold would help to promote more evidence-based practice, as well as clinical research within the profession.

4.158 Particularly, some respondents noted the possibility of securing research funding within the profession, as a result of this potential move.

Improving Trust Capabilities

4.159 One respondent argued that a move to degree-level would be of benefit as it could potentially increase trust capacity, seeing that trusts could now have students in placements for an additional twelve months.

5. Our comments and decisions

- 5.1 We have carefully considered all the comments we received to the consultation. The following section explains our decisions in some key areas.

Changing SET 1 for Operating Department Practitioners

- 5.1 The responses to the consultation arguing for an increase to SET 1 for ODPs were consistent with the reasons we gave for the proposed change in the consultation document, including safeguarding service user safety.
- 5.2 The HCPC believes that current ODP practice requires increased depth of skills and knowledge at entry to the profession, and that these are out of step with the descriptors of qualifications at diploma of higher education at level 5 or level 8 (in the FHEQ and SCQF respectively).
- 5.3 ODPs are required to manage a variety of different and complex roles within different care settings and have seen their scope of practice expand as the UK's healthcare needs grow and become more complicated – a trend which has been accelerated by COVID-19.
- 5.4 We have considered the concerns raised by the minority of respondents who did not want the threshold to change.
- 5.5 Some respondents were concerned increasing the threshold to degree level would make ODP training 'too academic' and that students would enter the profession with fewer hard, practical skills. The full range of skills ODPs need to practise safely are set out in the HCPC's standards and the HCPC will only approve education programmes which enable a student to meet all of these standards.
- 5.6 Some argued that the DipHE provided all the necessary skills for ODPs and no change was needed. Linked to this, others raised the concern that increasing to degree level was not necessary for ODPs given the roles ODPs generally fulfil and the profession's relatively limited medical entitlements. The increase in threshold is about the level of education and training required to enter the Register. It is in no way a comment on the ODP workforce who qualified under different entry requirements.
- 5.7 Some respondents were concerned that raising the threshold could cause workforce pressures either by dissuading potential students from undertaking an ODP programme or because changes made at education providers interrupt the flow of graduates to employers. We believe these challenges can be overcome through careful implementation of this change in consultation with all our stakeholders.

- 5.8 While all three concerns above can be addressed through careful planning and by enforcement of our existing standards, it is important to note that the majority of ODP programmes are already delivered at the new threshold. 54% of programmes have been delivering at degree level for at least three years and 77% have been doing so for at least two years.
- 5.9 Having carefully considered all the comments we received, it appears that the current demands placed on the ODP profession appear out of step with the threshold entry requirements. In considering the feedback we have received, as well as engagement with stakeholders, we believe this disparity presents a risk to service user safety, and we believe that the threshold level of qualification for entry to the Register for ODPs should be increased to degree level (BSc Hons) to ensure the future workforce is able to practise safely.

Implementation

- 5.10 A large majority of respondents indicated they wished to see the threshold increased within 3 years. However many provided a comment which qualified their answer (often to say that their preferred timescale would be dependent on all course providers being ready to provide at the new threshold).
- 5.11 In deciding on an implementation plan we have to strike a delicate balance. The HCPC believes that degree level training is necessary to ensure that new entrants to the register are able to practise safely and effectively. This necessitates implementation of the threshold increase as soon as possible. However, we are also mindful of the practical implications of this change. Education providers in particular will need sufficient time to wind down existing DipHE programmes, develop new programmes or increase intake of their current programmes.
- 5.12 Service providers and employers will also need sufficient time and information about this change in order to adapt their workforce planning and ensure that they have a sufficient number of qualified ODPs to deliver their services. This considered implementation process aims to ensure that we do not inadvertently create a 'fallow year' where the number of new ODP graduates is not sufficient to meet the need for ODPs in the health and care system. We have been mindful of responses from service providers and education providers who have raised these concerns.
- 5.13 We have developed an implementation plan which aims to strike this balance and we will ensure a reasonable amount of time to guard against the negative impacts discussed above.
- 5.14 From 2 July 2021, we will not accept any new applications for approval of ODP programmes that are delivered at below degree level (level 6 or level 9/10). This does not apply to programmes already within the approval process.

