

Provisional decision on whether accreditation is in the public interest

The Health Practice Associates Council (HPAC)

January 2023

About the Professional Standards Authority

The Professional Standards Authority for Health and Social Care promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and voluntary registration of people working in health and care. We are an independent body, accountable to the UK Parliament.

We oversee the work of 10 statutory bodies that regulate health professionals in the UK and social workers in England. We review the regulators' performance and audit and scrutinise their decisions about whether people on their registers are fit to practise.

We also set standards for organisations holding voluntary registers for people in unregulated health and care occupations and accredit those organisations that meet our standards.

To encourage improvement we share good practice and knowledge, conduct research and introduce new ideas including our concept of right-touch regulation. We monitor policy developments in the UK and internationally and provide advice to governments and others on matters relating to people working in health and care. We also undertake some international commissions to extend our understanding of regulation and to promote safety in the mobility of the health and care workforce.

Our organisational values are: integrity, transparency, respect, fairness and teamwork. We strive to ensure that our values are at the core of our work. More information about our work and the approach we take is available at www.professionalstandards.org.uk

Contents

- 1. The Accreditation Process..... 1
- 2. About the Health Practice Associates Council (HPAC) 5
- 3. Share your experience 10
- 4. Outcome 10
- 5. Assessment against the Standards 11
- 6. Impact assessment (including equalities) 16

1. The Accreditation Process

How we assess organisations against Standard One ('public interest test')

- 1.1 The Professional Standards Authority accredits registers of people working in health and social care occupations not regulated by law. To be accredited, organisations holding such registers must prove they meet our *Standards for Accredited Registers*¹ (the Standards). Once accredited, we check that Registers continue to meet our Standards.
- 1.2 There are eight Standards. Registers must meet Standard One before we can assess against how the register meets the remaining Standards. Standard One checks eligibility under our legislation, and if accreditation is in the public interest.
- 1.3 Organisations may apply for a preliminary assessment against Standard One before submitting a full application.
- 1.4 Preliminary Standard One decisions are made by an Accreditation Panel following an assessment of evidence by the Accreditation Team. The evidence includes the organisation's application, a desk-based review of relevant sources of evidence about the benefits and risks of the role(s) registered, and responses received through our 'Share your experience' public consultation.
- 1.5 If the Panel decides that the activities of registrants fall within the definition of healthcare, and that overall, the benefits of the services of practitioners outweigh the risks then it may determine that Standard One is provisionally met. If the Panel decides that either of these requirements is not met, then this will be communicated to the organisation with the reasons for the decision, and it may apply again later.
- 1.6 Decisions for preliminary assessments against Standard One are provisional. If an organisation later submits a full application, we will check whether there have been any changes which effect this outcome. An Accreditation Panel can also issue recommendations for the organisation to consider should they decide to complete a full application. More about how we assess against Standard One can be found in our *Supplementary Guidance for Standard One*.²

¹ https://www.professionalstandards.org.uk/docs/default-source/publications/standards/standards-for-accredited-registers.pdf?sfvrsn=e2577e20_6

² https://www.professionalstandards.org.uk/docs/default-source/accredited-registers/standards-for-accredited-registers/accredited-registers-supplementary-guidance-for-standard-one.pdf?sfvrsn=3e5f4920_6

