

Frameworks for awarding qualifications in 2021: consultation outcomes

Ofqual has published its rules for awarding GCSE, AS, A levels, and vocational and technical qualifications this academic year.

It follows two technical consultations earlier this month which sought views on proposed frameworks and associated guidance documents.

GCSE, AS and A level

Last month we published our decisions on how [GCSE, AS and A level qualifications would be awarded this summer](#) and followed this with a technical consultation on proposed rules.

At the same time, we also consulted on draft guidance for heads of centre and on information for centres about making objective judgements.

The consultation closed on 11 March and, having reviewed the 241 responses, we have today published the [General Qualifications Alternative Awarding \(GOAA\) framework](#) of conditions and requirements, largely as proposed in the consultation. Some small amendments have been made, which are outlined in our [Technical Consultation Decisions GOAA document](#).

We have also published our [analysis of this consultation](#) and final versions of our [guidance for heads of centre](#) and [information about making objective judgements](#).

Vocational and technical qualifications

A technical consultation on the detail of a new regulatory framework – the VTQ Contingency Regulatory Framework (VCRF) – was also published last month and closed on 11 March. This sought views on the detail of the VCRF and received 81 responses. After [analysing all responses](#), we have decided to implement the proposed conditions, requirements and statutory guidance, although we have made some drafting changes to improve clarity. This is reflected in [our decisions document](#) and [the VCRF](#) published today.

We have also published a [short technical consultation on a further proposed condition in the VCRF](#). This would put into effect our policy position on autumn assessment opportunities for learners who receive results in 2021 based on teacher assessed grades. This consultation is open until 7 April 2021.

Interim Chief Regulator Simon Lebus said:

I would like to thank everyone who responded to our January consultations and to our more recent technical consultations. The

outcomes of our consultations now give us the mandate to establish the regulatory arrangements that will secure results for this academic year.

We have today published the framework for awarding GCSEs, AS and A levels, this summer. For vocational and technical qualifications, the framework and arrangements will enable awarding organisations to confirm to learners the details of how they will access their grade this academic year.

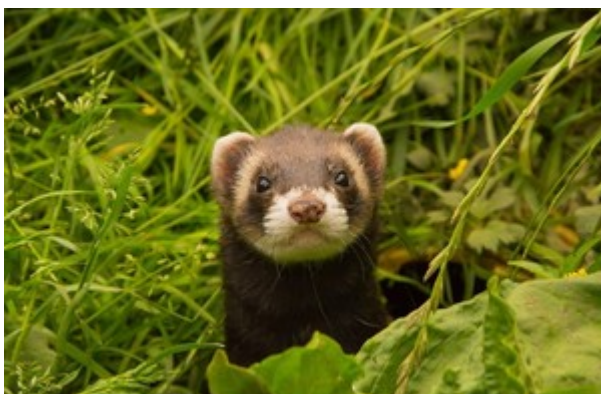
The [Joint Council for Qualifications](#) (JCQ) will soon be providing more detailed guidance to schools and colleges on determining grades for GCSEs, AS and A levels, this summer.

To find out how a specific qualification will be awarded this year, learners and centres can visit our online [2021 Qualifications Explainer Tool](#) and [the awarding organisations' website](#).

[Ferrets to be removed as permitted target species for the DOC 250 spring trap](#)

News story

Statutory Instrument published to remove ferrets as permitted target species for the DOC 250 spring trap following concerns.



Credit: Pixabay

The Government has today (24 March) announced the intention to remove ferrets as permitted target species for the DOC 250 spring trap, following concerns that it could lead to an increase in trapping of non-target species.

At the request of a trap user, in November 2020 the Animal and Plant Health Agency (APHA) reviewed the data available for the DOC 250 spring trap for use with ferrets. The APHA determined that this trap met minimum humane trapping standards and Defra subsequently added 'ferrets' as a permitted species.

Stakeholders raised concerns that the DOC 250 trap may lead to an increase in trapping non-target species, such as polecats and pine marten. Government has acted quickly in response to these concerns and will be removing ferrets as a permitted species for the DOC 250 in April 2021.