- 5.15 To avoid any doubt, this means that programmes delivered below degree level (level 6 or level 9/10) that apply to be visited before that date will be visited, assessed against the existing Standards of Education and Training and, subject to meeting those standards, will be approved. After that date, only programmes delivered at degree level (level 6 or level 9/10) will be able to apply to be approved.
- 5.16 From 1 September 2024, we will only continue to approve ODP programmes that are delivered at degree level. To avoid any doubt, this means the following:
- Approved programmes which are delivered below the new threshold level will be able to commence new cohorts up to 31 August 2024. These cohorts will be the last to graduate from these programmes with eligibility for registration.
 - From 1 September 2024, we will withdraw approval from programmes delivered below the new threshold level. They will not be able to take on any new cohorts.
 - From 1 September 2024, only programmes delivered at degree level or above will be approved to take on new cohorts.
- 5.17 These arrangements will provide sufficient time for education providers to increase the capacity of existing degree level provision or to have new provision approved. For service providers, it is intended to provide sufficient time for them to put in place plans to avoid a fallow year.
- 5.18 This means, for example, that students can continue to be admitted to two-year diploma programmes up to 31 August 2021 and graduate with eligibility to register, typically in 2023. There is therefore approximately a five-year transition period to the last students graduating from programmes below the new threshold level.

Impact on different education providers

- 5.19 We are aware that the implementation period will have different impacts on different education providers. While there may be little to no impact for those which only provide degree-level programmes currently, others may need time to both wind down their DipHE provision and expand their Degree provision. Finally, one provider would need to develop and seek approval for a new degree-level programme while winding down their DipHE programme.
- 5.20 We are also aware of at least one DipHE programme which is obligated through a Service Level Agreement to continue to train ODPs for a number of academic years.

Existing ODP workforce

- 5.21 A minority of respondents seemed to misunderstand the practical implications of a change to SET1. These respondents raised concerns about the impact on ODPs who have already qualified.
- 5.22 SET 1 is about the level of education and training which an approved programme must deliver to confer eligibility for entry to the profession. Importantly, any change to SET1 does not affect the status or rights of existing registered ODPs who do not hold a degree level qualification. They will continue to be registered by us and their rights to practise as an ODP are unaffected by this change.
- 5.23 As the contemporary entry level changes, employers will want to consider whether their existing workforce may need additional skills to meet current service needs. However, this is a separate issue from eligibility to be registered.
- 5.24 The changes we have outlined in this document will not directly affect existing students who are part way through their education and training – either now, or when the change is implemented on 1 September 2024. They will be able to continue to complete their approved programmes and then will be eligible to apply for registration with us.
- 5.25 We will make this clear in our communications to registrants and employers throughout implementation.

Equality, Diversity and Inclusion

- 5.26 The majority of respondents did not consider that there were equality and diversity implications associated with changing the threshold level or argued that where there could be an impact, this would be addressed through the policies education providers will have in place, including those that the HCPC requires through the SETs.
- 5.27 It is important to the HCPC to be a fair and inclusive regulator. We are conscious that our decisions should not inhibit groups or individuals with protected characteristics from accessing or gaining entry to the professions that we regulate. However, our over-arching objective is to protect the public.
- 5.28 Of the equality and diversity issues raised by respondents, any impact of a change to SET 1 on people with protected characteristics would be indirect.
- 5.29 We note that education providers have well established approaches to widening participation into higher education.
- 5.30 The impact is nevertheless important and should be taken into account by education providers and service providers in meeting their obligations under

relevant legislation as well as in meeting the HCPC's SET 2.7 – which states that education providers must ensure that there are equality and diversity policies in relation to applicants and that they are implemented and monitored.

- 5.31 In addition to continuing to monitor education providers against all our SETs, we will also share information from this consultation with bodies directly involved in the implementation of this change, including professional bodies, education providers, employers, NHS England, Health Education and Improvement Wales (HEIW), Health Education England (HEE), NHS Education Scotland (NES).
- 5.32 Ahead of the launch of this consultation, we prepared an Equality Impact Assessment. This EQIA will be updated to reflect the feedback from this consultation as well as new data the HCPC has collected as part of the [HCPC Diversity Data Survey](#). The EQIA will also set out any EDI concerns associated with the implementation of our decision as we move into the next stage of this process.

Other feedback

- 5.33 Across all the consultation questions, respondents raised questions about the role the HCPC could play outside of the current process in furthering ODP professional development.
- 5.34 As a regulator, the HCPC's remit is a limited one and our primary focus is the protection of the public. This differs from a [professional body](#), which takes an active role in advancing the interests of its members and working with the HCPC, governments, employers and others for this purpose. Calls for ODPs to have greater parity with other AHPs or increased access to funding through bursaries are best made to bodies besides the HCPC.
- 5.35 Many respondents argued that ODPs should have more rights to prescribe medicines and drugs. It is important to note that changes to our profession's medicines and prescribing rights are not led by HCPC. This is because a change in law is required. Instead, this work is initially led by NHS England. They work with professional bodies on behalf of the four countries of the UK to consider the supply, administration and prescribing of medicines by new professions. We support and assist NHS England in this process, to ensure our professions have access to the medicine entitlements they need to provide safe and effective care to their service users in a holistic, efficient manner.
- 5.36 Where it is within the HCPC's remit, we have [supported the expansion](#) of prescribing rights for our professionals, including giving ODPs the right to

work under Patient Group Directives (PGDs). More information about prescribing rights can be found on [our website](#).