2. About the Health Practice Associates Council (HPAC)

2.1 This section of the report provides information about the register and the roles it covers.

About the register

<p>Type of Organisation</p>	<p>The Health Practice Associates Council (HPAC) operates a register for people typically working in the pre-hospital health care sector, such as ambulance staff, who are not required by law to be enrolled with a statutory register.</p> <p>The HPAC's register can be found at: https://www.hpac-uk.org/check-the-register.</p>
<p>Overview of Governance</p>	<p>The HPAC is a non-profit Community Interest Company registered in England and Wales (Companies House number 10830551)</p> <p>The HPAC's Governing Council and Board of Directors (https://www.hpac-uk.org/council-members) has 16 members including its Chief Executive. Council members are leads for functions, including for safeguarding, driving standards, compliance, quality assurance, equality & diversity, and competency.</p> <p>The HPAC's Governance Structure is published at: https://www.hpac-uk.org/org-chart.</p>
<p>Overview of the aims of the register</p>	<p>The HPAC aims to protect the public by:</p> <ul style="list-style-type: none"> • Checking that its registrants meet professional standards • Defining scopes of practice and setting standards for non-paramedic ambulance roles, including those employed by or contracted to the NHS • Investigating concerns raised about registrants • Supporting registrants with their professional development
<p>Register Website</p>	<p>https://www.hpac-uk.org/</p>
<p>UK countries in which Register operates</p>	<p>England, Northern Ireland, Scotland, Wales.</p>
<p>Role(s) covered</p>	<ul style="list-style-type: none"> • First Aider (FA) • First Responder (CFR) • Ambulance Care Assistant (ACA)

	<ul style="list-style-type: none"> • Emergency Care Assistant (ECA) • Ambulance Technician (EMT) • Associate Ambulance Practitioner (AAP)
Number of registrants	556 registrants as of 1 January 2023. There are an additional 625 applications in progress.
Main practice settings	HPAC registrants may work in public or private settings throughout the UK as part of their work within the NHS, emergency services, working independently, or in other employment. Registrants working privately may be employed, for example as event medical support, or provide patient transport services. Registrants working for independent organisations may provide contracted services to the NHS for various types of response, including frontline 999 response, urgent response, non-urgent response, and patient transfers, as well as services to non-NHS providers.
About the patients and service users	Patients and service users may be anyone in the UK requiring first aid, emergency care, or related services provided by registrants including non-emergency transport. These may be provided as part of public NHS (or equivalent) care, or by practitioners working in private settings, such as at festivals, corporate and sporting events. Patients may be treated on-site or transported to hospitals, other healthcare settings, or to their homes while in the care of HPAC registrants.

Inherent risks of the practice

This section uses the criteria developed as part of the Authority's Right Touch Assurance tool³ to give an overview of the work of HPAC registrants.

Risk criteria	HPAC registrants
1. Scale of risk associated with practitioners on the HPAC register.	<p><i>What do HPAC registrants do?</i></p> <ul style="list-style-type: none"> • First Aiders (FAs) may be the first to respond where treatment is needed. Those with minor injuries may not need any further care. In some instances, people will need further medical attention and the role of FAs in these situations is to help minimise the consequences of injury and illness.

³ https://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/right-touch-assurance---a-methodology-for-assessing-and-assuring-occupational-risk-of-harm91c118f761926971a151ff000072e7a6.pdf?sfvrsn=f537120_14

	<ul style="list-style-type: none"> • First Responders (CFRs) are trained responders, who are often volunteers, who predominantly support the NHS in responding to emergency calls. They are dispatched at the same time as ambulances but may arrive first to perform early interventions prior to the ambulance's arrival. Duties include the use of cardiopulmonary resuscitation (CPR) and defibrillators. They may also work to raise community awareness of those interventions.⁴ First Responders may also work in other settings such as sporting events, night clubs, safe space and festivals to support clinicians who hold a higher scope of practice. • Ambulance Care Assistants (ACAs) (also known as Patient Transport Drivers)⁵ are employed to transport patients to and from their homes to out-patients' appointments, clinics, physiotherapy, or non-urgent inter-hospital transfers. Crews are trained as ambulance care assistants with specialist knowledge of comprehensive first aid, driving skills and patient moving and handling techniques.⁶ • Emergency Care Assistants (ECAs) typically respond to emergency calls alongside supervising paramedics or alongside Ambulance Technicians. They may: use emergency response 'blue light' driving; perform lifesaving treatments; ensure monitoring and treatment is maintained until patients are discharged or transferred to other healthcare professionals; and check that their emergency vehicles are equipped and fit to respond.⁷ An ECA also may work alongside another ECA, to crew an urgent response ambulance. They also work in the events sector for independent and NHS medical service providers. • Ambulance Technicians or Emergency Medical Technicians (EMTs) may work as single responders or alongside supervising paramedics or alongside Emergency Care Assistants. EMTs deliver pre-hospital clinical care and patient transportation, responding to emergencies using advanced driving skills under blue light conditions, inter-hospital transfers, urgent hospital admissions and other patient interventions commensurate with the role and responsibilities. This category would also include other EMT roles such as in helicopter Search and Rescue (SAR)
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⁴ <https://wmas.nhs.uk/wmas-services/community-first-responders/>