The conditions of using spring traps remains the same and users must comply with all trapping conditions under this Order.

This includes:

- traps must be used in accordance with the instructions (if any) provided by the manufacturer;
- and so far as is practicable without unreasonably compromising its use for killing or taking target species, traps must be used in a manner that minimises the likelihood of its killing, taking or injuring non-target species.

The Pests Act 1954 requires that spring traps used for the purposes of killing or taking animals are approved before they can be legally used in England. Approved traps are listed on the [Spring Traps Approval \(England\) Order 2018](#).

In situations where the method of trap deployment cannot adequately manage the risk to non-target species it recommended that a more selective method of control, such as live-capture trapping, is employed.

The statutory instrument will be published before Parliament for its approval before it comes into force.

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[The Role of the Inspector and how many appeals are allowed](#)

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New UK Health Security Agency to lead response to future health threats

- UK Health Security Agency to lead protection against future health threats
- Deputy Chief Medical Officer, Dr Jenny Harries, to be Chief Executive
- New mission-driven body will harness the UK's public health protection, science, intelligence, testing and delivery expertise

A new UK Health Security Agency (UKHSA) to plan for, prevent and respond to external health threats such as infectious diseases will be led by Dr Jenny Harries, the government has announced today.

The UKHSA – previously the National Institute for Health Protection – will be the UK leader for health security, providing intellectual, scientific and operational leadership at national and local level, as well as on the global stage. It will ensure the nation can respond quickly and at greater scale to deal with pandemics and future threats.

The primary focus for the UKHSA in its initial phase of operation will be the continued fight against the COVID-19 pandemic.

It will bring together the country's cutting-edge capabilities in data analytics and genomic surveillance with scale testing and contact tracing capability – combining key elements of Public Health England with the Joint Biosecurity Centre (JBC), and NHS Test and Trace.

Formally established in April 2021, the UKHSA will be chaired by Ian Peters, currently Chair of Barts Health NHS Trust and former Chief Executive of British Gas, Managing Director of NatWest Small Business Services, and chairman of several data-driven growth technology companies.

Dr Harries has previously served on the Joint Committee for Vaccination and Immunisation (JCVI) and brings a wealth of public health knowledge and expertise gained from working in the NHS and local government at local, regional and national levels. She played central roles in the UK's response to COVID, Ebola, Zika, monkeypox, MERS and the Novichok attacks.

Health and Social Care Secretary Matt Hancock said:

The UKHSA will be this country's permanent standing capacity to plan, prevent and respond to external threats to health. It will bring together our capabilities from the scientific excellence embodied by the likes of Dr Susan Hopkins and her amazing colleagues in clinical public health, to the extraordinary capability of NHS Test and Trace which Dido Harding has built so

effectively over the last 9 months and the JBC.

Dr Jenny Harries brings huge local, regional and national experience to the role and is perfectly placed to help us not only learn lessons from the COVID-19 response, but to keep us in a state of readiness, primed to respond to infectious diseases and other external health threats.

I want everybody at UKHSA, at all levels, to wake up every day with a zeal to plan for the next pandemic. The COVID-19 pandemic has demonstrated the world-leading capabilities of the country's public health science, and it has also shown the challenges of protecting the nation's health are changing at an unprecedented pace, as new types of threats emerge.

Dr Jenny Harries, incoming Chief Executive, UKHSA said:

The pandemic has put the UK's health security capabilities in sharp focus and the UKHSA will change the way we approach health protection.

With the creation of the UKHSA, we have an unprecedented opportunity to build on the scientific and operational strength that has been developed, learn from the past and further develop strong bonds with health protection leadership from global to local, to ensure we are ready for the challenges of the future.

The UKHSA will be agile in its responses, maximise the benefits of high-quality data, be relentless in its mission to rapidly identify and respond to new threats, whilst working seamlessly with academia, scientists, industry and local communities.

In starting this important work I want to pay tribute to the commitment and professionalism of all those colleagues who have worked so hard in NHS Test and Trace, in PHE and in the JBC. I look forward to building a diverse, dynamic and dedicated world-leading health security agency with them.