- 5.37 As part of our implementation plan, the HCPC will continue to engage with a wide range of stakeholders, including professional bodies, education providers, employers and devolved governments. Through these engagements, the HCPC will raise concerns highlighted in this consultation but which fall outside of our remit.

DRAFT

List of respondents

Respondents self-selected whether they were responding as an individual or on behalf of an organisation. Below is a list of all the organisations who made responses to the consultation according to the respondents.

Association for Perioperative Practice

Barnet, Enfield & Haringey Mental Health NHS Trust

British Army

British Dietetic Association

Buckinghamshire New University

Chief Allied Health Professions Office

College of Operating Department Practitioners

The College of Paramedics

Edge Hill University

London Bridge Hospital

Mid Cheshire foundation trust (Leighton)

Ministry of Defence

Northumbria University

Oxford Brookes University

Portsmouth hospital university

The Royal Marsden Hospital

Royal Navy

Staffordshire University

University of Central Lancashire

University of Huddersfield

University of Portsmouth

University of West London

University of the West of Scotland

Profile of pre-registration operating department practitioner programmes

Figures correct as 20 May 2021

Table 1: All open approved programmes by type of award

Type of award	Number of programmes	
Bachelors	0	0%
Bachelors with Honours	45	85%
Diploma of Higher Education	8	15%
Total	53	

Table 2: All approved programmes by level of award¹

Level of award	Number of programmes	
Level 6/9/10	45	85%
Level 5/8	8	15%
Total	53	

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

Type of award	England	Scotland	Wales	NI
Bachelors	0	0	0	0
Bachelors with Honours	44	0	1	0
Diploma of Higher Education	7	1	0	0
Total	51	1	1	0

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

Type of award	Number of programmes	
Bachelors with Honours	9	100%
Bachelors	0	0%
Diploma of Higher Education	0	0%
Total	6	

* All proposed programmes are in England

Table 5: Summary of provision by provider and level

Type of award	Number of providers	
Level 6/9/10 provision only	19	73%
Level 5/8 provision only	1	3%
Mixture of level 6 and 5 provision	6	26%
Total	26	

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

Equality Reflection (Level 1)

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

Section 1: Project overview

Project title: Revised threshold level of qualification for entry to the Register (SET 1) for Operating Department Practitioners	
Version: 21 May 2021	Previous approved versions: 19 October 2020

What are the intended outcomes of this work?

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

Who will be affected?

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

Section 2: Key EDI information

The following are protected characteristics under the Equality Act 2010.

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

Section 3: Reflective Summary

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

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

Explain how you have come to these conclusions.

Age (includes children, young people and older people)

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

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

While some respondents to our consultation argued that an increase in SET 1 would negatively impact mature students, we do not believe that this would be a significant impact as 85% of ODP programmes are already delivered at the proposed threshold and all proposed programmes are at degree level. To the extent that there is a disproportionate impact on people based on age, the HCPC considers that this is justified for the reasons set out in the consultation document and in particular our remit to protect the public and maintain public confidence in the professions we regulate.

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

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

Consultation respondents raised concerns that people with certain disabilities like dyslexia or dyspraxia, for example, may have difficulty accessing a degree-level course.

We note that any discrimination based on disability would be indirect. As set out below, the HCPC will continue to work with education providers, including on their EDI policies.

Information about the increase of SET1 for ODPs will be placed on our website. To make the website easy to view, we have designed it in accordance with guidelines laid down by the Web Accessibility Initiative (WAI) and we strive, wherever possible, to conform to 'Double-A' standards. Should anyone require assistance in renewing online, reasonable adjustments will be made where appropriate, in line with the HCPC's reasonable adjustments policy.

Pregnancy or maternity

We believe that there will be a low, indirect impact based on this characteristic.

Some respondents argued that changes to SET 1 would impact on the ground of pregnancy and act as a barrier to entry for students who need to complete a degree-level course.

To the extent that there is a disproportionate impact on people based on pregnancy or maternity, the HCPC considers that this is justified for the reasons set out in the consultation document and

in particular our remit to protect the public and maintain public confidence in the professions we regulate.