⁵ NHS Careers <https://www.healthcareers.nhs.uk/explore-roles/ambulance-service-team/roles-ambulance-service>

⁶ <https://www.neas.nhs.uk/careers/our-roles/ambulance-care-assistant.aspx>

⁷ NHS Health Careers <https://www.healthcareers.nhs.uk/explore-roles/ambulance-service-team/roles-ambulance-service/emergency-care-assistant>

	<p>roles. They also work in the events sector for independent and NHS medical service providers.</p> <ul style="list-style-type: none"> • Associate Ambulance Practitioners (AAP) are entry level roles typically on the route to becoming HCPC-registered paramedics without the requirement of university degrees.⁸ They work in ambulances alongside either paramedics or other staff to deliver emergency and urgent care to patients. They assess, treat, diagnose, manage, and discharge patients, administer medicines as appropriate, and make referrals to other services.⁹ They also work in the events sector for independent and NHS service providers. <p><i>How many people are registered with the HPAC?</i></p> <p>The HPAC's register was first launched in 2015. As of January 2023, there were 556 registrants. There are an additional 625 applications in progress.</p> <p>The total number of people working in roles eligible for registration with the HPAC is unknown, However, there were 30,817 HCPC registered paramedics in 2021.¹⁰ The HPAC estimates that non-paramedic roles have approximately the same number of daily patient contacts as paramedics, meaning the form a significant part of the ambulance workforce.</p> <p><i>Where do HPAC registrants work?</i></p> <p>Due to the nature of their work HPAC registrants may be working as part of ambulance services including visits to private homes, at public events such as festivals, and in hospitals whilst transferring patients. Some registrants may also work in specialist areas for example on offshore installations and pipelines, or in commercial diving projects.¹¹</p>
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⁸ London Ambulance Service NHS Trust <https://www.londonambulance.nhs.uk/working-for-us/career-opportunities/assistant-ambulance-practitioner-role-faqs/>

⁹ South East Coast Ambulance Service NHS Foundation Trust https://careers.secamb.nhs.uk/wp-content/uploads/2020/02/2020-02_AAP_Career_Leaflet.pdf#:~:text=What%20do%20Associate%20Ambulance%20Practitioners%20%28AAPs%29%20do%3F%20AAPs,when%20crewed%20with%20Emergency%20Care%20Support%20Workers%20%28ECsWs%29.

¹⁰ HCPC Annual Report and Accounts 2020-21 <https://www.hcpc-uk.org/globalassets/resources/reports/hcpc-annual-report/hcpc-annual-report-and-accounts-2020-21.pdf?v=637752592900000000>

¹¹ Health and Safety Executive (HSE) First Aid at work <https://www.hse.gov.uk/firstaid/>