Ian Peters, incoming Chair, UKHSA said:

I'm delighted to be joining UKHSA. We are at a watershed moment in history, dealing with a global pandemic and soon we'll be moving our focus to preventing such health emergencies in future, while playing a key role in reducing health inequalities. The UKHSA will be at the heart of protecting the British people from health threats for decades to come.

I do not underestimate the importance of this role and will lean on my recent years within the NHS, my experience in transforming major

companies, and my insights in data-driven technology to ensure the UKHSA fulfils its vital purpose.

Dr Harries will leave her role as Deputy Chief Medical Officer for England in April to become UKHSA Chief Executive. She will take over from current Executive Chair of NHS Test and Trace Baroness Dido Harding after a handover period through April, while PHE's Interim Chief Executive, Michael Brodie, will remain in post to lead delivery of PHE's health improvement and healthcare public health functions and support the transition.

Executive Chair of NHS Test and Trace, Baroness Harding said:

It has been a privilege to serve in the national response against COVID and to establish the scale testing, tracing and analytical capability that makes up NHS Test and Trace and the Joint Biosecurity Centre. I have been inspired by the hard work and dedication every single person has put in since the start of 2020 to constantly improve our fight against the pandemic.

The combination of Public Health England and NHS Test and Trace skills and experience create a strong foundation for the UKHSA to build on so we can continue to respond to the challenges of this pandemic, whilst creating a future in which we stand fully equipped to protect against emerging health threats.

Interim Chief Executive of Public Health England, Michael Brodie said:

I'm extremely proud of the commitment and skill shown by PHE staff in all of their work to protect and improve the nation's health, most recently responding to the pandemic alongside our partners at NHS Test and Trace. Dr Harries now has an exciting opportunity to take our excellent health protection science and expertise in responding to health threats to the next level, through the establishment of the UKHSA.

I look forward to working closely with the organisation over the coming months as we establish a new public health system which builds on our outstanding capabilities across health improvement and health protection and our vital relationships with local government and the NHS.

The Agency will lead on health protection and security activity for England, and will also take over from the PHE and NHS Test and Trace work those organisations already carry out on a UK basis, either as reserved functions or under collaborative arrangements with the Scottish, Welsh and Northern Ireland administrations (for example, the Joint Biosecurity Centre). It will not replace the public health agencies in the other 3 UK countries, but will operate a close collaborative relationship with them.

The UKHSA Board will be announced in due course. The Board will have a key role to play in providing constructive challenge, advice and support to the Chief Executive and the executive team.

Plan, prevent and respond: reforming health security

Today, I want to talk about public health. Because there's never been a more important time for public health.

If you think about it, never in this country's history has a year taught the public more about the importance of public health and never before have those of us who work in public health learned more than over the past year.

I am so proud of what public health teams have done across the UK. You've never worked harder.

Some say that after this pandemic we must learn the lessons for the future. And of course, we must.

But why wait until after the pandemic? The truth is, that we've been learning throughout.

From the first moment that PHE colleagues, last January, developed a test for COVID-19 – before it was even called 'COVID-19'.

From the moment we brought in colleagues with private-sector experience – alongside academic, clinical and government experience – to build a testing infrastructure and then to build a vaccination programme, both on a scale never seen before.

And we've also learned a huge amount about the vital importance of the health family all working together as one big team – breaking down silos, working as a system.

Today I want to talk about the future of our public health system – and our reforms to build on this work and make changes from what we've learned over the past year.

At the heart of our public health reforms is the insight that it is critical – in good times and in bad times – to have an institution whose sole job is to protect the nation from external threats to our health.

We must do that at the same time as the constant work for health improvement.

And for health improvement to be as effective as possible it must be embedded in the heart of government across government – local and national – and not

at arm's length.

There are 2 functions of our public health system: health security and health promotion.

Health security is about protecting the country from external threats to health – like COVID.

Health promotion is about marshalling the collective power of our society to promote good health of the population, on the basis that prevention is better than cure.