- **Race** (includes nationality, citizenship, ethnic or national origins)

We believe there will be low, indirect impact based on this characteristic. A small number of consultation respondents argued that increases to the level of SET 1 could act as a barrier to achieving an ODP qualification. These respondents argued that BAME people would be disproportionately impacted by this barrier due to overlapping socio-economic factors.

We are aware that this socio-economic disparity is driven by complex and connected societal factors and addressing it requires a holistic approach. At writing, the HCPC does not have sufficient evidence to confirm what kind of impact an increase in SET 1 may have on people based on race. The HCPC will continue to work with education providers and other stakeholders during any future implementation period to understand the potential impact of this change and to take steps within the HCPC's remit to address these.

The HCPC will monitor this issue throughout the implementation period by engaging with education providers and other stakeholders. Where information suggests a disproportionate impact on race, we will take all appropriate steps to address this.

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

We believe that there will be low, indirect impact based on this characteristic.

The relationship between sex and caring responsibilities was also recognised by consultation respondents noting that women were highly likely to have more caring responsibilities than men and would therefore disproportionately be impacted by a longer and more expensive course, potentially reducing the number of women joining the profession.

To the extent that there is a disproportionate impact on people based on sex, the HCPC considers that this is justified for the reasons set out in the consultation document and in particular our remit to protect the public and maintain public confidence in the professions we regulate.

The HCPC will continue to work with education providers and other stakeholders in the future to address issues within the HCPC's remit.

Increasing access to higher education institutions is an issue requiring a holistic approach. Mitigating any limited negative impacts of an increase to SET 1 would largely fall to education providers and bodies responsible for providing financial support to students. The HCPC will work with these bodies to share available information and to identify issues in the future.

Four countries diversity

Ahead of the public consultation, we conducted work related to the impact across the four nations. While early engagements indicated there was significant support for increasing the threshold for ODP SET1 among respondents in England, respondents in Scotland were strongly opposed.

Our consultation asked respondents which country they were based in and this information enabled us to understand how ODPs, HEIs, employers and other stakeholders across the four nations viewed the increased threshold proposal. A majority of Scottish respondents (50%) supported the increase to SET 1. While this is lower than the support from the UK overall (68% including Scottish respondents) respondents who identified as Scottish registrants supported the

increase slightly more than registrants overall (68% to 67% respectively). Scottish respondents also supported a shorter implementation period than respondents overall. While 29% of all respondents supported a timeframe longer than three years, just 8% of Scottish respondents wanted such a long window.

While some Scottish stakeholders noted concerns about the negative impact of increasing the threshold, some stakeholders in England also noted a negative impact of continuing the status quo. HEIs argued that allowing the Dip HE to continue jeopardises the sustainability of their own BSc programmes and would allow some providers to 'undercut' the more expensive and rigorous BSc programme.

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

We will continue engaging with Scottish stakeholders in particular as set out in the plan below.

Section 2: Welsh Language Scheme

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

We do not foresee this project impacting on our commitments under the Welsh language scheme. Our Guidance documents are available in Welsh upon request and we welcomed consultation responses in the Welsh language. No consultation responses were provided in Welsh, or impacts on the Welsh Language identified in responses.

Section 4: Action plan

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

In developing your action plan, consider:

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

Summary of action plan

Many of the concerns about impacts on the characteristics of age and disability relate to issues outside of the HCPC's remit. However, we will continue to work with education providers, employers, professional bodies, trade unions and others to share the information from our consultation. These bodies are best suited to take forward work relating to access to higher education, including issues frequently mentioned by survey respondents like bursaries and apprenticeship schemes.

While the HCPC does not specify the steps an HEI must take to ensure that their processes do not discriminate, SET 2.7 requires all HEIs to have an EDI policy in place and that this policy is monitored.

We will continue to engage with all relevant stakeholders before the final approval of this proposal by the HCPC's Council and then into the implementation period. This will specifically include Scottish stakeholders involved in the design and delivery of education programmes in that country. We have a small group representing Scottish Government, NHS Education Scotland and the University of West Scotland which has helped inform our work. This stakeholder group will be consulted about the proposed implementation plan and discuss possible negative impacts and the steps taken to mitigate them.

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



EDI should be an ongoing consideration throughout any project.

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

Any project identified as unlawfully discriminatory must not be progressed.

Reflection completed by: Matthew Clayton

Date: 20.05.2021

Reflection approved by: Olivia Bird

Date: 20.05.2021

Appendix 1: How to complete this form

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

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

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

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

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