	<p><i>Size of actual/potential service user group</i></p> <p>Registrants will potentially be working with all sectors of the UK population. Current pressures on ambulance services are widely documented. The Nuffield Trust has reported that since early 2021, ambulance response time targets have consistently been missed¹². Analysis of NHS data by the GMB Union has shown that ambulance calls have risen by ten times more than the number of ambulance workers since 2010.¹³</p>
<p>2. Means of assurance</p>	<p>Registrants working within the NHS will be subject to its pre-employment checks.</p> <p>Applicants to the HPAC's register must provide an enhanced criminal records check which shows their current status via the Update Service, any applicants without a DBS certificate on the Update Service will be checked by HPAC. Applicants must also provide copies of their driver's license, Driver and Vehicle Licensing Agency (DVLA) Checks¹⁴, Clinical Training Certificates, Blue Light Training certificates if applicable and ID photos.¹⁵</p> <p>HPAC registrants may receive direct supervision and support from registered Paramedics.</p>
<p>3. About the sector in which HPAC registrants operate</p>	<p>HPAC registrants will work in a range of settings including the NHS. They may also work in private settings such as at events or for private clients.</p> <p>HPAC registrants will often be working as part of ambulance teams. Some of these roles provide a route to training as a paramedic. Registrants may be working as 'single responders' to incidents or supporting paramedics on a double-crewed ambulance.</p>

¹² <https://www.nuffieldtrust.org.uk/resource/ambulance-response-times>

¹³ <https://www.gmb.org.uk/network/public-services-section/nhs-and-ambulance-noticeboard/ambulance-service-noticeboard>

¹⁴ Or Driver and Vehicle (DVA) checks in Northern Ireland

¹⁵ HPAC Application Check List [https://hpa-uk-production.s3.amazonaws.com/uploads/shared-organisation-](https://hpa-uk-production.s3.amazonaws.com/uploads/shared-organisation-docs/d3240cae/HPAC_Application_Checklist_Guidev1.4.pdf?AWSAccessKeyId=AKIAI4NMNLSTDNN)

[docs/d3240cae/HPAC_Application_Checklist_Guidev1.4.pdf?AWSAccessKeyId=AKIAI4NMNLSTDNNU76OA&Expires=1669227028&Signature=WsEBfs0w8sLfVPeEc1m91Wn3ITQ%3D](https://hpa-uk-production.s3.amazonaws.com/uploads/shared-organisation-docs/d3240cae/HPAC_Application_Checklist_Guidev1.4.pdf?AWSAccessKeyId=AKIAI4NMNLSTDNNU76OA&Expires=1669227028&Signature=WsEBfs0w8sLfVPeEc1m91Wn3ITQ%3D)

<p>4. Risk perception</p> <ul style="list-style-type: none"> • <i>Need for public confidence in HPAC Registrants?</i> • <i>Need for assurance for employers or other stakeholders?</i> 	<p>Those working as part of ambulance teams will need to have many of the same skills as paramedics. This may include being able to assess, triage, and provide lifesaving treatment. HPAC registrants may also be the first to respond to an incident. They may be seeing children and vulnerable adults, which represents a potential safeguarding risk. There is consequently a high need for public confidence in HPAC registrants.</p> <p>People may not always realise that those working alongside practitioners such as paramedics, are not regulated healthcare professionals; particularly if their uniforms are similar. Patients and the public, and employers need to be able to have confidence in the professional integrity of HPAC registrants.</p>
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3. Share your experience

- 3.1 As part of our assessment process, we seek feedback from service users, the public, professional and representative organisations, employers and others on their experience of a Register.
- 3.2 We received five responses to our invitation to share experience on HPAC’s application for preliminary assessment against Standard One. Three responses were supportive of the HPAC’s application including a response received from the Care Quality Commission (CQC) which recognises registration with the HPAC as good practice.¹⁶
- 3.3 Two responses raised concerns, noting that the cost of registration could deter people from performing volunteer roles and that employer required registration or the perception of mandatory registration may deter people from doing short lifesaving courses.

4. Outcome

- 4.1 The Accreditation Panel met on 30 November 2022 to consider the HPAC’s application for a preliminary assessment against Standard One – eligibility and ‘public interest test’. Overall, the Accreditation Panel determined Standard One was provisionally met.
- 4.2 Registrants work alongside other emergency roles, such as ambulance teams, to respond to incidents. Their actions may help to minimise the need for further medical treatment, in less serious cases; and provide life-saving treatment in others. They may be working in high-risk situations with children and vulnerable adults. Accreditation can have a potentially positive impact by checking that the HPAC is managing key risks arising from registrants’ practice, such as those relating to safeguarding.