These 2 concepts – health security and health promotion – are, of course, linked on many levels.

For example, obesity is a major factor in how ill you get if you get COVID.

But while health security and health promotion are deeply intertwined they are emphatically not the same thing.

We need to get better at both.

They each need focus, they need dedicated homes at a national level and strong connections to the local.

And, in both, we must harness the dramatic innovations of the last decade and the last year – in data, in genomics, in population health, in science, in research, and so much else.

Now, in the coming days, we will set out our approach to health promotion. Today I want to set out our approach to health security.

We've made huge strides in how we do this in the last year.

At the start of this crisis, we didn't have a significant diagnostics capability in this country – so we built one.

We did have a world-leading capability in genomics – and we've built on it further.

The analytical capability of the Joint Biosecurity Centre which builds on the expertise of PHE, has developed, in my view, into the best analytical resource I've worked with in a decade as a minister.

And of course, the vaccines programme has been a template of how governments can get things done – harnessing science, enterprise and the NHS to develop, manufacture and deploy at huge scale and speed.

So in all of this and in the reforms I'm setting out today we build on strong foundations. I'm so proud of what the team have achieved, together, over the past year across PHE, NHS Test and Trace, the JBC, local and national government, directors of public health.

We will now build on these foundations a dedicated, mission-driven, national

institution for health security that brings all these capabilities together in our ability to respond with total focus on the prevention and response to pandemics, communicable diseases and external threats to health.

On 1 April – so, next week – we will formally establish the new UK Health Security Agency – UKHSA.

UKHSA, as it will be known, will be this country's permanent standing capacity to plan, prevent and respond to external threats to health.

UKHSA will bring together our capabilities in this area from the scientific excellence embodied by the likes of Dr Susan Hopkins and her amazing colleagues in clinical public health to the extraordinary capability that NHS Test and Trace has built, which Dido Harding has led so effectively over the last 9 months and the JBC with that analytical brilliance.

I want everybody at UKHSA, at all levels, to wake up every day with a zeal to plan for the next pandemic.

That sort of focus is vital. It's vital when the crisis is live – like now. But in a way, that's the easy bit.

The hard bit is keeping that focus in the good times too – when there's no pandemic on the horizon.

As part of this planning, UKHSA will work with partners around the world and lead the UK's global contribution to health security research.

Next, UKHSA will be tasked to prevent external threats to health, deploying the full might of our analytic and genomic capability, on infectious diseases; holding responsibility for our health security capabilities at Porton Down and Colindale and elsewhere; preparing for and preventing external threats to health – like bioterrorism.

In all, helping to cast a protective shield over the nation's health.

Third, UKHSA will respond to the threats we face with speed and scale, and these are critical. As we saw at the start of last year, when a new pathogen mutates, it can spread dangerously fast.

Even after years without a new major public health threat, UKHSA must be ready. Not just to do the science – but then to respond at unbelievable pace.

This is what NHS Test and Trace has done. And this is what we've learned from the vaccine programme too.

The challenge, and it is a genuinely difficult thing to pull off, is for the institution to stand in readiness, and be able to scale up quickly.

So it must plan, it must prevent and it must respond. UKHSA must be ready.

Now, in a previous life, I worked at the Bank of England. In financial stability work it is said that: "The next crisis comes when the last person

who was around in the previous crisis retires”.

That’s why we have the Bank of England; looking out for the nation’s financial stability, to scan the horizon for threats to financial stability, and take action to plan, prevent, and respond – in bad times and in good.

That’s what our new institution will do for health security.

UKHSA will be empowered to hire the very best team possible from around the world.

Its Chief Executive will be Dr Jenny Harries, who has performed brilliantly during this crisis. Dr Harries led the public health response to the Novichok poisonings. She played a critical part in the UK’s Ebola response.

And last year, as Deputy Chief Medical Officer, she’s delivered the shielding programme which is both incredibly sensitive and has been superbly delivered.

Dr Harries’ distinguished career as both a public health physician, and crucially, as a public health leader, make her impeccably qualified for this role.