¹⁶ [PSA Accredited Registers programme | HPAC applies for Standard one assessment \(professionalstandards.org.uk\)](https://professionalstandards.org.uk)

- 4.3 The Accreditation Panel issued the following Recommendations for the HPAC to consider if it decides to complete a full application for accreditation:
- Recommendation 1: The HPAC should include more of the mitigations identified for key risks arising from the practice of registrants in its risk matrix.
 - Recommendation 2: The HPAC should consider providing more information about the typical scopes of the roles it registers on its webpages, so that members of the public know what to expect.
 - Recommendation 3: The HPAC should consider collecting data about its registrants' protected characteristics, to help identify and understand how it can support equality and diversity.

5. Assessment against the Standards

Standard 1: Eligibility and 'public interest test'

- 5.1 This section of the report summarises the key considerations in reaching the conclusion that provisionally, accreditation of the HPAC is in the public interest.

Standard 1a: Eligibility under our legislation

- 5.2 The Authority's powers of accreditation are set out in Section 25E of the National Health Service Reform and Health Care Professions Act 2002.¹⁷ Standard 1a considers whether a Register is eligible for accreditation, based on whether the role(s) it registers can be considered to provide health and care services and are not required by law to be registered with a statutory body to practise in the UK.
- 5.3 HPAC's register includes the following roles:
- First Aiders
 - First Responders
 - Ambulance Care Assistants
 - Emergency Care Assistants
 - Ambulance Technicians or Emergency Medical Technicians
 - Associate Ambulance Practitioners
 - Registered Paramedics
- 5.4 Registrants work throughout the UK providing first aid, basic life support and more advanced forms of care in response to accidents and medical emergencies. Registrants are not required to be regulated by law except for the Registered Paramedics who are regulated through the Health and Care Professions Council (HCPC). Additional registration with the HPAC for paramedics is voluntary and requires that they have no restrictions with the HCPC, as the HCPC holds primary jurisdiction in the regulation of Paramedics
- 5.5 The Accreditation Panel found that the roles registered on the HPAC register would come under the definition in the Act and therefore that Standard 1a would likely be met.

¹⁷ Roles that are required to be enrolled with a statutory register to practise in the UK are set out in Section 25E (2) of the National Health Service Reform and Health Care Professions Act 2002, available at: [National Health Service Reform and Health Care Professions Act 2002 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

Standard 1b: Public interest considerations

5.6 Under Standard 1b, we consider whether it is likely to be in the best interests of patients, service users and the public to accredit a register, with consideration of the types of activities practised by its registrants. This involves consideration of the overall balance of the benefits and risks of the activities.

5.7 Factors considered by the Accreditation Panel are discussed below.

i. Evidence that the activities carried out by registrants are likely to be beneficial

5.8 HPAC registrants perform a range of interventions including basic first aid, transport, and immediate life-saving treatment.

5.9 HPAC first aiders are trained to supply basic life support or minor injury care. There is a documented evidence base that supports treatments offered by first aiders for the 'immediate help provided to a sick and injured person until professional help arrives'.¹⁸ HPAC registrants often work as part of wider ambulance services, where they may be supporting paramedics. The benefits of ambulance services themselves are clear, for example in having 'significant independent effect on survival rate' for victims of 'out of hospital cardiac arrests'.¹⁹

5.10 There is specific evidence to support the benefits of some of the individual roles that HPAC registers. For example, the majority of first responders (CFRs) are trained volunteers who are directed by call handlers and emergency medical dispatchers to respond to incidents with potential to be life threatening, such as cardiac arrest. The treatment they administer may include basic first aid, perform cardiopulmonary resuscitation (CPR), provide oxygen, and use defibrillators. CFRs are recognised as part of the 'chain of survival' by the NHS and UK authorities to promote the chances of successful resuscitation following cardiac arrest. The chain requires 'early recognition that cardiac arrest has occurred, an immediate call to the emergency services, prompt initiation of CPR and defibrillation, followed by optimal post-resuscitation care'.²⁰ As there may be a '10% decrease in survival with every minute of delay'²¹ prior to intervention, deployment of CFRs has been endorsed by UK health authorities as part of 'ensuring optimal services for a good outcome'.²²

5.11 Emergency Care Assistants (ECA) may carry out emergency care such as controlling severe bleeding, treating wounds and fractures, and looking after patients with possible spinal injuries whilst working under the supervision of registered paramedics. They may also assist paramedics to carry out intimate or invasive procedures and, while supervised, use a range of different medicines. The work they are permitted to carry out independently includes carrying out non-

¹⁸ <https://firstaid.cochrane.org/node/5>

¹⁹ The Effect of Ambulance Response Time on Survival Following Out-of-Hospital Cardiac Arrest
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6156551/>

²⁰ Resuscitation Council <https://www.resus.org.uk/sites/default/files/2020-05/Resuscitation%20To%20Recovery.pdf>

²¹ BMJ <https://www.bmj.com/content/347/bmj.f4800>

²² Resuscitation Council <https://www.resus.org.uk/sites/default/files/2020-05/Resuscitation%20To%20Recovery.pdf>

invasive patient observations to be passed on to arriving paramedics or similar medical practitioners. In exceptional circumstances ECAs may be dispatched as single responders where specific criteria are met.²³ ECAs are recognised by and employed within the NHS, and with further training may progress to paramedic registration and roles.²⁴

- 5.12 The NHS employs Ambulance Technicians (EMTs) to operate as single responders to an incident or to support a paramedic on a double-crewed ambulance. We did not find a specific evidence base for this role but noted that NHS-employed EMTs have many of the same skills as paramedics, such as being able to assess, triage and provide lifesaving treatment.²⁵ NHS Scotland employs EMTs to 'provide a front-line response to accidents and emergency incidents, including 999 calls'.²⁶ They use advanced 'blue light' driving skills and may use blue lights and sirens whether as part of a crew or as a single responder.
- 5.13 Associate Ambulance Practitioners (AAPs) are functionally similar to the EMT role. However, the AAP role can also provide an experience-based entry route to becoming a Paramedic. Trainees are then eligible to apply for a Paramedic Degree Apprenticeship. The NHS employs AAPs to work in a double-crewed vehicle, responding to patients with conditions ranging from life-threatening illnesses or injuries to other emergency cases to urgent care needs.
- 5.14 The Accreditation Panel was satisfied that the benefits of the roles registered by the HPAC are clear.

ii. Evidence that any harms or risks likely to arise from the activities are justifiable and appropriately mitigated by the register's requirements for registration.

- 5.15 We require Registers to set out the key risks arising from the practices of registrants, and the actions that they are taking to manage these (known as 'mitigations'), in a risk matrix. We reviewed the HPAC's risk matrix and noted that it covers a range of risks that apply to the practice of its registrants. We noted that although we saw evidence of the mitigations for these risks in the HPAC's processes, the mitigations were not always clearly set out. We therefore issued the following Recommendation:
 - Recommendation 1: The HPAC should strengthen the clarity of mitigations identified for key risks arising from the practice of registrants in its risk matrix.
- 5.16 The nature of the work of HPAC registrants means that the inherent risk of their practice is high. The level of potential exposure to children and vulnerable adults is high, due to the nature of their work. They may be the first to respond to an incident in which people have life threatening illnesses or injuries. The key risks arising from registrants' work are therefore those stemming from poor treatment or practice, acting beyond their competence, and of safeguarding. These risks,