I’m also delighted that Ian Peters has accepted the position as UKHSA’s Chair.

Under Ian’s leadership as Chairman of Barts, that NHS trust has built an impressive track record in the life sciences with a combination of private sector, academic and government capability that is so important in delivering excellence at scale.

Ian brings his extensive experience of leadership in the public and private sector to this crucial task.

I’m looking forward very much to working with them both.

And I want to say a word about how UKHSA will operate and what it’s culture will be. Because UKHSA’s task is to be vigilant, yes. And to engage in scientific excellence.

But it also must be open, dynamic and confident – and reach out to work with partners wherever it finds them. This isn’t just an agency. Its job is to provide professional leadership in the field – here and around the world.

General Stanley McChrystal once said: “Anyone who has ever played or watched sports knows that instinctive, cooperative adaptability is essential to high-performing teams”.

And that is what UKHSA will be all about.

UKHSA will be an essential partner for us all leading on health security for the whole of the United Kingdom collaborating with devolved administrations and the public health agencies for Scotland, Wales and Northern Ireland and crucially working in partnership with our directors of public health – and

our partners in local government.

Those deep connections to the local level are vital because if the last year has taught us anything: it's that a local problem has never been more likely to become a global problem and a global problem has never been more likely to become a local problem.

UKHSA forms part of the new health landscape that's taking shape all around us where the gravity is shifting – and decisions about health are being taken closer to the people they affect.

That is reflected in the reforms that we're undertaking across the department.

The Health and Care white paper – which is essentially about integrating the NHS and social care. Our Mental health White Paper. These public health reforms. And our forthcoming new data strategy.

All of these are about making sure that decisions are taken as close to the people they affect. Because in all of these collaborative engagement with local government is absolutely critical.

Through the pandemic, you've shown how you can break down traditional barriers and achieve remarkable things.

Like for instance, the 'Everybody In' campaign, where you've worked hand in hand with the NHS to support 37,000 vulnerable people and rough sleepers.

Or the innovative new ways that local resilience forums have brought the NHS and other blue light partners together, to coordinate responses to local outbreaks.

You've been at the forefront of our national effort. You've been tested, but never beaten. Locked, but never down.

And any change in how we do public health must be done alongside and with the people who know their citizens best, who work at the local level.

Take our proposals for the Health and Care Bill, for example. A central change will be the introduction of statutory Integrated Care Systems – or ICSs.

The idea builds on what's already happening in many parts of the country where ICSs have shown the way forward – demonstrating how we can integrate those responsibilities which look up to the NHS and those responsibilities that look up to local government.

And if further inspiration were needed, few things have demonstrated the power of what we can achieve when we work together as a system than our vaccine rollout, where we've broken down all sorts of silos to vaccinate just over half the adult population in just over 100 days.

That's the spirit of our new ICSs will work in, getting local authorities and

the NHS working together; taking decisions together; and delivering services – together.

Crucially, ICSs will not only cater to the health and care needs of their populations – but support people to stay healthy in the first place this prevention agenda is critical with directors of public health playing an ever-greater role as champions of health in their communities on everything from action on smoking and alcohol misuse to tackling obesity – and much more besides.

And this is how we put the power of the NHS budget behind the prevention agenda: by empowering the ICS locally to support the integration of NHS and local authority responsibilities to promote good health and give them the space to work together to deliver on that promise.

I'm incredibly grateful for what you've done to help develop this new model of health, and social care, and public health at the local level.

I specifically want to thank James Jamieson and you, Ian [Hudspeth], for being such important sounding boards as we develop the proposals which've meant that, everywhere in England, decisions about people's health and care can be taken as locally as possible.

Over this last year, in local government, you have moved mountains. I'm in awe of the way you've protected and supported the people you serve – the residents.

It inspires me that a better future for public health in this country is possible with local government at its heart, building on the best of the last year, driven by a clear mission, with everyone in the health family working together as one, rising to the challenges that are thrown at us and planning for the future with confidence.

That is a formula for success – and a formula for a happier and healthier country in the years to come.