²³ HPAC Scopes of Practice <https://www.hpac-uk.org/scopes-of-practice-for-hpac-registrants>

²⁴ NHS Health Careers <https://www.healthcareers.nhs.uk/explore-roles/ambulance-service-team/roles-ambulance-service/emergency-care-assistant>

²⁵ NHS Health Careers <https://www.healthcareers.nhs.uk/explore-roles/ambulance-service-team/roles-ambulance-service/emergency-medical-technician>

²⁶ <https://www.careers.nhs.scot/careers/explore-our-careers/ambulance-services/ambulance-technician/>

and the mitigations that the HPAC has in place to reduce their likelihood and impact, are set out below.

- 5.17 If registrants do not deliver high quality care and treatment, the consequences are potentially significant. Whilst this may be less so when first aid is required, for life-threatening situations the initial treatment received may have a big impact on chances of survival and on longer-term health outcomes. Registrants may be providing similar care to paramedics in these situations, such as CPR. They may also be assessing patients and making decisions about appropriate treatment. There are also risks arising from unsafe driving of ambulances and other emergency transport vehicles, particularly at high speeds.
- 5.18 The HPAC mitigates the risk of sub-standard care by setting out its requirements for registration. Registrants must provide evidence of completion of required qualifications and training for the relevant grade of registration. For example, an EMT must either hold a BTEC Level 3 in Ambulance Aid, an accredited NHS Ambulance Trust EMT certificate, or a Quallsafe Level 5 Diploma in First Response Emergency and Urgent Care certificate. It also requires evidence of 'blue light' driving certificates where applicable.
- 5.19 The HPAC makes clear on its website that it considers the scope of the roles it registers a matter for employers. While this may be appropriate given that the NHS is the employer or contractor for many of the roles it registers, the Accreditation Panel considered that providing more information about the typical scope of practice of the different roles registered by the HPAC on its webpages would help members of the public know what to expect. It issued the following Recommendation:
- Recommendation 2: The HPAC should consider providing more information about the typical scopes of the roles it registers on its webpages, so that members of the public know what to expect.
- 5.20 In terms of safeguarding, the nature of registrants' work means that they will potentially be in close contact with members of the public and have access to financial and other personal information. At times, this may be alone and in people's private homes or in other 'closed environments' such as ambulances. This gives rise to increased risk of sexual safety, and other potential risks such as financial abuse. The CQC 2020 State of Care Report²⁷ recognises the risks of safeguarding arising from independent ambulance provision.
- 5.21 The HPAC has worked with the Disclosure and Barring Service (DBS) and the CQC on its safeguarding arrangements. The HPAC's Safeguarding Lead is also the national Head of Safeguarding for NHS England. The HPAC conducts enhanced DBS checks on all applicants. The DBS and CQC supported the HPAC's application for Standard One.²⁸

²⁷ <https://www.cqc.org.uk/publications/major-report/state-care>

²⁸ <https://www.professionalstandards.org.uk/news-and-blog/latest-news/detail/2022/07/06/health-practice-associates-council-applies-for-assessment-under-accredited-registers-public-interest-test>

- 5.22 The HPAC also has *Standards of conduct, performance, and ethics*²⁹ which all registrants must adhere to. These standards cover areas such as acting professionally, self-reporting, maintaining accurate records, and maintaining trust and confidentiality. This helps to mitigate other associated risks, such as that of registrants using controlled drugs and medicines for personal use or of falsifying patient reports to cover up errors.
- 5.23 These standards also include the explicit requirement for registrants to always act within their competence. Registrants must refer a service user to another practitioner if necessary. To reduce the risk of registrants deliberately going beyond their competence and impersonating paramedics or other roles, the HPAC also issues ID cards that will include the registrant's name, role, photo, signature, current DBS status (via an embedded encrypted microchip which works with NFC devices) and recognised blue light vehicle qualifications.
- 5.24 In summary, although the risks associated with the work undertaken by registrants is high, the HPAC is actively working to mitigate these. Its work with other agencies such as the DBS and the CQC is focused on safeguarding. The Panel was satisfied that HPAC was aware of and had mitigated the risks associated with the practice of its practitioners. If the HPAC submits a full application for accreditation, the strength of these mitigations will be further tested through assessment against the relevant *Standard for Accredited Registers*.

iii. Commitment to ensuring that the treatments and services are offered in a way that does not make unproven claims or in any other way mislead the public

- 5.25 HPAC registrants may work within public bodies such as the NHS, private bodies or as contracted from a private provider. The HPAC mitigates the potential risk of registrants making unproven claims or misleading the public through its *Standards of conduct, performance and ethics* which requires registrants to be honest about experience, qualifications, and skills and to make sure that promotional activities are accurate.
- 5.26 The roles on the HPAC register are similar and there may be confusion caused by lack of clarity over the roles for members of the public who may wish to raise concerns. We noted that there is a role for the HPAC in ensuring that the scopes of practice for the different roles on the register are clear to the public as well as to employers and others within the industry so issued Recommendation 2 as above.
- 5.27 We will check HPAC's approach to communication with the public and how it will handle complaints associated with advertising in more detail during our assessment of Standards two to eight should HPAC decide to submit a full application.

²⁹ https://hpa-uk-production.s3.amazonaws.com/uploads/shared-organisation-docs/6dbd91cb/HPAC_Standards_of_conduct_performance_and_ethics_v3.7docx.pdf?AWSAccessKeyId=AKIAI4NMNLSTDNNU76OA&Expires=1693496481&Signature=xU6WhpOFFt6uT10IWwJhvyZLwhc%3D

6. Impact assessment (including equalities)

- 6.1 The Authority is required to carry out an assessment of the impact of accreditation on service users before accreditation is granted. This impact assessment included an equalities impact assessment as part of the consideration of our duty under the Equality Act 2010 and the Public Sector Equality Duty. Once accredited, the impact assessment is reviewed as part of a Register's annual renewal, and at any point if there are concerns or significant changes in the external environment in the meantime.
- 6.2 We have not published a full impact assessment since a decision on whether to accredit has not yet been made. However, we have considered which are the main groups likely to be affected by accreditation of the HPAC, and what the main impacts are likely to be in terms of equalities, cost/markets, social and environmental impacts. This has included consideration of our duty as a public sector body under the Equality Act 2010. We will revisit our impact assessment if the HPAC decides to submit a full application.
- 6.3 We received one concern about the costs of registering with the HPAC through our SYE consultation. We noted that fees appeared in line with other Accredited Registers (currently at £69.50 per year) and that this may be self-funded, or employer funded. We will look at this aspect in more detail if the HPAC submits a full application, but for the purposes of a provision Standards One decision it did not appear likely to be a significant adverse impact.
- 6.4 Registrants provide services to anyone needing immediate medical care including critical life-saving treatments. Registrants may also provide non-urgent care such as transport services. Patients may be anyone in the UK requiring such services. People receiving treatment from HPAC-registered roles are vulnerable, whether through the need to receive urgent medical care or when requiring related adjunct services such as monitored transport. On balance, accreditation should help to protect the public by providing mechanisms to check that people working in these roles are meeting defined standards of competence and professional behaviours.
- 6.5 The HPAC does not currently gather data about the diversity of its registrants, or service users. We suggest that collecting this data could help to identify barriers to registration and risks to service users that may be within the HPAC's control. For example, reports³⁰ have identified higher risk of mental health issues such as depression for those working in the emergency services. We issued the following Recommendation:
- Recommendation 3: The HPAC should consider collecting data about its registrants' protected characteristics, to help identify and understand how it can support equality and diversity.

³⁰ https://www.mind.org.uk/media-a/4524/20046_mind-blue-light-programme-legacy-report-v12_online.pdf

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